EMPLOYEE BENEFITS 2027



WELCOME

Here is where to find...

Who is Eligible? 3
How to Enroll 3
Making Changes 3
Enrollment Deadlines 3
Monthly Employee Rates 5
Medical (Anthem BCBS) 10
Beyond Medical Benefits 11
Tips for Optimizing Benefits 12
Health Savings Account (HSA) 16
Flexible Spending Account (FSA) 17
Supplemental Health Benefits 22
Dental 23
Vision 24
Life and Disability Insurance 25
Additional Benefits 26
Glossary of Terms 27
Benefits Overview Videos 28
Contacts 29

2027 EMPLOYEE BENEFITS GUIDE

Please read this guide carefully. It summarizes your plan options and provides helpful tips for optimizing your benefits. If you have questions about benefits and the annual enrollment process, contact Prepare Benefits at allegiancetrucks.benefitsinfo.com or call the Rightway concierge at 305.851.7310.

Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD).

WHO IS ELIGIBLE?

Benefits are available to all full-time employees (minimum 30 hours per week) and their dependents. If you enroll during Open Enrollment, your benefits will become effective on January 1st, 2027. If you are newly hired, your benefits will become effective on the first of the month following 30 days of employment.

Eligible dependents include:



*Spouse or Domestic Partner
Your children from birth to age 26

(Includes your natural, legally adopted, stepchildren and/or your unmarried dependent children of any age who are mentally and physically disabled or are dependent on you for support).

If your Spouse or Domestic Partner is eligible for coverage through their employer, they will not be eligible to enroll as a dependent on the Allegiance Truck Centers plan.

HOW TO ENROLL

To sign up for benefits, visit dayforcehcm.com/mydayforce/login.aspx before the end of your enrollment period.

MAKING CHANGES*

You may only change your elections during Open Enrollment each year or when you experience a qualifying life event. Qualifying life events include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered change.

Changes to your coverage due to a qualifying life event must be made within 30 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

ENROLLMENT DEADLINES

Current Employee	New Hire	Qualified Life Event
ENROLLMENT OPPORTUNITY Annually during the enrollment period.	**ENROLLMENT OPPORTUNITY** Must enroll within 30 days of hire.	**ENROLLMENT OPPORTUNITY** Changes must be made within 30 days of the life event.
Coverage Effective Date Start of plan year	**Coverage Effective Date** First of the month following 30 days of employment	**Coverage Effective Date** Date of the life event

* See page 28 for **Qualifying Life Event** video.

ALLEGIANCE
TRUCK CENTERS

2027 BENEFITS OPEN ENROLLMENT

October 19 - October 26

This year's enrollment is a Passive Enrollment **EXCEPT for FSA & HSA**. If no action is taken your current elections will roll over to the 2027 plan year. **PLEASE NOTE**: Everyone must go into the system to re-confirm your HSA and/or FSA elections for 2027.

Use the QR code or link provided below to visit the Benefits Homepage to learn about your benefit offerings and receive assistance in making the best choices for you and your family.



Choose Your Benefits with Confidence

Visit the Benefits Homepage by using the QR Code or link Provided below

SCAN HERE

https://allegiancetrucks.benefitsinfo.com

MONTHLY EMPLOYEE RATES

Medical

	$4,500 HDHP with HSA	$3,000 PPO
Employee	$135.93	$306.64
Employee + Spouse	$527.58	$925.64
Employee + Child(ren)	$399.94	$736.86
Family	$980.12	$1,776.22

Note: Tobacco users will have a $40 charge added to their monthly medical deduction.

Dental

	Dental PPO
Employee	$38.06
Employee + 1	$77.52
Family	$126.96

Vision

	Vision
Employee	$5.71
Employee + 1	$10.41
Family	$17.12

Note: Additional rate information can be found in your enrollment portal.

Garner, your free benefit

What is Garner?

Garner is a free benefit provided by your employer and works alongside your health plan. When you use the Garner app to find and visit the best doctors in your network, you can earn money back to pay your medical bills.

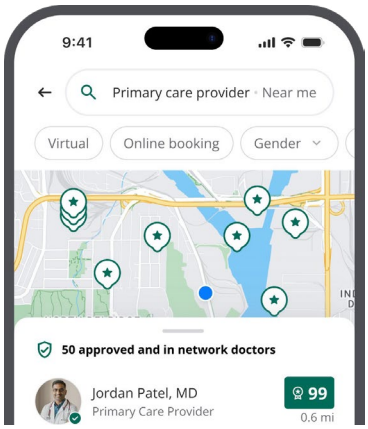
How Garner Works

If you do not have a health plan with an HSA, you can be **reimbursed for your out-of-pocket medical bills.**

If you have a health plan with an HSA, **you can earn HSA contributions* for your medical bills.**

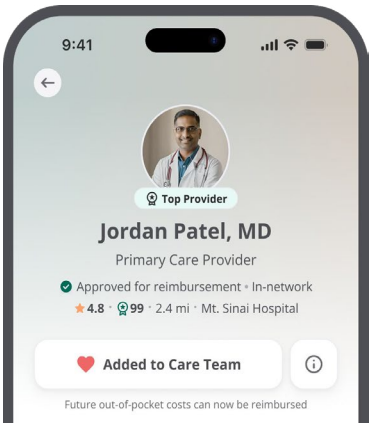
1

Search for Top Providers in the Garner app



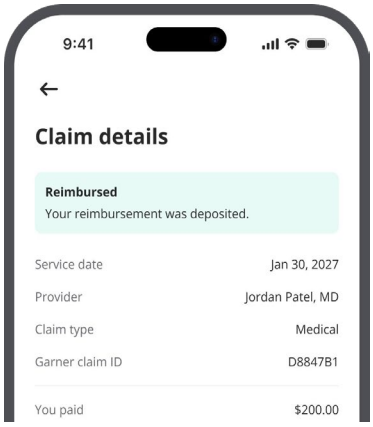
2

Add Top Providers to your Care Team <u>before</u> your visit



3

Get paid back with Garner to help cover medical bills



Earn money back up to your benefit amount for you and your family

Scan the QR code to create an account

garner.guide/create-my-account

Need our help?

