



Melton
Truck Lines, Inc.

Employee Benefit Guide **2018**

Along life's path, your benefits are with you every step of the way.

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Summary of Health Information

As a Melton Truck Lines employee, the benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Melton offers a health care plan to you and your dependents. A summary of this information will be provided to you and is available at: www.meltontruck.com/benefits.

IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage. Please see page 44 for more details.

This guide highlights the main features of the benefit plans for Melton Truck Lines. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. Melton Truck Lines reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time.

Important Contacts

CONTACT	ADMINISTRATOR	PHONE/WEB
Nurse Navigator	GPA HealthWatch	800-843-6705, option 1 nursenavigator@gpatpa.com
On-Site Clinic	CareATC	800-993-8244 www.careatc.com
Medical Plan	GPA - HealthSmart (Indiana & Dallas/Fort Worth, Texas)	800-687-0500 www.healthsmart.com
	GPA - PHCS/MultiPlan (All Other Locations)	877-312-7427 www.multiplan.com
Facility Claim Assistance	ELAP Services	800-977-7381 balancebills@elapservices.com www.elapservices.com
Diagnostic Imaging Program	One Call Care Management	888-458-8746 www.onecallcm.com
Prescription Drug Plan	CVS/Caremark	800-334-8134 rxhelp@rxbenefits.com www.caremark.com
Dental Plan	Cigna	800-244-6224 www.Cigna.com (before you enroll) www.myCigna.com (after you enroll)
Vision Program	Melton Truck Lines	918-270-9455
Vision Savings Pass Discount Program	VSP	800-877-7195 www.vsp.com
Travel Assistance Services	FrontierMEDEX	800-537-2029 www.frontiermedex.com
Life Insurance	Liberty Mutual	888-787-2129 www.mylibertyconnection.com
Short-Term Disability Long-Term Disability	Liberty Mutual	800-713-7384 www.mylibertyconnection.com
Flexible Spending Accounts (FSA) – including Benny Prepaid Benefits Card	ResourceOne	877-233-0970 918-699-6590 (fax) https://roatpa.lh1ondemand.com
Employee Assistance Program (EAP)	LifeWorks	888-267-8126 888-732-9020 Spanish www.lifeworks.com User ID: melton / Password: melton
401(k) Retirement Plan	NestEgg U	866-412-9026 support@nesteggu.com
COBRA	ResourceOne	800-485-0191
Melton Truck Lines Benefits Team	Melton Truck Lines	918-270-9473

Benefits Overview

Our Benefits Program Has You Covered

Below is an overview of our benefits program, which gives you the coverage you need for all that life brings your way. Melton Truck Lines' plans allow you to choose the plans that work best for your own needs — and your pocketbook. The key to getting the most from our benefits program is to take an active role in understanding and using the plans so that you are getting the best value for the money you spend.

BENEFITS PROVIDED AT NO COST TO YOU	BENEFITS YOU & MELTON PAY FOR
Basic Life and AD&D Insurance <ul style="list-style-type: none"> • \$20,000 (Plus double indemnity provision) • \$1,000 spouse and dependent child coverage (up to age 26) – not automatic issue. Coverage must be elected 	Medical, Dental and Prescription Drugs <ul style="list-style-type: none"> • Preferred Provider Organization (PPO) • Dental Plan
Vision Reimbursement and Vision Savings Pass Programs	Optional Life/AD&D Insurance
Employee Assistance Program	Short-Term & Long-Term Disability
Nurse Navigator	Flexible Spending Accounts
Travel Assistance Services	401(k) Retirement Plan

Who Is Eligible

Health & Welfare Benefits – You are eligible to enroll in Melton Truck Lines' Medical or Dental benefit plans and Flexible Spending Accounts if you are a regular employee scheduled to work at least 30 hours per week. You are also eligible for Life, AD&D, Short-Term Disability, and Long-Term Disability if you are a regular employee scheduled to work at least 40 hours per week.

401(k) Retirement Plan – You are eligible to enroll in Melton Truck Lines' 401(k) retirement plan upon completing 60 days of service. Once eligible, you may enter the Plan on the first day of the following month.

Dependent Eligibility

You may also cover your eligible dependents, including:

- Your legal spouse.
 - » Health Care Availability Surcharge (Spouse). If your spouse has access to other employer-sponsored medical coverage, but elects to be covered under Melton's plan, a \$50 per month surcharge will be applied.
- Your eligible children up to age 26.
 - » "Children" are defined as your natural children, stepchildren, legally-adopted children and children for whom you are the court-appointed legal guardian.
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested.

Copies of appropriate documentation (birth certificate, marriage certificate, etc.) will be required to confirm dependent eligibility.

If your child becomes ineligible for coverage (i.e., turning age 26 under the medical plan), you must notify the Benefits Team at 918-270-9473

When Coverage Begins

Initial Enrollment

To enroll in your benefits, you must elect coverage in UltiPro and provide all information needed to determine eligibility. If you do not want to be covered, you must decline coverage in UltiPro. When you enroll on time, coverage begins the first of the month following 60 days of employment. If you do not enroll within 31 days of becoming eligible, you will automatically be enrolled in company sponsored benefits, such as basic Life and Accidental Death & Dismemberment insurance and the Employee Assistance Program (EAP), but you will have to wait until the next annual Open Enrollment in order to make any benefit changes, unless you have a Qualifying Life Event.

Annual Enrollment

When you enroll during annual Open Enrollment each October or November, coverage takes effect on January 1 of the following year.

Making Changes to Coverage

Once you make your benefit elections, your choices remain in effect until the next annual Open Enrollment unless you have a Qualifying Life Event. If you have a Qualifying Life Event, you can make certain changes during the Plan Year. However, you must make your enrollment change and provide supporting documentation (birth certificate, marriage license, court documents, etc.) within 31 days of the event by contacting a member of the Benefits Team. If you do not contact the Benefits Team within 31 days, you will have to wait until the next Open Enrollment to make new elections.

Qualifying Life Events include, but are not limited to:

- Change in number of eligible dependents due to birth, adoption, placement for adoption or death
- Gain or loss of dependent status (i.e., your child reaches the age limit for eligibility)

- Change in legal marital status, including marriage, divorce, or death of a spouse
- Change in residence or workplace that results in an employee no longer being eligible for health coverage in his or her old service area
- Change in employment status, such as starting or ending employment, for you, your spouse or your children
- End of the maximum period for COBRA coverage

For a more complete list of Qualifying Life Events, refer to the Summary Plan Description.

Special Enrollment Rules

If you choose not to enroll yourself or your dependents (including your spouse) because you have other coverage, you may be able to enroll yourself and your dependents at a later date if:

- You or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage
- You or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.

You must enroll within 60 days of the Qualifying Life Events shown in the "Special Enrollment Rules" above.

If your dependent also had other health coverage and lost that coverage in the above situations, he or she may be added to your coverage. In addition to the changes described above, you may enroll yourself and your spouse (with or without the new dependent) in a Melton Truck Lines health plan as long as you request enrollment within 31 days of the qualifying event. You must be enrolled to cover your dependents. If you have a special enrollment event and want to enroll for health coverage, call the Benefits Team at 918-270-9473.

Convenient Care

CareATC Health Clinics

Melton Truck Lines pays for 100% of the medical services you and your covered family members receive at any CareATC Clinic. While Melton Truck Lines' on-site clinic is your preferred clinic, other options are available to you and your covered family members should the need arise. Services on-site are available to employees and their dependents and includes the following services:

SERVICES	
Acute Care	Treatment of common illnesses and minor injuries (flu, sinus infections, sprains etc.)
Chronic Disease Evaluation, Monitoring and Care Management	Hypertension, diabetes, asthma, etc.
Minor Procedures and Wound Care	Including simple biopsies and skin tag/mole removal
Preventive Care and Comprehensive Physical Exams	Age appropriate physicals, routine gynecological exams, prostate exams, kids sports/camp physicals, etc.
Diagnostic Testing and Screenings	Including on-site lab work and EKGs
Electronic Medical Records	With referral management ability and e-prescribing to your pharmacy of choice
Personal Health Assessment	Required for Melton iCare premium reduction
On-Site Medication Distribution	

Three easy ways to schedule an appointment:

Log in at patients.careatc.com or call **800-993-8244** or download the **CareATC App!**

If you are covered by the Melton medical plan, you may also obtain convenient care from CareATC locations across the U.S. There are twenty-four locations to serve you.

CAREATC ON-SITE CLINIC ADDRESS

Melton Truck Lines
808 N. 161st E. Ave
Tulsa, OK 74116
Phone: 800-993-8244

CAREATC SHARED SITE CLINIC ADDRESSES

15th Street 1826 E. 15th Street Tulsa, OK 74104	71st Street 7153 S. Yale Tulsa, OK 74145	Aspen 1749 N. Aspen Ave, Suite 1757 Broken Arrow, OK 74012	Bixby 12800 S. Memorial, Suite B Bixby, OK 74088
Muskogee 516 N. Main Muskogee, OK 74401	Owasso 8751 N. 117th East Ave Owasso, OK 74055	Avondale 10320 W. McDowell Rd. SMI 342 Avondale, AZ 85323	Chandler 2175 N. Alma School Rd. Bldg C, Ste 109 Chandler, AZ 85224
Phoenix 3201 W. Peoria Ave, Ste. D707 Phoenix, AZ 85029	Scottsdale 7350 N. Dobson Rd, Suite 100 Scottsdale, AZ 85256	Palm Harbor 34650 US Highway 19 North Palm Harbor, FL 34684	Marietta 2130 NW Parkway Marietta, GA 30067
Duluth 2250 Satellite Blvd Duluth, GA 30097	Ellenwood 2720 E Clayton Dr. Ellenwood, GA 30294	Des Moines 3839 Merle Hay Rd, #120 Des Moines, IA 50310	Wichita 7348 W. 21st St. North Wichita, KS 67205
St. Louis 12633 Olive Blvd. St. Louis, MO 63141	Kansas City 2360 Armour Road Kansas City, MO 64116	St. Peters 4601 Executive Center Pkwy, Ste 400 St. Peters, MO 63376	Omaha 2805 S. 88th St, Suite 100 Omaha, NE 68124
Charlotte 3615 Whitehall Park Dr, Ste G Charlotte, NC 28273	Arlington 3610 S. Cooper St, Ste 110 Arlington, TX 76015	Fort Worth 6617 Fossil Bluff Dr, Ste 132 Fort Worth, TX 76137	Richardson 1060 West Campbell Road Richardson, TX 75080

VIP Dental Services

You and your family have access to VIP dental services with Dr. Michaelsen at Dental Arts of Catoosa. The cost of services is your financial responsibility, however, Dr. Michaelsen accepts Cigna Dental PPO, and other dental insurance. For more information, call 918-937-2787.

Nurse Navigator

Locate Provider Options

The Nurse Navigator will assist you in locating diagnostic and lab testing and appropriate provider services based on your needs. This includes physician services, inpatient/outpatient facilities, durable medical equipment, home health care, therapy, and other needs as indicated.

Research Physician Quality and Credentials

The Nurse Navigator will search public databases for qualified physicians based on location, specialist, network status, availability, as well as, patient reviews, board certification, and sanction/ malpractice information.

Schedule Appointments

The Nurse Navigator will coordinate with you to determine appointment preferences and schedule those appointments for you based upon your preferences. The Nurse Navigator will obtain any indicated paperwork or forms for you to complete prior to your appointment, and provide maps/ directions as needed.

Obtain Your Medical Records for Appointments

The Nurse Navigator will obtain signed medical release forms from you to request your medical records to prevent duplication of services and encourage coordination of care between providers.

Assist with Health Plan Benefits and Bill Review

The Benefit Advocate Specialist will work with the Nurse Navigator to assist you in understanding your benefit and deductible information and assist you with the understanding of your bills/claims and/or correcting errors in bills/claims processing.

Coordinate Required Provider Negotiations

The Nurse Navigator will provide you assistance in obtaining single-case agreements (as indicated), coordination of scheduling at a different facility (if necessary to prevent any delay in services), and facilitate coordination of care based upon individual needs.

Provide Guidance + Education by a Nurse

The Nurse Navigator will provide education regarding your treatment plan, diagnosis care options, medications, and any other questions pertaining to your specific needs. The Nurse Navigator and you together will decide upon the appropriate level of care based upon your needs, whether it's a Primary Care Physician or a Specialist.

Medication Coordination

The Nurse Navigator will coordinate with your PBM (Pharmacy Benefit Manager) to assist in arrangements with your separate pharmacy benefit vendor. In addition, we will provide education regarding brand medications vs. comparable generic alternatives as well as any other medication education needs that you may have.

Provide Continuous Patient Support

The Nurse Navigator will be available to you until you have received assistance with each step of the process and you no longer have any remaining needs.

Contact your nurse navigator today!

Monday – Thursday, 7:00am – 9:00pm, CST

Friday 7:00am – 7:00pm, CST

TOLL FREE PHONE: 800-843-6705 option 1

EMAIL: nursenavigator@gpatpa.com

Medical Plan

Melton Truck Lines' medical plan provides coverage for expenses, such as doctor's office visits, preventive care, prescription drugs and hospitalization. There are a variety of tools and resources available to help you make responsible choices for your health care. Read about Nurse Navigator on page 8 of this booklet.

How you live your life every day affects your health and your out of pocket health care expenses. There's no more important time to be mindful of your health care investment.

Why Do iCare?

At Melton Truck Lines, we want to help you do all the things you want to do — now and for years to come. That's why we reward healthy actions with iCare. Investing in your health is also the best way to keep health care costs down, which is why iCare rewards our employees who do just that.

- **Premium Savings!** Employees and covered spouses who complete a biometric screening by August 31, 2017 will pay significantly less for medical coverage in 2018 — \$70 per month for employees and \$150 per month if both you and your spouse are covered.
- **Tobacco Surcharge.** Additionally, employees and covered spouses who are tobacco /nicotine free will avoid a \$75 per month surcharge. If both you and your spouse are covered, both must be tobacco free to avoid the \$75 monthly surcharge. The rate increased from \$50 to \$75 for the 2018 Plan Year.
- **Health Care Availability Surcharge (Spouse).** If your spouse has access to other employer-sponsored medical coverage, but elects to be covered under Melton's plan, a \$50 per month surcharge will be applied.
- **Up to \$500 iCare Plus Health Bonus!** You can earn a \$250 iCare Plus Health Bonus if your HDL is greater than or equal to 40, A1C is less than 5.7, Triglycerides is less than 150 AND you are tobacco free. If both you and your spouse are covered, you can earn an additional \$250 if your spouse meets the same criteria as you AND is tobacco free.

You are eligible for the 2018 health bonus if your benefits effective date is on or before September 1, 2017. The health

bonus will be paid one time, in the month of January 2018, based on the iCare screening completed by August 31, 2017.

What if I Don't Care?

You'll pay up to \$3,300 more in medical premiums during 2018, and miss out on the iCare Plus Health Bonus. By not completing the iCare Screening, you may also be at an increased risk for diabetes, cancer, heart disease, or other factors affecting your health and well-being.

Preferred Provider Organization (PPO)

The PPO plan offers in-network and out-of-network benefits. When you need care, you decide whether to go to an in-network provider, or to an out-of-network provider.

If you receive care from an in-network doctor, your out-of-pocket costs will be lower than if you use out-of-network providers because in-network providers discount their fees. And, with in-network providers, you generally do not have to file claims.

If you choose to receive care from an out-of-network provider, the medical plan pays a lower benefit and you must file a claim to receive reimbursement for covered expenses.

