

OPEN ENROLLMENT



Benefit Enrollment Guide | **2023**





Benefit Program | 2023

FirstFleet is committed to offering you all the tools and resources you need to achieve physical wellness, emotional wellness and financial wellness. Our hope is that you take full advantage of your benefit program so that you optimize your health, comfort, protection and security!

This Benefit Enrollment Guide provides you an overview of the benefit program here at FirstFleet and each of the options available to you. You may participate in any benefit plans and resources that you choose – it is up to you! During our annual Open Enrollment period, please be prepared to make wise selections by reading through this guide carefully to familiarize yourself with the full range of benefit materials that are available to you online on FirstFleet's Portal.


TABLE OF CONTENTS


Introduction	1
Enrollment Checklist	2-3
Dependent Eligibility Verification	3
What's New?	4
Need Help?	4
Wellness Program	5
Medical Plan Special Features	6
Health Savings Account (HSA)	6
Highlights of Medical and Prescription Plan Options	7
Highlights of Dental Plan Options	8
Highlights of Vision Plan Options	9
Basic Group Life and Voluntary Life Insurance	10
Employee Assistance Program (EAP)	11
Travel Assistance Program	11
Short Term Disability and Long Term Disability Insurance	12
Supplemental Insurance Options (Critical Illness, Accident, Cancer and Whole Life Insurance)	13
Health Care Networks	14
Dependent Eligibility Definition	14
Health Care FSA	15
Dependent Care FSA	16
Section 125 Plan – Changes in Elections	17
401(k) Plan	18
Benefit Partner Directory	19
Notices, Summary of Material Modifications and Disclosure	20

Enrollment Checklist for 2023

FirstFleet's Open Enrollment period for the 2023 plan year runs from October 1 through October 31, 2022. If you are already benefit-eligible, be sure to participate in the 2023 Open Enrollment process so that you may select benefit

options that make sense for you and your family. Benefit changes can only be made during the Open Enrollment period (unless you experience a "change in family status" during the plan year).

 **PREPARE** This **FirstFleet Benefit Enrollment Guide for 2023** is a great place to start in understanding your benefit options. Keep in mind that this Enrollment Guide is only a summary. If you would like to learn about your benefit options in more detail, please refer to the benefits materials on FirstFleet's Portal.

 **DECIDE** If you are already enrolled in benefits for 2022, all your current benefit elections will be continued into 2023 (except for your Flexible Spending Account elections that must be renewed each plan year). We encourage you to participate in the Open Enrollment process so that you can review your benefit options and consider changes that may be appropriate for the next plan year. Prepare to make decisions regarding each of the following:

- **Three medical plan options¹**
- **Two dental plan options**
- **Two vision plan options**
- **Dependents (to be covered)²**
- **Health Savings Account (HSA)³**
- **Health Care Flexible Spending Account (FSA)⁴**
- **Dependent Care Flexible Spending Account (FSA)**
- **Voluntary Life, Short Term Disability (STD) and Long Term Disability (LTD) Insurance⁵**
- **Supplemental Benefit Insurance (through Colonial Life)⁶**
- **401(k) Plan⁷**

¹ PPO 2 Medical Plan option is only available in 2023 to employees who have been benefit eligible for one full year. Please note that PPO 2 Medical Plan option will be discontinued beginning in 2024. Basic Group Life coverage is provided at no cost to you (and to your enrolled dependents) when covered under one of the medical plan options. | ² If you are adding dependents for the first time, you must provide dependent eligibility verification - see details later in this guide. | ³ You may participate in the HSA only if you have elected the HDHP medical plan option. | ⁴ You may participate in the Health Care FSA only if you have elected one of the PPO medical plan options. | ⁵ "Guarantee Issue" opportunities exist each year during the Open Enrollment period. | ⁶ Supplemental Benefit Insurance is only available once each year during the Open Enrollment period. Contact a Colonial Life Benefits Counselor to enroll. | ⁷ 401(k) Plan election changes are permitted throughout the plan year - Open Enrollment is a good time to review your elections or enroll for the first time.

✓ ENROLL During the Open Enrollment period, **go to firstfleetinc.com/openenrollment to begin your enrollment process.** Remember, you must review and consider elections in all categories of benefits showing on your enrollment screen. Please review your election summary at the end of the process to confirm that all your elections are captured before you digitally sign to complete the enrollment process!

