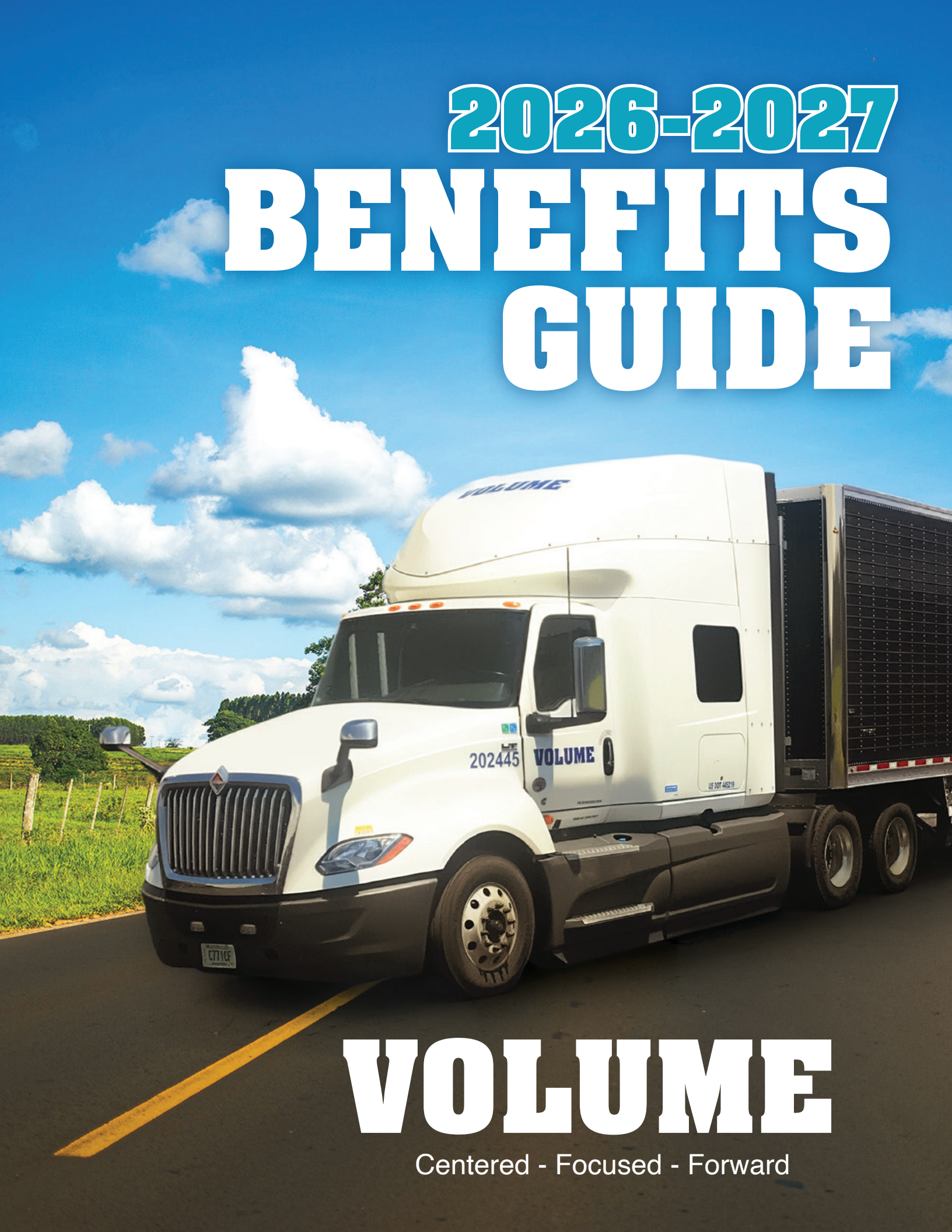
2026-2027 BENEFITS GUIDE



VOLUME

Centered - Focused - Forward

2026-2027 EMPLOYEE BENEFITS

Volume Transportation is pleased to announce our 2026-2027 benefits package! We realize our company is only as good as our employees. Our goal is to provide you with a program of benefits and services that are comprehensive and affordable.

Elected benefits will be effective on August 1, 2026 for all qualifying employees.

Annual Open Enrollment is when you make your benefit selections for you and your family based on your own personal needs. Generally, this is the only time of year you can make your benefit selections unless you have a Family Status Change or Qualifying Event.

For the 2026 plan year, open enrollment is mandatory. This means that if you do not either schedule and complete a call with the Prepare Benefits call center OR go online through Employee Navigator, you will NOT have benefits for the 2026-2027 plan year. **Please note: If you want to enroll or reenroll in the FSA you are required to make an annual election. FSA elections DO NOT roll over!** Unless you have a qualifying event, you won't be eligible to enroll in benefits until the next open enrollment period.

Employee Eligibility

If you are an active, full-time employee working at least 30 hours per week, you are eligible to participate in the Volume Transportation benefit program after 90 days of full-time employment. If you enroll, you may cover eligible dependents, including your legal spouse and your dependent child(ren). Age limitations for eligible dependent children are as follows:

Medical, Dental and Vision Plans—up to age of 26

Voluntary Life and AD&D—up to age 26

If you have a dependent child who is physically or mentally handicapped, is unable to care for themselves and over the limiting age, please contact Human Resources to determine eligibility for coverage under the various programs.

