

BENEFIT PLAN SUMMARY

Owner Operator

This benefit plan summary is only a partial description and is for information purposes only. This document is not, and should not be considered a contract or any part of one. If there are any discrepancies between this summary and the various benefit documents, the terms of the specific benefit document will govern. For more detailed information, consult your owner operator benefit booklets and summary plan descriptions. The company cannot guarantee premiums will not increase in the future.

EFFECTIVE DATE OF COVERAGE FOLLOWING ACCEPTANCE OF THE APPLICATION

- All insurance coverage, except Short Term Disability, becomes effective the first of the month following 30 calendar days of affiliation with the Company. (Example: With an affiliation date of February 14, coverage would become effective April 1.) Enrollment must be completed within 31 days of the starting date.
- Short Term Disability benefits become effective the first day of the month following 12 consecutive months of service.

If the owner operator elects not to participate when initially eligible, the owner operator may elect to secure coverage, except for Short Term Disability, no sooner than the Company's next annual open enrollment period or the occurrence of a qualifying event under the plan. The option to elect Short Term Disability benefits is only available at the start of the owner operator's affiliation with the Company. There is no open enrollment for Short Term Disability.

Health Care Coverage – Provided by Blue Cross Blue Shield of Nebraska/Highmark (BCBSNE/Highmark)

- Comprehensive hospital and major medical insurance
- Choice of PPO (Preferred Provider Organization) or non-PPO providers of medical services.

This table compares the deductible, coinsurance percentage and annual maximum coinsurance amounts for PPO and non-PPO providers:

	PPO Provider		Non-PPO Provider	
	OPTION A	OPTION B	OPTION A	OPTION B
Deductible:				
Single	\$1,250	\$2,500	\$2,500	\$5,000
Family	\$2,500	\$5,000	\$5,000	\$10,000
Coinsurance	80%		70%	
Annual Maximum Out of Pocket:				
Single	\$3,700	\$5,500	\$6,300	\$9,900
Family	\$7,400	\$11,000	\$11,800	\$18,200
Lifetime Maximum: None				

- Plan pays 100% for preventative care
- Using a PPO Provider, the owner operator will pay a lower percentage of the coinsurance, a lower deductible, a lower annual maximum coinsurance and the user should have no claim forms to file and no billing concerns.
- Additional \$250 co-pay for emergency room utilization (will not apply to deductible).

Health Care Premiums

Type of Coverage	General Plan Monthly Premium		NE Blueprint (NE residents only) Monthly Premium	
	OPTION A	OPTION B	OPTION A	OPTION B
Single Coverage	\$590	\$501	\$519	\$440
Owner Op & Children	\$1,009	\$857	\$887	\$754
Owner Op & Spouse	\$1,569	\$1,333	\$1,380	\$1,173
Owner Op & Family	\$1,796	\$1,526	\$1,580	\$1,342

Changes in Coverage

Any of the following events can result in changes in coverage allowing owner operator to drop or enroll themselves or dependents. Requests of changes can be done via My.ADP.com or by calling the Crete Carrier Enrollment Center at 1-877-340-0369 (Monday–Friday; 7am–5pm CST) within 31 days of the occurrence of any of the following events:

- » Marriage
- » Divorce
- » Legal Separation
- » Birth of a Newborn
- » Adoption of a Child
- » Death
- » Certain Losses of Other Coverage

Eligible dependents are covered through age 26 for health care only.

Prescription Drug Card – Provided by MaxCare.

- The prescription drug card benefit is included as part of the healthcare premium.
- MaxCare's preferred retail pharmacy network includes 60,000 + pharmacies nationwide. For a list of participating pharmacies, call 855-537-5843 or visit MaxCareRX.com.

The following table lists co-payments for various types of prescriptions:

Types of Prescriptions	Co-Payments	
	Preferred Pharmacy	Non-Preferred Pharmacy
Retail (30-Day Supply):		
Generic	\$14 or 20%	\$24 or 30%
Formulary	\$49 or 20%	\$59 or 30%
Non-Formulary	\$86 or 20%	\$96 or 30%
Mail (90-Day Supply):		
Generic	\$30	\$40
Formulary	\$118	\$128
Non-Formulary	\$215	\$225

- Owner operators are strongly encouraged to use generic drugs instead of brand name drugs whenever possible. The plan requires use of generic drugs when a generic equivalent is available.
- To avoid a significant increase to your out-of-pocket costs, you should purchase your maintenance drugs through the mail-order program or at a participating Retail 90 location.

Dental Coverage – Provided by Ameritas

	Amount / Cost
Coinsurance (Plan Pays):	
Type I Preventative (periodic exams/cleanings)	100%
Type II Basic (fillings, basic extractions)	80%
Type III Major (dentures, bridges)	50%
Deductible:	
Type I Preventative	\$0
Type II Basic and Type III Major	\$50
Maximum per calendar year per person = \$1,750.00	

Dental insurance premiums are paid 100% by the owner operator.