For Supplemental Benefit Insurance options (through Colonial Life), you may enroll only during the open enrollment period. If Colonial Life benefit counselors are available at your location during the open enrollment process, you may meet with them to receive assistance with your enrollment in these benefit options. Otherwise, during the Open Enrollment period, you may **speak with a Colonial Life benefit counselor any time Monday through Friday, between 8 AM and 8 PM Eastern Time at 1-833-703-1967 (and provide your Employer Code 3098209).** Colonial Life benefit counselors are available to enroll you in Supplemental Benefit Insurance options only – but can also help you better understand ALL benefits available to you and answer questions you may have. A self-enroll option for Colonial Supplemental Benefit Insurance is also available – see the Colonial section on your enrollment screen for further details.

For the FirstFleet 401(k) Plan, you may enroll online (directly on Principal's website) at www.principal.com/welcome – or you may call 1-800-547-7754 (FirstFleet's Plan identification number is 705090).



**YOU
MUST VERIFY
YOUR DEPENDENTS
WITH ALIGHT,
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 Alight, our dependent verification partner. You may be asked to provide documents such as marriage certificate, 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 Alight 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, you do not need to "re-verify" them in order to continue their coverage from one plan year to the next.*

What's new for 2023?

- **BlueCross BlueShield of Tennessee Medical Plan** – Good news for 2023! The two PPO Plan Options will continue into 2023 with no changes to copays, deductibles, out-of-pocket maximums or any other plan features. The High-Deductible Health Plan (HDHP) will have a modest increase to its deductible and out-of-pocket maximum due to federal changes to the minimum deductible requirements for HDHPs. The payroll deduction amounts for the HDHP are remaining the same in 2023, with only a modest increase in the PPO payroll deductions. The low payroll deductions for the HDHP combined with FirstFleet contributions into your Health Savings Account (HSA) makes it the most affordable option available to you in 2023. See the details later in this guide.
- **New Telehealth Partner in 2023 – Teladoc** – Through our relationship with BlueCross BlueShield of Tennessee, you will enjoy an expanded array of telehealth services in 2023 with Teladoc (replacing PhysicianNow). Under this enhanced program, you will continue to receive support for all of your “around the clock” medical needs, including urgent care situations. However, you will now have support for the following additional health care needs: mental health, dermatology, neck/back care, nutritional counselling and tobacco cessation (to help you quit smoking). Look for more details about this enhanced program coming to you soon from BlueCross BlueShield of Tennessee.
- **Improved Dental Benefits for 2023 – and a new Dental Partner – Delta Dental of Tennessee** – Your two Dental Plan Options will deliver better coverage and more value than ever before! With our new partner for dental coverage, Delta Dental of Tennessee, your annual benefit maximums are much higher in 2023. Dental Plan 1 has a benefit maximum of \$1,500, and Dental Plan 2 has a benefit maximum of \$2,000. Also, Dental Plan 2 now has a higher child orthodontia lifetime maximum benefit of \$2,000. Your payroll deductions are only slightly higher... but with significantly increased coverage levels. With Delta Dental, you have access to both the Delta Dental PPO Network and the Delta Dental Premier Network... but your best benefits under the Plan are achieved by utilizing Delta Dental PPO Network providers nationwide. Your Dental Plan Options will continue to provide you additional value through the Maximum Carryover Feature. See the details later in this guide.
- **VSP Vision Plan** – Both Vision Plan options are enhanced for 2023 to provide higher allowances for frames and “featured frames”...along with higher allowances for elective contact lenses. See the details later in this guide.

NEED HELP? During the Open Enrollment period, please consider the following resources that are available to support you:

- ✓ **2023 Benefit Enrollment Guide:** Please review this Enrollment Guide for highlights about your benefits.
- ✓ **FirstFleet Employee Benefit Portal:** A wide array of additional resource materials from our Benefit Partners, as well as your Summary Plan Descriptions, are available for download.
- ✓ **Colonial Life Benefit Counselors (only during the Annual Open Enrollment Period):** Speak with a Colonial Life Benefit Counselor at 1-833-703-1967 and provide your Employer Code 3098209 (October 1-October 31, Monday-Friday, 8 AM to 8 PM Eastern Time) – or check with your manager to see if a Colonial Life Benefit Counselor is scheduled for your location.
- ✓ **FirstFleet Human Resources and Benefits Department:** If you have more specific questions regarding your benefits or the enrollment process, contact your FirstFleet HR Team at 1-615-890-9229, Option #1 – or via email at AskHR@FirstFleetInc.com.
- ✓ **Benefit Partners:** Refer to the Benefit Partner Directory (in this guide) for telephone/website information.
- ✓ **BlueCross BlueShield of Tennessee – Health Plan Comparison Tool:** For help selecting the best Medical Plan option for you, use the Health Plan Comparison Tool. Go to www.bcbst.com/tools/health-plan-comparison – enter FIRSTFLEET23 in both the Group ID and Authentication ID fields.