Two Physician PPO Networks

Depending on where you live, you will either have access to the PHCS/Multiplan network or the HealthSmart network. Your ID card will indicate the appropriate network for you.

- HealthSmart is available to members who live in the Dallas/Fort Worth area or Indiana.
- PHCS/Multiplan network is available to all other members

How to Find a PHCS/Multiplan Network Physician

You may search online for a physician provider at www.multipan.com or call 877-312-7427.

How to Find a HealthSmart Network Physician

You may search online for a physician provider at www.healthsmart.com or call 800-687-0500.

One Call Care Diagnostic Imaging Program

Radiology costs are increasing at twice the rate of prescription drug costs. More than \$100 billion a year is spent on radiology in the U.S. Now you can ensure you're receiving high quality tests at affordable rates.

Gain Access to the Highest Quality Imaging Services at Reduced Out-of-Pocket Costs

One Call Care was the first company in the nation to develop a business devoted exclusively to managing advanced radiology costs and providing substantial savings to members. The Diagnostic Imaging Program broadens your health care choices and saves you money — by providing substantial discounts on MRI, CT and PET procedures whenever you use One Call Care participating providers.

Benefits of Using the One Call Care Management Network

- Access to more than 2,900 radiology centers nationally located
- Find a provider by calling 888-458-8746 or online at <http://providerlookup.onecallmedical.com>
- No paperwork or claims submission forms
- Rigorous provider credentialing and peer review process for imaging quality
- National concierge service with multilingual staff to help you with provider selection and appointment scheduling
- Up to 50% savings on advanced radiology procedures like MRI, CT and PET Scans
- **Additional savings to you — when you use One Call providers, your copay and deductible are waived. You will be responsible for your coinsurance portion.**

Prescription Drug Coverage

If you enroll in the Melton Truck Lines medical plan, you will automatically receive prescription drug coverage. The prescription drug benefit is provided by CVS/Caremark, administered by RxBenefits, Inc. When you need prescriptions, you can purchase them through a local retail pharmacy or, for medications you take on an ongoing basis, through the mail order program.

Retail Prescription Program

The retail prescription program uses a network of participating pharmacies. To receive the highest level of benefits, you must use a participating pharmacy. You may contact Rx Benefits at 800-334-8134 to locate a participating pharmacy near you. You may also register online at www.caremark.com. The website is designed to help you explore ways to save money, check drug costs, track your prescription benefits and manage your own alerts. You will be able to access your information and also your dependents under age 18.

Mail Order Prescription Program

The mail order program offers a convenient and cost-effective way to fill prescriptions for medications that you take on a regular basis (maintenance medications). When you use the mail order program, you receive a 3-month supply of medication for the cost of a 2-month supply. Your medications are mailed directly to your home. To order prescriptions through the mail order program, you must fill out and return a mail order form and return it with a 90-day prescription from your doctor and your payment. Mail order forms are available from your Benefits Team or on the CVS/Caremark Web site at www.caremark.com.

Specialty Prescription Program

If you have a chronic condition and take specialty medications, you must purchase these through a designated specialty pharmacy that provides the best available pricing and additional support. Contact the Caremark Specialty Pharmacy at 800-238-7828 for assistance with any Specialty Prescriptions.

MEDICAL PLAN PROVISIONS		
	In-Network	Out-of-Network
Annual Deductible		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
Annual Out-of-Pocket Maximum (Deductible, Copays and Coinsurance Included)		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
Preventive Care		
Adult Annual Preventive Physical Exam including immunizations	100%	Deductible then 60% coinsurance
Well-Woman Exams by PCP or OB/GYN including mammogram and Pap test	100%	
Routine Pediatric Care including immunizations	100%	
Outpatient Care		
PCP Office Visit	\$30 copay	Deductible then 60% coinsurance
Specialist Office Visit	\$60 copay	Deductible then 60% coinsurance
Urgent Care Visit	\$60 copay	Deductible then 60% coinsurance
Emergency Room	\$250 copay, then 80% coinsurance	
Outpatient Surgery	Deductible then 80% coinsurance	Deductible then 60% coinsurance
X-ray and Lab Tests (non-routine)	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Advanced Radiology Services* (CT scan, Pet Scan, MRI and MRA)	\$200 copay per occurrence then subject to deductible then 80% coinsurance	\$200 copay per occurrence then subject to deductible then 60% coinsurance
Outpatient therapy	Deductible then 80% coinsurance	Deductible then 60% coinsurance
Inpatient Hospital Care		
All Hospital/Facility Charges***	Deductible then 80% coinsurance \$500 penalty for failure to authorize prior to admission	
PRESCRIPTION DRUG COVERAGE		
	Retail (up to 90-day supply)**	Mail Order (up to 90-day supply)
Generic	\$15 copay	\$25 copay
Preferred Brand	Greater of \$50 copay or 30%	Greater of \$100 copay or 30%
Non-Preferred Brand	Greater of \$100 copay or 30%	Greater of \$200 copay or 30%
Preferred Specialty (30-day limit)	30% up to \$100 maximum at Caremark Specialty Pharmacy	
Non-Preferred Specialty (30-day limit)	\$200 copay at Caremark Specialty Pharmacy	

* Copay and deductible waived for One Call radiology providers.

** One copay applies for each 30-day supply received at Retail (i.e. \$45 total copay for Generic 90-day supply)

*** Hospitals (Excluded). Charges incurred in the following Hospitals are not covered by this Plan:

1. Cancer Centers of America (all locations);
2. North Cypress Medical Center, Houston, Texas;
3. Texas General Hospital, Grand Prairie, Texas; and
4. Texas Victory Medical Center, San Antonio, Texas.

Online & Mobile Access

Maximize your Health Plan with the GPA Member Portal

The GPA Member Portal provides a streamlined, easy-to-navigate platform to access all of your health care information, including your:

- Coverage and plan benefits
- Claims status and account balances

Signing up Takes Less Than 10 Minutes:

1. Begin by visiting www.gpatpa.com and selecting the “Members” button on the top right corner of the homepage
2. Next, click the “Proceed to our sign up process” link located on the bottom left of your screen
3. After agreeing to the license agreement, you will be able to fill in your member information using your benefits card
4. Now, you will create your GPA account profile using any email address and password you’d like
5. The last step will be ensuring your member profile and information are correct and choosing your EOB delivery method

Have any Questions?

Be sure to contact the GPA Customer Service Department to learn more about the GPA Member Portal and how it can make managing your health care easier than ever.

The new GPA Mobile App, offered through your health plan, puts our most popular online features at your fingertips.

The GPA Mobile App Allows You To:

- Check claim status
- Access your eligibility information
- View and email your ID card
- Review your account summary and benefits
- Send an email message or attachments to GPA customer service.

Have a question regarding your health plan? You can send a secure message to our Customer Service Department through the new “Message Center” or for more general inquiries, visit our Frequently Asked Questions page.

Download the GPA Mobile App today through the google play store or the apple app store!

Available on Android and Apple devices, search for “Group Pension Mobile”, download the app for free, register and set up a user ID and password. It’s that simple! www.gpatpa.com.

Claim Assistance Services

The ELAP Process

If you receive a facility balance bill, send it to ELAP immediately at balancebills@elapservices.com. If you have a question as to the status of your claim, you may contact the Balance Bill Response Team any time at 800-977-7381. Remember, it is important to send every bill you receive to ELAP!

Claims and GPA

Your Hospital Bill is Audited by ELAP and Paid by GPA

Your provider claim is sent to GPA for processing and payment. Eligible claims are forwarded by GPA on to ELAP Services, who audits the claim according to the limits defined by your health benefits plan. The audited claim is then returned to GPA who pays the provider for billed services.

ELAP Assists with Claim Disputes

ELAP will defend all balance bills resulting from audited claims, at no cost to you, until full resolution. You will be assigned a Claims Examiner who will send you an Attorney Client Representation Agreement (ACRA) with a HIPAA Authorization form. These documents allow ELAP's attorneys to provide legal services on your behalf and authorize them to access your claims information. Sign and return the ACRA and HIPAA forms to your Claims Examiner via email, fax, or mail. If you receive additional balance bills, phone calls, or other notices, alert ELAP immediately so the attorneys can respond on your behalf. You will be copied on all correspondence sent on your behalf by your attorney. The length of time it takes to reach resolution will be dependent on the specifics of your claim.

Member

Member Receives Care at the Hospital

You go to a hospital, ambulatory surgery center, skilled nursing home, etc., to receive care.

If Member Receives Balance Bill – Send Directly to ELAP

If you receive a Balance Bill, send it to ELAP via email, fax, or mail as soon as possible. Confirm you paid all out-of-pocket expenses including copays, deductibles, or coinsurance amounts due to the provider, as explained in the Explanation of Benefits you received from GPA when the claim was initially paid. **Contact GPA at the number(s) on your ID card with any questions regarding out-of-pocket expenses.**

Facility

Facility receives payment. In most cases, the provider accepts the payment, however providers may appeal directly to ELAP Services for more payment. ELAP handles all appeals on behalf of the plan. Alternatively, the provider may Balance Bill the member for the denied charges. Contact GPA/Nurse Navigator at the number(s) on your ID card with any questions regarding your benefits.

Frequently Asked Questions:

Could the Provider Ask Me to Pay for My Procedure Upfront?

The hospital performing your medical procedure may request money from you upfront however you as the patient are only responsible for your copay, coinsurance, and deductible. To confirm this dollar amount, contact GPA/Nurse Navigator. The only out-of-pocket you should pay upfront is your copay. Your deductible and coinsurance is determined once the hospital has sent their bill to GPA. This amount will be listed on your Explanation of Benefits.

What if the Provider Asks Me to Pay More Than My Out-of-Pocket?

Your benefits plan does not require you to pay anything upfront outside of your copay, coinsurance, or deductible. If the provider will not perform your treatment without money being paid upfront outside of your personal responsibility, contact GPA/Nurse Navigator immediately and have a GPA representative speak to the provider.

I've been Balance Billed; Will my Account be Put into Collections?

Each provider treats its billing practices differently. When a provider sends a bill to a collection agency, it does not necessarily mean that it was reported to any credit reporting agency impacting your credit score. This means that the provider has ceased their collection efforts within the hospital billing department and sent your bill to an outside vendor to attempt to collect the alleged balance due. If you receive a collection notice, please send it to ELAP right away. The collection notice will clearly state that you have 30 days to respond and dispute the debt, and it must be sent to an attorney in a timely manner so that they have enough time to respond on your behalf. It is very important to remember that if your bill is sent to collections, once the collection agency is made aware that you are represented by an attorney they are no longer, by law, permitted to communicate with you in any way other than continued mail notices. Please contact ELAP immediately if you continue to be contacted by the collection agency.

Why is the Provider Center Still Calling Me?

The provider is within their legal rights to attempt to contact you by telephone, but there is no reason for you to speak to them. If you do speak to a representative, take their name and their phone number and relay that information to your assigned ELAP Claims Examiner.

How Long Will the Provider Continue to Bill Me?

Different providers have different collection practices. Please be assured that ELAP will continue to support you throughout this process. It is important that you send ELAP all correspondence that you receive in a timely manner.

What if I Need Additional Treatment at This Hospital/ Surgery Center? Will They Turn Me Away?

It has not been ELAP's experience to have a provider turn away a member due to Balance Billing. If you encounter any admissions issues, please call GPA/Nurse Navigator right away so that ELAP and GPA can work together to resolve the issue.

Dental Plan

Melton Truck Lines' Dental Plan is administered through Cigna and provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings and orthodontia for children.

The Dental PPO allows you the freedom to visit any dentist, without referrals, for all of your dental care. If you receive care from one of Cigna's in-network dentists, you'll pay less for your care. If you choose an out-of-network dentist, your share of costs will generally be higher and you may need to file your own claims.

For a list of Cigna in-network dentists, go to www.Cigna.com before you enroll or www.myCigna.com after you enroll.

PLAN FEATURE	
Maximum	
Basic and Major Services	\$2,000 per benefit period per covered person
Orthodontia Services	\$1,500 per lifetime per covered person
Calendar Year Deductible	\$50 per benefit period per covered person for Basic and Major Services combined
Orthodontia Deductible*	\$50 per benefit period per covered person
Services	
Preventive Care Routine Exams, Cleanings – includes Scaling/Deep Cleaning	100% of the Allowable Charge for covered services (Does not count toward calendar year benefit maximum)
Basic Services Fillings, Oral Surgery, Periodontics, Endodontics	80% of the Allowable Charge for covered services (Sealants not subject to deductible)
Major Services Major Services (Implants and Inlays) are available only to Covered Persons after the Subscriber has completed at least 12 months employment	50% of the Allowable Charge for covered services
Orthodontia Services*	50% of the Allowable Charge for covered services
Limitations on Frequency	<ul style="list-style-type: none"> • Benefits for exams, cleanings and fluoride treatments are limited to two per calendar year. • Benefits for full-mouth and bite-wing x-rays are limited to once per Calendar Year. • Benefits for panoramic X-rays are limited to once per 36 months. • Bridges and dentures shall be replaced only when functionally necessary and at intervals of at least five years, unless damages beyond repair because of injury to the mouth.

*Orthodontia Services are available only to Covered Persons under the age of 19 who are covered under this Plan after the Subscriber has completed at least 12 months employment.

Vision Program

Melton Truck Lines' Vision Reimbursement Program promotes preventive care through regular eye exams and reimburses for corrective materials, such as glasses and contact lenses.

You can go to any eye care provider you choose for care. Employees are reimbursed up to \$200 per calendar year and each covered dependent will be reimbursed up to \$100 per calendar year. After you pay for any vision services (exams, glasses, contacts, etc.), send your receipts and a claim form to the Benefits Team. Within two weeks, Melton Truck Lines will mail you a reimbursement check. Direct deposit is available upon request. All receipts for the prior year must be turned in by March 31 to be reimbursed.

PLAN FEATURE	
Per Employee	100% up to \$200 per Calendar Year
Per Dependent	100% up to \$100 per Calendar Year
Submission of Claims All claims for vision Benefits should be submitted to:	Melton Truck Lines Attn: Benefits Team 808 North 161st East Avenue Tulsa, OK 74116 Fax 918-270-9455

If you are covered under the medical plan, the VSP® Vision Savings Pass™ may help stretch your reimbursement dollars farther. Please read on for more information.

VSP® Vision Savings Pass™

VSP Vision Savings Pass is a discount vision program that offers immediate savings on eye care and eyewear. This is not an insurance plan.

See the Savings

- Access to discounts through a trusted, private-practice VSP doctor
- One rate of \$50 for an eye exam¹
- Special pricing on complete pairs of glasses and sunglasses
- 15% savings on a contact lens exam²
- Unlimited use on materials throughout the year
- Exclusive member extras, like special offers

Unlimited Annual Material Use³

Your VSP Vision Savings Pass can be used as often as you like throughout the year. With the best choices in eyewear, we make it easy to find the perfect frame that's right for you, your family, and your budget. Choose from great brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more.⁴

SERVICE	REDUCED PRICES AND SAVINGS
WellVision Exam®	<ul style="list-style-type: none"> • \$50 with purchase of a complete pair of prescription glasses. • 20% off without purchase. • Once every calendar year.
Retinal Screening	<ul style="list-style-type: none"> • Guaranteed pricing with WellVision Exam, not to exceed \$39.
Lenses	With purchase of a complete pair of prescription glasses: <ul style="list-style-type: none"> • Single vision \$40 • Lined trifocals \$75 • Lined bifocals \$60 • Polycarbonate for children \$0
Lens Enhancements	<ul style="list-style-type: none"> • Average savings of 20-25% on lens enhancements such as progressive, scratch-resistant, and anti-reflective coatings.
Frames	<ul style="list-style-type: none"> • 25% savings when a complete pair of prescription glasses is purchased.
Sunglasses	<ul style="list-style-type: none"> • 20% savings on unlimited non-prescription sunglasses from any VSP doctor within 12 months of your last WellVision Exam.
Contact Lenses	<ul style="list-style-type: none"> • 15% savings on contact lens exam (fitting and evaluation).
Laser Vision Correction	<ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

How to Use Your VSP Vision Savings Pass

1. Find a VSP doctor at vsp.com or call 800-877-7195.
2. At your appointment, tell your VSP doctor that you're a VSP member to save immediately on an eye exam¹ and eyewear.
3. Take advantage of your VSP Vision Savings Pass over and over — use is unlimited on materials.³

¹ This cost is only available with the purchase of a complete pair of prescription glasses; otherwise, you'll receive 20% off an eye exam only.

