



# Your Benefits - Your Choice

## 2016-17 Enrollment Guide

*Medicare D Coverage Disclosure is Located on Page 18.*



**Liquid** TRUCKING  
OFC • Schmidt • Barto

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As an Employee of Liquid Trucking Companies, you have the opportunity to enroll in valuable benefits to protect the health and financial security of you and your family. Within this guide you will find the highlights of each of the benefits including medical insurance, dental insurance and Life insurance and AD&D! Some of these coverages are paid for entirely by the Company, others are yours to choose and will be paid for through convenient payroll deductions as long as you are a benefit-eligible employee of Liquid Trucking Companies.

Right now is your chance to elect the coverage you want for yourself and your family in 2016-17. We encourage you to read through this guide, share it with your family members, and ask us any questions that you may have so that you are educated and empowered to choose the benefits that are best for you.

**New Employees:** Your benefit elections will become effective the first of the month following 30 days of continuous, active, employment. You must make your elections and return your enrollment forms NO LATER THAN 30 days following your date of hire so that we are able to begin your coverage when you reach the eligibility date. If you don't take action now, you will not have the opportunity to enroll again until the next open enrollment period, unless you experience a qualifying life event such as a change in your legal marital status or change in dependents before that time.

For many of the benefits offered, if you do not elect them at your first opportunity (NOW) you will be subject to evidence of insurability/medical questions to be covered in the future.

If you're a new employee, welcome to the company! And if you are a current employee, thank you for your years of service and we look forward to many more.

Sincerely,  
Liquid Trucking Companies Human Resource  
Department



# Benefit Contact Information

The information described within this guide is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description for a complete explanation of your benefits. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

**You can obtain a copy of the Summary Plan Description from:**

[portal.liquidtrucking.com](http://portal.liquidtrucking.com)

Coverage/Service	Carrier	Contact
<b>Medical Insurance</b>	Administered by Mid-American Benefits	Kristin Hembree (402) 571-6224, ext. 219 kristin@mid-americanbenefits.com
<b>Medical Insurance Provider</b>	Elite Choice	<a href="http://elitechoice.claimsbridge.com">http://elitechoice.claimsbridge.com</a>
<b>Teladoc</b>	Teladoc	1-800-Teladoc Teladoc.com
<b>Pre-Certification</b>	Mid-American	See the number on the back of your medical ID card
<b>Dental Insurance</b>	Ameritas Group	800-659-2223
<b>Company-Paid Life &amp; AD&amp;D</b>	Guardian Life	Contact Human Resources
<b>Voluntary Life and AD&amp;D</b>	Guardian Life	Contact Human Resources
<b>Additional Voluntary Benefits</b>	Dave Beck: AFLAC Rep.	(402) 658-9139 ann_beck@us.aflac.com
<b>401(k) Retirement Plan (OFC-Schmidt Employees)</b>	American Funds	(877) 833-9322 americanfunds.com.retire
<b>401(k) Retirement Plan (Barto Trucking Employees)</b>	Edward Jones	Representative: Brad Ksiazek 402-296-0515

## Liquid Trucking Companies Benefits Contact

**Jason Eisenman**  
*Benefits@liquidtrucking.com*  
 402-298-7031  
 108 East Bay Rd  
 Plattsmouth, Nebraska 68048



# Eligibility, Enrollment, & Changes

**Employee Eligibility:** All full-time employees who are eligible for benefits on the first of the month following 30 days of continuous, active, employment.

## Your Eligible Dependents

- Your Spouse: The term “spouse” shall mean the legally recognized marital partner of a covered Employee. The Plan Administrator may require documentation proving a marital relationship.
- Your dependent children up to age 26 including natural born, step-children, legally adopted, or children placed with you for adoption.
- Children up to age 26 whose primary residence is with the employee and who depend upon the employee for support and maintenance, for whom the employee or employee’s spouse has been named legal guardian.
- Children of the employee who are required to be covered by reason of a Qualified Medical Child Support Order (QMCSO), as defined in ERISA §609(a).
- Disabled children age 26 and over if all of the following apply:
  - Is a child as defined above.
  - Is unmarried
  - Handicapped prior to reaching age 26
  - Is dependent upon the Employee/Employee’s spouse for support & maintenance
  - Is incapable of self-sustaining employment because of physical handicap, mental retardation, mental illness, or mental disorders

**Spousal Provision:** If a working spouse is eligible for health coverage through their employer, they are not eligible for coverage under this Plan.

## Benefit election changes during the year may be made for the following reasons:

- Changes in the Employee’s legal marital status such as marriage, divorce, separation, or the death of a spouse.
- A change in the number of dependents such as birth, death, or adoption.
- Changes in employment status of the employee or of the employee’s spouse or dependents. This includes the beginning or ending of employment, new or different work hours, change from full-time to part-time status or vice versa, the beginning or end of an unpaid leave of absence.
- A dependent becomes eligible or ceases to be eligible for coverage due to age.
- Employee, spouse or dependent becoming, or ceasing to be, eligible for Medicare or Medicaid.
- A judgment, decree, or order that results from a divorce or legal separation.

***An election change must be made within 30 days of the qualifying event.***

**Pretax Elections:** Some employee premiums will be deducted on a pretax basis through payroll deduction. Due to IRS rules, elections cannot be revoked or changed during the plan year, unless you experience a qualifying event or “Status Change” as described above. Employees wishing to opt for a post-tax deduction should contact Human Resources.



# How My Medical Plan Works

## **New for 2016-17: No PPO Network! Our plan now pays according to “Referenced Based Pricing.”**

The Liquid Trucking Companies Health Plan allows you to visit any provider (including physicians and facilities) that you choose. When you visit a provider and they agree to accept your insurance, they are agreeing to accept payment under the terms of our plan. Our plan conducts a review of all bills for accuracy and then pays the claims based on maximum allowable amounts for each type of service.

It is possible that your provider may try to collect money from you above what the plan considers the maximum allowable charge. ***While you are responsible for your deductible and coinsurance amounts under the plan, you are NOT responsible for these “balance bills.”***

Please contact your patient advocate at Mid-American immediately if you receive a balance bill or need assistance dealing with a provider. Your patient advocate can be reached Monday-Friday from 8am to 5pm (Eastern) at: 866-289-7012.

Your patient advocate is also available to help you out with other services so please don't hesitate to contact Mid-American Benefits. See the packet of information from Mid-Atlantic for lots more information and frequently asked questions.

**Pre-Certification Process:** This Plan has a mandatory utilization review requirement called “pre-certification”. Pre-certification is required prior to all scheduled Hospital admissions and recommended for Outpatient services (as outlined in the Plan Summary). For emergency admissions to the Hospital, the covered individual must notify the Review Organization within two (2) business days of the admission. Pre-certification determines that services received are Medically Necessary. Pre-certification does not guarantee that proposed Hospital admissions or Outpatient procedures are covered under the Plan as Eligible Expenses.

**The Plan recommends that the following scheduled procedures/services be pre-certified by the Review Organization, subject to its’ guidelines, prior to receiving treatment/service:** Chemotherapy, CT Scans, Home Health Services, Medical Equipment – purchase, if price is above \$500 and all rentals, MRA, MRI, PET Scan, Radiation Therapy. (Emergency outpatient services do not require pre-certification)

**Penalty for Non-Certification** - If pre-certification is not obtained in connection with an inpatient hospitalization, the Eligible Expenses will be subject to a penalty of \$500. The additional penalty will be figured before the Annual Deductible and coinsurance are applied. The penalty is not considered an Eligible Expense.

