



2021-2022
Employee
Benefits

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We all work together to make Premier Trailer a success, and our teamwork extends to your benefits. Your health and well-being are important to us, so we provide benefit options to make your and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2021-2022 benefits from A to Z. If you have questions, your Human Resources department is here to help.

What's Changing for 2021-2022?

- ▶ New York Life will replace The Standard for Life & Disability coverage.
 - Employees can now elect up to a maximum of \$400,000 in Voluntary Life Insurance.
 - Spouses and Children can now elect up to a maximum of \$400,000 and \$20,000 in Voluntary Life Insurance.
 - Spouses and Children can now elect Voluntary AD&D coverage.
 - EOLs will still be required for amounts above the Guaranteed Issue.
- ▶ The PPO plan has new copay amounts:
 - Specialist: \$35
 - Emergency Room: \$150
 - Generic Prescriptions: \$10



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See **page 28** for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Premier Trailer, LLC. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Important Contacts

MEDICAL

Cigna
866-494-2111
www.mycigna.com

LIFE AND AD&D

New York Life
800-557-7975
www.newyorklife.com

EMPLOYEE ASSISTANCE PROGRAM

New York Life
800-538-3543
www.cignabehavioral.com/cgi

VIRTUAL MEDICINE

MDLIVE for Cigna
888-726-3171
www.mycigna.com

DISABILITY

New York Life
800-557-7975
www.newyorklife.com

ONE GUIDE

Cigna
866-494-2111
www.mycigna.com

DENTAL

Cigna
866-494-2111
www.mycigna.com

RETIREMENT

Fidelity
800-835-5097
www.netbenefits.com

PREMIER TRAILER HUMAN RESOURCES

5201 Tennyson Parkway, Suite 250
Plano, TX 75024
817-310-2199

VISION

Cigna
877-478-7557
www.mycigna.com

HEALTH SAVINGS ACCOUNT

Optum Bank
877-470-1772
www.optumbank.com

FLEXIBLE SPENDING ACCOUNTS

Benefits Analysis
973-661-2424
www.benefitsanalysis.com



Eligibility & Enrollment

Premier Trailer offers a variety of benefits to support your and your family's needs. Choose options that cover what's important to your unique lifestyle.

Eligibility

If you are a full-time employee of Premier Trailer who is regularly scheduled to work an average of 30 hours per week, you are eligible to participate in the medical, dental, vision, life and disability plans and additional benefits.

When does coverage begin?

Your elections are effective on your date of hire for medical, dental and vision. Life and disability coverages are effective the first of the month following your date of hire. You won't be able to change your benefits until the next enrollment period unless you experience a qualifying life event.



Eligible Dependents

Dependents eligible for coverage in the Premier Trailer benefits plans include:

- ▶ Your legal spouse (or common-law spouse where recognized).
- ▶ Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse).
- ▶ Dependent children 26 or more years old, unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility is required upon enrollment.



Thoughts & Tips: You cannot change your benefit selections during the plan year unless you have a qualifying life event, such as marriage and/or the birth or adoption of a child.

Qualifying Life Events

Enroll now. You've got one shot!

What are Qualifying Life Events?

Most people know you can change your benefits when you start a new job or during Open Enrollment. But did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying Life Events (QLEs) determined by the IRS could allow you to enroll in health insurance or change your elections outside of the annual time.

Common qualifying events include:

A change in your legal marital status (marriage, divorce or legal separation)

A change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)

A change in your spouse's employment status (resulting in a loss or gain of coverage)

A change in your employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility

Entitlement to Medicare or Medicaid

Eligibility for coverage through the Marketplace

Changes in your address or location that may affect the coverage for which you are eligible

Some lesser-known qualifying events are:

Turning 26 and losing coverage through a parent's plan

Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Death in the family (leading to change in dependents or loss of coverage)

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Keep in mind your change in coverage must be consistent with your change in status.

Questions regarding specific life events and your ability to request changes should be directed to Premier Trailer's Human Resources. Don't miss out on a chance to update your benefits!