Type of Coverage	Monthly Premium Cost
Owner Operator	\$18.24
Owner Operator & Children	\$39.00
Owner Operator & Spouse	\$38.04
Owner Operator & Family	\$58.20

Vision Coverage – Provided by VSP

Participants have nationwide access vision care providers. It's to the participant's advantage to use a designated provider to receive maximum benefits. The plan has two options as summarized below:

Type of Coverage	Monthly Premium Cost	Co-Payments
OPTION #1 — Annual Exam (once every 12 months)		
Owner Operator	\$.48	\$10
Owner Operator & Children	\$.96	\$10
Owner Operator & Spouse	\$.92	\$10
Owner Operator & Family	\$1.40	\$10
OPTION #2 — Annual Exam with Ophthalmic Materials		
Owner Operator	\$6.36	\$25
Owner Operator & Children	\$12.72	\$25
Owner Operator & Spouse	\$12.08	\$25
Owner Operator & Family	\$18.68	\$25

Maximum benefit paid after co-pay:

	PPO	Non-PPO
Exam Only	100%	\$45
Lenses per pair — Annual:		
Basic Single Vision	100%	\$30
Lined Bifocal	100%	\$50
Lined Trifocal	100%	\$65
Contacts (Medically Necessary)	100%	\$210
Contacts (Elective)	Up to \$200	†\$105
Frames	*Up to \$200	\$70

* For frames over \$200, you will pay 80% of the amount over \$200. Transition lenses, anti-reflective coatings, and scratch resistant coatings are covered in full with in-network provider.

† This is a once per year allowance so be sure to spend the full amount at one time if you are purchasing disposable contacts.

Short-Term Disability – Provided by Mutual of Omaha

- Premiums are paid 100% by the owner operator.
- Provides financial protection by paying a portion of your income while you are disabled. Disabilities are subject to a preexisting condition limitation.
- Maximum benefit period of 22 weeks, subject to a 29 day elimination period.
- The weekly benefit amount is 60% of the owner operator's weekly wage or salary, subject to a maximum of \$500 per week. The benefit may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered under this plan.
- The disability coverage is for non-work related sickness or injury. Benefits are not payable for any disability which is due to a sickness or injury arising out of, or in the course of the owner operator's ordinary work.

Type of Coverage	Monthly Premium Cost
Single	\$37.50

Additional Benefits – Provided by Mutual of Omaha

Ability Assist (EAP) – All owner operators are automatically provided access to this resource at no additional cost.

- Emotional, financial, marital/family and legal counseling
- Substance abuse information
- Child/Elder care information and resources
- Work-life consultation

Travel Assistance – All owner operators are automatically provided access to this resource at no additional cost.

- Pre-trip information
- Emergency medical assistance
- Emergency personal services

Life Insurance – Provided by Mutual of Omaha

- Premiums are 100% paid by the owner operator.
- Basic life coverage with a face value of \$50,000. (This benefit may be reduced based on the age of the owner operator according to the terms and provisions of the policy.)
- An Accelerated Life Benefit is available in the event of a terminal illness.
- This policy does reduce by age, starting at age 65.

Type of Coverage	Monthly Premium Cost
\$50,000	\$14.00

Additional Group Term Life – Provided by Mutual of Omaha

- Available for owner operator and/or dependents. Premiums paid 100% by the owner operator through payroll deduction.
- Portability or conversion may be elected upon termination.
- This policy reduces by 50% at age 70.

Type	Amount of Coverage Available	Additional Information
Owner Operator	Up to \$200,000 (See monthly rates below)	Accidental Death & Dismemberment coverage is available equal to the additional life amount.
Spouse	\$25,000 (See monthly rates below under \$25,000 chart)	In order to qualify for spouse or dependent coverage, the owner operator must submit an application for a minimum of \$25,000 coverage on themselves.
Dependent child up to age 19	\$10,000 per child (Rate is \$1.20/month regardless number of children)	

\$25,000 Coverage

Age	No Tobacco Owner Op	Tobacco Owner Op	Spouse
Under 30	\$1.75	\$3.00	\$1.75
30 – 35	\$2.00	\$4.00	\$2.25
35 – 39	\$2.75	\$5.50	\$3.25
40 – 44	\$4.00	\$8.25	\$4.50
45 – 49	\$6.75	\$14.50	\$7.00
50 – 54	\$12.00	\$26.25	\$11.50
55 – 59	\$21.25	\$42.50	\$19.50
60 – 64	\$31.25	\$56.25	\$28.50
65 – 69	\$64.50	\$104.75	\$51.25
70+	\$97.50	\$163.75	\$91.25

Subscriber Accidental Death & Dismemberment adds an additional \$1 per month.