Virgin Pulse 2023 Wellness Program



BUILD A BETTER YOU

The FirstFleet wellbeing program helps you live better and achieve your health goals with a fun and engaging experience that delivers powerful resources right to your fingertips.

Who can participate?

Employees and spouses enrolled in any of the FirstFleet medical plans are invited to sign in to join.virginpulse.com/ **firstfleet**. Anyone up for a personal challenge? Once you're signed in, be sure to invite your coworkers to join in on the fun!

WAYS TO EARN POINTS

For a complete list of ways to earn, visit How to Earn under the Rewards tab.

	Do healthy things	Earn points
Daily	Upload steps from your activity tracker (Max Buzz, Fitbit, Virgin Pulse Mobile App)	10**
	Do your daily cards	20
	Track your Healthy Habits	10
Monthly	Win the promoted Healthy Habit Challenge	200
	Take 7,000 steps 20 days in a month	400
Quarterly	Join the company challenge	100
	Choose your eating type	250
	Choose your sleep profile	250
Yearly	Set a wellbeing goal	200
	Nicotine-Free Agreement	250
	Complete the Health Assessment	3,000
	Complete a Biometric Screening	3,000

**You can earn 10 points per 1,000 steps (up to 14,000 steps per day.)

WHAT YOU CAN EARN EACH YEAR

	Level 1	Level 2	Level 3	Level 4	Level 5	Keep going!
Cumulative Points	7,000	25,000	40,000	60,000		
PulseCash	\$50	\$55	\$60	\$65	\$230	
Premium Reduction Incentive	\$780*	—	—	—		

*Level 1 must be attained by August 31 to receive the Premium Reduction Incentive for the following year.

FREQUENTLY ASKED QUESTIONS

Is my health information confidential?

The Virgin Pulse wellbeing program is confidential and in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Any information shared with Virgin Pulse will not be disclosed, except in accordance with HIPAA laws. Your Protected Health Information (PHI) will not be shared with your employer.

Who can I contact with questions?

- Visit support.virginpulse.com
- Email us at support@virginpulse.com
- Give us a call at 888-671-9395 (Monday—Friday 8am – 9pm ET)
- Join us on live chat on member.virginpulse.com

HOW TO REGISTER

- New members: visit join.virginpulse.com/firstfleet
 - Existing members: sign in at member.virginpulse.com
 - Accept the terms and conditions
- Download the Virgin Pulse mobile app by searching "Virgin Pulse" in the App Store or Google Play



MEDICAL PLAN



Your Medical Plan election is key to building a benefit program to meet your and your family's needs. With that in mind, we would like to highlight for you some key features of our Medical Plan options (the High Deductible Health Plan, PPO Plan 1 and PPO Plan 2).

- **Teladoc:** With Medical Plan coverage you automatically receive services through the Teladoc telehealth program. Teladoc is a convenient, easy and cost-effective way to access a doctor from your home, your office or while traveling. Teladoc is available 24/7.
- **Step Therapy for Prescriptions:** All three Medical Plan options include a step therapy protocol for certain medications your physician prescribes. When applicable, step therapy requires that you utilize the lowest cost alternative first or in other cases receive prior authorization.
- **Special Sleep Apnea Benefit:** Enhanced benefits for sleep apnea are included under both PPO Plan options. Certain non-surgical services and supplies to treat sleep apnea do not require you to meet the calendar year deductible first. Sleep apnea benefits are covered under the HDHP option but are subject to the calendar year deductible.
- **Home Delivery or Plus90 Retail Network for Prescriptions:** If you require ongoing "maintenance medications", you may take advantage of the Home Delivery service or the Plus90 Retail Network to receive a 90-day supply of medications for only two times the regular monthly copay.
- **Hearing Care through HearUSA:** With Medical Plan coverage you automatically receive hearing care coverage through HearUSA. HearUSA provides benefits toward the purchase of a hearing aid for each ear, once every three years. See the HearUSA contact information in the Benefit Provider Directory later in this guide and additional details on FirstFleet's benefits intranet site.

NOTE

SPECIAL ANNOUNCEMENT REGARDING PPO PLAN 2: Beginning in 2024, PPO Plan 2 will no longer be available. PPO Plan 2 is available for the final time during the 2023 plan year.

HEALTH SAVINGS ACCOUNT (HSA)

HealthEquity

FirstFleet employees who elect coverage under the HDHP Medical Plan option not only enjoy lower weekly payroll deduction amounts, but also receive monthly HSA contributions from FirstFleet. These contributions go into an HSA pre-tax and are available to cover a wide array of qualified health care expenses on a tax-free basis.

