



Employee **Benefits**

ALLEGIANCE
— TRUCKS™ —

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2025 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 your Human Resources - Benefits Department for assistance.

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, 2025. If you are newly hired, your benefits will become effective on the first of the month following 30 days.

Eligible dependents include:



Spouse or
Domestic Partner



Your children from
birth to age 26

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

HOW TO ENROLL

To sign up for benefits, visit <https://www.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).

*60 days if you, your spouse, or eligible dependent child loses coverage under Medicaid or CHIP or becomes eligible for state provided premium assistance.

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 life event.
Coverage Effective Date Start of plan year	Coverage Effective Date First of the month following 30 days	Coverage Effective Date Date of life event

 See page 21 for the **Qualifying Life Event** video.

ENROLLING FOR BENEFITS

Allegiance Trucks • 2025 Benefits Guide

Dayforce

Dayforce is an online system that enables you to make all your benefit decisions in one place.

- Self Enroll by selecting "Benefits" and then "Start Enrollment"
- Follow the guided process
- Click "Submit" at the end of the process to submit your elections

Before you enroll

- Review your enrollment materials to understand your new benefit options and costs for the coming year.

Getting started

- Log In to Dayforce by going to <https://us231.dayforcehcm.com/mydayforce/mydayforce.aspx>

Do I Need To Enroll?

YES! All employees are required to log on to our benefits enrollment system to choose benefits for the coming year. Your current benefits will not carry over to next year without an active enrollment!





2025 Benefits Open Enrollment

November 11 - November 22

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

1

Schedule your personalized appointment with a Benefits Counselor to learn more about your benefit options

2

Review the Benefits Guide and other educational tools to learn more about your benefit offerings

3

Enroll in Benefits! Be sure to have new dependent and beneficiary SS# and DOB available to complete your enrollment

**SCAN THE QR CODE OR USE THE LINK
TO VISIT THE BENEFITS HOMEPAGE**

<https://allegiancetrucks.benefitsinfo.com>



Scan Me!



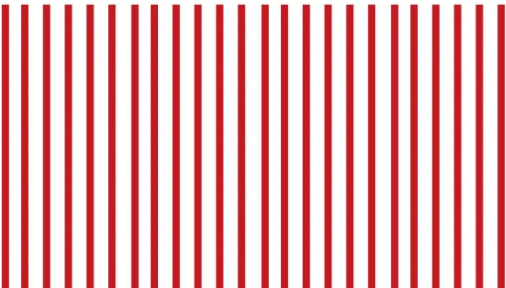
MONTHLY EMPLOYEE RATES

	\$3,300 HDHP with HSA	\$2,000 PPO
Employee	\$130.07	\$260.53
Employee + spouse	\$468.96	\$731.73
Employee + child(ren)	\$372.04	\$608.97
Family	\$871.22	\$1,404.13

	Dental PPO
Employee	\$33.98
Employee + 1	\$69.21
Family	\$113.36

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

*Note: Additional rate information can be found in your enrollment portal. * Tobacco users will have a \$40 charge added to their monthly medical deduction.*



Who To Contact For Care

Depending on the benefits you have elected, you may see some or all of these logos on your member ID card.

Plan Administrator & Customer Service

- Answers customer service and provider calls
- Confirms eligibility
- Verifies benefits
- Processes claims for medical and dental services
- Provides access to the member portal

866-455-8727 | alliedbenefit.com



Provider Network

- Network to search for medical care doctors and facilities
- Providers must contact Allied, not Aetna, to verify eligibility and benefits
- To locate a provider, visit alliedbenefit.com/ProviderNetworks and select "Aetna Signature Administrator"

Pharmacy Benefit Administrator

- Will provide generic and name brand medications
- Will fill both retail and mail order prescriptions