Making Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next annual open enrollment period. Examples of qualified changes in status include:

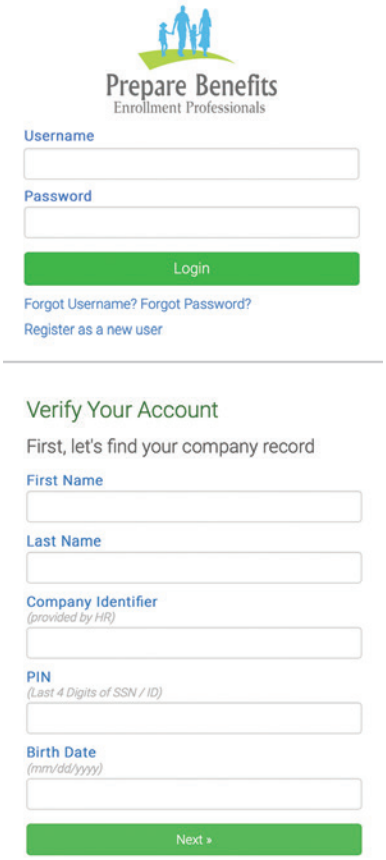
- marriage, divorce, legal separation or annulment
- birth, adoption or placement for adoption of a child, or obtain legal guardianship of a child
- death of a legal spouse or dependent child
- change in your spouse's employment status that results in a loss or gain of coverage for you, your legal spouse and/or your dependent child(ren)
- change in your dependent child's eligibility due to age, employment, marital or student status

Qualified status change guidelines are determined by the Internal Revenue Service (IRS) and cannot be waived or changed by Volume Transportation. You must notify Human Resources within 30 days of the Qualifying Life change in status to make your benefit changes. No benefit changes will be permitted after 30 days from the event and you will have to wait until the next annual open enrollment period to make the change.

Enrollment with Employee Navigator

Employees enjoy convenient access to your Volume Transportation benefits coverages 24 hours a day, seven days a week. On this site you will be able to update your personal profile, report life events, make eligible benefit elections, qualifying enrollment changes, and access a complete document library.

1. You may begin using Employee Navigator by going to https://preparebenefits.employeenavigator.com/
2. **First time users** will select "New User Registration" to create a Username & Password. **If you are registered** and have forgotten your username/password, select "reset Password". Then select "Click Here" under employees.
3. The company identifier will be: **volumetransport**
4. From the Home Page: Select "Start Benefits" to begin your Open Enrollment Benefits Elections
5. To change the language on the screen, click on your name in the top right corner of the screen as indicated below. Then select "Espanol"



Key points to remember when making your elections!

1. Dependents need to be added on the dependent screen before you can add them to any plan - Once on the plan election page (Medical, etc…) check the box next to the dependent's name to add them to the respective plan (rates will adjust automatically based upon any added dependents)
2. All Plan documents are available on the right of the screen
3. All rates are represented "per pay period" on the plan screens
4. Remember to add beneficiary information at the end of the enrollment process (Only Name, relationship and benefit percentage are required)
5. Employees may make changes to their benefits up until the enrollment deadline. (Designated on the home page next to the start button)

HEALTH BENEFITS

GRAVIE | (800) 501-2920 | Doctor Search Tool | Pharmacy Search Tool

For the 2026 plan year, Volume Transportatation is offering eligible team members and their dependents three medical plan options through Gravie using the Cigna Network for medical coverage and Express Scripts for pharmacy. These plans provide you with access to quality health coverage, including pharmacy benefits.

	Bronze Plan	Silver Plan	Gold Plan
	In-Network***	In-Network***	In-Network***
	Network: Cigna Open Access (OAP)		
Deductible per calendar year Individual / Family	$6,350 / $12,700	$4,500 / $9,000	$2,000 / $4,000
Coinsurance (ER/EE)	0%	80% / 20%	80% / 20%
Out-of-Pocket (OOP) Max. (Includes deductible, copays, coinsurance) **Individual / Family**	$6,350 / $12,700	$6,500 / $13,000	$4,000 / $8,000
Inpatient Hospitalization	No cost after deductible	20% after deductible	20% after deductible
Outpatient Surgery	No cost after deductible	20% after deductible	20% after deductible
Emergency Room (Medical Emergency Only)	No cost after deductible	$500 copay	$500 copay
Urgent Care	No cost after deductible	$75 copay	$75 copay
Office Visit: Primary / Specialist	No cost after deductible	$30 / $50 copay	$30 / $50 copay
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%
Prescription Drugs ** 30-day Retail: Generic: Preferred: Non-Preferred: Specialty: 90-Day Mail-Order:**	 No cost after deductible No cost after deductible No cost after deductible No cost with SaveOnSP No cost after deductible	 $10 Copay $50 Copay $100 Copay No cost with SaveOnSP $20 / $200 / $200 / NA	 $10 Copay $50 Copay $100 Copay No cost with SaveOnSP $20 / $200 / $200 / NA
WEEKLY RATES	**Bronze Plan**	**Silver Plan**	**Gold Plan**
Employee Only	$40.00	$68.29	$233.84
Employee + Spouse	$162.33	$209.00	$385.84
Employee + Child(ren)	$147.28	$191.69	$367.14
Family	$322.29	$393.00	$584.60

Tobacco users will incur an additional $10 per pay period.

**Cost difference in brand when generic is available is the employee's responsibility (regardless of physician request / dispense as written)

*** Out-of-Network benefits are available for all plan options shown above. For detailed information on available Out-of-Network benefits please refer to Gravie's Certificates of Coverage and/or SBCs.

Meet SaveOnSP:

Helping make specialty medications more affordable

SaveOnSP is the administrator of a specialty medication copay assistance benefit Gravie offers to its members. This benefit helps Gravie members using eligible specialty medications filled through Accredo® Specialty Pharmacy (as well as select limited distribution drugs not available via Accredo) save money by connecting them to manufacturer copay assistance programs — often reducing their out-of-pocket costs to as little as $0. The copay assistance benefit applies to many specialty medications used by Gravie members, including 500+ medications that treat conditions such as hepatitis C, multiple sclerosis, psoriasis, inflammatory bowel disease, rheumatoid arthritis, oncology, and more.

Gravie is on a mission to make health benefits work better for small and midsize businesses. In partnership with Express Scripts® Pharmacy Benefit Services, Accredo, and SaveOnSP, we deliver an integrated, easy-to-use pharmacy experience that puts transparency and affordability front and center.

How the copay assistance benefit works

- Enrollment Education: SaveOnSP educates members about the enrollment process for each manufacturer's copay assistance program.
- Monitoring: SaveOnSP's team tracks members' pharmacy accounts to ensure their out-of-pocket cost is reduced.
- Support: SaveOnSP provides ongoing education and assistance to help members navigate their specialty medication coverage with confidence and ease.

