NON-DRIVERS EMPLOYEE BENEFIT ANNUAL ENROLLMENT & RESOURCE GUIDE

AUGUST 1, 2026 – JULY 31, 2027

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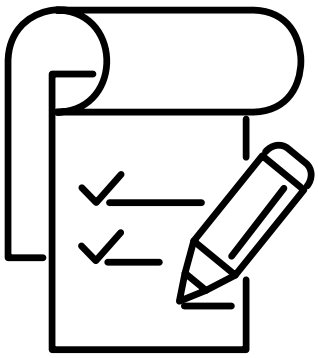
Miller Truck Lines, LLC Benefits Overview

Miller Truck Lines, LLC is concerned about your financial security, and we offer benefit plans designed to protect our employees. Our benefit plans have been structured to meet the diverse needs of our workforce. In our efforts to provide enhanced benefit coverage and plan options, we continuously search for ways to make this possible.

Only you can determine which benefits are best for you. Use this guide to understand your benefit options. You can also find detailed benefit summaries, plan documents, links to provider networks, and other helpful resources in your benefit portal, Employee Navigator.



YOUR ENROLLMENT CHECKLIST

- ✓ Review all plan information carefully
- ✓ New Hires enroll within 60 days of your date of hire using your online portal, Employee Navigator (enrollment link below)
- ✓ Watch your mail for ID and/or healthcare spending cards
- ✓ Check the deductions on your paycheck to confirm they match your elections

ENROLLMENT LINK OR SCAN THE QR CODE

https://www.employeenavigator.com/benefits/account/login

Use Your Company Identifier: Miller Truck Lines

IMPORTANT NOTES

- ✓ **Benefit Start Date**: Your benefits will become effective on the first day of the month following your full-time hire date.
- ✓ **Open Enrollment Changes:** Any benefit elections or changes made during Open Enrollment are effective August 1st.
- ✓ **Eligibility for Changes:** You cannot enroll or make election changes outside of Open Enrollment/New Hire Eligibility window without a Qualifying Life Event (QLE)

Frequently Asked Questions

WHO IS ELIGIBLE?

- Full-time employees working 30+ hours a week
- Spouses and domestic partners
- Your children (including step-children and those for whom you are legal guardian)
- *Proof of dependent eligibility will be required. Examples include marriage certificate, birth certificate, etc.*

WHEN DOES COVERAGE BEGIN?

- The first of the month following 60 days of employment

WHEN AND HOW CAN I MAKE CHANGES?

Changes can be made annually during Open Enrollment. Typically, this process occurs in July, and elections are effective August 1st.
You can only make enrollment changes outside of Open Enrollment if you have an IRS approved qualifying event such as:

- Marriage
- Birth or adoption
- Divorce
- Death
- Loss of other coverage
- Eligibility for new coverage (spouse's employment, Medicare, etc.)

Request a change by logging in to Employee Navigator and clicking **Adjust Coverage** within 31 days of the qualifying event (documentation may be required)

WHEN DOES COVERAGE END?

- Coverage ends at midnight on the last day of the month after your termination date

CAN COVERAGE BE CONTINUED AFTER TERMINATION?

- You may continue some of your benefits for a limited period of time under your COBRA rights
- You may convert your life coverage to an individual policy

2026-27 Benefit Program

You can choose the benefits that best meet your unique needs. Carefully review your options to determine the coverage you need.