² Applies only to contact lens exam, not materials. You are responsible for 100% of the contact lens material cost.

³ Unlimited use is for materials only. An eye exam is limited to once a year per member.

⁴ Brands subject to change.

Paying For Your Benefits

Melton Truck Lines pays a portion of the overall cost for your benefits. The amount you pay will depend on the choices you make. Below are the monthly Medical and Dental rates effective January 1, 2018:

YOUR COST MONTHLY	MEDICAL* ICARE	MEDICAL* I DON'T CARE
Employee Only	\$73.50	\$143.50
Employee & Spouse**	\$341.25	\$491.25
Employee & Children	\$225.75	\$295.75
Employee & Family**	\$367.50	\$517.50

* In addition, a \$50 per month tobacco surcharge may apply. Both you and your covered spouse must be tobacco/nicotine free (regardless of type or frequency, including e-cigarettes) to avoid the surcharge.

** In addition, a \$50 per month Health Care Availability Surcharge (spouse) may apply if your covered spouse is eligible for other employer-sponsored health coverage.

YOUR COST MONTHLY	DENTAL
Employee Only	\$5.62
Employee & Spouse	\$12.36
Employee & Children	\$11.24
Employee & Family	\$17.98

NOTE: New hires with a benefits effective date after October 1, 2017 will pay the iCare Medical rate in 2018.

Travel Assistance Services

Liberty Mutual Insurance is pleased to offer travel assistance services through an arrangement with UnitedHealthcare Global.

What is Travel Assistance?

Travel Assistance provides 24/7/365 access to pre-travel, personal, and emergency help with situations that may arise during travel.

Who is Covered?

Employees covered under Group Life Insurance Policies issued by Liberty Life Assurance Company of Boston are eligible for these services.

Services are available to the covered employee while on business or personal travel more than 100 miles from home and for fewer than 90 consecutive travel days.

Dependents traveling with the employee are also covered.

What Types of Services are Available?

- **Worldwide Destination Intelligence:** Weather, currency, culture, embassy locations, and immunization and vaccination information.
- **Travel Assistance Services:** Assistance with lost passports and credit cards, ticket replacement, emergency message service, emergency travel arrangements, translation and legal referral services, and emergency cash advance.
- **Medical Evacuation and Repatriation Services:** Emergency medical evacuation, transportation to join patient, transport home for unattended minor children, repatriation of mortal remains.
- **Security and Political Evacuation Services:** Security intelligence and evacuation arrangements in the event of a threatening political or security situation.

How Do I Access Travel Assistance Services?

Travel Assistance services are available 24 hours a day, seven days a week, via toll-free or collect-call telephone numbers that connect directly with UnitedHealthcare Global's Emergency Response Center.

When your life coverage becomes effective, you will be provided with an identification card by your employer.

Keep your identification card with you. If you need help while traveling, call the appropriate telephone number on your card to access services.

Online travel and security information is also available through the program's World Watch® website at <https://members.uhcglobal.com>.

Life Insurance

Melton Truck Lines offers Life insurance coverage to provide financial protection in the event you or your dependents die while you are still working. This coverage is insured by Liberty Mutual.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Melton Truck Lines automatically provides Basic Life and AD&D Insurance for all eligible employees at no cost. Basic Life Insurance is equal to \$20,000 plus double indemnity provision. The benefit is paid to your beneficiaries in the event of your death. When elected, Melton Truck Lines provides \$1,000 for spouse and dependent children coverage. The benefit is paid to you in the event of their death.

Beneficiary Designation

You must designate a beneficiary for Basic and Optional Life Insurance benefits when you enroll. Your “beneficiary” is the person(s) who will receive the benefits from your life and AD&D coverage in the event of your death. You are always the beneficiary of any dependent life insurance you elect. You can change your beneficiaries at any time during the year.

If you do not name a beneficiary, or if your beneficiary dies before you, your Life and AD&D benefits will be paid to your estate.

Benefits Reduce at Age 65 or 70

When you or a covered dependent reaches age 65, Optional Life Insurance benefits are reduced. When you or a covered dependent reaches age 70, Basic Life Insurance benefits are reduced. For more information, refer to your Group Life Insurance booklet.

Company Provided Benefits

BENEFIT	COVERAGE	PAID BY
Basic Life and AD&D Insurance – Employee	\$20,000	Melton Truck Lines
Basic Life Insurance – Spouse	\$1,000	Melton Truck Lines
Basic Life Insurance – Child(ren)	\$1,000	Melton Truck Lines

Estate Planning assistance can be found at Life Works:

- www.lifeworks.com
- 888-267-8126

Optional Life and AD&D Insurance

In addition to Basic Life Insurance, you may also purchase Optional Life and AD&D Insurance for yourself, as well as Optional Life for your spouse and your dependent children. However, you may only elect coverage for your dependents if you enroll for Optional Life and AD&D coverage for yourself. You pay for the cost of Optional Life and AD&D Insurance on an after-tax basis through payroll deductions.

Newly-eligible employees may enroll for Optional Life insurance without Evidence of Insurability (EOI), up to the Guaranteed Issue amount of \$200,000 for an employee and up to \$50,000 for a spouse. If you do not elect Optional Life insurance when you are initially eligible as a new employee, any subsequent election will be subject to EOI, also known as medical underwriting.

TYPE OF COVERAGE	COVERAGE
Employee	As a new hire, coverage may be purchased in units of \$10,000 to a maximum benefit of \$500,000; any amount you elect over \$200,000 is subject to Evidence of Insurability. If you wish to enroll or increase your coverage after your initial eligibility, any new amount you elect will be subject to Evidence of Insurability.
Spouse	Coverage may be purchased in units of \$5,000 to a maximum benefit of \$250,000 additional life insurance; any amount you elect for your spouse over \$50,000 is subject to Evidence of Insurability. Evidence of insurability is required for any coverage you elect for your spouse if you enroll him/her after the initial eligibility period as a new hire.
Child(ren)	Child Benefit (6 months or older) of \$10,000 Child Benefit (14 days to 6 months) of \$1,000 All children combined are considered a single unit

Scheduled Benefit:

- Each eligible Independent Contractor may elect an amount of insurance, in increments of \$10,000 from a minimum of \$10,000 to a maximum of \$100,000. All amounts of insurance up to \$100,000 are Guarantee Issue.
- All other employees may elect an amount of insurance, in increments of \$10,000 from a minimum of \$10,000 to a maximum of \$500,000. All amounts of insurance up to \$200,000 are Guarantee Issue (only if you are electing coverage when you are initially eligible as a new employee).

EMPLOYEE OPTIONAL LIFE/AD&D – MONTHLY PREMIUM AMOUNTS

COVERAGE AMOUNT	AGE <30	AGE 30-34	AGE 35-39	AGE 40-44	AGE 45-49	AGE 50-54	AGE 55-59	AGE 60-64	AGE 65-69	AGE 70+
\$10,000	\$1.50	\$1.60	\$1.90	\$2.60	\$3.80	\$6.90	\$10.80	\$14.80	\$24.40	\$50.40
\$20,000	\$3.00	\$3.20	\$3.80	\$5.20	\$7.60	\$13.80	\$21.60	\$29.60	\$48.80	\$100.80
\$30,000	\$4.50	\$4.80	\$5.70	\$7.80	\$11.40	\$20.70	\$32.40	\$44.40	\$73.20	\$151.20
\$40,000	\$6.00	\$6.40	\$7.60	\$10.40	\$15.20	\$27.60	\$43.20	\$59.20	\$97.60	\$201.60
\$50,000	\$7.50	\$8.00	\$9.50	\$13.00	\$19.00	\$34.50	\$54.00	\$74.00	\$122.00	\$252.00
\$60,000	\$9.00	\$9.60	\$11.40	\$15.60	\$22.80	\$41.40	\$64.80	\$88.80	\$146.40	\$302.40
\$70,000	\$10.50	\$11.20	\$13.30	\$18.20	\$26.60	\$48.30	\$75.60	\$103.60	\$170.80	\$352.80
\$80,000	\$12.00	\$12.80	\$15.20	\$20.80	\$30.40	\$55.20	\$86.40	\$118.40	\$195.20	\$403.20
\$90,000	\$13.50	\$14.40	\$17.10	\$23.40	\$34.20	\$62.10	\$97.20	\$133.20	\$219.60	\$453.60
\$100,000	\$15.00	\$16.00	\$19.00	\$26.00	\$38.00	\$69.00	\$108.00	\$148.00	\$244.00	\$504.00
\$110,000	\$16.50	\$17.60	\$20.90	\$28.60	\$41.80	\$75.90	\$118.80	\$162.80	\$268.40	\$554.40
\$120,000	\$18.00	\$19.20	\$22.80	\$31.20	\$45.60	\$82.80	\$129.60	\$177.60	\$292.80	\$604.80
\$130,000	\$19.50	\$20.80	\$24.70	\$33.80	\$49.40	\$89.70	\$140.40	\$192.40	\$317.20	\$655.20
\$140,000	\$21.00	\$22.40	\$26.60	\$36.40	\$53.20	\$96.60	\$151.20	\$207.20	\$341.60	\$705.60
\$150,000	\$22.50	\$24.00	\$28.50	\$39.00	\$57.00	\$103.50	\$162.00	\$222.00	\$366.00	\$756.00
\$160,000	\$24.00	\$25.60	\$30.40	\$41.60	\$60.80	\$110.40	\$172.80	\$236.80	\$390.40	\$806.40
\$170,000	\$25.50	\$27.20	\$32.30	\$44.20	\$64.60	\$117.30	\$183.60	\$251.60	\$414.80	\$856.80
\$180,000	\$27.00	\$28.80	\$34.20	\$46.80	\$68.40	\$124.20	\$194.40	\$266.40	\$439.20	\$907.20
\$190,000	\$28.50	\$30.40	\$36.10	\$49.40	\$72.20	\$131.10	\$205.20	\$281.20	\$463.60	\$957.60
\$200,000	\$30.00	\$32.00	\$38.00	\$52.00	\$76.00	\$138.00	\$216.00	\$296.00	\$488.00	\$1,008.00
\$210,000	\$31.50	\$33.60	\$39.90	\$54.60	\$79.80	\$144.90	\$226.80	\$310.80	\$512.40	\$1,058.40
\$220,000	\$33.00	\$35.20	\$41.80	\$57.20	\$83.60	\$151.80	\$237.60	\$325.60	\$536.80	\$1,108.80
\$230,000	\$34.50	\$36.80	\$43.70	\$59.80	\$87.40	\$158.70	\$248.40	\$340.40	\$561.20	\$1,159.20
\$240,000	\$36.00	\$38.40	\$45.60	\$62.40	\$91.20	\$165.60	\$259.20	\$355.20	\$585.60	\$1,209.60
\$250,000	\$37.50	\$40.00	\$47.50	\$65.00	\$95.00	\$172.50	\$270.00	\$370.00	\$610.00	\$1,260.00
\$260,000	\$39.00	\$41.60	\$49.40	\$67.60	\$98.80	\$179.40	\$280.80	\$384.80	\$634.40	\$1,310.40
\$270,000	\$40.50	\$43.20	\$51.30	\$70.20	\$102.60	\$186.30	\$291.60	\$399.60	\$658.80	\$1,360.80
\$280,000	\$42.00	\$44.80	\$53.20	\$72.80	\$106.40	\$193.20	\$302.40	\$414.40	\$683.20	\$1,411.20
\$290,000	\$43.50	\$46.40	\$55.10	\$75.40	\$110.20	\$200.10	\$313.20	\$429.20	\$707.60	\$1,461.60
\$300,000	\$45.00	\$48.00	\$57.00	\$78.00	\$114.00	\$207.00	\$324.00	\$444.00	\$732.00	\$1,512.00
\$310,000	\$46.50	\$49.60	\$58.90	\$80.60	\$117.80	\$213.90	\$334.80	\$458.80	\$756.40	\$1,562.40
\$320,000	\$48.00	\$51.20	\$60.80	\$83.20	\$121.60	\$220.80	\$345.60	\$473.60	\$780.80	\$1,612.80
\$330,000	\$49.50	\$52.80	\$62.70	\$85.80	\$125.40	\$227.70	\$356.40	\$488.40	\$805.20	\$1,663.20
\$340,000	\$51.00	\$54.40	\$64.60	\$88.40	\$129.20	\$234.60	\$367.20	\$503.20	\$829.60	\$1,713.60
\$350,000	\$52.50	\$56.00	\$66.50	\$91.00	\$133.00	\$241.50	\$378.00	\$518.00	\$854.00	\$1,764.00
\$360,000	\$54.00	\$57.60	\$68.40	\$93.60	\$136.80	\$248.40	\$388.80	\$532.80	\$878.40	\$1,814.40
\$370,000	\$55.50	\$59.20	\$70.30	\$96.20	\$140.60	\$255.30	\$399.60	\$547.60	\$902.80	\$1,864.80
\$380,000	\$57.00	\$60.80	\$72.20	\$98.80	\$144.40	\$262.20	\$410.40	\$562.40	\$927.20	\$1,915.20
\$390,000	\$58.50	\$62.40	\$74.10	\$101.40	\$148.20	\$269.10	\$421.20	\$577.20	\$951.60	\$1,965.60
\$400,000	\$60.00	\$64.00	\$76.00	\$104.00	\$152.00	\$276.00	\$432.00	\$592.00	\$976.00	\$2,016.00
\$410,000	\$61.50	\$65.60	\$77.90	\$106.60	\$155.80	\$282.90	\$442.80	\$606.80	\$1,000.40	\$2,066.40
\$420,000	\$63.00	\$67.20	\$79.80	\$109.20	\$159.60	\$289.80	\$453.60	\$621.60	\$1,024.80	\$2,116.80
\$430,000	\$64.50	\$68.80	\$81.70	\$111.80	\$163.40	\$296.70	\$464.40	\$636.40	\$1,049.20	\$2,167.20
\$440,000	\$66.00	\$70.40	\$83.60	\$114.40	\$167.20	\$303.60	\$475.20	\$651.20	\$1,073.60	\$2,217.60
\$450,000	\$67.50	\$72.00	\$85.50	\$117.00	\$171.00	\$310.50	\$486.00	\$666.00	\$1,098.00	\$2,268.00
\$460,000	\$69.00	\$73.60	\$87.40	\$119.60	\$174.80	\$317.40	\$496.80	\$680.80	\$1,122.40	\$2,318.40
\$470,000	\$70.50	\$75.20	\$89.30	\$122.20	\$178.60	\$324.30	\$507.60	\$695.60	\$1,146.80	\$2,368.80
\$480,000	\$72.00	\$76.80	\$91.20	\$124.80	\$182.40	\$331.20	\$518.40	\$710.40	\$1,171.20	\$2,419.20
\$490,000	\$73.50	\$78.40	\$93.10	\$127.40	\$186.20	\$338.10	\$529.20	\$725.20	\$1,195.60	\$2,469.60
\$500,000	\$75.00	\$80.00	\$95.00	\$130.00	\$190.00	\$345.00	\$540.00	\$740.00	\$1,220.00	\$2,520.00

Rates are subject to change.

