



Effective March 1, 2017 through February 28, 2018

# **Daryl Thomason Trucking, Inc.**

## **Employee Benefits Program**



# Contact Information

Refer to this list when you need to contact one of your benefit vendors.  
For general information, contact Human Resources.

## Carrier Contacts

| Carrier   | Customer Service                      | Web Site                                 |
|---|---------------------------------------|--|
| Medical & Dental - <b>United Healthcare</b>       | (866) 633-2446                        | www.myuhc.com                            |
| Vision - <b>VSP</b>                               | (800) 877-7195                        | www.vsp.com/choice                       |
| Basic & Voluntary Life - <b>Kansas City Life</b>  | (800) 821-6164                        | www.kclife.com                           |
| HRA - <b>Worksite Benefits</b>                    | (405) 616-0122<br>Fax: (405) 616-0121 | PO Box 270658<br>Oklahoma City, OK 73137 |
| 401K- <b>Principal Financial Group</b>            | (800) 547-7754                        | www.principal.com                        |
| Passenger Policy- <b>Great American Insurance</b> | (513) 369-5000                        | www.greatamericaninsurancegroup.com      |

### Human Resources

**Darlene Timbes**

Darlene@darylthomasontrucking.com  
(580) 584-2895 ext 226

PO Box 219  
Broken Bow, OK 74728  
www.darylthomasontrucking.com

### Higginbotham & Associates, Inc.

**Toni Melton**

tmelton@higginbotham.net

**Jessica Marvray**

jmarvray@higginbotham.net

1610 Shadywood Ln.  
Mt. Pleasant, TX 75455  
Toll Free: (800) 577-1972  
Fax: (903) 577-1467  
www.higginbotham.net

*This brochure highlights the main features of the Daryl Thomason Trucking, Inc. Benefits program and does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this brochure and the legal plan documents, the plan documents are the final authority.*

# Table of Contents

|  |       |
|--|-------|
| Medical Benefit Summary .....          | 4     |
| Dental Benefit Summary .....           | 5     |
| Health Reimbursement Arrangement ..... | 6-7   |
| Registering for myuhc.com .....        | 8     |
| Health4Me .....                        | 9     |
| Dental Rollover Plan .....             | 10-11 |
| Wellness .....                         | 12    |
| Vision .....                           | 13    |
| Basic & Voluntary Life & AD&D .....    | 14-15 |
| 401k .....                             | 16    |
| Important Notices .....                | 18-19 |



\*Medicare Part D Coverage Notice is available on page 18 of this booklet.

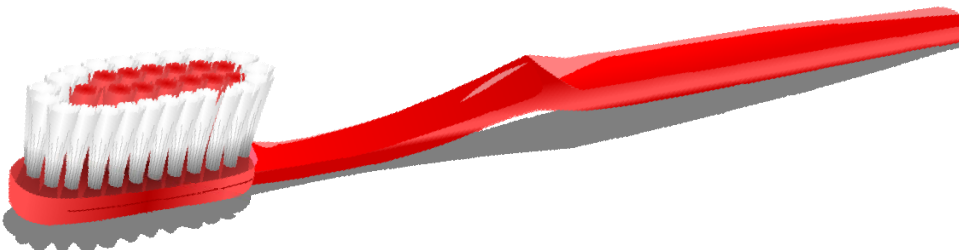
# Medical Coverage

Medical benefits and claims are paid by United Healthcare. The chart below provides you an outline of in-network services. You can view the network at [www.myuhc.com](http://www.myuhc.com). If you should have any questions or require assistance registering on the website, contact Human Resources for assistance.

