

## Benefit Guide for the Full-Time Employees of Oak Harbor Freight Lines, Inc.



**Effective: January 1, 2020 Through December 31, 2020**

## Your Benefits Plan

Oak Harbor Freight Lines is pleased to offer a comprehensive benefits program to our valued Employees.

In the following pages, you will learn more about the benefits Oak Harbor Freight Lines offers. You will also see how choosing the right combination of benefits can help protect you and your family's health and future.

Benefit	Carrier
Medical, Dental & Vision Insurance	RGA
Prescription Plan	Envision Rx
Health Savings Account	HSA Bank
Flexible Spending Account	Navia Benefit Solutions
Company Paid Life/AD&D	Unum
Voluntary Life and AD&D, Voluntary Short Term Disability (Group)	Unum
Voluntary Accident, Critical Illness and Hospital Insurance (Individual)	Unum
Employee Assistance Program – EAP	Wellspring Family Services
401(k)	Paradigm

## Eligibility

Full-Time Employees are eligible for benefits the first of the month following 60 days of employment. You must work 80 hours per month to keep your benefits active. All applicable enrollment forms must be completed before your coverage begins.

Children are eligible for Medical, Dental and Vision benefits up to age 26 regardless of dependent, student or marital status.

Legal Spouses are also eligible for benefits.

Documentation will be required to enroll dependents examples include; Marriage Certificate, Birth Certificates or Registered Domestic Partnership Certificate.

## When Can you Enroll?

You can sign up for Benefits at any of the following times:

- After completing initial eligibility period
- During the annual open enrollment period
- Within 61 days of a qualified family-status change

If you do not enroll at the above times, you must wait for the next annual open enrollment period.

## Making Changes

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change some of your benefit elections upon the occurrence of certain change in status events, provided you properly notify your Employer. These changes in status events may include:

- Your marriage
- Your divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your work status that affects your benefits
- Change in residence or work site that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)

If you have a family status change, you must timely notify your HR Department and complete the necessary forms. For more information refer to your benefits booklet.

## Medical, Dental, Vision & Prescription Cost:

**Employee Only Coverage:** Employee pays 1% of gross wages, per paycheck, towards premiums.

**Employee & Any Dependent Coverage:** Employee pays 2% of gross wages, per pay check, towards premiums.

**The cost is the same for the PPO and HDHP plans.**

**NOTE:** You may choose to sign up for only Medical or Dental or Vision. You do not have to sign up for all three. However, the cost will be the same regardless if you select 1, 2 or all 3 options.

**Wellness Benefit:** Employees and their spouses enrolled in the medical plan receive an annual bonus of \$50 each for completing their preventive exam and biometrics screenings annually. This benefit will be paid out on the following paycheck after HR has received your form.

See your Manager for details.

## Medical Plans - Regence Group Administrators, Inc. (RGA)

Oak Harbor Freight Lines offers the choice between 2 medical plans provided by RGA (Regence Group Administrators). You can choose from a PPO Plan or a Qualified High Deductible Health Plan with a Health Savings Account. The level of benefits you receive is dependent upon your choice of an in-network or out-of-network provider. Significantly higher benefits will be received when you obtain care from an in-network provider in the RGA Preferred Provider Network. To locate a provider in the RGA network, visit [www.accessrga.com](http://www.accessrga.com)

\*Employees and their dependents in Klamath Falls, OR have services from all providers covered at the Preferred In-Network level. Please see your Booklet or Carrier Benefit Summary for more information.

In-Network	PPO Plan	Qualified High Deductible Health Plan with HSA
<b>Calendar Year Deductible</b>		
Per Person	\$500	\$1,500
Maximum Per Family	\$1,500	\$3,000 Aggregate*
<b>Calendar Year Out-of-Pocket Maximum</b>		
	(Includes copays and deductible)	(Includes deductible)
Per Person	\$2,500	\$3,500
Maximum Per Family	\$7,500	\$7,000 Aggregate* (Individual Capped at \$6,850)
<b>Preventive Care</b>		
Office Visit, Well-Child Care, Immunizations, routine screenings	100% (deductible waived)	100% (deductible waived)
<b>Professional</b>		
Office Visit	Preferred: \$25 copay (deductible waived) Participating: 60%	Preferred: 80%
Coinsurance	Preferred: 80%	Preferred: 80%
Inpatient Professional Services	Preferred: 80%	Preferred: 80%
<b>Hospital/Facility/Mental Health</b>		
Inpatient, Outpatient Care and Facility Charges (non-hospital)	Preferred: 80%	Preferred: 80%
Outpatient Mental Health	Preferred: \$25 copay (deductible waived)	Preferred: 80%
<b>Rehabilitation (Outpatient)</b>		
Physical, Occupational, Speech Therapy	80%	80%
Massage Therapy – up to 24 visits per calendar year	80%	80%
<b>Other Services</b>		
Acupuncture	Preferred: \$25 copay (deductible waived)	Preferred: 80%
Diagnostic X-Ray and Lab Tests	Preferred: 100% (deductible waived)	Preferred: 80%
Emergency Room	\$150 copay (waived if admitted), then 80%	80%
Spinal Manipulations – up to 30 visits per calendar year	80%	Preferred: 80%
<b>Out-of-Network Benefits</b>		
Calendar Year Deductible	\$500	\$1,500
Calendar Year Deductible Family	\$1,500	\$3,000 Aggregate*
Coinsurance	60%	60%
Calendar Year Out-of-Pocket Max Per Person	\$5,000	\$3,500
Calendar Year Out-of-Pocket Max Family	\$15,000	\$7,000 Aggregate* (Individual Capped at \$6,850)
Professional Care Office Visit	60%	60%
Preventive Care	60%	60%
Emergency Room	\$150 copay, then 80%	80%