Benefits Provided at No Cost to You

Benefits You May Choose

Medical Benefits

BLUE CROSS BLUE SHIELD OF OKLAHOMA		
NETWORK	**MOBAP0036 BLUE ADVANTAGE PPO**	
BENEFITS AT A GLANCE	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Individual Family	 $2,600 $7,800	 $5,200 $15,600
Co-Insurance	You Pay 20%	You Pay 30% - 40%
Out-of-Pocket Limit **Individual** **Family**	 **$6,250** **$12,500**	 **$18,750** **$37,500**
Primary Physician Required	No	No
COMMON SERVICES		
Preventive Care	No Charge	30% after deductible
Telemedicine Visits	No Charge	30% after deductible
Primary Physician Copay	$35	30% after deductible
Specialist Physician Copay	$60	30% after deductible
Standard Labs and X-Rays	No Charge	30% after deductible
Complex Imaging (CT, MRI, PET)	20% after deductible	40% after deductible
Urgent Care	$50	30% after deductible
Emergency Room	$500 + 20% after deductible	$500 + 20% after deductible
Inpatient Hospital	$750 + 20% after deductible	$750 + 40% after deductible
Outpatient Surgery & Other Care	$250 + 20% after deductible	$250 + 40% after deductible
PRESCRIPTIONS	**RETAIL & SPECIALTY**	**OUT-OF-NETWORK**
Preferred Generic	$0 or $10	Retail: $10
Non-Preferred Generic	$10 or $20	Retail: $20
Preferred Brand	$50 or $70	Retail: $70
Non-Preferred Brand	$100 or $120	Retail: $120
Specialty	Up to $350	Up to $350 + 50% additional charge
Mail Order	90-day supply 3x retail cost	N/A

Your 2026-27 Medical Benefit Costs

MOBAP0036 BLUE ADVANTAGE PPO	YOUR BI-WEEKLY COST
Employee	$90.00
Employee + Spouse	$200.00
Employee + Child(ren)	$175.00
Employee + Family	$285.00

CONTACT INFORMATION:

BLUE CROSS BLUE SHIELD OF OKLAHOMA
Group Number: 321175
Customer Service: 1-800-942-5837
Provider Directory & Member Services:
www.bcbsok.com/member

Virtual Visits
Convenient, FREE and at your fingertips!

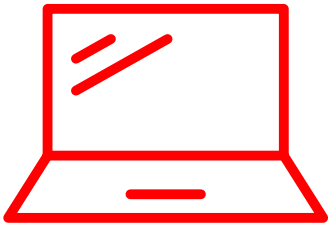
Powered by MDLIVE

- Talk to a doctor anytime, anywhere
- Prompt treatment, median call back in 10 minutes
- Prescriptions sent to pharmacy of your choice
- Available 24/7, 365
- No need to wait in line at Urgent Care!
- NO COST!