How members participate in the benefit

When a member fills a specialty medication included in this benefit through an in-network pharmacy (typically Accredo), the claim will be placed on temporary hold while SaveOnSP attempts to contact the member prior to the prescription being processed under their plan.

1. **SaveOnSP calls the member:** SaveOnSP will make up to three phone calls (leaving voicemails) to members who fill a prescription for a medication eligible for the SaveOnSP-administered benefit. Members must speak with SaveOnSP before their fill of an eligible medication to participate and receive the savings.
2. **Members learn more about the benefit during the call:** A SaveOnSP representative will educate members about the manufacturer's enrollment process and obtain consent to monitor their pharmacy account. The call usually takes about 10 minutes, though it may take longer if the member is new to copay assistance programs.
3. **Members save:** After the member has completed the above steps, SaveOnSP remains available to educate them about the benefit and ensures the benefit is applied consistently to reduce the member's out-of-pocket costs.

Meet Accredo Specialty Pharmacy:

Making it easier to access the specialty medications you need

Accredo® Specialty Pharmacy is Evernorth's specialty pharmacy, designed to support members who take specialty medications for complex or chronic conditions. Accredo provides personalized care, convenient home delivery, and 24/7 access to pharmacists and nurses who specialize in your condition.

Through Accredo, Gravie members receive expert guidance on how to take medications safely, manage side effects, and coordinate refills and insurance approvals — all while ensuring prescriptions are delivered safely, on time, and with care.

How Accredo Specialty Pharmacy works

- Specialty-trained pharmacists and nurses: Accredo's pharmacists and nurses are available 24/7 to answer questions and support members throughout their treatment.
- Personalized clinical care: Members receive one-on-one support to help ensure medications are used safely and effectively. Accredo's care team helps manage side effects, and for certain conditions, Accredo nurses can administer medications at home when appropriate.
- Convenient home delivery: Medications are delivered free of charge to the location of your choice (as allowable by law). Supplies such as syringes and sharps containers are included at no additional cost. All medications are shipped with care—including refrigeration when needed — and come with clear storage instructions.

  Note: Accredo does not have retail pharmacy locations. All specialty medications are delivered directly to a member's home, prescriber's office, or an approved alternate location.
- Easy refills and updates: Members can stay on track with refill reminders and shipment updates by email or text when they register at accredo.com. While members can view their Accredo-managed specialty medications in their Express Scripts account, detailed information, scheduling, and prescription requests are available only through the Accredo website or mobile app.

How to fill a prescription through Accredo

1. Filling prescriptions: Providers can send prescriptions directly to Accredo or call them at 844.516.3319. Gravie members can also call Accredo at 877.605.2001 and Accredo will coordinate with their provider to get things started.
2. Scheduling delivery: After receiving your prescription, an Accredo patient care advocate will call to review your medication, confirm coverage, and schedule your first delivery at a time that's convenient for you.
3. Coordinating care and benefits: Accredo works with Express Scripts® Pharmacy Benefit Services to manage prior authorizations and with SaveOnSP to coordinate copay assistance for eligible specialty medications. Please note that SaveOnSP is not available to members enrolled in HSA-compatible plans. If a member receives a call from Express Scripts, Accredo, or SaveOnSP, it's important to return the call promptly to avoid any delays in receiving their medication or copay assistance (if eligible).
4. Medication delivery and ongoing support: Accredo ships medications — including those requiring special handling or refrigeration — directly to you. Members have 24/7 access to Accredo's pharmacists and nurses for any questions or support during treatment.

Introducing MyMedicalShopper:

When you're more informed, you can feel more confident.

We want you to feel confident about your healthcare decisions, and that starts with getting the right information. That's why we're adding a new cost estimator powered by MyMedicalShopper to help you understand what you may pay before you get care.

What is MyMedicalShopper?

MyMedicalShopper is a digital tool that helps you compare cost estimates before you book your next appointment.

Access it right from the Gravie member portal at member.gravie.com or the Gravie mobile app to see what you'll pay based on your personalized plan details.

What Can You Do with MyMedicalShopper?

With MyMedicalShopper, you can:

- See personalized cost estimates based on your Gravie plan and what you have already paid toward your deductible and out-of-pocket max.
- Compare estimated costs across different providers before you schedule care, so you can make more informed choices.

A few things to keep in mind: Your actual out-of-pocket cost may be different from your estimate. This can depend on the services you receive, your coverage, and whether your provider is in your plan's network. Provider network status can change, so for the most accurate information, visit "Find a Provider" in your Gravie member account. We also recommend calling your provider to confirm network status before your visit.

Cost estimates shown in MyMedicalShopper do not include any additional health coverage you may have.

TELEMEDICINE

Gravie health plan members now have access to virtual care through Teladoc, including care for general medical, dermatology and mental health (18+). Members can access the care they need whenever and wherever it's convenient for them.