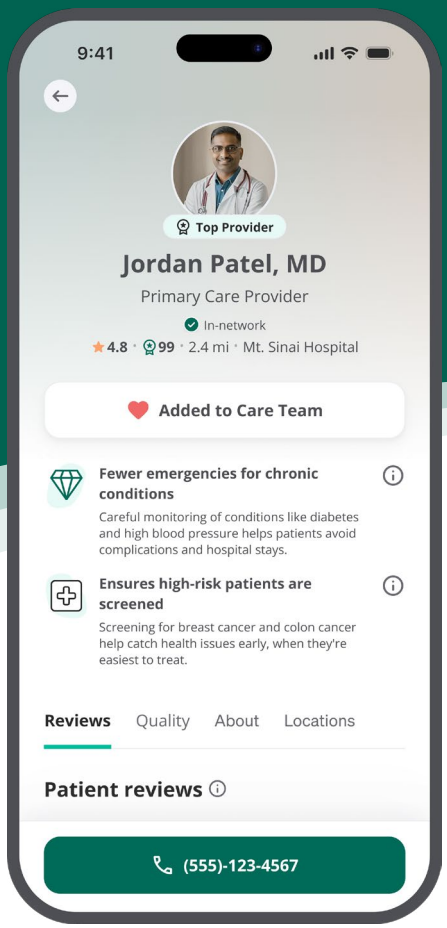
Send a message to the Garner Concierge through in-app chat, call (866) 761-9586, or email concierge@getgarner.com, Monday through Friday, 8:00 a.m. to 10:00 p.m. ET.

How Garner ranks Top Providers

Did you know? Choosing the right doctor is the best way to protect your health and wallet. Use the Garner app to find the best in-network doctors with available appointments near you, and we'll help cover your medical bills.

Garner uses one of the nation's largest data sets covering 60 billion medical records from 320 million patients to identify the top 20% of doctors who follow the latest research and deliver better results.

Note: Garner provides objective evaluation of doctors, and doctors cannot pay to be recommended by Garner.



Real Results

Patients who have seen Top Providers experience:

- ✓ 25% fewer extended hospital stays
- ✓ 19% fewer hospitalizations for common conditions
- ✓ 16% fewer major post-surgery complications

Create an account:

scan the QR code or visit garner.guide/garner-methodology

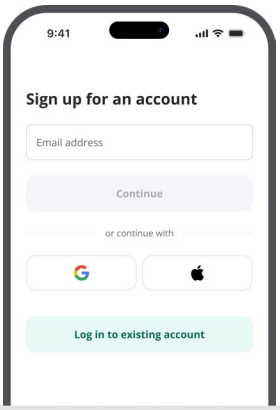
If your current doctor isn't highlighted as a Top Provider, it doesn't mean they're a bad doctor – it just means they don't meet Garner's specific ranking criteria. To learn more about Garner's Top Provider methodology, visit: app.getgarner.com/methodology

garner™

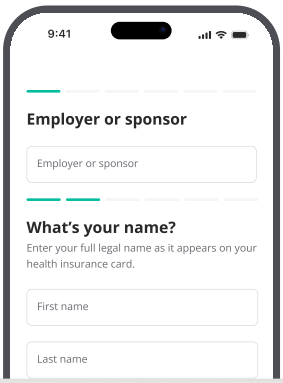
How to create your free Garner Health account

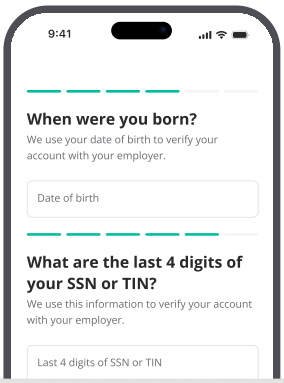
Garner is a **FREE** healthcare benefit offered by your employer and works alongside your health plan. Use the Garner app to find the best doctors in your network with available appointments, and we will help cover your medical bills.

1 Enter your email address

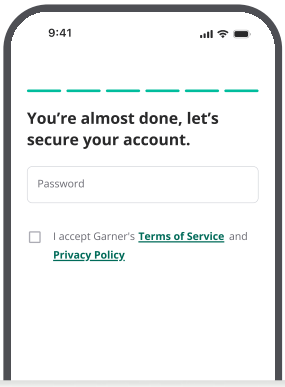


2 Enter your employer or health sponsor, full name, phone number, date of birth, and last 4 digits of SSN

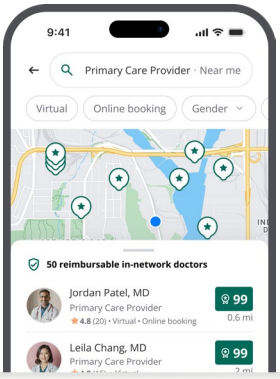


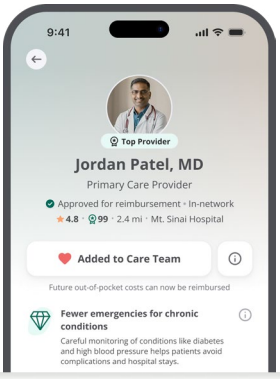


3 Create a password and accept terms and conditions



4 Search for top doctors near you and add them to your Care Team before your visit to qualify for reimbursement or HSA contributions*





Scan the QR code to create an account or visit

garner.guide/sign-in

Have Questions?

You can message the Concierge via in-app chat, call (866) 761-9586, or email concierge@getgarner.com, Mon-Fri 8:00 a.m. to 10:00 p.m. ET.

How the Garner benefit works

The first two steps are the same for everyone. How you receive the benefit depends on your medical plan.

