

The logo features the word "First" in a white, italicized, sans-serif font with a blue outline, and "Fleet" in a solid blue, italicized, sans-serif font. A small "SM" trademark symbol is located at the bottom right of "Fleet".

FirstFleetSM

The text "BENEFIT ENROLLMENT" is centered within a blue, stylized arrow shape pointing to the right. The text is in a white, italicized, sans-serif font with a blue outline.

**BENEFIT
ENROLLMENT**

2019

FIRSTFLEET BENEFIT PROGRAM – 2019

Your FirstFleet Benefit Program for 2019 is designed to help you and your family address many of your most important needs – health, wellness, comfort, protection and security. It takes focus, planning and quality resources to find balance and peace of mind. This guide provides you an overview of resources we make available to you and your family to do just that – help you and your family find balance and peace of mind!

Be sure to take advantage of all that is yours. As a team member at FirstFleet you have the opportunity to participate in any of the benefit plans and resources that you choose – so be prepared to consider your options fully and make wise choices.

Wellness: FirstFleet provides you and your family members access to a full array of wellness resources and services. You may take advantage of wellness exams (biometric profiles), personal health assessments (PHAs), a national network of gyms and fitness centers (Fitness Your Way), lifestyle health coaching to help you improve your health and manage chronic conditions...and more!

Incentives: It “pays” to focus on your health! As an incentive for you to look after your health, all employees who participated in a “biometric profile” health exam and also completed a personal health assessment (PHA) online by July 31, 2018 will pay a lower premium for medical coverage in 2019. Be sure to participate in our wellness exams and personal health assessments coming up in 2019!

Savings: FirstFleet offers a High Deductible Health Plan (HDHP) that significantly reduces weekly payroll deduction costs for medical coverage. If you also consider the monthly HSA contributions you receive from FirstFleet for enrolling in the HDHP, you are getting the equivalent of free medical coverage! Also, PhysicianNow, a valuable “telehealth” resource available under all three medical plan options gives you access to doctors on a mobile basis! PhysicianNow gives you access to primary care that is generally lower in cost than a doctor’s office visit.

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What's New and What's the Same for 2019?

Wellness Incentive:

When you participate in FirstFleet's wellness program, your payroll deductions for medical coverage are reduced for the next plan year. The incentive for 2019 is \$15 per week. In other words, if you participated in the wellness program during 2018 and met the requirements to receive the wellness incentive, you will save \$15 each and every week in 2019 regardless of your medical plan and dependent elections. That works out to be \$780 in savings for the entire year!

Payroll Deductions:

Please see the benefit descriptions in this guide for your weekly payroll deduction amounts for 2019. Most of your payroll deduction amounts will not change for 2019 – see below for the details!

Medical:

For 2019, your payroll deduction rates for the High Deductible Health Plan (HDHP) and PPO Plan 1 will not change. Your payroll deductions for PPO Plan 2 will increase moderately.

Dental:

For 2019, the payroll deductions for your dental plan options will not change.

Vision:

For 2019, the payroll deductions for your vision benefits will increase minimally.

Life, STD and LTD:

For 2019, your voluntary life, STD and LTD rates will not change in general. Keep in mind that the rates for these benefits are age-based, so it is possible you could experience a change in rates for 2019 if you move into a higher age bracket. Be sure to take advantage of the annual open enrollment opportunity to increase your coverage without having to provide answers to medical questions.

Benefit Changes:

Medical:

For 2019, only the copays for brand drugs and specialty drugs will increase in PPO Plan 1 and PPO Plan 2. All other plan features in the PPO Plan options will not change. However, with regard to your HDHP option, we are pleased to announce a significant enhancement for 2019 – your HDHP will allow coverage for Preventive Drugs subject only to copays (without having to first meet the calendar year deductible) for drugs on BlueCross BlueShield's Preventive Drug List. No other features in the HDHP option will change. *(Please note that the PPO Networks in Tennessee, Georgia and Florida are modified for 2019. See page 20 for more details.)*

Dental:

For 2019, you will continue to enjoy the same benefit features and levels – with no changes.

Vision:

For 2019, all features and benefits will remain the same – except that we are happy to announce an enhancement in your coverage! VSP's SunCare feature will be added to vision benefits, allowing you to obtain coverage for certain non-prescription sunglasses.

Life, STD and LTD:

For 2019, your voluntary life, STD and LTD benefits will not change.

FirstFleet's Focus On Wellness...

Take advantage of our Wellness Program through BlueCross BlueShield of Tennessee!

FirstFleet's full-featured wellness program continues into 2019, providing covered members with a wide range of wellness services. Be sure to take advantage of the **financial incentives** that FirstFleet offers for participating in your wellness program. For example, you can receive a cash incentive (in your paycheck) for completing a Lifestyle Coaching Program or for completing an Online Self-Directed Coaching Program! This is in addition to enjoying lower payroll deductions for your medical coverage by participating in the biometric profiles and the personal health assessments each year.

Online Interactive Wellness Portal:

The Online Interactive Wellness portal serves as the gateway to a Personal Health Assessment (PHA), Self-Directed Coaching and Dedicated Health Coaching. These services are completely integrated under BlueAccess, the secure portion of BlueCross BlueShield of Tennessee's web site so that you, as a covered member, may enter the wellness portal through one sign-on. This online environment provides one integrated platform that connects you to a wealth of wellness resources and coaching services (including telephonic, online and self-directed coaching). The portal is available 24 hours a day, 365 days a year!

Personal Health Assessment (PHA):

The interactive Personal Health Assessment (PHA) can be completed online through BlueCross BlueShield of Tennessee's Member Wellness portal. The PHA captures vital information about your health and lifestyle and is used to set a baseline of your health status. After you complete the PHA, an individualized Personal Wellness Report is produced for you. Your report is customized to you and identifies healthy habits that can possibly extend and improve your overall health. Your report will provide you recommendations to improve your health.

Self-Directed Coaching:

Self-directed coaching programs are featured on the Member Wellness portal and have been designed to support and motivate you! The interactive online modules are an easy and fun way to help you engage in lifestyle choices that will positively impact your health. Courses consist of twelve sequential lessons that you may complete at your own pace. Once a lesson is completed, you are always able to review it. Self-directed coaching program topics include tobacco cessation, physical activity, weight management, nutrition and stress management.

Dedicated Health Coaching:

A dedicated Health Coach is available to lead you through the process of identifying health improvement goals and the action steps necessary to reach those goals. Your dedicated health coach will assist you in identifying health issues; setting realistic goals to improve those health issues; engaging you in specific actions that will support your health goals; and measuring outcomes that will help you identify the positive impact of the coaching relationship. Your dedicated health coach will work with you to identify obstacles to your health improvement and help you overcome them. Your dedicated health coach is available to you both by phone and email. Dedicated health coaches must have a bachelor's degree in a health-related discipline or be licensed as an R.N. or L.P.N.

Tobacco Cessation:

In addition to the many other wellness resources provided to you by BlueCross BlueShield of Tennessee, you may also take advantage of the Tobacco Cessation program. One of the best things you can do for your health is to quit using tobacco products in any form. The tobacco cessation program is design to help you address both the psychological and physical components of tobacco use and addiction. Through an individualized coaching plan, you will be empowered to succeed in your goals of "kicking the habit"!

To begin taking advantage of all that FirstFleet's Wellness Program has to offer, go to www.bcbst.com and login through BlueAccess. The Wellness Program and all services through the online portal are completely secure and confidential.

Although there are many important features of our benefit plans here at FirstFleet, we encourage you to especially be familiar with the following:

Generics First Step Therapy:

We all know that generic prescriptions are much lower in cost. But...did you also know that the Food and Drug Administration (FDA) requires generic drugs to have the same strength and purity as brand name drugs? That's why generic drugs can be just as effective as their brand name counterparts...but at a fraction of the price. Under the Generics First Step Therapy program, before you use one of the targeted brand name drugs, you will first need to try a similar, alternative medication. In most cases, this will be a generic drug.