| Carrier Name   | United Healthcare                      |                |   |                |
|--|--|----------------|---|----------------|
| Name of Plan   | AG-U6                                  |                | AG-V1                                     |                |
| Available Network  | Choice Plus                            |                | Choice Plus                               |                |
| Annual Deductible  | In Network                             | Out of Network | In Network                                | Out of Network |
| Individual   | \$5,000                                | \$5,000        | \$5,000                                   | \$5,000        |
| Family   | \$10,000                               | \$10,000       | \$10,000                                  | \$10,000       |
| <b>After \$1,500 of the individual deductible is met, DTT will pick up the remaining \$3,500 deductible.</b> |  |                |   |                |
| Out of Pocket Maximum  |  |                |   |                |
| Individual   | \$6,350                                | \$10,000       | \$6,350                                   | \$10,000       |
| Family   | \$12,700                               | \$20,000       | \$12,700                                  | \$20,000       |
| Co-insurance   | 50%                                    | 50%            | 100%                                      | 70%            |
| Professional Services  |  |                |   |                |
| Physician Office Visit   | \$50; \$0 for persons less than age 19 | Ded + 50%      | \$35; \$0 for persons less than age 19    | Ded + 30%      |
| Specialist Office Visit  | \$50                                   | Ded + 50%      | Designated Network: \$35<br>Network: \$70 | Ded + 30%      |
| Preventive Care  | Covered 100%                           | Ded + 30%      | Covered 100%                              | Ded + 30%      |
| Urgent Care  | \$100                                  | Ded + 50%      | \$75                                      | Ded + 30%      |
| Diagnostic Procedures  |  |                |   |                |
| Outpatient Lab   | Ded + 50%                              | Ded + 50%      | Covered 100%                              | Ded + 30%      |
| Outpatient X-ray   | Ded + 50%                              | Ded + 50%      | Covered 100%                              | Ded + 30%      |
| Complex Imaging (CT, PET, MRI, etc)  | Ded + 50%                              | Ded + 50%      | 100% after Ded                            | Ded + 30%      |
| Hospital Care  |  |                |   |                |
| In Patient   | Ded + 50%                              | Ded + 50%      | 100% after Ded                            | Ded + 30%      |
| Outpatient   | Ded + 50%                              | Ded + 50%      | 100% after Ded                            | Ded + 30%      |
| Emergency Room   | Ded + 50%                              |                | \$300 copay per visit                     |                |
| Pharmacy   |  |                |   |                |
| Generic  | \$15                                   |                | \$15                                      |                |
| Brand  | \$30                                   |                | \$30                                      |                |
| Specialty Drugs  | \$65                                   |                | \$65                                      |                |
| Mail Order   | Copay x 2.5                            |                | Copay x 2.5                               |                |



|   | In Network | Out of Network |
|---|------------|----------------|
| <b>Diagnostic Service</b>                 |            |                |
| Periodic Oral Evaluation                  | 100%       | 100%           |
| Radiographs                               | 100%       | 100%           |
| Lab and Other Diagnostic Tests            | 100%       | 100%           |
| <b>Preventive Services</b>                |            |                |
| Dental Prophylaxis (Cleaning)             | 100%       | 100%           |
| Fluoride Treatment                        | 100%       | 100%           |
| Sealants                                  | 100%       | 100%           |
| Space Maintainers                         | 100%       | 100%           |
| <b>Basic Services</b>                     |            |                |
| Restorations (Amalgams or Composite)*     | 80%        | 80%            |
| Emergency Treatment/General Services      | 80%        | 80%            |
| Simple Extractions                        | 80%        | 80%            |
| Oral Surgery (incl. surgical extractions) | 80%        | 80%            |
| Periodontics                              | 80%        | 80%            |
| Endodontics                               | 80%        | 80%            |
| <b>Major Services</b>                     |            |                |
| Inlays/Onlays/Crowns                      | 50%        | 50%            |
| Dentures and Removable Prosthetics        | 50%        | 50%            |
| Fixed Partial Dentures (Bridges)          | 50%        | 50%            |
| <b>Deductible</b>                         |            |                |
| Deductible                                | \$50/\$150 |                |
| Deductible applies to Prev. & Diag.       | No         |                |
| <b>Annual Max</b>                         |            |                |
| Annual Max                                | \$1,000    |                |
| <b>Maximum Roll Over</b>                  |            |                |
| Maximum Roll Over                         | Yes        |                |



# Health Reimbursement Arrangement

## How does an HRA work?

### What is an HRA?

A Health Reimbursement Arrangement is a health benefit plan that reimburses a portion of the in-network medical expenses.



### Who Administers the HRA?

Worksite Benefits will administer your HRA account.

### How does it work?

Once enrolled, employees must pay the first \$1,500 of medical expenses. Then they will have access to the \$3,500 HRA account. When out-of-pocket expenses are incurred, the employee will pay 100% out-of-pocket up to the \$5,000 deductible. However, \$3,500 of this expense will be reimbursed to the employee by Daryl Thomason Trucking. The first \$1,500 of medical claims toward deductible will be the employee's sole responsibility. The next \$3,500 of medical claims toward deductible will be reimbursed by the HRA. The final \$1,350 of any out-of-pocket expenses toward coinsurance will again be the employee's sole responsibility.