Start here - all plan participants

1 Before your visit

Create your free Garner account. Find a Garner Top Provider and add the provider to your Care Team before the appointment.

2 After your visit

The provider submits the claim to your insurance carrier. Garner can begin processing only after the carrier sends the claim.

Claim delivery from the carrier may take a few days to 8 weeks, depending on the provider office.

Then follow the path for your plan

PPO PLAN

You receive a reimbursement

- Garner reviews the claim and approves the payable amount.
- Choose direct deposit or check by mail in the Garner app.
- Direct deposit is recommended and may arrive up to two weeks faster than a mailed check.

Set your payment method in the Garner app.

HSA PLAN

You receive an HSA contribution

- Garner reviews the claim and approves the payable amount.
- Garner sends an HSA contribution equal to your eligible out-of-pocket costs directly to your HSA account.
- No reimbursement payment method is needed.

Funds go directly to your HSA account.

Important eligibility reminder

The provider must be added to your Care Team before the visit, be in-network, and the care must be covered by your health plan and included under your Garner benefit.

Need help?

Use in-app chat, call (866) 761-9586, or email concierge@getgarner.com, Monday-Friday, 8:00 a.m.-10:00 p.m. ET.

MEDICAL

anthem.com

833.952.2074

ANTHEM BLUE CROSS BLUE SHIELD

Your medical benefits are provided by Anthem Blue Cross Blue Shield and include coverage for both in-network and out-of-network providers. You will always have higher benefit coverage when visiting in-network providers. Use a Garner-recommended provider and earn reimbursements that help reduce your healthcare expenses. HDHP with HSA participants receive reimbursements directly in their HSA account, while PPO participants receive reimbursements via direct deposit (ACH) or check. These reimbursements can help offset eligible out-of-pocket costs, including expenses applied toward your deductible.

Medical	$4,500 HDHP with HSA			$3,000 PPO		
	In-network	Garner Incentive	Out-of-network	In-network	Garner Incentive	Out-of-network
Annual deductible (Individual/Family)	$4,500 / $9,000	$3,000 / $6,000	$10,000 / $20,000	$3,000 / $6,000	$1,500 / $3,000	$4,000 / $8,000
Out-of-pocket maximum (Individual/Family)*	$7,600 / $15,200	$6,100 / $12,200	$40,000 / $80,000	$8,000 / $16,000	$6,500 / $13,000	$14,000 / $28,000
Preventive care	$0 copay		50% after ded	$0 copay		50% after Ded.
Primary physician office visit	25% after ded	25% after ded	50% after ded	$25 copay	$0 copay	50% after Ded.
Specialist office visit	25% after ded		50% after ded	$60 copay		50% after Ded.
Telehealth	$0 copay		50% after ded	$0 copay		50% after Ded.
Inpatient hospital services	25% after ded		50% after ded	20% after ded		50% after Ded.
Outpatient hospital services (lab, x-ray, diagnostic)	25% after ded		50% after ded	20% after ded		50% after Ded.
Advanced diagnostics	25% after ded		50% after ded	20% after ded		50% after Ded.
Urgent care	25% after ded		50% after ded	$60 copay		50% after Ded.
Emergency room care	25% after ded		20% after ded	20% after ded		20% after Ded.
Prescription drugs ✱						
Retail (30-day supply) / Extended Retail (90-day supply)						
Generic	25% after ded		50% after Ded.	$15/$45 copay		50% coinsurance
Brand preferred	25% after ded		50% after Ded.	$45/$135 copay		50% coinsurance
Brand non-preferred	25% after ded		50% after Ded.	$75/$225 copay		50% coinsurance
Specialty	25% after ded			30% to $250 max per fill		
Mail order (90-day supply)						
Generic	25% after ded		Not Covered	$30		Not Covered
Brand preferred	25% after ded		Not Covered	$90		Not Covered
Brand non-preferred	25% after ded		Not Covered	$150		Not Covered

This is a summary of coverage. Please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges. Out-of-network services are based on a percentage of Medicare charges.

**Includes Deductible and Copayments*

✱ See page 28 for **Prescription Drugs: Benefits Overview** video.

For a list of insurance terms and definitions, please refer to the glossary on page 27 of this guide.

BEYOND MEDICAL BENEFITS

RIGHTWAY + ANTHEM

Together, Rightway and Anthem will work to ensure you receive the care and support you need.

Rightway

rightwayhealthcare.com

Provides answers and information for your benefit-related questions

Can help you find a provider in your network

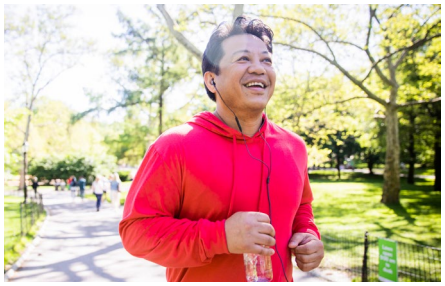
Helps you manage any chronic health conditions

Provides your prescription benefits and connects you with a pharmacist to get the most appropriate prescription medication at the best price.

Anthem

anthem.com

Processes your health care claims and manages your provider network



Rightway

One number to call with any questions

One app for self-service help

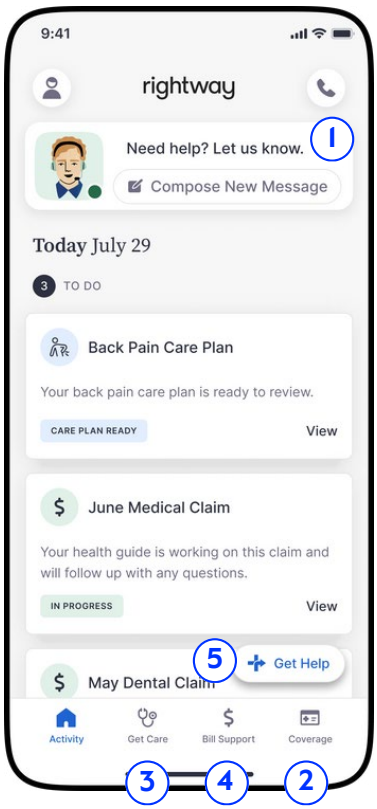
One team of experts dedicated to helping you

RIGHTWAY ADVOCACY

Think of Rightway as your central resource - your dedicated team of nurses, claims specialists and benefits experts ready to save you time and support you.