Specialty Drugs:

Specialty drugs prescribed by your attending physician must be filled through the Specialty Pharmacy Network. The copay for specialty drugs (under the PPO Plan options) is equal to 25% of the discounted price of the drug dispensed up to a maximum dollar limit (\$270 for PPO Plan 1 and \$240 for PPO Plan 2). Under the HDHP, specialty drugs are subject to the calendar year deductible and coinsurance.

Special Sleep Apnea Benefit:

Enhanced benefits are available under FirstFleet's Medical Plan options for covered sleep apnea services. The sleep apnea benefits work a bit differently, depending on whether you have coverage under one of the PPO Plan options or under the HDHP.

PPO Plan 1 and PPO Plan 2:

If you are covered under either PPO Plan option, the following non-surgical services and supplies will be covered at 80% coinsurance in-network (60% coinsurance out-of-network) without first having to meet the applicable calendar year deductible:

- Sleep studies (polysomnography studies);!
- CPAP machines; and!
- CPAP supplies.!

Under either PPO Plan option, surgical services for the treatment of sleep apnea are covered, but are subject to the applicable calendar year deductible.

High Deductible Health Plan (HDHP):

If you are covered under the HDHP option, all sleep apnea services, whether surgical or non-surgical, are covered at 80% coinsurance in-network (60% coinsurance out-of-network) after the applicable calendar year deductible is met. Enhanced benefits do not apply to the HDHP due to federal plan design requirements for HDHP plans.

Special Eligibility Rule for Medical Plan Options:

During the first twelve months of eligibility (employment) to participate in the medical plan, participation is limited to either the HDHP or PPO Plan 1 only. Following completion of the first twelve months of eligibility (employment), an employee may elect participation in any of the available options: HDHP, PPO Plan 1 or PPO Plan 2 during the next open enrollment period for the following plan year.

Helpful Tools from BlueCross BlueShield of Tennessee:

Health Plan Comparison Tool – Go to www.bcbst.com/tools/health-plan-comparison to get an overview of your medical plan options and how they compare. Simply enter **FIRSTFLEET19** in both the Group ID and Authentication ID fields.

HealthCare Cost Estimator Tool – Login to your BlueAccess member portal at www.bcbst.com and click on the HealthCare Cost Estimator tile on the “Member Tools” page. You can search more than 1,400 medical procedures, view cost estimates tailored to your plan features and view provider ratings and patient reviews.

myBlue TN Mobile App – BlueCross BlueShield of Tennessee provides this handy mobile app that may be downloaded at the Apple App Store or Google Play (for iOS or Android mobile operating systems). Use the same username and password on myBlue TN as you use on the BlueAccess online member portal.

NOTE: Please see the last page of this guide for some important notices regarding the Affordable Care Act (ACA).

HEALTH BENEFITS

FirstFleet offers all full-time employees a health benefit program that includes Medical, Prescription, Hearing, Dental and Vision Care coverages for you and your family. You may cover yourself and your eligible dependents for a low weekly payroll deduction. Additionally, you may pay for these benefits on a pre-tax basis that allows you to lower your taxable income and increase your take-home pay.

MEDICAL PLAN (HDHP, PPO Plan 1 and PPO Plan 2) – BlueCross BlueShield

Our medical benefits – with three plan options – HDHP, PPO Plan 1 and PPO Plan 2 – are provided to you through BlueCross BlueShield’s BlueCard PPO. The BlueCard PPO network is one of the most extensive networks of hospitals and doctors in the United States. All medical plan options provide coverage for a wide range of services from doctors’ office visits to hospital stays and surgical procedures. All medical plan options also provide coverage for wellness services such as annual exams and diagnostic procedures that are designed to help you maintain good health. FirstFleet’s three medical plan options differ in regards to several different coverage features. You simply select the medical plan option that makes sense for you and your family based on your medical care needs and your budget.

Please note that all three plan options provide preventive care at 100% with no deductible, unlimited annual and lifetime benefits, and no pre-existing conditions limitations apply to any covered member.

PRESCRIPTION BENEFITS – Express Scripts (through BlueCross BlueShield)

Our prescription benefits program is provided through the Express Scripts network pharmacies nationwide in partnership with BlueCross BlueShield. The Express Scripts pharmacy network is very extensive, offering you maximum convenience. Virtually every national and regional pharmacy chain accepts the BlueCross BlueShield – Express Scripts prescription card.

Your prescription benefits are designed to encourage you to use cost-effective generic drugs whenever possible. If you receive a generic prescription, you will only pay the applicable generic copay under the two PPO Plan options. However, if you receive a brand name prescription when a generic equivalent is available, then you will pay the generic copay PLUS the cost difference between the brand and the generic. For brand name drugs without a generic equivalent, you will pay the brand copay with no penalty. **In order to have the lowest cost possible (including the HDHP), make sure your physician DOES NOT write the prescription to “dispense as written”...but rather, to “allow generic substitution”!**

Maintenance Medications and Extended Fill Options

In the event that you require “maintenance medications” for the treatment of a chronic medical condition or have an extended fill prescription (greater than 30 days), you have the following options:

Home Delivery – Use the Medco Mail service; or

Plus90 Network – Use the following retail pharmacies: Bi-Lo/Food City, CVS, Fred’s, Kmart, Kroger, Publix, Rite-Aid, Sam’s Club, Wal-Mart or Walgreens.

With either the Home Delivery service or the Plus90 Network, you may obtain up to a 90-day supply of prescription medications for a reduced copay (which is only two times the regular copay).

HEARING CARE – HearUSA

In addition to the medical and prescription benefits you receive through BlueCross BlueShield, you and your covered dependents may also receive benefits under our separate hearing care service through HearUSA. If you or your covered dependents require hearing care products, HearUSA will provide benefits toward the purchase of a hearing aid for each ear, once every three years. Services are available exclusively through the HearUSA Hearing Care Network, the nation’s most progressive hearing care provider. In order to locate a provider near you, contact HearUSA at 1 (800) 442-8231. By participating in this service, you will save on your hearing care product needs.

PhysicianNow – Powered by MDLive (through BlueCross BlueShield)

PhysicianNow is a convenient way to access a doctor from your home, office or while traveling. All you need is a telephone, a smartphone, a tablet or a computer! PhysicianNow is a great option when it's not an emergency, when it's not convenient, or when you're too busy to go to your doctor's office.

What is PhysicianNow telehealth service?

Telehealth is an easy, convenient way to get care. With PhysicianNow, you can talk to a doctor from your home, office or on the go – 24 hours a day, seven days a week. These board-certified doctors can consult with you by phone or secure video to help treat most non-emergency medical conditions. If you need a prescription, the PhysicianNow provider will send it to a pharmacy close to you. Telehealth providers do not provide prescriptions for controlled substances.

When is PhysicianNow available?

PhysicianNow is available by phone 24 hours a day, seven days a week, even on holidays. Video consultations are available from 7 a.m. to 9 p.m., seven days a week or by scheduled availability.

Is PhysicianNow appropriate for every medical condition?

No. PhysicianNow is designed for non-emergency medical issues. In case of a life-threatening emergency, you should dial 911 immediately. PhysicianNow is not intended to replace your primary care physician (PCP) for treating common or chronic conditions. However, a virtual doctor's consultation can be an acceptable alternative for visiting the doctor's office or urgent care center for non-emergency situations.

What conditions can be treated by PhysicianNow?

PhysicianNow doctors are trained to treat a wide range of conditions. Some of the most common are:

Allergies; Cold/flu; Constipation; Ear aches; Diarrhea; Fever; Nausea/vomiting; Pinkeye; Sinus infections; Respiratory issues; Skin rashes or insect bites; Sore throat; and Urinary tract infections.

Children under the age of 36 months with a fever will be referred to their primary care pediatrician.

Is telehealth safe and private?

Yes, telehealth is safe and private. PhysicianNow is compliant with HIPAA. Your information will only be shared with your selected doctor and pharmacy.

What if I have questions about PhysicianNow?