SPOUSE OPTIONAL LIFE – MONTHLY PREMIUM AMOUNTS

COVERAGE AMOUNT	AGE <30	AGE 30-34	AGE 35-39	AGE 40-44	AGE 45-49	AGE 50-54	AGE 55-59	AGE 60-64	AGE 65-69	AGE 70+
\$5,000	\$0.75	\$0.80	\$0.95	\$1.30	\$1.90	\$3.45	\$5.40	\$7.40	\$12.20	\$25.20
\$10,000	\$1.50	\$1.60	\$1.90	\$2.60	\$3.80	\$6.90	\$10.80	\$14.80	\$24.40	\$50.40
\$15,000	\$2.25	\$2.40	\$2.85	\$3.90	\$5.70	\$10.35	\$16.20	\$22.20	\$36.60	\$75.60
\$20,000	\$3.00	\$3.20	\$3.80	\$5.20	\$7.60	\$13.80	\$21.60	\$29.60	\$48.80	\$100.80
\$25,000	\$3.75	\$4.00	\$4.75	\$6.50	\$9.50	\$17.25	\$27.00	\$37.00	\$61.00	\$126.00
\$30,000	\$4.50	\$4.80	\$5.70	\$7.80	\$11.40	\$20.70	\$32.40	\$44.40	\$73.20	\$151.20
\$35,000	\$5.25	\$5.60	\$6.65	\$9.10	\$13.30	\$24.15	\$37.80	\$51.80	\$85.40	\$176.40
\$40,000	\$6.00	\$6.40	\$7.60	\$10.40	\$15.20	\$27.60	\$43.20	\$59.20	\$97.60	\$201.60
\$45,000	\$6.75	\$7.20	\$8.55	\$11.70	\$17.10	\$31.05	\$48.60	\$66.60	\$109.80	\$226.80
\$50,000	\$7.50	\$8.00	\$9.50	\$13.00	\$19.00	\$34.50	\$54.00	\$74.00	\$122.00	\$252.00
\$55,000	\$8.25	\$8.80	\$10.45	\$14.30	\$20.90	\$37.95	\$59.40	\$81.40	\$134.20	\$277.20
\$60,000	\$9.00	\$9.60	\$11.40	\$15.60	\$22.80	\$41.40	\$64.80	\$88.80	\$146.40	\$302.40
\$65,000	\$9.75	\$10.40	\$12.35	\$16.90	\$24.70	\$44.85	\$70.20	\$96.20	\$158.60	\$327.60
\$70,000	\$10.50	\$11.20	\$13.30	\$18.20	\$26.60	\$48.30	\$75.60	\$103.60	\$170.80	\$352.80
\$75,000	\$11.25	\$12.00	\$14.25	\$19.50	\$28.50	\$51.75	\$81.00	\$111.00	\$183.00	\$378.00
\$80,000	\$12.00	\$12.80	\$15.20	\$20.80	\$30.40	\$55.20	\$86.40	\$118.40	\$195.20	\$403.20
\$85,000	\$12.75	\$13.60	\$16.15	\$22.10	\$32.30	\$58.65	\$91.80	\$125.80	\$207.40	\$428.40
\$90,000	\$13.50	\$14.40	\$17.10	\$23.40	\$34.20	\$62.10	\$97.20	\$133.20	\$219.60	\$453.60
\$95,000	\$14.25	\$15.20	\$18.05	\$24.70	\$36.10	\$65.55	\$102.60	\$140.60	\$231.80	\$478.80
\$100,000	\$15.00	\$16.00	\$19.00	\$26.00	\$38.00	\$69.00	\$108.00	\$148.00	\$244.00	\$504.00
\$105,000	\$15.75	\$16.80	\$19.95	\$27.30	\$39.90	\$72.45	\$113.40	\$155.40	\$256.20	\$529.20
\$110,000	\$16.50	\$17.60	\$20.90	\$28.60	\$41.80	\$75.90	\$118.80	\$162.80	\$268.40	\$554.40
\$115,000	\$17.25	\$18.40	\$21.85	\$29.90	\$43.70	\$79.35	\$124.20	\$170.20	\$280.60	\$579.60
\$120,000	\$18.00	\$19.20	\$22.80	\$31.20	\$45.60	\$82.80	\$129.60	\$177.60	\$292.80	\$604.80
\$125,000	\$18.75	\$20.00	\$23.75	\$32.50	\$47.50	\$86.25	\$135.00	\$185.00	\$305.00	\$630.00
\$130,000	\$19.50	\$20.80	\$24.70	\$33.80	\$49.40	\$89.70	\$140.40	\$192.40	\$317.20	\$655.20
\$135,000	\$20.25	\$21.60	\$25.65	\$35.10	\$51.30	\$93.15	\$145.80	\$199.80	\$329.40	\$680.40
\$140,000	\$21.00	\$22.40	\$26.60	\$36.40	\$53.20	\$96.60	\$151.20	\$207.20	\$341.60	\$705.60
\$145,000	\$21.75	\$23.20	\$27.55	\$37.70	\$55.10	\$100.05	\$156.60	\$214.60	\$353.80	\$730.80
\$150,000	\$22.50	\$24.00	\$28.50	\$39.00	\$57.00	\$103.50	\$162.00	\$222.00	\$366.00	\$756.00
\$155,000	\$23.25	\$24.80	\$29.45	\$40.30	\$58.90	\$106.95	\$167.40	\$229.40	\$378.20	\$781.20
\$160,000	\$24.00	\$25.60	\$30.40	\$41.60	\$60.80	\$110.40	\$172.80	\$236.80	\$390.40	\$806.40
\$165,000	\$24.75	\$26.40	\$31.35	\$42.90	\$62.70	\$113.85	\$178.20	\$244.20	\$402.60	\$831.60
\$170,000	\$25.50	\$27.20	\$32.30	\$44.20	\$64.60	\$117.30	\$183.60	\$251.60	\$414.80	\$856.80
\$175,000	\$26.25	\$28.00	\$33.25	\$45.50	\$66.50	\$120.75	\$189.00	\$259.00	\$427.00	\$882.00
\$180,000	\$27.00	\$28.80	\$34.20	\$46.80	\$68.40	\$124.20	\$194.40	\$266.40	\$439.20	\$907.20
\$185,000	\$27.75	\$29.60	\$35.15	\$48.10	\$70.30	\$127.65	\$199.80	\$273.80	\$451.40	\$932.40
\$190,000	\$28.50	\$30.40	\$36.10	\$49.40	\$72.20	\$131.10	\$205.20	\$281.20	\$463.60	\$957.60
\$195,000	\$29.25	\$31.20	\$37.05	\$50.70	\$74.10	\$134.55	\$210.60	\$288.60	\$475.80	\$982.80
\$200,000	\$30.00	\$32.00	\$38.00	\$52.00	\$76.00	\$138.00	\$216.00	\$296.00	\$488.00	\$1,008.00
\$205,000	\$30.75	\$32.80	\$38.95	\$53.30	\$77.90	\$141.45	\$221.40	\$303.40	\$500.20	\$1,033.20
\$210,000	\$31.50	\$33.60	\$39.90	\$54.60	\$79.80	\$144.90	\$226.80	\$310.80	\$512.40	\$1,058.40
\$215,000	\$32.25	\$34.40	\$40.85	\$55.90	\$81.70	\$148.35	\$232.20	\$318.20	\$524.60	\$1,083.60
\$220,000	\$33.00	\$35.20	\$41.80	\$57.20	\$83.60	\$151.80	\$237.60	\$325.60	\$536.80	\$1,108.80
\$225,000	\$33.75	\$36.00	\$42.75	\$58.50	\$85.50	\$155.25	\$243.00	\$333.00	\$549.00	\$1,134.00
\$230,000	\$34.50	\$36.80	\$43.70	\$59.80	\$87.40	\$158.70	\$248.40	\$340.40	\$561.20	\$1,159.20
\$235,000	\$35.25	\$37.60	\$44.65	\$61.10	\$89.30	\$162.15	\$253.80	\$347.80	\$573.40	\$1,184.40
\$240,000	\$36.00	\$38.40	\$45.60	\$62.40	\$91.20	\$165.60	\$259.20	\$355.20	\$585.60	\$1,209.60
\$245,000	\$36.75	\$39.20	\$46.55	\$63.70	\$93.10	\$169.05	\$264.60	\$362.60	\$597.80	\$1,234.80
\$250,000	\$37.50	\$40.00	\$47.50	\$65.00	\$95.00	\$172.50	\$270.00	\$370.00	\$610.00	\$1,260.00

Rates are subject to change.

Disability & Family Leave

Melton Truck Lines offers a disability plan to keep part of your paycheck coming if you cannot work because of illness, injury or pregnancy. Short-Term and Long-Term Disability benefits are insured by Liberty Mutual.

Short-Term Disability (STD)

Disability income protection insurance provides a benefit for "Short-Term" disability resulting from a covered injury or sickness. Benefits begin at the end of a 7 day elimination period and continue while you are disabled up to the maximum benefit duration. Your STD benefits will replace 60% of covered earnings, up to a maximum benefit of \$750 per week. Contributions are 100% employee paid. Each active, full-time employee working 40 or more hours per week, except any person working on a temporary or seasonal basis, is eligible for benefits. If you do not elect Short-Term Disability when you are initially eligible as a new employee, any subsequent election will be subject to EOI, also known as medical underwriting.

How Does STD Coverage Work?

- If you elect this benefit, STD pays a benefit for a disability resulting from a covered illness or injury.
- Benefits begin on the 8th calendar day after 7 consecutive days of disability (elimination period) resulting from a sickness (illness) or on the first consecutive day of disability due to an injury (accident).
- To qualify for benefits, you must provide satisfactory proof that you are totally disabled due to an illness or injury.
- Benefit payments will cover up to 13 weeks of continuous disability.
- Concurrent PTO: You will be required to apply any accrued or unused PTO while out on STD.

COVERAGE	BENEFIT	MONTHLY PREMIUM
Short-Term Disability	60% of covered earnings, up to a maximum benefit of \$750 per week	\$38.11

Long-Term Disability (LTD)

Disability is often called the "forgotten risk," as few employees think about how they would survive financially with no earned income. The impact of a disabling illness or injury, both financially and emotionally, is devastating.

While health care coverage may cover most medical bills, daily living expenses such as rent or mortgage, car payments, and utilities continue. Disability insurance provides partial income replacement if you are unable to work due to a qualifying illness or injury. Generally, if an illness or injury extends beyond 13 weeks it becomes Long-Term Disability.

Eligibility	All active full-time employees working a minimum of 40 regularly scheduled hours per week.
Waiting Period	You are eligible upon completing 60 days of continuous employment. Your benefits will be effective the first day of the following month.
Benefit	Voluntary LTD Coverage: Voluntary LTD is paid for by you. If you purchase this coverage, become disabled (as defined in the plan), and remain disabled through the elimination period, you will receive 50% of your monthly covered earnings, less other deductible sources of income, such as Social Security and workers compensation (see your plan booklet for details). The maximum monthly benefit is \$3,000.
Elimination Period	Benefits are payable after a period of 90 consecutive days of disability.
Definition of Disability	You will be considered disabled if, during the elimination period and the next 12 months of disability, you are unable to perform the duties of your "own occupation" and thereafter, you are unable to perform the duties of "any occupation." Refer to your certificate of coverage for definitions of "own occupation" and "any occupation."

Maximum Benefit Period	Benefits are payable up to five years. Benefits terminate at age 70 or at the end of the disability, whichever comes first.
Successive Disability	If you become disabled for the same condition within six months following your prior disability, your benefits will continue under the same claim.
Survivor Benefit	A lump-sum payment, equal to three months of benefits paid, to an eligible survivor or estate if you are receiving a benefit and have been disabled for at least 180 days.

Please Note: Evidence of Insurability may be required. Pre-existing condition exclusions may affect the payment of benefits. Please see your Benefits Department for additional information.

What is the Cost for Long-Term Disability?

The voluntary coverage is paid for by you. Rates are effective as of 1/1/2018.

VOLUNTARY LONG-TERM DISABILITY COVERAGE BENEFIT AMOUNT AND COST											
ANNUAL SALARY	MONTHLY BENEFIT	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$15,000	\$625	\$0.96	\$1.15	\$1.51	\$2.13	\$3.45	\$5.64	\$10.10	\$18.29	\$23.94	\$22.78
\$20,000	\$833	\$1.28	\$1.53	\$2.02	\$2.83	\$4.60	\$7.52	\$13.47	\$24.38	\$31.92	\$30.37
\$25,000	\$1,042	\$1.60	\$1.92	\$2.52	\$3.54	\$5.75	\$9.40	\$16.83	\$30.48	\$39.90	\$37.96
\$30,000	\$1,250	\$1.93	\$2.30	\$3.03	\$4.25	\$6.90	\$11.28	\$20.20	\$36.58	\$47.88	\$45.55
\$35,000	\$1,458	\$2.25	\$2.68	\$3.53	\$4.96	\$8.05	\$13.15	\$23.57	\$42.67	\$55.85	\$53.14
\$40,000	\$1,667	\$2.57	\$3.07	\$4.03	\$5.67	\$9.20	\$15.03	\$26.93	\$48.77	\$63.83	\$60.73
\$45,000	\$1,875	\$2.89	\$3.45	\$4.54	\$6.38	\$10.35	\$16.91	\$30.30	\$54.86	\$71.81	\$68.33
\$50,000	\$2,083	\$3.21	\$3.83	\$5.04	\$7.08	\$11.50	\$18.79	\$33.67	\$60.96	\$79.79	\$75.92
\$55,000	\$2,292	\$3.53	\$4.22	\$5.55	\$7.79	\$12.65	\$20.67	\$37.03	\$67.05	\$87.77	\$83.51
\$60,000	\$2,500	\$3.85	\$4.60	\$6.05	\$8.50	\$13.80	\$22.55	\$40.40	\$73.15	\$95.75	\$91.10
\$65,000	\$2,708	\$4.17	\$4.98	\$6.55	\$9.21	\$14.95	\$24.43	\$43.77	\$79.25	\$103.73	\$98.69
\$70,000	\$2,917	\$4.49	\$5.37	\$7.06	\$9.92	\$16.10	\$26.31	\$47.13	\$85.34	\$111.71	\$106.28
\$75,000	\$3,000	\$4.62	\$5.52	\$7.26	\$10.20	\$16.56	\$27.06	\$48.48	\$87.78	\$114.90	\$109.32
\$80,000	\$3,000	\$4.62	\$5.52	\$7.26	\$10.20	\$16.56	\$27.06	\$48.48	\$87.78	\$114.90	\$109.32
\$85,000	\$3,000	\$4.62	\$5.52	\$7.26	\$10.20	\$16.56	\$27.06	\$48.48	\$87.78	\$114.90	\$109.32
\$90,000	\$3,000	\$4.62	\$5.52	\$7.26	\$10.20	\$16.56	\$27.06	\$48.48	\$87.78	\$114.90	\$109.32

How do I calculate my monthly benefit amount and premium cost?