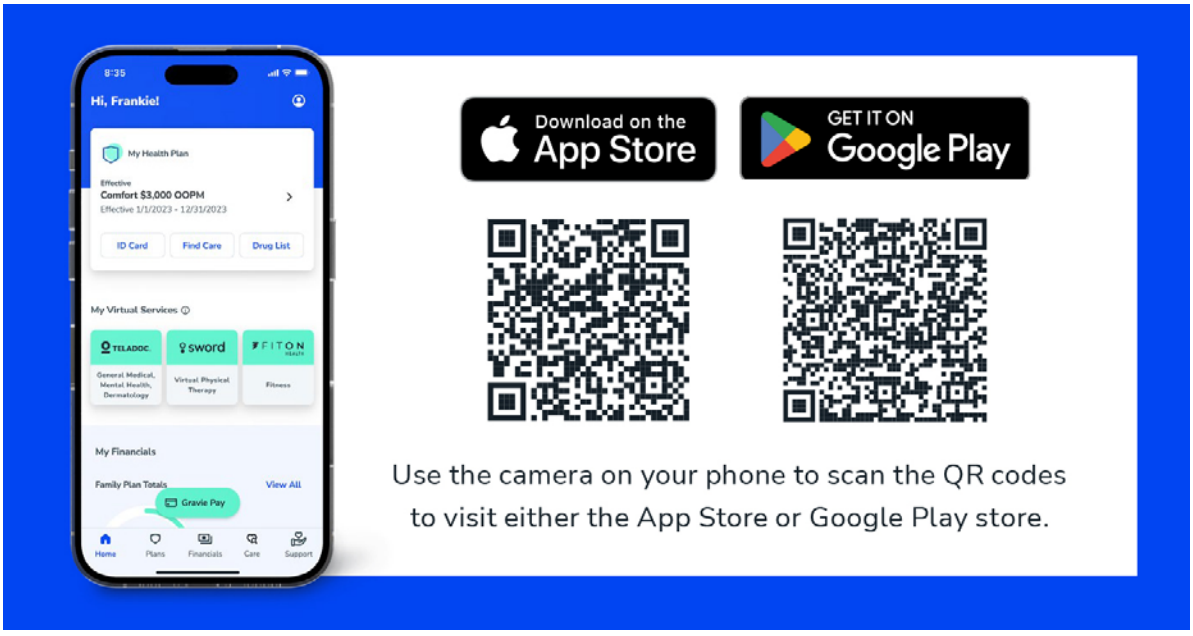
- General Medical provides treatment for a wide range of everyday conditions.
- Dermatology through Teladoc provides convenient access to virtual care for a wide range of acute and ongoing skin conditions, including acne, psoriasis, skin infection, rosacea, and more — without the wait.
- Mental Health services through Teladoc provides access to virtual care for a variety of mental health conditions. Members 18+ can speak with board-certified psychiatrists, and licensed psychologists and therapists by phone, video, or in-app messaging from wherever you feel most comfortable.

Members can sign up by logging in to your Gravie account at member.gravie.com.

GRAVIE MOBILE APP

The Gravie mobile app lets you access your Gravie benefits, whenever and wherever you are. Use it to:

- Access your digital ID card
- See what's covered by your plan
- Find in network providers
- Review claims and track expenses
- Connect with Gravie Care
- Access best-in-class virtual services



HEALTH RESOURCES

SWORD

Through Gravie's partnership with Sword, Gravie members have a powerful tool to overcome Musculoskeletal (MSK) disorders and pain with a clinical-grade digital solution that outperforms traditional, in-person care. Combining personalized care from licensed physical therapists with innovative, sensor-based technology, Sword delivers treatment wherever and whenever it's convenient for members.

The clinically validated program works for all major MSK issues, at any point in the member's journey: prevention, acute conditions, chronic pain, and post-surgical recovery. Members 13 years of age and over get access to industry-leading technology and MSK care at no additional cost.

Members can sign up by logging in to their Gravie account at https://member.gravie.com/login or through the Gravie mobile app.

CARE ADVANTAGE PROGRAM

With Gravie's Care Advantage program, members with certain acute and most chronic conditions have access to the tools they need to improve, and in some cases, prevent their condition. Gravie's Care Advantage Program includes steps for prevention, improving health, and reducing cost of care. Members have access to registered nurses, social workers, and physicians as needed, at no cost.

To learn more about this program, please contact your Gravie Care Team at (800) 501-2920.

HEALTH SAVINGS ACCOUNT

If you enroll in the **High Deductible Health Plan (HDHP)**, you'll have access to an HSA. You can think of your HSA as a personal savings account for your healthcare expenses, with some impressive tax advantages.

	2025 IRS CONTRIBUTION LIMIT
Employee Only Coverage	$4,400*
Family Coverage	$8,750*

*If an individual reaches age 55 by the end of the calendar year, he or she can contribute an additional $1,000.

LET'S BREAK IT DOWN

- You can add funds into the HSA that are not subject to federal income taxes** up to the IRS limits.
- The HSA allows you to pay for the qualified medical expenses with these tax-free funds.
- The account can earn interest on a tax-free basis, and you are allowed to roll funds over year after year.
- If you leave Volume Transportation, or retire, you can take your HSA with you.

**Any reference to taxes is at the federal level. State tax rules may vary.

FLEXIBLE SPENDING ACCOUNT (FSA)

Employees that enroll in the **Gold or Silver Medical Plans** are eligible to contribute to the Health Care FSA with Admin America. FSAs enable you to put aside money for important expenses and help you reduce your income taxes at the same time. Volume offers two types of FSAs — a Health Care FSA and a Dependent Care FSA. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent care expenses. The current plan year for the FSA plans are August 1, 2026 through July 31, 2027.

Deductibles, copays, prescription and over-the-counter drugs, medical equipment, etc.

See IRS Publications 502 and 503 for a complete list of covered expenses.

Babysitters, daycare, day camp, home nursing care, etc.

HOW FSAs WORK

1. Each year during your enrollment period, you decide how much to set aside for health care and/or dependent care expenses. Plan carefully as any unused funds at the end of the plan year are forfeited.
2. Your contributions are deducted from your paycheck on a before-tax basis in equal installments throughout the plan year.
3. As you incur health care or dependent care expenses throughout the year, submit a claim form for reimbursement. Your claim will be processed and you will be reimbursed from your account. Or use your FSA card to pay for eligible expenses at the point of sale. You will not be paying out-of-pocket, so there's no need to fill out a claim form and wait for reimbursement.

Please note that these accounts are separate — you may choose to participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

Note that those who enroll in the HSA compatible medical plan are not eligible for the Health Care FSA plan.

YOU MUST ACTIVELY RE-ENROLL IN EITHER FSA PLAN EACH YEAR. YOU ARE NOT AUTOMATICALLY RE-ENROLLED.