\***Aggregate:** If more than one person is covered on the Qualified High Deductible Health Plan, the family deductible will need to be satisfied before services are covered for that individual. In addition, the family out-of-pocket maximum will also apply for services obtained by that covered individual.

- Deductible applies, unless indicated otherwise.

## PRE-AUTHORIZATION REQUIREMENTS

Pre-authorizations are required for inpatient medical facility admissions and outpatient surgeries. If you do not obtain a pre-authorization, you will be subject to a \$250 penalty on the facility charges and the penalty will not apply to the out of pocket maximum.

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## OUT OF AREA BENEFITS

Individuals on either of the Regence Group Administrators Medical Plans are able to receive the In-Network level of benefits while traveling or living outside of the Regence BlueShield service area through the BlueCard Program. In order to utilize this benefit when outside the service area and in need of health care, call 1-800-810-BLUE (2583) from within the United States. You can find providers and hospitals on the Internet at [www.bcbs.com](http://www.bcbs.com)

*The BlueCard Program will recognize Preferred (PPO) Providers within the Blue Cross / Blue Shield networks nationwide. You will be eligible for the In-Network benefit level while traveling or residing outside of Washington State. However, if you obtain care from a Non-PPO Provider, the claim will be processed at the Out-of-Network level, and you may also be responsible for any charges above the UCR or allowable amounts as well as the applicable coinsurance and deductible.*

## Health Savings Account (HSA) – For those enrolled on the High Deductible Health Plan (HDHP)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

### What is a Health Saving Account?

An HSA is a tax-sheltered bank account that you own for the purpose of paying eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

- Oak Harbor Freight Lines will contribute \$800 for Employee only coverage and \$1,600 for Employee and any qualified dependents. The annual maximum contributions as set by the US Treasury & IRS for 2020 are \$3,550 for self only coverage and \$7,100 for family coverage. The amount contributed by OHFL would need to be subtracted from the maximums leaving \$2,750 Individual & \$5,500 Family that an Employee can voluntarily contribute on a tax-free basis. If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution

The High Deductible Health Plan is administered by Regence Group Administrators and the Health Savings Account is administered by HSA Bank.

To be an eligible individual and qualify for an HSA, you must meet the following requirements:

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan
- You are not enrolled in Medicare
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months
- You are not claimed as a dependent on another person's tax return
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

### How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense in the event that you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes.

## Nurse Line

The Nurse Line is available to all Employees and their family members enrolled in our Medical Insurance Plans at no cost through RGA. It is designed to help you better utilize the healthcare system. You can rely on confidential services dedicated to helping you better understand your insurance plan, find in-network providers, search for less expensive providers and coordinate your care.

Call the nurse advice line at 800-807-1370 and get fast, expert advice.

## Prescription Drugs – EnvisionRx

Below is a brief overview of what you can expect to pay for a prescription drug, depending on which category it falls under. To find out what category your specific medication falls under, please go to [www.envisionrx.com](http://www.envisionrx.com) and register using your personal information.

If you have a Maintenance Drug, one you take every day, week or month. You may be able to save money at your pharmacy by using their generic discount programs or taking an over-the-counter alternative. EnvisionMail is also a great way to save money on your prescriptions!

**Mandatory Mail Order!** Maintenance medications will only be filled three times at a Retail pharmacy. After the third refill, the prescription must be filled via the Mail Order Program Prescription Program or the prescription will not be covered by the Plan.