### How to receive reimbursement?

**You must have already met \$1,500 of the deductible prior to submitting any claim for reimbursement.**

Employee should submit the explanation of benefits (EOB) from UHC along with the claim form from Worksite Benefits directly to Worksite Benefits. Worksite Benefits will process the HRA submission within 24 hours of receipt. If the claim is for an office visit, Worksite will reimburse the claim after deducting office visit copay. The HRA reimbursement will be mailed in the form of a check to the employees home address.

#### Worksite Benefits

Phone: 405-616-0122

Fax: 405-616-0121

PO Box 270658

Oklahoma City, OK 73137

# Health Reimbursement Arrangement

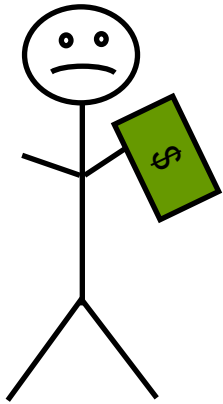
## Worksite Benefits

Phone: 405-616-0122

Fax: 405-616-0121

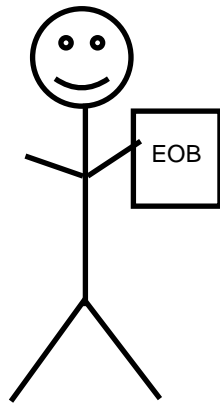
PO Box 270658

Oklahoma City, OK 73137



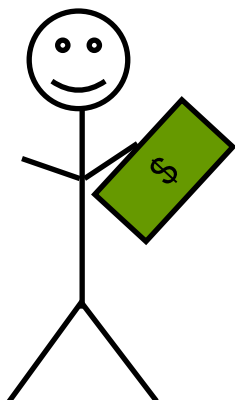
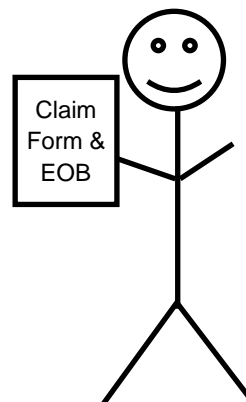
Go to in-network provider and pay for visit or portion of visit depending on provider.

Provider must file claim for you with UHC.



Receive EOB by mail or by monitoring claim on [myuhc.com](http://myuhc.com).

Submit EOB and Claim Form to Worksite Benefits



You will receive check from Worksite Benefits.

# How to register on myuhc.com®

By registering on myuhc.com, you can find the answers to your health and benefits questions and the information you need in one easy-to-use, convenient location online.

## Registration is quick and simple:

1. Go to **myuhc.com**.
2. Click the *Register Now* button.
3. Enter name, date of birth and account numbers from your health plan ID card or your Social Security number and date of birth.
4. Create a Username and Password.
5. Enter your email address and optional phone numbers, and choose security questions.
6. Review and agree to the website policies, and be sure to keep the email opt-in checked so you receive relevant news and wellness information.

By registering, if applicable, you will also receive Health Statements, Explanation of Benefits, Claim Letters, Regulatory Notices and other important information electronically. You may choose to receive free paper communications at any time by changing your Mailing Preferences.

## On myuhc.com you can:

- ▶ Check past and current statements and claim status.
- ▶ Review eligibility and look up benefits.
- ▶ Find a hospital or doctor, including UnitedHealth Premium® designated physicians.
- ▶ Print a temporary health plan ID card or request a replacement card.
- ▶ Compare hospitals for quality and cost at the procedure level.
- ▶ “Chat” with a nurse online in real-time.
- ▶ Take a health assessment and participate in online programs that help you set goals to achieve health objectives.
- ▶ Learn about health conditions, symptoms and the latest treatment options.
- ▶ Use the Personal Health Record to organize and store all your health data in one convenient, confidential place.