Preparing For Open Enrollment

As a committed partner in your health, Premier Trailer absorbs a significant amount of your benefit costs. Your contributions for medical, dental and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Please note that employee contributions vary depending on level of coverage. Typically, the more coverage you have, the higher your portion.

You may select any combination of medical, dental and/or vision plan coverage. For example, you could select medical coverage for you and your entire family, but select dental and vision coverage only for yourself. The only requirement is that you, as an eligible employee of Premier Trailer, must elect coverage for yourself in order to elect any dependent coverage.



Open Enrollment To-Do



Update your personal information.

If you've experienced a qualifying life event in the last year, you may need to change your elections or update your details.



Double-check covered and restricted medications.

If you make any changes to your plan, consider how it affects your prescription coverage.



Review available plans' deductibles.

Take a look at your options – if you foresee a lot of medical needs this year, you might want a lower deductible. If not, you could switch to a higher deductible and enjoy lower premiums.



Consider your HSA or FSA.

An HSA or FSA can help cover healthcare costs including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals – and your employer may help contribute.



Check to see if your pharmacy is in-network.

Going in-network often saves you money. Check for any plan changes to make sure your favorite pharmacy is still your best bet and is covered in-network.

Medical benefits are provided through Cigna. Choose the plan that works best for your life. Consider the physician networks, premiums and out-of-pocket costs for each plan. Keep in mind your choice is effective for the entire 2021-2022 plan year, unless you have a qualifying life event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly contributions.

	HDHP WITH HSA PLAN	PPO PLAN
BI-WEEKLY CONTRIBUTIONS		
EMPLOYEE ONLY	\$60.44	\$63.64
EMPLOYEE + SPOUSE	\$187.23	\$197.67
EMPLOYEE + CHILD(REN)	\$173.12	\$182.77
EMPLOYEE + FAMILY	\$275.82	\$291.19

How to Find a Provider

Visit www.mycigna.com or call Customer Care at 866-494-2111 for a current list of Cigna network providers.



Thoughts & Tips: Most preventive care offered by an in-network physician is covered at 100%.

Medical Plan Summary

This chart summarizes the 2021-2022 medical coverage provided by Cigna. All covered services are subject to medical necessity as determined by the plan. Please be aware that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	HDHP WITH HSA PLAN		PPO PLAN	
CALENDAR YEAR DEDUCTIBLE				
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
INDIVIDUAL	\$3,000	\$6,000	\$1,000	\$3,000
FAMILY	\$6,000	\$12,000	\$3,000	\$9,000
COINSURANCE (PLAN PAYS)	100%*	70%*	80%*	60%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)				
INDIVIDUAL	\$3,000	\$12,000	\$4,000	\$12,000
FAMILY	\$6,000	\$24,000	\$10,200	\$36,000
COPAYS/COINSURANCE				
PREVENTIVE CARE	\$0	30%*	\$0	40%*
PRIMARY CARE	\$0*	30%*	\$25 copay	40%*
SPECIALIST SERVICES	\$0*	30%*	\$35 copay	40%*
URGENT CARE	\$0*	30%*	\$50 copay	40%*
DIAGNOSTIC CARE	\$0*	30%*	\$0	40%*
EMERGENCY ROOM	\$0*	0%*	\$150 copay + 20%	\$150 copay + 20%

*After Deductible

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount. The same typically applies for the out-of-pocket maximum.

Each covered individual is not required to meet the individual deductible. The HDHP has an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan. The same typically applies for the out-of-pocket maximum.



Out-of-Pocket Costs

Know Before You Go: Paying for Services

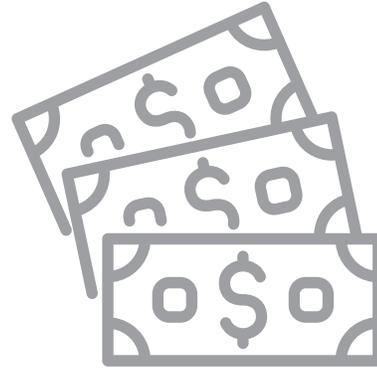
Deductible

The amount you must pay for covered services before your insurance starts paying its portion.



