



BENEFITS ENROLLMENT

2024

Melton
Truck Lines

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 54 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.

2024 Network Changes

Effective January 1, 2024 network options are changing. You will have access to the PDH and HealthSmart provider networks. Providers will operate in a similar fashion that hospitals and facilities function today in the reference based pricing model. If you are balance billed or have questions about a certain provider, please contact Imagine360. You will pay the same amount if you go in or out-of-network.

TABLE OF CONTENTS

Contact Information.....	3
Benefits Overview.....	4
Convenient Care.....	7
CareATC Shared Site Clinic Addresses.....	8
Medical Plan	9
Imagine360 Member Services	10
Telemedicine.....	13
Online Access to Your Healthcare Plan.....	15
Claim Assistance Service	16
Dental.....	18
Vision	19
Paying for your Plan.....	20
Travel Assistance Services.....	21
Life and Disability Insurance.....	22
Flexible Spending Account (FSA)	31
Employee Assistance Program (EAP).....	36
What is a 401(k) Plan?	38
Important Notices	40

CONTACT INFORMATION



ON-SITE AND NEAR-SITE CLINIC

CareATC
800.993.8244
www.careatc.com



MEDICAL PLAN

Imagine360—Member Services
800.903.4360
myplan@imagine360.com
www.imagine360.com
 M-Th: 7:00 a.m.–9:00 p.m. CST
 Fr: 7:00 a.m.–7:00 p.m. CST



DIAGNOSTIC IMAGING PROGRAM

KISx Imaging
888.458.8746
www.getkisx.com



TELEMEDICINE

UCM Digital Health
844.484.7362
info@ucmdigitalhealth.com
www.ucmdigitalhealth.com



PRESCRIPTION DRUG PLAN

CarelonRx
833.239.0020
www.carelonrx.com



DENTAL PLAN

Aetna
877.238.6200
www.aetna.com



VISION PROGRAM

Melton Truck Lines
844.577.7807—Option 2
[benefits@meltonttruck.com](mailto:benefits@meltontruck.com)



TRAVEL ASSISTANCE SERVICES

The Standard
800.872.1414
www.assistamerica.com/standard



LIFE INSURANCE

The Standard
800.628.8600
www.standard.com



SHORT TERM DISABILITY LONG TERM DISABILITY

The Standard
800.368.2859
www.standard.com



FLEXIBLE SPENDING ACCOUNTS (FSA)— INCLUDING PREPAID BENEFIT CARD

WEX
866.451.3399
customerservice@wexhealth.com
www.wexinc.com/contact/health
 Monday–Friday 6 a.m.–9 p.m. CST



EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Standard
888.293.6948
www.healthadvocate.com/standard3



401(K) RETIREMENT PLAN

NestEgg U
866.412.9026
support@nesteggu.com
www.nesteggu.com/melton



COBRA

WEX
866.451.3399
customerservice@wexhealth.com
www.wexinc.com/contact/health
 Monday–Friday 6 a.m.–9 p.m. CST



MELTON TRUCK LINES BENEFITS TEAM

Melton Truck Lines
844.577.7807—Option 2
benefits@meltonttruck.com

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

Basic Life and AD&D Insurance

- \$20,000
- \$1,000 spouse and dependent child coverage (up to age 26)—not automatic issue. Coverage must be elected

Vision Reimbursement

Employee Assistance Program

Travel Assistance Services

CareATC

Benefits You and Melton Pay For

Medical and Prescription Drugs

- Preferred Provider Organization (PPO)

Dental Plan

Optional Life/AD&D Insurance

Short-Term and Long-Term Disability

Flexible Spending Accounts

401(k) Retirement Plan

Who Is Eligible?

Health and Welfare Benefits—You are eligible to enroll in Melton Truck Lines' Medical, Dental, and Flexible Spending benefits, 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.
 - Healthcare 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 **844.577.7807**—Option 2. Dependent child coverage will end the last day of the month they turn age 26. A COBRA packet will be provided at that time.

When Coverage Begins

Initial Enrollment

To enroll in your benefits, you must elect coverage and provide all information needed to determine eligibility. If you do not want to be covered, you must decline coverage. 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.

Benefits Coverage Termination

Your benefits end as of the date of your separation from Melton.



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 **844.577.7807**—Option 2.

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. You do not need to be enrolled in Melton's medical plan to utilize the on-site CareATC clinic. If you or your covered dependents wish to use one of the shared CareATC clinics, you must be enrolled in Melton's medical plan. 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	

3 Easy Ways to Schedule an Appointment

- Log in at patients.careatc.com
- Call **800.993.8244**
- 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 over 30 locations to serve you.



CareATC SHARED SITE CLINIC ADDRESSES

Florida

East Boynton Beach

1700 W Woolbright Road
Boynton Beach, FL 33426

Fontainebleau Health Center

9250 W Flagler St
Miami, FL 33174

Hialeah Health Center

7100 W 20th Ave, Suite 606
Hialeah, FL 33016

Palm Harbor Clinic

34650 US Highway 19 N, Ste 102
Palm Harbor, FL 34684

Wellington Health Center

1397 Medical Park Blvd, Suite 380
Wellington, FL 33414

Georgia

Gainesville Clinic

1314 W Ridge Rd
Gainesville, GA 30501

Indiana

Middlebury Clinic

56853 Northridge Dr
Middlebury, IN 46540

Michigan

Grand Rapids SW Clinic

2221 Health Dr SW, Ste 1500
Wyoming, MI 49519

Missouri

Claymont Clinic

15421 Clayton Rd
Ballwin, MO 63011

Keaton Clinic

6698 Keaton Corporate Pkwy, Ste 101
O'Fallon, MO 63368

McKelvey Park Clinic

3165 McKelvey Rd, Ste 205
Bridgeton, MO 63044

Oklahoma

15th Street Clinic (x-ray available)

1810 E 15th St, Ste C
Tulsa, OK 74104

First Place Tower Clinic

15 E 5th St, Ste 1600
Tulsa, OK 74103

Jackson Clinic

4500 S 129th E Ave
Tulsa, OK 74134

Muskogee Clinic

3300 Chandler Rd, Ste 107
Muskogee, OK 74403

OKC Healthplex South

13500 S Tulsa Dr, Ste 302
Oklahoma City, OK 73170

Owasso Clinic

8751 N 117th E Ave, Unit H
Owasso, OK 74055

Sand Springs Clinic

302 W 2nd St, Ste 100
Sand Springs, OK 74063

South Garnett Health Center

4716 W Urbana St, Ste 200
Broken Arrow, OK 74012

Texas

Arlington Central Park Health Center

3050 Center St, Ste 130
Arlington, TX 76014

Fort Worth Health Center

6618 Fossil Bluff Dr, Ste 132
Fort Worth, TX 76137

Fort Worth Health Center—Henderson

500 Henderson Rd
Fort Worth, TX 76104

Irving MacArthur Blvd Clinic

Medical Office Building II
2021 N MacArthur Blvd, Ste 500
Irving, TX 76061

Josey Ranch Clinic

1735 Keller Springs, Ste 100
Carrollton, TX 75006

Odessa Health Center

221 N Sam Houston Ave
Odessa, TX 79761

Southcross Health Center

4243 Southcross Blvd, Ste 202
San Antonio, TX 78222

Spring—Cypress Health Center

110 Cypress Station Dr, Ste 248
Houston, TX 77090

Spring—Kuykendahl Health Center

21301 Kuykendahl Rd, Ste F
Spring, TX 77379

On-Site Clinics

Melton Truck Lines Clinic

808 N 161st E Ave
Tulsa, OK 74116

Laredo Terminal—Melton Clinic

8618 Las Cruces Dr
Laredo, TX 78045
CareATC Services: PHA

MEDICAL PLAN

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 healthcare 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 September 30, 2023 will pay significantly less for medical coverage in 2024—you will pay \$110 per month for employees and \$515 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. Nicotine products include but are not limited to cigarettes, cigars, smokeless tobacco, vaping, and pipe tobacco. If you are interested in quitting, please schedule an appointment with Dr. Flegel at Melton's CareATC on-site clinic.
- **Healthcare 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.

Standard Medical Rates

If you choose not to participate in the iCare program, you'll pay up to \$2,700 more in medical premiums during 2024. Completing the iCare screening may help you identify any increased risk for diabetes, cancer, heart disease, or other factors affecting your health and well-being.

Physician PPO Networks

You will have access to the PDH and HealthSmart networks. When you login into your I360 miBenefits portal, you will be able to access provider information within the I360 networks available to you.

If your provider falls outside of the PDH or Health Smart network, please contact Imagine360 member services using the phone number on the back of your ID card. Imagine360 will contact your provider on your behalf to ensure you will continue to be able to access that provider moving forward.

How to Find a Provider or Specialist

CONTACT IMAGINE360 MEMBER SERVICES

Monday–Thursday, 7 a.m.–9 p.m., CST

Friday 7 a.m.–7 p.m., CST

Toll free phone: **800.903.4360**

Email: myplan@imagine360.com

IMAGINE360 MEMBER SERVICES

Locate Provider Options

The Member Experience team 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 healthcare, therapy, and other needs as indicated.

Research Physician Quality and Credentials

The Member Experience team 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 Member Experience team will coordinate with you to determine appointment preferences and schedule those appointments for you based upon your preferences. The Member Advocate team 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 Member Experience team 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 Member Experience team will work to assist you in understanding your benefit and deductible information. As well as, assist you with the understanding of your bills/claims and/or correcting errors in bills/claims processing.

Coordinate Required Provider Negotiations

The Member Experience team 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 Member Experience team will provide education regarding your treatment plan, diagnosis care options, medications, and any other questions pertaining to your specific needs. The nurse 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 Member Experience team 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 will be available to you until you have received assistance with each step of the process and you no longer have any remaining needs.

HOURS OF OPERATION

Monday-Thursday:
7 a.m.–9 p.m., CST
Friday: 7 a.m.–7 p.m., CST

TOLL FREE PHONE

800.903.4360

EMAIL

myplan@imagine360.com

KISx Diagnostic Imaging

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. KISx Imaging 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 healthcare choices and saves you money—by providing substantial discounts on MRI, CT, and PET procedures whenever you use KISx Imaging participating providers.

Benefits of Using the KISx Imaging Network

- Access to more than 2,900 radiology centers nationally located
- Find a provider by calling **888.458.8746** or online at www.getkisx.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 KISx Imaging 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 CarelonRx. 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 CarelonRx at **833.239.0020** to locate a participating pharmacy near you. You may also register online at www.carelonrx.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). 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 along with your payment. Mail order forms are available from your Benefits Team or on the CarelonRx website at www.carelonrx.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 CarelonRx Specialty Pharmacy at **833.239.0020** for assistance with any Specialty Prescriptions.

TELEMEDICINE

Imagine360's partnership with UCM Digital Health offers a telemedicine program as a covered benefit that gives you access to a doctor online for non-emergency care at any time. Telemedicine is convenient and the most cost-effective way for you to get care. This service is provided at no cost to you. These private video visits can be done on your smartphone, tablet or computer. You can be at home, traveling or even on vacation.