**Start managing your health care benefits online today at myuhc.com.**



For a complete description of the UnitedHealth Premium® Designation program, including details on the methodology used, geographic availability, program limitations and medical specialties participating, please see myuhc.com.®

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

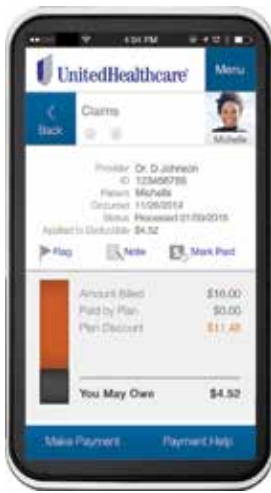




Health4Me

# Health care management resources at your fingertips

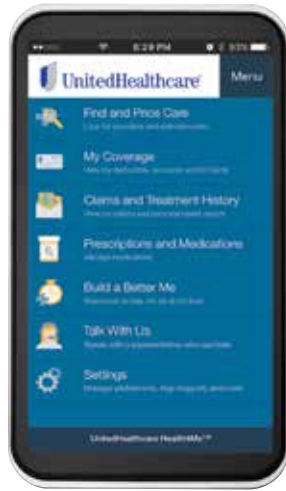
UnitedHealthcare Health4Me™ lets you easily access your health care information and gives you tools to help estimate costs, manage claims and find providers – anytime and anywhere. It's built to be your go-to health care resource when you're on the go.



## More useful info

Get information to help you stay connected to your care management.

- View and share health plan ID cards via email or fax
- Check account balances and benefit amounts
- Collect, track and share past and current Personal Health Records
- View and manage claims
- Pay providers for out-of-pocket expenses



## More great tools

Get access to resources to help you get the most out of your benefit plan.

- Estimate costs of common procedures and conditions up front
- Find nearby providers, hospitals and quick care facilities
- Connect with helpful professionals 24/7
- Search Pharmacies, claims, drug pricing and mail orders

## Stay connected to your benefit plan



App Store is a service mark of Apple, Inc. Android is a registered trademark of Google, Inc.

\*Some features may not be available for all employer plans. Insurance coverage provided by or through a UnitedHealthcare Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.



Dental

Annual Maximum \$1,000

Features and benefits

# Consumer MaxMultiplier<sup>®</sup> Rollover Benefit



Getting regular dental checkups is key to maintaining healthy teeth and gums. And with the Consumer MaxMultiplier Rollover Benefit from UnitedHealthcare dental, you can earn award dollars for getting regular checkups.<sup>1</sup> If you have family members covered by your plan, each family member can earn his or her own awards. And you can roll your awards over from one year to the next.

## How the program works.

1. Visit your dentist at least once during the benefit year.
2. At the end of the benefit year, if the dollar amount of the dental claims paid for you is less than your plan's annual claim threshold, you earn an annual account award.<sup>2</sup>
3. If all your claims for the year were for in-network providers, you'll earn a \$100 annual network bonus.<sup>3</sup>
4. Your annual account award will be added to your annual maximum for the following benefit year. The combined total will be the maximum benefit for dental claims that year.

## In brief:

- Consumer MaxMultiplier rewards you for getting preventive care
- You can earn award dollars to use for future dental claims
- The number of award dollars is determined by the out-of-network maximum of your dental benefit plan
- You can roll award dollars over from year to year

## Example.

The chart below shows the award dollars you could earn if your plan had an original annual maximum of \$1,000.

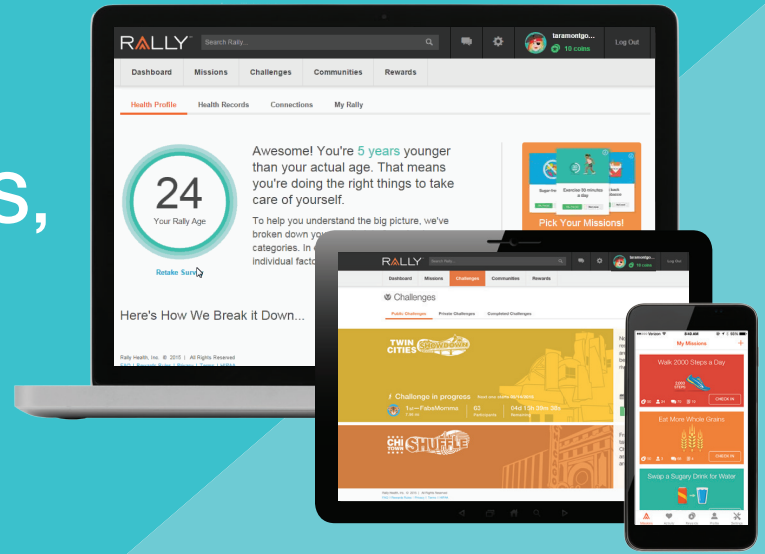
| Here's how your Consumer MaxMultiplier Rollover Benefit adds up:   |                      |
|--|----------------------|
| <b>IF</b> your original annual maximum is:   | \$1,000              |
| <b>AND</b> the total dental claims paid for you in one year is less than this:<br><i>(This is the plan's annual claim threshold.)</i>                                    | \$500                |
| <b>THEN</b> you qualify for an annual account award of:  | \$250                |
| <b>PLUS</b> , if all your claims for the year are for network providers, you could also earn <sup>3</sup> :<br><i>(This is the annual network bonus.)</i>                | + \$100              |
| <b>THEREFORE</b> , the potential total Consumer MaxMultiplier earnings for the year are:<br><i>(This amount is added to your annual maximum for the following year.)</i> | = \$350 <sup>4</sup> |