WEBSITE

MDLIVE.com/BCBSOK

- Video chat with a doctor
- Also available through Blue Access for Members



MOBILE APP

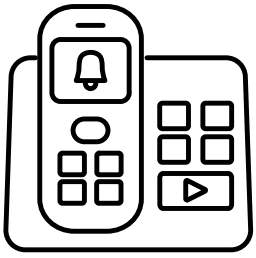
MDLIVE app

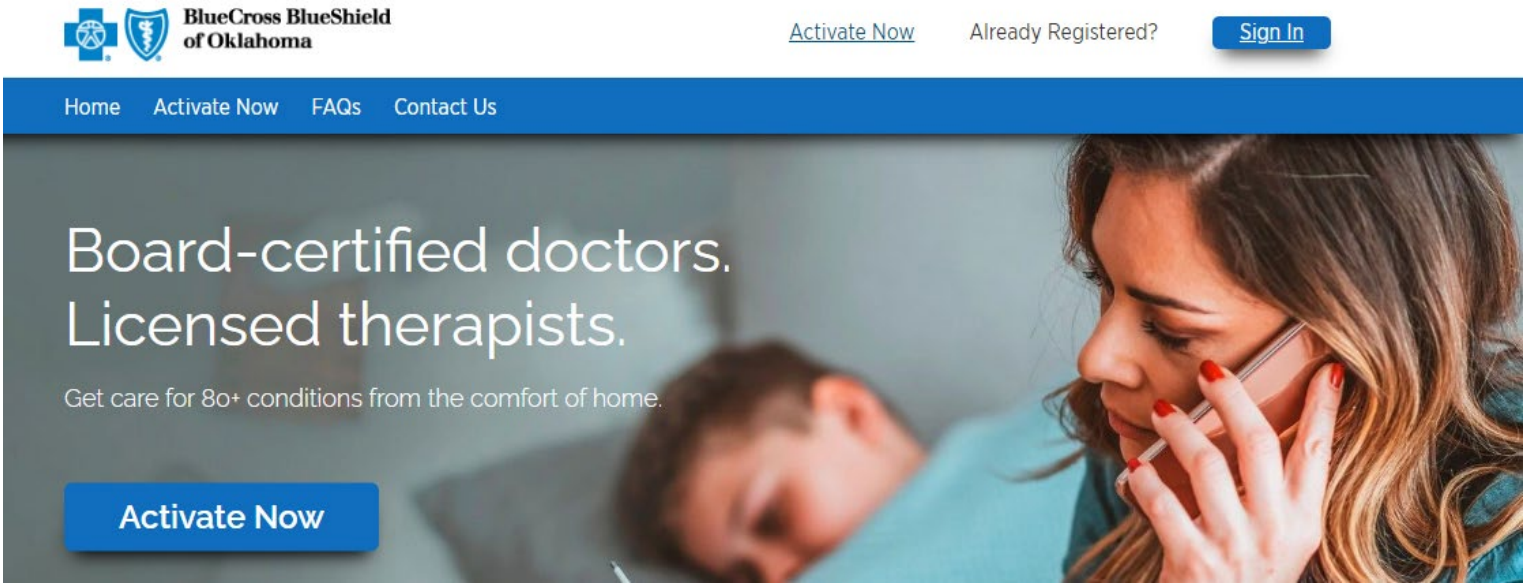
- Download, open & chat with a doctor

PHONE

MDLIVE by phone
888-970-4081

- Speak with a doctor





Dental Benefits

MUTUAL OF OMAHA DENTAL BENEFITS AT A GLANCE	
NETWORK (Mutual of Omaha/Dentemax PPO)	**IN-NETWORK DENTIST****
Annual Deductible	$50 Individual - $150 Family
Plan Year Maximum	**Plan Pays $2,000 per person**
Orthodontics Maximum	$1,000 Lifetime Maximum Per Person
Type A – Diagnostic & Preventive Services	Plan pays 100% (Deductible Waived)
Type B – Basic Services Fillings, Stainless Steel Crowns, Simple Extractions, Palliative Treatment, Periodontal Maintenance	Plan pays 80%
Type C – Major Services Oral Surgery, Endodontics, Periodontics, Dentures, Crowns, Bridges, Implants, Surgical Extractions, General Anesthesia/IV Sedation	Plan pays 50%
Orthodontia (Dependent Children to age 26)	Plan pays 50%

YOUR BI-WEEKLY COST	
Employee Only	$16.02
Employee + Spouse	$33.42
Employee + Child(ren)	$38.08
Employee + Family	$59.55

Use in-network providers to stretch benefits—out-of-network care may result in balance billing.

HELPFUL TIP!

Know your cost—ask your dentist for a pre-determination of benefits for non-routine services, just like getting a car repair estimate.

MUTUAL OF OMAHA
Network: Mutually Preferred/Dentemax
800-927-9197
www.mutualofomaha.com/dental

Vision Benefits

EYEMED VISION PLAN	
BENEFITS AT A GLANCE	**IN-NETWORK**
Examination	$20 Copay
Lenses (Single Vision, Bifocal, Trifocal, Lenticular)	$20 Copay
Contact Lenses	$130 allowance plus 15% off balance over
Frames	$130 allowance plus 20% off balance over
BENEFIT FREQUENCY	
Examinations, Lenses or Contacts	Once Every 12 Months
Frames	Once Every 24 Months

YOUR BI-WEEKLY COST	
Employee Only	$2.26
Employee + Spouse	$4.29
Employee + Child(ren)	$4.52
Employee + Family	$6.64

HELPFUL REMINDERS

Use in-network providers for savings; out-of-network pays less. Always confirm insurance payment—extra charges may apply.

MUTUAL OF OMAHA
Network: EyeMed Insight
1-833-279-4358
www.mutualofomaha.com/vision

Disability Benefits

If you can't work due to non-occupational illness or injury, these plans provide income replacement protection.