PLAN	2026 ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Health Care Flexible Spending Account	$3,400	Copays, deductibles, orthodontia, over- the-counter medications, etc.
Dependent Care Flexible Spending Account	$7,500 ($3,750 if married and filing separate tax returns)	Daycare, nursery school, elder care expenses, etc.

HEALTH CARE ITEMS YOU MIGHT NOT REALIZE ARE FSA ELIGIBLE:

- Sunscreen
- Heating and cooling pads
- First aid kits
- Shoe inserts and other foot grooming treatments
- Travel pillows
- Feminine care products
- Motion sickness bands

Note: See IRS Publications 502 and 503 for a complete list of covered expenses.

HEALTH REIMBURSEMENT ACCOUNT

If you are enrolled in the Silver or Gold Plan, you have assistance for your deductible expenses!

What to do when you have medical deductible expenses!

To assist employees enrolled in the Gold or Silver medical plans with their medical deductibles, Volume Transportation is continuing the Health Reimbursement Account (HRA) through Admin America.

Volume Transportation employees enrolled in either the Silver or Gold medical plan are eligible to receive reimbursement for **in-network deductible** expenses. The HRA is a tax-free benefit and is available to all employees enrolled in medical coverage through Volume Transportation. You are automatically enrolled when you elect medical coverage.

How your HRA Works

STEP 1	STEP 2	STEP 3	STEP 4
You incur deductible expenses • If you enroll in the Gold Plan ($2,000 individual deductible), you have $1,000 of HRA funds available after the first $1,000 in deductible expenses is met for the calendar year; or • If you enroll in the Silver Plan ($4,500 individual deductible), you have $2,500 of HRA funds available after the first $2,000 in deductible expenses is met for the calendar year	You receive your Gravie Explanation of Benefits (EOB) that shows you have met your deductible threshold to be eligible for reimbursement.	You file for reimbursement for deductible expenses above the $1,000 or $2,000 as described in Step 1. You can file either online, via mobile app or via fax with Admin America.	Admin America reimburses you for your deductible expenses via check or direct deposit – the choice is yours.

iOS Phone & Android Login Instructions

Select the **App Store Icon** from your iOSPhone or Android

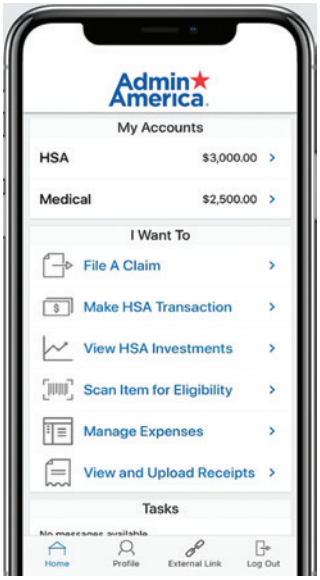
Download on the App Store

ANDROID APP ON Google play

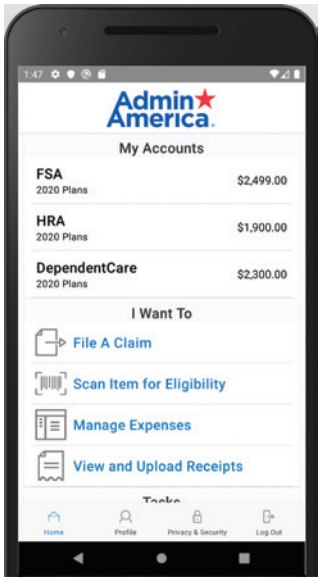
1. Once the App Store has Opened, go to the Search Field and enter Benefits by Admin America. Click Search. Once the app comes up, click on the Download button. Once it has completed the download click the Open button.

The Admin America Benefits App will be available on your phone screen for future use

iOSPhone



Android



2. Once you have downloaded and opened the app follow the instructions below

3. The First Time you Login

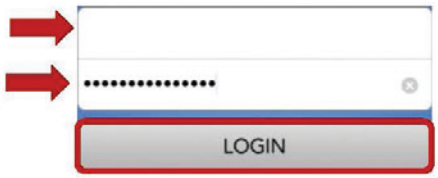
Your **Username** will be in the following format:

First letter of your first name, full last name, and **last 4 digits of your social security number (if your name was Jane Smith with social 987654321, your user name would be jsmith4321)**

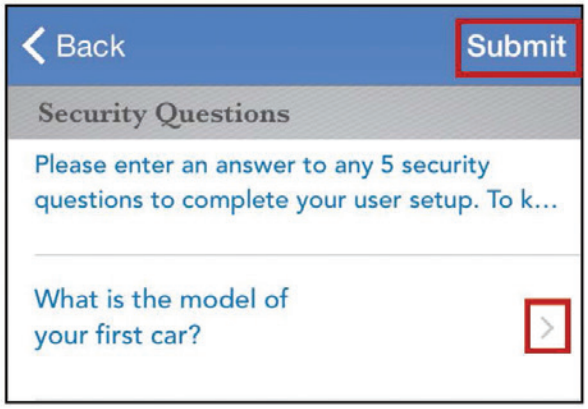
Your **Password** will be in the following format:

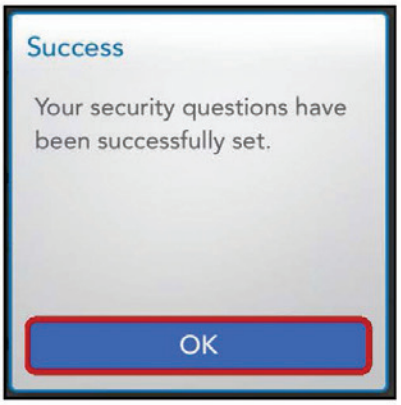
The word **benefit** followed by your **2 digit birth DAY, 2 digit birth MONTH, and 2 digit birth YEAR (if you were born 10/05/1963, your password would be benefit051063)**

Click Login



4. You will be prompted to answer **5 Security Questions**. You can use your security questions in the future in case you forget your password.
5. Click on the **Arrows** on the **right hand side of the screen** to enter the answers to the corresponding questions on the left side of the screen. Once you have answered all 5 security questions, click **Submit**. You will receive a confirmation if the answers were saved correctly for future use. Click **OK**.