Call PhysicianNow at 1-888-283-6691. PhysicianNow has highly trained health service specialists standing by to take your call, 24/7. If you have a BlueCross-related question, call the number on the back of your Member ID card.

When can I start using PhysicianNow?

You can start using PhysicianNow right after you sign up and activate your account. Save the PhysicianNow number in your contacts! Once you have an account, you can browse doctor profiles, view available appointment times and schedule an appointment with the doctor of your choice.

How do I sign up for PhysicianNow and activate my account?

There are three ways to sign up for PhysicianNow and activate your account. You can register through BlueAccess, over the phone or with the PhysicianNow mobile app. After you sign up, be sure to enter the PhysicianNow phone number into your contacts so you have it when you need it.

Sign up through BlueAccess: Visit www.bcbst.com and log in to BlueAccess; Click on the My Health & Wellness tab; Select the PhysicianNow tile. (Have your BlueCross Member ID card handy.)

Sign up by phone: Call 1-888-283-6691. (Have your BlueCross Member ID card handy.)

Sign up with the PhysicianNow mobile app: Search for PhysicianNow (one word) on the App Store® or Google Play® and download the app. Set up a password so your account is ready when you need it.

You will be asked to complete a short medical history for you and your dependents (spouses and dependents over age 18 will need to set up their own accounts). This way, your PhysicianNow doctor will be aware of any conditions you may have or past medical issues prior to your consultation.

High Deductible Health Plan (HDHP)

FirstFleet employees who elect to participate in the HDHP in 2019 have an opportunity to enjoy lower payroll deductions while also becoming more directly involved in personal health care decisions. There are economic benefits for you under this arrangement not only in the short term, but also in the long run. We encourage you to carefully weigh the benefits of the HDHP to see if it might make sense for you and your family in 2019.

With an HDHP, all of your covered medical and prescription costs accumulate towards a calendar year deductible and out-of-pocket maximum amount, except for preventive services and preventive prescriptions. There are no copays for office visits, non-preventive prescriptions, etc. Although you still receive the benefit of negotiated pricing from BlueCross BlueShield through their contracted fee schedules with providers, all of the non-preventive covered costs for medical care are your responsibility (until you meet your calendar year deductible). The HDHP still covers all of the same types of services that a traditional PPO option would cover, except for the most part, without copays. All standard preventive health care services are still covered annually at 100%, with no deductible required. All preventive drugs on the BCBS of Tennessee Preventive Drug List are available for low copay amounts throughout the year.

There is one additional advantage with an HDHP that you don't have with a traditional PPO option – and that is a Health Savings Account.

Health Savings Account (HSA)

Under Federal law, a Health Savings Account is only available to those who enroll in an HDHP...so it is not available to participants in the PPO options. If you choose to enroll in the HDHP, not only will you be able to make contributions to your own HSA on a pre-tax basis, but FirstFleet will automatically make a contribution to your HSA, too. **The monthly HSA contribution amounts for 2019 are:**

Employee Only	\$ 35 per month
Employee + Spouse	\$ 95 per month
Employee + Child(ren)	\$ 90 per month
Employee + Family	\$110 per month

HSA contributions always belong entirely to you...unlike FSA contributions which must be used by the end of the plan year. By the way, if you elect to participate in the HDHP, you cannot make contributions to the Health Care FSA...and alternatively, if you do not elect to participate in the HDHP, you cannot make contributions into an HSA.

The maximum annual contributions that can be made to an HSA for 2019 are:

Individual	\$3,500
Family	\$7,000

(NOTE: Individuals age 55 and over may make an additional \$1,000 catch-up contribution.)

Both FirstFleet's contributions to your HSA and your own contributions to your HSA cannot exceed these annual limits for 2019. WageWorks will administer your HSA for 2019.

PLEASE NOTE: You must establish an HSA with WageWorks in order to receive contributions!

Health Savings Account

A WageWorks[®] **Health Savings Account (HSA)** is like a 401(k) for healthcare. Combined with your company's HSA-qualified high-deductible health plan, a WageWorks HSA gives you an easy, safe way to lower your healthcare costs today while saving money for future healthcare expenses.

The

Translator

EXPLAINS:

It's like a piggy bank for healthcare stuff!

Why You Need It

- Pay for today's eligible out-of-pocket healthcare expenses using tax-free money and put away something extra for tomorrow's healthcare needs
- Pay fewer taxes this year and in retirement—earnings on your HSA funds are tax free, too
- Earn money while saving money with no "use it or lose it" risk

How It Works

Simply decide how much you want to contribute, and funds are withdrawn from your paycheck for deposit into your HSA before taxes are deducted. Use your HSA to pay for everyday eligible healthcare expenses, and any balance left builds your healthcare nest egg. You can even invest your HSA balance and not pay taxes on your gains.

The money in your account is yours to keep even if you change jobs, switch healthcare plans, or retire. Unused funds are rolled over from year to year.



See the estimated tax savings 

WageWorks HSA

How You Manage It

With a variety of payment and reimbursement options, your WageWorks HSA is easy to use. The convenient WageWorks® Healthcare Card associated with your account can be used to pay for hundreds of eligible healthcare products and services for you, your spouse, and your dependents.

Manage your account via a secure website on any computer or mobile device that's connected to the Internet or via the WageWorks® EZ Receipts® app.

The maximum amount you can contribute to your WageWorks HSA in 2019 is **\$3,500** if you have individual coverage and **\$7,000** if you have family coverage. If you are 55 or older as of **December 31**, you may contribute an additional **\$1,000**.

How You Get It

Ready to save? Sign up for a WageWorks HSA during your Open Enrollment period. Contact the person or organization managing your benefits enrollment today!



Learn more at

wageworks.com/myhsa



WageWorks HSA Savings Example

Without HSA		With HSA	
Gross annual pay (estimate)	\$60,000	Gross annual pay (estimate)	\$60,000
Estimated tax rate (30%)	- \$18,000	HSA contribution	- \$7,000
Net annual pay	= \$42,000	Adjusted gross pay	= \$53,000
Estimated current + future healthcare expenses	- \$7,000	Estimated tax rate (30%)	- \$15,900
Final take-home pay	= \$35,000	Final take-home pay	= \$37,100
<p>All figures in this table are estimates and based on an annual salary of \$60,000 and the company's HSA-qualified high-deductible health plan. Your salary, tax rate, healthcare expenses, and tax savings may be different.</p>		<p>Take home this much more \$2,100</p>	

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WageWorks 
everyone benefits®

Highlights of Medical and Prescription Benefits – HDHP		
BlueCross BlueShield of Tennessee	In Network	Out of Network
Office Visit <i>Primary Care Physicians</i> <i>Specialists</i> <i>PhysicianNow (\$40 contracted charge/use)</i>	80% after deductible 80% after deductible 80% after deductible	60% after deductible 60% after deductible N/A
Calendar Year Deductible <i>Per Individual</i> <i>Family Maximum</i>	\$2,750 \$5,500	\$5,500 \$11,000
Coinsurance	80%	60%
Out-of-Pocket Maximum <i>Per Individual</i> <i>Family Maximum</i>	\$5,500 \$11,000	\$11,000 \$22,000
Emergency Services	80% after deductible	80% after deductible
Preventive Services	100%	60% after deductible
Routine Diagnostic Services	80% after deductible	60% after deductible
Non-Routine Diagnostic Services	80% after deductible	60% after deductible
Provider-Administered Specialty Drugs	80% after deductible	60% after deductible
Inpatient Services	80% after deductible	60% after deductible
Outpatient Services	80% after deductible	60% after deductible
Therapeutic Services (# of visits limited)	80% after deductible	60% after deductible
Most Other Medical Services	80% after deductible	60% after deductible
Retail Prescription (up to 30 days) <i>Non-Preventive (Generic or Brand)</i> <i>Preventive Generic (on PDL)*</i> <i>Preventive Preferred Brand (on PDL)*</i> <i>Preventive Non-Preferred Brand (on PDL)*</i>	80% after deductible \$10 \$35 \$70	60% after deductible N/A N/A N/A
Home Delivery/Plus90 Network Options Prescription (up to 90 days) <i>Non-Preventive (Generic or Brand)</i> <i>Preventive Generic (on PDL)*</i> <i>Preventive Preferred Brand (on PDL)*</i> <i>Preventive Non-Preferred Brand (on PDL)*</i>	80% after deductible \$20 \$70 \$140	60% after deductible N/A N/A N/A
Weekly Payroll Deduction Amounts <i>Employee Only</i> <i>Employee + Spouse</i> <i>Employee + Child(ren)</i> <i>Employee + Family</i>	\$5.00 (or \$20.00, if no wellness participation) \$18.00 (or \$33.00, if no wellness participation) \$15.00 (or \$30.00, if no wellness participation) \$20.00 (or \$35.00, if no wellness participation)	
MONTHLY HSA Contribution (from FirstFleet) <i>Employee Only</i> <i>Employee + Spouse</i> <i>Employee + Child(ren)</i> <i>Employee + Family</i>	\$35.00 \$95.00 \$90.00 \$110.00	