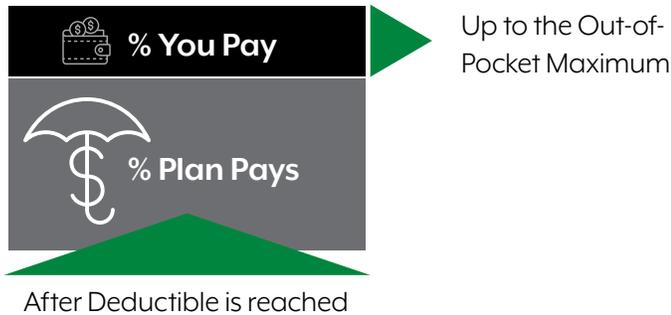
Copay

The fixed amount you pay for healthcare services at the time you receive them.



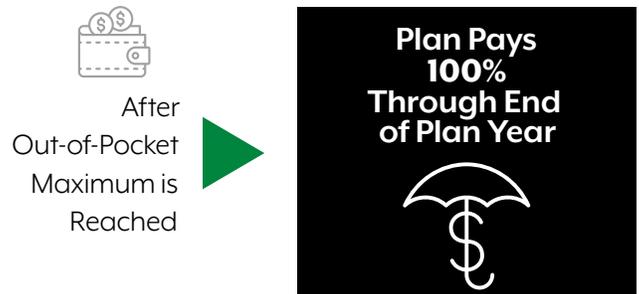
Coinsurance

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.



Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.



Healthcare Cost Transparency

With options like High Deductible Health Plans and Flexible Spending Accounts, your healthcare spending is in your control. But with so many providers and varying costs for services, how do you decide where to go? Healthcare cost transparency tools are online services available through most health insurance carriers that allow consumers to compare costs for medical services, from prescriptions to major surgeries, to make choices easier. To learn more, visit www.mycigna.com.



Thoughts & Tips: The cost of an MRI can vary between \$300 and \$3,000 — even within your area.

Rising Costs of Healthcare

The cost of healthcare in the U.S. has been steadily growing each year. Why? Some of the factors include an aging population, increased demand for care (resulting in higher prices for premiums and prescription drugs) and an increase in chronic illnesses. **Premier Trailer wants to help keep you healthy, so we do what we can to keep your healthcare costs reasonable.** Make sure you're informed about your options so you can make the best healthcare choices for you and your family. Placing an importance on preventive care, making healthy choices, and managing costs will help keep your health — and wallet — in control in the long run.

How to Pick a Plan

Which plan is right for you? When deciding, consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How does a HDHP (High Deductible Health Plan) work?



You'll pay less in premiums. (Think less money from your paycheck.)



You'll pay for the full cost of non-preventive medical services until you reach your deductible.



You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.



If you expect to mostly use preventive care (which is covered), this plan could be for you.

How does a PPO (Preferred Provider Organization) work?



You'll pay more in premiums out of your paycheck, but perhaps less at the time of service.



You're able to choose from a network of providers who offer a fixed copay for services.



If you expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered.

Preventive Care

Most health plans are required to cover a set of preventive services — at no cost to you!

Screening tests and routine checkups are considered preventive, which means they're often paid at 100%. Keep up to date with your primary care physician to save time and money and keep yourself healthier in the long run. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:



Wellness visits, physicals and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity and diabetes



Pediatric screenings for hearing, vision, obesity and developmental disorders



Anemia screenings, breastfeeding support and pumps for pregnant and nursing women



Iron supplements (for children ages 6 to 12 months at risk for anemia)



Take advantage of these covered services. However, remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. This means if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

Where to Go for Care

You think you may be sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new medication, but the pharmacy is closed. Instead of immediately choosing an expensive trip to the emergency room or relying on questionable information from the internet, take a look below at various care centers and resources and the types of care they provide.