### PPO Plan

Benefit *	Retail Pharmacy	Envision Mail Order
Generic Drugs	\$10 copay	\$20 copay
Preferred Brand Drugs	\$35 copay	\$70 copay
Non-Preferred Brand Drugs	\$60 copay	\$120 copay
Maximum Day Supply	Up to 34 Days	Copays are for 90 day supply

### Qualified High Deductible Health Plan with HSA

Benefit *	Retail Pharmacy	Envision Mail Order
Preventive	100% (deductible waived)	100% (deductible waived)
Generic Drugs	80% after medical deductible	80% after medical deductible
Brand Name Drugs	deductible	deductible
Maximum Day Supply	Up to 34 Days	Up to 90 Days

\*Both medical plans require using the generic prescription product whenever available. If the prescription is filled with a name brand prescription at the request of either the physician or the member, then the applicable copay (PPO Plan only) plus the difference between the ingredient cost of the generic drug and the brand name drug will be charged.

### Dental Plans - Regence Group Administrators, Inc. (RGA)

Benefit eligible Employees and their dependents may enroll in the Dental Plan through RGA. Covered Employees and their family members have the option to see any licensed provider, but are payable at the preferred level if you see a Preferred or Participating Provider. To find a provider visit [www.accessrga.com](http://www.accessrga.com)

<b>Benefits</b>	
Annual Benefit Maximum	\$2,000
<b>Annual Deductible</b>	
Individual	\$25
Family	\$75
Deductible waived for Preventive?	Yes
Preventive Care	100%
Basic and Restorative Care	80%
Major and Prosthetics	50%
<b>Orthodontia (Children up to age 19)</b>	
Benefits	50%
Lifetime Benefit Maximum	\$1,000

### VOLUNTARY PRE-AUTHORIZATION

In the event you need to have dental work estimated to cost \$300 or more, we recommend you have your dentist submit it to RGA for pre-authorization. RGA will review the intended treatment plan and let your dentist know how much of the bill they will cover. We recommend this to avoid any billing surprises.

### Vision Plan - Regence Group Administrators, Inc. (RGA)

Benefit eligible Employees and their dependents may enroll in the Vision Plan through RGA. Covered Employees and their family members have the option to see any licensed provider. The benefits below are for **every calendar year**.

<b>Benefits</b>	
Routine Eye Examination	Plan Pays 100% up to \$60
Lenses & Frames	Plan Pays 100% up to \$150
Contact Lenses -In lieu of Lenses and Frames	Plan Pays 100% up to \$150

## Flexible Spending Accounts - Navia Benefit Solutions

### Healthcare Expense Account

The health account allows you to fund your out-of-pocket medical, dental and vision expenses, such as copays and deductibles, with pre-tax dollars. By paying for out-of-pocket eligible expenses with pre-tax dollars, you will save a minimum of \$.23 per dollar because you do not pay Federal Income Tax or FICA tax on your contributions. Oak Harbor Freight Lines allows a voluntary contribution of up to **\$2,750** per plan year into your healthcare expense account.

### Dependent Care Account

This account allows you to fund the costs of dependent care on a pre-tax basis. The care must be provided by a dependent care center or by an individual who can provide a name, address, and taxpayer identification number. You may contribute up to a maximum of **\$5,000** each tax year, per household. Although you may not take the childcare tax credit if you choose this option, you may save more depending on your income level.

### Important rules to keep in mind:

FSAs should only be considered for anticipated expenses. You should be conservative when estimating the amount to contribute to each account.

- The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA by 12/31/2020, you will lose any remaining funds in the account. You have until 3/31/2021 to submit expenses for reimbursement.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a life status change event.

**NOTE:** If you are enrolled in the Qualified High Deductible Health Plan with an HSA, you can participate in a “limited purpose” FSA for Healthcare. You can use this Limited Purpose FSA account for eligible post deductible expenses, medical, dental & vision expenses only.

All claims must be submitted for reimbursement within 90 days after the Plan Year ends.

## Company Paid Life and AD&D Insurance - Unum

Oak Harbor Freight Lines provides Life and AD&D insurance to you at no cost. Please be sure to select a beneficiary. Your beneficiary may be updated at any time.

Life Benefit Amount	
Benefit Amount	\$15,000
Accidental Death Benefit	In the event of an accidental death, the benefit may double. Please see your booklet for further details.
Dismemberment	In the event of an accidental dismemberment, a benefit is provided up to a scheduled amount corresponding to the loss. Please see your booklet for further details.



## Voluntary Life and AD&D Insurance - Unum

Oak Harbor Freight Lines offers Voluntary Life and AD&D insurance to all eligible Employees...paid by Employees via monthly payroll deductions on a post-tax basis. This amount is typically deducted on your 22<sup>nd</sup> paycheck each month. This plan offers the ability to port your coverage should you no longer work with Oak Harbor. Please be sure to select a beneficiary. Your beneficiary may be updated at any time.