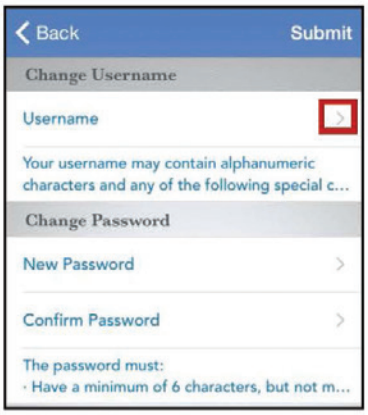


You will be prompted to login to your account again
Enter your Username and Password from step 3 on page 1 of this guide

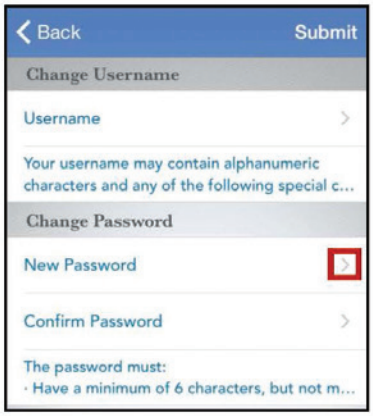
6. Setting up your Login Information

You will be prompted to **Change your Temporary Password** (the one you entered to login) to a password you would like to use and to **Change your Username** (changing your Username is optional).

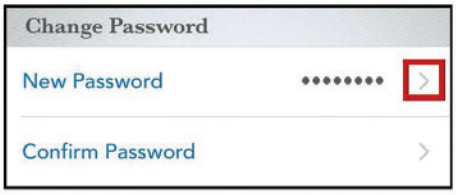
<u>If you do not want to change your username, go to the next step.</u> If you want to change your **Username**, click the **Arrow** to the right of your username. Enter your new user name and click **Save** in the upper right hand corner of the screen. You will return to the previous screen (the one displayed below).

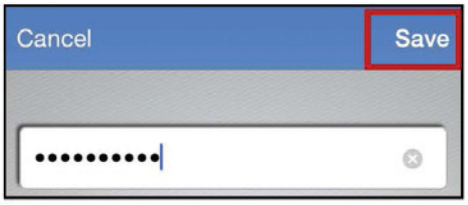


7. To change your **Password**, click on the **Arrow** next to **New Password**. Enter your **New Password** and click **Save** in the upper right hand corner of the screen. You will return to the previous screen.

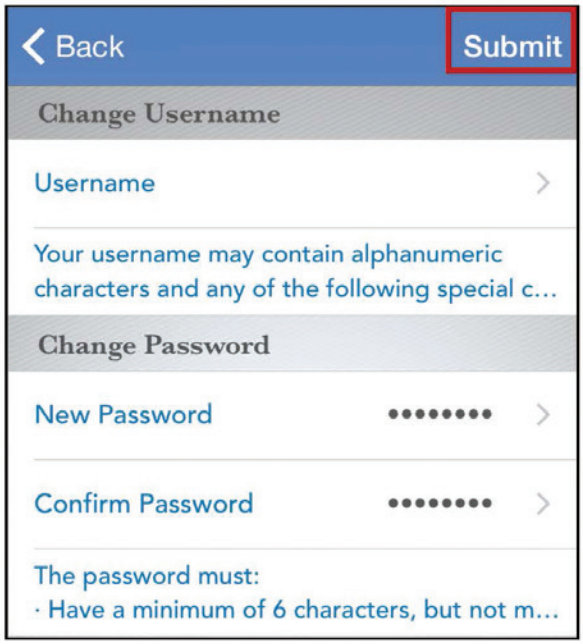


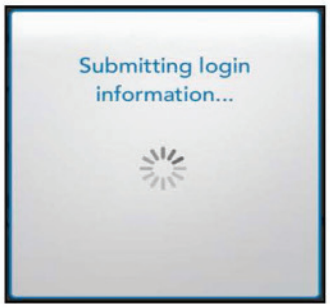
8. Click on the **Arrow** next to **Confirm Password**. Enter the **Same Password** you entered on the New Password screen. Click **Save**. You will return to the previous screen.





9. If you are **done editing** your Username and Password click **Submit** in the upper right hand corner of the screen. You will receive confirmation if your information has been saved correctly. Click **OK**.





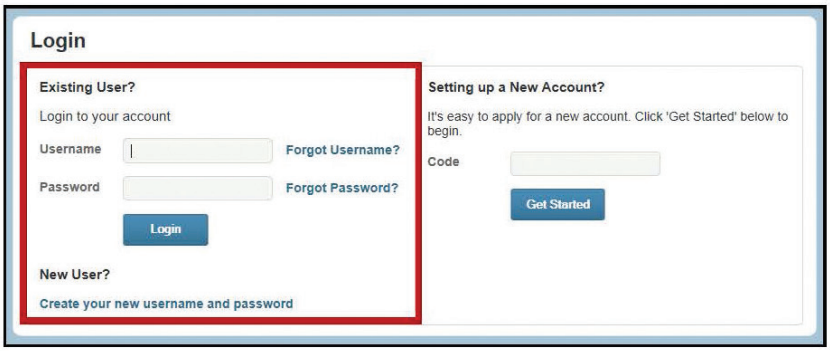
HSA, FSA AND HRA ACCOUNT LOGIN

Portal Login Instructions

1. Go to: www.adminamerica.com and click on the LOGIN Tab or the LOGIN button.

2. Click on the Login button under the Participants option

3. You will be redirected to the Login Screen.



The First Time you Login

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First letter of your first name, full last name, and **last 4 digits of your social security number (if your name was Jane Smith with social 987654321, your user name would be jsmith4321)**

Your **Password** will be in the following format:

The word **benefit** followed by your **2 digit birth DAY, 2 digit birth MONTH, and 2 digit birth YEAR (if you were born 10/05/1963, your password would be benefit051063)**

Please be sure to remember your password as Admin America does not have access to your password. *However, if you forget your password you may change your password online, with your mobile phone app or contact Admin America for assistance.*

VOLUNTARY DENTAL

Volume Transportation partners with Mutual of Omaha for Dental coverage, paid for by you. You can enroll during open enrollment without any late entrant penalties. In-Network providers participate in Mutual of Omaha's Mutually Preferred Dental Network. You can view a listing of participating dentists online by visiting the Find a Dentist section on Mutual of Omaha's website (https://www.mutualofomaha.com/employer-based-plans/dental-insurance/employee) or call our Customer Services Department at 1-800-927-9197.