**Contact Mid-American to Pre-certify at:** (800) 457-4726

## Terms to Know

- **Referenced Based Pricing:** A new method of paying claims in which your insurance plan pays a fair price based on what the services cost, plus some margin of profit--instead of paying largely inflated prices for medical supplies and services.
- **Co-Pay:** A flat dollar amount that you are required to pay at the time of service for Medical or Rx Drugs. Not all Health Plans use copays.
- **Deductible:** Your initial portion of Healthcare costs that you will pay before your plan begins cost-sharing.
- **Coinsurance:** The percentage of the cost you will pay after meeting your deductible.
- **Out-of-Pocket Maximum:** The maximum amount that you could be responsible for paying in any plan year, including your deductible and coinsurance, before the health plan covers 100% of remaining eligible expenses.
- **Maximum Allowable Amount:** The most a plan will consider eligible for a covered expense. MAA charges are based on the range of fees charged by providers with comparable training for the same or similar services in your area. When you go to a provider who accepts your insurance, they are agreeing to accept the plan's limits on payment.



# Referenced-Based Pricing

**Referenced-Based Pricing:** Did you know that many hospitals and facilities mark up their prices simply because they can? They just assume that your health insurance will pay the price, however high it is!

Imagine you went to the grocery store and found out that a gallon of milk now cost \$40! But, like a “network discount” with your health insurance, you were given a coupon so you only had to pay \$20 for the milk. You wouldn’t stand for this type of artificial price inflation at the supermarket and neither should your health plan when it comes to medical care.

This is why many health plans (including ours) are now using a method known as “Referenced Based Pricing” to pay medical claims. Using Referenced Based Pricing, the plan agrees to pay a fair price to the hospital (including a reasonable amount of profit) for each service based on how much it actually costs the hospital to perform. It means that the health plan will not pay exorbitant fees (such as the real example of a \$1,000 toothbrush!) just because a hospital bills them.

*To learn more about outrageous hospital charges, view this short video:  
<http://tinyurl.com/overpricedtoothbrush>*

Reference Based Pricing will help keep our claims cost under control, which means we can keep employee premiums lower and avoid passing on other costs to you. This will not affect the way you use healthcare and you will still have your deductible, copays, and coinsurance to pay, according to the details of the plan.

***However - There will be some differences you should be aware of. Please read the below carefully!***

## **Under the 2016-17-2017 Health Plan:**

- When you visit a doctor’s office or get a prescription, you will pay a copay at the time of service according to the details of our plan.
- When you visit a hospital, clinic, emergency room, or other facility that is not a doctor’s office, you will receive an Explanation of Benefits (EOB) in the mail which tells you what portion of the medical services are yours to pay.
- ***You will never be asked to pay more than your portion based on the health plan. It is very important that you read this EOB and keep it on-hand for future reference. You may also receive bills from your hospital or facility that say you owe larger amounts but you are truly only responsible for paying what your EOB states is your responsibility.***
- You should always pay what your EOB says but you should never pay any other amount on a bill without verifying that it’s accurate. If you ever receive a “balance bill” or any bill that says you owe more than your EOB says is your responsibility you must call your Mid-American Benefits patient advocate.

## **As your patient advocates, we assist you in several ways:**

- Provide education to you about your health plan.
- Assure that you have the needed information about your health plan to communicate effectively with your physician and other treating providers
- Advocate for you by being a liaison between you and your providers about your maximum allowable charge reference-based pricing plan.
- Provide education to your providers about your health plan’s reimbursement methods.
- Contact your current providers about acceptance of your health plan.



# Magellan Rx Mailing - Example

Below are examples of OFC, Schmidt and Barto Medical and Rx ID cards you will receive after you have enrolled in coverage. If you have misplaced or did not receive you ID card please contact Mid-American Benefits

Sample envelope from Magellan Rx containing your ID card. Please ensure you do not destroy.

15950 N. 76th St., Scottsdale, AZ  
Ste.200 85260

Magellan RX

Magellan Rx Management, LLC

Ms. Jane Doe  
123 Main Street  
Omaha, NE 68111

**SCHMIDT TRANSPORTATION**  
Member Name: JANE DOE  
Member ID: 01234567  
Group ID: 42440000

**Benefit Verification, Eligibility & Correspondence:**  
Mid-American Benefits, Inc.  
5310 N. 99th Street, Suite 1  
Omaha, NE 68134  
1-800-364-9505 (402)571-6224  
Fax: 402-573-8058  
www.mid-americanbenefits.com

**Submit Medical Claims to:**  
Emdeon Payer ID: 22823  
Elite Choice  
PO Box 885  
Arnold, MD 21012  
Elite Choice

**For provider participation status**  
Contact IHS at 888-960-7809  
www.schmidt.claimsbridge.com

For Non-Elite Choice claims, medical service providers should contact IMRM (866-289-7012) for Plan reimbursement information. This Plan has a Maximum Allowable Charge of 130% of Medicare. Assignment of benefits is accepted as consideration in full for services rendered.

**PRE-CERTIFICATION IS REQUIRED**  
Call IMRM at 866-289-7012 prior to receiving or scheduling services.  
FAILURE TO PRE-CERTIFY MAY RESULT IN A REDUCTION OF BENEFITS.  
AUTHORIZATION IS NOT A GUARANTEE OF BENEFITS.  
ALL VERIFICATIONS & BENEFITS SUBJECT TO PLAN PROVISIONS & LIMITATIONS

**MagellanRx**  
MANAGEMENT..

RxBIN: 017449  
RxPCN: 6792000  
RxGRP: PRXMAB  
ISSUER: (80840)

Pharmacy Customer Service: 800-424-5828

Group Name: SCHMIDT TRANSPORTATION  
Member Name: %MemberName%  
Member ID: %MemberID%

See reverse side of card for additional information.

Sample envelope from Magellan Rx containing your ID card. Please ensure you do not destroy.

15950 N. 76th St., Scottsdale, AZ  
Ste.200 85260

Magellan RX

Magellan Rx Management, LLC

Ms. Jane Doe  
123 Main Street  
Omaha, NE 68111

**OFC DEVELOPMENT CORP**  
Member Name: JANE DOE  
Member ID: 012345678  
Group ID: 42430000

**Benefit Verification, Eligibility & Correspondence:**  
Mid-American Benefits, Inc.  
5310 N. 99th Street, Suite 1  
Omaha, NE 68134  
800-364-9505 / 402-571-6224  
Fax: 402-573-8058  
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RxBIN: 017449  
RxPCN: 6792000  
RxGRP: PRXMAB  
ISSUER: (80840)

Pharmacy Customer Service: 800-424-5828

Group Name: OFC DEVELOPMENT CORP  
Member Name: JANE DOE  
Member ID: 012345678

See reverse side of card for additional information.



# Introducing Teladoc

When you enroll in the Company Medical Plan, you have the ability to use Teladoc (formerly known as StatDoctors), to consult a doctor 24/7 on non-emergency needs.

As a member with access to StatDoctors, you are now a member of Teladoc. As part of this transition, you will need to set up your account with Teladoc. Once you've completed your account set up you will have 24/7 access to a national network of U.S. board-certified doctors.

## **QUICK & EASY TO USE**

Call Teladoc from anywhere - home, work, or on the road - and let the doctor come to you! Teladoc doctors diagnose nonemergency medical problems, recommend treatment, and can even call in a prescription to your pharmacy of choice, when necessary.

## **CONVENIENCE**

We make it easy to request a medical consultation anytime and anywhere you need it. Simply call 1-800-Teladoc (835-2362) for conditions like:

- Respiratory infections
- Ear Infections
- Urinary tract infections
- Allergies
- Colds and flu
- Sore Throat
- Pink eye

## **SAVINGS**

With extremely low or no consult cost, Teladoc provides significant savings over urgent care and emergency room visits. Plus, you can use Teladoc from the convenience of home or work, allowing you to avoid the hassle of sitting in a waiting room.