Telemedicine is available 24 hours a day, seven days a week. Doctors can assess your condition and send prescriptions to your pharmacy if needed. Doctors can diagnose and treat a wide range of medical conditions via a virtual visits, including the following:

- Bladder infections/urinary tract infection
- Cold/flu
- Bronchitis
- Fever
- Pink eye
- Rash
- Sore throat
- Sinus problems and more

Access Virtual Visits

For 24/7/365 access to a healthcare provider, download the SAM by UCM App or call: **844.4.VIP.DOC (844.484.7362)**. Visit www.ucmdigitalhealth.com for more information or email info@ucmdigitalhealth.com if you have any questions about the service.



Medical Plan Details

	In-Network	Out-of-Network
Annual Deductible		
Individual		\$2,000
Family		\$4,000
Annual Out-of-Pocket Maximum (Deductible, Copays and Coinsurance Included)		
Individual		\$4,000
Family		\$8,000
Preventive Care		
Adult Annual Preventive Physical Exam including immunizations		100%
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
Specialist Office Visit		\$60 copay
Urgent Care Visit		\$60 copay
Emergency Room		\$250 copay, then 80% coinsurance
Outpatient Surgery		Deductible then 80% coinsurance
X-ray and Lab Tests (non-routine)		Deductible then 80% coinsurance
Advanced Radiology Services* (CT scan, Pet Scan, MRI and MRA)		\$200 copay per occurrence then subject to deductible then 80% coinsurance
Outpatient Therapy		Deductible then 80% 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	\$45 copay
Preferred Brand	Greater of \$50 copay or 30%	Greater of \$150 copay or 30%
Non-Preferred Brand	Greater of \$100 copay or 30%	Greater of \$300 copay or 30%
Preferred Specialty (30-day limit)		30% up to \$200 maximum
Non-Preferred Specialty (30-day limit)		30% up to \$400 maximum

* Copay and deductible waived for KISx Imaging radiology providers. You must contact KISx to schedule services.

** 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 ACCESS TO YOUR HEALTHCARE PLAN

Online Access

Maximize your Health Plan with the Imagine360 miBenefits portal. The miBenefits portal provides a streamlined, easy-to-navigate platform to access all of your healthcare information, including:

- Check coverage and plan benefits
- Check claims status and account balances

Be sure to contact the i360 Member Experience team to learn more about the miBenefits portal and how it can make managing your healthcare easier than ever.

Signing Up Takes Less Than 10 Minutes

- Begin by visiting mibenefits.imagine360.com
- Next, click the "Sign Up Here" button and select "Member"
- You will be able to fill in your member information using your benefits card
- Now, you will create your i360 account profile using any email address and password you'd like
- The last step will be ensuring your member profile and information are correct and choosing your EOB delivery method



CLAIM ASSISTANCE SERVICE

The Claims Process

If you receive a hospital or facility balance bill, send it to Imagine360 immediately at bb@imagine360.com. If you have a question as to the status of your claim, you may contact the Balance Bill Response Team any time by calling the number on the back of your benefit card. Remember, it is important to send every hospital and facility bill you receive to Imagine360!

Provider Services

If your provider falls outside of the PDH or Health Smart network, please contact Imagine360 member services using the phone number on the back of your ID card. Imagine360 will contact your provider on your behalf to ensure you will continue to be able to access that provider moving forward.

Claims and Imagine360

Your provider claim is sent to Imagine360 for processing and payment. Eligible claims are forwarded by Imagine360, who audits the claim according to the limits defined by your health benefits plan. The audited claim is then returned to Imagine360 who pays the provider for billed services.

- Your hospital bill is audited by and paid by Imagine360
- Your provider claim is sent to Imagine360 for processing and payment

Imagine360 Assists with Claim Disputes

Imagine360 will defend all balance bills resulting from audited claims, at no cost to you, until full resolution. You will be assigned a Member Advocate who will send you an Attorney Client Representation Agreement (ACRA) with a HIPAA Authorization form. These documents allow Imagine360'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 Member Advocate via email, fax, or mail. If you receive additional balance bills, phone calls, or other notices, alert Imagine360 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 Imagine360

If you receive a Balance Bill, send it to Imagine360 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 Imagine360 when the claim was initially paid. Contact Imagine360 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 Imagine360 Services for more payment. Imagine360 handles all appeals on behalf of the plan. Alternatively, the provider may Balance Bill the member for the denied charges. Contact Member Experience at the number(s) on your ID card with any questions regarding your benefits.

Frequently Asked Questions

Question	Answer
Could the Provider Ask Me to Pay for My Procedure Upfront?	The hospital performing your medical procedure may request payment upfront. Please note that you are only responsible for any applicable copays, deductibles, or coinsurance amounts and nothing more. To confirm this dollar amount, contact Imagine360. 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 Imagine360. 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 Member Experience immediately and have an Imagine360 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 Imagine360 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 Imagine360 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 Imagine360 Member Advocate.
How Long Will the Provider Continue to Bill Me?	Different providers have different collection practices. Please be assured that Imagine360 will continue to support you throughout this process. It is important that you send Imagine360 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 Imagine360's experience to have a provider turn away a member due to Balance Billing. If you encounter any admissions issues, please call Member Experience right away so that they can work together to resolve the issue.

Reminder!

Please be sure to check your mail if you have visited a hospital or facility.

DENTAL

Melton Truck Lines' Dental Plan is administered through Aetna 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 Aetna'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.

Plan Features	Dental Plan
Calendar Year Deductible	
Per Covered Person	\$50 per benefit period per covered person
Calendar Year Maximum	
	\$2,000 per benefit period per covered person
Coinsurance	
Preventive***	100% no deductible
Basic	80% after deductible
Major*	50% after deductible
Limitations and Frequency	
Exams	2× per calendar year
Full-Mouth and Bite-Wing X-Rays	1× per calendar year
Panoramic X-Rays	1× per 36 months
Bridges and Dentures	Replaced when functionally necessary and at 5 year intervals
Orthodontia**	Only for Children Under Age 19
Coinsurance	50%
Lifetime Maximum	\$1,500 per lifetime per covered person

* Major services covered after the employee has completed at least 12 months of employment.

** Orthodontia services covered after the employee has completed at least 12 months of employment.

*** Preventive care does not count towards your calendar year maximum.

Orthodontia Services Note

The lifetime maximum illustrated is different from the calendar year maximum. For orthodontia services, this limit does not reset each year, this is the most your plan will cover for your services for the lifetime of your participation in this program.

Finding In-Network Providers

Remember to visit in-network dentists to receive the deepest level of discount on your services.

For a list of Aetna in-network dentists, go to www.aetna.com.

Examples of Services

- Preventive—exams, cleanings, fluoride, x-rays, and sealants
- Basic—fillings, extractions, periodontics, repairs, and oral surgery
- Major*—crowns, inlays, dentures, and dental impacts

VISION

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.

Melton Truck Lines Vision Program	
Melton Reimbursement Level	
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**
 Email: benefits@meltontruck.com



PAYING FOR YOUR PLAN

Employee Monthly Medical Contributions*

	Medical iCare	Medical Standard
Employee Only	\$110	\$223
Employee and Spouse	\$515	\$741
Employee and Child(ren)	\$342	\$453
Family	\$555	\$776

Employee Monthly Dental Contributions

	Contributions
Employee Only	\$7.52
Employee and Spouse	\$15.05
Employee and Child(ren)	\$13.54
Family	\$22.57

Healthcare Availability Surcharge

If your spouse has access to other medical coverage from their employer and elects to be covered under Melton's plan, a **\$50 per month** surcharge will be applied.

Tobacco Surcharge

A \$75 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.

*iCare/PHA Screening

You will be automatically enrolled in the Medical Standard Plan rates. For enrolled employees and/or spouses, an iCare/PHA screening must be completed within six (6) months of your benefits effective date. If the iCare/PHA is not completed within six (6) months of your benefits effective date you will remain in the Standard Plan rates. For example, if your benefits are effective 04/01/2024, you must have your iCare/PHA screening completed prior to 10/01/2024.

If you have been employed with Melton for over a year, your screening deadline is September 30 to remain in the iCare plan for the following year.

TRAVEL ASSISTANCE SERVICES

The Standard is pleased to offer travel assistance services through an arrangement with Assist America.

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 The Standard are eligible for these services.

Services are available to the covered employee while on business or personal travel more than 100 miles from home or internationally for up to 180 days.

Dependents traveling with the employee are also covered including your spouse and children through age 25.



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 Assist America's Emergency Operations Center.

When your life coverage becomes effective, you can access Assist America's website at assistamerica.com/standard or download the mobile app. Enter your reference number (01-AA-STD-5201) and name to set up your account. From there, you will have access to travel resources including worldwide travel alerts, mobile ID card, and embassy locator.

LIFE AND DISABILITY INSURANCE

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

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. This coverage is insured by The Standard.

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 if one is being established.

Estate Planning assistance can be found through your Employee Assistance Program:

- www.healthadvocate.com/standard3
- **888.293.6948**

Benefit Reduction at Ages 65 and 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.

Benefit	Coverage	Paid By
Basic Life and AD&D—Employee	\$20,000	Melton Truck Lines
Basic Life—Spouse	\$1,000	Melton Truck Lines
Basic Life—Child(ren)	\$1,000	Melton Truck Lines



Employee 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 a completed Medical History Statement, 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 a completed Medical History Statement approved by The Standard, also known as medical underwriting.

You are eligible to purchase additional Life insurance and AD&D in increments of \$10,000 up to a maximum benefit of \$500,000. If you elect any amount above \$200,000 or increase after your initial enrollment opportunity, you will be required to provide a completed Medical History Statement.

Spouse and Dependent Optional Life Insurance

If you elect Optional Life coverage for yourself, you can also elect Optional Life coverage for your spouse in increments of \$5,000 up to a maximum of \$250,000. If you elect any amount above \$50,000 or increase coverage after the initial enrollment opportunity for your spouse, they will be subject to a completed Medical History Statement. The Medical History Statement is required for any coverage you elect for your spouse if you enroll him/her after the initial eligibility period as a new hire.

Dependent child Life coverage is available at a flat \$10,000 benefit for children from birth through age 25. The monthly rate for dependent child life coverage is \$1.75.

Benefit Reduction at Ages 65 and 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.

Accidental Death & Dismemberment (AD&D)

Both Basic and Optional AD&D insurance is available to employees only.