## Consumer MaxMultiplier terms.

- **Original annual maximum:** The maximum amount the plan will pay for a member's claims during the plan year
- **Annual claim threshold:** A set amount determined by the plan. A member's paid claims must fall below this amount to qualify for a Consumer MaxMultiplier award
- **Annual account award:** The dollar amount a member earns when their annual claims are greater than \$0, but lower than the annual claim threshold
- **Annual network bonus:** The \$100 a member earns when their claims for the plan year are all for network providers<sup>3</sup>
- **Account limit:** The maximum balance a member can have in their account

# GREAT HEALTH RECOMMENDATIONS, JUST FOR YOU.

Rally can help you get healthier, one small step at a time.



Rally shows you how to make simple changes to your daily routine, set smart goals and stay on target. You'll get personalized recommendations on how to move more, eat better and feel happier—and have fun doing it.

Start with the quick Health Survey and get your Rally Age to help you assess your overall health. Rally will then recommend missions for you: simple activities designed to help immediately improve your diet, fitness and mood. Start easy, and level up when you're ready.

Plus, on Rally there are lots of ways to earn Rally coins, which you can use for chances to win great rewards. Rack up coins for joining missions, pushing yourself in a challenge and even just for logging in every day.

Rally is available at no additional cost to you, as part of your health plan benefits.

## FIND YOUR MISSION TODAY.

Register today at [myuhc.com](http://myuhc.com)<sup>®</sup>.



Get Your Rally Age



Build Better Habits



Win Cool Stuff

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities. Your Health Age is based on self-disclosed information, including any applicable biometric screening data.

All trademarks are the property of their respective owners. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.



# Vision Benefit Summary

VSP puts our members first and guarantees your satisfaction. As the only national not-for-profit vision care company, we reinvest in the things that you value most—like protecting your eyes with medical and urgent care services available through the VSP Primary EyeCare Plan.

| Vision Plan             |  |                |
|-------------------------|--|----------------|
| VSP Network: VSP Choice |  |                |
| Exam                    | In Network   | Out of Network |
| Frequency               | Every 12 Months                                    |                |
| Exam Copay              | \$10   | Up to \$45     |
| Material Copay          | \$25   |                |
| Lenses                  |  |                |
| Frequency               | Every 12 Months                                    |                |
| Single                  | Covered 100%                                       | \$30 max       |
| Bifocal                 | Covered 100%                                       | \$50 max       |
| Trifocal                | Covered 100%                                       | \$65 max       |
| Frames                  |  |                |
| Frequency               | Every 24 Months                                    |                |
| Frames                  | \$130 max + 20% off balance                        | \$70 max       |
| Contacts                | \$130 allowance for contacts and contact lens exam | \$105 max      |

## What's covered?

- ◆ Treatment for eye pain, or conditions like pink eye
- ◆ Test to diagnose sudden vision changes
- ◆ Pictures of your eyes to detect and track eye conditions
- ◆ Exams to monitor cataracts
- ◆ Retinal screenings\*

With VSP, you get high-quality vision care from doctors who have met high credentialing requirements and provide you with the best care. If you need to see a specialist, they'll coordinate with your primary care physician.

## It's easy to use

Visit your VSP doctor whenever you need to—services are covered with just a copay. No referral is needed.\*\*

- ◆ Find the VSP doctor who's right for you. To find a VSP doctor, visit [vsp.com](http://vsp.com) or call **800-877-7195**
- ◆ At your appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com)

**That's It!** VSP will handle the rest—there are no claim forms to complete when you see a VSP doctor.

\*For eligible members with diabetes

\*\*Some health plans require a referral from a primary care physician

# Basic & Voluntary Life & AD&D



**KANSAS CITY LIFE**

Your employer pays 70% of the Basic & Dependent Term Life premium for all full time employees and their eligible dependents.