The monthly FirstFleet HSA contribution amounts for 2023 are:

Employee Only	\$ 50 per month	Employee + Child(ren)	\$ 90 per month
Employee + Spouse	\$ 95 per month	Employee + Family	\$110 per month

HSA contributions always belong entirely to you – unlike Flexible Spending Account (FSA) contributions that are subject to forfeiture rules. If you elect to participate in the HDHP, you cannot make contributions into a 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 2023 are:

Individual	\$3,850	Family	\$7,750
------------	---------	--------	---------

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

FirstFleet's contributions and your own contributions cannot exceed the HSA annual limits for 2023.

PLEASE NOTE: If you want to review account information for your HealthEquity HSA, simply log into your BCBST BlueAccess member portal or your myBlue TN mobile app. Your HealthEquity HSA is fully integrated with BCBST to give you added convenience and powerful resources for managing your HSA. Visit learn.healthequity.com/firstfleet/hsa/ for more information.

HIGHLIGHTS OF MEDICAL AND PRESCRIPTION PLAN OPTIONS



	HDHP		PPO Plan 1		PPO Plan 2	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Office Visit						
Primary Care Physicians	80% ¹	60% ¹	\$45	60% ¹	\$35	60% ¹
Specialists	80% ¹	60% ¹	\$60	60% ¹	\$50	60% ¹
Teladoc	Varies ²	N/A	\$20	N/A	\$20	N/A
Calendar Year Deductible						
Per Individual	\$3,000	\$6,000	\$2,350	\$4,700	\$2,000	\$4,000
Family Maximum	\$6,000	\$12,000	\$4,700	\$9,400	\$4,000	\$8,000
Coinsurance	80%	60%	80%	60%	80%	60%
Out-of-Pocket Maximum						
Per Individual	\$6,000	\$12,000	\$7,000	\$14,000	\$5,500	\$11,000
Family Maximum	\$12,000	\$24,000	\$14,000	\$28,000	\$11,000	\$22,000
Emergency Services	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹	80% ¹
Preventive Services	100%	60% ¹	100%	60% ¹	100%	60% ¹
Routine Diagnostic Services	80% ¹	60% ¹	100% ³	60% ¹	100% ³	60% ¹
Inpatient Services, Outpatient Services, Non-Routine Diagnostic Services and Most Other Medical Services	80% ¹	60% ¹	80% ¹	60% ¹	80% ¹	60% ¹
Therapeutic Services (# of visits limited)	80% ¹	60% ¹	80% ¹	60% ¹	80% ¹	60% ¹
Provider-Administered Specialty Drugs	80% ¹	60% ¹	\$300 copay	60% ¹	\$270 copay	60% ¹
Retail Prescription (up to 30 days)						
Generic	80% ¹ /\$10*	60% ¹	\$15	60% ¹	\$10	60% ¹
Preferred Brand	80% ¹ /\$35*	60% ¹	\$50	60% ¹	\$45	60% ¹
Non-Preferred Brand	80% ¹ /\$70*	60% ¹	\$100	60% ¹	\$90	60% ¹
Home Delivery/Plus90 Network Options Prescription (up to 90 days)						
Generic	80% ¹ /\$20*	60% ¹	\$30	60% ¹	\$20	60% ¹
Preferred Brand	80% ¹ /\$70*	60% ¹	\$100	60% ¹	\$90	60% ¹
Non-Preferred Brand	80% ¹ /\$140*	60% ¹	\$200	60% ¹	\$180	60% ¹
Specialty Drug Copay	N/A	N/A	25% ⁴	N/A	25% ⁵	N/A
Weekly Payroll Deduction Amounts <i>With Wellness Incentive</i>						
Employee Only	\$5.00		\$44.00		\$69.00	
Employee + Spouse	\$18.00		\$106.00		\$164.00	
Employee + Child(ren)	\$15.00		\$90.00		\$140.00	
Employee + Family	\$20.00		\$117.00		\$189.00	
Weekly Payroll Deduction Amounts <i>Without Wellness Incentive</i>						
Employee Only	\$20.00		\$59.00		\$84.00	
Employee + Spouse	\$33.00		\$121.00		\$179.00	
Employee + Child(ren)	\$30.00		\$105.00		\$155.00	
Employee + Family	\$35.00		\$132.00		\$204.00	
MONTHLY HSA Contribution (from FirstFleet) <i>Only available with HDHP participation</i>			* The prescription copay feature for the HDHP Medical Plan option is only available for Preventive Drugs that are listed on BCBST's Preventive Drug List (PDL).			
Employee Only	\$50.00		1 After deductible 2 Covered at 80% coinsurance after deductible; contracted charge/use varies according to service type. 3 No additional copay 4 Not to exceed \$300 5 Not to exceed \$270			
Employee + Spouse	\$95.00					
Employee + Child(ren)	\$90.00					
Employee + Family	\$110.00					

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

HIGHLIGHTS OF DENTAL PLAN OPTIONS



The dental plan provides a full range of coverage for all of your and your family's dental needs.