BENEFITS AT A GLANCE	SHORT TERM DISABILITY
Weekly Benefit	60% of your gross weekly earnings
Maximum Weekly Benefit	$1,385 Weekly
Benefits Begin After	14 Days
Maximum Period of Payment	24 Weeks
Pre-Existing Conditions	Conditions for which you receive medical attention 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, will not be covered.

Your cost for this benefit is determined by your income and benefit amount. You can see your benefit amount and your cost by logging into your enrollment portal, Employee Navigator, at www.employeenavigator.com/benefits/account/login

IMPORTANT REMINDERS!

- Group disability covers off-the-job injuries/illness; workers' comp covers work-related ones.
- Benefits may be reduced by other income sources.

MUTUAL OF OMAHA
Claims: 1-800-877-5176
www.mutualofomaha.com/

Basic Life Insurance

Life insurance plans with Mutual of Omaha protect your loved ones from a loss of income in the event of your death. AD&D insurance provides additional protection in the event of your accidental death or loss of limb or eyesight. Miller Truck Lines, LLC provides Basic Life insurance to all full-time employees at **no cost to you**.

BENEFITS AT A GLANCE	
Employee Life Benefit	$10,000
Employee Accidental Death and Dismemberment	$10,000
Spouse and Child Life Benefit	$2,000
Accelerated Benefit, payable upon diagnosis of a terminal illness	Up to $8,000
Age Reduction Schedule	Employee Benefit Reduces to $6,500 at age 65 and to $5,000 at age 70

Supplemental Life Insurance

You may choose to purchase additional Life and AD&D coverage. **When you are first eligible, you may purchase up to the Guarantee Issue limit without underwriting approval.** All supplemental life elections beyond the guarantee issue amount will require a completed health questionnaire called an Evidence of Insurability form and are subject to underwriting approval. **Guarantee issue is a one-time opportunity only available to new hires.**

BENEFITS AT A GLANCE	EMPLOYEE	SPOUSE	CHILD(REN)
Benefit Amount	Increments of $10,000	Increments of $5,000	$2,000
Maximum Benefit	5x Salary up to $500,000	100% of Employee's Benefit up to $250,000	100% of Employee's Benefit up to $10,000
New Hire Guarantee Issue	5x Salary up to $200,000	100% of Employee's Benefit up to $25,000	$10,000
Current Participants Only Annual Increase Allowed	Increase by $10,000 *EOI not required if total amount of insurance does not exceed the GI*	N/A	Up to $10,000 total benefit
Age Reduction Schedule	To 65% at age 65 & 50% at age 70	To 65% at age 65 Terminates when employee turns 70	Covered to age 26

Premiums are age- and benefit-based (viewable in the enrollment portal); spouse rates use employee age. Coverage can't be duplicated for individuals or children.

IMPORTANT REMINDERS!

- **Premiums: Coverage rules:** No double coverage (employee/spouse); children cannot be covered by two employees.
- **Update beneficiaries anytime** via Employee Navigator.

MUTUAL OF OMAHA
Group Number: G000BKVG
Claims: 1-800-877-5176

Accident Plan

Accident insurance pays you cash for injuries to help cover medical costs, living expenses, and missed work—24/7, on or off the job.

BENEFITS AT A GLANCE	MUTUAL OF OMAHA
PLAN INFORMATION	
Coverage Type	24 hour (on and off-job)
Express Benefit	$100 (paid immediately on notification of a claim)
Health Screening	$50
INITIAL CARE & EMERGENCY WITHIN 72 HOURS OF ACCIDENT	
Emergency Room	$200
Urgent Care Center	$125
Initial Physician Office Visit	$100
Ambulance (Ground / Air)	$300 / $1,500
HOSPITAL, SURGICAL & DIAGNOSTIC	
Inpatient Admission (Daily Confinement)	$1,500 + $300 per day Up to 365 days per accident
Inpatient Admission (ICU Confinement)	$1,500 + $600 per day Up to 15 days per accident
Surgical	Up to $2,000
Diagnostic	Up to $300
SPECIFIED INJURIES	
Fractures (Surgical / Non-Surgical)	Up to $6,000 / Up to $3,000
Dislocations (Surgical / Non-Surgical)	Up to $9,000 / Up to $4,500
Lacerations	Up to $800
Burns	Up to $15,000

Please refer to the full benefit summary posted in your online portal for more details and additional benefits, including follow-up visits, physical therapy, etc.