Exploring the Rightway App

1. **Connect with Your Health Guide**
   Tap the Compose New Message button or the phone icon.
2. **View Insurance Coverage**
   View a breakdown of your benefits, including your co-pays. If you have questions about your coverage or about the price of a service, your health guide can answer them.
3. **Get a Care Plan**
   Your health guide can put together a plan with options for high-quality, in-network doctors. Select one and your health guide will schedule an appointment at a convenient time.
4. **Review or Dispute a Bill**
   Take a picture of your bill and send it to your health guide. They will answer your billing questions and explain your charges. If something looks wrong, they will dispute it on your behalf.
5. **Get Help Button**
   Your fast track to the help you need.



Getting Started is Easy

Download the Rightway app on the App Store, Google Play, or scan the QR code with your smartphone.

Download on the App Store

GET IT ON Google Play

TIPS FOR OPTIMIZING BENEFITS

Pharmacy with Rightway*

- Find an in-network pharmacy or use the drug cost estimator tool by visiting joinrightway.com.
- Discount sites like GoodRx and WellRx provide instant savings. (Please note: Prescriptions acquired under these plans do not go through your insurance).
- Ask your provider or pharmacist if a generic/mail order is available.

Generic contraceptives and diaphragms are covered in full. Contact the drug manufacturer to inquire about Patient Assistance Programs (PAPs), which may provide financial assistance.

Concierge Line

Rightway: (888) 665.1678

- Choose appropriate medical care.
- Find a doctor or hospital.
- Understand treatment options.
- Achieve a healthier lifestyle.
- Get answers to medical questions.

Cost Estimator Tool

Doctors and hospitals may charge different amounts for the same service. You can use the Find Care tool on the Sydney Health app or anthem.com to help you compare costs between different doctors and facilities.

Sydney Health Mobile App

Use the Sydney Health mobile app to easily access your healthcare information and tools to help estimate costs, manage claims, see what's covered and check claims, view and use digital ID cards and find providers — anytime and anywhere.

Download on the App Store

GET IT ON Google Play

24/7 NurseLine

Phone Number: (800) 711.5947

Anthem provides a 24/7 NurseLine, giving you and your family access to a registered nurse anytime - day or night. You can call a trained, registered nurse to decide what to do about a fever, give you allergy relief tips, or advise you where to go for care.

Telemedicine

Anthem provides access to telemedicine through the Sydney Health app.

The program lets you get the care you need — including most prescriptions — for a wide range of minor acute conditions. Now, you can access board-certified doctors via secure video call, text, or chat without leaving your home or office. No appointment required.

* See page 28 for **Prescription Drugs: Tips to Manage Cost** video.

MARK CUBAN CostPlus DRUG COMPANY

rightway™

Start saving with Cost Plus Drugs

Cost Plus Drugs online pharmacy helps patients like you save on medications

We offer hundreds of common drugs at the lowest possible prices and shipped right to your door. We negotiate directly with manufacturers and pass all savings directly to our patients.

Get started today in 3 easy steps!

1

Find your medication

Go to costplusdrugs.com/medications/ to find your generic drugs on our Medication List.

2

Create your account

Go to costplusdrugs.com/create-account/ and enter your basic health information. Make sure to complete all steps.

3

Ask your doctor to send a new prescription to: "Mark Cuban Cost Plus Drug Co."

Put the email address you used to create your account on the Rx.

Scan the QR code or visit costplusdrugs.com to get started!



"Everyone should have safe, affordable medicines with transparent prices."

- **Mark Cuban**

CHOOSE YOUR PROVIDER AND SEE THEM EVERY TIME....ONLINE!

LiveHealth® ONLINE

You can see the same primary care provider on an ongoing basis through scheduled video visits on your computer or mobile device. Get regular personal health visits and checkups with LiveHealth Online Primary Care. It's like an office visit with a primary care provider — without the office. Choose from board-certified in-network providers, and have the same provider taking care of you over time for treatment including:

- chronic and common conditions
- preventive care
- referrals
- acute care



With LiveHealth Online Primary Care you can get:

Care for diabetes, hypertension, depression, the flu, and more.

Referrals for X-rays, blood work, and specialists.

Prescriptions sent to your local pharmacy.

Appointments 8 a.m. – 8 p.m. (Mon – Fri).

Primary care visits are available through the SydneySM Health and LiveHealth Online apps, or **Anthem.com** and **LiveHealthOnline.com**

LIVE HEALTHIER AT NO COST TO YOU!

When you join Teladoc Health®, you'll have access to connected condition management devices, mental health resources and the support you need. Best of all, it's offered at no cost to you.

Diabetes Management

- ✓ Connected meter
- ✓ Unlimited strips and lancets

Hypertension Management

- ✓ Connected monitor
- ✓ One-on-one coaching

Diabetes Prevention

- ✓ Connected scale
- ✓ Expert guidance

...And more programs!

- ✓ Health experts
- ✓ Personalized plans



GET STARTED

Join by visiting **TeladocHealth.com/Smile/ALLEGIANCETRUCKING**
or call **800.835.2362**
and use registration code: **ALLEGIANCETRUCKING**

HEALTH SAVINGS ACCOUNT (HSA)*

livelyme.com
888.576.4837

LIVELY

AVAILABLE TO PARTICIPANTS IN THE $4,500 HDHP WITH HSA PLAN.