## **QUALITY**

All Teladoc doctors:

- Are U.S. board-certified in internal medicine, family practice, emergency medicine or pediatrics.
- Are U.S. residents and licensed in your state.
- Average of 15 years of practice experience.

***Set up your Teladoc account now!***

***Go To: [Teladoc.com](https://www.teladoc.com)  
Click: "Set up Account"***



# Teladoc Frequently Asked Questions

**What is Teladoc?** Teladoc is the first and largest provider of telehealth medical consults in the United States, giving you 24/7/365 access to quality medical care through phone and video consults.

**Who are the Teladoc doctors?** Teladoc doctors are U.S. board certified in Internal Medicine, Family Practice, or Pediatrics. They average 15 years practice experience, are licensed in your state, and incorporate Teladoc into their day-to-day practice as a way to provide people with convenient access to quality medical care.

**Does Teladoc replace my doctor?** No. Teladoc does not replace your primary care physician. Teladoc should be used when you need immediate care for non-emergent medical issues. It is an affordable, convenient alternative to urgent care and ER visits.

**What kind of medical care does Teladoc provide?** When requesting a consult, you can choose between general medical, behavioral health or dermatology.

**What consult methods are available?** You can talk with a Teladoc doctor via a phone consult, video consult within the secure member portal, or video consult within the Teladoc mobile app.

**How do I set up my Teladoc account?** Setting up your account is a quick and easy process Online. Visit the Teladoc website and click "Set Up Account". Follow the online instructions.

**How do I request a consult to talk to a doctor?** Visit the Teladoc website, log into your account and click "Request a Consult". You can also call Teladoc to request a consult by phone.

**How do I request a consult to talk to a doctor?** Visit the Teladoc website, log into your account and click "Request a Consult". You can also call Teladoc to request a consult by phone.

**How do I pay for the consult?** You can pay with your HSA (health savings account) card, credit card, prepaid debit card or by PayPal.

**How quickly can I talk to the doctor?** A doctor will call you back in 16 min, on average. If you miss the doctor's call, whether you are away from the phone or you have anonymous call blocker on, you will be returned to the bottom of the waiting list. The consult request is canceled if you miss three calls.

**Is there a time limit when talking with a doctor?** There is no time limit for consults.

**Can Teladoc doctors write a prescription?** Yes, Teladoc doctors can prescribe short-term medication for a wide range of conditions when medically appropriate. Teladoc doctors do not prescribe substances controlled by the DEA, nontherapeutic and/or certain other drugs which may be harmful because of their potential abuse.

**How do I pay for a prescription called in by Teladoc?** When you go to your pharmacy of choice to pick up the prescription, you may use your health/prescription insurance card to help pay for the medication. You will be responsible for the co-pay based on the type of medication and your plan benefits.

**Is the consult fee the same price, regardless of the time?** Yes! Teladoc charges one flat rate per consult.

**If the Teladoc doctor recommends that I see my primary care physician or a specialist, do I still have to pay the Teladoc consult fee?** Yes. Just like any doctor appointment, you must pay for the consulting doctor's time.

**Can I provide consult information to my doctor?** Yes. You have access to your electronic medical record at anytime. Download a copy Online from your account or call Teladoc and ask to have your medical record mailed or faxed to you.

**Talk to a doctor anytime!**

1-800-Teladoc

Teladoc.com

Facebook.com/Teladoc

Teladoc.com/mobile



# Medical Plan Summary & Rates

## Medical Plan Overview - Elite Choice

	In-Network	Out-of-Network
<b>Medical Deductible</b>		
Single	\$1,500	\$3,000
Family	\$3,000	\$6,000
<b>Coinsurance</b>		
(What you pay AFTER your deductible)	You pay 20%	You pay 40%
<b>Medical Out-of-Pocket Max</b>		
Single	\$4,000	\$10,000
Family	\$8,000	\$20,000
<b>Covered Medical Services</b>		
Preventative/Wellness Care	Covered 100\$, Deductible Waived	40% Coinsurance
Primary Care Office Visit	\$30 Copay Per Visit	40% Coinsurance
Specialist Office Visit	\$50 Copay Per Visit	40% Coinsurance
Teledoc	\$25 Copay Per Visit	N/A
In-Office Diagnostic Test / Imaging	\$25 Copay Per Visit	40% Coinsurance
Urgent Care	\$50 Copay Per Visit	40% Coinsurance
Inpatient Hospitalization	20% Coinsurance	40% Coinsurance
Emergency Room Services <b>ER use when not a real emergency</b>	\$250 Copay Per Visit <b>\$750 Copay Per Visit</b>	\$250 Copay Per Visit <b>40% Coinsurance</b>

## Prescription Drug Overview

Limited to 30-day Supply per Copay.  
90-day Supply may be dispensed for the amount of 3 Copays

<b>Prescription Drug Deductible</b>	
Single	\$100
Family	\$300
<b>Prescription Drug Out-of-Pocket Max</b>	
Single	\$2,600
Family	\$5,200
<b>Prescription Drug Benefit</b>	
Generic Drugs	\$10 Copay
Formulary Brand	\$45 Copay
Non-Formulary Brand	\$70 Copay
Specialty Drugs	50% to a max. Copay of \$250

Employee Weekly Contributions	Tobacco	Non-Tobacco
Employee	\$31.00	\$28.00
Employee + Children	\$110.00	\$103.00
Employee + Spouse	\$128.00	\$120.00
Family	\$160.00	\$152.00

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# Dental Plan Summary & Rates

Liquid Trucking Companies offers you dental coverage through Ameritas Group at very affordable rates! Below is an overview of your dental benefits. For more details on your dental benefits, see your summary plan description.

Ameritas Group Dental Plan Overview		
	In-Network	Out-of-Network
<b>Lifetime Deductible</b>		
Per Person	\$0 Per Calendar Year: Type 3 \$100 Per Calendar Year: Type 1 & 2	
<b>Annual Benefit Maximum</b>		
Per Person	\$1,000	
<b>Annual Lifetime Orthodontia Maximum</b>		
Per Person	\$1,000	
<b>Covered Services</b>		
<b>Type 1</b> <i>Cleanings, Routine Exams, Bitewing X-Rays, Fluoride for children 13 &amp; under:</i>	100%	100% Subject to U&C
<b>Type 2</b> <i>Full Mouth/Panoramix X-rays, Periapical X-rays, Sealants, Space Maintainers, Restorative Amalgams, Restorative Composites, Denture Repair, Simple Extractions:</i>	80%	80% Subject to U&C
<b>Type 3</b> <i>Onlays, Crowns, Crown Repair, Endodontics, Periodontics, Prosthodontics, Complex Extractions, Anesthesia:</i>	50% after 12 Months	50% after 12 Months Subject to U&C
<b>Orthodontia (Child Only Coverage)</b>	50% after 12 Months	50% after 12 Months Subject to U&C

Employee Weekly Contributions	
Employee	\$4.06
Family	\$12.86



## To find a provider

**Visit:** [ameritas.com](http://ameritas.com) and  
**Select:** FIND A PROVIDER, then DENTAL

*Enter your criteria to search by location or for a specific dentist or practice.*

**California Residents:** When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

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# Company-Paid Life And AD&D Insurance

All active full time employees will be enrolled in the Liquid Trucking Companies Company-Paid Life plan through Guardian Life. Eligible employees are provided with **20,000 of Basic Life coverage** and becomes effective the first of the month following 30 days of employment. This coverage is paid for completely by Liquid Trucking Companies and costs you nothing! Your basic Life coverage includes Accidental Death & Dismemberment coverage equal to one times the employee's life benefits.