	Plan 1		Plan 2	
	Delta Dental PPO	Delta Dental Premier or Out of Network	Delta Dental PPO	Delta Dental Premier or Out of Network
Calendar Year Deductible (Maximum of 3 per Family)	\$75	\$100	\$50	\$75
Preventive Services	100% coinsurance (No deductible applies)	100% coinsurance (No deductible applies)	100% coinsurance (No deductible applies)	100% coinsurance (No deductible applies)
Basic Services	90% coinsurance	80% coinsurance	90% coinsurance	80% coinsurance
Major Services	60% coinsurance	50% coinsurance	60% coinsurance	50% coinsurance
Child Orthodontia Services - \$2,000 Lifetime Maximum (for children under age 19)	N/A	N/A	50% coinsurance	50% coinsurance
Annual Benefit Maximum	\$1,500	\$1,500	\$2,000	\$2,000
Weekly Payroll Deduction Amounts				
Employee Only	\$4.72		\$6.12	
Employee + Spouse	\$9.88		\$13.18	
Employee + Child(ren)	\$11.97		\$16.14	
Employee + Family	\$17.49		\$23.83	

Although you may use any dentist of your choice, by using a network dentist through Delta Dental you will have your claims filed automatically for you and you will not be responsible for anything billed over usual & customary. Remember that non-network dentists may also bill you for charges exceeding the plan's maximum allowable charges.

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

MAXIMUM CARRYOVER FEATURE: A way to carry unused benefits forward!

For Dental Plan 1: If at least one Covered Service is applied toward your Maximum Payment in a Benefit Year (your Benefit Maximum), and the total Benefit paid does not exceed \$500 in that Benefit Year, up to \$250 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from One Benefit Year to the next but will not exceed \$1,000. If no Covered Services are paid during a Benefit Year, all accumulated carryover amounts from previous Benefit Years will be forfeited.

For Dental Plan 2: If at least one Covered Service is applied toward your Maximum Payment in a Benefit Year (your Benefit Maximum), and the total Benefit paid does not exceed \$625 in that Benefit Year, up to \$350 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from One Benefit Year to the next but will not exceed \$1,250. If no Covered Services are paid during a Benefit Year, all accumulated carryover amounts from previous Benefit Years will be forfeited.

NOTE: Any carryover amounts that you have accumulated with the prior dental carrier in 2022 (The Guardian) and that have not been forfeited will be credited to your carryover account with Delta Dental of Tennessee in January 2023.

HIGHLIGHTS OF VISION PLAN OPTIONS

The vision plan provides a full range of coverage for all of your vision care needs.

	Plan 1		Plan 2	
	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible	None	None	None	None
WellVision Exam	\$10 Copay (Once every cal. year)	\$10 Copay (Once every cal. year) <i>maximum allowance applies</i>	\$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>	\$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, UV protection and standard progressive lenses</i> <i>Premium progressive lenses</i> <i>Custom progressive lenses</i>	\$0 (No additional cost) \$95 - \$105 \$150 - \$175	Copays apply as applicable (Once every cal. year) <i>maximum allowance applies</i>	\$0 (No additional cost) \$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>	\$200 annual allowance; copay does not apply (Once every cal. year) Contact lens exam (fitting and evaluation) up to \$60 allowance	\$125 annual allowance; <i>maximum allowance applies</i>	\$250 annual allowance; copay does not apply (Once every cal. year) Contact lens exam (fitting and evaluation) up to \$60 allowance	\$125 annual allowance; <i>maximum allowance applies</i>
Frames <i>Frames are covered up to specified allowance, plus 20% off any out-of-pocket costs. \$100 Walmart/Sam's Club/Costco allowance.</i>	\$15 Copay (Once every 2 cal. years) \$250 featured frame brands allowance; \$200 frame allowance	\$15 Copay (Once every 2 cal. years) <i>maximum allowance applies</i>	\$15 Copay (Once every cal. year) \$300 featured frame brands allowance; \$250 frame allowance	\$15 Copay (Once every cal. year) <i>maximum allowance applies</i>
KidsCare <i>Provides the eye care and eyewear needs of active and growing children by providing two WellVision Exams and one pair of glasses every year. Covers children up to age 26.</i>	N/A	N/A	\$10 Copay for annual WellVision Exam; Frames fully covered up to annual allowance; Additional lenses fully covered when needed (<i>minimum prescription change required</i>)	Copays apply as applicable (Once every cal. year) <i>maximum allowance applies</i>
LightCare <i>Use vision benefits without a prescription to defend against the effects of UV or blue light that can cause digital eye strain. The frame allowance may be used for ready-to-wear, non-prescription blue-light filtering glasses or non-prescription sunglasses (instead of prescription eyewear).</i>	\$15 Copay (Once every 2 cal. years) \$200 frame allowance in lieu of prescription glasses or contacts	\$15 Copay (Once every 2 cal. years) <i>maximum allowance applies</i>	\$15 Copay (Once every cal. year) \$250 frame allowance in lieu of prescription glasses or contacts	\$15 Copay (Once every cal. year) <i>maximum allowance applies</i>
Extra Savings through Vision Service Plan Your VSP program provides additional savings when you use network providers, such as: Laser Vision Correction • 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 provider. Glasses and Sunglasses • Extra \$20 to spend on featured frame brands – go to VSP.com/offers for details. • 20% savings on additional glasses/sunglasses and lens options, from any VSP provider within 12 months of your last WellVision Exam. Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.				
Weekly Payroll Deduction Amounts				
Employee Only	\$1.87		\$3.20	
Employee + Spouse	\$2.82		\$4.84	
Employee + Child(ren)	\$2.88		\$4.95	
Employee + Family	\$4.65		\$7.97	