A health savings account (HSA) is a tax-advantaged savings account that can be used for qualified healthcare expenses. You own your HSA and can contribute to the account with pre-tax payroll deductions.

Did you know an HSA provides triple tax benefits?

- The money you contribute is pre-tax.
- Interest accumulates in the account tax-free.
- Money withdrawn from an HSA isn't taxed, provided you use it for qualified healthcare expenses.

In addition, employees who are enrolled in the HDHP plan and utilize a Garner-recommended provider may be eligible to receive an HSA incentive, helping offset healthcare expenses while encouraging access to high-quality care.

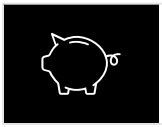
HSA Advantages



You can use the account to pay for qualified healthcare expenses.



Unspent dollars roll over each year and are yours to keep, even if you retire or leave the company.



You can invest your HSA funds, so your available healthcare dollars can grow over time.

You are eligible if:

- You are enrolled in the HDHP.
- You are not covered by a spouse's plan.
- No one else can claim you as a dependent.
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life.
- You have not received VA benefits in the past 3 months.

How Do I Manage My HSA?

Access and manage your HSA at livelyme.com/. You'll set up your payroll contributions during your enrollment period. You can change the contribution amount at any time (although it may take up to two payroll periods to process).

How Much Can I Deposit into an HSA in 2027?

<55*	• Up to $4,500 for individual. • Up to $9,000 for family.
55+*	The maximum contribution increases by $1,000.

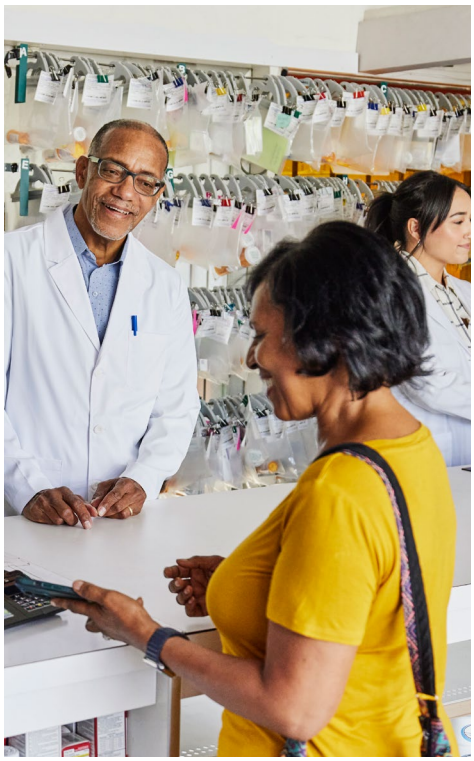
**Not enrolled in Medicare*

✱ See page 28 for **Health Savings Account (HSA)** and **How to Optimize Your HSA** videos.

FLEXIBLE SPENDING ACCOUNT (FSA)*

livelyme.com
888.576.4837

LIVELY



What is a Flexible Spending Account?

A flexible spending account (FSA) is a tax-advantaged account that can reimburse you for qualified healthcare or dependent care expenses. You can fund qualified expenses with pre-tax dollars deducted from your paycheck.

When electing an FSA, you will set an annual contribution amount. FSAs do not roll over year to year, so you will have until December 31st, 2027 to use the funds. The goal is to choose an amount that will adequately cover medical or dependent care expenses, not an excessive amount that will cause you to forfeit money at the end of the year.

You can choose to participate in either the Healthcare FSA, the Dependent Care FSA or both, and it's unnecessary to "sign up" specific family members for these accounts.

*FSA funds cannot be used for expenses reimbursed by Garner. Use Garner HRA for top provider costs and FSA for other expenses.

Healthcare FSA

A healthcare FSA reimburses employee for eligible medical expenses, up to the amount contributed for the plan year. Eligible healthcare expenses include many out-of-pocket costs you pay to maintain your health and well-being. Visit irs.gov for a full list of eligible expenses.

You may contribute up to $3,400 annually (funds will be available as of the election effective date).

Limited Purpose FSA

You may set aside up to $3,400 in 2027 into a Limited Purpose FSA on a tax-free basis. You can use this money to pay for eligible out-of-pocket dental and vision expenses. Please note this account cannot be used for medical expenses.

Dependent Care FSA

You may use pre-tax dollars from your Dependent Care FSA to pay expenses for the care of a dependent child, spouse, or elderly parent inside your home (from a qualified provider), and expenses outside your home, such as babysitters, nursery schools, or daycare centers.

You may contribute up to $7,500 annually (or $3,750 if you are married and file a separate tax return). You can only be reimbursed up to the amount that you have contributed.

**The FSA contribution maximums shown are based on currently available information. Final 2027 IRS limits will apply and may differ from those represented here.*

✱ See page 28 for **Flexible Spending Account (FSA)**, **How to Optimize Your FSA** and **Dependent Care FSA** videos

Wellbeing Solutions



Focus on wellness and earn rewards up to $200

Complete activities to earn rewards

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the employer-sponsored activities below, you'll earn rewards to put toward electronic gift cards for select retailers. Choose the activities you'd like to complete to receive up to $200.