Depending on your personal situation you may wish to purchase additional coverage which you can buy through Guardian Life at the low-cost, Liquid Trucking Companies group rates. Use the worksheet below to estimate how much additional life insurance you need and see the details of the voluntary life on the following page.

Outstanding Debt - <i>How much will be left for your family to pay?</i>	Amount
Mortgage balance	\$
Other debt (credit cards, loans, car payment)	\$
<b>TOTAL(A)</b>	\$
Ongoing Expenses - <i>How much do your dependents need each year?</i>	
Utilities (electric, phone, cable, Internet)	\$
Medical costs, insurance	\$
Food, clothing, gasoline	\$
Saving contributions	\$
<b>TOTAL (B)</b>	\$
Future Plans - <i>How much will loved ones need for the future?</i>	
College	\$
Other (retirement, long term care)	\$
<b>TOTAL (C)</b>	\$
<b>Grand Total (A+B+C)</b>	\$
Subtract existing coverage	\$
Subtract Company-Paid Life	\$
Consider adding this amount of life insurance	\$

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# Voluntary Life Insurance

Liquid Trucking Companies provides all employees the opportunity to purchase additional Life Insurance coverage. You may also choose to purchase Life Insurance for your spouse and dependent children. The premium for this additional coverage is 100% paid for by you. Coverage must be elected within 30 days and is subject to evidence of insurability beyond the guarantee issue.

## Voluntary Life Summary of Benefits

<b>Coverage Amounts</b>	Employee: \$20,000 / \$40,000 / \$60,000 / \$80,000 / \$100,000 Spouse: \$10,000 increments to a maximum of \$50,000 Dependent Child(ren): \$2,000 increments to a maximum of \$10,000
<b>Guarantee Issue Amount - NO Health Questions (New Hire Only)</b>	Employee (Less than age 65): \$100,000 Spouse (Less than age 65): \$25,000 Dependent Child(ren): \$10,000
<b>Reduction Schedule</b>	Employee: 35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80 Spouse: Based on Employee age and terminates at age 70
<b>Additional Features</b>	Portability, Conversion, Accelerated Life Benefit

## Life Rates

Below rates apply to both Employees and Spouses (rate is per person)  
*Note: Your rate will increase as you age and move to the next age band.*

Monthly Employee Rates					
Age	\$20,000	\$40,000	\$60,000	\$80,000	\$100,000
25-34	\$1.60	\$3.20	\$4.80	\$6.40	\$8.00
35-39	\$3.00	\$6.00	\$9.00	\$12.00	\$15.00
40-44	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00
45-49	\$7.80	\$15.60	\$23.40	\$31.20	\$39.00
50-54	\$12.80	\$25.60	\$38.40	\$51.20	\$64.00
55-59	\$21.80	\$43.60	\$65.40	\$87.20	\$109.00
60-64	\$30.00	\$60.00	\$90.00	\$120.00	\$150.00
65-69	\$56.00	\$112.00	\$168.00	\$224.00	\$280.00

Monthly Spouse Rates					
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
25-34	\$.80	\$1.60	\$2.40	\$3.20	\$4.00
35-39	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50
40-44	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50
45-49	\$3.90	\$7.80	\$11.70	\$15.60	\$19.50
50-54	\$6.40	\$12.80	\$19.20	\$25.60	\$32.00
55-59	\$10.90	\$21.80	\$32.70	\$43.60	\$54.50
60-64	\$15.00	\$30.00	\$45.00	\$60.00	\$75.00
65-69	\$28.00	\$56.00	\$84.00	\$112.00	\$140.00



*If you choose to decline voluntary life when you are first offered it, you may be subject to evidence of insurability (health questions) if you choose to elect this benefit in the future.*

**Monthly Child Rate: \$1.70/\$10,000**

The information described above is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description for a complete explanation of your benefits. If the benefits above conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.



# Additional Benefits

## Aflac for Liquid Trucking employees

Liquid Trucking is now making the following Aflac insurance policies available to its employees:



### Accident

For a covered accident, Aflac policyholders receive cash benefits for use as they see fit. This plan helps provide a financial cushion if an accident occurs.



### Cancer/Specified-Disease

Aflac's cancer/specified-disease insurance policies are designed to pay cash benefits that can be used to help offset cancer-related expenses and to help with a variety of daily living expenses.



### Hospital Confinement Indemnity

Helps with the non-covered expenses of a hospital stay.



### Short-Term Disability

In the case of illness or injury, it helps you maintain your standard of living and helps you pay your bills.



Offered Annually as Open Enrollment in September.  
See Human Resources to enroll.

For more information about policy benefits, limitations, and exclusions, please call your Aflac insurance agent/producer, **Dave Beck, at (402) 658-9139 or email [ann\\_beck@us.aflac.com](mailto:ann_beck@us.aflac.com).**

This is a brief product overview only. Plans may not be available in all states. Benefits are determined by situs state and plan level selected.

### Aflac for Liquid Trucking Employees:

- Aflac is different from major medical insurance; it's insurance for daily living.
- Aflac pays cash benefits to the policyholder, unless otherwise assigned, to use as he or she sees fit.
- Aflac benefits can help with unexpected expenses.
- Aflac offers competitive rates.

- Aflac processes claims quickly - usually within four days.<sup>1</sup>
- Thanks to the Aflac Duck, nine out of ten people in the United States know the Aflac name.<sup>2</sup>

<sup>1</sup>Company statistics, December 31, 2011.

<sup>2</sup>Aflac 2011 Year in Review.



# 401(K) Retirement Plan

## Applies to OFC-Schmidt Employees

*IMPORTANT: This is a summary of the plan features. For full details, please refer to the Summary Plan Description*

**Eligibility:** All full-time/part-time regular employees who have been at the company for at least one year of consistent employment and are at least 21 years old are eligible to enroll in the 401(k) retirement plan.

**Eligibility Enrollment Dates:** Employees can enroll in the company's 401(k) retirement plan each year between January 1st and July 1st.

**Employer Contribution:** To motivate you to save even more, your employer will match half of the percentage you contribute up to 5%.

**Your Contributions:** Once you become eligible, you will be able to save for retirement in this plan. For more information about the plan's specific eligibility requirements, talk to your employer or check your employee handbook or other summary of plan terms.

You decide how much of your salary you want to contribute directly from your paycheck, up to \$17,500 in 2014, with before-tax contributions and/or after tax Roth contributions.

If you are age 50 or older, you can contribute up to an additional \$5,500 to the plan in 2014.

**Your Investment Options:** You can choose a target date fund using one of the 10 American Funds, or you can build your own portfolio by choosing from among the other investment options in the plan.

**Pretax Contributions:** If you contribute \$100 from every paycheck, it may cost you only \$75 in actual take-home pay because the money is deducted directly from your paycheck before you pay any taxes. (Assuming that you pay 25% in taxes)

**Vesting:** The money that you contribute to your account and whatever it grows to is 100% yours.

The employer-matching contributions that Liquid Trucking Companies makes to your account become yours - or vest - according to the following schedule:

Length of Service	Percent Vested
After 1 Year	0% vested
After 2 Years	20% vested
After 3 Years	40% vested
After 4 Years	60% vested
After 5 Years	80% vested
After 6 Years	100% vested

### Need Help?

- Call or Email Justin Moenkhoff for 401(k) advice:
- Phone: (660) 584-7009
- Email: Justin.Moenkhoff@edwardjones.com

**Make changes to your account:** You can make changes in your plan by:

- Calling Toll-free: (877) 833-9322
- Visiting: Americanfunds.com/retire

**Americanfunds.com/retire:** On this website you will find account access, easy to use tools and calculators, reasons for participating in the plan, and articles on key investing topics.