PRIMARY CARE CENTER



NURSE LINE



TELEMEDICINE

When would I use this?

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

What type of care would they provide?*

- ▶ Routine checkups
- ▶ Immunizations
- ▶ Preventive services
- ▶ Manage your general health

What are the costs and time considerations?***

- ▶ Often requires a copay and/or coinsurance
- ▶ Normally requires an appointment
- ▶ Usually little wait time with scheduled appointment

When would I use this?

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

What type of care would they provide?*

Answers to questions regarding:

- ▶ Symptoms
- ▶ Medications and side effects
- ▶ Self-care home treatments
- ▶ When to seek care

What are the costs and time considerations?***

- ▶ Nurse lines are usually available 24 hours a day, 7 days a week.
- ▶ This service is usually free as part of your medical insurance.

When would I use this?

You need care for minor illnesses and ailments, but would prefer not to leave home. These services are available by phone and online (via webcam).

What type of care would they provide?*

- ▶ Cold & flu symptoms
- ▶ Allergies
- ▶ Bronchitis
- ▶ Urinary tract infection
- ▶ Sinus problems

What are the costs and time considerations?***

- ▶ There is usually a first-time consultation fee and a flat fee or copay for any visit thereafter.
- ▶ Access to care is usually immediate.
- ▶ Some states may not allow for prescriptions through telemedicine or virtual visits.



URGENT CARE CENTER

DO YOUR HOMEWORK

What may seem like an urgent care center could actually be a standalone ER. These newer facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.



EMERGENCY ROOM

When would I use this?

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

What type of care would they provide?*

- ▶ Strains, sprains
- ▶ Minor broken bones (e.g., finger)
- ▶ Minor infections
- ▶ Minor burns
- ▶ X-rays

What are the costs and time considerations?***

- ▶ Often requires a copay and/or coinsurance that is usually higher than an office visit
- ▶ Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first

What are the costs and time considerations?***

- ▶ Often requires a much higher copay and/or coinsurance
- ▶ Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first

When would I use this?

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

What type of care would they provide?*

- ▶ Heavy bleeding
- ▶ Chest pain
- ▶ Major burns
- ▶ Spinal injuries
- ▶ Severe head injury
- ▶ Broken bones

*This is a sample list of services and may not be all-inclusive. **Costs and time information represent averages only and are not tied to a specific condition or treatment.

When you're sick, the last thing you want to do is leave the cozy comfort of your home. Or sometimes you're just too on the go to pop in for a visit. Virtual medicine is a convenient and easy way to talk to a doctor fast.

MDLIVE

We provide a virtual medicine benefit through MDLIVE with Cigna to you and your dependents. Access care 24/7/365 from your phone, tablet, or computer. You and your family can be treated for minor medical and behavioral/mental health virtual care by board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.

Minor Medical Virtual Care

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- ▶ Bladder infection/Urinary tract infection
- ▶ Allergies
- ▶ Asthma
- ▶ Cold & Flu
- ▶ Fever
- ▶ Nausea
- ▶ Pink eye
- ▶ Stomachache

Behavioral/Mental Health Virtual Care

Counselors and Psychiatrists can diagnose and treat a wide range of non-emergency behavioral/mental health conditions, such as:

- ▶ Addictions
- ▶ Bipolar disorders
- ▶ Child/Adolescent issues
- ▶ Depression
- ▶ Grief/Loss
- ▶ Parenting issues
- ▶ Relationship and marriage issues
- ▶ Stress

To access Virtual Medicine:

Call MDLIVE 24/7 at 888-726-3171 or visit www.mycigna.com



Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Cigna. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at www.mycigna.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred or Specialty Drugs.