|  | BASIC LIFE   | VOLUNTARY TERM LIFE   |
|--|--|---|
| Employee Benefit   | \$15,000   | \$10,000 increments to a maximum of \$100,000, minimum of \$20,000. See Cost Illustration page for details.                                 |
| Accidental Death and Dismemberment   | Should a covered loss occur after accidental bodily injury or death, on or off the job, a percentage of the basic life amount may be paid.   |   |
| Spouse ‡ Benefit   | \$5,000; will cease at age 70.   | You may elect a benefit amount for your spouse in increments of \$5,000 with a minimum of \$10,000 and a maximum of \$50,000.               |
| Child benefit: —children age birth† to 26 years for Voluntary Life   | \$1,000 including infants.   | The benefit amount for your child(ren) is elected from increments of \$2,500 to a maximum of \$10,000. Infants will be covered for \$1,500. |
| Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period. |  | We Guarantee Issue coverage up to \$100,000 per employee, \$50,000 for a spouse and \$10,000 for dependent children                         |
| Premiums   | Covered by your company if you meet eligibility requirements   | Increase on plan anniversary after you enter next five-year age group   |
| Portability: Allows you to take your coverage with you if you terminate employment.  | Yes, with age and other restrictions, including evidence of insurability   | Yes, with age and other restrictions, including evidence of insurability  |
| Conversion: Allows you to continue your coverage after your group plan has terminated.   | Yes, with restrictions; see certificate of benefits  | Yes, with restrictions; see certificate of benefits   |
| Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.  | 35% at age 65, 55% at age 70, 70% at age 75, 80% at age 80.<br>Terminates at retirement.   | 35% at age 70, 50% at age 75  |
| Death Benefit  | Benefits are paid in the event of an individual's death at any time or place, from any cause. If a covered person dies by suicide within 2 years of being covered under the KCL policy or the prior carrier plan, the life insurance benefit payable will be based on the total premium collected. |   |

Subject to coverage limits

‡ Spouse coverage is based on employee age and terminates at age 70.

*This outline is intended to be a brief summary of your benefits and does not include all plan provisions and limitations. Details of your benefits may be found in your certificate booklet. If there are any discrepancies between this outline and the certificate, the certificate governs.*



**KANSAS CITY LIFE**

# Voluntary Life & AD&D Cost Illustration

Weekly premiums displayed.

Spouse rate based on employee's age

|                  | 0-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75+ |
|------------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|
| <b>\$20,000</b>  |      |       |       |       |       |       |       |       |       |       |     |
| <b>\$30,000</b>  |      |       |       |       |       |       |       |       |       |       |     |
| <b>\$40,000</b>  |      |       |       |       |       |       |       |       |       |       |     |
| <b>\$50,000</b>  |      |       |       |       |       |       |       |       |       |       |     |
| <b>\$60,000</b>  |      |       |       |       |       |       |       |       |       |       |     |
| <b>\$70,000</b>  |      |       |       |       |       |       |       |       |       |       |     |
| <b>\$80,000</b>  |      |       |       |       |       |       |       |       |       |       |     |
| <b>\$90,000</b>  |      |       |       |       |       |       |       |       |       |       |     |
| <b>\$100,000</b> |      |       |       |       |       |       |       |       |       |       |     |

| Child(ren) Rates |
|------------------|
| <b>\$2,500</b>   |
| <b>\$5,000</b>   |
| <b>\$7,500</b>   |
| <b>\$10,000</b>  |

**Value Added Services** - Complimentary services provided for all members on Basic and/or Voluntary Life, provided by Europ Assistance, USA

- ◆ **Travel Assistance** - EA will provide assistance in case of an emergency when traveling more than 100 miles away from home. Emergencies may include medical emergencies, mass casualty and global crisis.
- ◆ **Beneficiary Companion** - The death of a family member triggers a series of tasks that require immediate attention. Attempting to remember all of the necessary notifications and cancellations may be overwhelming. This program allows beneficiaries to focus on the healing process while EA handles the administrative details that will protect them and their families.
- ◆ **Identity Theft Protection and Assistance** - Provides access to EA 24 hours a day, 7 days a week to assist with ID theft prevention and resolution.