Benefit Amount	
Employee	Up to \$500,000 in \$10,000 increments not to exceed 5 times your earnings*
Spouse	Up to \$500,000 in \$5,000 increments, not to exceed Employee amount
Child(ren)	Birth to 6 months: \$1,000 6 months to age 19, or 26 if full-time student: Up to \$10,000 in \$2,000 increments. <b>You are responsible for dropping your dependent at 19 or 26 yrs. of age. This is not done automatically by UNUM.</b>
Guarantee Issue Amount**	
	Employee: \$150,000; Spouse \$25,000; Child(ren): \$10,000

**\*Your amount of life insurance will begin to reduce when you reach age 70. The amount of your spouse's life insurance will reduce by the same percentage and at the same time your life insurance reduces.**

### \*\*Guarantee Issue

All Employees have a one-time opportunity to enroll up to certain limits without providing health information. These are referred to as "Guarantee Issue" limits. If you want coverage over the amount you are guaranteed, you will need to provide answers to health questions.

Life and AD&D rates are based on your age immediately prior to and including the plan effective date of 1/1/2020.

Term Life Rates	(amt. of coverage) 1	(divide by amt. shown) 2	(multiply by rate below) 3	(monthly cost) 4
Employee	\$ _____,000	÷ \$10,000=\$ _____	X \$ _____	= \$ _____
Spouse	\$ _____,000	÷ \$5,000=\$ _____	X \$ _____	= \$ _____
Child	\$ _____,000	÷ \$2,000=\$ _____	X \$ _____	= \$ _____
			<b>TOTAL COST:</b>	\$ _____

Employee Age	Cost per \$10,000 of coverage
15-24	\$0.64
25-29	\$0.62
30-34	\$0.78
35-39	\$1.09
40-44	\$1.68
45-49	\$2.67
50-54	\$3.97
55-59	\$5.82
60-64	\$7.71
65-69	\$10.84
70-74	\$20.52
75+	\$63.42

Spouse Age	Cost per \$5,000 of coverage
15-24	\$0.13
25-29	\$0.19
30-34	\$0.28
35-39	\$0.44
40-44	\$0.66
45-49	\$1.01
50-54	\$1.50
55-59	\$2.14
60-64	\$2.87
65-69	\$4.18
70-74	\$7.89
75+	\$24.40

Child(ren) coverage
\$0.66 per \$2,000

AD&D Rates	(amt. of coverage) 1	(divide by amt. shown) 2	(multiply by rate below) 3	(monthly cost) 4
Employee	\$ _____,000	÷ \$10,000=\$ _____	X \$0.325	= \$ _____
Spouse	\$ _____,000	÷ \$5,000=\$ _____	X \$0.170	= \$ _____
Child	\$ _____,000	÷ \$2,000=\$ _____	X \$0.032	= \$ _____
			<b>TOTAL COST:</b>	\$ _____

AD&D Rates are per \$10,000 of coverage for Employee; per \$5,000 of coverage for Spouse and per \$2,000 of coverage for child(ren).

## Voluntary Short Term Disability Insurance - Unum

Oak Harbor Freight Lines offers Short Term Disability insurance to all eligible Employees...paid by Employees via monthly payroll deductions. Deductions will be taken out on a post-tax basis and is typically deducted on your 22<sup>nd</sup> paycheck each month. This plan offers the ability to port your coverage should you no longer work with Oak Harbor.

Benefit	
Waiting Period	Benefits begin after a 14-day elimination (waiting) period of disability from the day your disabling condition occurs
Benefit	60% of your weekly income, up to a maximum benefit of \$2,000 per week
Duration	Up to a maximum of 24 weeks

### Guarantee Issue

All Employees have a one-time opportunity to enroll without providing health information. If you do not enroll during your eligibility enrollment period, you will have to wait for a future annual enrollment period to apply. At that time, you will need to answer health questions on an Evidence of Insurability form.

**Please Note:** In the event of a disability claim, payments received under this plan would not be considered taxable income.

**For Washington Employees:** Your monthly rates are lower as Washington State has implemented a state paid family and medical leave program.

**For Washington & California Employees:** These two states offer disability and paid leave; as such, any benefit allowed under this STD plan will work together with the state benefits. The two plans will offset each other, you will not receive 100% of both benefits.

STD rates are based on your age immediately prior to and including the plan effective date of 1/1/2020.