Coverage Amount	Employee Optional Life/AD&D—Monthly Premium Amounts									
	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	\$1.44	\$1.53	\$1.82	\$2.49	\$3.64	\$6.62	\$10.36	\$14.20	\$23.42	\$48.38
\$20,000	\$2.88	\$3.06	\$3.64	\$4.98	\$7.28	\$13.24	\$20.72	\$28.40	\$46.84	\$96.76
\$30,000	\$4.32	\$4.59	\$5.46	\$7.47	\$10.92	\$19.86	\$31.08	\$42.60	\$70.26	\$145.14
\$40,000	\$5.76	\$6.12	\$7.28	\$9.96	\$14.56	\$26.48	\$41.44	\$56.80	\$93.68	\$193.52
\$50,000	\$7.20	\$7.65	\$9.10	\$12.45	\$18.20	\$33.10	\$51.80	\$71.00	\$117.10	\$241.90
\$60,000	\$8.64	\$9.18	\$10.92	\$14.94	\$21.84	\$39.72	\$62.16	\$85.20	\$140.52	\$290.28
\$70,000	\$10.08	\$10.71	\$12.74	\$17.43	\$25.48	\$46.34	\$72.52	\$99.40	\$163.94	\$338.66
\$80,000	\$11.52	\$12.24	\$14.56	\$19.92	\$29.12	\$52.96	\$82.88	\$113.60	\$187.36	\$387.04
\$90,000	\$12.96	\$13.77	\$16.38	\$22.41	\$32.76	\$59.58	\$93.24	\$127.80	\$210.78	\$435.42
\$100,000	\$14.40	\$15.30	\$18.20	\$24.90	\$36.40	\$66.20	\$103.60	\$142.00	\$234.20	\$483.80
\$110,000	\$15.84	\$16.83	\$20.02	\$27.39	\$40.04	\$72.82	\$113.96	\$156.20	\$257.62	\$532.18
\$120,000	\$17.28	\$18.36	\$21.84	\$29.88	\$43.68	\$79.44	\$124.32	\$170.40	\$281.04	\$580.56
\$130,000	\$18.72	\$19.89	\$23.66	\$32.37	\$47.32	\$86.06	\$134.68	\$184.60	\$304.46	\$628.94
\$140,000	\$20.16	\$21.42	\$25.48	\$34.86	\$50.96	\$92.68	\$145.04	\$198.80	\$327.88	\$677.32
\$150,000	\$21.60	\$22.95	\$27.30	\$37.35	\$54.60	\$99.30	\$155.40	\$213.00	\$351.30	\$725.70
\$160,000	\$23.04	\$24.48	\$29.12	\$39.84	\$58.24	\$105.92	\$165.76	\$227.20	\$374.72	\$774.08
\$170,000	\$24.48	\$26.01	\$30.94	\$42.33	\$61.88	\$112.54	\$176.12	\$241.40	\$398.14	\$822.46
\$180,000	\$25.92	\$27.54	\$32.76	\$44.82	\$65.52	\$119.16	\$186.48	\$255.60	\$421.56	\$870.84
\$190,000	\$27.36	\$29.07	\$34.58	\$47.31	\$69.16	\$125.78	\$196.84	\$269.80	\$444.98	\$919.22
\$200,000	\$28.80	\$30.60	\$36.40	\$49.80	\$72.80	\$132.40	\$207.20	\$284.00	\$468.40	\$967.60
\$210,000	\$30.24	\$32.13	\$38.22	\$52.29	\$76.44	\$139.02	\$217.56	\$298.20	\$491.82	\$1,015.98
\$220,000	\$31.68	\$33.66	\$40.04	\$54.78	\$80.08	\$145.64	\$227.92	\$312.40	\$515.24	\$1,064.36
\$230,000	\$33.12	\$35.19	\$41.86	\$57.27	\$83.72	\$152.26	\$238.28	\$326.60	\$538.66	\$1,112.74
\$240,000	\$34.56	\$36.72	\$43.68	\$59.76	\$87.36	\$158.88	\$248.64	\$340.80	\$562.08	\$1,161.12
\$250,000	\$36.00	\$38.25	\$45.50	\$62.25	\$91.00	\$165.50	\$259.00	\$355.00	\$585.50	\$1,209.50
\$260,000	\$37.44	\$39.78	\$47.32	\$64.74	\$94.64	\$172.12	\$269.36	\$369.20	\$608.92	\$1,257.88
\$270,000	\$38.88	\$41.31	\$49.14	\$67.23	\$98.28	\$178.74	\$279.72	\$383.40	\$632.34	\$1,306.26
\$280,000	\$40.32	\$42.84	\$50.96	\$69.72	\$101.92	\$185.36	\$290.08	\$397.60	\$655.76	\$1,354.64
\$290,000	\$41.76	\$44.37	\$52.78	\$72.21	\$105.56	\$191.98	\$300.44	\$411.80	\$679.18	\$1,403.02
\$300,000	\$43.20	\$45.90	\$54.60	\$74.70	\$109.20	\$198.60	\$310.80	\$426.00	\$702.60	\$1,451.40
\$310,000	\$44.64	\$47.43	\$56.42	\$77.19	\$112.84	\$205.22	\$321.16	\$440.20	\$726.02	\$1,499.78
\$320,000	\$46.08	\$48.96	\$58.24	\$79.68	\$116.48	\$211.84	\$331.52	\$454.40	\$749.44	\$1,548.16
\$330,000	\$47.52	\$50.49	\$60.06	\$82.17	\$120.12	\$218.46	\$341.88	\$468.60	\$772.86	\$1,596.54
\$340,000	\$48.96	\$52.02	\$61.88	\$84.66	\$123.76	\$225.08	\$352.24	\$482.80	\$796.28	\$1,644.92
\$350,000	\$50.40	\$53.55	\$63.70	\$87.15	\$127.40	\$231.70	\$362.60	\$497.00	\$819.70	\$1,693.30
\$360,000	\$51.84	\$55.08	\$65.52	\$89.64	\$131.04	\$238.32	\$372.96	\$511.20	\$843.12	\$1,741.68
\$370,000	\$53.28	\$56.61	\$67.34	\$92.13	\$134.68	\$244.94	\$383.32	\$525.40	\$866.54	\$1,790.06
\$380,000	\$54.72	\$58.14	\$69.16	\$94.62	\$138.32	\$251.56	\$393.68	\$539.60	\$889.96	\$1,838.44
\$390,000	\$56.16	\$59.67	\$70.98	\$97.11	\$141.96	\$258.18	\$404.04	\$553.80	\$913.38	\$1,886.82
\$400,000	\$57.60	\$61.20	\$72.80	\$99.60	\$145.60	\$264.80	\$414.40	\$568.00	\$936.80	\$1,935.20
\$410,000	\$59.04	\$62.73	\$74.62	\$102.09	\$149.24	\$271.42	\$424.76	\$582.20	\$960.22	\$1,983.58
\$420,000	\$60.48	\$64.26	\$76.44	\$104.58	\$152.88	\$278.04	\$435.12	\$596.40	\$983.64	\$2,031.96
\$430,000	\$61.92	\$65.79	\$78.26	\$107.07	\$156.52	\$284.66	\$445.48	\$610.60	\$1,007.06	\$2,080.34
\$440,000	\$63.36	\$67.32	\$80.08	\$109.56	\$160.16	\$291.28	\$455.84	\$624.80	\$1,030.48	\$2,128.72
\$450,000	\$64.80	\$68.85	\$81.90	\$112.05	\$163.80	\$297.90	\$466.20	\$639.00	\$1,053.90	\$2,177.10
\$460,000	\$66.24	\$70.38	\$83.72	\$114.54	\$167.44	\$304.52	\$476.56	\$653.20	\$1,077.32	\$2,225.48
\$470,000	\$67.68	\$71.91	\$85.54	\$117.03	\$171.08	\$311.14	\$486.92	\$667.40	\$1,100.74	\$2,273.86
\$480,000	\$69.12	\$73.44	\$87.36	\$119.52	\$174.72	\$317.76	\$497.28	\$681.60	\$1,124.16	\$2,322.24
\$490,000	\$70.56	\$74.97	\$89.18	\$122.01	\$178.36	\$324.38	\$507.64	\$695.80	\$1,147.58	\$2,370.62
\$500,000	\$72.00	\$76.50	\$91.00	\$124.50	\$182.00	\$331.00	\$518.00	\$710.00	\$1,171.00	\$2,419.00

Rates are subject to change.