ACCIDENT BI-WEEKLY COST	
Employee Only	$9.72
Employee + Spouse	$14.41
Employee + Child(ren)	$18.03
Employee + Family	$23.82

CLAIM FORMS ARE AVAILABLE ONLINE

- Visit www.mutualofomaha.com/forms
- Select I am… "a Plan Member (Employee)" from the drop down
- Select the state from the dropdown

Critical Illness Benefits

Critical illness insurance provides a lump-sum cash benefit at diagnosis to help cover medical and living expenses.

CRITICAL ILLNESS PLAN	
BENEFITS AT A GLANCE	**LUMP-SUM PAYMENT**
Employee Benefit	$10,000
Spouse Benefit	$10,000
Child(ren) Benefit	$5,000 per child
Age Reduction	Original amount will be reduced to 50% for employee and spouse at age 70
Health Screening (1 per calendar year)	$50
Pre-Existing Conditions	Pre-existing conditions are excluded the first 12 months you have coverage

BENEFIT CATEGORY	CONDITION	BENEFIT
Heart/Circulatory/Motor Function	Heart Attack, Heart Transplant, Stroke, ALS, Advanced Alzheimer's, Advanced Parkinson's	$10,000
	Heart Valve Surgery, Coronary Artery Bypass, Aortic Surgery	$2,500
Organ	Major Organ Transplant/Placement on UNOS List, End-Stage Renal Failure	$10,000
	Acute Respiratory Distress Syndrome (ARDS)	$2,500
Childhood/Development	Cerebral Palsy, Structural Congenital Defects, Genetic Disorders, Congenital Metabolic Disorders, Type 1 Diabetes	$5,000
Cancer	Cancer (Invasive) Bone Marrow Transplant Carcinoma in Situ	$10,000 $5,000 $2,500

YOUR BI-WEEKLY COST		
Your Age	**Employee**	**Employee + Spouse**
0-29	$1.94	$3.88
30-39	$3.42	$6.83
40-49	$7.48	$14.95
50-59	$16.02	$32.03
60-69 (benefit reduces by 50% at age 70)	$33.92	$67.85

Children are covered automatically. Be sure you have your eligible children listed.

Flexible Spending Accounts (FSA)

PLAN CAREFULLY!

- **Contribute a minimum of $120 and up to $3,400 annually**
- At the end of the year, no more than $680 of unclaimed funds can carryover into your 2027 FSA. **Any unclaimed funds over $680 will be forfeited.**
- Claims must be incurred prior to the last day of the plan year (07/31/2027) and must be submitted within 90 days after the applicable plan year (11/01/2027).
- Don't lose your money! Search for websites like www.fsastore.com or search your pharmacy's website for ways to spend down any unused funds at the end of the year.

Save Money on Your Money!

- ❑ **Pre-tax savings** for medical, dental, vision.
- ❑ **Use debit card** for easy access.
- ❑ **Full annual amount available Day 1;** payroll deductions spread through year.
- ❑ **Tax-free, interest-free advance** for health costs.