The information described above is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description for a complete explanation of your benefits. If the benefits above conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.



# 401(K) Retirement Plan

## Applies to Barto Trucking Employees

**IMPORTANT:** This is a summary of the plan features. For full details, please refer to the Summary Plan Description

### Eligibility

**Excluded Employees:** The following employees are excluded from the Plan: **(1)** Employees covered by a collective bargaining agreement. **(2)** Non-resident aliens

**Elective Deferral Contributions, Safe Harbor Matching Contributions and Profit Sharing Contributions:** You must meet the following criteria to be eligible to make Elective Deferral Contributions and receive Safe Harbor Matching Contributions and Profit Sharing Contributions: **(1)** You must attain age 21. **(2)** You must complete one Year of Eligibility Service, during which you complete 1000 hours of service.

### Enrollment Periods

**Elective Deferral Contributions, Safe Harbor Matching Contributions and Profit Sharing Contributions:** On the first day of the calendar month coincident with or next following the time you meet the eligibility criteria specified above.

### Vesting

**Fully Vested Accounts:** You will have a fully vested and non-forfeitable interest in your Elective Deferral Account, Rollover Contribution Account, Qualified Non-elective Contribution Account and Safe Harbor Matching Contribution Account.

**Profit Sharing Contributions:** Your Profit Sharing Contribution Account is subject to a 2-6 year graded vesting schedule (20% per year starting with two years of vesting service).

### Distributions

**Distributions from the plan:** You may receive a distribution from your account under the following circumstances: **(1)** Termination of Employment **(2)** Normal Retirement Age (even if you are still working) **(3)** Hardship (limited accounts) **(4)** After age 59-1/2 **(5)** From the Rollover Contribution Account at any time **(6)** Death.

### Investing Plan Contributions

**Investments:** You may direct the investment of all of your Accounts in one or more of the available Investment Funds. Your elections will be subject to such rules and limitations as the Plan Administrator may prescribe. The Plan Administrator may restrict investment transfers to the extent required to comply with applicable law. The Plan is intended to constitute a plan described in section 404(c) of ERISA. This means that Plan fiduciaries may be relieved of liability for any of your losses that are the result of your investment elections.

### Contributions

**Elective Deferral:** You may elect to defer up to 100% of your Compensation on a pre-tax basis. You may also elect to make Roth contributions to the Plan on an after-tax basis. You may elect to change your elections to contribute to the Plan monthly as of the first day of any calendar month. Federal law also limits the amount you may elect to defer under the Plan (\$18,000 in 2016). However, if you are age 50 or over, you may defer an additional amount up to \$6,000 (in 2016).

**Matching Contributions:** The Company will make a Matching Contribution on your behalf in an amount equal to 100% of your contributions that are not in excess of 4% of your Compensation.

**Profit Sharing Contributions:** The Company may, in its sole discretion, make a Profit Sharing Contribution on your behalf in an amount determined by the Company. Such contribution, if made, will be allocated based on the amount of your compensation above and below the integration level. You will receive a larger allocation based on compensation above the integration level. Please see the Summary Plan Description for more information concerning the Profit Sharing formula. You must complete at least 500 Hours of Service during the Plan Year or be employed by the Company on the last day of the Plan Year in order to receive a Profit Sharing Contribution.

**Rollovers:** The Plan may accept a Rollover Contribution made on behalf of any Eligible Employee, regardless of whether such Employee has met the age and service requirements of the Plan. An Eligible Employee who has not yet met any of the eligibility requirements of the Plan will be deemed a Participant only with respect to amounts, if any, in his Rollover Contribution Account.

If you have money in a non-Roth account you may rollover/transfer the account balance to a Roth (after-tax) account under this plan. Please see the Summary Plan Description for more details regarding rollovers/transfers.

The information described above is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description for a complete explanation of your benefits. If the benefits above conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.



# Required Notices

*The following pages contain notifications that are required to be distributed to you by federal law.  
It is your responsibility to read and understand these notifications and the rights afforded to you under federal law.*

## **Liquid Trucking Companies Annual Health Law Notice Disclosures**

### **Women's Health and Cancer Rights Act of 1998**

The federal Women's Health and Cancer Rights Act of 1998 requires coverage of treatment related to mastectomy. If you are eligible for mastectomy benefits under your health coverage and you elect breast reconstruction in connection with such mastectomy, you are also covered for the following:

- a. Reconstruction of the breast on which mastectomy has been performed;
- a. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- a. Prostheses;
- a. Treatment of physical complications of all states of mastectomy, including lymphedemas.

Coverage for reconstructive breast surgery may not be denied or reduced on the ground that it is cosmetic in nature or that it otherwise does not meet the coverage definition of "medically necessary." Benefits will be provided on the same basis as for any other illness or injury under the Plan. Coverage for breast reconstruction and related services will be subject to applicable deductibles, co-payments and coinsurance amounts that are consistent with those that apply to other benefits under the Plan.

### **Maternity Coverage Length of Hospital Stay**

Group health plans and health insurance issuers offering group health insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 or 96 hours, as applicable. Additionally, no group health plan or issuer may require that a provider obtain authorization from the Plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### **Michelle's Law Notice**

If there is a medically necessary leave of absence from a post-secondary educational institution or other change in enrollment that: (1) begins while the child is suffering from a serious illness or injury; (2) is certified by a physician as being medically necessary; and (3) causes the child to lose student status for purposes of coverage under the plan, the dependent child may maintain dependent eligibility for up to one year. If the dependent child's treating physician does not provide written documentation that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary, the plan will not provide continued coverage.

### **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your

employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

**ALABAMA – Medicaid**  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

**ALASKA – Medicaid**  
The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>  
**ARKANSAS – Medicaid**  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

**COLORADO – Medicaid**  
Medicaid Website: <http://www.colorado.gov/hcpf>  
Medicaid Customer Contact Center: 1-800-221-3943

**FLORIDA – Medicaid**  
Website: <http://flmedicaidprecovery.com/hipp/>  
Phone: 1-877-357-3268

**GEORGIA – Medicaid**  
Website: <http://dch.georgia.gov/medicaid>  
- Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507

**INDIANA – Medicaid**  
Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.hip.in.gov>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <http://www.indianamedicaid.com>  
Phone: 1-800-403-0864

**IOWA – Medicaid**  
Website: <http://www.dhs.state.ia.us/hipp/>  
Phone: 1-888-346-9562

**KANSAS – Medicaid**  
Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-785-296-3512

**KENTUCKY – Medicaid**  
Website: <http://chfs.ky.gov/dms/default.htm>  
Phone: 1-800-635-2570  
**LOUISIANA – Medicaid** Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>  
Phone: 1-888-695-2447

**MAINE – Medicaid**  
Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>  
Phone: 1-800-442-6003  
TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**  
Website: <http://www.mass.gov/MassHealth>  
Phone: 1-800-462-1120

**MINNESOTA – Medicaid**  
Website: <http://mn.gov/dhs/ma/>  
Phone: 1-800-657-3739

**MISSOURI – Medicaid**  
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

**MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

**NEBRASKA – Medicaid**  
Website: [http://dhhs.ne.gov/Children\\_Family\\_Services/AccessNebraska/Pages/accessnebraska\\_index.aspx](http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx)  
Phone: 1-855-632-7633

**NEVADA – Medicaid**  
Medicaid Website: <http://dwss.nv.gov/>  
Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**  
Website: <http://www.dhhs.nh.gov/oi/documents/hippapp.pdf>  
Phone: 603-271-5218

**NEW JERSEY – Medicaid and CHIP**  
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710

**NEW YORK – Medicaid**  
Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**  
Website: <http://www.ncdhhs.gov/dma>  
Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**  
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**  
Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