Mutual of Omaha Dental Plan		
	In-Network	**Out-of-Network MAC**
Annual Deductible (Individual / Family)	$50 / $150	$50 / $150
Annual Maximum Per Person	$1,000	$1,000
Preventive & Diagnostic	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia for dependent children under 19	50%	50%
Orthodontia lifetime maximum	$1,500	$1,500
Weekly Rates		
Employee Only	**$4.21**	
Employee + Spouse	**$8.34**	
Employee + Child(ren)	**$10.25**	
Family	**$15.77**	

Out-of-Network providers are paid up to the Maximum Allowable Cost (MAC) as determined by Mutual of Omaha for Covered Services. The MAC cost is equal to the lowest of: a) the amount an In-Network provider has contractually agreed to accept as payment in full for a Covered Service or b) the Non-Participating Provider's actual charge. The MAC cost could be less than what an Out-of-Network provider charges for Covered Services and therefore, the Out-of-Network provider might send a bill for the amount that Mutual of Omaha did not cover to the patient. This bill to the patient is sometimes referred to as a Balance Bill.

DISABILITY INSURANCE

Disability coverage insures your paycheck if you become unable to work due to illness or injury. Volume Transportation offers Short and Long Term Disability for purchase. The cost for your coverage depends on your income, and is shown when you enroll.

PRE-EXISTING CONDITIONS

Pre-existing limitations apply to the Long-Term Disability benefit. You will not be covered for any disability that happens in the first twelve months of coverage if you recieved treatment in the twelve months before coverage began if you elect to enroll in the Long-Term Disability plan.

SHORT-TERM DISABILITY - Employee Paid Benefit

Short-Term Disability insurance is designed to provide you with income protection on a more immediate, short-term basis.

When benefits begin	after 14 days of inability to work
How much it pays	100% of your income to $500 per week
How long payments last	Up to 11 weeks if you remain unable to work
Rate per $10 of weekly benefit	$0.84
$500 benefit	$9.60 per week

LONG TERM DISABILITY - Employee Paid Benefit

Long-Term Disability insurance is designed to provide you with longer lasting income protection in the event you're unable to return to work.

When benefits begin	after 90 days of disability
How much it pays	60% of your income to $5,000 per month
How long payments last	If you're unable to do your job: Up to 24 months If you're unable to do any job: up to 24 months

COST SUMMARY* VOLUNTARY LTD	
Age Band	**Monthly Rate (Per $100 of Monthly Covered Payroll)**
<20	$0.13
20 - 24	$0.14
25 - 29	$0.20
30 - 34	$0.27
35 - 39	$0.38
40 - 44	$0.52
45 - 49	$0.69
50 - 54	$1.04
55 - 59	$1.41
60 - 64	$1.89
65 - 69	$1.98
70 - 99	$2.08

Mutual of Omaha

Group: G000AX8Y
Website: www.mutualofomaha.com
Phone: 1-800-769-7159

* Rates are calculated based on the employee's current age on the effective date of the plan. Rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band.

LIFE BENEFITS

BASIC LIFE AND AD&D

Volume Transportation provides $20,000 of Basic Life and Accidental Death and Dismemberment (AD&D) to all eligible employees at no cost to you.

SUPPLEMENTAL LIFE AND AD&D

Volume Transportation offers you the opportunity to purchase additional life insurance for you, your spouse and child(ren).

- Your life insurance option: You may purchase increments of $10,000 up to 5x your annual salary to a maximum of $300,000. Guaranteed Issue amount is $100,000 if you are newly eligible. Amounts above $100,000 will be subject to medical underwriting approval.
- Your Spouse's life insurance option: You may purchase increments of $5,000 to a maximum of $150,000 not to exceed 50% of your Employee Supplemental Life amount. Guaranteed Issue amount is $30,000 if you are newly eligible.
- Your Child's (Children) life insurance option: $10,000 to age 21 (25, if full-time student).
- You must elect Employee Supplemental Life in order to elect Spouse and/or Child(ren) Life.

Employee Weekly Premiums										
Age	**$10,000**	**$20,000**	**$30,000**	**$40,000**	**$50,000**	**$60,000**	**$70,000**	**$80,000**	**$90,000**	**$100,000**
0-29	$0.33	$0.67	$1.00	$1.34	$1.67	$2.01	$2.34	$2.68	$3.01	$3.35
30-34	$0.38	$0.76	$1.14	$1.52	$1.90	$2.28	$2.67	$3.05	$3.43	$3.81
35-39	$0.40	$0.81	$1.21	$1.62	$2.02	$2.42	$2.83	$3.23	$3.63	$4.04
40-44	$0.57	$1.13	$1.70	$2.26	$2.83	$3.39	$3.96	$4.52	$5.09	$5.65
45-49	$0.87	$1.73	$2.60	$3.46	$4.33	$5.19	$6.06	$6.92	$7.79	$8.65
50-54	$1.58	$3.16	$4.74	$6.32	$7.90	$9.48	$11.07	$12.65	$14.23	$15.81
55-59	$2.46	$4.92	$7.37	$9.83	$12.29	$14.75	$17.20	$19.66	$22.12	$24.58
60-64	$2.99	$5.98	$8.97	$11.95	$14.94	$17.93	$20.92	$23.91	$26.90	$29.88
65-69	$5.23	$10.45	$15.68	$20.91	$26.13	$31.36	$36.59	$41.82	$47.04	$52.27
70-74	$9.84	$19.68	$29.53	$39.37	$49.21	$59.05	$68.90	$78.74	$88.58	$98.42
75-79	$24.91	$49.82	$74.73	$99.65	$124.56	$149.47	$174.38	$199.29	$224.20	$249.12
80+	$58.63	$117.25	$175.88	$234.51	$293.13	$351.76	$410.39	$469.02	$527.64	$586.27

ACCIDENT & CRITICAL ILLNESS

Volume Transportation offers voluntary benefits to help you in your time of need! These plans are a supplement to your medical plans, providing additional coverage when you have an unexpected accident or illness.