* The copay feature is only available for Preventive Drugs that are listed on BCBST's Preventive Drug List (PDL).
NOTE: Please see your Summary Plan Description for all details, including plan limits, conditions and exclusions. This is a summary only!

Highlights of Medical and Prescription Benefits – PPO PLAN 1

BlueCross BlueShield of Tennessee	In Network	Out of Network
Office Visit Copay <i>Primary Care Physicians</i> <i>Specialists</i> <i>PhysicianNow</i>	\$45 \$60 \$20	60% after deductible 60% after deductible N/A
Calendar Year Deductible <i>Per Individual</i> <i>Family Maximum</i>	\$2,250 \$4,500	\$4,500 \$9,000
Coinsurance	80%	60%
Out-of-Pocket Maximum <i>Per Individual</i> <i>Family Maximum</i>	\$6,750 \$13,500	\$13,500 \$27,000
Emergency Services	80% after deductible	80% after deductible
Preventive Services	100%	60% after deductible
Routine Diagnostic Services	100% (no additional copay)	60% after deductible
Non-Routine Diagnostic Services	80% after deductible	60% after deductible
Provider-Administered Specialty Drugs	\$270 copay	60% after deductible
Inpatient Services	80% after deductible	60% after deductible
Outpatient Services	80% after deductible	60% after deductible
Therapeutic Services (# of visits limited)	80% after deductible	60% after deductible
Most Other Medical Services	80% after deductible	60% after deductible
Retail Prescription Copay (up to 30 days) <i>Generic</i> <i>Preferred Brand</i> <i>Non-Preferred Brand</i>	\$15 \$45 \$90	N/A N/A N/A
Home Delivery/Plus90 Network Options Prescription Copay (up to 90 days) <i>Generic</i> <i>Preferred Brand</i> <i>Non-Preferred Brand</i>	\$30 \$90 \$180	N/A N/A N/A
Specialty Drug Copay (must use Specialty Pharmacy Network)	25% (not to exceed \$270)	N/A
Weekly Payroll Deduction Amounts <i>Employee Only</i> <i>Employee + Spouse</i> <i>Employee + Child(ren)</i> <i>Employee + Family</i>	\$39.00 (or \$54.00, if no wellness participation) \$94.00 (or \$109.00, if no wellness participation) \$80.00 (or \$95.00, if no wellness participation) \$105.00 (or \$120.00, if no wellness participation)	

NOTE: Please see your Summary Plan Description for all details, including plan limits, conditions and exclusions. This is a summary only!

Highlights of Medical and Prescription Benefits – PPO PLAN 2		
BlueCross BlueShield of Tennessee	In Network	Out of Network
Office Visit Copay <i>Primary Care Physicians</i> <i>Specialists</i> <i>PhysicianNow</i>	\$35 \$50 \$20	60% after deductible 60% after deductible N/A
Calendar Year Deductible <i>Per Individual</i> <i>Family Maximum</i>	\$1,750 \$3,500	\$3,500 \$7,000
Coinsurance	80%	60%
Out-of-Pocket Maximum <i>Per Individual</i> <i>Family Maximum</i>	\$5,250 \$10,500	\$10,500 \$21,000
Emergency Services	80% after deductible	80% after deductible
Preventive Services	100%	60% after deductible
Routine Diagnostic Services	100% (no additional copay)	60% after deductible
Non-Routine Diagnostic Services	80% after deductible	60% after deductible
Provider Administered Specialty Drugs	\$240 copay	60% after deductible
Inpatient Services	80% after deductible	60% after deductible
Outpatient Services	80% after deductible	60% after deductible
Therapeutic Services (# of visits limited)	80% after deductible	60% after deductible
Most Other Medical Services	80% after deductible	60% after deductible
Retail Prescription Copay (up to 30 days) <i>Generic</i> <i>Preferred Brand</i> <i>Non-Preferred Brand</i>	\$10 \$40 \$80	N/A N/A N/A
Home Delivery/Plus90 Network Options Prescription Copay (up to 90 days) <i>Generic</i> <i>Preferred Brand</i> <i>Non-Preferred Brand</i>	\$20 \$80 \$160	N/A N/A N/A
Specialty Drug Copay (must use Specialty Pharmacy Network)	25% (not to exceed \$240)	N/A
Weekly Payroll Deduction Amounts <i>Employee Only</i> <i>Employee + Spouse</i> <i>Employee + Child(ren)</i> <i>Employee + Family</i>	\$60.00 (or \$75.00, if no wellness participation) \$143.00 (or \$158.00, if no wellness participation) \$122.00 (or \$137.00, if no wellness participation) \$165.00 (or \$180.00, if no wellness participation)	

NOTE: Please see your Summary Plan Description for all details, including plan limits, conditions and exclusions. This is a summary only!

DENTAL PLAN (Plan 1 and Plan 2) – The Guardian

The dental plan provides a full range of coverage for all of your and your family’s dental needs. This coverage is provided to you through The Guardian.

<i>Highlights of Dental Benefits – <u>PLAN 1</u></i>	In Network	Out of Network
Calendar Year Deductible (Maximum of 3 per Family)	\$75	\$100
Preventive Services	100% coinsurance (No deductible applies)	100% coinsurance (No deductible applies)
Basic Services	90% coinsurance	80% coinsurance
Major Services	60% coinsurance	50% coinsurance
Annual Benefit Maximum	\$1,000	\$1,000
Weekly Payroll Deduction Amounts		
<i>Employee Only</i>	\$ 4.36	
<i>Employee + Spouse</i>	\$ 9.12	
<i>Employee + Child(ren)</i>	\$11.05	
<i>Employee + Family</i>	\$16.14	

<i>Highlights of Dental Benefits – <u>PLAN 2</u></i>	In Network	Out of Network
Calendar Year Deductible (Maximum of 3 per Family)	\$50	\$75
Preventive Services	100% coinsurance (No deductible applies)	100% coinsurance (No deductible applies)
Basic Services	90% coinsurance	80% coinsurance
Major Services	60% coinsurance	50% coinsurance
Child Orthodontia Services – \$1,000 Lifetime Maximum (for children under age 19)	50% coinsurance	50% coinsurance
Annual Benefit Maximum	\$1,250	\$1,250
Weekly Payroll Deduction Amounts		
<i>Employee Only</i>	\$ 5.62	
<i>Employee + Spouse</i>	\$12.04	
<i>Employee + Child(ren)</i>	\$14.74	
<i>Employee + Family</i>	\$21.87	

Although you may use any dentist of your choice, by using a network dentist through The Guardian (in the DentalGuard Preferred PPO Network) you will have your claims filed automatically for you and you will not be responsible for anything billed over usual & customary. Members may save an average of 30% off the dentist’s usual charge by going to a network dentist (and the average nationwide discount for child orthodontia services is 25%). Additionally, your benefits for Basic and Major services provided by non-network dentists are slightly lower. Finally, it is important to remember that non-network dentists may also bill you for charges exceeding the plan’s maximum allowable charges.