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.

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

LIFE and AD&D



BASIC 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 they 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 (under age 70) \$1,000 per child (from Live Birth to age 26)

Your group life coverage includes enhanced benefits, such as:

- Portability/Conversion
- Accelerated Death Benefit (up to 75%)

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) Amounts over \$200,000 are subject to Evidence of Insurability. During the annual open enrollment period, employees may increase their coverage up to the Guarantee Issue maximum without Evidence of Insurability as long as some amount of coverage is already in effect. Otherwise, employees may increase coverage by \$10,000.
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) Amounts over \$50,000 are subject to Evidence of Insurability. During the annual open enrollment period, spouses may increase their coverage up to the Guarantee Issue maximum without Evidence of Insurability as long as some amount of coverage is already in effect. Otherwise, spouses may increase coverage by \$5,000.
Children	Benefit Amount: <ul style="list-style-type: none">• From Live Birth to 6 months: \$1,000• From 6 months 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 feature applies at age 70 (50% reduction). 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



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, click on "Access" and under the list of featured services click on the EstateGuidance link. Follow the prompts to create and download your own, customized will at no cost.

CALL: 1-855-387-9727 | **ONLINE:** GuidanceResources.com
WEB ID: ONEAMERICA3



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). **CALL:** 1-866-294-2469 | **EMAIL:** ops@EuropAssistance-USA.com

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 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 payments up to 60% of your pre-disability 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.

Benefit Amount	60% of your weekly pre-disability earnings up to a maximum of \$750 weekly
Elimination Period	Approved benefits begin after 14 days for a disability resulting from either an injury or a sickness
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 enroll in the LTD insurance during the open enrollment process.

Benefit Amount	60% of your monthly pre-disability earnings up to a maximum of \$5,000 monthly
Elimination Period	Approved benefits begin after 180 days for a disability resulting from either an injury or a sickness
Maximum Benefit Duration	Five years (as long as you are continuously disabled) - For those age 61 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 WHOLE LIFE INSURANCE



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

HOW TO ENROLL:

Onsite benefit counselors will be available at certain locations for enrolling in Colonial Life voluntary benefits (see your manager for dates and times). You may also enroll over the phone by calling 1-833-703-1967, Monday – Friday, 8:00 a.m. – 8:00 p.m. Eastern and provide your Employer Code 3098209.

CRITICAL ILLNESS INSURANCE

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

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

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.

WHOLE LIFE INSURANCE

This coverage helps provide financial protection to your family in the event of your death. Unlike term insurance, whole life insurance provides protection for all of life's stages. You can keep this coverage if you change jobs or retire. Whole life insurance provides guaranteed features, such as: cash value accumulation, premium rates and death benefit (minus any loans and loan interest associated with the policy as of the date of death). Additionally, this policy can be customized with the following options if you choose: spouse term life benefit, children's term life benefit, accidental death benefit, accelerated death benefit (in the case of a chronic care or critical illness situation), guarantee purchase option benefit or waiver of premium benefit. Furthermore, you have the choice to structure the whole life insurance to be paid-up at either age 70 or age 100.