Accident

This insurance offers financial protection by paying a cash benefit based on a fee schedule if you or an insured dependent is injured as a result of a covered accident.

Critical Illness

While most medical plans provide coverage for hospital and medical expenses, they don't typically cover costs like daily living expenses, childcare, or copays. Critical Illness insurance provides a lump-sum benefit payment to use as you see fit.

Your specific age-banded rates will be provided when you enroll through Employee Navigator.

EMPLOYEE ASSISTANCE PROGRAM

Volume Transportation offers an Employee Assistance Program (EAP) to assist employees and their eligible dependents with personal or job-related concerns including: Emotional well-being, Family and relationships, Legal and financial, Healthy lifestyles, and Work and life transitions.

The EAP provides you with unlimited telephone access to EAP professionals 24 hours a day, seven days a week. If additional services are needed, your EAP will help locate appropriate resources in your area.

Don't delay if you need help! Visit mutualofomaha.com/eap or call 800-316-2796 for a confidential consultation and resource services.

VISION BENEFITS

Your vision health is an important part of complete wellness. Volume Transportation is pleased to offer vision benefits which are designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health.

Please note ID cards are not required for you to receive services. Providers can confirm coverage with your Social Security Number. Any dependents on your plan can also use your SSN to get care. However, EyeMed will supply a one-time hard copy ID card. If it is lost or misplaced, please use your SSN to verify coverage or obtain an electronic copy by registering on Vision Benefits (eyemedvisioncare.com).

The following chart shows the features of the Vision benefit option. A complete benefit summary is available in the Employee Navigator.

Services	In-Network You Pay	Out-of-Network You Pay
Eye Exam (Every 12 months)	$10 copay	Up to $40
Standard Frame (Every 24 months)	$130 retail allowance Additional 20% off balance over allowance	Up to $91
Standard Plastic Lenses (Every 12 months in lieu of contact lenses)		
Single Vision	$25 copay	Up to $30
Bifocal	$25 copay	Up to $50
Trifocal	$25 copay	Up to $70
Lenticular	$25 copay	Up to $70
Contact Lenses (Every 12 months in lieu of frames and lenses)		
Elective	Conventional: $130 allowance + 15% off balance Disposable: $130 allowance	Up to $91
Medically Necessary	No cost, paid in full	Up to $300
Weekly Rates		
Employee Only	**$1.30**	
Employee + Spouse	**$2.09**	
Employee + Child(ren)	**$2.07**	
Family	**$3.43**	

CONTACTS

COVERAGE	VENDOR	GROUP NUMBER	CONTACT
General Benefit Questions	a2 benefits	-	benefits@a2benefits.com 678-540-1428
Medical and Pharmacy	Gravie (Cigna OAP Network)	-	801-501-2929 www.gravie.com
Flexible Spending Account, Health Savings Account & Health Reimbursement Account	Admin America	-	770-992-5959 www.adminamerica.com
Life, Disability Accident & Critical Illness	Mutual of Omaha	G000AX8Y	Disability Claims: 800-877-5176 www.mutualofomaha.com
Dental	Mutual of Omaha	G000AX8Y	800-927-9197 www.mutualofomaha.com
Vision	EyeMed	-	866-800-5457 www.eyemed.com
Employee Assistance Program	Mutual of Omaha	-	800-316-2796 www.mutualofomaha.com/eap

LEGAL NOTICES

If you wish to view any of the Notices in their entirety, please contact the Human Resources Department:

- Women's Health and Cancer Rights Act of 1988 - The medical plan provides coverage for:
  - All states of reconstruction of the breast on which a mastectomy has been performed;
  - Reconstruction and surgery of the other breast to produce a symmetrical appearance, and
  - Prostheses and physical complications of mastectomy, including lymph edemas, in a manner determined in consultation with the attending physician and patient

  These benefits are provided subject to the deductible and coinsurance applicable to other medical and surgical benefits under the plan.
- Newborn's and Mother's Act (48 hours)—states that hospital length of stay after childbirth should be at least 48 hours (96 hours for a cesarean delivery)
- Genetic Information Nondiscrimination Act—prohibits group health plans and insurance issuers from: adjusting group premium or contribution amounts on the basis of genetic information; requesting or requiring individuals (or their family members) to undergo a genetic test (with limited exceptions such as for determinations regarding payment based on medical appropriateness); and collecting genetic information prior to or in connection with enrollment, or at any time for underwriting purposes.
- Children's Health Insurance Reauthorization Act—allows employees and dependents who are eligible for healthcare coverage under the group plan, but are not enrolled, to enroll in the plan if they lose eligibility for Medicaid or CHIP coverage or be-come eligible for a premium assistance subsidy under Medicaid or CHIP. Individuals must request coverage under the plan within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.
- Medicare Part D Creditable Coverage Disclosure—this notice provides important information about your current prescription drug coverage with Volume Transportation and about your options under Medicare's prescription drug coverage. The information in the disclosure can help you decide whether or not you want to join a Medicare drug plan if you, or a dependent, are Medi-care-eligible.
- Health Insurance Marketplace Coverage Notice—this notice provides some basic information about the new Marketplace and your employment-based health coverage to assist you as you evaluate options for you and your family.

All notices are also posted in their entirety when you log into your Employee Navigator benefits portal.

a2 benefits
AN Oakbridge PARTNER

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