	HDHP WITH HSA PLAN		PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RX DEDUCTIBLE			\$1,000/\$3,000	
RETAIL RX (30-DAY SUPPLY)				
GENERIC	\$0*	Not covered	\$10 copay	Not covered
PREFERRED	\$0*	Not covered	\$35 copay	Not covered
NON-PREFERRED	\$0*	Not covered	\$50 copay	Not covered
SPECIALTY DRUGS	\$0*	Not covered	\$150 copay	Not covered
MAIL ORDER RX (90-DAY SUPPLY)				
GENERIC	\$0*	Not covered	\$60 copay	Not covered
PREFERRED	\$0*	Not covered	\$105 copay	Not covered
NON-PREFERRED	\$0*	Not covered	\$150 copay	Not covered
SPECIALTY DRUGS	\$0*	Not covered	\$150 copay	Not covered

*After Deductible

Generic Drugs

Looking to save money on medication costs? You've most likely heard that generic prescription drugs are a more affordable option, so here's the skinny: Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety and strength. Because they are the same medicine, generic drugs are just as effective as brand-name drugs and undergo the same rigid FDA standards. But on average, **a generic version costs 80% to 85% less than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.



Note: Apps such as GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. If you use these tools, make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. As a result, if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

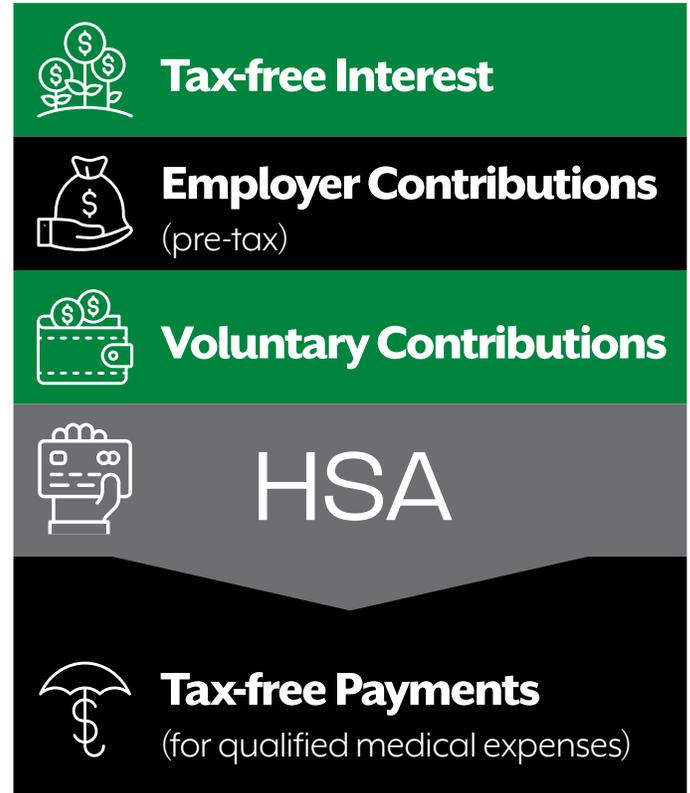
Health Savings Account

Need funds to help cover out-of-pocket healthcare expenses? Consider a Health Savings Account (HSA). An HSA is a personal healthcare bank account used to pay for qualified medical expenses and funded by you, and in some cases your employer too. HSA contributions and withdrawals for qualified healthcare expenses are tax free. You must be enrolled in a HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

Optum Bank will issue you a debit card, giving you direct access to your account balance. Use your debit card to pay for qualified medical expenses, with no need to submit receipts for reimbursement. You must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, over-the-counter medications and more. Check out IRS Publication 502 on www.irs.gov for a complete list of eligible expenses.



Eligibility

You are eligible to contribute to an HSA if:

- ▶ You are enrolled in an HSA-eligible High Deductible Health Plan.
- ▶ You are not covered by your spouse's non-HDHP.
- ▶ Your spouse does not have a healthcare Flexible Spending Account or Health Reimbursement Account.
- ▶ You are not eligible to be claimed as a dependent on someone else's tax return.
- ▶ You are not enrolled in Medicare or TRICARE.
- ▶ You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Your Money. Your Account.

Your HSA is a personal bank account that you own and administer. It's up to you how much you contribute, when to use the money for medical services, and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year-over-year to use in retirement. HSA funds are also portable if you change plans. There are no vesting requirements or forfeiture provisions.