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 Options primarily use the BlueCross BlueShield BlueCard PPO Network on a nationwide basis, a Preferred Provider Organization including both hospitals and physicians. See the special note on this page regarding PPO Network information for the states of Tennessee, Georgia and Florida. Your Prescription Benefits are provided through the CVS national pharmacy network, in partnership with BlueCross BlueShield of Tennessee. The Dental Plan Options use the Delta Dental PPO Network (the primary network) and the Delta Dental Premier Network (the secondary network) through Delta Dental of Tennessee for dental care services. The Vision Plan Options use the VSP Open Access Network for vision care

services. The HearUSA Hearing Care program uses the HearUSA Network of audiologists. Be sure to use network providers when utilizing any of your health care services in order to receive the maximum benefits available.

NOTE

Special PPO Networks apply to members seeking care in the states of Tennessee, Georgia and Florida under one of the BlueCross BlueShield medical plan options. These special PPO Networks help all of us reduce the costs of care while at the same time ensuring that we have very broad access to doctors, hospitals and other providers. The special PPO Networks are: Tennessee – Network S; Georgia – Blue Open Access POS; and Florida – NetworkBlue. Outside of these states, the BCBST BlueCard PPO Network applies on a nationwide basis.

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 and approved. Please refer to your SPD for full details regarding eligibility and coverage for your dependents under the health plan.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (for eligible health care expenses)

HealthEquity

A Health Care Flexible Spending Account allows you to use pre-tax dollars to cover eligible health care 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 Flexible Spending Account. Insurance premiums and expenses paid by your health care plan(s) are not eligible for 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. Please note: If you elect to participate in the High Deductible Health Plan (HDHP) that comes with participation in the Health Savings Account (HSA), you are not permitted under Federal law to have a Health Care FSA.

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 2023 – Health Care FSA:

You may elect to contribute up to a maximum of \$2,850 into your Health Care FSA for 2022. Please note: The maximum for 2023 may be updated by the Department of the Treasury in the fourth quarter of 2022 to a higher limit than what is shown here.

Carry Over Feature!

The Health Care FSA allows you to **carry over up to \$570 in unused balances*** for use during the entire following plan year. The carry over funds are available in addition to the following year's contributions up to the applicable federal maximum and plan maximum. If you change from a PPO Medical Plan option to the High Deductible Health Plan in the following year, note that any carry over funds in your Health Care FSA will be placed in a special Limited Purpose Health Care FSA in order to maintain compliance with federal HSA rules and regulations.

**As of 2022. This amount may be increased for 2023.*

FSA Debit Card – for Added Convenience!

When you enroll, a debit card will be provided to you by HealthEquity, 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.



Josh Willink, Pexels

Save Your Receipts!
Many claims MUST BE VERIFIED...
so be sure to keep your receipts for future reference and for claims verification, if required. You can upload and restore your receipts online and link them to claims via HealthEquity's member portal.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (for eligible dependent childcare expenses)

HealthEquity

A Dependent Care Flexible Spending Account helps you pay for eligible childcare services on a pre-tax basis so that you and your spouse (if applicable) may 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 2023 - 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 Health Care and Dependent Care 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 2023, you must participate in the enrollment process during the annual enrollment period.



Migs Reyes, Pexels



Changes in Elections

Covered Benefits under the Section 125 Plan

When you participate in any of FirstFleet's group health benefits such as the medical plan, dental plan or vision plan, you are also participating in the Section 125 Plan. By participating 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 for 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 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

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 each pay period;
- Your payroll deductions go into the Plan on a pre-tax basis or via after-tax Roth deferrals – your choice;
- You receive **Matching Contributions from FirstFleet equal to 25%** of your deferrals up to the first 4% of your eligible pay that you defer;
- Your earnings grow tax-deferred until you begin taking distributions – Roth deferrals and their earnings may be distributed free of tax (if the withdrawals are qualified

Roth withdrawals);

- Your deferrals and earnings are always 100% vested and belong to you even if you leave;
- Your company matching contributions and earnings are subject to a six-year vesting schedule;
- You control the investments in your account by selecting from options available under the Plan;
- You may increase, decrease or eliminate your deferral amounts in the Plan at any time; and
- You may access your account information by calling Principal at **1-800-547-7754** (Monday-Friday, 7AM to 9 PM and Saturday, 8 AM to 2 PM) – or by logging onto the participant website at **www.principal.com/welcome**.

You must be at least age 21 and must have completed 30 days of service with the company 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.

NOTICE! THE FIRSTFLEET, INC. 401(K) PLAN IS AN AUTOMATIC ENROLLMENT PLAN!