**OREGON – Medicaid**  
Website: <http://www.oregonhealthykids.gov>  
<http://www.hjossaludablesoregon.gov>  
Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid**  
Website: <http://www.dhs.pa.gov/hipp>  
Phone: 1-800-692-7462

**RHODE ISLAND – Medicaid**  
Website: <http://www.eohhs.ri.gov/>  
Phone: 401-462-5300

**SOUTH CAROLINA – Medicaid**  
Website: <http://www.scdhhs.gov>  
Phone: 1-888-549-0820

**SOUTH DAKOTA - Medicaid**  
Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

**TEXAS – Medicaid**  
Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**  
Website: <http://health.utah.gov/medicaid>  
CHIP: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

**VERMONT – Medicaid**  
Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**  
Medicaid Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
Medicaid Phone: 1-800-432-5924  
CHIP Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/medicaid/premiumpynt/pages/index.aspx>

Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: <http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>

Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP

Website:

<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>

Phone: 307-777-7531

### **Important Notice from Liquid Trucking Companies 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 Liquid Trucking Companies and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Liquid Trucking Companies has determined that the prescription drug coverage offered by the Liquid Trucking Companies Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Liquid Trucking Companies coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Liquid Trucking Companies coverage, be aware that you and your dependents will be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Liquid Trucking Companies and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information.

**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 Liquid Trucking Companies changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://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](http://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, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 10/14/2015

Name of Entity/Sender: Liquid Trucking Companies

Contact--Position/Office: Human Resources

Phone Number: 402-298-7031

Address: 108 East Bay Rd. Plattsmouth, NE 68048

### **Family Medical Leave Act of 1993**

#### **Basic Leave Entitlement**

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

#### **Military Family Leave Entitlements**

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is:

- (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or
- (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

\*The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".

#### **Benefits and Protections**

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan"

on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

#### **Eligibility Requirements**

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months\*, and if at least 50 employees are employed by the employer within 75 miles.

\*Special hours of service eligibility requirements apply to airline flight crew employees.

#### **Definition of Serious Health Condition**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

#### **Use of Leave**

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

#### **Substitution of Paid Leave for Unpaid Leave**

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

#### **Employee Responsibilities**

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

#### **Employer Responsibilities**

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

#### **Unlawful Acts by Employers**

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

#### **Enforcement**

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.

For additional information:

1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627  
WWW.WAGEHOUR.DOL.GOV  
U.S. Department of Labor Wage and Hour Division  
WHD Publication 1420 · Revised February 2013

## General Notice of COBRA Continuation Introduction

You are receiving this notice because you have recently become eligible for coverage under the Liquid Trucking Companies health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review 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 coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, 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 are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.
- If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:
  - 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 any of the following qualifying events happens:
  - 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 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.

When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

### You Must Give Notice of Some Qualifying Events

For the 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 to: Liquid Trucking Companies.

### How is COBRA 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. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

### Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage. To be eligible for that additional time to continue Plan coverage, the disabled person must remain disabled and must notify the Plan Administrator of the Social Security determination, in writing, by supplying a copy of the SSI award letter, within sixty (60) days after the later of:

The date of the Social Security disability determination;  
The date of the qualifying event;  
The date on which coverage is lost as a result of the qualifying event, and  
The date on which the beneficiary is informed (in the Summary Plan Description or general notice) about the obligation to provide the disability notice.

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

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, 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 notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### 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 ERISA, including COBRA, the Health Insurance

Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

### Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of 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 further information regarding the plan and COBRA continuation, please contact Liquid Trucking Companies Human Resources

### Notice of Privacy Practices

The Liquid Trucking Companies Group Medical Plan (the "Plan"), which includes medical and flexible spending account coverages offered under the Liquid Trucking Companies Plans, are required by law (under the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 HIPAA's privacy rule) to take reasonable steps to ensure the privacy of your personally identifiable health information. This Notice is being provided to inform you of the policies and procedures Liquid Trucking Companies has implemented and your rights under them, as well as under HIPAA. These policies are meant to prevent any unnecessary disclosure of your health information.

Use and Disclosure of Your Health Information by the Plan that Do Not Require Your Authorization:

The plan may use or disclose your health information (that is protected health information (PHI), as defined by HIPAA's privacy rule) for:

**1. Payment and Health Care Operations:** In order to make coverage determinations and payment (including, but not limited to, billing, claims management, subrogation, and plan reimbursement). For example, the Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits. Your health information may also be used or disclosed in order for the Plan to carry out its own operations regarding the administration of the Plan and provide coverage and services to the Plan's participants. For example, the Plan may use your health information to project future benefit costs, to determine premiums, conduct or arrange for case management or medical review, for internal grievances, for auditing purposes, business planning and management activities such as planning related analysis, or to contract for stop-loss coverage. Pursuant to the Genetic Information Non-Discrimination Act (GINA), the Plan does not use or disclose genetic information for underwriting purposes.

**2. Disclosure to the Plan Sponsor:** As required, in order to administer benefits under the Plan. The Plan may also provide health information to the plan sponsor to allow the plan sponsor to solicit premium bids from health insurers, to modify the Plan, or to amend the Plan.

**3. Requirements of Law:** When required to do so by any federal, state or local law.

**4. Health Oversight Activities:** To a health oversight agency for activities such as audits, investigations, inspections, licensure, and other proceedings related to the oversight of the health plan.

**5. Threats to Health or Safety:** As required by law, to public health authorities if the Plan, in good faith, believes the disclosure is necessary to prevent or lessen a serious or imminent threat to your health or safety or to the health and safety of the public.

**6. Judicial and Administrative Proceedings:** In the course of any administrative or judicial proceeding in response to an order from a court or administrative tribunal, in response to a subpoena, discovery request or other similar process. The Plan will make a good faith attempt to provide written notice to you to allow you to raise an objection.

**7. Law Enforcement Purposes:** To a law enforcement official for certain enforcement purposes, including, but not limited to, the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

**8. Coroners, Medical Examiners, or Funeral Directors:** For the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law.

**9. Organ or Tissue Donation:** If you are an organ or tissue

donor, for purposes related to that donation.

**10. Specified Government Functions:** For military, national security and intelligence activities, protective services, and correctional institutions and inmates.

**11. Workers' Compensation:** As necessary to comply with workers' compensation or other similar programs.

**12. Distribution of Health-Related Benefits and Services:** To provide information to you on health-related benefits and services that may be of interest to you.

#### **Notice in Case of Breach**

Liquid Trucking Companies is required maintain the privacy of your PHI; provide you with this notice of its legal duties and privacy practices with respect to PHI; and to notify you of any breach of your PHI.

Use and Disclosure of Your Health Information by the Plan that Does Require Your Authorization: Other than as listed above, the Plan will not use or disclose without your written authorization. You may revoke your authorization in writing at any time, and the Plan will no longer be able to use or disclose the health information. However, the Plan will not be able to take back any disclosures already made in accordance with the Authorization prior to its revocation. The following uses and disclosures will be made only with authorization from the individual: (i) most uses and disclosures of psychotherapy notes (if recorded by a covered entity); (ii) uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this notice

**Your Rights with Respect to Your Health Information:** You have the following rights under the Plan's policies and procedures, and as required by HIPAA's privacy rule:

**Right to Request Restrictions on Uses and Disclosures:** You may request the Plan to restrict uses and disclosures of your health information. The Plan will accommodate reasonable requests; however, it is not required to agree to the request, unless it is for services paid completely by you of your own pocket. If you wish to request a restriction, please send it in writing to HIPAA Privacy Officer, at Liquid Trucking Companies, 108 East Bay Rd. Plattsmouth, NE 68048 402-298-7031.