PLAN YEAR	AUG 1 – JUL 31
FSA Limit	$3,400
FSA Rollover	$680

EXAMPLES OF ELIGIBLE MEDICAL CARE EXPENSES

- Acupuncture
- Ambulance
- Anesthesiologist fees
- Childbirth classes
- Chiropractic treatment
- Coinsurance amounts
- Contact lenses, cleaning solutions, etc.
- Contraceptive prescriptions
- Copayments
- Crutches, canes, walkers, etc.
- Dentist fees
- Eye exams
- Health insurance deductibles
- Hearing aids & batteries
- Lasik eye surgery
- Medical records charges
- Mileage (for travel for eligible health care)
- Nursing services
- Orthodontia
- Physical exams
- Physical therapy
- Prescription drugs
- Psychiatrist's and psychologist's fees
- Radial keratotomy
- Speech therapy
- Surgery (non-cosmetic purposes)
- Weight loss programs (for treatment of a medical condition with letter from doctor)

Over-the-Counter Medications are an ALLOWABLE expense
Examples: allergy & cold meds, stomach relief, feminine care products, pain relievers, etc.

To access your account, register at www.consolidatedadmin.com and select **PARTICIPANT LOGIN** to create your account or scan the QR Code.

You can also download the free, secure CAS mobile app.

Due to IRS regulations, regarding eligible expenses, occasionally, participants will be required to submit itemized documentation to substantiate purchases for eligibility.

You should keep itemized documentation for all transactions

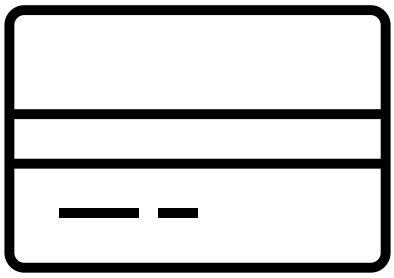
Example of Income Savings for FSA Participants

This example is based on an employee earning $2,000 per month. Your exact savings will vary based on your personal tax situation.

HEALTHCARE SPENDING ACCOUNT	WITH FSA DEDUCTIONS	WITHOUT FSA DEDUCTIONS
Monthly Earnings	$2,000	$2,000
Monthly Pre-Tax Contribution	$42	$0
Taxable Earnings	$1,958	$2,000
Taxes (FICA, Federal, State)*	$454	$464
Earnings After Taxes	$1,504	$1,536
Post-Tax Expense	$0	$42
Take Home Earnings	$1,504	$1,494
FSA Savings	$10	N/A
Net Medical Expense	$32	$42

**Assumes 23.19% tax bracket (13.5% Federal, 7.65% FICA, and 2.04% State)*

FSA Smart Card – How it Works



- Acts as a debit card and will come ***pre-loaded*** with the amount of your annual contribution
- It's a *"Smart Card"* – Only Eligible Expenses will be allowed using your card
- You will receive the MasterCard upon Plan enrollment (mailed directly to your home (arriving in a non-descript white envelope)
- Questions? Contact 877-947-5956 or email info@consolidatedadmin.com

CAS MOBILE APP

If you'd like to check your healthcare account balances and submit receipts from anywhere, the Consolidated Admin Services (CAS) mobile app lets you easily and securely access your health benefits accounts, submit claim, and upload receipts at any time.

Search: Consolidated Admin Services in App Store for iPhone & Android

BlueCross BlueShield of Oklahoma

Get to Know Your Employee Assistance Program

Find professional support when you need it for challenging life events.

ComPsych GuidanceResources is an Employee Assistance Program (EAP) included with your Blue Cross and Blue Shield of Oklahoma plan. You and your family members have access to a suite of EAP services — no copays or deductibles attached.

Connect with the EAP Today!

Don't be afraid to reach out for help. Your personal records are kept private from your employer, as required by law.

- Call: **844-222-9325**
- Online: **guidanceresources.com**
- App: **GuidanceNow**
- Web ID: **BCBSOKEAP**

ComPsych® GuidanceResources® Worldwide

Make a Positive Change

Connect with a therapist for confidential emotional support. A trained mental health professional can counsel you through a variety of concerns, such as:

- Sadness, worry and stress
- Alcohol or drug use
- Grief, loss and personal struggles
- Personal relationship issues

Your EAP benefit includes five free therapy sessions per issue. Once you've used these free sessions, you can transition to your BCBSOK network benefits and keep seeing the same therapist in most cases.