### 1. Calculate your weekly disability benefit

$$\frac{\$ \text{ (your annual earnings) }}{52} = \$ \text{ (your weekly earnings) } \times 60\% = \$ \text{ (60\% of weekly income covered) } = \$ \text{ (max weekly benefit available) }$$

### 2. Calculate your monthly cost

$$\frac{\$ \text{ (weekly benefit) }}{10} = \$ \text{ (your rate) } \times \$ \text{ (monthly cost) }$$

#### Employees in Washington

Rates per \$10 of weekly benefit	
Age	Rates
15-24	\$0.19
25-29	\$0.20
30-34	\$0.19
35-39	\$0.20
40-44	\$0.25
45-49	\$0.30
50-54	\$0.35
55-59	\$0.46
60-64	\$0.60
65+	\$0.68

#### Employees in All Other States

Rates per \$10 of weekly benefit	
Age	Rates
15-24	\$0.34
25-29	\$0.36
30-34	\$0.35
35-39	\$0.37
40-44	\$0.46
45-49	\$0.54
50-54	\$0.63
55-59	\$0.84
60-64	\$1.08
65+	\$1.23

## Voluntary Accident, Critical Illness and Hospital Insurance – Unum

Oak Harbor Freight Lines offers additional supplemental benefits through Unum to complement their overall benefit plan offerings. These voluntary benefits include Accident, Critical Illness and Hospital insurance. These benefits are paid monthly by Employees via payroll deductions on a post-tax basis and is typically deducted on your 22<sup>nd</sup> paycheck each month. These plans offer the ability to port your coverage should you no longer work with Oak Harbor.

### ACCIDENT INSURANCE

This policy can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job, and includes a range of incidents, from common events to more serious events. It can help with out of pocket costs such as co-pays and deductibles. There are no pre-existing clauses or wait periods with this plan.

#### Guarantee Issue

You are guaranteed base coverage, without answering health questions. If you and do not enroll during your eligibility enrollment period, you will have to wait for a future annual enrollment period to apply.

Coverage is available for you, your spouse and your dependent children to age 26. You must enroll in order to also enroll any dependents.

### Monthly Rates for Accident Insurance

You	\$11.57	You and your Child(ren)	\$21.60
You and your Spouse	\$18.71	You, your Spouse and Child(ren)	\$28.74

### CRITICAL ILLNESS INSURANCE

This policy can pay you a lump-sum benefit at the first diagnosis of a covered illness. It can be used however you choose – even for expenses life co-pays, mortgage, rent or childcare.

This plan offers a \$50/year wellness benefit paid to the Employee when health screening is completed. Eligibility begins 30 days after the coverage effective date.

#### Guarantee Issue

All Employees have a one-time opportunity to enroll without providing health information. If you do not enroll during your eligibility enrollment period, you will have to wait for a future annual enrollment period to apply. At that time, you will need to answer health questions on an Evidence of Insurability form.

#### Covered illnesses under the base plan include:

- Heart attack
- Stroke
- Major organ transplant
- Permanent paralysis due to covered accident
- End-stage renal (kidney) failure
- Coronary artery bypass surgery (pays 25% of the lump-sum benefit)

#### Illness covered by the additional Cancer Benefit include:

- Cancer
- Carcinoma in situ (pays 25% of lump-sum benefit)

No benefits are payable for cancer or carcinoma in situ if the date of diagnosis occurs during the first 30 days of your coverage effective date.

Benefit Amount	
Employee	\$5,000 - \$50,000 (minimum \$25,000 for Washington residents) in \$1,000 increments
Spouse (age 16-64)	\$5,000 - \$30,000 in \$1,000 increments
Child(ren)	Birth to age 26: <b>You are responsible for dropping your dependent at 26 yrs. of age. This is not done automatically by UNUM.</b> \$2,500 or \$5,000 – one plan covers all children

**How much does it cost?** Rates are based on your age, tobacco status and vary by state. Please refer to the following charts for information. All amounts below are calculated on a monthly basis. Rates below also apply for the Spouse benefit. Actual billed amounts may vary, the charts below are for illustrative purposes only.

**BELOW ARE THE MONTHLY RATES FOR EMPLOYEES IN CALIFORNIA**

California Employee - Based on \$10,000 Benefit Amount				
Age	Non-Tobacco		Tobacco	
	Critical Illness	Cancer Rider	Critical Illness	Cancer Rider
16-29	\$ 3.87	\$ 1.91	\$ 5.08	\$ 3.21
30-39	\$ 5.95	\$ 3.34	\$ 9.07	\$ 5.64
40-49	\$ 9.98	\$ 6.81	\$ 17.56	\$ 14.00
50-59	\$ 16.04	\$ 12.22	\$ 30.65	\$ 23.01
60-64	\$ 24.75	\$ 19.03	\$ 45.86	\$ 37.31

California Employee - Based on \$20,000 Benefit Amount				
Age	Non-Tobacco		Tobacco	
	Critical Illness	Cancer Rider	Critical Illness	Cancer Rider
16-29	\$ 5.95	\$ 3.82	\$ 8.37	\$ 6.42
30-39	\$ 10.15	\$ 6.63	\$ 16.35	\$ 11.23
40-49	\$ 18.17	\$ 13.61	\$ 33.38	\$ 28.04
50-59	\$ 30.34	\$ 24.40	\$ 59.55	\$ 46.02
60-64	\$ 47.76	\$ 38.01	\$ 89.97	\$ 74.62