Activity type	Activities	Amount
Digital & wellness activities Rewards are added to your account as you complete activities on the **Sydney℠ Health** app or on anthem.com.	Log in to your Anthem account	Up to $20 ($5 per quarter)
	Connect a fitness or lifestyle device	$5
	Complete a health assessment and receive tailored health recommendations	$20
	Complete action plans around eating healthy, weight management, and physical activity	Up to $25 ($5 per action plan)
	Track your steps	Up to $60 ($2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins[1]	Up to $20 ($4 per milestone)
	Update your contact information	$15
	Select a primary care provider (PCP) in Sydney Health	$10
	Participate in Emotional Well-being Resources program	$5
	Log daily nutrition (at least 45 days per quarter)	Up to $12 ($3 per quarter)
	Use any Employee Assistance Program (EAP) service if your employer provides Anthem EAP.	$5

Anthem

Activity type	Activities	Amount
Preventive care Complete your annual screenings or wellness visits. Rewards are added to your account after your claim is processed (may take up to 60 days).	Have an annual preventive wellness exam or well-woman exam with your doctor	$25
	Get an annual cholesterol test (men ages 35 and older, women ages 40 and older, or upon doctor recommendation)	$20
	Have a colorectal cancer screening (ages 45 and older or upon doctor recommendation)	$25
	Have a routine mammogram (women ages 40 to 74 or upon doctor recommendation)	$25
	Have an annual eye exam[2]	$25
	Get an annual flu shot	$20
	Get an A1C lab test	$10

Activity type	Activities	Amount
Condition management Rewards are added to your account as you meet benchmarks or complete a program.	ConditionCare: Work one on one with your health coach and earn rewards for participating in and completing the program[3]	Up to $50 ($20/$30)
	Building Healthy Families: Help your family grow and thrive through the Sydney Health app and earn rewards for completing certain activities[4]	Up to $40 ($10 per milestone)
	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward[5]	$25
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward[6]	$25
	Get a diabetic foot exam	$25
	Get a LDL or lipid diabetic lab test	$10
	Get a microalbumin and eGFR diabetic lab test	$10

Achieve your health goals with Well-being Coach

The Well-being Coach digital coaching app can help you maintain a healthy weight or quit tobacco, while improving your nutrition, exercise, mindfulness, and sleep. To access your Well-being Coach for personalized digital and phone support, go to the Sydney Health app or anthem.com.



Earn and redeem your rewards

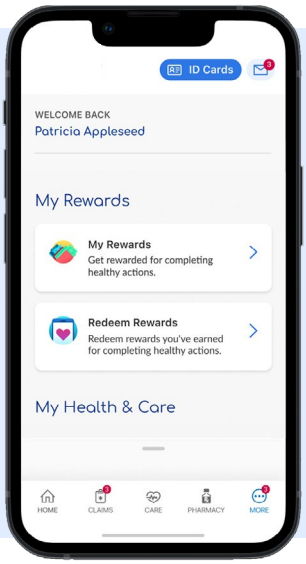
Start by logging in to Sydney Health and scroll down to *My Rewards*. From there you can:

Choose **My Rewards** to:

- Get a quick view of earning activities.
- See a snapshot of your reward status.

Choose Redeem Rewards to:

- Get electronic gift cards for stores like Amazon, Apple, Target, Uber, and others.[7]



Scan this QR code to view your rewards on the Sydney Health app. You can also log in to anthem.com, and scroll down to *My Rewards*.

1 Members may earn rewards for completing quarterly Well-being Coach digital milestones while logging daily check-in activities on the app. Daily check-in reward values are first check-in: $4; next 15 check-ins during first quarter: $4; 25 check-ins during second through fourth quarters: $4 each quarter. Log in to Sydney Health or anthem.com to download the Well-being Coach digital app. Well-being Coach is provided by Lark Health.

2 Annual eye exam reward is available if employer provides vision coverage in addition to medical benefits through Anthem.

3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in one of five ConditionCare programs and completion for one of five ConditionCare programs: chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), asthma, diabetes, and congestive heart failure (CHF). Rewards include $20 for program participation and $30 for program completion.

4 Building Healthy Families milestone completion dates: BHF Pregnancy Screener must be completed by one day prior to delivery; at least one of six mini assessments must be completed by one day prior to delivery; postpartum assessment must be completed by 56 days after delivery. Rewards include $10 for profile completion; $10 for a BHF Pregnancy Screener; $10 for completing at least one of six mini assessments; and $10 for a postpartum assessment.

5 Well-being Coach Weight Management program (telephonic) is available for members who are identified as high risk based on a body mass index (BMI) of 30 or higher.

6 Well-being Coach Tobacco Cessation program (telephonic) is available for members who are identified as high risk based on any tobacco usage.

7 Retailers include Amazon, Apple, all Gap brands, Target, The Home Depot, T.J. Maxx, Uber, and Uber Eats. Monetary value varies by retailer.

We encourage you to actively participate in your rewards program. Rewards earned should be redeemed before the end of the current plan year. Unused rewards are forfeited six months after the end of your plan year. Make sure to redeem them before then.

All preventive care activities are claims based, which means your completion is determined when a claim is processed. Medical waivers apply to claim-based activities.

Rewards eligibility applies only to subscribers and their enrolled spouse/domestic partner (if applicable) with Anthem medical benefits unless employer chooses subscriber-only rewards. Eligible members must be active on the plan and their activity must take place during the plan year. A subscriber and eligible spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

Rewards for completed preventive care activities are issued under the medical plan that pays for the claim. Rewards for completed condition management activities are issued under the medical plan that pays for the condition management benefit. Digital and wellness activity rewards can be issued under multiple medical plans, if you have dual Anthem coverage.

The reward amount you receive may be considered income to you and subject to state and federal taxes in the tax year it is paid. You should consult a tax expert with any questions regarding tax obligations.

Electronic gift card availability may vary. The list of retailers available for electronic gift card rewards redemption is subject to change. Log on to anthem.com or open the Sydney Health app to explore the electronic gift card options available to you.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Carelon Health, Inc. is a separate company providing care management services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by either Matthew Thornton Health Plan, Inc. or Anthem Health Plans of New Hampshire, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



Welcome to Wellhub, your new wellbeing benefit!

Begin your wellbeing journey with some of Wellhub's popular partners:

MyFitnessPal

LA Fitness

Life Time

Sleep Cycle

Anytime Fitness

F45

Meditopia

Orangetheory

This all-in-one subscription gives you access to:

The best gyms and studios near you

Premium access to top-rated wellness apps

Private sessions with certified wellness coaches

The **Wellhub network addresses multiple wellbeing pillars** such as: physical fitness, mental wellbeing, nutrition, sleep, healthy habits, finance, and more!