These Plan Highlights briefly describe the 401K plan.  
*A full plan summary booklet is available upon request.*

The plan:

- ◆ Lets you defer a percentage of your pay by making 401(k) elective deferral contributions under the plan.
- ◆ May match a percentage of your 401(k) elective deferral contributions. That's extra money for you.  
*Speak with HR for details on DTT match contribution.*
- ◆ May provide more money for you through discretionary and qualified nonelective contributions.
- ◆ Provides that you are 100% vested (see Part 3) in your account resulting from:
  1. any money you contribute
  2. qualified nonelective contributions
- ◆ Provides that your vesting percentage (see Part 3) depends on your service for the part of your account resulting from:
  1. matching contributions
  2. discretionary contributions
- ◆ Gives you tax deferral on any earnings until you receive them as benefits. If you choose to make Roth elective deferral contributions, earnings on such contributions will not be taxable if received in a qualified distribution (see Part 2 in plan summary).

If you are already making 401(k) elective deferral contributions, you are on your way to a more secure future. If you aren't making 401(k) elective deferral contributions, there's still time to start.

## When You Join

You join the plan as an active participant on the January 1, April 1, July 1, or October 1 on or after you meet these requirements:

- ◆ You are an employee.
- ◆ You have one year of entry service.
- ◆ You are age 21 or older.

This date is your entry date.

You earn a year of **entry service** for each service period in which you have 1,000 or more hours of service. The year of service is earned on the last day of the service period. Service periods are one-year long. Your first one starts on the date you are hired and ends on the day before your first anniversary date. Following ones begin on January 1 and end on December 31 beginning with the January 1 following the date you are hired. An hour of service is each hour of paid working time. In addition, it includes up to 501 hours during any one period of paid non-working time, such as paid vacation.

## Signing Up

To make 401(k) elective deferral contributions, you complete an elective deferral agreement or enroll online at [www.principal.com](http://www.principal.com). Once you are logged in, you will see a welcome screen with directions on how to enroll in this plan online. Part 2 tells you more about these contributions. You need to name the person who will receive any death benefit if you die before retirement. If you name someone other than your spouse, your spouse must agree to your selection. You need to tell us how you wish to use the investment options available for your account (see Part 3 in plan summary).





# DTT Passenger Policy

DTT offers a voluntary insurance policy to cover authorized passengers riding along with a DTT driver.

**All drivers are required to submit a passenger authorization or a declination of coverage prior to passengers entering a DTT Truck.**

Driver's that enroll in this policy will be charged **\$5/week**. Summary of plan coverage below:

| Description of Benefits   | Passenger Coverage  |
|---|---|
| <b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>                           |   |
| Maximum Benefit Amount  | \$100,000 Principal Sum   |
| Survivor's Benefits (Lump Sum)                                      | \$100,000 Death Lump Sum  |
| Incurral Period   | 52 Weeks  |
| Accidental Dismemberment- <i>including paralysis and sever burn</i> | Included in principal sum; refer to policy schedules for benefits |
| <b>ACCIDENTAL MEDICAL EXPENSE</b>                                   |   |
| Maximum Benefit Amount  | \$300,000 Maximum   |
| Commencement Period   | 90 Days   |
| Deductible  | \$0   |
| Incurral Period   | 52 Weeks  |
| <b>ACCIDENTAL DENTAL</b>  |   |
| Maximum Benefit Amount  | \$1,000 per injury<br>\$5,000 lifetime                            |
| <b>CHIROPRACTIC CARE, OCCUPATIONAL THERAPY, PHYSICAL THERAPY</b>    |   |
| Maximum Benefit Amount  | No Sublimit Applies   |
| Maximum Number of Treatments  | No Sublimit Applies   |
| <b>TEMPORARY TOTAL DISABILITY</b>                                   |   |
| Maximum Benefit Amount  | Not Covered   |
| Waiting Period  |   |
| Duration-Maximum Benefit Period                                     |   |
| Commencement Period   |   |
| <b>CONTINUOUS TOTAL DISABILITY</b>                                  |   |
| Maximum Benefit Amount  | Not Covered   |
| Waiting Period  |   |
| Duration-Maximum Benefit Period                                     |   |
| <b>CERTIFICARE COMBINED SINGLE LIMIT/AGGREGATE</b>                  | <b>\$300,000</b>  |
| <b>EMERGENCY EVACUATION BENEFIT RIDER</b>                           |   |
| Maximum Benefit Amount  | \$100,000   |
| <b>REPATRIATION OF REMAINS BENEFIT RIDER</b>                        |   |
| Maximum Benefit Amount  | \$50,000  |

*The list of benefits is only a brief description of the actual coverages. Certain exclusions and limitations do apply. For complete details please refer to your policy. In the event of any conflict between the information listed here and the actual policy language, the insurance policy will govern in all cases.*

*This coverage is not Workers Compensation Insurance or for any purpose except occupational accidents (unless non-occupations benefits apply). This policy does not cover disease unless otherwise endorses by rider and scheduled on a Supplemental Schedule of Benefits. If any other coverage riders apply they will be endorses on the policy*



# SPECIAL NOTICES

## Women's Health and Cancer Rights of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

## Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

## Loss of Other Coverage or Becoming Eligible for Medicaid or a State Children's Health Insurance Program (CHIP)

If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must enroll within 31 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for such assistance.

## Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 31 days after the marriage, birth or placement for adoption.

## For More Information or Assistance

To request special enrollment or obtain more information, contact:

Daryl Thomason Trucking, Inc.  
PO Box 219  
Broken Bow, OK 74728  
580-584-2895

## Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Daryl Thomason Trucking, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Daryl Thomason Trucking, Inc. has determined that the prescription drug coverage offered by the Daryl Thomason Trucking, Inc. County medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7 but as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering

Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting Daryl Thomason Trucking, Inc. at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current Daryl Thomason Trucking, Inc. prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

## For more information about this notice or your current prescription drug coverage:

Contact the Human Resources Department at Phone # 903-572-8101

**NOTE:** You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

## For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- : Visit: [www.medicare.gov](http://www.medicare.gov).
- : Call: Your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- : Call: **800-MEDICARE (800-633-4227)**. TTY users should call **877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you can call them at **800-772-1213**. TTY users should call **800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

#### Notice of HIPAA Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can access this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on employer health plans concerning the use and disclosure of individual health information. This information known as protected health information (PHI), includes virtually all individually identifiable health information held by a health plan - whether received in writing, in an electronic medium or as oral communication. This notice describes the privacy practices of the Employee Benefits Plan (referred to in this notice as the Plan), sponsored by Daryl Thomason Trucking, Inc., hereinafter referred to as the plan sponsor.

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. It is important to note that these rules apply to the Plan, not the plan sponsor as an employer.

You have the right to inspect and copy protected health information which is maintained by and for the Plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask the Human Resources Department to amend the information. For a full copy of the Notice of Privacy Practices describing how protected health information about you may be used and disclosed and how you can get access to the information, contact the Human Resources Department.

#### Complaints

If you believe your privacy right have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You will not be retaliated against for filing a complaint. To file a complaint, please contact the Privacy Officer.

Daryl Thomason Trucking, Inc.  
PO Box 219  
Broken Bow, OK 74728  
580-584-2895

#### Continuation of Coverage Rights Under COBRA

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you and your eligible dependents are entitled to continue your group health benefits coverage (medical, dental, vision and HCRA) under the Daryl Thomason Trucking, Inc. plan after you have left employment with the agency. If you wish to elect COBRA coverage, you have 60 days from the date you receive your election notice to make an election. You have 45 days after electing coverage to pay the initial premium.

#### Premium Assistance Under Medicaid and Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free **1-866-444-EBSA (3272)**.

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2016. Contact your State for further information on eligibility.**

|   |
|---|
| <b>TEXAS – Medicaid</b>   |
| Website: <a href="http://www.gethiptexas.com/">http://www.gethiptexas.com/</a><br>Phone: 1-800-440-0493     |
| <b>OKLAHOMA—Medicaid and CHIP</b>   |
| Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742 |

To see if any more States have added a premium assistance program since July 31, 2016 or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
**1-866-444-EBSA (3272)**

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**1-877-267-2323, Menu Option 4, Ext. 61565**

OMB Control Number 1210-0137  
(expires 10/31/2016)

#### Health Coverage Reminder

The Patient Protection and Affordable Care Act (PPACA) requires most individuals to have minimum essential health coverage or pay a penalty. You may obtain coverage through your employer or through the Marketplace.

Depending on your income and the coverage offered by your employer, you may be able to obtain lower cost private insurance in the Marketplace.

If you buy insurance through the Marketplace, you may lose any employer contribution to your health benefits.

Visit [www.HealthCare.gov](http://www.HealthCare.gov) for Marketplace information.

**REMINDER:** You may only purchase insurance through the Marketplace if you experience a qualifying event OR during Open Enrollment. The Federal Marketplace Open Enrollment dates are from November 1 through January 31.

Higginbotham,  
Capps Insurance Agency  
1610 Shadywood Lane  
Mt Pleasant, Texas 75455  
(800) 577-1972