Coverage Amount	Spouse Optional Life—Monthly Premium Amounts									
	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	\$0.53	\$0.58	\$0.72	\$1.06	\$1.63	\$3.12	\$4.99	\$6.91	\$11.52	\$24.00
\$10,000	\$1.06	\$1.15	\$1.44	\$2.11	\$3.26	\$6.24	\$9.98	\$13.82	\$23.04	\$48.00
\$15,000	\$1.59	\$1.73	\$2.16	\$3.17	\$4.89	\$9.36	\$14.97	\$20.73	\$34.56	\$72.00
\$20,000	\$2.12	\$2.30	\$2.88	\$4.22	\$6.52	\$12.48	\$19.96	\$27.64	\$46.08	\$96.00
\$25,000	\$2.65	\$2.88	\$3.60	\$5.28	\$8.15	\$15.60	\$24.95	\$34.55	\$57.60	\$120.00
\$30,000	\$3.18	\$3.45	\$4.32	\$6.33	\$9.78	\$18.72	\$29.94	\$41.46	\$69.12	\$144.00
\$35,000	\$3.71	\$4.03	\$5.04	\$7.39	\$11.41	\$21.84	\$34.93	\$48.37	\$80.64	\$168.00
\$40,000	\$4.24	\$4.60	\$5.76	\$8.44	\$13.04	\$24.96	\$39.92	\$55.28	\$92.16	\$192.00
\$45,000	\$4.77	\$5.18	\$6.48	\$9.50	\$14.67	\$28.08	\$44.91	\$62.19	\$103.68	\$216.00
\$50,000	\$5.30	\$5.75	\$7.20	\$10.55	\$16.30	\$31.20	\$49.90	\$69.10	\$115.20	\$240.00
\$55,000	\$5.83	\$6.33	\$7.92	\$11.61	\$17.93	\$34.32	\$54.89	\$76.01	\$126.72	\$264.00
\$60,000	\$6.36	\$6.90	\$8.64	\$12.66	\$19.56	\$37.44	\$59.88	\$82.92	\$138.24	\$288.00
\$65,000	\$6.89	\$7.48	\$9.36	\$13.72	\$21.19	\$40.56	\$64.87	\$89.83	\$149.76	\$312.00
\$70,000	\$7.42	\$8.05	\$10.08	\$14.77	\$22.82	\$43.68	\$69.86	\$96.74	\$161.28	\$336.00
\$75,000	\$7.95	\$8.63	\$10.80	\$15.83	\$24.45	\$46.80	\$74.85	\$103.65	\$172.80	\$360.00
\$80,000	\$8.48	\$9.20	\$11.52	\$16.88	\$26.08	\$49.92	\$79.84	\$110.56	\$184.32	\$384.00
\$85,000	\$9.01	\$9.78	\$12.24	\$17.94	\$27.71	\$53.04	\$84.83	\$117.47	\$195.84	\$408.00
\$90,000	\$9.54	\$10.35	\$12.96	\$18.99	\$29.34	\$56.16	\$89.82	\$124.38	\$207.36	\$432.00
\$95,000	\$10.07	\$10.93	\$13.68	\$20.05	\$30.97	\$59.28	\$94.81	\$131.29	\$218.88	\$456.00
\$100,000	\$10.60	\$11.50	\$14.40	\$21.10	\$32.60	\$62.40	\$99.80	\$138.20	\$230.40	\$480.00
\$105,000	\$11.13	\$12.08	\$15.12	\$22.16	\$34.23	\$65.52	\$104.79	\$145.11	\$241.92	\$504.00
\$110,000	\$11.66	\$12.65	\$15.84	\$23.21	\$35.86	\$68.64	\$109.78	\$152.02	\$253.44	\$528.00
\$115,000	\$12.19	\$13.23	\$16.56	\$24.27	\$37.49	\$71.76	\$114.77	\$158.93	\$264.96	\$552.00
\$120,000	\$12.72	\$13.80	\$17.28	\$25.32	\$39.12	\$74.88	\$119.76	\$165.84	\$276.48	\$576.00
\$125,000	\$13.25	\$14.38	\$18.00	\$26.38	\$40.75	\$78.00	\$124.75	\$172.75	\$288.00	\$600.00
\$130,000	\$13.78	\$14.95	\$18.72	\$27.43	\$42.38	\$81.12	\$129.74	\$179.66	\$299.52	\$624.00
\$135,000	\$14.31	\$15.53	\$19.44	\$28.49	\$44.01	\$84.24	\$134.73	\$186.57	\$311.04	\$648.00
\$140,000	\$14.84	\$16.10	\$20.16	\$29.54	\$45.64	\$87.36	\$139.72	\$193.48	\$322.56	\$672.00
\$145,000	\$15.37	\$16.68	\$20.88	\$30.60	\$47.27	\$90.48	\$144.71	\$200.39	\$334.08	\$696.00
\$150,000	\$15.90	\$17.25	\$21.60	\$31.65	\$48.90	\$93.60	\$149.70	\$207.30	\$345.60	\$720.00
\$155,000	\$16.43	\$17.83	\$22.32	\$32.71	\$50.53	\$96.72	\$154.69	\$214.21	\$357.12	\$744.00
\$160,000	\$16.96	\$18.40	\$23.04	\$33.76	\$52.16	\$99.84	\$159.68	\$221.12	\$368.64	\$768.00
\$165,000	\$17.49	\$18.98	\$23.76	\$34.82	\$53.79	\$102.96	\$164.67	\$228.03	\$380.16	\$792.00
\$170,000	\$18.02	\$19.55	\$24.48	\$35.87	\$55.42	\$106.08	\$169.66	\$234.94	\$391.68	\$816.00
\$175,000	\$18.55	\$20.13	\$25.20	\$36.93	\$57.05	\$109.20	\$174.65	\$241.85	\$403.20	\$840.00
\$180,000	\$19.08	\$20.70	\$25.92	\$37.98	\$58.68	\$112.32	\$179.64	\$248.76	\$414.72	\$864.00
\$185,000	\$19.61	\$21.28	\$26.64	\$39.04	\$60.31	\$115.44	\$184.63	\$255.67	\$426.24	\$888.00
\$190,000	\$20.14	\$21.85	\$27.36	\$40.09	\$61.94	\$118.56	\$189.62	\$262.58	\$437.76	\$912.00
\$195,000	\$20.67	\$22.43	\$28.08	\$41.15	\$63.57	\$121.68	\$194.61	\$269.49	\$449.28	\$936.00
\$200,000	\$21.20	\$23.00	\$28.80	\$42.20	\$65.20	\$124.80	\$199.60	\$276.40	\$460.80	\$960.00
\$205,000	\$21.73	\$23.58	\$29.52	\$43.26	\$66.83	\$127.92	\$204.59	\$283.31	\$472.32	\$984.00
\$210,000	\$22.26	\$24.15	\$30.24	\$44.31	\$68.46	\$131.04	\$209.58	\$290.22	\$483.84	\$1,008.00
\$215,000	\$22.79	\$24.73	\$30.96	\$45.37	\$70.09	\$134.16	\$214.57	\$297.13	\$495.36	\$1,032.00
\$220,000	\$23.32	\$25.30	\$31.68	\$46.42	\$71.72	\$137.28	\$219.56	\$304.04	\$506.88	\$1,056.00
\$225,000	\$23.85	\$25.88	\$32.40	\$47.48	\$73.35	\$140.40	\$224.55	\$310.95	\$518.40	\$1,080.00
\$230,000	\$24.38	\$26.45	\$33.12	\$48.53	\$74.98	\$143.52	\$229.54	\$317.86	\$529.92	\$1,104.00
\$235,000	\$24.91	\$27.03	\$33.84	\$49.59	\$76.61	\$146.64	\$234.53	\$324.77	\$541.44	\$1,128.00
\$240,000	\$25.44	\$27.60	\$34.56	\$50.64	\$78.24	\$149.76	\$239.52	\$331.68	\$552.96	\$1,152.00
\$245,000	\$25.97	\$28.18	\$35.28	\$51.70	\$79.87	\$152.88	\$244.51	\$338.59	\$564.48	\$1,176.00
\$250,000	\$26.50	\$28.75	\$36.00	\$52.75	\$81.50	\$156.00	\$249.50	\$345.50	\$576.00	\$1,200.00

Rates are subject to change.

Please Note

- You must purchase Short Term Disability coverage to be eligible to purchase Long Term Disability coverage.
- 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.

Short Term Disability (STD)

Melton Truck Lines offers a disability plan to help provide financial security if you cannot work because of illness, injury, or pregnancy. Short Term and Long Term Disability benefits are insured by The Standard.

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 for sickness only, and a 0 day elimination period for accidents. Benefits 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 an extended 60 day elimination period for sickness only.

Coverage	Short Term Disability
Benefit	60% of covered earnings, up to a maximum benefit of \$750 per week
Monthly Premium	\$31.90

Health Advocacy Select

As part of your STD benefit, The Standard provides health advocacy services through Health Advocacy Select. Health Advocacy Select helps employees during a short term disability receive the assistance and ongoing care needed to get healthy and return to work as soon as medically advisable. Registered Nurses are available by phone to employees who are on short term disability from 8 AM to 12 AM, Eastern Time. To learn more call **888.293.6948** for more information.



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 healthcare 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. The company provides Long Term Disability (LTD) insurance to offer you financial assistance in the event you are unable to work for an extended period of time. The plan covers 50% of your pre-disability earnings. The maximum benefit of base coverage is \$3,000 monthly.



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.

What is a Medical History Statement?

If a Medical History Statement is required, this means you must provide certain information about your health in order for the insurance company to review your information and approve you for coverage.

If you are newly eligible and have previously waived coverage, you will be required to submit a Medical History Statement for approval by The Standard.

Annual Salary	Long Term Disability Coverage Benefit Amount And Cost									
	Age < 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$15,000	\$0.95	\$1.14	\$1.50	\$2.10	\$3.41	\$5.59	\$10.00	\$17.76	\$23.70	\$22.55
\$20,000	\$1.27	\$1.52	\$2.00	\$2.80	\$4.55	\$7.45	\$13.33	\$23.68	\$31.60	\$30.07
\$25,000	\$1.58	\$1.90	\$2.50	\$3.50	\$5.69	\$9.31	\$16.67	\$29.60	\$39.50	\$37.58
\$30,000	\$1.90	\$2.28	\$3.00	\$4.20	\$6.83	\$11.18	\$20.00	\$35.53	\$47.40	\$45.10
\$35,000	\$2.22	\$2.65	\$3.50	\$4.90	\$7.96	\$13.04	\$23.33	\$41.45	\$55.30	\$52.62
\$40,000	\$2.53	\$3.03	\$4.00	\$5.60	\$9.10	\$14.90	\$26.67	\$47.37	\$63.20	\$60.13
\$45,000	\$2.85	\$3.41	\$4.50	\$6.30	\$10.24	\$16.76	\$30.00	\$53.29	\$71.10	\$67.65
\$50,000	\$3.17	\$3.79	\$5.00	\$7.00	\$11.38	\$18.63	\$33.33	\$59.21	\$79.00	\$75.17
\$55,000	\$3.48	\$4.17	\$5.50	\$7.70	\$12.51	\$20.49	\$36.67	\$65.13	\$86.90	\$82.68
\$60,000	\$3.80	\$4.55	\$6.00	\$8.40	\$13.65	\$22.35	\$40.00	\$71.05	\$94.80	\$90.20
\$65,000	\$4.12	\$4.93	\$6.50	\$9.10	\$14.79	\$24.21	\$43.33	\$76.97	\$102.70	\$97.72
\$70,000	\$4.43	\$5.31	\$7.00	\$9.80	\$15.93	\$26.08	\$46.67	\$82.89	\$110.60	\$105.23
\$75,000	\$4.75	\$5.69	\$7.50	\$10.50	\$17.06	\$27.94	\$50.00	\$88.81	\$118.50	\$112.75

How Do I Calculate My Monthly Benefit Amount and Premium Cost?

Use the Employee Long Term Disability Premium Rate Table Provided Below to Calculate Your Cost and Benefit.

Long Term Disability Premium Rate			
Age	Monthly Rate Per \$100 of Covered Payroll	Age	Monthly Rate Per \$100 of Covered Payroll
<24	\$0.076	45-49	\$0.447
25-29	\$0.091	50-54	\$0.800
30-34	\$0.120	55-59	\$1.421
35-39	\$0.168	60-64	\$1.896
40-44	\$0.273	65+	\$1.804

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.	\$0.17	\$
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.	\$5.02	\$

This worksheet allows you to approximate your monthly contributions for 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

FLEXIBLE SPENDING ACCOUNT (FSA)

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

How the FSAs Work

Melton Truck Lines offers two types of FSAs:

- Healthcare 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 healthcare 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 Healthcare FSA, you can rollover up to \$500 into the next Plan Year. 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 2½ 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.



Healthcare FSA

You can use the Healthcare 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
- 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.wexinc.com.

Annual Contribution Amount

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

Annual Carryover Amount

You can carryover up to \$500 into the next Healthcare FSA Plan Year. Our plan does not have a Grace Period.

Prepaid Benefit Card

The Prepaid Benefit Card is a special purpose MasterCard® Card or Visa® Card that gives you an easy, automatic way to pay for eligible healthcare/benefit expenses. The Card lets you electronically access the pretax amounts set aside in your Healthcare FSA. The card is convenient and easy to use and requires no paper claim forms.

Cash Flow Friendly

Your Healthcare FSA is directly debited for eligible expenses, eliminating “out-of-pocket” cash payments and then waiting for reimbursement.

Healthcare Account Worksheet

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

Eligible Healthcare 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 healthcare expenses	\$
Out-of-pocket prescription drug expenses	\$
Out-of-pocket substance abuse care expenses	\$
Out-of-pocket physical therapy expenses	\$
Other eligible healthcare expenses	\$
Annual Total	\$

A Note About Over-the-Counter Medications

The following are examples of over-the-counter medications that are considered eligible expenses under your Healthcare FSA. You no longer need a prescription from a doctor for these medications to be covered.

- 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.

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.



Dependent Care FSA

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

- The daycare expenses must be necessary so you can work
- You can only be reimbursed for expenses incurred during the Plan Year or the 2½ 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

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 daycare centers for children
- ☐ Licensed daycare 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 daycare

For a complete list of eligible expenses, visit www.wexinc.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 daycare	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 2½ 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.

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.

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 Healthcare FSA, you can be reimbursed up to the full amount you have elected to contribute for the year.
- The Healthcare 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. File online at: benefitslogin.wexhealth.com.
- Paper Claim Filing: You may also file claims using the paper form(s) available on the website under the "Customer Support" tab, and attach required receipts according to IRS rules.

Fax forms to: **866.451.3245**

Email forms to: forms@wexhealth.com

Mail forms to: WEX

PO Box 2926

Fargo, ND 58108-2926

Phone Number: **866.451.3399**

Email: customerservice@wexhealth.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.wexinc.com.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Standard is pleased to offer an Employee Assistance Program (EAP) through an arrangement with Health Advocate. EAP services offer an array of confidential services to help you and your immediate family members meet the challenges that life, work, and relationships can bring.