\$50,000 Coverage

Age	No Tobacco Owner Op	Tobacco Owner Op
Under 30	\$3.50	\$6.00
30 – 35	\$4.00	\$8.00
35 – 39	\$5.50	\$11.00
40 – 44	\$8.00	\$16.50
45 – 49	\$13.50	\$29.00
50 – 54	\$24.00	\$52.50
55 – 59	\$42.50	\$85.00
60 – 64	\$62.50	\$112.50
65 – 69	\$129.00	\$209.50
70+	\$195.00	\$327.50

Subscriber Accidental Death & Dismemberment adds an additional \$2 per month.

\$100,000 Coverage

Age	No Tobacco Owner Op	Tobacco Owner Op
Under 30	\$7.00	\$12.00
30 – 35	\$8.00	\$16.00
35 – 39	\$11.00	\$22.00
40 – 44	\$16.00	\$33.00
45 – 49	\$27.00	\$58.00
50 – 54	\$48.00	\$105.00
55 – 59	\$85.00	\$170.00
60 – 64	\$125.00	\$225.00
65 – 69	\$258.00	\$419.00
70+	\$390.00	\$655.00

Subscriber Accidental Death & Dismemberment adds an additional \$4 per month.

\$150,000 Coverage

Age	No Tobacco Owner Op	Tobacco Owner Op
Under 30	\$10.50	\$18.00
30 – 35	\$12.00	\$24.00
35 – 39	\$16.50	\$33.00
40 – 44	\$24.00	\$49.50
45 – 49	\$40.50	\$87.00
50 – 54	\$72.00	\$157.50
55 – 59	\$127.50	\$255.00
60 – 64	\$187.50	\$337.50
65 – 69	\$387.00	\$628.50
70+	\$585.00	\$982.50

Subscriber Accidental Death & Dismemberment adds an additional \$6 per month.

Universal Life Insurance – Provided by Allstate

- Additional Life Insurance coverage that builds cash value.

Accident Insurance – Provided by Allstate

- 24-hour coverage for all insured for accident/injury
- Payments for emergency, doctor visits, follow-up or referral visits, hospitalization, specific injuries/treatments/surgeries, ambulance, appliances, physical therapy and more
- In addition to accident coverage, this plan also pays Outpatient Physician’s Treatment benefit for any reason, including sickness

Critical Illness Insurance – Provided by Allstate

- Provides a \$10,000 lump sum cash benefit to help cover the out-of-pocket expenses for the following critical illnesses: stroke, heart attack, major organ transplant, and end stage renal failure. Also pays \$2,500 for coronary bypass surgery.
- Option to buy a \$10,000 lump sum cash benefit for invasive cancer. Also pays \$2,500 for carcinoma in situ.
- Dependents receive 50% of the basic benefit amount and 100% of the wellness benefit.

Extension of Group Health, Dental, Vision, Life, Accident, and Critical Illness Benefits to Fleet Owners and Their Drivers

The Company has available group health, dental, vision, accident, critical illness, life insurance and short term disability programs. As an owner operator driver or driver for a Fleet Contractor, you and your dependents can be covered by this insurance if you elect to purchase the coverage and make application within 31 days of your date of qualification as a driver. If you are a Fleet Contractor who does not drive on a daily basis, however you have 80% of your owned or managed tractors leased to the Company or one of its affiliated companies and the management of the leased tractors is your primary business, you and your dependents can purchase and be covered by these insurances if you make application within 31 days of the date of the execution of the

earliest Operating Agreement (Lease) you signed with the Company. A Fleet Contractor who desires to provide group health insurance benefits for its drivers and dependents without waiting until the next annual open enrollment period, is responsible for processing the required paperwork to assure that each driver is properly enrolled in the respective group health, dental, vision, life, accident, critical illness, and short term disability plans within 31 days of the date the driver has qualified as a driver in the Company's system.

Payroll Deductions

- Owner Operator/Contractor benefits are deducted monthly. For more details please refer to the Independent Contractor Deduction Schedule.

Contact Numbers

For additional information or to find addresses, phone numbers and providers or pharmacies in the networks:

Program	Provider	Customer Service Phone #	Website
Health Coverage	Blue Cross Blue Shield of Nebraska / Highmark, Inc.	866-306-1059	MyBenefitsHome.com
Prescriptions	MaxCare	855-537-5843	MyMaxCareRX.com
Dental Coverage	Ameritas	800-487-5553 (Enter SSN & "0" to speak to an associate)	Ameritas.com
Vision Coverage	VSP – Ameritas	800-877-7195	VSP.com
Short Term Disability	Mutual of Omaha	800-877-5176	MutualofOmaha.com
Ability Assist (EAP)	Mutual of Omaha	800-316-2796	
Travel Assistance	Mutual of Omaha	800-856-9947	
Voluntary Term Life Insurance	Mutual of Omaha	800-775-8805	
Universal Life, Critical Illness & Accident Insurance	Allstate	877-340-0369	
Enrollment	The Keeler Group ADP	877-340-0369	MyADP.com
Crete Carrier Benefits Department	400 NW 56th St Lincoln, NE 68528	800-998-8005 402-479-2579 fax	CreteCarrierBenefits.com Email: benefits@CreteCarrier.com