888-665-1678 | joinrightway.com



MEDICAL

www.alliedbenefit.com

866.455.8727

ALLIED BENEFIT SYSTEMS

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

Medical	\$3,300 HDHP with HSA		\$2,000 PPO	
	In-network	Out-of-network	In-network	Out-of-network
DEDUCTIBLE You pay all expenses (except preventive care) until your total costs reach the deductible. Then the plan starts to pay its share.	\$3,300 Individual \$5,600 Family	\$10,000 Individual \$20,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
ACCUMULATION PERIOD The time period to incur eligible expenses toward the deductible	Calendar Year	Calendar Year	Calendar Year	Calendar Year
OUT-OF-POCKET MAXIMUM* Once your expenses reach this amount, the plan pays 100% of most eligible expenses for the rest of the plan year. The deductible counts toward this limit.	\$5,600 Individual \$11,200 Family	\$40,000 Individual \$80,000 Family	\$7,000 Individual \$14,000 Family	\$14,000 Individual \$28,000 Family
OFFICE VISIT Seeing a doctor? This is what you pay. You do not need a referral from your primary doctor to see a specialist.	20% after deductible	50% after deductible	PCP: \$25 copay Specialist: \$40 copay	50% after deductible
DIAGNOSTIC TESTS Need x-Rays or labs to diagnose symptoms? This is how they're covered. Preventive care tests are fully covered.	20% after deductible	50% after deductible	20%	50% after deductible
UNSCHEDULED CARE If you need medical attention right away, you have options. You can save a lot of money if you use the ER only for serious or life-threatening situations.	Emergency Room: 20% after deductible Teladoc General Medicine Visit: \$0 Teladoc Behavioral Health Visit: \$0	Emergency Room: 20% after deductible Online Visit: 50% after deductible	Emergency Room: 20% after deductible Teladoc General Medicine Visit: \$0 Teladoc Behavioral Health Visit: \$0	Emergency Room: 20% after deductible Online Visit: 50% after deductible
HOSPITALIZATION & SURGERY If you need surgery, ask your doctor if you can save money at an outpatient surgical center.	Hospital: 20% after deductible Outpatient Facility: 20% after deductible	Hospital: 50% after deductible Outpatient Facility: 50% after deductible	Hospital: 20% after deductible Outpatient Facility: 20% after deductible	Hospital: 50% after deductible Outpatient Facility: 50% after deductible


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

MEDICAL

ALLIED BENEFIT SYSTEMS

www.alliedbenefit.com

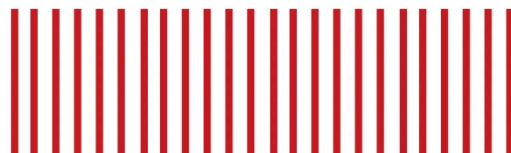
866.455.8727

Medical	\$3,300 HDHP with HSA		\$2,000 PPO	
	In-network	Out-of-network	In-network	Out-of-network
Prescription drugs 	Rightway Rx Participating Pharmacies		Rightway Rx Participating Pharmacies	
PRESCRIPTION DRUG DEDUCTIBLE	Subject to the Medical Deductible		Not Applicable	
PRESCRIPTION OUT-OF-POCKET MAXIMUM*	Subject to the Medical Out of Pocket Maximum		Subject to the Medical Out of Pocket Maximum	
PRESCRIPTIONS (RETAIL PHARMACY) The plan uses a "formulary" list of covered drugs, divided into categories or "tiers." Generic drugs are the lowest cost. Concerned about quality? The FDA requires a generic to perform the same as the brandname.	20% after deductible 30 days supply Specialty Drugs: See contract for limitations	50% after deductible 30 days supply	Generic: \$15 Preferred: \$45 Non-Preferred: \$75 Specialty: 30% + \$250 max per fill	50% 30 days supply
PRESCRIPTIONS (MAIL ORDER)	20% after deductible	Not Covered	Generic: \$30 Preferred: \$90 Non-Preferred: \$150 90 days supply	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 21 for **Prescription Drugs: Benefits Overview** video.



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. www.alliedbenefit.com can help you compare costs based on your benefits.

Allied Mobile App

Use the Allied and Rightway apps to easily access your healthcare information and tools to help estimate costs, manage claims, and find providers — anytime and anywhere.

www.alliedbenefit.com



Telemedicine

Teladoc provides access to telemedicine through Allied Benefit Systems.

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 chat or phone without leaving your home or office at no cost.

Teladoc

www.teladoc.com

800.835.2362



If something is on your mind - big or small - talking to an expert can help. Licensed therapists are available seven days a week at

no cost. Choose your therapist, pick a time that is convenient for you and then talk to the therapist from the privacy of home or anywhere you feel comfortable. Teladoc therapists specialize in anxiety, depression, stress/PTSD, panic disorder, family and marriage issues, and more.