A newly-eligible FirstFleet employee in 2023 will automatically be enrolled in the FirstFleet 401(k) Plan at a 4% deferral rate. Four percent of your pay will be deducted automatically and contributed to the 401(k) Plan following your Plan entry date. If you are automatically enrolled and do not make your own investment elections, your contributions will be invested in the Qualified Default Investment Option (QDIA) for the Plan. If your initial Plan entry date was prior to January 1, 2021, you are not automatically enrolled but may enroll by taking the steps described below.

If you do not wish to be enrolled automatically in the FirstFleet 401(k) Plan, or if you want to contribute at a different rate than 4%, you must go to **www.principal.com/welcome** (or call **1-800-547-7754**) at least 10 days prior to your entry date. You can always change your deferral amount in the future, even if automatically enrolled initially.

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 2022. Enroll in two ways:

- Enroll online at **www.principal.com/welcome**
- Enroll by calling Principal at **(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.



BENEFIT PARTNER DIRECTORY

BENEFIT PARTNER	WEBSITE	CONTACT	PHONE
 FirstFleet, Inc.	www.FirstFleetInc.com	FirstFleet Human Resources Department Email: AskHR@firstfleetinc.com	Phone: 615-890-9229, Option #1 Fax: 888-262-6407
 Virgin Pulse	join.virginpulse.com/firstfleet (new members) member.virginpulse.com (existing members)	Virgin Pulse (Wellness Program) Member Support	Phone: 888-671-9395
 BlueCross BlueShield of Tennessee	www.bcbst.com www.bcbst.com/blueaccess (for secure login)	BlueCross BlueShield of Tennessee (Medical and Prescriptions) Customer Service BlueCard PPO Provider Locator PhysicianNow (powered by MDLive) Telehealth Services	Phone: 800-565-9140 Phone: 800-810-BLUE (2583) Phone: 888-283-6691
 Delta Dental of Tennessee	www.DeltaDentalTN.com	Delta Dental of Tennessee Customer Service	Phone: 800-223-3104
 Vision Service Plan	www.vsp.com	Vision Service Plan (Vision) Customer Service	Phone: 800-877-7195
 OneAmerica	www.oneamerica.com www.guidanceresources.com (for EAP services) www.europassistance-usa.com (for Travel Assistance services)	OneAmerica (Voluntary Life, STD, LTD, EAP and Travel Assistance) Life and Disability Claims (Monday-Friday, 8 AM-6 PM Eastern Time) Employee Assistance Plan (EAP) Travel Assistance	Phone: 855-517-6365 Phone: 855-387-9727 Phone: 866-294-2469
 Colonial Life & Accident	www.coloniallife.com	Colonial Life & Accident (Supplemental Benefits) Customer Service	Phone: 800-325-4368
 HearUSA	www.hearusa.com	HearUSA (Hearing Care Service) Customer Service	Phone: 800-442-8231
 HealthEquity	www.healthequity.com	HealthEquity (Administrator for HSA and FSA) Customer Service	Phone: 866-375-1323
 Principal	www.principal.com/welcome	Principal (401k Plan) Retirement & Investor Services - Client Contact Center	Phone: 800-547-7754

PLEASE NOTE: This benefit highlight booklet is intended to provide you an overview of many of your valuable benefit 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 and control.



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 2023, 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, 2023. As detailed on the Highlights of Medical and Prescription Benefits chart, the Calendar Year Deductibles and the Out-of-Pocket Maximums for the High Deductible Medical Plan (HDHP) are increasing. Also, under all Medical Plan Options, a new telehealth/telemedicine partnership with Teladoc begins with expanded services. As detailed on the Highlights of Dental Plan Options chart, the

Annual Benefit Maximum is increasing for both Plan Options – and the Lifetime Orthodontia Benefit under Dental Plan 2 is increasing. The Dental Plan Insurance Carrier is changing to Delta Dental Plan of Tennessee in 2023. As detailed on the Highlights of Vision Plan Options chart, the allowances under both Plan Options are increasing for frames, featured frames and elective contact lenses. All such material modifications are further outlined and summarized within this highlights guide and in the Summary Plan Description(s).

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

202 Heritage Park Drive

Murfreesboro, TN 37129

Phone: 615.890.9229, Option #1

Fax: 888.262.6407

AskHR@FirstFleetInc.com

The logo features a stylized blue swoosh to the left of the text "FirstFleet". "First" is in a white, italicized sans-serif font, and "Fleet" is in a bold, blue, italicized sans-serif font.

FirstFleet

A close-up photograph of a red vehicle door. The door has white text and a logo. The text reads "FirstFleet", "MURFREESBORO, TN", and "USDOT 313891". The logo is a white swoosh to the left of the word "FirstFleet".

FirstFleet
MURFREESBORO, TN
USDOT 313891