How to Enroll

To enroll in the company-sponsored HSA, you must elect the HDHP with Premier Trailer. Complete all HSA enrollment materials and designate the amount to contribute on a pre-tax basis. Premier Trailer will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

Plan. Spend. Save.

Contributions to an HSA can be made through payroll deduction on a pre-tax basis when you open an account with Optum Bank. **The money in this account (including interest and investment earnings) grows tax free.** When the funds are used for qualified medical expenses, they are spent tax free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2021-2022, contributions are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$3,600
FAMILY	\$7,200
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

HSA contributions in excess of the IRS annual contribution limits (\$3,600 for individual coverage and \$7,200 for family coverage for 2021-2022) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- ▶ Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed from your HSA.
- ▶ Leave the excess contributions in your HSA and pay 6% excise tax on excess contributions. Next year consider contributing less than the annual limit to your HSA to make up for the excess contribution during the previous year.

The Premier Trailer HSA is established with Optum Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit www.optumbank.com.



Thoughts & Tips: It's up to you how much to contribute to your HSA.

Buying a new house or sending a kid to college? You can contribute less this year.

Paid off your student loans or got a new job? Stash the annual max in your account.

Flexible Spending Accounts



Flex your spending power! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to \$2,750 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, over-the-counter medications, etc.) with pre-tax dollars, reducing your taxable income and increasing your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them without waiting for reimbursement.

Limited Use Flexible Spending Account

A Limited Use Flexible Spending Account (LUFSA) works alongside a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses. You must decide how much to set aside for this account.



Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — whether or not you elect any other benefits. You can set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time.

- ▶ With the Dependent Care FSA, you can set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.
- ▶ Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the principal place of residence as the employee for more than half the year may be a qualifying individual.
- ▶ Expenses are reimbursable if the provider is not your dependent.
- ▶ You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Examples of eligible dependent care expenses include:

- ▶ In-home babysitting services (not provided by a tax dependent)
- ▶ Care of a preschool child by a licensed nursery or day care provider
- ▶ Before- and after-school care
- ▶ Day camp
- ▶ In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.



General Rules and Restrictions

The IRS has the following rules and restrictions for Healthcare and Dependent Care FSAs:

- ▶ Expenses must be incurred during the 2021-2022 plan year.
- ▶ Dollars cannot be transferred between FSAs.
- ▶ You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- ▶ You must “use it or lose it” — any unused funds will be forfeited.
- ▶ You have a 2 ½ month grace period after the plan year ends to exhaust your FSA balance.
- ▶ You cannot change your FSA election in the middle of the plan year unless you experience a qualifying life event.
- ▶ Terminated employees have ninety (90) days following the date of termination to submit their FSA claims for reimbursement.
- ▶ Those considered highly compensated employees (family gross earnings were \$125,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more information.

How to Use the Account

You can use your FSA debit card at doctor and dentist offices, pharmacies and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you attempt to use the card at an ineligible location.

Once you incur an eligible expense, submit a claim form along with the required documentation. Contact Benefits Analysis with reimbursement questions. If you need to submit a receipt, you will be notified by Benefits Analysis. Always retain a receipt for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof that an expense was valid, your card could be turned off and your expense deemed taxable.



Thoughts & Tips: Your FSA money can cover the cost of going to a chiropractor or acupuncturist, if your insurance doesn’t already cover it.

FSA vs HSA

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are both ways to save pre-tax money to pay for your eligible healthcare costs. Which one is right for you?