**Right to Inspect and Copy Your Health Information:** You may inspect and obtain a copy of your health information the Plan maintains. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. A written request must be provided to HIPAA Privacy Officer at Liquid Trucking Companies, 108 East Bay Rd. Plattsmouth, NE 68048 402-298-7031. If you request a copy of your health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

**Right to Amend Your Health Information:** You may request the Plan to amend your health information if you feel that it is incorrect or incomplete. The Plan has 60 days after the request is made to make the amendment. A single 30-day extension is allowed if the Plan is unable to comply with this deadline. A written request must be provided to HIPAA Privacy Officer, Liquid Trucking Companies, 108 East Bay Rd. Plattsmouth, NE 68048 402-298-7031. Your request may be denied in whole or part and, if so, the Plan will provide you with a written explanation of the denial.

**Right to an Accounting of Disclosures:** You may request a list of disclosures made by the Plan of your health information during the six years prior to your request (or for a specified shorter period of time), however, the list will not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) disclosures made prior to April 14, 2004; (3) to individuals about their own health information; and (4) disclosures for which you provided a valid authorization.

A request for an accounting form must be used to make the request and can be obtained by contacting your HIPAA Privacy Officer at Liquid Trucking Companies, 108 East Bay Rd. Plattsmouth, NE 68048 402-298-7031. The accounting will be provided within 60 days from your submission of the request form. An additional 30 days is allowed if this deadline cannot be met.

**Right to Receive Confidential Communications:** You may request that the Plan communicate with you about your health information in a certain way or at a certain location if you feel the disclosure could endanger you. You

must provide the request in writing to your HIPAA Privacy Officer at Liquid Trucking Companies, 108 East Bay Rd. Plattsmouth, NE 68048 402-298-7031. The Plan will attempt to honor all reasonable requests.

**Right to a Paper Copy of this Notice:** You may request a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. Please contact your HIPAA Privacy Officer at Liquid Trucking Companies, 108 East Bay Rd. Plattsmouth, NE 68048 402-298-7031 to make this request.

**The Plan's Duties:** The Plan is required by law to maintain the privacy of your health information as related in this Notice and to provide this Notice to you of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains.

**Complaints and Contact Person:** If you wish to exercise your rights under this Notice, communicate with the Plan about its privacy policies and procedures, or file a complaint with the Plan, please contact the HIPAA Contact Person, at Liquid Trucking Companies, 108 East Bay Rd. Plattsmouth, NE 68048 402-298-7031. You may also file a complaint with the Secretary of Health and Human Services if you believe your privacy rights have been violated.

#### **New Health Insurance Marketplace Coverage Options and Your Health Coverage**

##### **PART A: General Information**

When key parts of the health care law took effect in 2014, a new way to buy health insurance became available: 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. The 2017 open enrollment period for health insurance coverage through the Marketplace began on Nov. 1, 2016, and ended on Jan. 31, 2017. Individuals must have enrolled or changed plans prior to Dec. 15, 2016, for coverage starting as early as Jan. 1, 2017. After Jan. 31, 2017, you can get coverage through the Marketplace for 2017 only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

##### **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 (9.69% for 2017), 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<sup>1</sup>.

**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 Human Resources.

The Marketplace can help you evaluate your coverage

options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> 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.

##### **Special Enrollment Periods**

A federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) limits the circumstances under which a group health Plan may exclude coverage for medical conditions present before an individual enrolled.

**Special Enrollment Rights** – If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in this Plan in the future, provided that you request enrollment within 30 days after your other coverage ends. Coverage will begin under this Plan on the first day of the month after the Plan receives the enrollment form.

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 provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you add coverage under these circumstances, you may add coverage mid-year. Coverage will become effective retroactive to the date of marriage, birth, adoption, or placement for adoption. The plan does not permit mid-year additions of coverage except for newly eligible persons and special enrollees.

**Individuals losing Medicaid or State Child Health Insurance Coverage (SCHIP)** - If you were or your dependent was:

- covered under Medicaid or a state child health insurance program and that coverage terminated due to loss of eligibility, or
- becomes eligible for premium assistance under Medicaid or state child health insurance program,

a special enrollment period under this Plan will apply. You must request coverage under this Plan within 60 days after the termination of such Medicaid or SCHIP, or within 60 days of becoming eligible for the premium assistance from Medicaid or the SCHIP. Coverage under the plan will become effective on the date of termination of eligibility for Medicaid/state child health insurance program, or the date of eligibility for premium assistance under Medicaid or SCHIP.

## Company Name: Liquid Trucking Companies

Coverage Period: 07/01/2016 – 06/30/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual & Family | Plan Type: No Network

Important Questions	Answers	Why this Matters:
<p> <b>This is only a summary.</b> If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document by contacting your employer or by calling Mid-American Benefits, Inc. at 1-800-364-9505 or 402-571-6224.</p> <p>What is the overall <u>deductible</u>?</p>	<p>\$1,500.00 person / \$3,000.00 family It does not apply to preventive care</p>	<p>You must pay all the costs up to the <b>deductible</b> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <b>deductible</b> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <b>deductible</b>.</p>
<p>Are there other <u>deductibles</u> for specific services?</p>	<p>Yes <b>Prescription</b> \$100.00 person / \$300.00 family</p>	<p>You must pay all of the costs for these services up to the specific <b>deductible</b> amount before this plan begins to pay for these services.</p>
<p>Is there an <u>out-of-pocket limit</u> on my expenses?</p>	<p>Yes. <b>Medical</b> \$4,000.00 person / \$8,000.00 family <b>Prescription</b> \$2,600.00 person / \$5,200.00 family</p>	<p>The <b>out-of-pocket limit</b> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
<p>What is not included in the <u>out-of-pocket limit</u>?</p>	<p><b>Medical</b> – penalties, balance billed charges, premiums, and health care this plan doesn't cover. <b>Prescription</b> – penalties, balance billed charges, premiums, and prescription drugs this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <b>out-of-pocket limit</b>.</p>
<p>Is there an overall annual limit on what the plan pays?</p>	<p>No</p>	<p>The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.</p>
<p>Does this plan use a <u>network of providers</u>?</p>	<p>No</p>	<p>This plan treats <b>providers</b> the same in determining payment for the same services.</p>
<p>Do I need a referral to see a <u>specialist</u>?</p>	<p>No</p>	<p>You can see the <b>specialist</b> you choose without permission from this plan.</p>
<p>Are there services this plan doesn't cover?</p>	<p>Yes</p>	<p>Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about <b>excluded services</b>.</p>

**Questions:** Call 1-800-364-9505 or 402-571-6224 or visit us at [www.mid-americanbenefits.com](http://www.mid-americanbenefits.com). If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at <http://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf> or call 1-800-364-9505 to request a copy.

## Company Name: Liquid Trucking Companies

Coverage Period: 07/01/2016 – 06/30/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual & Family | Plan Type: No Network



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If a **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- Your cost sharing does not depend on whether a provider is in a network.

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30.00 copayment/visit Deductible Waived	• None
	Specialist visit	\$50.00 copayment/visit Deductible Waived	• None
	Other practitioner office visit	\$50.00 copayment/visit Deductible Waived	• Chiropractic Services – limited to 12 visits per calendar year
	Preventive care/screening/immunization	No Charge	• Rated A & B by USPSTF
If you have a test	Diagnostic test (x-ray, blood work)	Primary care office or Independent lab \$30.00 copayment/visit – Deductible Waived Specialist office \$50.00 copayment/visit – Deductible Waived Services rendered elsewhere 20% coinsurance	• None
	Imaging (CT/PET scans, MRIs)	Primary care office or Independent lab \$30.00 copayment/visit – Deductible Waived Specialist office \$50.00 copayment/visit – Deductible Waived Services rendered elsewhere 20% coinsurance	• Precertification is required. Benefits are reduced by \$500.00 for noncompliance.