▶ See page 21 for **Prescription Drugs: Tips to Manage Cost** video.

HEALTH SAVINGS ACCOUNT (HSA) ▶

OPTUM BANK

AVAILABLE TO PARTICIPANTS IN THE \$3,300 HDHP WITH HSA PLAN.

[www.optumbank.com/
health-accounts/hsa](http://www.optumbank.com/health-accounts/hsa)

866.234.8913

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.

To help you get started, Allegiance Trucks makes a contribution to your HSA:

INDIVIDUAL	\$600 per year
INDIVIDUAL +1	\$1,000 per year
FAMILY	\$1,250 per year

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 www.optumbank.com/health-accounts/hsa. 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 2025?

<55*

- Up to \$4,300 for individual.
- Up to \$8,550 for family.

55+*

The maximum contribution increases by \$1,000.

*Not enrolled in Medicare

*Contribution maximums do not take Allegiance Trucks contribution into account.

▶ See page 21 for **Health Savings Account (HSA)** and **How to Optimize Your HSA** videos.

FLEXIBLE SPENDING ACCOUNT (FSA) ▶

HEALTH EQUITY

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, 2025 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.

www.healthequity.com

877.924.3967



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 \$3,300 annually (funds will be available as of the election effective date).



Limited Purpose FSA

You may set aside up to \$3,300 in 2025 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 \$5,000 annually (or \$2,500 if you are married and file a separate tax return). You can only be reimbursed up to the amount that you have contributed.

▶ See page 21 for **Flexible Spending Account (FSA)**, **How to Optimize Your FSA** and **Dependent Care FSA** videos.

COMMUTER FSA

Can my commuter funds be reimbursed to me?

Commuter funds may not be reimbursed to you for any reason once they are added to the benefit card. If the card does not work at your preferred merchant or a mistake is made, a refund will not be provided.

Find out more.

To find more about commuter benefits and calculate your tax savings, visit www.healthequity.com

Transportation Savings Account

Do you have out-of-pocket commuting expenses for public transportation, van pooling, or for worksite parking? If so, you can save on taxes by enrolling in our transportation savings account, administered by HealthEquity.

The account lets you set aside money—before it's taxed—through payroll deduction. You may enroll in or stop this program at any time. Money in the account can be used in future months or plan years.

Set aside up to up to \$325 per month for workrelated commuting expenses.

How does it work?

Once registered on our website, you can place an order for your monthly transit and parking needs. The order amount will be deducted from your paycheck pretax and loaded onto a HealthEquity card. You can then use the HealthEquity card, in place of a personal debit or credit card, to purchase services at any transit or parking facility that accepts MasterCard.

What expenses are eligible?

The HealthEquity Commuter Benefit covers your work-related public transit and parking expenses including, but not limited to:

- Subways, streetcars, and commuter trains
- Buses
- Ferries
- Parking lots and garages
- Vanpool
- Rideshare, including UberPool and Lyft Shared Rides

Ineligible expenses include non-work related expenses and individual transportation services like a taxi or a driving service.

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 www.lincolnfinancial.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 21 for **Accident Insurance**, **Critical Illness Insurance** and **Hospital Indemnity Insurance** videos.

DENTAL

LINCOLN FINANCIAL GROUP

www.lincolnfinancial.com

800.423.2765

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 pays, and what your out-of-network provider charges for the services. To locate an in-network provider, please visit www.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%
Orthodontia Lifetime Maximum (per child)	\$1,000	\$1,000

Plan includes out-of-network benefits; see plan summary for additional details.

VISION

LINCOLN FINANCIAL GROUP

www.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 www.lvc.lfg.com.

Vision	Vision PPO	
	In-network	Out-of-network
Examination (every 12 months)	\$10 copay	Up to \$40 allowance
Material	\$25 copay	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

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

 See page 21 for **Vision Insurance** video.