	FSA	HSA
OWNERSHIP	Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	You own your HSA. It is a savings account in your name and you always have access to the funds, even if you change jobs.
ELIGIBILITY & ENROLLMENT	You're eligible for an FSA if it's offered by your employer. You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	<ol style="list-style-type: none"> 1. You must be enrolled in a Qualified High Deductible Health Plan to be eligible to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or eligible for a spouse's FSA or enrolled in Medicare or TRICARE. 2. You can change your contribution at any time during the Plan Year.
TAXATION	Contributions are tax free via payroll deduction. However, the funds spent are not tax free.	<p>For Federal tax purposes, the money in the account is "triple tax free," meaning:</p> <ol style="list-style-type: none"> 1. Contributions are tax free. 2. The account grows tax free. 3. Funds are spent tax free (if used for qualified expenses).
CONTRIBUTIONS	Both you and your employer can contribute to the account according to IRS limits. The contribution limit for the Healthcare FSA for 2021-2022 is \$2,750.	Both you and your employer can contribute to the account according to IRS limits. The contribution limit for 2021-2022 is \$3,600 for individuals and \$7,200 for families. This amount includes the employer contribution. If you are 55 or older, you may make a "catch-up" contribution of \$1,000 per year.
PAYMENT	Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit your receipts for reimbursement.	Many HSAs include a debit card, ATM withdrawal or checkbook to pay for qualified expenses directly. You can also use online bill payment services from the HSA financial bank. You decide when to use the money in your HSA to pay for qualified expenses, or if you want to use another account to pay for services and save the money in your HSA for future expenses or retirement.
ROLL OVER OR GRACE PERIOD	You must use the money in the account by end of Plan Year; however, a Healthcare FSA may allow up to \$500 to roll over to the next year. A Healthcare FSA or Dependent Care FSA may include a 2.5-month grace period after the end of the Plan Year for any extra expenses to be incurred and reimbursed. A plan can have either a rollover or a grace period, but not both. Any unclaimed funds at the end of the run out are lost and returned to your employer.	The money in the account rolls over from year to year. Funds are always yours and may be used for future qualified expenses — even in retirement years.
QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, menstrual products, over-the-counter medications, dental care and vision care. A full listing of eligible expenses is available at www.irs.gov .	Physician services, hospital services, prescriptions, menstrual products, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums and long-term care premiums. A full listing of eligible expenses is available at www.irs.gov .
OTHER TYPES	<p>Other types of FSAs include:</p> <ul style="list-style-type: none"> • Dependent Care FSA - Allows you to set aside pre-tax dollars for elder or child dependent care and covers expenses such as day care and before- and after-school care. • Limited Use FSA (LUFSA)- Some employers offer a LUFSA that only covers eligible dental and vision expenses. LUFSA's are typically offered in conjunction with an HSA as the IRS does not allow someone to have a Healthcare FSA and an HSA. 	There is only one type of HSA.

Please refer to your Summary Plan Description or plan certificate for your plan's specific FSA or HSA benefits.

Brushing your teeth and flossing are great, but don't forget to visit the dentist too! Premier Trailer offers affordable plan options for routine care and beyond. Coverage is available from Cigna.

Network Dentists

If you use a dentist who doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Cigna at www.mycigna.com.

Dental Premiums

Premium contributions for dental are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

Dental Plan Summary

This chart summarizes the 2021-2022 dental coverage provided by Cigna.

		DPPO	
BI-WEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY		\$0.00	
EMPLOYEE + SPOUSE		\$17.20	
EMPLOYEE + CHILD(REN)		\$24.41	
EMPLOYEE + FAMILY		\$47.22	
		IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE			
INDIVIDUAL		\$25	\$25
FAMILY		\$75	\$75
CALENDAR YEAR MAXIMUM			
PER PERSON		\$3,000	\$3,000
COVERED SERVICES			
PREVENTIVE SERVICES Exams, cleanings, X-rays, fluoride treatments, sealants, space maintainers		\$0	\$0
BASIC SERVICES Fillings, extractions, oral surgery, endodontics, periodontics, anesthesia		20%*	20%*
MAJOR SERVICES Crowns, dentures, bridges, implants, repairs		50%*	50%*
ORTHODONTICS Children to age 19		50%*	
ORTHODONTIC LIFETIME MAXIMUM		\$2,000	

*After Deductible



Thoughts & Tips: Only 60% of adults ages 20 to 64 have been to the dentist in the past year. Take advantage of your dental coverage to keep your smile healthy.