California Employee - Based on \$30,000 Benefit Amount				
Age	Non-Tobacco		Tobacco	
	Critical Illness	Cancer Rider	Critical Illness	Cancer Rider
16-29	\$ 8.07	\$ 5.72	\$ 11.67	\$ 9.62
30-39	\$ 14.35	\$ 9.93	\$ 23.67	\$ 16.82
40-49	\$ 26.36	\$ 20.41	\$ 49.15	\$ 42.04
50-59	\$ 44.64	\$ 36.62	\$ 88.45	\$ 69.03
60-64	\$ 70.77	\$ 57.03	\$134.04	\$111.93

California Employee - Based on \$40,000 Benefit Amount				
Age	Non-Tobacco		Tobacco	
	Critical Illness	Cancer Rider	Critical Illness	Cancer Rider
16-29	\$ 10.15	\$ 7.63	\$ 14.96	\$ 12.83
30-39	\$ 18.56	\$ 13.22	\$ 30.95	\$ 22.41
40-49	\$ 34.55	\$ 27.22	\$ 64.97	\$ 56.03
50-59	\$ 58.94	\$ 48.84	\$ 117.36	\$ 92.00
60-64	\$ 93.74	\$ 76.01	\$ 178.15	\$149.20

California Employee - Based on \$50,000 Benefit Amount				
Age	Non-Tobacco		Tobacco	
	Critical Illness	Cancer Rider	Critical Illness	Cancer Rider
16-29	\$ 12.27	\$ 9.54	\$ 18.25	\$ 16.04
30-39	\$ 22.76	\$ 16.51	\$ 38.27	\$ 28.04
40-49	\$ 42.78	\$ 34.02	\$ 80.74	\$ 70.03
50-59	\$ 73.24	\$ 61.02	\$146.26	\$115.01
60-64	\$ 116.75	\$ 95.03	\$227.27	\$186.51

California Child Rider Monthly Rates		
	Critical Illness	Cancer Rider
\$2,500	\$ 2.87	\$ 0.74
\$5,000	\$ 3.56	\$ 1.43

**BELOW ARE THE MONTHLY RATES FOR EMPLOYEES IN ALL OTHER STATES EXCEPT FOR CALIFORNIA, MARYLAND AND FLORIDA**

<b>Employee - Based on \$10,000 Benefit Amount</b>				
<b>Age</b>	<b>Non-Tobacco</b>		<b>Tobacco</b>	
	<b>Critical Illness</b>	<b>Cancer Rider</b>	<b>Critical Illness</b>	<b>Cancer Rider</b>
16-29	\$ 3.87	\$ 1.74	\$ 5.08	\$ 3.04
30-39	\$ 5.95	\$ 2.82	\$ 9.07	\$ 5.12
40-49	\$ 9.98	\$ 6.11	\$ 17.56	\$ 13.31
50-59	\$ 16.04	\$ 11.23	\$ 30.65	\$ 22.02
60-64	\$ 24.75	\$ 17.90	\$ 45.86	\$ 36.23

<b>Employee - Based on \$20,000 Benefit Amount</b>				
<b>Age</b>	<b>Non-Tobacco</b>		<b>Tobacco</b>	
	<b>Critical Illness</b>	<b>Cancer Rider</b>	<b>Critical Illness</b>	<b>Cancer Rider</b>
16-29	\$ 5.95	\$ 3.43	\$ 8.37	\$ 6.03
30-39	\$ 10.15	\$ 5.64	\$ 16.35	\$ 10.23
40-49	\$ 18.17	\$ 12.22	\$ 33.38	\$ 26.61
50-59	\$ 30.34	\$ 22.41	\$ 59.55	\$ 44.03
60-64	\$ 47.76	\$ 35.84	\$ 89.97	\$ 72.41

<b>Employee - Based on \$30,000 Benefit Amount</b>				
<b>Age</b>	<b>Non-Tobacco</b>		<b>Tobacco</b>	
	<b>Critical Illness</b>	<b>Cancer Rider</b>	<b>Critical Illness</b>	<b>Cancer Rider</b>
16-29	\$ 8.07	\$ 5.12	\$ 11.67	\$ 9.02
30-39	\$ 14.35	\$ 8.41	\$ 23.67	\$ 15.30
40-49	\$ 26.36	\$ 18.33	\$ 49.15	\$ 39.91
50-59	\$ 44.64	\$ 33.63	\$ 88.45	\$ 66.00
60-64	\$ 70.77	\$ 53.74	\$134.04	\$ 108.64