Wellhub plan pricing for employees:

Starter Plan	Starter+ Plan	Basic Plan	Bronze Plan	Silver Plan	Titanium Plan	Gold Plan	Platinum Plan	Diamond Plan
$0.00	$0.00	$11.00	$38.00	$83.00	$133.00	$188.00	$263.00	$318.00

**Wellhub is a taxable benefit via payroll.*

SUPPLEMENTAL HEALTH BENEFITS

LINCOLN FINANCIAL GROUP

Our medical plans offer excellent coverage for healthcare needs. However, everyone's needs differ, and that's where supplemental health options come into play. These benefits are designed to protect your family's finances in case of an unforeseen injury or illness. These benefits are offered to you through Lincoln Financial Group. Please visit lincolnfinancialgroup.com for additional details.

Accident Insurance*

After a covered accident, accident plans pay cash benefits directly to you to cover some of the remaining costs your health insurance plan may not cover.

Critical Illness Insurance*

Critical illness insurance helps protect your income and personal assets when out-of-pocket expenses increase due to a specified illness. This plan covers conditions such as heart attack, stroke, end-stage renal failure, and invasive cancer.

Hospital Indemnity Insurance*

Hospital stays can be expensive, even with insurance. Hospital Indemnity plans are designed to provide financial protection by paying you a direct benefit to cover out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the facility type and number of confinement days.

* See page 28 for **Accident Insurance**, **Critical Illness Insurance** and **Hospital Indemnity Insurance** videos.

DENTAL*

lincolnfinancial.com
800.423.2765

LINCOLN FINANCIAL GROUP

Dental plans cover diagnostic and preventive care, plus basic and major services. Although you can choose any dental provider, you will generally pay less when you visit an in-network dentist. If you choose an out-of-network provider, you may be billed the difference between what Lincoln Financial Group pays, and what your out-of-network provider charges for the services. To locate an in-network provider, please visit lincolnfinancial.com/findadentist.

Dental	Dental PPO	
	In-network	Out-of-network
Annual deductible (Individual/Family)	$50 / $150	$50 / $150
Annual maximum (per person)	$1,750	$1,750
Diagnostic and preventive care (includes cleanings, fluoride treatments, sealants, and x-rays)	Covered at 100%	Covered at 100%
Basic services (includes fillings, periodontics, scaling, and root planing, and oral surgery)	Covered at 80%	Covered at 80%
Major services (includes crowns, bridges, full and partial dentures and implants)	Covered at 50%	Covered at 50%
Orthodontia	Covered at 50%	Covered at 50%
Lifetime maximum	$1,000	$1,000

Employees can elect dental and/or vision regardless of their medical enrollment status.



* See page 28 for **Dental Insurance** video.

VISION*

LINCOLN FINANCIAL GROUP

lvc.lfg.com
800.440.8453

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around the Lincoln Financial network providers who offer you higher benefits at a lower cost. Consider using an in-network provider for the most bang for your buck when you need services! For out-of-network providers, you will be reimbursed for services according to the grid below. To locate an in-network provider, visit wlvc.lfg.com.



Vision	Vision PPO	
	In-network	Out-of-network
Examination (every 12 months)	$10	Up to $40 allowance
Material	$25	See schedule below
Lenses (every 12 months)		
Single	Covered at 100%	Up to $40 allowance
Bifocal	Covered at 100%	Up to $60 allowance
Trifocal	Covered at 100%	Up to $80 allowance
Lenticular	Covered at 100%	Up to $125 allowance
Frames (every 12 months)		
New frames	Up to $130 allowance	Up to $45 allowance
Contact lenses (every 12 months)		
Elective	Up to $125 allowance	Up to $125 allowance
Medically necessary	Covered at 100%	Up to $210 allowance

Employees can elect dental and/or vision regardless of their medical enrollment status.

* See page 28 for **Vision Insurance** video.

LIFE AND DISABILITY INSURANCE

LINCOLN FINANCIAL GROUP

lincolnfinancial.com
800.423.2765

Life Insurance*

Allegiance Truck Centers provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance at no cost to you!

Insurance Coverage	Benefit
Basic Life and AD&D	1x annual earnings up to a maximum of $150,000, rounded to the next higher $1,000

If you would like additional coverage, Voluntary Life and AD&D insurance are available to you, your spouse, and your dependent children. You must enroll in coverage for yourself to cover your spouse or children. If you don't enroll in Voluntary Life when it's first available or elect an amount over the Guaranteed Issue, you may be required to complete an Evidence of Insurability (EOI) form.

Insurance Coverage	Benefit
Voluntary Employee Life	Increments of $10,000 up to the lesser of 4x annual salary or $500,000. Guaranteed issue of $300,000.
Voluntary Spouse Life	Increments of $5,000 up to $250,000, not to exceed 2.5x employee annual salary or 50% of employee amount. Guaranteed issue of $30,000.
Voluntary Child Life	Birth to 14 days: $1,000 14 days to 26 years: Increments of $1,000 up to $10,000 Guaranteed issue of $10,000.

Disability*

These plans give you income protection in the event you are ill, suffer a non-work-related injury, and can't work. If you don't enroll in Disability coverage when it's first available, you may be required to complete an Evidence of Insurability (EOI) form.

Short-term Disability Benefits		Long-term Disability Benefits	
Elimination period	7 days	Elimination period	90 days
Weekly benefit	60% of weekly earnings	Monthly benefit	60% of monthly earnings
Maximum weekly benefit	$1,500	Maximum monthly benefit	$7,500
Maximum benefit period	13 weeks	Maximum benefit period SSNRA (Social Security Normal Retirement Age)	If disabled prior to 60, up to the greater of SSNRA or a maximum of 5 years. See plan document for details.
Pre-Existing Condition Limitation	3/12	Pre-Existing Condition Limitation	3/12

* See page 28 for **Life and AD&D Insurance** and **Disability Insurance** videos.

