

## INSURANCE, IRA & OTHER BENEFITS - OWNER OPERATORS

Coverage of all insurance benefits with the exception of Short Term Disability, become effective the first of the month following 30 calendar days of affiliation with the Company.

**MEDICAL INSURANCE** - Owner operators may elect to purchase and participate in health coverage from Blue Cross Blue Shield of Nebraska (BCBSNE).

	PPO Provider		Non-PPO Provider	
	Option A	Option B	Option A	Option B
Deductible:				
Single	\$1,000	\$2,000	\$2,000	\$4,000
Family	\$2,000	\$4,000	\$4,000	\$8,000
Coinsurance	80% / 20%		70% / 30%	
Annual Maximum				
Coinsurance:				
Single	\$2,150	\$3,225	\$3,225	\$4,300
Family	\$4,300	\$6,450	\$6,450	\$8,600
Lifetime Maximum = None				
Type of Coverage	Mo Premium			
	<u>Option A</u>	<u>Option B</u>		
Single Coverage	\$503.00	\$434.00		
Owner Operator & Children	\$879.00	\$756.00		
Owner Operator & Spouse	\$1,328.00	\$1,144.00		
Owner Operator, Spouse & Children	\$1,547.00	\$1,333.00		

**PRESCRIPTION CARD** - Provided by MaxCare as part of the health benefits program. No separate premium charge, but the owner operator is responsible for a co-payment or co-insurance, whichever is greater.

Types of Prescriptions	Co-Payments
Retail:	
Generic	\$14.00 or 20%
Formulary	\$39.00 or 20%
Nonformulary	\$66.00 or 20%
Mail:	
Generic	\$30.00
Formulary	\$94.00
Nonformulary	\$165.00

**VISION INSURANCE** - Owner operators may elect to purchase and participate in a vision plan provided by VSP.

Type of Coverage	Mo Premium Cost	Co-Pay
<b>OPTION #1: Annual Examination (once every 12 months)</b>		
Single	None	\$10.00
Owner Operator & Spouse	\$.40	\$10.00
Owner Operator & Children	\$.40	\$10.00
Owner Operator, Spouse & Children	\$.80	\$10.00
<b>OPTION #2: Annual Exam with Ophthalmic Materials</b>		
Single	\$ 5.90	\$25.00
Owner Operator & Spouse	\$11.60	\$25.00
Owner Operator & Children	\$12.24	\$25.00
Owner Operator, Spouse & Children	\$18.20	\$25.00

THIS BENEFIT PLAN SUMMARY DESCRIPTION IS ONLY A PARTIAL DESCRIPTION AND IS FOR INFORMATIONAL 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. THE COMPANY CANNOT GUARANTEE PREMIUMS WILL NOT INCREASE IN THE FUTURE.

**DENTAL INSURANCE** - Owner operators may elect to purchase and participate in a group dental plan provided by Ameritas.

	Amount/Cost
Coinsurance (Plan Pays):	
Type I Preventative (periodic exams/cleanings)	100%
Type I Basic (fillings, simple extractions)	80%
Type II Major (dentures, bridges)	50%
Deductible:	
Type I Preventative	\$0
Type I Basic & Type II Major	\$50.00
Maximum Per Calendar Year Per Person = \$1,500.00	
Type of Coverage	Mo Premium Cost
Single	\$18.24
Owner Operator & Spouse	\$38.04
Owner Operator & Children	\$39.00
Owner Operator, Spouse & Children	\$58.20

**LIFE INSURANCE** - Owner operators may elect to purchase and participate in a life insurance plan.

- Face value of \$20,000 until the 1st of the month following one year of service when coverage increases to \$50,000.
- Accelerated Life Benefit available.
- Ability to purchase additional voluntary life for self or dependents.

**SHORT TERM DISABILITY** - Owner operators may elect to purchase and participate in a short term disability plan.

- Weekly benefit of 60% of average wages for up to 22 weeks subject to a maximum of \$500 per week.
- Coverage becomes effective the first day of the month following 12 consecutive months of service.

**ACCIDENT & CRITICAL ILLNESS INSURANCE**

- Ability to purchase – provided by Allstate

**IRA CONTRIBUTION** - Annual incentive payment for Owner Operators established in 1977.

- Incentive based on total number of years of operation under contract with the Company along with the number of delivered miles traveled during the year.
- The IRA annual incentive payment is deposited in an Individual Retirement Account (IRA) at a financial institution of the owner operator's choice.

**SCHOLARSHIPS**

- Scholarships available to dependents as defined in the scholarship details.

**REFERRAL FEE**

- Monetary referral fee paid to any active owner operator for referring a new Company driver employee.

**PAYROLL DEDUCTIONS**

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