<b>Employee - Based on \$40,000 Benefit Amount</b>				
<b>Age</b>	<b>Non-Tobacco</b>		<b>Tobacco</b>	
	<b>Critical Illness</b>	<b>Cancer Rider</b>	<b>Critical Illness</b>	<b>Cancer Rider</b>
16-29	\$ 10.15	\$ 6.81	\$ 14.96	\$ 12.01
30-39	\$ 18.56	\$ 11.23	\$ 30.95	\$ 20.41
40-49	\$ 34.55	\$ 24.40	\$ 64.97	\$ 53.22
50-59	\$ 58.94	\$ 44.81	\$ 117.36	\$ 88.01
60-64	\$ 93.74	\$ 71.63	\$ 178.15	\$144.82

<b>Employee - Based on \$50,000 Benefit Amount</b>				
<b>Age</b>	<b>Non-Tobacco</b>		<b>Tobacco</b>	
	<b>Critical Illness</b>	<b>Cancer Rider</b>	<b>Critical Illness</b>	<b>Cancer Rider</b>
16-29	\$ 12.27	\$ 8.54	\$ 18.25	\$ 15.04
30-39	\$ 22.76	\$ 14.00	\$ 38.27	\$ 25.53
40-49	\$ 42.78	\$ 30.51	\$ 80.74	\$ 66.52
50-59	\$ 73.24	\$ 56.03	\$146.26	\$ 110.03
60-64	\$ 116.75	\$ 89.53	\$222.27	\$ 181.01

<b>Child Rider Monthly Rates</b>		
	<b>Critical Illness</b>	<b>Cancer Rider</b>
\$2,500	\$ 2.87	\$ 0.74
\$5,000	\$ 3.56	\$ 1.43

## HOSPITAL INSURANCE

This policy helps you cope with the financial impacts of a hospitalization. You can receive benefits when you are admitted to the hospital for a covered accident, illness or childbirth. The money is paid directly to you – not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles. There is a pre-existing medical condition limitation on this plan.

### Guarantee Issue

All Employees have a one-time opportunity to enroll without providing health information. If you do not enroll during your eligibility enrollment period, you will have to wait for a future annual enrollment period to apply. At that time, you will need to answer health questions on an Evidence of Insurability form.

The following are included under Hospital insurance

- \$1,500 for each covered hospital admission – once per year
- \$200 for each day of your covered hospital stay, up to 15 days – once per year
- \$400 for each day you spend in intensive care, up to 15 days – once per year

Monthly Rates for Hospital Insurance				
Age	Employee	Employee and Spouse	Employee and Child	Employee, Spouse and Child
17 – 49	\$20.09	\$36.36	\$28.75	\$45.02
50 – 59	\$28.30	\$56.59	\$36.96	\$65.25
60 – 64	\$39.91	\$83.31	\$48.57	\$91.97
65+	\$56.91	\$118.15	\$65.57	\$126.81

## Employee Assistance Program - Wellspring

All Employees and their household members may access our Employee Assistance Program (EAP) through Wellspring Family Service. Please be assured that the services provided to you through our EAP are completely confidential. The names of individuals who seek services through the EAP will not be shared with Oak Harbor Freight Lines.

When you need help with work, home, personal or family issues, the EAP is here at no charge to you. The purpose of an EAP is to talk with the individual to define their problem, suggest short-term problem-solving steps and refer to other community resources if necessary. You and your family members are provided with 3 in-person visits...per person...per year and per situation, with a counselor at no cost to you. The EAP can assist you with the following types of issues:

- Aging/Caregiving Issues & Referral
- Depression
- Parenting Support
- Marital and Family Conflicts
- Job Stress
- Anxiety
- Alcohol and Drug Abuse
- Grief and Loss

Wellspring Family Services is available 24 hours a day at:

[www.wellspringeap.org](http://www.wellspringeap.org) and 800-553-7798

Username: Oak Harbor Freight Lines

## 401(k) Plan – Paradigm

Save for retirement through the Oak Harbor Freight Lines 401(k) Plan. Employees, age 21 or older are eligible to participate in the Company 401(k) plan. Employees can choose the Traditional (Pre-Tax) or the Roth (Post Tax) deduction. All deduction amounts must be in whole number percentages.

The maximum contribution for 2020 is \$19,500.

Participants that are 50 years of age or older by the end of the calendar year may defer an additional \$6,500 as a catch-up contribution. These dollar limits may be changed periodically by IRS.

### Matching Contributions

The employer match on the 401(k) contribution varies by your contribution, but has a max of 5%.

For example:

- If you contribute 4% of your wages, you will be matched 2%, providing a 6% contribution to your 401(k) account.
- If you contribute 10% of your wages, you will be matched 5%, providing a 15% contribution to your 401(k) account.