Maximum Rollover Feature – a way to carry unused benefits forward!

With the Maximum Rollover feature, The Guardian will roll over a portion of your unused annual maximum, called the Maximum Rollover Amount, into a Maximum Rollover Account (MRA). The MRA can be used in future years, if you reach the plan's Annual Maximum. If you use the services of Preferred Providers exclusively during the benefit year, the amount credited to your MRA will be increased to the In-network Only Maximum Rollover Amount. In order to qualify, you must submit a claim and not exceed the paid claims threshold during the benefit year. You and each of your covered dependents maintain separate MRAs based on your own claims activity. Each MRA may not exceed the MRA limit. See the charts below for the applicable limits:

Dental Plan 1:

Plan Annual Maximum	Threshold	Maximum Rollover Amount	In-Network Only Maximum Rollover Amount	Maximum Rollover Account Limit
\$1,000	\$500	\$250	\$350	\$1,000

Dental Plan 2:

Plan Annual Maximum	Threshold	Maximum Rollover Amount	In-Network Only Maximum Rollover Amount	Maximum Rollover Account Limit
\$1,250	\$600	\$300	\$450	\$1,250

VISION PLAN – Vision Service Plan (VSP)

The vision plan provides a full range of coverage for all of your vision care needs. The plan provides the following features:

Highlights of Vision Benefits	In Network	Out of Network
Calendar Year Deductible	None	None
Eye Exam	\$10 Copay (Once every cal. year)	\$10 Copay (Once every cal. year) <i>maximum allowance applies</i>
Eyeglass Lenses <i>(Single vision, lined bifocal, and lined trifocal lenses are included, as well as polycarbonate lenses for dependent children. Certain cosmetic options may not be fully covered.)</i>	\$15 Copay (Once every cal. year)	\$15 copay (Once every cal. year) <i>maximum allowance applies</i>
Eyeglass Lens Enhancements <i>Tints/Photochromic adaptive lenses, scratch-resistance coating, and UV protection</i> Standard progressive lenses Premium progressive lenses Custom progressive lenses	\$0 (No additional cost) \$55 \$95 - \$105 \$150 - \$175	Copays apply as applicable (Once every cal. Year) <i>maximum allowance applies</i>
Contact Lens Care – Elective <i>(Provided in lieu of all other lens and frame benefits available. If you choose contact lenses, you will be eligible for a frame 12 months from the date the contact lenses are obtained.)</i>	\$180 annual allowance	\$105 annual allowance <i>maximum allowance applies</i>
Frames <i>(Frames are covered up to \$180 retail or \$200 retail as featured, plus 20% off any out-of-pocket costs. \$200 Costco allowance.)</i>	\$15 Copay (Once every 2 cal. years)	\$15 Copay (Once every 2 cal. years) <i>maximum allowance applies</i>
SunCare <i>New for 2019!</i> – The SunCare plan helps protect your eyes from the sun’s damaging ultraviolet rays. You may use your \$180 In-Network Annual Frame Allowance for ready-to-wear, non-prescription sunglasses from your VSP doctor, exhausting both your lens and frame eligibility for the year.		
Extra Discounts through Vision Service Plan Your VSP program provides additional discounts when you use network providers, such as: <ul style="list-style-type: none"> Laser Vision Correction <ul style="list-style-type: none"> • Avg. 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor. Glasses and Sunglasses <ul style="list-style-type: none"> • Average 35% to 40% savings on all non-covered lens options • 30% off additional glasses/sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Get 20% off from any VSP doctor within 12 mos. of your last WellVision Exam. Contacts <ul style="list-style-type: none"> • 15% off cost of contact lens fitting and evaluation (not to exceed \$60). 		
Weekly Payroll Deduction Amounts <i>Employee Only</i> <i>Employee + Spouse</i> <i>Employee + Child(ren)</i> <i>Employee + Family</i>		\$1.83 \$2.76 \$2.82 \$4.55

You get the best value when you visit a VSP provider. If you decide not to see a network provider, copays still apply and you’ll also receive a lesser benefit and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. VSP guarantees service from VSP network providers only. If you see a provider who is not in the VSP network, please call VSP first at 1 (800) 877-7195.

LIFE and AD&D

GROUP LIFE INSURANCE – OneAmerica

FirstFleet furnishes all full-time employees enrolled in the medical plan with group term life insurance and accidental death and dismemberment insurance (AD&D) to protect your family’s future. In the event of your death, your beneficiary will receive life insurance benefits according to the chart shown. Coverage is also provided for your eligible dependents if your dependents are enrolled in the group medical plan.

Employee Basic Life Insurance	\$20,000
Employee Basic AD&D Insurance	\$20,000
Dependent Life Insurance <i>(if your dependents are enrolled in the group medical plan)</i>	\$2,500 for spouse \$1,000 per child (from 14 days to age 26)

Your group life coverage includes enhanced benefits, such as:

- Portability/Conversion
- Accelerated Death Benefit

Details regarding these enhanced benefits under your group life plan may be found in your Summary Plan Description.

VOLUNTARY LIFE INSURANCE – OneAmerica

Additional life insurance may be purchased through payroll deduction during the annual enrollment period. Please be sure to meet with a benefits counselor at your location, use the enrollment call center, or self-enroll online in order to apply for and enroll in the voluntary life insurance. If you are enrolling as part of your new hire benefit elections outside of the annual open enrollment period, be sure to complete the required enrollment process to obtain this coverage.

The features and death benefit amounts available to you and your eligible dependents under the voluntary life insurance program are outlined in the chart below.

Employee	Benefit Amount: Up to five times your annual earnings in increments of \$10,000 Maximum amount of \$500,000 is available Up to \$200,000 is available on a “Guaranteed Issue” basis (during initial eligibility) Evidence of insurability is required for amounts over \$200,000 (and for all late enrollees who did not elect coverage during initial eligibility and who request more than \$10,000 during any subsequent open enrollment period)
Spouse	Benefit Amount: Up to 100% of employee’s amount in increments of \$5,000 Maximum amount of \$500,000 is available Up to \$50,000 is available on a “Guaranteed Issue” basis (during initial eligibility) Evidence of insurability is required for amounts over \$50,000 (and for all late enrollees who did not elect coverage during initial eligibility and who request more than \$5,000 during any subsequent open enrollment period)
Children	Benefit Amount: From 14 days after live birth to age 26 – \$1,000 increments up to \$10,000

Voluntary life insurance coverage is portable and/or convertible. Employees may keep life insurance coverage at affordable rates even if they change jobs, retire or reduce work hours (thereby affecting eligibility). Refer to your Summary Plan Description for further details and applicable limitations.

Please Note: An age reduction schedule applies at certain ages. At the time an age reduction applies, the amount of your group basic/voluntary life insurance benefit will be reduced accordingly at the beginning of the next plan year, along with a commensurate reduction in the applicable premium (payroll deduction) rate.

Additional Support Services Through OneAmerica

As a covered member with life insurance, STD insurance and/or LTD insurance through OneAmerica, you also have two additional services available to provide support to you and your family:

EMPLOYEE ASSISTANCE PROGRAM (EAP)

When you have questions, concerns or emotional issues surrounding your personal or work life, you can use your EAP to help! OneAmerica's EAP (**ComPsych GuidanceResources Program**) offers the following services to you:

- **Confidential Counseling** – No-cost counseling is available that helps you address stress, relationship and other personal issues you or your family may face. This service is staffed by GuidanceConsultants, highly trained master's and doctoral level clinicians who listen to your concerns and quickly refer you to in-person counseling (up to three sessions per issue per year).
- **Financial Information and Resources** – Speak by phone with Certified Public Accountants and Certified Financial Planners on a wide range of financial issues, such as: debt management, credit problems, tax questions, retirement planning, estate planning or saving for college.
- **Legal Support and Resources** – Talk to attorneys by phone regarding issues such as the following: divorce, debt, bankruptcy, landlord/tenant issues, real estate transactions, civil/criminal actions and contracts. If representation is required, you will be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter.
- **Work-Life Solutions** – Work-life specialists will perform research for you and will provide qualified referrals and customized resources for needs such as: child/elder care, moving/relocation, making major purchases, college planning, pet care and home repair.
- **GuidanceResources Online** – This array of resources is your one stop for expert information on the issues that matter most to you – relationships, work, school, children, wellness, legal, financial, free time and more.
- **Free Online Will Preparation** – EstateGuidance lets you quickly and easily write a will on your own computer. Just go to www.guidanceresources.com and click on the EstateGuidance link. Follow the prompts to create and download your own, customized will at no cost.