ADDITIONAL BENEFITS

Employee Assistance Program*		
Description	• EAPs provide voluntary, confidential support to employees who need help managing personal and work-related problems. Unlimited access to Master's-level counselors by phone 24/7. • Up to 5 face-to-face visits with a counselor at no cost. • Unlimited access to helpful tools and resources online. • Referrals available.	
Contact information	Lincoln Financial Group 888.628.4824	guidanceresources.com User ID: LFGSupport Password: LFGSupport1 First time user? 1. Visit guidanceresources.com and click 'Register' 2. Enter the company ID 3. Complete your profile
Who pays?	Employer	

Voluntary Medicare Education	
Description	Voluntary Medicare education and plan selection assistance for any Medicare eligible employees that are enrolled in an Allegiance Truck Centers Medical Plan. Licensed Medicare agents can provide one-on-one education and consultation about Medicare and its plan options.
Contact information	allsupmedicare.com 888.271.1173
Who pays?	Employee: Discounted rates are available.

401(k) Plan	
Description	Our 401(k) plan provides a convenient and tax-advantaged way to save so you can achieve your retirement goals. The earlier you start, the more you'll save! If you have 401(k) funds from other qualified plans, you can also roll them over into your Allegiance Truck Centers 401(k). Allegiance Truck Centers will match 50% up to 4% with a max employer match of 2%.
Contact information	T. Rowe Price troweprice.com 800.922.9945
Who pays?	Employee: Discounted rates are available.

* See page 28 for **Employee Assistance Program** video.

GLOSSARY

GLOSSARY OF TERMS*

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is $1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the $1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP):* This type of medical plan requires that members reach a deductible prior to having services covered by coinsurance. All expenses paid by a member count toward the deductible and out-of-pocket maximum.

IN-NETWORK: A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital, or other provider not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays.

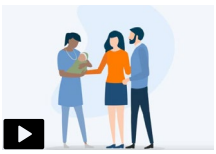
OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

* See next page for **Benefits Key Terms Explained** and **Medical Plans: HDHP** videos.

BENEFITS OVERVIEW VIDEOS

Scan the QR codes or click anywhere to watch.

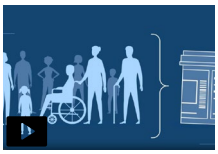
Qualifying Life Events



Prescription Drugs: Benefits Overview



Prescription Drugs: Tips to Manage Costs



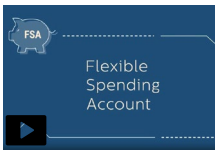
Health Savings Account (HSA)



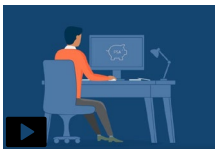
How to Optimize Your HSA



Flexible Spending Account (FSA)



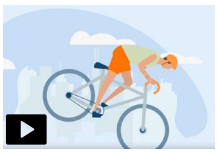
How to Optimize Your FSA



Dependent Care FSA



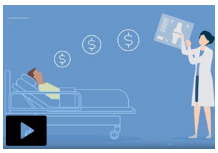
Accident Insurance



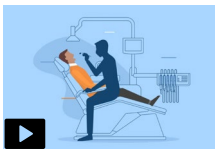
Critical Illness Insurance



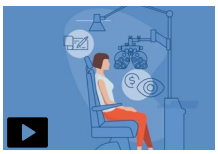
Hospital Indemnity Coverage



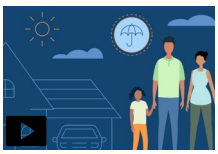
Dental Insurance



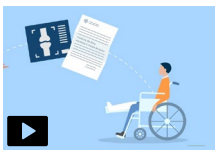
Vision Insurance



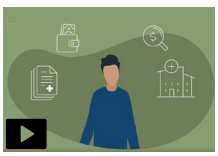
Life and AD&D Insurance



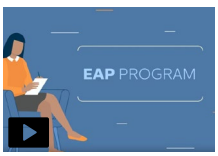
Disability Insurance



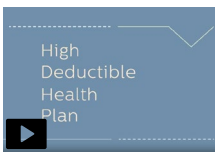
Benefits Key Terms Explained



Employee Assistance Program



Medical Plans: HDHP



CONTACTS

CONTACTS

Support Line

Rightway Member Services:
888.665.1678
joinrightway.com
Prepare Benefits Enrollment Navigation:
allegiancetrucks.benefitsinfo.com

Medical Plan:
Anthem Blue Cross Blue Shield

Member Services	833.952.2074
	anthem.com
Policy Number	L15256

Garner

Member Services	866.761.9586
	garnerhealth.com
	In-App Chat

Prescription Services:
Rightway

Member Services	305.851.7310
	joinrightway.com
Policy Number	50054

Dental Plan:
Lincoln Financial Group

Member Services	lincolnfinancial.com
	800.423.2765
Policy Number	00001D041886

Vision Plan:
Lincoln Financial Group

Member Services	800.440.8453
	lvc.lfg.com
Policy Number	000400270519

Health Savings Account (HSA):
Lively

Member Services	888.576.4837
	livelyme.com

Flexible Spending Account (FSA):
Lively

Member Services	888.576.4837
	livelyme.com

Life & Disability:
Lincoln Financial Group

Member Services	800.423.2765
	lincolnfinancial.com
Life Policy Number:	000010270516
Voluntary Life:	000400001000-27257
LTD Policy Number:	000010270517
STD Policy Number:	000010270518

Supplemental Health Benefits (Accident, Critical Illness, Hospital Indemnity):
Lincoln Financial Group

Member Services	800.423.2765
	lincolnfinancial.com
Accident:	ACC-0001448062
Hospital Indemnity:	HI-0001447062
Critical Illness:	CI-0001447063

Annual notices are available here:
online.flippingbook.com/view/478738097/

NOTES

NOTES

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

SE: 9158768