Use the Employee Voluntary Long-Term Disability Premium Rate Table provided below to calculate your cost and benefit.

VOLUNTARY LONG-TERM DISABILITY PREMIUM RATE			
AGE	MONTHLY RATE PER \$100 OF COVERAGE	AGE	MONTHLY RATE PER \$100 OF COVERAGE
<24	\$0.077	45-49	\$0.451
25-29	\$0.092	50-54	\$0.808
30-34	\$0.121	55-59	\$1.463
35-39	\$0.170	60-64	\$1.915
40-44	\$0.276	65+	\$1.822

The following example calculates the monthly cost for a 36-year-old employee with annual earnings of \$35,400. Note: The maximum monthly covered earnings are equal to the maximum monthly benefit divided by the benefit percentage.

CALCULATION EXAMPLE		EXAMPLE	YOU
Step 1	Enter the rate per \$100 of monthly covered payroll.	\$0.170	\$
Step 2	Enter your monthly earnings. Divide your annual earnings by 12.	\$2,950	\$
Step 3	If your monthly earnings are greater than the maximum monthly covered earnings of \$3,000, indicate \$3,000. Otherwise, indicate the amount from Step 2.	\$2,950	\$
Step 4	Calculate your monthly benefit. Multiply Step 3 by 0.50.	\$1,475	\$
Step 5	Enter your monthly earnings in increments of \$100 of monthly covered payroll. To calculate, divide the amount in Step 3 by \$100.	29.5	
Step 6	Calculate your monthly cost. Multiply Step 1 by Step 5.	\$5.015	\$

This worksheet allows you to approximate your monthly contributions for voluntary long-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected. Rates are subject to change.

How Do I Report a Claim?

You need to report your Disability claim or Family Medical Leave request to the Melton Benefits Team at 918-270-9473.

Be sure to report as soon as you know you will be absent:

- **Disability** – if you are expected to be absent from work for more than 7 calendar days due to your own disability.
- **Family Medical Leave** – if you are expected to be absent from work for more than 1 consecutive work day due to the following:
 - » Birth of a child and care of a newborn child.
 - » Placement of a child with you for adoption or foster care.
 - » Care for a spouse, child, or parent with a serious health condition.
 - » Serious health condition that makes you unable to perform the functions of your job.

What Information Is Needed?

- Your name, phone number, home address, birth date, Social Security number, and reason for your leave.
- Treating physician and contact information.
- Your manager's name, email address, and phone number.
- Complete supporting documentation, such as:
 - » Medical certification
 - » Proof of a family relationship
 - » Legal documents

Please Note:

- Schedule intermittent leave in a way that minimizes the disruption to company operations. You may be asked to reschedule intermittent leave for a more convenient time (e.g., afternoon instead of morning).
- You are responsible for paying your share of benefit premiums when on leave per company instructions. Failure to do so may result in the loss of your benefits for you and your dependents.

Remember:

1. You still must notify your manager on or before your first day of absence to report how long you expect to be absent.
2. You must also keep your manager informed of your progress.
3. Contact your manager to let him/her know the date you will be returning to work. You must also have your physician complete a fitness for duty certification form stating that you are able to return to work.

Flexible Spending Accounts

Melton Truck Lines allows you to contribute to either one or both of the health care or dependent care flexible spending accounts, which allow you to save taxes on certain out-of-pocket health care and dependent care expenses. The FSAs are administered by ResourceOne.

How the FSAs Work

Melton Truck Lines offers two types of FSAs:

- Health Care FSA
- Dependent Care FSA

If you elect to contribute to one or both of the FSAs, you choose an annual amount to be taken from each of your paychecks and deposited into your account throughout the year. Your contributions are taken out of your paycheck before you pay taxes, so you save money. Then, when you have eligible health care or dependent care expenses, you can use the account to reimburse yourself, up to the amount you have elected to contribute to your account for the year.

With the Health Care FSA, you can rollover up to \$500 into the next Plan Year, but there will no longer be a grace period. This means that the most that you will be able to use for qualified expenses after year end is \$500.

With the Dependent Care FSA, you may continue to incur claims for expenses during a 2 1/2 month "Grace Period," following the end of the Plan Year. During the Grace Period, you can continue to incur dependent care claims and use up all amounts remaining in your account.

Health Care FSA

You can use the Health Care FSA to pay for eligible out-of-pocket expenses that are not covered by another health plan. Examples include, but are not limited to:

- Medical or dental deductibles
- Office visit copays
- Coinsurance amounts
- Over the Counter Medications with a physician's prescription
- Eyeglasses, contacts and other vision-related expenses not covered by the vision program
- Orthodontia expenses not covered by the dental plan

For a complete list of eligible expenses, visit www.roatpa.com.

Annual Contribution Amount

You can contribute \$120 to \$2,550 per year to the Health Care FSA.

Annual Carryover Amount

You can carryover up to \$500 into the next Health Care FSA Plan Year. Our plan does not have a grace period.

Benny, the Prepaid Benefits Card

The Benny Prepaid Benefits Card is a special-purpose MasterCard® Card or Visa® Card that gives you an easy, automatic way to pay for eligible health care/benefit expenses. The Card lets you electronically access the pre-tax amounts set aside in your Health Care FSA,

Cash Flow Friendly – your Health Care FSA is directly debited for eligible expenses, eliminating "out-of-pocket" cash payments and then waiting for reimbursement.

Convenient and Easy to Use – eliminates claim forms.

Simple to Track – balances are available online 24/7 — this detailed tracking can be used to predict more accurate annual election amounts in future years.

You and your other eligible card users should always save itemized receipts for FSA purchases made with the Prepaid Benefits Card. You may be asked to submit receipts to verify that your expenses comply with IRS guidelines.

Health Care Account Worksheet

Use the worksheet below to estimate your annual out-of-pocket medical/dental/vision/hearing expenses.

ELIGIBLE HEALTH CARE EXPENSES	ESTIMATED EXPENSES
Copays (doctor visits, prescriptions, vision)	\$
Medical, dental deductibles	\$
Out-of-pocket hospital expenses	\$
Out-of-pocket physician expenses (e.g., lab work)	\$
Out-of-Pocket dental expenses	\$
Out-of-pocket vision and eye care expenses	\$
Out-of-pocket chiropractic expenses	\$
Out-of-pocket mental health care expenses	\$
Out-of-pocket prescription drug expenses	\$
Out-of-pocket substance abuse care expenses	\$
Out-of-pocket physical therapy expenses	\$
Other eligible health care expenses	\$
Annual Total	\$

A Note About Over-the-Counter Medications

You must have a doctor's prescription to use the Health Care FSA to reimburse yourself for certain over-the-counter medications. Examples of medications that require you to submit a doctor's prescription include:

- Acid controllers, digestive aids and stomach remedies
- Allergy and sinus medicines
- Anti-itch and insect bite remedies
- Cold sore remedies
- Cold, cough and flu drugs
- Pain relief medications
- Respiratory treatments
- Sleep aids and sedatives

It's important to keep copies of all your receipts — even if you are not required to submit them as proof of your expense. That way, if the IRS asks for substantiation of your expenses, you will have the receipts.

Dependent Care FSA

The Dependent Care FSA helps you afford day care for your children under age 13 or for a disabled dependent. There are some special rules for participating in this account:

- The day care expenses must be necessary so you can work.
- You can only be reimbursed for expenses incurred during the Plan Year or the 2 1/2 month Grace Period.
- If you are married, your spouse must be:
 - » Employed, or
 - » A full-time student at least five months during the Plan Year, or
 - » Mentally or physically disabled and unable to provide care for himself or herself.

In some cases, a federal child tax credit may save you more money than the Dependent Care FSA. You may want to consult a tax advisor to find which option is better for you.

Eligible Dependent Care Expenses

Generally, you may use the money in your Dependent Care FSA for care for:

- Your children under age 13 whom you claim as a dependent for tax purposes
- Other dependents of any age who are mentally or physically disabled and whom you claim as a dependent for tax purposes (spouses and dependents age 13 and older must spend at least eight hours a day in your home if you are reimbursing yourself for services provided outside the home).

Some typical expenses that are eligible for reimbursement under the plan are:

- Licensed nursery school and day care centers for children
- Licensed day care centers for disabled dependents
- Services from a care provider over the age of 19 (inside or outside the home)
- Day camps
- After-school care
- Adult Day care

For a complete list of eligible expenses, visit www.roatpa.com.

Annual Contribution Amount

You can contribute \$120 to \$5,000 per year to the Dependent Care FSA. If you are married and you and your spouse file separate tax returns, the maximum you can contribute is \$2,500.

DEPENDENT CARE ACCOUNT WORKSHEET	
Weekly cost of care	\$
Times the number of weeks your dependents receive day care	X
Annual Total (Divide your total estimated annual expenses by your pay periods. If you become eligible during the year, divide by the number of pay periods remaining.)	\$

What Happens if I Don't Spend All Dependent Care FSA Contributions During the Plan Year?

If you have not spent all the amounts in your Dependent Care Flexible Spending Account by the end of the Plan Year, you may continue to incur claims for expenses during the "Grace Period." The "Grace Period" extends 2 1/2 months after the end of the Plan Year, during which time you can continue to incur claims and use up all amounts remaining in your Dependent Care Flexible Spending Account.

Important FSA Considerations

- For the Dependent Care FSA, you may only be reimbursed up to the amount in your account at the time you file a claim. If your eligible expenses are greater than the amount in your account, the unreimbursed amount will carry over and be reimbursed after your next deposit.
- For the Health Care FSA, you can be reimbursed up to the full amount you have elected to contribute for the year.
- The Health Care FSA and the Dependent Care FSA are separate accounts. You cannot use funds from one account to pay for expenses of the other. You also cannot transfer funds between the two accounts.
- If you use the Dependent Care FSA, you must provide your caregiver's Social Security number or tax ID when you file a claim for reimbursement.

How to File a Claim

There are two ways to file a claim for reimbursement.

- Online Claim Filing: File your claims online via the participant portal website. Be sure to submit receipts when filing claims online, either via fax, mail or email.
- Paper Claim Filing: You may also file claims using the paper form(s) available on the website under the "Forms" tab, and attach required receipts according to IRS rules.

Please mail claims to the contact information below:

ResourceOne Administrators
P.O. Box 707
Tifton, GA 31793
Phone Number: 877-233-0970
Fax: 918-699-6590
Email: customerservice@roatpa.com

You can also check the status of your claim online, print claim forms, change of status rule/forms, file claims online and much more. Visit: www.roatpa.com.

Employee Assistance Program (EAP)

Melton Truck Lines' Employee Assistance Plan is administered through Ceridian's LifeWorks Employee Assistance Program (EAP) and provides you and your family with confidential professional counseling and help. During troubled times, EAP provides confidential professional counseling and help. Call for assistance any time you face a personal situation where you need counseling and support.

LifeWorks EAP helps employees find solutions to such issues as:

- Parenting and child care
- Emotional well-being
- Education
- International issues
- Older Adults
- Midlife and retirement
- Managing People
- Disability
- Health
- Financial
- Addiction and recovery
- Legal

These services include up to three person-to-person sessions per incident or telephonic consultations with a master's-level consultants. Employees will receive comprehensive assessments, short-term problem solving consultations, referrals to outside resources, and free educational and informational materials. The services are available 24 hours a day and are at no cost to employees and their family.

This program is provided for you and paid for by Melton Truck Lines. The program is confidential, and if you choose to use the counseling service no one at Melton Truck Lines will know unless you tell them. The service is available by phone and in person. For assistance, call one of the numbers listed below, ask for the EAP representative and identify your place of employment.

The website www.LifeWorks.com provides access to helpful articles, interactive assessments, financial calculators, service locators and more. Employees may order free materials, subscribe to online newsletters and view podcasts.

LifeWorks is available 24 hours per day through their toll-free number: 888-267-8126 or via www.LifeWorks.com (User ID: melton Password: melton).

401(k) Retirement Plan

What is a 401(k) Plan?

The 401(k) retirement plan helps you to save money for your future. The money you save through the 401(k) retirement plan is pretax which means you pay less in taxes each year. The money is automatically deducted out of your paycheck and will be invested in a JP Morgan Smart Retirement Fund that most closely represents your Normal Retirement Age, until you make an investment election.

PLAN FEATURES		
Eligibility	You are eligible to enter the Plan first day of the month on or after:	Completing 60 Days of Service
Enrollment	Once eligible you may enroll in the Plan:	Anytime online or by calling Nest Egg
Salary Deferrals	You may elect to defer via payroll deductions:	1% to 50% of compensation in increments of 1%
Deferral Changes	You may change your salary deferrals:	Anytime online or by calling Nest Egg
Automatic Deferral Increases (Bump It!)	You may automatically increase the amount you are saving:	Every May, your salary deferrals will increase by 1% (cap at 7% deferral)
Company Contributions	Matching contributions are discretionary. Currently the matching contribution is:	50 cents for each dollar deferred , up to 7% of compensation
Vesting	Vesting is the portion of company contributions you have a right to receive. Vesting is based upon Years of Service with the Company:	100% Vested after 3 Years of Service
Other	The Plan also features:	Participant loans and hardship withdrawals
Beneficiary Designation	Participants may complete a new Beneficiary Designation Form that revokes any prior:	At any time
Plan Details	Find out more information about the Plan by visiting:	www.nesteggu.com/melton Select "About My Plan" at the top
Internet Access	Participants may access their retirement account daily via the Internet:	www.nesteggu.com/melton Select "About My Plan" at the top

If I Don't Start Now, Can I Begin Later?

Absolutely. Once eligible, you can begin making contributions at any time by contacting NestEgg.

What Happens if I Don't Work Here Forever?

You have many options with your account balance but more than likely you will simply roll your money over to your new employer's retirement plan.

How Much Can I Defer?

You may defer up to 50% of your pay to a maximum amount set by the IRS each year. If you will be 50 years old or older during the current calendar year you may elect an additional "catch-up contribution" set by the IRS.

How Do I Access My Account and Make Changes?

You have access to a website created just for you at www.nesteggu.com/melton. You can learn about the Plan and access your account from there. You may make changes at any time, as well as access loan features, historical performance of the funds in the plan, and other helpful tools.



The first time you access your account, your User ID will be your SSN# and your password will be the last 4 digits of your SSN#.

For telephone assistance, call 866-412-9026.

How Do I Get Started Saving?

You start your salary deferrals by electing in UltiPro as a New Hire, or you can also enroll online or by phone:

Online: www.nesteggu.com/melton

Phone: 866-412-9026

You also need to complete a Beneficiary Designation.

2018 Annual Participant Fee Disclosure Statement

The Melton Truck Lines, Inc. 401(k) Profit Sharing Plan ("Plan") is a participant directed plan and certain Plan related information must be disclosed to you each year. This document advises you of information regarding fees associated with your participation in the Plan.

This document contains:

- Charges for Administrative Expenses
- Individual Expenses
- General Plan Information

Included with this Disclosure Statement is an Investment Comparative Chart which tells you about the investment options offered to you as designated investment alternatives in the Plan.

If you do not have an account balance in the Plan, no fees or expenses will be charged to you as a participant.

Notice of Automatic Increase

Participants with one or more years of service, who have made a deferral election of at least 1%, but no more than 6%, will have their deferral increased by 1% each year until they are deferring 7%. This scheduled increase will take place on or about May 1 each year. A participant may opt out of this annual increase.