Services

- Face-to-face sessions^{1,2}
- Unlimited phone access to legal, financial, and work-life services
- Marital and family concerns, stress/anxiety management, depression, alcohol/drug abuse, grief and loss
- Online resources where you'll find articles, streaming videos, and interactive tools
- EmployeeConnect portal

Financial

- Financial counselors can address financial concerns
- Assistance with financial planning, credit and debt management, real estate/mortgage information

Legal

- In-person consultations with network lawyers, including one free 30-minute in-person or telephone consultation
- Assists with document preparation, divorce and separation, real estate and civil matters

Access Your EAP Online!

Log in to www.healthadvocate.com/standard3 today to access these and many other great features.

¹ Covered individuals are eligible for a combined total of three (3) face-to-face sessions with Health Advocate clinicians. Individual face-to-face sessions are available for covered individuals 16 years and older. Family/group face-to-face sessions are available for covered individuals 12 years and older, and their parents. Face-to-face sessions are not available to children under the age of 12.

² Covered individuals with complex and/or longer-term problems will be referred by your Health Advocate clinician to another professionally trained clinician. This referral will be billed to your health insurance plan or a community provider and does not count toward your six (6) grief and/or legal sessions.

Family

Work-life specialists assist with providing information, resources, and referrals on family matters, such as child and elder care, kennels and pet care, event and vacation planning, moving and relocation, car buying, college planning, and more.

Web Services

The work health life website is user-friendly and offers practical EAP-related information that addresses emotional well-being, health and wellness, and daily living concerns. Resources include interactive self-assessments, a comprehensive library of articles and guides, and financial calculators. The website provides employees and their immediate family members with the information they need.

Health and Well-Being

Utilize tools, assessments, and information on emotional resilience, self-esteem, grief and bereavement. You can also find help for conditions such as anxiety, depression, and addiction.

Career and Workplace

Access tools to help you manage your career, better handle workplace relationships, and find work-life balance. Resources include employee and supervisor work performance toolboxes with articles, and information to help develop workplace and leadership skills. Information on managing work-related issues such as conflict and communication is also available.

Financial Security

Achieve financial well-being with a better understanding of financial matters. Read articles to help address financial and legal questions, such as debt, investments, retirement, taxes, bankruptcy, wills and estate planning, and identity theft.

Life Events

Find useful information to better inform and support you during life events and times of change. Resources are available to help address issues concerning the family, such as pregnancy, child care, parenting, child and adolescent development, and elder care. This site also includes a locator that allows users to search for child and elder care options.

Access Work Health Life EAP

Online: www.healthadvocate.com/standard3

Telephone: **888.293.6948**



WHAT IS A 401(K) PLAN?

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 10% 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

IRS 401(k) Maximums

For 2024, you can contribute up to \$22,500 to your 401(k) account. If you are age 50 or will turn age 50 by December 31, you may contribute an additional "catch-up" contribution of \$7,500.

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

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 American Funds Target Date Retirement Fund that most closely represents your Normal Retirement Age, until you make an investment election.

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.

How Do I Get Started Saving?

You start your salary deferrals by electing to enroll online or by phone once you become benefits eligible.

■ Online: www.nesteggu.com/melton

■ Phone: **866.412.9026**

You also need to complete a Beneficiary Designation.

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 American Funds Target Date Retirement Fund most closely associated with your Normal Retirement Age
- There are fees associated with your Plan. Some fees may be paid by you, others may be paid by the Plan Sponsor
- There are no upfront charges (loads) when you invest in any of the Plan's options
- Any fees charged against your balance will be on your participant statement, accounted for in the investment activity section
- View or Change your Account/View this or other Plan 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

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**.



IMPORTANT NOTICES

Automatic Escalation Notice

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

For the Plan Year Beginning January 01, 2024

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 1, 2024 as elected. If you made a deferral election to defer from 1% to 10% of your compensation, and **did not elect Bump It!, your deferral percentage will be increased 1% the first pay period in May 1, 2024 unless you make an election not to be subject to the scheduled increase.** If you are currently deferring 10% 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 16, 2024 by going to www.nestegg.com/melton, selecting "My Account," entering your User ID and Password, selecting "Participant," selecting Manage," selecting "Manage Account," selecting "Get Started" on the "Change Contribution Rates" tile, and then selecting "Edit Pre-Tax". Once you are on the Contributions page, you can make your "Bump It!" election.

You may also call the Customer Solutions Center at 866-412-9026 **before April 16, 2024** and a Representative will assist you in making the election.

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

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

For the Plan Year Beginning January 01, 2024

Qualified Default Investment Alternative

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 American Funds Target Date Retirement fund that most closely represents your Normal Retirement Age. These target date funds are a class of mutual funds that periodically rebalance asset class weights to optimize risk and returns for a predetermined time frame. The asset allocation of a target date fund is typically designed to gradually shift to a more conservative profile so as to minimize risk when the target date or end of life approaches.

Overall Strategy for the American Funds Target Date Retire Funds

This fund family normally invests a greater portion of its assets in bond, equity income and balanced funds as it approaches and passes its target date. The advisor attempts to achieve its investment objectives by investing in a mix of American Funds in different combinations and weightings. The underlying American Funds represent a variety of fund categories such as growth funds, growth-and-income funds, equity-income funds and a balanced fund and bond funds. The fund categories represent differing investment objectives.

The Funds At Target Date

Depending on the proximity to its target date, which we define as the year that corresponds roughly to the year in which the investor expects to retire, the fund will seek to achieve the following objectives to varying degrees: growth, income and conservation of capital. The fund will increasingly emphasize income and conservation of capital by investing a greater portion of its assets in fixed income, equity-income and balanced funds as it approaches and passes its target date. In this way, the fund seeks to balance total return and stability over time.

American Funds 2010 Target Date Retire

Objective: This fund is designed for those who have reached their Normal Retirement Age.

Current Asset Allocation: 50% Bond Funds, 42% Stock Funds, 8% Cash

Change to Asset Allocation Over Time: The fund reaches its most conservative asset allocation 30 years beyond its target date.

Age Group Design: The fund reaches its most conservative asset allocation 30 years beyond its target date.

Historical Rate of Return (through June 30, 2023) *Past performance is no guarantee of future results.*

<u>1 Yr.</u>	<u>5Yr.</u>	<u>10 Yr.</u>	<u>Since Inception</u>
4.24	4.59	5.38	N/A
<u>Expenses:</u>	<u>Gross Expense Ratio</u>	<u>Net Expense Ratio</u>	
	0.28%	0.28%	

American Funds 2020 Target Date Retire

Objective: The investment seeks growth, income and conservation of capital.

Current Asset Allocation: 41% Bond Funds, 51% Stock Funds, 8% Cash

Change to Asset Allocation Over Time: The fund reaches its most conservative asset allocation 30 years beyond its target date.

Age Group Design: The fund reaches its most conservative asset allocation 30 years beyond its target date.

Historical Rate of Return (through June 30, 2023) *Past performance is no guarantee of future results.*

<u>1 Yr.</u>	<u>5Yr.</u>	<u>10 Yr.</u>	<u>Since Inception</u>
5.77	5.10	6.34	N/A
<u>Expenses:</u>	<u>Gross Expense Ratio</u>	<u>Net Expense Ratio</u>	
	0.30%	0.3%	

American Funds 2025 Target Date Retire

Objective: The investment seeks growth, income and conservation of capital.

Current Asset Allocation: 32% Bond Funds, 59% Stock Funds, 9% Cash

Change to Asset Allocation Over Time: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Age Group Design: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Historical Rate of Return (through June 30, 2023) *Past performance is no guarantee of future results.*

<u>1 Yr.</u>	<u>5Yr.</u>	<u>10 Yr.</u>	<u>Since Inception</u>
7.13	5.73	7.23	N/A
<u>Expenses:</u>			
	<u>Gross Expense Ratio</u>	<u>Net Expense Ratio</u>	
	0.32%	0.32%	

American Funds 2030 Target Date Retire

Objective: The investment seeks growth, income and conservation of capital.

Current Asset Allocation: 20% Bond Funds, 71% Stock Funds, 9% Cash

Change to Asset Allocation Over Time: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Age Group Design: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Historical Rate of Return (through June 30, 2023) *Past performance is no guarantee of future results.*

<u>1 Yr.</u>	<u>5Yr.</u>	<u>10 Yr.</u>	<u>Since Inception</u>
9.30	6.38	8.10	N/A
<u>Expenses:</u>			
	<u>Gross Expense Ratio</u>	<u>Net Expense Ratio</u>	
	0.33%	0.33%	

American Funds 2035 Target Date Retire

Objective: The investment seeks growth, income and conservation of capital.

Current Asset Allocation: 13% Bond Funds, 78% Stock Funds, 9% Cash

Change to Asset Allocation Over Time: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Age Group Design: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Historical Rate of Return (through June 30, 2023) *Past performance is no guarantee of future results.*

<u>1 Yr.</u>	<u>5Yr.</u>	<u>10 Yr.</u>	<u>Since Inception</u>
11.80	7.36	8.97	N/A
<u>Expenses:</u>			
	<u>Gross Expense Ratio</u>	<u>Net Expense Ratio</u>	
	0.35%	0.35%	

American Funds 2040 Target Date Retire

Objective: The investment seeks growth, income and conservation of capital.

Current Asset Allocation: 10% Bond Funds, 81% Stock Funds, 9% Cash

Change to Asset Allocation Over Time: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Age Group Design: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Historical Rate of Return (through June 30, 2023) *Past performance is no guarantee of future results.*

<u>1 Yr.</u>	<u>5Yr.</u>	<u>10 Yr.</u>	<u>Since Inception</u>
14.15	7.89	9.39	N/A
<u>Expenses:</u>			
	<u>Gross Expense Ratio</u>	<u>Net Expense Ratio</u>	
	0.36%	0.36%	

American Funds 2045 Target Date Retire

Objective: The investment seeks growth, income and conservation of capital.

Current Asset Allocation: 9% Bond Funds, 82% Stock Funds, 9% Cash

Change to Asset Allocation Over Time: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Age Group Design: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Historical Rate of Return (through June 30, 2023) *Past performance is no guarantee of future results.*

<u>1 Yr.</u>	<u>5Yr.</u>	<u>10 Yr.</u>	<u>Since Inception</u>
14.87	7.99	9.52	N/A

<u>Expenses:</u>	<u>Gross Expense Ratio</u>	<u>Net Expense Ratio</u>
	0.37%	0.37%

American Funds 2050 Target Date Retire

Objective: The investment seeks growth, income and conservation of capital.

Current Asset Allocation: 9% Bond Funds, 82% Stock Funds, 9% Cash

Change to Asset Allocation Over Time: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Age Group Design: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Historical Rate of Return (through June 30, 2023) *Past performance is no guarantee of future results.*

<u>1 Yr.</u>	<u>5Yr.</u>	<u>10 Yr.</u>	<u>Since Inception</u>
15.38	7.98	9.55	N/A

<u>Expenses:</u>	<u>Gross Expense Ratio</u>	<u>Net Expense Ratio</u>
	0.38%	0.38%

American Funds 2055 Target Date Retire

Objective: The investment seeks growth, income and conservation of capital.