TRAVEL ASSISTANCE PROGRAM

OneAmerica's Travel Assistance Program (**Generali Global Assistance**) offers a suite of services to help you in your time of need – from small inconveniences like losing your medication to life-threatening situations – all delivered with a caring, human touch. This service provides you the comfort of knowing that when you and your loved ones travel more than 100 miles from home on a trip that lasts 90 days or less for business or pleasure, you have a partner to help you with protection and support at no cost! Resources through this program include: medical assistance services, replacement of medication or eyeglasses, medical monitoring, visitation by loved ones in the event of your hospitalization, dependent children assistance in the event of your hospitalization, traveling companion assistance, emergency evacuation, repatriation or cremation of remains, trip interruption support, and emergency medical payment (for a sudden, unexpected illness or injury during a trip).

DISABILITY

SHORT TERM DISABILITY (STD) – OneAmerica

In order to better protect you and your family from a loss of income due to a short term disability, be sure to take advantage of our short term disability protection. Short term disability coverage may be purchased through payroll deduction as part of your new hire benefit elections, and during the annual enrollment period. Please be sure to meet with a benefits counselor at your location, use the enrollment call center, or self-enroll online in order to apply for and enroll in this STD insurance during the annual enrollment period.

Under the short term disability coverage, if you are disabled and unable to work as the result of a non-work-related accident or sickness, on the 15th day you may be eligible to receive payment up to 60% of your weekly earnings. Benefits may continue for up to a maximum of 24 weeks (as long as you are continuously disabled). All benefits paid will be reduced by deductible source of income and any other disability payments you receive.

Please see the chart below for the benefit level options that are available to you as an eligible, full-time employee.

Benefit Amount	60% of your weekly earnings up to a maximum of \$750 weekly
Maximum Benefit Duration	24 weeks (as long as you are continuously disabled)

The short term disability coverage is subject to a 3/12 pre-existing condition limitation. Refer to your Summary Plan Description for further details and applicable limitations.

LONG TERM DISABILITY (LTD) – OneAmerica

Long term disability insurance may also be purchased through payroll deduction as part of your new hire benefit elections or during the annual open enrollment. This coverage is available to provide you and your family financial protection in the event of a long term disability. Please be sure to meet with a benefits counselor at your location, use the enrollment call center, or self-enroll online in order to apply for and enroll in the LTD insurance during the open enrollment process.

The chart below provides you an overview of the available long term disability benefits.

Benefit Amount	60% of current earnings up to a maximum of \$5,000 monthly
Maximum Benefit Duration	Five years (as long as you are continuously disabled) – For those age 62 or older at the time of disability, a Maximum Period of Payment applies, providing benefits for up to 60 months, depending on age at time of disability.

The long term disability coverage is subject to a 3/12 pre-existing condition limitation. Refer to your Summary Plan Description for further details and applicable limitations.

CRITICAL ILLNESS, ACCIDENT, CANCER and UNIVERSAL LIFE INSURANCE

These benefits may be purchased through payroll deduction during the annual enrollment period. Please see your enrollment representative to apply for and enroll in these products.

CRITICAL ILLNESS INSURANCE – Colonial Life & Accident

This coverage complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy. Upon the diagnosis of a covered critical illness, Colonial's critical illness insurance pays a lump sum benefit for you to use however you choose. Coverage is provided for such diagnoses and medical conditions as: cancer, heart attack, stroke, major organ transplant, end stage renal failure, coronary artery bypass surgery and Carcinoma in Situ. An annual health screening benefit for covered tests is also provided under this policy. Coverage is available to you and your spouse.

ACCIDENT INSURANCE – Colonial Life & Accident

This coverage helps offset the unexpected medical expenses, such as emergency room fees, deductibles and copayments that can result from a fracture, dislocation or other covered accidental injury. Colonial's accident insurance helps protect you and your family in the event you or a family member has an accident that requires medical treatment. The coverage provides benefit for specific injuries and losses you may suffer in a covered accident, such as fractures, lacerations and burns. It also provides benefits to help you deal with the medical and other expenses related to a covered accident, such as a doctor's office or emergency room visit, ambulance, x-rays and physical therapy. Coverage is available for you, your spouse and eligible dependents.

CANCER INSURANCE – Colonial Life & Accident

This coverage helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests. According to the American Cancer Society, in the United States, men have a one in two lifetime risk of developing cancer, and for women the risk is one in three.

UNIVERSAL LIFE INSURANCE – Colonial Life & Accident

This coverage helps provide financial protection to your family in the event of your death. Unlike term insurance, universal life insurance provides protection for all of life's stages with the flexibility to increase or decrease your premiums or death benefit. You can keep this coverage if you change jobs or retire. Universal life also builds guaranteed cash value on a tax-deferred basis which is available later for emergencies through policy loans or cash withdrawals. Additionally, this protection includes an accelerated death benefit if the insured is diagnosed with a terminal illness (for up to 75% of the death benefit, not to exceed \$150,000 depending on the state in which the policy is issued).

PLEASE KEEP IN MIND...

YOUR HEALTH CARE NETWORKS...Delivering savings, convenience and protection to you and your covered dependents

All of your health plans use PPO networks to ensure that you get the best value for your benefit dollar. The medical plan has the BlueCross BlueShield BlueCard PPO Network, a Preferred Provider Organization including both hospitals and physicians. Your prescription benefits are provided through the Express Scripts national pharmacy network, in partnership with BlueCross BlueShield. The dental plan has the DentalGuard Preferred PPO network through The Guardian for dental care services. The vision plan has the VSP Open Access Network for vision care services. The HearUSA hearing care service has the HearUSA network. Be sure to use network providers when utilizing any of your health care services in order to receive the maximum benefits available.

NOTE: For 2019, we are announcing a change in the BlueCross BlueShield PPO networks for the states of Tennessee, Georgia and Florida. This change will help all of us reduce the costs of care while at the same time ensuring that you have very broad access to doctors, hospitals and other providers. The new networks are: Tennessee – Network S; Georgia – Blue Open Access POS; and Florida – NetworkBlue. Outside these states, the BCBST BlueCard PPO Network applies.

ELIGIBLE DEPENDENTS

Eligible dependents include the employee's spouse and eligible dependent children up to age 26.

- "Spouse" is defined as your current spouse (who is not also a subscriber under this coverage) under a legally valid marriage.
- Dependent children may include: a natural child, a legally adopted child (including a child placed with you for the purpose of adoption), a step-child, or a child for whom you or your spouse is a legal guardian.
- Dependent children may also include children who do not reside with you but are your legal responsibility for the provision of medical coverage under a Qualified Medical Child Support Order (for example, children from a divorce who are residing with the employee's ex-spouse).
- Dependent children may include a child who is totally and permanently disabled before age 26 and will continue to be both disabled and dependent upon you for financial support and maintenance. Notification and proof of such incapacity and dependency must be provided within 31 days of the dependent child's attainment of age 26.

Please note that documentation is required for all eligible dependents in order to verify their eligibility to be added to coverage. A dependent will not be added to the plan coverage until documentation is provided. Please refer to your SPD for full details regarding eligibility and coverage for your dependents under the health plan.

You must verify your dependents with HMS, our dependent verification partner!