About Your Plan

- You may direct the investment of your account balance
- If you make no investment election, the Plan has a Qualified Default Investment Alternative, the Target Retirement Date model most closely associated with your normal retirement date
- There are fees associated with the Plan, some of which you may pay and some which the company may pay
- There are no upfront charges (loads) when you invest in any of the Plan options
- View or Change your Account / View this or other Notices
 - » www.nesteggu.com/melton
 - » Call 866-412-9026 to request this information
- A Glossary of Terms is available at

www.nesteggu.com/melton in the Investor section

Notice Regarding Electronic Delivery of Participant Statements and Other Plan Information

For the Plan Year Beginning January 01, 2018

Electronic Statements. Your participant statements for the Melton Truck Lines, Inc. 401(k) Profit Sharing Plan are always available to you on the NestEgg U website. To access your participant statements go to www.nesteggu.com/melton, select "My Account," enter your User ID and Password, select "Reports & Forms," select "Reports," scroll down to the statement date you wish to view, select the statement date, and then select "Open."

You have the right to receive a paper copy of your participant statement free of charge. If you would like a paper copy of your participant statement, telephone the Customer Solutions Center at 866-412-9026, give the representative the date of the statement you would like and ask that a paper copy of the requested statement be mailed to you. You should verify your current mailing address listed on the system when you speak with the representative. If you are a current employee and your address on the system is incorrect, you must notify your employer to change your address in the recordkeeping system. Your statement may only be mailed to your address as it appears in the system. If you are not a current employee, give the representative your correct mailing address and your statement will be mailed to that address.

Other Plan Information. Other Plan information may also be delivered to you electronically. You will be notified when such Plan information is available. The notification will include how to access the information made available to you. You always have the right to request and receive a paper copy of this information free of charge. To request a paper copy, telephone the Customer Solutions Center at 866-412-9026, and ask that a paper copy of the requested Plan information be mailed to you. You should verify your current mailing address listed on the system when you speak with the Representative. If you are a current employee and your address on the system is incorrect, you must notify your Employer to change your address. Plan information may only be mailed to your address as it appears in the system. If you are not a current employee, give the representative your correct mailing address and the Plan information will be mailed to that address.

November 2017 – Annual Participant Fee Disclosure Statement

Melton Truck Lines, Inc. 401(k) Profit Sharing Plan

The Melton Truck Lines, Inc. 401(k) Profit Sharing Plan (“Plan”) is a participant directed individual account plan as defined in ERISA §3(34). Because of this, certain Plan related information must be disclosed to you each year. This Annual Participant Fee Disclosure Statement (“Disclosure Statement”) is intended to advise you of information regarding fees associated with your participation in the Plan.

This Disclosure Statement is provided to you by INTRUST Bank, N. A., your Plan’s service provider, on behalf of the Plan Administrator.

Section I provides general information regarding the operation of the Plan.

Section II provides information regarding charges for administrative expenses the Plan may incur.

Section III provides information regarding individual expenses you may incur as a Plan participant, beneficiary or alternate payee.

Included with this Disclosure Statement is an Investment Comparative Chart (“Comparative Chart”) which tells you about the investment options offered to you as designated investment alternatives in the Plan. Any fees actually charged against your Plan account will be noted on your participant statement. Any fees charged will be accounted for in the Gain (Losses) column under Investment Activity. The actual amount of the fees and a description of the fees charged against your account will be stated at the end of the Investment Activity section of your account statement.

Section I – General Plan Information

You may direct the investment of your account balance in the Plan. You make your initial investment elections by completing an Enrollment form. Investment elections instruct the Plan trustee on how you want your account invested. The Enrollment form is included in your Enrollment packet or may be obtained from the Plan Administrator. You may contact the Plan Administrator at 918-270-9473 or by email at kbuxton@meltontruck.com.

You may make changes to your investment elections or transfer funds among the investments offered in the Plan by accessing www.nesteggu.com/melton, by using the Voice Response Unit (“VRU”), or by calling the Customer Solutions Center.

Internet

After accessing www.nesteggu.com/melton, select "My Account," enter your User ID and Password, select the appropriate Plan shown on your screen, select "Change" and then select "Investment Elections" or "Transfer Funds."

VRU

You access the VRU by calling 877-410-9984. When asked for the extension for your plan provider, enter 1111 and then enter your Login ID and Password when prompted and follow instructions to make desired changes.

Customer Solutions Center

You may contact the Customer Solutions Center by calling 866-412-9026.

Limitations on Instructions

You may change your investment elections via the internet or VRU at any time. Instructions given on a business day before 3:00 p.m. Central Time will be processed the same day. In the event the financial markets or the bank is closed on the day you give your investment instructions, your instructions will be processed the following business day.

Voting and Other Rights

The trustee will exercise any voting or other rights associated with ownership of your investments held in your Plan account.

Designated Investment Alternatives

The Plan provides designated investment alternatives in which you may direct the investment of your Plan account. The Comparative Chart lists the designated investment alternatives and provides information regarding the alternatives. You may request fund prospectuses for the designated investment alternatives by calling 866-412-9026 and speaking with a Customer Solutions Center representative.

Qualified Default Investment Alternative

Your Plan has a qualified default investment alternative. If you do not make your own investment elections, contributions to your Plan account will be invested in the qualified default investment alternative. The qualified default investment alternative for your Plan is the JP Morgan Smart Retirement Fund that most closely represents your Normal Retirement Age. The Comparative Chart lists and provides information regarding the qualified default investment alternative.

Section II – Administrative Expenses

Trustee Fees

Your Plan is charged an annual fee. This fee is prorated and assessed each quarter based on the average daily market value of Plan assets.

Asset Based Fee

- 50 basis points on the first \$1,000,000.00 of Plan Assets
- 40 basis points on the next \$1,000,000.00 of Plan Assets
- 30 basis points on the next \$8,000,000.00 of Plan Assets
- 20 basis points on the remaining value of Plan Assets

Revenue sharing paid by mutual fund companies to the Plan may be used to pay the trustee fee if there is revenue sharing available to pay this fee. If revenue sharing is not available, this fee is charged against your account balance in the Plan each quarter on a pro rata basis. Your share of this fee is calculated based on a ratio, the numerator of which is the market value of your account balance, and the denominator is the total market value of assets held in the Plan. For example, if the fee is \$1,000.00, the total market value of Plan assets is \$1,000,000.00 and your account balance is \$10,000.00, your share of the fee would be \$10.00.

Participant Recordkeeping Service Fee

The Plan allows each participant in the Plan to direct how their account balance in the Plan is invested. NestEgg U at INTRUST Bank, N.A. maintains records for each individual participant's Plan account. These participant recordkeeping services are charged according to the following fee schedule:

Annual Fees

- Per Participant Fee: \$30.00 on the first 1,000 participants
- \$20.00 on the remaining participants

Other Fees

- 5500 Preparation: \$500.00
- Additional Services: \$100.00 per hour

The Plan may be billed for special audit request items and for extraordinary or extended communication with the Plan's independent auditors. Fees for these special audit requests or extended communication with the Plan's independent auditors will be based on a rate of \$100.00 per hour.

In the event late contributions are made to the Plan, NestEgg will charge an Additional Services fee at the rate of \$100.00 per hour for calculating interest and excise tax on late contributions and loan payments and for preparation of documentation and paperwork necessary for the Plan Sponsor's submission to the Department of Labor's Voluntary Fiduciary Correction Program.

Revenue sharing paid by mutual fund companies to the Plan may be used to pay the annual fee if there is revenue sharing available. If revenue sharing is not available, the annual fee is prorated and charged against your account balance in the Plan each quarter on a pro rata basis. Your share of the fee is calculated based on a ratio, the numerator of which is the market value of your account balance, and the denominator is the total market value of assets held in the Plan. For example, if the fee is \$1,000.00, the total market value of Plan assets is \$1,000,000.00 and your account balance is \$10,000.00, your share of the fee would be \$10.00. Your distribution fees are paid from your account balance in the Plan. The Plan imposes certain charges against individual participant's account balances rather than against the Plan as a whole when individual participants incur the charges. These charges are listed below.

Section III – Individual Expenses

Redemption Fee

Buying or selling some investments may result in a redemption fee. The Comparative Chart provides information regarding any redemption fee that may be incurred.

Distribution Fee

If you request a distribution from the Plan, your Plan account will be charged a distribution fee as indicated below.

- Termination: \$25.00
- In-Service: \$25.00
- Hardship: \$25.00
- Ad-Hoc: 25.00
- QDRO: \$25.00

Loan Origination Fee

There is a loan origination fee of \$100.00 for each participant loan you make from your Plan account. This fee is not deducted from your Plan account, but is taken from your loan proceeds. For example, you request a \$5,000.00 loan. Your \$5,000.00 loan request is processed and \$5,000.00 is borrowed from your Plan account. The \$100.00 loan origination fee is deducted from your loan proceeds and you

receive a check in the amount of \$4,900.00 representing your loan amount less the loan origination fee. You are responsible for repaying the \$5,000.00 loan amount plus interest from the date of the loan.

In the event you request a participant loan and then decide you don't want the loan before negotiating the check representing the loan proceeds, your account will be charged the \$100.00 loan origination fee even if you cancel the loan.

You may view this Annual Participant Fee Disclosure Statement and the accompanying Investment Comparative Chart on-line by going to www.nesteggu.com/melton, selecting "My Account," entering your User ID and Password, selecting "Reports & Forms" and then selecting "Plan Information." There is also a Glossary of Terms available to help you understand investment terms used in the Investment Comparative Chart. To view the Glossary of Terms, go to www.nesteggu.com/melton, select "Investor" and then select "Glossary of Terms" at the bottom right of your screen.

The Hawthorn Group, Inc. Melton Truck Lines, Inc. 401(k) Profit Sharing Plan

Investment Comparative Chart As Of 06/30/2017

This document includes important information to help you compare the investment options under your retirement plan. If you want additional information about your investment options, you can go to the specific Internet Web site address shown below each investment name or you can call 866-412-9026 and a fund prospectus will be mailed to you. A free paper copy of the information available on the Web site(s) can be obtained by calling 866-412-9026.

Performance Information

The table below shows how plan investment alternatives have performed over time and allows you to compare them with an appropriate benchmark for the same time periods. Past performance does not guarantee how the investment option will perform in the future. Your investment in these options could lose money. Information about an option's principal risks is available on the Web site(s).

Plan Investment	Average Annual Total Return as of Benchmark Returns 06/30/2017				Benchmark Returns			
	1yr.	5yr.	10yr.	Inception	1yr.	5yr.	10yr.	Inception
American Funds American Balanced BAL 65 http://www.tcrfund.com/fund/INT150/024071839	10.71	10.91	6.89	N/A	10.95	7.74	N/A	N/A
					Morningstar Moderate Target Risk TR USD			
American Century Inflat-Adj Bond TIPS http://www.tcrfund.com/fund/INT150/025081795	-0.23	0.00	4.13	N/A	-0.61	0.33	N/A	N/A
					Morningstar US TIPS TR USD			
JP Morgan Core Plus Bond Intmd Bnd http://www.tcrfund.com/fund/INT150/4812C0134	1.35	3.48	5.52	N/A	-0.23	2.38	N/A	N/A
					Morningstar US Core Bond MCB1 TR USD			
Federated Capital Preservation Stbl Val http://www.tcrfund.com/fund/INT150/140411307	1.26	1.10	2.18	N/A	0.51	0.15	N/A	N/A
					Morningstar Cash TR USD			
American Funds EuroPacific Growth Intl Core http://www.tcrfund.com/fund/INT150/298706839	22.12	9.56	3.46	N/A	20.79	N/A	N/A	N/A
					Morningstar Global Mkts ex-US GR USD			
American Funds New Perspective Glob Core http://www.tcrfund.com/fund/INT150/648018836	21.52	13.02	6.67	N/A	19.48	N/A	N/A	N/A
					Morningstar Global Markets GR USD			
Hartford Small Cap Growth Sm Growth http://www.tcrfund.com/fund/INT150/416528289	24.36	15.02	8.84	N/A	21.28	13.30	7.78	N/A
					Morningstar Small Growth TR USD			
JHancock Disciplined Value Mid Cap Mid Value http://www.tcrfund.com/fund/INT150/47803W703	18.80	16.92	N/A	16.87	17.43	15.16	7.80	14.90
	(since 09/01/2011)				(since 09/01/2011) Morningstar US Mid Cap TR USD			
PRIMECAP Odyssey Aggressive Growth Mid Growth http://www.tcrfund.com/fund/INT150/74160Q202	34.10	20.13	12.74	N/A	15.27	14.90	8.18	N/A
					Morningstar US Mid Core TR USD			
T. Rowe Price Growth Stock Lg Growth http://www.tcrfund.com/fund/INT150/741479109	29.15	N/A	N/A	13.13	20.18	14.96	8.54	11.41
	(since 08/28/2015)				(since 08/28/2015) Morningstar US Large Growth TR USD			
Undiscovered Mgrs Behavioral Value Sm Value http://www.tcrfund.com/fund/INT150/904504479	19.37	N/A	N/A	12.87	18.74	13.56	7.97	10.53
	(since 04/30/2013)				(since 04/30/2013) Morningstar US Small Value TR USD			
Vanguard 500 Index Lg Core http://www.tcrfund.com/fund/INT150/922908710	17.85	14.59	7.18	N/A	18.42	14.49	7.18	N/A
					Morningstar US Large Cap TR USD			
Vanguard Developed Markets Index Intl Core http://www.tcrfund.com/fund/INT150/921943809	20.30	9.10	1.37	N/A	20.79	N/A	N/A	N/A
					Morningstar Global Markets ex-US GR USD			
Vanguard Mid Cap Index Mid Core http://www.tcrfund.com/fund/INT150/922908645	17.25	14.78	7.49	N/A	17.43	15.16	7.80	N/A
					Morningstar US Mid Cap TR USD			
Vanguard Small Cap Index Sm Core http://www.tcrfund.com/fund/INT150/922908686	19.14	14.13	7.83	N/A	20.34	13.70	7.67	N/A
					Morningstar Small Cap TR USD			
Vanguard Windsor II Lg Value http://www.tcrfund.com/fund/INT150/922018304	18.64	13.03	5.61	N/A	13.43	12.50	4.14	N/A
					Morningstar US Large Value TR USD			
JP Morgan Smart Retirement Blend 2020 Tgt 2020 http://www.tcrfund.com/fund/INT150/46636U595	9.31	N/A	N/A	7.55	7.98	7.28	N/A	7.19
	(since 07/02/2012)				(since 07/02/2012) Morningstar Lifetime Allocation Moderate			
JP Morgan Smart Retirement Blend 2025 Tgt 2025 http://www.tcrfund.com/fund/INT150/46636U538	11.16	N/A	N/A	8.52	9.75	8.35	N/A	8.27
	(since 07/02/2012)				(since 07/02/2012) Morningstar Lifetime Allocation Moderate			
JP Morgan Smart Retirement Blend 2030 Tgt 2030 http://www.tcrfund.com/fund/INT150/46636U462	13.03	N/A	N/A	9.36	11.98	9.42	N/A	9.33
	(since 07/02/2012)				(since 07/02/2012) Morningstar Lifetime Allocation Moderate			
JP Morgan Smart Retirement Blend 2035 Tgt 2035 http://www.tcrfund.com/fund/INT150/46636U397	14.31	N/A	N/A	10.01	14.13	10.19	N/A	10.10
	(since 07/02/2012)				(since 07/02/2012) Morningstar Lifetime Allocation Moderate			

Plan Investment	Average Annual Total Return as of Benchmark Returns 06/30/2017				Benchmark Returns			
	1yr.	5yr.	10yr.	Inception	1yr.	5yr.	10yr.	Inception
JP Morgan Smart Retirement Blend 2040 Tgt 2040 http://www.tcrfund.com/fund/INT150/46636U330	15.62	N/A	N/A	10.42	15.58	10.53	N/A	10.45
	(since 07/02/2012)				(since 07/02/2012) Morningstar Lifetime Allocation Moderate			
JP Morgan Smart Retirement Blend 2045 Tgt 2045 http://www.tcrfund.com/fund/INT150/46636U264	15.65	N/A	N/A	10.42	16.22	10.57	N/A	10.48
	(since 07/02/2012)				(since 07/02/2012) Morningstar Lifetime Allocation Moderate			
JP Morgan Smart Retirement Blend 2050 Tgt 2050 http://www.tcrfund.com/fund/INT150/46636U199	15.69	N/A	N/A	10.43	16.41	10.50	N/A	10.42
	(since 07/02/2012)				(since 07/02/2012) Morningstar Lifetime Allocation Moderate			
JP Morgan Smart Retirement Blend 2055 Tgt Cur http://www.tcrfund.com/fund/INT150/46636U132	15.54	N/A	N/A	10.35	16.41	10.50	N/A	10.31
	(since 07/02/2012)				(since 07/02/2012) Morningstar Lifetime Allocation Moderate			
JPMorgan SmartRetirement® Blend Inc Tgt Cur http://www.tcrfund.com/fund/INT150/46636U736	6.97	N/A	N/A	5.33	4.93	4.64	N/A	4.57
	(since 07/02/2012)				(since 07/02/2012) Morningstar Lifetime Allocation Moderate			

The Hawthorn Group, Inc., Melton Truck Lines, Inc. 401(k) Profit Sharing Plan

Investment Comparative Chart As Of 06/30/2017

Fee and Expense Information

The table below shows Total Annual Operating Expenses and Redemption Type Expenses for plan investment alternatives. Total Annual Operating Expenses are referred to as the Gross Expense Ratio and represent the cost of running a fund as compared to the profit earned by the fund. Fees shown in the Redemption Type Fees are in addition to Total Annual Operating Expenses. Net Operating Expenses are shown on the following page. Net Operating Expenses are referred to as the Net Expense Ratio and represent the gross expense ratio minus any fee waivers or expense reimbursements made to investors by the fund. The Net Expense Ratio reflects the amount of money each fund investor actually pays for fund operating costs.