Current Asset Allocation: 9% Bond Funds, 82% Stock Funds, 9% Cash

Change to Asset Allocation Over Time: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Age Group Design: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Historical Rate of Return (through June 30, 2023) *Past performance is no guarantee of future results.*

<u>1 Yr.</u>	<u>5Yr.</u>	<u>10 Yr.</u>	<u>Since Inception</u>
15.89	7.90	9.50	N/A

<u>Expenses:</u>	<u>Gross Expense Ratio</u>	<u>Net Expense Ratio</u>
	0.38%	0.38%

American Funds 2060 Target Date Retire

Objective: The investment seeks growth, income and conservation of capital.

Current Asset Allocation: 9% Bond Funds, 82% Stock Funds, 9% Cash

Change to Asset Allocation Over Time: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Age Group Design: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Historical Rate of Return (through June 30, 2023) *Past performance is no guarantee of future results.*

<u>1 Yr.</u>	<u>5Yr.</u>	<u>10 Yr.</u>	<u>Since Inception</u>
15.94	7.85	N/A	8.45

<u>Expenses:</u>	<u>Gross Expense Ratio</u>	<u>Net Expense Ratio</u>
	0.38%	0.38%

American Funds 2065 Target Date Retire

Objective: The investment seeks growth, income and conservation of capital.

Current Asset Allocation: 9% Bond Funds, 82% Stock Funds, 9% Cash

Change to Asset Allocation Over Time: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Age Group Design: The fund reaches it's most conservative asset allocation 30 years beyond it's target date.

Historical Rate of Return (through June 30, 2023) *Past performance is no guarantee of future results.*

<u>1 Yr.</u>	<u>5Yr.</u>	<u>10 Yr.</u>	<u>Since Inception</u>
16.04	N/A	N/A	14.69

<u>Expenses:</u>	<u>Gross Expense Ratio</u>	<u>Net Expense Ratio</u>
	0.38%	0.38%

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 the "Investment Election" tile, and then making your new elections. You may also call 866-412-9026 and speak to a Customer Solutions Center representative. 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 "Legal Notices" 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.

Notice Regarding Electronic Delivery of Participant Statements and Other Plan Information

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

For the Plan Year Beginning January 01, 2024

Electronic Statements

Your participant statements for the Melton Truck Lines, Inc. 401(k) Profit Sharing Plan are available on the NestEgg U website for 18 months. To access your participant statements go to www.nestegg.com/melton, select "My Account", enter your User ID and Password, select "Reports & Forms," select "Reports," scroll down to the "Report Group:Participant Statements", open the arrow on the left, and select the statement date you wish to view.

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.

Receiving a Paper Statement or Other Plan Information

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.

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

October 2023

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

An Investment Comparative Chart ("Comparative Chart") is included with this Disclosure Statement and 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.

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, which is the American Funds Target Date Retirement fund that most closely represents your Normal Retirement Age
- There are fees associated with your Plan; some fees may be paid by you, others may be paid by the Plan Sponsor
- There are no upfront charges (loads) when you invest in any of the Plan's options
- Any fees charged against your balance will be on your participant statement, accounted for in the investment activity section
- View or Change your Account / View this or other Plan 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



Administrative Expenses

Trustee Fee

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.

10 basis points on all Plan assets

3(38) Investment Management Fee

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

15 basis points on the first \$15,000,000 of Plan assets

10 basis points on the next \$15,000,000 of Plan assets

8 basis points on the remaining value of Plan assets

The Plan charges these expenses pro rata against each participant's account balance.

- Revenue sharing paid by mutual fund companies to the Plan may be used to pay or reduce these fees.
- These fees are generally paid from forfeitures if forfeitures are available.
- Your share of these fees are calculated based on a ratio. The numerator 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, the total market value of Plan assets is \$1,000,000 and your account balance is \$10,000, your share of the fee would be \$10.

Participant Recordkeeping Service Fee

The Plan allows each participant to direct how their account balance 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
Minimum Termination Fee:	\$1,000.00

The Plan charges these expenses pro rata against each participant's account balance.

- Revenue sharing paid by mutual fund companies to the Plan may be used to pay or reduce these fees.
- These fees are generally paid from forfeitures if forfeitures are available.
- Your share of these fees are calculated based on a ratio. The market value of your account balance is the numerator, and total market value of assets held in the Plan is the denominator. For example, if the fee is \$1,000, the total market value of Plan assets is \$1,000,000 and your account balance is \$10,000, your share of the fee would be \$10.

Independent Auditor Fee

The Department of Labor requires an annual independent audit for Plans with more than one hundred eligible participants. The independent auditor charges a fee that is agreeable to the Plan Sponsor. This fee is generally paid from the Plan. The independent auditor fee is generally around \$10,000.

This fee is generally paid from the Plan. 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 market value of assets held by the Plan. If the total market value of Plan assets is \$100,000 and your account balance is \$1,000, your share would be \$10.00.

Individual Expenses

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.

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.

General Plan Information

You may make your initial investment elections by accessing www.nesteggu.com/melton by calling the Customer Solutions Center. In order to make your election, access www.nesteggu.com/melton, select "My Account," entering your User ID and Password, then select "Participant," select "Manage," select "Manage Account," select "Get Started" on the "Investment Elections" tile and then making your investment elections. If you do not make your own investment elections, your Plan account will be invested in the qualified default investment alternative for your Plan referenced below.

Voting and Other Rights

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

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.

Investment Comparative Chart

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

As Of 06/30/2023

Investment Information - The following table shows the Plan's investment options, including:

- General investment information
- Historical fund performance and an appropriate benchmark for the same period of time
- Fee information, including asset based fees (often called the expense ratio), plus other shareholder-type fees or investment restrictions. 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 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.**

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).

GENERAL INFORMATION		HISTORICAL PERFORMANCE				FEE INFORMATION			
Plan Investment (Morningstar Category)	Average Annual Total Return as of 06/30/2023				Total Annual		Net Expense		Redemption Type Fees
	1yr.	5yr.	10yr.	Inception	As a %	Per \$1,000	As a %	Per \$1,000	
AB Large Cap Growth (Morningstar US Large-Mid Cap Broad Growt) http://www.tcrfund.com/fund/INT150/01878H885	21.90 25.40	13.91 13.39	N/A 14.44	14.31 (since 06/30/2015)	0.52%	\$5.20	0.52%	\$5.20	
American Century Inflation-Adjs Bond (Morningstar US Treasury Inflation-Protec) http://www.tcrfund.com/fund/INT150/025081597	-1.83 -1.81	2.27 2.33	N/A 1.97	2.12 (since 07/28/2017)	0.26%	\$2.60	0.26%	\$2.60	
American Century Mid Cap Value (Morningstar US Mid Cap Broad Value TR US) http://www.tcrfund.com/fund/INT150/025076357	10.54 10.11	7.82 7.63	N/A 10.09	9.59 (since 07/26/2013)	0.63%	\$6.30	0.63%	\$6.30	
American Funds 2010 Target Date Retire (Morningstar Lifetime Allocation Moderate) http://www.tcrfund.com/fund/INT150/02630T282	4.24 5.20	4.59 4.02	5.38 4.68	N/A	0.28%	\$2.80	0.28%	\$2.80	
American Funds 2020 Target Date Retire (Morningstar Lifetime Allocation Moderate) http://www.tcrfund.com/fund/INT150/02630T316	5.77 6.10	5.10 4.28	6.34 5.39	N/A	0.30%	\$3.00	0.3%	\$3.00	
American Funds 2025 Target Date Retire (Morningstar Lifetime Allocation Moderate) http://www.tcrfund.com/fund/INT150/02630T324	7.13 6.99	5.73 4.57	7.23 5.94	N/A	0.32%	\$3.20	0.32%	\$3.20	
American Funds 2030 Target Date Retire (Morningstar Lifetime Allocation Moderate) http://www.tcrfund.com/fund/INT150/02630T332	9.30 8.34	6.38 5.02	8.10 6.60	N/A	0.33%	\$3.30	0.33%	\$3.30	
American Funds 2035 Target Date Retire (Morningstar Lifetime Allocation Moderate) http://www.tcrfund.com/fund/INT150/02630T340	11.80 10.16	7.36 5.59	8.97 7.24	N/A	0.35%	\$3.50	0.35%	\$3.50	
American Funds 2040 Target Date Retire (Morningstar Lifetime Allocation Moderate) http://www.tcrfund.com/fund/INT150/02630T357	14.15 11.97	7.89 6.13	9.39 7.70	N/A	0.36%	\$3.60	0.36%	\$3.60	
American Funds 2045 Target Date Retire (Morningstar Lifetime Allocation Moderate) http://www.tcrfund.com/fund/INT150/02630T365	14.87 13.21	7.99 6.46	9.52 7.92	N/A	0.37%	\$3.70	0.37%	\$3.70	
American Funds 2050 Target Date Retire (Morningstar Lifetime Allocation Moderate) http://www.tcrfund.com/fund/INT150/02630T373	15.38 13.72	7.98 6.56	9.55 7.94	N/A	0.38%	\$3.80	0.38%	\$3.80	
American Funds 2055 Target Date Retire (Morningstar Lifetime Allocation Moderate) http://www.tcrfund.com/fund/INT150/02630T217	15.89 13.74	7.90 6.51	9.50 7.88	N/A	0.38%	\$3.80	0.38%	\$3.80	