At the time you elect to add dependents onto your FirstFleet benefit plans, you will be asked to submit documentation to HMS, our dependent verification partner. You may be asked to provide documents such as marriage certificates, birth certificates and household bills based on the types of dependents you add to coverage. If you do not respond or are unable to verify your dependent's eligibility, your dependent will not be allowed to enroll in coverage. Detailed instructions regarding how to verify dependents with HMS are included in your enrollment materials...so be sure to read through them carefully and take action if you want to add dependents to your coverage.

PLEASE NOTE: If your dependents are already verified with HMS, you do not need to "re-verify" them in order to continue their coverage from one plan year to the next.

FLEXIBLE SPENDING ACCOUNTS

a way to reduce your net out-of-pocket expenses!

You may elect to participate in one or both of our flexible spending accounts (FSAs) – a Health Care Spending Account or a Dependent Care Spending Account. (Please note that due to Federal law, if you have enrolled in the HDHP medical plan option, you may not also elect to participate in the Healthcare FSA. You may only elect to participate in the HSA.) Through the use of Flexible Spending Accounts available to you under our Section 125 Plan, you can stretch your income further than ever before, reduce your costs and pay less in taxes. What a combination!

FSAs allow you to use your pre-tax dollars to pay for health care and/or dependent care expenses. If you elect to participate, dollars will be deducted from your paycheck in the amount you determine and will be put into a special account that is protected from taxes. The money in these special accounts – FSAs – can be used for eligible health care and dependent care expenses incurred by you, your spouse and your dependents. FSAs are exempt from federal taxes, Social Security (FICA) taxes and, in most cases, state income taxes. Depending on your income tax bracket, you may save up to 30% or more in taxes each year you participate.

In order to begin participating in either one or both of the new FSAs, you must enroll during this year's enrollment period by meeting with a benefits counselor at your location, or by electing to participate as part of your new hire benefit elections. **REMEMBER...You must enroll and make new FSA elections EACH year in order to participate...Your FSA elections from the prior year do not automatically roll forward to the following year!!!** If you are a "new hire", please contact the FirstFleet, Inc. Benefit Department to enroll. Be sure to watch for details regarding the availability of a benefits counselor in your area! Enrolling is easy...

- ✓ **Determine your expenses** – First you must determine the amount of health care and dependent care expenses you think you will experience during the plan year. In order to assist in estimating your expenses, a worksheet is available to you in your enrollment packet. ***IMPORTANT: Calculate your annual FSA contribution wisely. According to IRS guidelines, any money in your FSA that you do not use for eligible expenses incurred during the plan year will be forfeited!***
- ✓ **Enroll** – You may enroll during this year's enrollment period by meeting with a benefits counselor at your location. Since FSAs are an effective tool to help you and your family reduce costs and taxes only if you fully understand them, it is important that you meet with a benefits counselor who can explain in detail how the program works. As mentioned in the previous point, you should estimate your contribution as carefully as possible when enrolling.
- ✓ **Contribute** – The annual amount you elect to contribute to one or both of the available FSAs will be deducted from each of your paychecks in an equal amount throughout the year. Your FSA contributions are deducted from your paycheck before taxes are calculated and deducted.
- ✓ **Submit for Reimbursement** – As you have eligible expenses throughout the year, you submit claim forms for reimbursement from your account. Eligible claims must be incurred during the plan year. You have 90 days after the last day of the plan year (December 31) to submit your claims for reimbursement. You also have 90 days following your termination date from the plan to submit claims incurred while you were participating.
- ✓ **Changing Your Election** – ***IMPORTANT: Because FSAs are available to you under the Section 125 Plan, you can only change your FSA elections during the plan year (between annual enrollment periods) if you experience a qualified change in status!***
- ✓ **Over-the-Counter Medications** – Remember that FSA reimbursements are not permitted for over-the-counter medications unless you first obtain a doctor's prescription!

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (for eligible health care expenses) – Administered by WageWorks

A Health Care Spending Account provides reimbursements to cover out-of-pocket expenses incurred by you, your spouse or any dependent that you claim on your income tax return. There is no requirement that you or your dependents be insured through group insurance plans at FirstFleet in order to benefit from a Health Care Spending Account. Insurance premiums and expenses paid by your health care plan(s) are not eligible reimbursement under the Health Care FSA. Also, you cannot receive FSA reimbursement for health care expenses if you also itemize the expenses as a deduction on your income tax return.

Eligible health care expenses may include:

- Health care plan deductibles
- Copayments (including prescription copayments)
- Amounts over the maximum your plan pays
- Other expenses not covered by your health plan

Annual Limit for 2019 – Health Care FSA:

You may elect to contribute up to a maximum of **\$2,650** into your HealthCare FSA for 2019.

FSA Debit Card – for Added Convenience!

When you enroll, a debit card will be provided to you by WageWorks, your FSA administrator. The FSA card means that your flexible spending funds are as close as your wallet! You can use your FSA card to pay for eligible health care expenses directly from your Health Care FSA. That means you don't have to fill out and submit claim forms or wait for reimbursement. It is easy, fast and secure.

Save Your Receipts!

Many claims MUST BE VERIFIED...so be sure to keep your receipts for future reference and for claims verification, if required. WageWorks provides you a handy mobile app – **EZ Receipts** – that you may use to manage all your qualified expense receipts. Download **EZ Receipts** to your smartphone, log in to your WageWorks account, and check balances, submit claims, snap photos of your receipts – all on the go!

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (for eligible dependent child care expenses) – Administered by WageWorks

A Dependent Care Flexible Spending Account helps you pay for child care services which make it possible for you and your spouse (if applicable) to work. Under certain circumstances it also may be used to help pay for the care of elderly parents, or a disabled spouse or dependent. To be eligible, you and your spouse (if applicable) must be at work during the time your eligible dependent receives care. Other eligibility requirements are applicable for participation...so be sure to review the FSA enrollment materials provided to you in your open enrollment packet.

Annual Limit for 2019 – Dependent Care FSA:

The IRS limits the total amount of money you can contribute to a dependent care to **\$5,000** each year for married couples filing jointly, unmarried couples, and single individuals, and **\$2,500** if you are married and filing separately.

New FSA Elections are Required Each Year:

REMEMBER...You must enroll and make new FSA elections EACH year...Your FSA elections from the prior year do not automatically roll forward to the following year!!! If you wish to make FSA elections for 2019, you must participate in the enrollment process during the annual enrollment period.

CHANGES IN ELECTIONS – Covered Benefits under the Section 125 Plan

When you participate in any of our group health benefits such as the medical plan, dental plan or vision plan, you have a choice to participate in the Section 125 Plan. By electing to participate in this plan you are able to benefit from an increase in your “take-home pay” because the payroll deductions for the benefit options you select come out of your paycheck on a pre-tax basis.

It is important to keep in mind that the government imposes certain rules and requirements when you utilize the tax advantages of a Section 125 Plan such as ours. When you elect health coverage and pay for your benefit elections through pre-tax payroll deductions under the Section 125 Plan, you are subject to the government rules.

- You may change your enrollment status in the health plan (add, change or cancel coverage) ONLY during the annual enrollment period unless you experience a “qualifying change in family status”.
- Qualifying changes in family status (referred to as “qualifying events”) include:
 - Marriage or divorce;
 - The birth or adoption of a child;
 - The death of a spouse or a child
 - A change in your or your spouse’s employment or eligibility to participate in his/her employer’s medical plan; and
 - A significant change in your or your spouse’s health coverage that is attributable to the spouse’s employment.
- The change in your enrollment status made as the result of the qualifying event must be consistent with the qualifying event.
- If you experience a change in family status and need to make changes in your coverage elections, it is your responsibility to submit a written change request within 30 days of the date of the qualifying event.

For further information regarding the Section 125 Plan and the applicable rules and requirements of the plan, please consult your Section 125 Plan SPD.