**Company Name: Liquid Trucking Companies**

**Coverage Period: 07/01/2016 – 06/30/2017**

**Summary of Benefits and Coverage: What this Plan Covers & What it Costs**

**Coverage for: Individual & Family | Plan Type: No Network**

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.magellanRX.com">www.magellanRX.com</a></p>	Generic drugs	Retail & Mail Order \$10.00 copayment/prescription	<ul style="list-style-type: none"> <li>Limited to a 30 day supply for 1 copayment. A 90 day supply may be purchased for 3 copayments.</li> <li>If the Plan participant requests a brand name drug and a generic is available, the Plan participant will be responsible for the difference in cost between the name brand and generic drug in addition to the name brand copayment. This limitation will not apply if the physician has mandated that only a name brand drug may be purchased.</li> <li>Some over the counter medications are also covered under this plan.</li> <li>Certain prescription drugs may require prior authorization</li> </ul>
	Preferred brand drugs	Retail & Mail Order \$45.00 copayment/prescription	
	Non-preferred brand drugs	Retail & Mail Order \$70.00 copayment/prescription	
	Specialty drugs	Retail & Mail Order 50% of the cost with a maximum \$250.00 copayment/prescription	<ul style="list-style-type: none"> <li>Limited to a 30 day supply</li> </ul>
<p><b>If you have outpatient surgery</b></p>	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	<ul style="list-style-type: none"> <li>Precertification is required. Benefits are reduced by \$500.00 for noncompliance. Surgery performed in a physician's office does not require precertification.</li> </ul>
	Physician/surgeon fees	20% coinsurance	

**Company Name: Liquid Trucking Companies**

**Coverage Period: 07/01/2016 – 06/30/2017**

**Summary of Benefits and Coverage: What this Plan Covers & What it Costs**

**Coverage for: Individual & Family | Plan Type: No Network**

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions
<p><b>If you need immediate medical attention</b></p>	Emergency room services	<p>\$250.00 copayment/visit Deductible Waived</p> <p>Non-emergency Services \$750.00 copayment Deductible Waived</p>	<ul style="list-style-type: none"> <li>Copayment is waived if admitted to hospital</li> <li>Refer to the Plan Document for the definition of Emergency Care</li> </ul>
	Emergency medical transportation	20% coinsurance	<ul style="list-style-type: none"> <li>None</li> </ul>
	Urgent care	<p>\$50.00 copayment/visit Deductible Waived</p>	<ul style="list-style-type: none"> <li>None</li> </ul>
<p><b>If you have a hospital stay</b></p>	Facility fee (e.g, hospital room)	20% coinsurance	<ul style="list-style-type: none"> <li>Pre-certification is required. Benefits are reduced by \$500.00 for noncompliance.</li> </ul>
	Physician/surgeon fee	20% coinsurance	
<p><b>If you have mental health, behavioral health, or substance abuse needs</b></p>	Mental/Behavioral health outpatient services	Not Covered	<ul style="list-style-type: none"> <li>No coverage for mental/behavioral health or substance abuse disorders</li> </ul>
	Mental/Behavioral health inpatient services	Not Covered	
	Substance use disorder outpatient services	Not Covered	
	Substance use disorder inpatient services	Not Covered	
<p><b>If you are pregnant</b></p>	Prenatal and postnatal care	20% coinsurance	<ul style="list-style-type: none"> <li>Dependent daughter pregnancies are not covered.</li> </ul>
	Delivery and all inpatient services	20% coinsurance	

**Company Name: Liquid Trucking Companies**

**Coverage Period: 07/01/2016 – 06/30/2017**

**Summary of Benefits and Coverage: What this Plan Covers & What it Costs**

**Coverage for: Individual & Family | Plan Type: No Network**

Common Medical Event	Services You May Need	Your Cost	Limitations & Exceptions	
<p><b>If you need help recovering or have other special health needs</b></p>	Home health care	20% coinsurance	<ul style="list-style-type: none"> <li>Limited to 120 visits per calendar year</li> <li>Precertification is required. Benefits are reduced by \$500.00 for noncompliance.</li> </ul>	
	Rehabilitation services	Primary care office \$30.00 copayment/visit Specialist office \$50.00 copayment/visit Services rendered elsewhere 20% coinsurance	<ul style="list-style-type: none"> <li>Precertification is required for inpatient rehabilitation services. Benefits are reduced by \$500.00 for noncompliance.</li> <li>Occupational, Physical and Speech therapy combined – limited to 30 visits per calendar year. Additional visits available with case management.</li> </ul>	
	Habilitation services	Not Covered	<ul style="list-style-type: none"> <li>Not Covered</li> </ul>	
	Skilled nursing care	20% coinsurance	<ul style="list-style-type: none"> <li>Limited to 60 days per calendar year</li> <li>Precertification is required. Benefits are reduced by \$500.00 for noncompliance.</li> </ul>	
	Durable medical equipment	20% coinsurance	<ul style="list-style-type: none"> <li>Rental up to purchase price</li> <li>Precertification is required if cost is in excess of \$1,200.00. Benefits are reduced by \$500.00 for noncompliance.</li> </ul>	
	Hospice service	20% coinsurance	<ul style="list-style-type: none"> <li>None</li> </ul>	
	<p><b>If your child needs dental or eye care</b></p>	Eye exam	Not Covered	<ul style="list-style-type: none"> <li>Visual acuity screenings are covered under Preventive Care.</li> </ul>
		Glasses	Not Covered	<ul style="list-style-type: none"> <li>No coverage for eye exams</li> </ul>
		Dental check-up	Not Covered	<ul style="list-style-type: none"> <li>No coverage for dental check-up</li> </ul>

## Company Name: Liquid Trucking Companies

Coverage Period: 07/01/2016 – 06/30/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage for: Individual & Family | Plan Type: No Network

### Excluded Services & Other Covered Services:

**Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)**

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (adult)
- Habilitation Services
- Hearing aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine eye care (adult)
- Routine foot care
- Weight loss programs

**Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)**

- Chiropractic care – limited to 12 visits per calendar year
- Private duty nursing – limited to 30 days per calendar year

### Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact your employer's human resources or employee benefits department. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

### Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: 1-800-364-9505 or 402-571-6224 or visit us at [www.mid-americanbenefits.com](http://www.mid-americanbenefits.com).

You may also contact the Department of Labor's Employee Benefit Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

### Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

### Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

—To see examples of how this plan might cover costs for a sample medical situation, see the next page.

**About these Coverage Examples:**

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

**Having a baby**  
(normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays** \$4,720
- **Patient pays** \$2,820

**Sample care costs:**

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

**Patient pays:**

Deductibles	\$1,600
Copays	\$50
Coinsurance	\$1,170
Limits or exclusions	\$0
<b>Total</b>	<b>\$2,820</b>

**Example based on self-only coverage (individual coverage tier).**

**Managing type 2 diabetes**  
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan pays** \$2,580
- **Patient pays** \$2,820

**Sample care costs:**

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

**Patient pays:**

Deductibles	\$1,600
Copays	\$600
Coinsurance	\$620
Limits or exclusions	\$0
<b>Total</b>	<b>\$2,820</b>

**Example based on self-only coverage (individual coverage tier).**

### Questions and answers about the Coverage Examples:

#### What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.
- Example amounts are based on self-only coverage (individual coverage tier).

#### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

#### Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the 'Patient Pays' box in each example. The smaller that number, the more coverage the plan provides.

#### Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

#### Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

#### Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.