LIFE AND DISABILITY INSURANCE

LINCOLN FINANCIAL GROUP

www.lincolffinancial.com

800.423.2765

Life Insurance ▶

Allegiance Trucks 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 (inclusive of elimination period)	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

ADDITIONAL BENEFITS

Employee Assistance Program 	
Description	<ul style="list-style-type: none"> 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	<div>Lincoln Financial Group 888.628.4824</div> <div>www.guidanceresources.com User ID: LFGSupport Password: LFGSupport1</div>
Who pays?	Employer

Voluntary Medicare Education	
Description	Voluntary Medicare education and plan selection assistance for any Medicare eligible employees. Licensed Medicare agents can provide one-on-one education and consultation about Medicare and its plan options.
Contact information	<div>AllsupMedicare.com 888.271.1173</div>
Who pays?	Employee: Discounted rates are available.

401(k) Plan	
Description	<p>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 Trucks 401(k).</p> <p>Allegiance Trucks will match 50% up to 4% with a max employer match of 2%</p>
Contact information	<div>T. Rowe Price www.troweprice.com 800.922.9945</div>
Who pays?	Employee and Employer

 See page 21 for **Employee Assistance Program** video.

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.

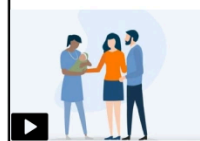
PHARMACY BENEFIT MANAGER (PBM): A third-party company that manages prescription drug coverage for health insurance plans and employers. Rightway is the PBM for Allegiance Trucks.

THIRD-PARTY ADMINISTRATOR (TPA): An organization that handles the claims, processing, and reporting components of a self-funded health benefits plan. Allied Benefit Systems is the TPA for Allegiance Trucks.

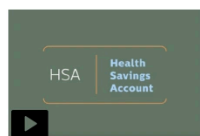
► See page 21 for **Benefits Key Terms Explained** and **Medical Plans: HDHP** videos.

BENEFITS OVERVIEW VIDEOS

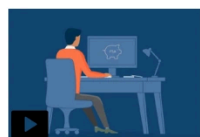
Qualifying Life Events



Health Savings Account (HSA)



How to Optimize Your FSA



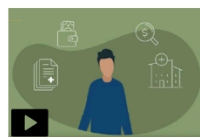
Critical Illness Insurance



Life and AD&D Insurance



Benefits Key Terms Explained



Prescription Drugs: Benefits Overview



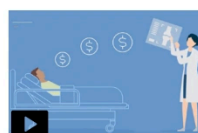
How to Optimize Your HSA



Dependent Care FSA



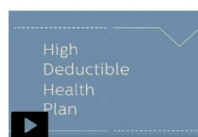
Hospital Indemnity Coverage



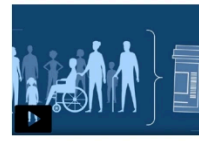
Disability Insurance



Medical Plans: HDHP



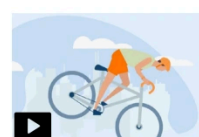
Prescription Drugs: Tips to Manage Costs



Flexible Spending Account (FSA)



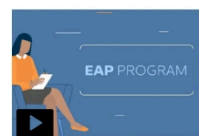
Accident Insurance



Vision Insurance



Employee Assistance Program



CONTACTS

Medical Plan: Allied Benefit Systems

Member Services 866.455.8727
www.alliedbenefit.com

Prescription Services: Rightway

Member Services 305.851.7310
www.joinrightway.com

Dental Plan: Lincoln Financial Group

Member Services 800.423.2765
www.lincolffinancial.com

Vision Plan: Lincoln Financial Group

Member Services 800.423.2765
www.lincolffinancial.com

**Health Savings Account (HSA):
Optum Bank**

Member Services 866.234.8913
[www.optumbank.com/
health-accounts/hsa](http://www.optumbank.com/health-accounts/hsa)

**Flexible Spending Accounts (FSA):
Health Equity**

Member Services 877.924.3967
www.healthequity.com

Life & Disability: Lincoln Financial Group

Member Services 800.423.2765
www.lincolffinancial.com

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

Member Services 800.423.2765
www.lincolffinancial.com

401(k) Plan: T. Rowe Price

Member Services 800.922.9945
www.troweprice.com

Voluntary Medicare Education: Allsup

Member Services 888.271.1173
AllsupMedicare.com

Annual notices are available here:
<https://online.flippingbook.com/view/193113415/>

Support Line

Rightway Member Services: 305.851.7310 /
www.joinrightway.com

Prepare Benefits Enrollment Navigation:
allegiancetrucks.benefitsinfo.com



NOTES

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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.