Plan Investment	Total Annual Operating Expenses		Redemption Type Fees
	As a %	Per \$,1000	
American Funds American Balanced	0.34%	\$3.40	
American Century Inflat-Adj Bond	0.27%	\$2.70	
JP Morgan Core Plus Bond	0.43%	\$4.30	
Federated Capital Preservation	0.53%	\$5.30	
American Funds EuroPacific Growth	0.54%	\$5.40	
American Funds New Perspective	0.50%	\$5.00	
Hartford Small Cap Growth	0.66%	\$6.60	
JHancock Disciplined Value Mid Cap	0.77%	\$7.70	
PRIMECAP Odyssey Aggressive Growth	0.64%	\$6.40	
T. Rowe Price Growth Stock	0.52%	\$5.20	
Undiscovered Mgrs Behavioral Value	1.32%	\$13.20	
Vanguard 500 Index	0.04%	\$0.40	
Vanguard Developed Markets Index	0.07%	\$0.70	
Vanguard Mid Cap Index	0.06%	\$0.60	
Vanguard Small Cap Index	0.06%	\$0.60	
Vanguard Windsor II	0.25%	\$2.50	
JP Morgan Smart Retirement Blend 2020	0.73%	\$7.30	
JP Morgan Smart Retirement Blend 2025	0.74%	\$7.40	
JP Morgan Smart Retirement Blend 2030	0.74%	\$7.40	
JP Morgan Smart Retirement Blend 2035	0.78%	\$7.80	
JP Morgan Smart Retirement Blend 2040	0.79%	\$7.90	
JP Morgan Smart Retirement Blend 2045	0.90%	\$9.00	
JP Morgan Smart Retirement Blend 2050	1.06%	\$10.60	
JP Morgan Smart Retirement Blend 2055	1.56%	\$15.60	
JP Morgan Smart Retirement Blend Inc	0.93%	\$9.30	

Fees and expenses are only one of several factors that you should consider when making investment decisions. The cumulative effect of fees and expenses can substantially reduce the growth of your retirement account. You may visit the Employer Benefit Security Administration Web Site for an example demonstrating the long term effect of fees and expenses.

Investment Option	Net Expense Ratio	Operating Expense Based on Each \$1,000.00 Invested in the Investment Option
American Century Inflat-Adj Bond	0.27%	\$2.70
Federated Capital Preservation	0.52%	\$5.20
Hartford Small Cap Growth	0.66%	\$6.60
JP Morgan Smart Retirement Blend 2025	0.29%	\$2.90
JP Morgan Core Plus Bond	0.40%	\$4.00
JP Morgan Smart Retirement Blend Inc	0.29%	\$2.90
JP Morgan Smart Retirement Blend 2045	0.29%	\$2.90
JP Morgan Smart Retirement Blend 2050	0.29%	\$2.90
JP Morgan Smart Retirement Blend 2040	0.29%	\$2.90
JP Morgan Smart Retirement Blend 2035	0.29%	\$2.90
JP Morgan Smart Retirement Blend 2030	0.29%	\$2.90
JP Morgan Smart Retirement Blend 2020	0.29%	\$2.90
JP Morgan Smart Retirement Blend 2055	0.29%	\$2.90
JHancock Disciplined Value Mid Cap	0.77%	\$7.70
PRIMECAP Odyssey Aggressive Growth	0.62%	\$6.20
T. Rowe Price Growth Stock	0.52%	\$5.20
American Funds EuroPacific Growth	0.54%	\$5.40
American Funds American Balanced	0.34%	\$3.40
American Funds New Perspective	0.50%	\$5.00
Undiscovered Mgrs Behavioral Value	0.94%	\$9.40
Vanguard 500 Index	0.05%	\$0.50
Vanguard Mid Cap Index	0.08%	\$0.80
Vanguard Small Cap Index	0.08%	\$0.80
Vanguard Developed Markets Index	0.09%	\$0.90
Vanguard Windsor II	0.25%	\$2.50

Fees and expenses are only one of several factors that you should consider when making investment decisions. The cumulative effect of fees and expenses can substantially reduce the growth of your retirement account. You may visit the Employer Benefit Security Administration Web Site for an example demonstrating the long term effect of fees and expenses.

Excessive Trading Restrictions

American Century Inflat-Adj Bond

Maximum of 1 round trip allowed per 7 days period.
Maximum of 1 round trip allowed per 30 days period.

Hartford Small Cap Growth

Excessive trading violation will result in a trading restriction period of 90 days. Maximum of 2 round trips allowed per 90 days period.

JP Morgan Core Plus Bond

Excessive trading violation will result in a trading restriction period of 90 days. Maximum of 1 round trip allowed per 60 days period.

JP Morgan Smart Retirement Blend 2020

Excessive trading violation will result in a trading restriction period of 90 days. Maximum of 1 round trip allowed per 60 days period.

JP Morgan Smart Retirement Blend 2025

Excessive trading violation will result in a trading restriction period of 90 days. Maximum of 1 round trip allowed per 60 days period.

JP Morgan Smart Retirement Blend 2030

Excessive trading violation will result in a trading restriction period of 90 days. Maximum of 1 round trip allowed per 60 days period.

JP Morgan Smart Retirement Blend 2035

Excessive trading violation will result in a trading restriction period of 90 days. Maximum of 1 round trip allowed per 60 days period.

JP Morgan Smart Retirement Blend 2040

Excessive trading violation will result in a trading restriction period of 90 days. Maximum of 1 round trip allowed per 60 days period.

JP Morgan Smart Retirement Blend 2045

Excessive trading violation will result in a trading restriction period of 90 days. Maximum of 1 round trip allowed per 60 days period.

JP Morgan Smart Retirement Blend 2050

Excessive trading violation will result in a trading restriction period of 90 days. Maximum of 1 round trip allowed per 60 days period.

JP Morgan Smart Retirement Blend 2055

Excessive trading violation will result in a trading restriction period of 90 days. Maximum of 1 round trip allowed per 60 days period.

JP Morgan Smart Retirement Blend Inc

Excessive trading violation will result in a trading restriction period of 90 days. Maximum of 1 round trip allowed per 60 days period.

T. Rowe Price Growth Stock

Maximum of 1 round trip allowed per 30 days period. In addition to restricting transactions in accordance with the 30-Day Purchase Block, T. Rowe Price may, in its discretion, reject any purchase or exchange into a fund from a person whose trading activity could disrupt the management of the fund or dilute the value of the fund's shares, including trading by persons acting collectively. Such persons may be barred from further purchases of T. Rowe Price funds for a period longer than 30 calendar days or permanently.

Undiscovered Mgrs Behavioral Value

Excessive trading violation will result in a trading restriction period of 90 days. Maximum of 1 round trip allowed per 60 days period.

Vanguard 500 Index

A round trip is defined as a buy and sell that occur within 30 days.

Vanguard Developed Markets Index

A round trip is defined as a buy and sell that occur within 30 days.

Vanguard Mid Cap Index

A round trip is defined as a buy and sell that occur within 30 days.

Vanguard Small Cap Index

A round trip is defined as a buy and sell that occur within 30 days.

Vanguard Windsor II

A round trip is defined as a buy and sell that occur within 30 days.

Automatic Escalation Notice

Melton Truck Lines, Inc. 401(k) Profit Sharing Plan

For the Plan Year Beginning January 01, 2018

The Melton Truck Lines, Inc. 401(k) Profit Sharing Plan ("Plan") includes an Automatic Escalation feature. If you made a deferral election in prior years and affirmatively elected Bump It!, your deferral percentage will be increased 1% the first pay period in May, 2018 as elected. If you made a deferral election to defer from 1% to 6% of your compensation, and did not elect Bump It!, your deferral percentage will be increased 1% the first pay period in May, 2018 unless you make an election not to be subject to the scheduled increase. If you are currently deferring 7% or more of your compensation, your deferral percentage will not be increased unless you have affirmatively elected Bump It!

If you do not want to be subject to the 1% automatic increase, you may make that election at any time before April 15, 2018 by going to www.nesteggu.com/melton, selecting "My Account," entering your User ID and Password, selecting "Participant," selecting "Change," and then selecting "Contributions." Once you are on the Contributions page, scroll down to "Bump It!" The default on the left side of the screen is "I want to use pre-tax Bump It!" Select the down arrow, and click "I do not want to use pre-tax Bump It!"

You may also call the Customer Solutions Center at 866-412-9026 before April 15, 2018 and a Representative will assist you in making the election.

Your total deferrals in any taxable year may not exceed a dollar limit set by law. The limit for 2018 has not been published. However, the dollar limit for deferrals in 2017 is \$18,000. If you are 50 years of age or older during the calendar year, the dollar limit for deferrals in 2017 is an additional \$6,000. These limits may change in 2018.

Should you have questions about the automatic escalation provisions of the Plan, you may contact Kristina Buxton at 918-270-9473 or by email at kbuxton@meltontruck.com.

Qualified Default Investment Alternative Notice

For the Plan Year Beginning January 01, 2018

You have the right to direct the investment of your account balance in the Melton Truck Lines, Inc. 401(k) Profit Sharing Plan ("Plan"). You may make your investment choices from the designated investment alternatives offered in the Plan. If you

do not make an investment election as to how the Plan should invest your account balance, the Plan trustee will invest your account balance in the qualified default investment alternative that the Plan officials have selected. The qualified default investment alternative is the JP Morgan Smart Retirement Fund that most closely represents your Normal Retirement Age. These funds are targeted date funds which seek a level of total return consistent with its asset allocation until the approximate retirement year in the fund's name. Thereafter, the funds seek total return through a combination of current income and capital appreciation.

Overall Strategy for the JP Morgan Smart Retirement

Funds: All of the JP Morgan Smart Retirement Funds, except the JP Morgan Smart Retirement Income Fund (the Target Date Funds), are designed for investors who expect to retire near the applicable target retirement date (for example, 2020 for the JP Morgan Smart Retirement 2020 Fund). The JP Morgan Smart Retirement Income Fund is designed for investors who are retired or expect to retire soon.

The Funds At Target Date: The Fund seeks high total return with a shift to current income and some capital appreciation over time as the Fund approaches and passes the target retirement date.

JP Morgan Smart Retirement Blend Inc

Objective: The investment seeks high total return with a shift to current income and some capital appreciation over time as the fund approaches and passes the target retirement date.

Current Asset Allocation: The fund has reached its most conservative asset allocation.

Change to Asset Allocation Over Time: The fund has reached its most conservative asset allocation.

Age Group Design: This fund is designed for those who have already reached their Normal Retirement Age.

1yr.	5yr.	10yr.	Since Inception
6.97	N/A	N/A	5.33

Expenses:

Gross Expense Ratio	Net Expense Ratio
0.93%	0.29%

JP Morgan Smart Retirement Blend 2020

Objective: The investment seeks high total return with a shift to current income and some capital appreciation over time as the fund approaches and passes the target retirement date.

Current Asset Allocation: 48% Bond Funds, 52% Stock Funds, 10% Cash

Change to Asset Allocation Over Time: The fund will reach its most conservative asset allocation in the year 2020.

Age Group Design: This fund is designed for those who will reach their Normal Retirement Age in the year 2020.

Historical Rate of Return (through June 30, 2017)
Past performance is no guarantee of future results.

1yr.	5yr.	10yr.	Since Inception
9.31	N/A	N/A	7.55

Expenses:

Gross Expense Ratio	Net Expense Ratio
0.73%	0.29%

JP Morgan Smart Retirement Blend 2025

Objective: The investment seeks high total return with a shift to current income and some capital appreciation over time as the fund approaches and passes the target retirement date.

Current Asset Allocation: 38% Bond Funds, 62% Stock Funds, 11% Cash

Change to Asset Allocation Over Time: The fund will reach its most conservative asset allocation in the year 2025.

Age Group Design: This fund is designed for those who will reach their Normal Retirement Age in the year 2025.

Historical Rate of Return (through June 30, 2017)
Past performance is no guarantee of future results.

1yr.	5yr.	10yr.	Since Inception
11.16	N/A	N/A	8.52

Expenses:

Gross Expense Ratio	Net Expense Ratio
0.74%	0.29%

JP Morgan Smart Retirement Blend 2030

Objective: The investment seeks high total return with a shift to current income and some capital appreciation over time as the fund approaches and passes the target retirement date.

Current Asset Allocation: 28% Bond Funds, 72% Stock Funds, 0% Cash

Change to Asset Allocation Over Time: The fund will reach its most conservative asset allocation in the year 2030.

Age Group Design: This fund is designed for those who will reach their Normal Retirement Age in the year 2030.

Historical Rate of Return (through June 30, 2017)
Past performance is no guarantee of future results.

1yr.	5yr.	10yr.	Since Inception
13.03	N/A	N/A	9.36

Expenses:

Gross Expense Ratio	Net Expense Ratio
0.74%	0.29%

JP Morgan Smart Retirement Blend 2035

Objective: The investment seeks high total return with a shift to current income and some capital appreciation over time as the fund approaches and passes the target retirement date.

Current Asset Allocation: 21% Bond Funds, 79% Stock Funds, 0% Cash

Change to Asset Allocation Over Time: The fund will reach its most conservative asset allocation in the year 2035.

Age Group Design: This fund is designed for those who will reach their Normal Retirement Age in the year 2035.