401(k) PLAN - THROUGH PRINCIPAL

Your FirstFleet, Inc. 401(k) Plan provides you an important tool to plan for a comfortable retirement. Although Social Security will likely be a meaningful part of your retirement income, it was never designed to provide you with enough benefits to achieve a truly “comfortable retirement”. For many, Social Security may cover one-third or less of retirement needs. This is where your 401(k) Plan comes into play! Your 401(k) Plan brings many advantages to your retirement planning process:

- Convenient and regular payroll deferrals are deducted from your pay and are deposited into your account each pay period;
- Your payroll deductions go into the plan on a pre-tax basis (for non-Roth 401(k) deferrals only) – After-tax Roth 401(k) deferrals are also available;
- You receive a **company matching contribution equal to 25%** of your deferrals up to the first 4% of your eligible pay that you defer;
- Your earnings grow tax-deferred (that is to say, you don’t pay taxes on your deferrals and earnings until you begin taking distributions – Roth deferrals and their earnings may be distributed free of tax);
- Your deferrals and earnings are always 100% vested, which means that your money entirely belongs to you and cannot be forfeited, even if you leave the company and the plan at any time;
- Your matching contributions and earnings are subject to a six-year vesting schedule (with 100% vesting after six years of service with the company);
- You get to control the way your account is invested by selecting your own particular combination of investment options that are available under the plan;
- You may increase, decrease or eliminate your deferral amounts in the future and can also access existing account balances through participant loan and participant hardship withdrawal features under the plan; and
- You may access information about your account by calling Principal at their toll-free number **(800) 547-7754** Monday through Friday, 7:00 AM to 9:00 PM, and Saturday between 8:00 AM and 2:00 PM – or by logging onto the participant website at www.principal.com.

You must be at least age 21 and must have completed 30 days of service with the company in order to be eligible to participate in the FirstFleet, Inc. 401(k) Plan. You may enter the plan the first of the month following completion of the eligibility requirements.

HOW TO ENROLL: If you are not already enrolled in the 401(k) Plan, you may begin deferring so that you may take advantage of the matching contribution in 2019. Enroll in two ways:

- Enroll online at www.principal.com
- Enroll by calling Principal at 1-800-547-7754
NOTE: *The FirstFleet 401(k) Plan number is 705090.*

Please see your summary plan description for additional information about enrollment, including the Plan’s investment options and when you can make changes. You can obtain the summary plan description from FirstFleet’s intranet site or by visiting the Principal website.

THE INTERNET...Your way to stay “connected” to your benefits...

Website	Sponsor	Purpose
www.FirstFleetInc.com	FirstFleet, Inc.	The employee section of this site provides you a list of the benefits in which you are currently enrolled and a list of those available to you.
www.bcbst.com	BlueCross BlueShield	In addition to obtaining helpful health-oriented information, use this site to search for BlueCard PPO Network providers. Also, this site serves as your doorway into all of the Wellness Services that are available to you from BlueCross BlueShield of Tennessee.
www.bcbst.com/blueaccess	BCBST – BlueAccess and PhysicianNow (powered by MDLive)	Use this site (under the “My Health and Wellness” tab) to access your telehealth services through BlueCross BlueShield. PhysicianNow is a convenient, cost-effective alternative to the emergency room, urgent care facility or in-office doctor’s appointment for most non-emergency conditions.
www.glic.com	The Guardian	Use this site to search for participating network dentists in The Guardian DentalGuard Preferred Network .
www.vsp.com	Vision Service Plan	This site provides you eligibility and personal eye care information in addition to the ability to search for VSP Network eye care providers. Please use the “Choice” network when searching for providers.
www.oneamerica.com	OneAmerica	This site provides you an overview of your group Voluntary Life, STD and LTD carrier.
www.guidanceresources.com	OneAmerica’s Employee Assistance Plan (EAP)	Use this site to obtain support for a variety of “life balance” issues, such as questions, concerns or emotional issues surrounding your personal or work life.
www.coloniallife.com	Colonial Life & Accident	This site offers you additional information about the supplemental products available to you.
www.hearusa.com	HearUSA	Use this site to obtain further information regarding this hearing care service and to locate a provider near you.
www.wageworks.com	WageWorks	Manage your flexible spending accounts (FSAs) and health savings account (HSA) online.
www.principal.com	Principal	Use this site to access information regarding your 401(k) Plan account, the plan investment options and other important information regarding your plan.
www.VerifyOS.com	HMS	Use this site to upload dependent verification documents, check your status, and link to resources that will help you obtain required documentation.

IMPORTANT CONTACT INFORMATION

FirstFleet Human Resources Department Email: HumanResources@firstfleetinc.com	Phone: 800-819-0905, Option #1 Fax: 888-262-6407
BlueCross BlueShield of Tennessee (Medical and Wellness) Customer Service BlueCard PPO Provider Locator Health Coaching (Available Monday through Saturday) PhysicianNow (powered by MDLive) Telehealth Services	Phone: 800-565-9140 Phone: 800-810-BLUE (2583) Phone: 866-498-9806 Phone: 888-283-6691
Express Scripts (Prescriptions) Member Services Home Delivery Services Specialty Pharmacy Network	Phone: 800-565-9140 Phone: 877-673-9165 Phone: 800-565-9140
The Guardian (Dental) Customer Service	Phone: 800-541-7846
Vision Service Plan (Vision) Customer Service	Phone: 800-877-7195
OneAmerica (Voluntary Life, STD, LTD, EAP and Travel Assistance) Employee Assistance Plan (EAP) Travel Assistance	Phone: 855-387-9727 Phone: 866-294-2469
Colonial Life & Accident (Supplemental Benefits) Customer Service	Phone: 800-325-4368
HearUSA (Hearing Care Service) Customer Service	Phone: 800-442-8231
WageWorks (Administrator for FSA and HSA) Customer Service	Phone: 877-924-3967 Phone: 866-279-8385 Fax: 866-631-8206
Principal (401k Plan) Retirement & Investor Services – Client Contact Center	Phone: 800-547-7754
HMS (Dependent Verification Partner)	Phone: 866-868-8991 Fax: 877-223-8478

PLEASE NOTE: *This benefits highlight booklet is intended to provide you an overview of many of your valuable benefits options at FirstFleet. However, this overview is NOT intended to be a complete description of all plan features, provisions, limitations, etc. Please refer to your Summary Plan Descriptions for a comprehensive explanation of all plan benefits and features. While every attempt has been made to ensure the accuracy of the information presented herein, in the event of any discrepancies, your Summary Plan Descriptions shall be determinative.*

NOTICES

Notice Regarding FirstFleet Health Plan's Grandfathered Status

This FirstFleet Health Plan (including all three medical plan options – the High Deductible Health Plan, PPO Plan 1 and PPO Plan 2) is Non-Grandfathered.

Notice Regarding Medicare Part D Creditable Prescription Drug Coverage

If you will attain or have attained the Medicare eligibility age in 2019, 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. FirstFleet, Inc. has determined that the prescription drug coverage offered by the FirstFleet Health 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.

If you have any questions regarding this determination, please contact FirstFleet. If you are a Medicare eligible covered member under the FirstFleet Health Plan, you will also receive a letter of creditable coverage for your records affirming this determination.

Summary of Material Modifications

FirstFleet sponsors the FirstFleet, Inc. Welfare Benefit Plan, Plan Number 507, and hereby provides notice of the following change(s) which take effect on January 1, 2019. The Medical PPO 1 and PPO 2 preferred brand, non-preferred brand and specialty prescription copay amounts are increasing. The Medical HDHP will include a new preventive drug benefit where copays apply without first having to meet the calendar year deductible. Members covered under the Medical Plan options in Tennessee, Georgia and Florida will have new PPO networks. The Vision Plan will have a new SunCare feature allowing benefits for non-prescription sunglasses. The Healthcare FSA annual limit is increasing to \$2,650. All such material modifications are further outlined and summarized within this highlights guide.

Disclosure

This guide is intended only to be an overview of the FirstFleet benefits plans. The complete details about the plans and how they work are included in the Summary Plan Descriptions (SPDs) and plan documents, which are available upon request. If there are any inconsistencies between this guide and the plan documents, the plan documents will govern. FirstFleet is committed to providing competitive benefits programs to its employees. However, FirstFleet retains the right to amend, change or end one or more of its benefit plans at any time.



HUMAN RESOURCES

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