### Vesting

You are always 100% vested in contributions you make to the plan. All company matching contributions will adhere to the following vesting schedule based on Years of Service:

Less than 2 years	0%
2 – 3 years	20%
3 – 4 years	40%
4 – 5 years	60%
5 – 6 years	80%
6 or more years	100%

For example, if you left the company after two years, you would receive the full value of your Employee contributions, plus 20% of the value of your company matching account.

For questions or assistance with your 401(k) account, please contact Cammie Hembree or Jaime Dellachiarra at 800-527-4560. For investment advice, please contact Travis Rus at 425-451-9502.

Online access to your account can be found at <https://myaccount.ascensus.com/rplink>

## Contact Information

Carrier	Plan	Website	Phone Number
Regence Group Administrators (RGA) <i>Group # 020189</i>	Medical, Dental and Vision	<a href="http://www.accessrga.com">www.accessrga.com</a>	866-738-3924
Envision Rx	Prescription Drug	<a href="http://www.envisionrx.com">www.envisionrx.com</a>	800-361-4542
HSA Bank	Health Savings Account for the High Deductible Health Plan	<a href="http://www.hsabank.com">www.hsabank.com</a>	800-357-6246
Navia Benefit Solutions #OHF	Flexible Spending Accounts	<a href="http://www.naviabenefits.com">www.naviabenefits.com</a>	800-669-3539
UNUM <i>Life #617170 STD #617856 Vol Life #617857</i>	Company Paid Life & Supplemental Life/AD&D and Short Term Disability	<a href="http://www.unum.com">www.unum.com</a>	800-421-0344
Unum	Supplemental Voluntary Accident, Critical Illness and Hospital	<a href="http://www.unum.com">www.unum.com</a>	800-635-5597
Wellspring Family Services	Employee Assistance Program	<a href="http://www.wellspringeap.org">www.wellspringeap.org</a> Username: oak harbor freight lines	800-553-7798
Paradigm	401(k)	<a href="http://www.ascensus.com">www.ascensus.com</a>	800-527-4560

You can also contact your Human Resources Department by emailing [benefits@oakh.com](mailto:benefits@oakh.com) or calling 253-288-8300 and asking for a benefits representative.

## Benefit Resource Center

The Benefit Resource Center is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 6:00 AM to 6:00 PM (Pacific Time). If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Phone: (866) 4ourBRC (468-7272); Fax: (877) 678-5840

Email: [brcwest@usi.com](mailto:brcwest@usi.com)

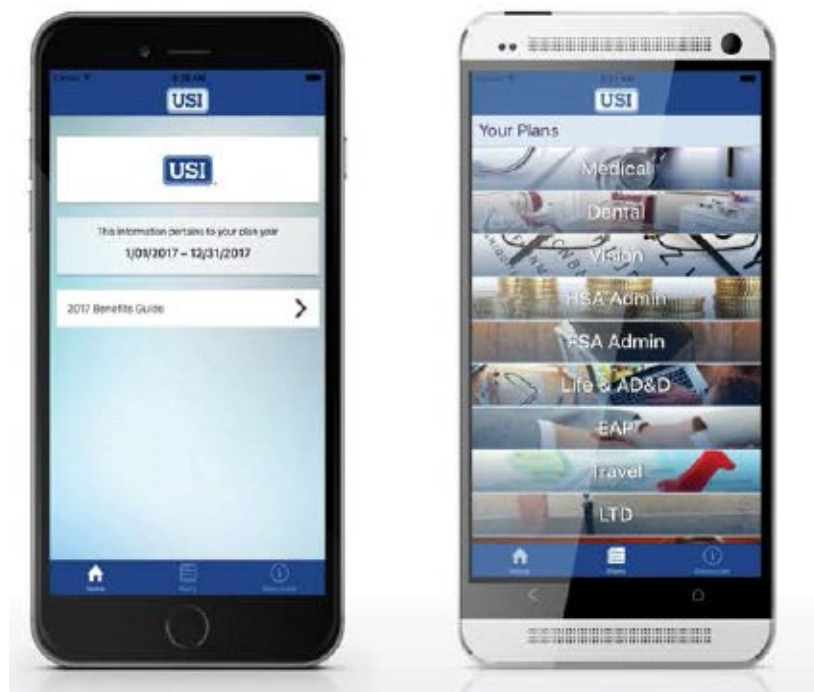


## Mobile Benefits App

Access your benefit plan policy details and contact information on the go! Search for 'usieb' and download our free mobile app from the Apple Store or Google Play Store. Access your benefit details by first scrolling through the info pages and then entering the following code as prompted: **714801**.

Use the app to help you:

- ✓ Stay Organized – Access all your plan information and cards in one place
- ✓ Stay Up To Date – Receive the most updated plan information automatically
- ✓ Get In Touch – Conveniently access carrier information



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