Historical Rate of Return (through June 30, 2017)
Past performance is no guarantee of future results.

1yr.	5yr.	10yr.	Since Inception
14.31	N/A	N/A	10.01

Expenses:

Gross Expense Ratio	Net Expense Ratio
0.78%	0.29%

JP Morgan Smart Retirement Blend 2040

Objective: The investment seeks high total return with a shift to current income and some capital appreciation over time as the fund approaches and passes the target retirement date.

Current Asset Allocation: 14% Bond Funds, 86% Stock Funds, 0% Cash

Change to Asset Allocation Over Time: The fund will reach its most conservative asset allocation in the year 2040.

Age Group Design: This fund is designed for those who will reach their Normal Retirement Age in the year 2040.

Historical Rate of Return (through June 30, 2017)
Past performance is no guarantee of future results.

1yr.	5yr.	10yr.	Since Inception
15.62	7.58	5.80	10.42

Expenses:

Gross Expense Ratio	Net Expense Ratio
0.79%	0.29%

JP Morgan Smart Retirement Blend 2045

Objective: The investment seeks high total return with a shift to current income and some capital appreciation over time as the fund approaches and passes the target retirement date.

Current Asset Allocation: 14% Bond Funds, 86% Stock Funds, 0% Cash

Change to Asset Allocation Over Time: The fund will reach its most conservative asset allocation in the year 2045.

Age Group Design: This fund is designed for those who will reach their Normal Retirement Age in the year 2045.

Historical Rate of Return (through June 30, 2017)
Past performance is no guarantee of future results.

1yr.	5yr.	10yr.	Since Inception
15.65	N/A	N/A	10.42

Expenses:

Gross Expense Ratio	Net Expense Ratio
0.90%	0.29%

JP Morgan Smart Retirement Blend 2050

Objective: The investment seeks high total return with a shift to current income and some capital appreciation over time as the fund approaches and passes the target retirement date.

Current Asset Allocation: 14% Bond Funds, 86% Stock Funds, 0% Cash

Change to Asset Allocation Over Time: The fund will reach its most conservative asset allocation in the year 2050.

Age Group Design: This fund is designed for those who will reach their Normal Retirement Age in the year 2050.

Historical Rate of Return (through June 30, 2017)
Past performance is no guarantee of future results.

1yr.	5yr.	10yr.	Since Inception
15.69	N/A	N/A	10.43

Expenses:

Gross Expense Ratio	Net Expense Ratio
1.06%	0.29%

JP Morgan Smart Retirement Blend 2055

Objective: The investment seeks high total return with a shift to current income and some capital appreciation over time as the fund approaches and passes the target retirement date.

Current Asset Allocation: 14% Bond Funds, 86% Stock Funds, 0% Cash

Change to Asset Allocation Over Time: The fund will reach its most conservative asset allocation in the year 2055.

Age Group Design: This fund is designed for those who will reach their Normal Retirement Age in the year 2055.

Historical Rate of Return (through June 30, 2017)
Past performance is no guarantee of future results.

1yr.	5yr.	10yr.	Since Inception
15.54	N/A	N/A	10.35

Expenses:

Gross Expense Ratio	Net Expense Ratio
1.56%	0.29%

If at any time you want to direct the investment of your account into investments other than the qualified default investment alternative, you may do so by accessing www.nesteggu.com/melton, selecting "My Account," entering your User ID and Password, selecting "Participant," selecting "Manage," selecting "Manage Account," selecting "Get Started" on the "Investment Election" tile, and then making your new elections. You may also call the Voice Response Unit ("VRU") at 877-410-9984. When asked for the extension for your plan provider, enter 1111. You may obtain investment information about the Plan's designated investment alternatives by reviewing the Investment Comparative Chart by accessing www.nesteggu.com/melton, selecting "My Account," entering your User ID and Password,

selecting "Reports & Forms," then selecting "Plan Information & Forms" and then selecting the "Fee Disclosure" group. There is also a Glossary of Terms available to help you understand the investment terms used in the Investment Comparative Chart. To view the Glossary of Terms, go to www.nesteggu.com/melton, select "NEU Handbook," select "Investor" and then select "Glossary of Terms" under the "Learn" section.

You may lose money by investing in the qualified default investment alternative, including losses near and following retirement, and there is no guarantee that the investment will provide adequate retirement income.

Health Coverage Notices

Notice of Privacy Practices

Melton Truck Lines

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our Company's Pledge to You

This notice is intended to inform you of the privacy practices followed by The Hawthorn Group Health Care Plan (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on September 20, 2013.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. The Hawthorn Group/Melton Truck Lines requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs. However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for

treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of The Hawthorn Group/ Melton Truck Lines for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the

missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Kristina Buxton

Melton Truck Lines, Inc.

808 North 161st East Avenue

Tulsa, OK 74116

Phone Number: 918-270-9473

Email Address: kbuxton@meltontruck.com

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Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

Medicare Part D Notice

Important Notice from The Hawthorn Group/Melton Truck Lines About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Melton Truck Lines has determined that the prescription drug coverage offered by The Hawthorn Group Health Care Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will be affected. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to reenroll in The Hawthorn Group/Melton Truck Lines Health Plan coverage until the next annual enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days

after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information or call the Benefits Team at 918-270-9473.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Melton Truck Lines changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: October 2017

Name of Entity/Sender: The Hawthorn Group

Contact/Office: Benefits Team

Address: 808 N 161st E Avenue, Tulsa, OK 74116

Phone Number: 918-270-9473

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

COBRA Rights Notice

You are receiving this notice because you have recently become eligible for coverage under The Hawthorn Group Health Plan (the Plan). This notice contains important information about your right

to COBRA continuation coverage, which is a temporary extension of coverage under The Hawthorn Group Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review your Summary Plan Description or contact the Melton Truck Lines Benefits Team.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of group health plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event occurs, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of a qualifying event. Qualified beneficiaries who elect COBRA continuation coverage must pay for that coverage.

You will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

Your spouse will become a qualified beneficiary if he or she loses coverage under the Plan because any of the following qualifying events happens:

- Your hours of employment are reduced;
- Your employment ends for any reason other than your gross misconduct;
- Your death;
- Your entitlement to Medicare benefits (under Part A, Part B or both); or
- You become divorced or legally separated.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- Your hours of employment are reduced;
- Your employment ends for any reason other than your gross misconduct;
- Your death;
- Your entitlement to Medicare benefits (under Part A, Part B or both);
- Your divorce or legal separation; or
- The dependent stops being eligible for coverage under the Plan as a "dependent child."
- When Is COBRA Coverage Available?

Melton Truck Lines will offer COBRA continuation coverage to qualified beneficiaries only after it has been notified that a qualifying

event occurred. For the following qualifying events, Melton Truck Lines will notify the administrator for COBRA continuation coverage, of the qualifying event:

- Your hours of employment are reduced;
- Your employment ends;
- Your death; or
- Your entitlement to Medicare benefits (under Part A, Part B or both).

You Must Give Notice of Some Qualifying Events

For the following qualifying events, you or a family member must notify the Melton Truck Lines Benefits Team within 60 days after the qualifying event occurs:

- Your divorce or legal separation; or
- Your dependent's loss of eligibility for coverage as a "dependent child."

You must notify Melton Truck Lines of the qualifying event by calling the Melton Truck Lines Benefits Team at 918-270-9473

How Is COBRA Coverage Provided?

Once the COBRA administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. You may elect continuation coverage on behalf of your spouse and dependent children. Your spouse may also elect continuation coverage on behalf of your dependent children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is one of the following events, COBRA continuation coverage lasts for up to a total of 36 months for your spouse and dependent children:

- Your death;
- Your divorce or legal separation; or
- Your dependent stops being eligible for coverage under the plan as a "dependent child."

When the qualifying event is one of the following events, COBRA continuation coverage lasts for up to a total of 18 months for qualified beneficiaries:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

When the qualifying event is your reduction in hours or your termination of employment and you were entitled to Medicare benefits prior to the qualifying event, additional coverage for your spouse and dependents may be available. Your spouse and dependents would be eligible to receive up to 36 months of COBRA continuation coverage from the date of your entitlement to Medicare. For example, if you became entitled to Medicare eight months before the date your employment terminates, COBRA continuation coverage for your spouse and dependent children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months prior to the qualifying event).

There are two ways in which an 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-Month Period of Continuation Coverage

COBRA coverage may be available for you and your family up to a total of 29 months at a higher premium if:

- You, your covered spouse or your covered dependents (including newborn and newly adopted children) are determined to be disabled, as defined by the Social Security Act, prior to the qualifying event or during the first 60 days of COBRA coverage;
- The Social Security Administration's disability determination is received within the disabled individual's 18 months of COBRA coverage;
- The disability lasts at least until the end of the 18-month period of continuation coverage; and
- ResourceOne is notified of the Social Security Administration's disability determination within 60 days of the disabled individual's receipt of a Social Security Disability award. If the disability determination occurred before COBRA coverage started, you're required to notify ResourceOne within the first 60 days of COBRA coverage.

You, your covered spouse or your covered dependents must notify ResourceOne within 60 days of receipt of the disability determination and prior to the end of the initial 18-month continuation period in order to receive the coverage extension. To notify ResourceOne of the disability determination, call 800-485-0191, ext. 2255.

You, your covered spouse or your covered dependents must notify ResourceOne within 30 days of the date the disability ends by calling 800-485-0191, ext. 2255.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, your spouse and dependent children can receive up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months. Additional continuation coverage is available only if the event would have caused your spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. These events include:

- Your death;
- Your entitlement to Medicare (under Part A, Part B or both);
- Your divorce or legal separation; or
- Your dependent stops being eligible for coverage under the plan as a "dependent child."

You, your covered spouse or your covered dependents must notify ResourceOne within 60 days after the event occurs in order to receive this additional coverage. To notify ResourceOne of the qualifying event, call 800-485-0191, ext. 2255.

Events That May Change Continued Coverage

Once your COBRA coverage begins, you may be able to change your COBRA coverage elections based on plan rules if you experience a qualified change in status. You, your covered spouse or your covered dependents must notify ResourceOne by calling 800-485-0191, ext. 2255 within 60 days of the qualified change in status to change your COBRA coverage. See your Summary Plan Description for detailed information on allowable changes in status. Adding family members to COBRA coverage may result in a higher premium for this additional coverage.

You may also change COBRA coverage if a child is born to the covered employee or placed for adoption with the covered employee during the 18, 29 or 36 month continuation period. In such case, you must notify ResourceOne by calling 800-485-0191, ext. 2255 within 60 days of the birth or placement to cover the new dependent as a qualified beneficiary under COBRA. There may be a higher premium for this additional coverage.

Events That End Continued Coverage

COBRA coverage will end automatically upon the expiration of the 18 , 29 or 36 month continuation periods described on the previous pages. In addition, COBRA coverage will end automatically if any of the following situations occur:

- The Hawthorn Group/Melton Truck Lines stops providing group health benefits;
- Premiums are not paid within 30 days of the due date (with the exception of the initial premium which is due within 45 days of your election date); or
- A person eligible for continued benefits becomes covered under any other group health plan (unless the health plan has an enforceable pre-existing condition clause) or becomes entitled to Medicare.

If your coverage ends because of expiration of the 18 , 29 or 36 month limit, you may be able to convert coverage to an individual policy if this right currently exists in the Plan.

Address Information

Be sure to keep your current address information up to date with Melton Truck Lines. Doing so is the only way to ensure that important benefit information will reach you.

Your Rights Under ERISA

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

For More Information

If you have any questions about COBRA continuation coverage, call Melton Truck Lines Benefits Team at 918-270-9473

Other Notices

Newborn & Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed

- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the Melton Truck Lines Benefits Team or your medical plan administrator.

Patient Protection Disclosure

The Hawthorn Group/Melton Truck Lines generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact HealthSmart (DFW and Indiana Employees) at 800-687-0500 or PHCS (all other locations) at 877-312-7427.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact HealthSmart (DFW and Indiana Employees) at 800-687-0500 or PHCS (all other locations) at 877-312-7427.

Expanded Coverage for Women's Preventive Care

Under the Affordable Care Act, The Hawthorn Group/Melton Truck Lines provides female plan participants with expanded access to recommended in-network preventive services, including contraceptives, without cost sharing.

Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

For a description of what these items include, visit <http://www.healthcare.gov/news/factsheets/2011/08/womensprevention08012011a.html>.

The Hawthorn Group/Melton Truck Lines continues to cover women's in-network preventive health care services — such as mammograms, screenings for cervical cancer, and other services — with no cost sharing as mandated by the Affordable Care Act.

Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance

coverage, you may be able to enroll yourself or your dependents in The Hawthorn Group/Melton Truck Lines' medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 31 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in medical coverage as long as you request enrollment by contacting the Melton Truck Lines Benefits Team no more than 31 days after the marriage, birth, adoption or placement for adoption. For more information, contact Melton Truck Lines Benefits Team at 918-270-9473

60-Day Special Enrollment Period

In addition to the qualifying events listed in the enrollment guide and this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

Notice Regarding Wellness Program and Reasonable Alternatives Notice

iCare is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a biometric screening, which will include a blood test for metabolic risk factors, such as blood pressure, triglycerides, glucose, cholesterol, and waist circumference. You are not required to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$70 per month for employee or \$150 per month for both employee and spouse medical premium reduction for completing the biometric screening by the specified deadline. Although you are not required to complete the biometric screening, only employees who do so will receive medical premium reduction.

Additional incentives of \$250 per person may be available for employees and spouses who have two or fewer risk factors and are tobacco/nicotine free. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Benefits Team at 918-270-9473.

The results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services

through the wellness program, such as health coaching or tobacco cessation. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Melton Truck Lines may use aggregate information it collects to design a program based on identified health risks in the workplace, the iCare program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are a registered nurse, a nurse practitioner, a doctor, a wellness manager, or a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

Reasonable Alternatives

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under the Melton wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the benefits department and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Kristina Buxton at 918-270-9473.

Health Insurance Marketplace Coverages

PART A: General Information

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to

enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.56% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits Department at (918) 270-9473.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name: The Hawthorn Group, Inc.	4. Employer Identification Number (EIN): 74-3073830	
5. Employer address: 808 N. 161st Avenue	6. Employer phone number: 918-270-9473	
7. City: Tulsa	8. State: OK	9. ZIP code: 74116
10. Who can we contact about employee health coverage at this job? Kristina Buxton, Benefits Manager		
11. Phone number (if different from above): 918-270-9473	12. E-mail address: KBuxton@meltontruck.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees.

Eligible employees are: All regular, full-time employees of The Hawthorn Group/Melton Truck Lines, Inc. and its U.S. based subsidiaries. A regular employee is one who is regularly scheduled to work at least a 30-hour work week on an ongoing basis.

- With respect to dependents:
 - We do offer coverage.
 - We do not offer coverage.

Eligible dependents are:

- Your legal spouse
- Your eligible children up to age 26. "Children" are defined as your natural children, stepchildren, legally-adopted children and children for whom you are the court-appointed legal guardian.
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process.

An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Melton
Truck Lines, Inc.

In all events, the terms of the Plan as set forth in the Plan document govern and, as a result, no statements made outside of the Plan document, whether verbal or written, change or modify the terms of the Plan. The Plan can be amended only in writing and only by the Company, through its Board of Directors or its authorized designee, including the Benefits Officer. Other than the Board of Directors or its authorized designee, no individual or entity has the authority to change the terms of the Plan or to commit to any benefit or benefit provisions not set forth in the terms of the Plan, including, but not limited to, changing the eligibility criteria for any benefit.