Check Off Your To-dos

ComPsych GuidanceResources specialists can save you time by searching for local, professional services so you don't have to. They can help you find:

- Child, elder or pet care
- Movers or home repair services
- And much more

Have Your Legal Questions Answered

Talk to an attorney for help with legal questions, including:

- Divorce, adoption and family law
- Wills and trusts
- Landlord/tenant issues

Get Help with Your Finances

Financial experts can help with a wide range of money matters, including:

- Retirement planning or taxes
- Relocation, mortgages or insurance
- Budgeting, debt or bankruptcy

Access Online Tools 24/7

The ComPsych GuidanceResources website and mobile app provide information and support whenever you need it. Log on for:

- Articles, podcasts, videos and slideshows
- On-demand trainings
- "Ask the Expert" responses to your questions
- Other self-service tools

Online Tools & Resources

Log onto your plan's website for online tools such as spending account balances, claims information, ID cards, doctor or provider search, claim payment details, member discount programs and more! Login links to Miller Truck Lines' plans are listed in the table below. **More contact information is listed in the Contact Information table on page 21.**

DON'T FORGET

Most insurance companies have easy access to your information and additional resources online, so don't forget to utilize your online tools & resources.

Also check to see if provider mobile apps are available for your iPhone or Android on Google Play or Apple App Store.

Plan & Carrier	Member Portal / Online Resources
Medical Blue Cross Blue Shield of Oklahoma	www.bcbsok.com/member
Dental Mutual of Omaha	www.mutualofomaha.com/dental **Select "Visit Member Portal" under Resources*
Vision Mutual of Omaha	www.mutualofomaha.com/vision *Select "View my vision benefits" under Easy, online tools & resources to be directed to the online member portal*
Employee Assistance Program ComPsych	www.guidanceresources.com
Life, Accident & Critical Illness Mutual of Omaha	www.mutualofomaha.com *Select "Sign In" under the Employee Portal option* *New Users: Select "Register"*
Flexible Spending Account (FSA) Consolidated Admin Services	www.consolidatedadmin.com *Select "Participant/Employee Login"*

Provider links, plan documents, claim forms, phone numbers and additional resources are available in Employee Navigator.

Resource Center and Discount Marketplace

Don't discount your financial well-being! Through the BenefitHub website, you can access products and services at a discount. **The BenefitHub includes Financial Wellness** services by Prudential*, including financial tools and strategies to help navigate these challenging times.

PRODUCTS & SERVICES AVAILABLE

ACCESS BENEFITHUB

USE LINK
https://miller.benefithub.com

USE CODE
EO4ZN9

– OR –

SCAN QR CODE

Contact Information

ENROLLMENT WEBSITE

EMPLOYEE NAVIGATOR
https://www.employeenavigator.com/benefits/account/login
Company Identifier: Miller Truck Lines

MEDICAL PLAN

BLUE CROSS BLUE SHIELD OF OKLAHOMA
Group Number: 321175
Customer Service: 1-800-942-5837
Provider Directory & Member Services: www.bcbsok.com/member

DENTAL PLAN

MUTUAL OF OMAHA
Group Number: G000BKVG
Member Services: 1-800-927-9197
Provider Directory & Member Services: www.mutualofomaha.com/dental

VISION PLAN

MUTUAL OF OMAHA
Group Number: G000BKVG
Member Services: 1-833-279-4358
Provider Directory & Member Services: www.mutualofomaha.com/vision

LIFE & DISABILITY PLANS

MUTUAL OF OMAHA
Group Number: G000BKVG
Claims: 1-800-877-5176

EMPLOYEE ASSISTANCE PLAN

BLUE CROSS BLUE SHIELD OF OKLAHOMA
Member Services: 844-222-9325
Online: www.guidanceresources.com

ACCIDENT & CRITICAL ILLESS

MUTUAL OF OMAHA
Group Number: G000BKVG
Claims Assistance: 800-775-8805
Member Services: www.mutualofomaha.com

BENEFITHUB

BenefitHub
Portal: https://miller.benefithub.com
Access Code (first-time users): EO4ZN9
First-time users: Click “Don’t have an account? Sign up”

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.