GENERAL INFORMATION		HISTORICAL PERFORMANCE				FEE INFORMATION			
Plan Investment (Morningstar Category)	Average Annual Total Return as of 06/30/2023				Total Annual		Net Expense		Redemption Type Fees
	1yr.	5yr.	10yr.	Inception	As a %	Per \$1,000	As a %	Per \$1,000	
American Funds 2060 Target Date Retire (Morningstar Lifetime Allocation Moderate) http://www.tcrfund.com/fund/INT150/02631C320	15.94 13.66	7.85 6.43	N/A 7.80	8.45 (since 03/27/2015)	0.38%	\$3.80	0.38%	\$3.80	
American Funds 2065 Target Date Retire (Morningstar Lifetime Allocation Moderate) http://www.tcrfund.com/fund/INT150/02631V591	16.04 13.53	N/A 6.32	N/A 7.71	14.69 (since 03/27/2020)	0.38%	\$3.80	0.38%	\$3.80	
American Funds American Balanced R6 (Morningstar US Moderate Target Allocatio) http://www.tcrfund.com/fund/INT150/024071813	8.90 10.73	7.06 6.53	8.35 7.29	N/A	0.25%	\$2.50	0.25%	\$2.50	
American Funds EuroPacific Growth (Morningstar Global ex-US Growth Target M) http://www.tcrfund.com/fund/INT150/298706821	15.80 12.74	4.29 3.97	6.30 5.20	N/A	0.47%	\$4.70	0.47%	\$4.70	
American Funds New Perspective (Morningstar Global Growth Target Market) http://www.tcrfund.com/fund/INT150/648018810	19.56 20.62	10.18 9.05	11.20 9.91	N/A	0.41%	\$4.10	0.41%	\$4.10	
JP Morgan Core Plus Bond (Morningstar US Core Plus Bond TR USD) http://www.tcrfund.com/fund/INT150/4812C0134	-0.01 -0.58	1.28 0.91	2.19 1.66	N/A	0.39%	\$3.90	0.38%	\$3.80	
Janus Venture (Morningstar US Small Cap Broad Growth Ex) http://www.tcrfund.com/fund/INT150/47103D785	17.01 18.31	5.86 4.68	10.17 8.84	N/A	0.67%	\$6.70	0.67%	\$6.70	
PRIMECAP Odyssey Aggressive Growth (Morningstar US Mid Cap Broad Growth TR U) http://www.tcrfund.com/fund/INT150/74160Q202	20.83 18.49	5.68 10.13	12.28 11.69	N/A	0.65%	\$6.50	0.65%	\$6.50	
T. Rowe Price Stable Value B (Morningstar US CIT Stable Value GR USD) http://www.tcrfund.com/fund/INT150/741485205	2.02 2.31	2.02 2.17	1.99 1.99	N/A	0.40%	\$4.00	0.4%	\$4.00	
Undiscovered Mgrs Behavioral Value (Morningstar US Small Cap Broad Value Ext) http://www.tcrfund.com/fund/INT150/904504479	7.78 9.77	6.90 5.05	9.90 8.17	N/A	0.85%	\$8.50	0.8%	\$8.00	
Vanguard 500 Index (Morningstar US Large-Mid Cap TR USD) http://www.tcrfund.com/fund/INT150/922908710	19.54 19.54	12.27 11.97	12.82 12.64	N/A	0.04%	\$0.40	0.04%	\$0.40	
Vanguard Developed Markets Index (Morningstar Global ex-US Target Market E) http://www.tcrfund.com/fund/INT150/921943809	16.53 13.04	4.40 3.89	5.67 4.91	N/A	0.07%	\$0.70	0.07%	\$0.70	
Vanguard Mid Cap Index (Morningstar US Mid Cap TR USD) http://www.tcrfund.com/fund/INT150/922908645	13.71 14.20	8.59 9.24	10.43 11.07	N/A	0.05%	\$0.50	0.05%	\$0.50	
Vanguard Small Cap Index (Morningstar US Small Cap Extended TR USD) http://www.tcrfund.com/fund/INT150/922908686	14.89 13.88	6.59 4.73	9.45 8.45	N/A	0.05%	\$0.50	0.05%	\$0.50	
Vanguard Windsor II (Morningstar US Large-Mid Cap Broad Value) http://www.tcrfund.com/fund/INT150/922018304	16.23 13.10	11.13 9.81	10.60 10.52	N/A	0.26%	\$2.60	0.26%	\$2.60	

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 Comparative Chart

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

As Of 06/30/2023

Excessive Trading Restrictions

AB Large Cap Growth - Excessive trading violation will result in a trading restriction period of 90 days. Maximum of 1 round trip allowed per 60 days period. Purchases and exchanges of shares of the Funds should be made for investment purposes only. The Funds seek to prevent patterns of excessive purchases and sales of Fund shares to the extent they are detected by the procedures described below, subject to each Fund's ability to monitor purchase, sale and exchange activity. The Funds reserve the right to modify this policy, including any surveillance or account blocking procedures established from time to time to effectuate this policy, at any time without notice.

American Century Inflation-Adjs Bond - A round trip is defined as a buy and sell that occur within 7 days. Maximum of 1 round trip allowed per 1 year period. American Century Investments uses a variety of techniques to monitor for and detect frequent trading practices. These techniques may vary depending on the type of fund, the class of shares or whether the shares are held directly or indirectly with American Century Investments. They may change from time to time as determined by American Century Investments in its sole discretion. To minimize harm to the funds and their shareholders, we reserve the right to reject any purchase order (including exchanges) from any shareholder we believe has a history of frequent trading or whose trading, in our judgment, has been or may be disruptive to the funds. In making this judgment, we may consider trading done in multiple accounts under common ownership or control. Currently, for shares held directly with American Century Investments, we may deem the sale of all or a substantial portion of a shareholder's purchase of fund shares to be frequent trading if the sale is made:

within seven days of the purchase, or

within 30 days of the purchase, if it happens more than once per year.

To the extent practicable, we try to use the same approach for defining frequent trading for shares held through financial intermediaries. American Century Investments reserves the right, in its sole discretion, to identify other trading practices as abusive and to modify its monitoring and other practices as necessary to deal with novel or unique abusive trading practices.

American Century Mid Cap Value - A round trip is defined as a buy and sell that occur within 7 days. Maximum of 1 round trip allowed per 1 year period. American Century Investments uses a variety of techniques to monitor for and detect frequent trading practices. These techniques may vary depending on the type of fund, the class of shares or whether the shares are held directly or indirectly with American Century Investments. They may change from time to time as determined by American Century Investments in its sole discretion. To minimize harm to the funds and their shareholders, we reserve the right to reject any purchase order (including exchanges) from any shareholder we believe has a history of frequent trading or whose trading, in our judgment, has been or may be disruptive to the funds. In making this judgment, we may consider trading done in multiple accounts under common ownership or control. Currently, for shares held directly with American Century Investments, we may deem the sale of all or a substantial portion of a shareholder's purchase of fund shares to be frequent trading if the sale is made:

within seven days of the purchase, or

within 30 days of the purchase, if it happens more than once per year.

To the extent practicable, we try to use the same approach for defining frequent trading for shares held through financial intermediaries. American Century Investments reserves the right, in its sole discretion, to identify other trading practices as abusive and to modify its monitoring and other practices as necessary to deal with novel or unique abusive trading practices.

American Funds 2010 Target Date Retire - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

American Funds 2020 Target Date Retire - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

American Funds 2025 Target Date Retire - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

American Funds 2030 Target Date Retire - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

American Funds 2035 Target Date Retire - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

American Funds 2040 Target Date Retire - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

American Funds 2045 Target Date Retire - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

American Funds 2050 Target Date Retire - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

American Funds 2055 Target Date Retire - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

American Funds 2060 Target Date Retire - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

American Funds 2065 Target Date Retire - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

American Funds American Balanced R6 - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

American Funds EuroPacific Growth - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

American Funds New Perspective - The series' board determined not to adopt the purchase blocking policy currently employed by the other American Funds. The board made this decision because the nature of the funds does not lend itself to abusive market timing activities. However, American Funds Service Company will monitor for frequent trading in the funds' shares, and all transactions in fund shares are subject to the right of the series, American Funds Distributors and American Funds Service Company to restrict potentially abusive trading. In addition to reserving the right to restrict potentially abusive trading, American Funds Service Company will monitor for other types of activity that could potentially be harmful to the American Funds — for example, short-term trading activity in multiple funds. When identified, American Funds Service Company will request that the shareholder discontinue the activity. If the activity continues, American Funds Service Company will freeze the shareholder account to prevent all activity other than redemptions of fund shares.

J.P. 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. The Boards of J.P. Morgan Funds have adopted various policies and procedures to identify market timers, including reviewing "round trips" in and out of J.P. Morgan Funds by investors. A "round trip" includes a purchase or exchange into a Fund followed or preceded by a redemption or exchange out of the same Fund. If the Distributor detects that you have completed two round trips within 60 days in the same Fund, the Distributor will reject your purchase and exchange orders for a period of at least 90 days. For subsequent violations, the Distributor may, in its sole discretion, reject your purchase and exchange orders temporarily or permanently. In identifying market timers, the Distributor may also consider activity of accounts that it believes to be under common ownership or control.

Janus Venture - The Trustees have adopted policies and procedures with respect to short-term and excessive trading of Fund shares ("excessive trading"). The Funds are intended for long-term investment purposes, and the Funds will take reasonable steps to attempt to detect and deter short-term and excessive trading. Transactions placed in violation of the Funds' exchange limits or excessive trading policies and procedures may be cancelled or rescinded by a Fund by the next business day following receipt by the Fund. The trading history of accounts determined to be under common ownership or control within any of the Janus Henderson funds may be considered in enforcing these policies and procedures. As described below, however, the Funds may not be able to identify all instances of excessive trading or completely eliminate the possibility of excessive trading. In particular, it may be difficult to identify excessive trading in certain omnibus accounts and other accounts traded through intermediaries. By their nature, omnibus accounts, in which purchases and redemptions of the Funds' shares by multiple investors are aggregated by the intermediary and presented to the Funds on a net basis, may effectively conceal the identity of individual investors and their transactions from the Funds and their agents. This makes the elimination of excessive trading in the accounts impractical without the assistance of the intermediary. The Janus Henderson funds attempt to deter excessive trading through at least the following methods: 1. exchange limitations as described under "Exchanges;" 2. trade monitoring; and 3. fair valuation of securities as described under "Pricing of Fund Shares."

PRIMECAP Odyssey Aggressive Growth - Each Fund and the transfer agent may reject any purchase order for any reason and without prior notice. Excessive or short-term trading (such as market timing) in Fund shares may harm performance by compromising portfolio management strategies and increasing Fund expenses. A Fund or the transfer agent may reject a purchase order and may terminate or restrict the exchange privilege of any investor, group of investors, or person acting on behalf of any investor or investors, whose pattern of trading or transaction history involves, in the opinion of the Advisor or the transfer agent, actual or potential harm to the Fund. A Fund or the transfer agent may notify the investor that a purchase order or an exchange has been rejected after the day the order is placed or after acceptance by an intermediary. If a Fund or the transfer agent rejects the purchase portion of an exchange order, the shareholder's exchange request will be treated solely as a redemption request. In some cases, where shares are held in omnibus or retirement plan accounts, it may not be practicable for the Funds to monitor such activity.

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. The Boards of J.P. Morgan Funds have adopted various policies and procedures to identify market timers, including reviewing "round trips" in and out of J.P. Morgan Funds by investors. A "round trip" includes a purchase or exchange into a Fund followed or preceded by a redemption or exchange out of the same Fund. If the Distributor detects that you have completed two round trips within 60 days in the same Fund, the Distributor will reject your purchase and exchange orders for a period of at least 90 days. For subsequent violations, the Distributor may, in its sole discretion, reject your purchase and exchange orders temporarily or permanently. In identifying market timers, the Distributor may also consider activity of accounts that it believes to be under common ownership or control.

Vanguard 500 Index - A round trip is defined as a buy and sell that occur within 30 days. Excessive trading violation will result in a trading restriction period of 30 days. Maximum of 1 round trip allowed per 30 days period. Because excessive transactions can disrupt management of a fund and increase the fund's costs for all shareholders, the board of trustees of each Vanguard fund places certain limits on frequent trading in the funds. Each Vanguard fund (other than money market funds and short-term bond funds, but including Vanguard Short-Term Inflation-Protected Securities Index Fund) limits an investor's purchases or exchanges into a fund account for 30 calendar days after the investor has redeemed or exchanged out of that fund account. ETF Shares are not subject to these frequent-trading limits.

Vanguard Developed Markets Index - A round trip is defined as a buy and sell that occur within 30 days. Excessive trading violation will result in a trading restriction period of 30 days. Maximum of 1 round trip allowed per 30 days period. Because excessive transactions can disrupt management of a fund and increase the fund's costs for all shareholders, the board of trustees of each Vanguard fund places certain limits on frequent trading in the funds. Each Vanguard fund (other than money market funds and short-term bond funds, but including Vanguard Short-Term Inflation-Protected Securities Index Fund) limits an investor's purchases or exchanges into a fund account for 30 calendar days after the investor has redeemed or exchanged out of that fund account. ETF Shares are not subject to these frequent-trading limits.

Vanguard Mid Cap Index - A round trip is defined as a buy and sell that occur within 30 days. Excessive trading violation will result in a trading restriction period of 30 days. Maximum of 1 round trip allowed per 30 days period. Because excessive transactions can disrupt management of a fund and increase the fund's costs for all shareholders, the board of trustees of each Vanguard fund places certain limits on frequent trading in the funds. Each Vanguard fund (other than money market funds and short-term bond funds, but including Vanguard Short-Term Inflation-Protected Securities Index Fund) limits an investor's purchases or exchanges into a fund account for 30 calendar days after the investor has redeemed or exchanged out of that fund account. ETF Shares are not subject to these frequent-trading limits.

Vanguard Small Cap Index - A round trip is defined as a buy and sell that occur within 30 days. Excessive trading violation will result in a trading restriction period of 30 days. Maximum of 1 round trip allowed per 30 days period. Because excessive transactions can disrupt management of a fund and increase the fund's costs for all shareholders, the board of trustees of each Vanguard fund places certain limits on frequent trading in the funds. Each Vanguard fund (other than money market funds and short-term bond funds, but including Vanguard Short-Term Inflation-Protected Securities Index Fund) limits an investor's purchases or exchanges into a fund account for 30 calendar days after the investor has redeemed or exchanged out of that fund account. ETF Shares are not subject to these frequent-trading limits.

Vanguard Windsor II - A round trip is defined as a buy and sell that occur within 30 days. Excessive trading violation will result in a trading restriction period of 30 days. Maximum of 1 round trip allowed per 30 days period. Because excessive transactions can disrupt management of a fund and increase the fund's costs for all shareholders, the board of trustees of each Vanguard fund places certain limits on frequent trading in the funds. Each Vanguard fund (other than money market funds and short-term bond funds, but including Vanguard Short-Term Inflation-Protected Securities Index Fund) limits an investor's purchases or exchanges into a fund account for 30 calendar days after the investor has redeemed or exchanged out of that fund account. ETF Shares are not subject to these frequent-trading limits.

MEDICARE PART D CREDITABLE COVERAGE NOTICE
IMPORTANT NOTICE FROM 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 with Melton Truck Lines and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

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 Melton Truck Lines Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty*

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are “special enrollment periods” that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes “creditable” prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage

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. See the Melton Truck Lines Plan’s summary plan description for a summary of the Plan’s prescription drug coverage. If you don’t have a copy, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage With Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the Melton Truck Lines Plan due to your employment (or someone else’s employment, such as a spouse or parent), your coverage under the Melton Truck Lines Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your Melton Truck Lines prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan’s eligibility and enrollment rules. You should review the Plan’s summary plan description to determine if and when you are allowed to add coverage.

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

Contact the person listed below for further information, or call 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.

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).

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 whether or not you are required to pay a higher premium (a penalty).



Date:	September 21, 2023
Name of Entity/Sender:	Kristina Buxton
Contact—Position/Office:	Benefits Manager
Address:	808 N. 161 E. Ave. Tulsa,, OK 74116
Phone Number:	918-270-9473

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

**HIPAA COMPREHENSIVE NOTICE OF PRIVACY POLICY
AND PROCEDURES**

**MELTON TRUCK LINES
IMPORTANT NOTICE
COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES**

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.

This notice is provided to you on behalf of:

THE HAWTHORN GROUP, INC. HEALTH CARE PLAN & SUMMARY PLAN DESCRIPTION *

* This notice pertains only to healthcare coverage provided under the plan.

The Plan's Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Plan is required to extend certain protections to your PHI, and to give you this notice about its privacy practices that explains how, when, and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this notice, though it reserves the right to change those practices and the terms of this notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan's Privacy Official, described below), and will be posted on any website maintained by Melton Truck Lines that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI and your rights with respect to the PHI they maintain.

How the Plan May Use and Disclose Your Protected Health Information

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan's uses and disclosures of your PHI.

- **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**
 - **Treatment:** Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists, and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it's important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.
 - **Payment:** Of course, the Plan's most important function, as far as you are concerned, is that it *pays for* all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals, and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans in certain cases. For example, if you are covered by more than one health care plan (e.g., covered by this

Plan and your spouse's plan or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.

- **Health care Operations:** The Plan may use and disclose your PHI in the course of its "health care operations." For example, it may use your PHI in evaluating the quality of services you received or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverages. However, the Plan will not disclose, for underwriting purposes, PHI that is genetic information.
- **Other Uses and Disclosures of Your PHI Not Requiring Authorization.** The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:
 - **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as Melton Truck Lines) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage, and other disputes related to the Plan's provision of benefits.
 - **To the Plan's Service Providers:** The Plan may disclose PHI to its service providers ("business associates") who perform claim payment and plan management services. The Plan requires a written contract that obligates the business associate to safeguard and limit the use of PHI.
 - **Required by Law:** The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities that monitor compliance with these privacy requirements.
 - **For Public Health Activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.
 - **For Health Oversight Activities:** The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
 - **Relating to Decedents:** The Plan may disclose PHI relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
 - **For Research Purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.
 - **To Avert Threat to Health or Safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
 - **For Specific Government Functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment, and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. For example, uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI would require your authorization. Your authorization can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.
- **Uses and Disclosures Requiring You to Have an Opportunity to Object:** The Plan may share PHI with your family, friend, or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

- **To Request Restrictions on Uses and Disclosures:** You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.
- **To Choose How the Plan Contacts You:** You have the right to ask that the Plan send you information at an alternative address or by an alternative means. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.
- **To Inspect and Copy Your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.
- **To Request Amendment of Your PHI:** If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors you may request in writing that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.
- **To Find Out What Disclosures Have Been Made:** You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

How to Complain About the Plan's Privacy Practices


If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

Notification of a Privacy Breach

Any individual whose unsecured PHI has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner will receive written notification from the Plan within 60 days of the discovery of the breach.

If the breach involves 500 or more residents of a state, the Plan will notify prominent media outlets in the state. The Plan will maintain a log of security breaches and will report this information to HHS on an annual basis. Immediate reporting from the Plan to HHS is required if a security breach involves 500 or more people.

Contact Person for Information, or to Submit a Complaint



If you have questions about this notice please contact the Plan's Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan's privacy practices, handling of your PHI, *or breach notification process*, please contact the Privacy Official or an authorized Deputy Privacy Official.

Privacy Official

The Plan's Privacy Official, the person responsible for ensuring compliance with this notice, is:

Kristina Buxton
Benefits Manager
918-270-9473

Effective Date

The effective date of this notice is: September 21, 2023.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

MELTON TRUCK LINES EMPLOYEE HEALTH CARE PLAN

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within **30 days** after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within **60 days** of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within **60 days** after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Kristina Buxton
Benefits Manager
918-270-9473

**** This notice is relevant for healthcare coverages subject to the HIPAA portability rules.***

GENERAL COBRA NOTICE

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, 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 the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;

- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice in writing to the Plan Administrator. Any notice you provide must state the name of the plan or plans under which you lost or are losing coverage, the name and address of the employee covered under the plan, the name(s) and address(es) of the qualified beneficiary(ies), and the qualifying event and the date it happened. The Plan Administrator will direct you to provide the appropriate documentation to show proof of the event.

How is COBRA continuation coverage provided?

Once the Plan 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. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. If you believe you are eligible for this extension, contact the Plan Administrator.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>

COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, 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) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

For additional information regarding your COBRA continuation coverage rights, please contact the Plan Administrator below:

Kristina Buxton
Benefits Manager
808 N. 161 E. Ave.
Tulsa, OK 74116
918-270-9473

**NOTICE OF RIGHT TO DESIGNATE PRIMARY CARE PROVIDER AND OF NO OBLIGATION
FOR PRE-AUTHORIZATION FOR OB/GYN CARE**

Melton Truck Lines Employee Health Care Plan 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 the plan administrator at 918-270-9473.

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

You do not need prior authorization from Melton Truck Lines Employee Health Care Plan or from any other person (including a primary care provider) 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 the Melton Truck Lines Employee Health Care Plan at:

Kristina Buxton
Benefits Manager
918-270-9473

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

Melton Truck Lines Employee Health Care Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

The Melton Truck Lines Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

	In-Network	Out-of-Network
Individual Deductible	\$2,000	\$4,000
Family Deductible	\$4,000	\$8,000
Coinsurance	80%	60%

If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator at:

Kristina Buxton
Benefits Manager
918-270-9473

MICHELLE'S LAW NOTICE

(To Accompany Certification of Dependent Student Status)

Michelle's Law is a federal law that requires certain group health plans to continue eligibility for adult dependent children who are students attending a post-secondary school, where the children would otherwise cease to be considered eligible students due to a medically necessary leave of absence from school. In such a case, the plan must continue to treat the child as eligible up to the earlier of:

- The date that is one year following the date the medically necessary leave of absence began; or
- The date coverage would otherwise terminate under the plan.

For the protections of Michelle's Law to apply, the child must:

- Be a dependent child, under the terms of the plan, of a participant or beneficiary; and
- Have been enrolled in the plan, and as a student at a post-secondary educational institution, immediately preceding the first day of the medically necessary leave of absence.

"Medically necessary leave of absence" means any change in enrollment at the post-secondary school that begins while the child is suffering from a serious illness or injury, is medically necessary, and causes the child to lose student status for purposes of coverage under the plan.

If you believe your child is eligible for this continued eligibility, you must provide to the plan a written certification by his or her treating physician that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

If you have any questions regarding the information contained in this notice or your child's right to Michelle's Law's continued coverage, you should contact Kristina Buxton, Benefits Manager, 918-270-9473.

NOTICE FOR EMPLOYER-SPONSORED WELLNESS PROGRAMS

Melton Truck Lines Wellness Program 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 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act, as applicable, among others.

Details about the wellness program, including criteria and incentives, can be found in the Benefits Guide.

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 Kristina Buxton at 918-270-9473..

The information from the Biometric Screening and 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. 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 wellness 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 is (are) 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.

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

Employer Name:	The Hawthorn Group
Employer State of Situs:	Oklahoma
Name of Issuer:	The Hawthorn Group, Inc
Plan Marketing Name:	Group & Pension Adminsitrators, LLC (GPA)
Plan Year:	2024

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes
5	Hospice	Ambulatory	Pg. 28	Yes
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	No
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	No
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes

25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 2-28-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new 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 new 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 new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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 9.5% 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 YourBenefits@lockton.com.

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.

¹ 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 Lockton, Inc.		4. Employer Identification Number (EIN) 90-0007886	
5. Employer address 444 W. 47th St., Suite 900		6. Employer phone number 816-960-9000	
7. City Kansas City	8. State MO	9. ZIP code 64112	
10. Who can we contact about employee health coverage at this job? Associate Benefits			
11. Phone number (if different from above)		12. Email address YourBenefits@lockton.com	

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

- As your employer, we offer a health plan to:
 - ☒ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:

☐ We do not offer coverage.

- ☒ 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* 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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



Notes

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across the entire width of the page, providing a guide for writing. The background is a clean, solid white color. There are no margins, text, or other markings present.

[illegible]



Please read thoroughly. This publication contains important information about your employee benefit program.

This benefit guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.