Vision Benefits



Don't wear glasses? Even you shouldn't skip an annual eye exam! Premier Trailer provides you and your family access to quality vision care with a comprehensive vision benefit through Cigna.

Vision Premiums

Premium contributions for vision are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

Vision Plan Summary

This chart summarizes the 2021-2022 vision coverage provided by Cigna.

		VISION		
BI-WEEKLY CONTRIBUTIONS				
	EMPLOYEE ONLY		\$0.00	
	EMPLOYEE + SPOUSE		\$2.65	
	EMPLOYEE + CHILD(REN)		\$2.94	
	EMPLOYEE + FAMILY		\$5.71	
		IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS				
	COPAY	\$10	\$45	Once every 12 months
LENSES				
	SINGLE VISION	\$0	Reimbursement up to \$32	Once every 12 months
	BIFOCAL	\$0	Reimbursement up to \$55	
	TRIFOCAL	\$0	Reimbursement up to \$65	
	LENTICULAR	\$0	Reimbursement up to \$80	
CONTACTS (IN LIEU OF LENSES AND FRAMES)				
	ELECTIVE	\$130 allowance	Reimbursement up to \$105	Once every 12 months
	MEDICALLY NECESSARY	\$0	Reimbursement up to \$210	
FRAMES				
	ALLOWANCE	\$130 allowance	Reimbursement up to \$71	Once every 24 months



Thoughts & Tips: More than 150 million Americans use corrective eye wear to compensate for refractive errors.

It's difficult to think about what would happen if something ever happened to you, but it's important to have a plan in place to make sure your family is provided for. Survivor benefits provide financial protection and security in the event of an absence or unexpected event. Securing Life insurance now ensures your family will be protected for the future.

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

Premier Trailer provides employees with Basic Life and AD&D insurance as part of your basic coverage through New York Life, which guarantees that loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee's benefits after death.

Your Basic Life and AD&D insurance benefit is 1x annual salary, up to \$250,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you elect to waive other coverage.

What's a beneficiary?

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life offered by Premier Trailer. You receive the benefit payment for a dependent's death under the New York Life insurance.

Name a primary and contingent beneficiary to make your intentions clear. Make sure to indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18. If you need assistance, contact Human Resources or your own legal counsel.





Voluntary Life and AD&D Insurance

Life and AD&D benefits are an important part of your family's financial security. The basic benefits provided to you by Premier Trailer may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

VOLUNTARY EMPLOYEE LIFE

COVERAGE AMOUNT	Increments of \$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	The lesser of 3x salary or \$400,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$150,000

VOLUNTARY SPOUSE LIFE

COVERAGE AMOUNT	Increments of \$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	The lesser of \$400,000 or 100% of Employee's Voluntary Life Insurance Amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$50,000

VOLUNTARY CHILD LIFE

COVERAGE AMOUNT	Increments of \$2,000
WHO PAYS	Employee
MAXIMUM BENEFIT	Birth to 6 months: \$2,000; 6 months to 26 years: \$20,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	None

VOLUNTARY EMPLOYEE AD&D

COVERAGE AMOUNT	Increments of \$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	100% of Voluntary Life Insurance Amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$150,000

VOLUNTARY SPOUSE AD&D

COVERAGE AMOUNT	Increments of \$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	The lesser of \$400,000 or 100% of Employee's Voluntary Life Insurance Amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$50,000

VOLUNTARY CHILD AD&D

COVERAGE AMOUNT	Increments of \$2,000
WHO PAYS	Employee
MAXIMUM BENEFIT	Birth to 6 months: \$2,000; 6 months to 26 years: \$20,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	None

Maintaining your quality of life counts on your income. Premier Trailer offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or until you reach retirement age.

Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available at no cost. STD insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	\$2,500
ELIMINATION PERIOD	12 weeks days
MAXIMUM BENEFIT PERIOD	7 days

Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available at no cost. LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	\$10,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Social Security Normal Retirement Age



Thoughts & Tips: Nearly 6% percent of working Americans will experience a short term disability due to illness, injury or pregnancy on average every year.

Premier Trailer cares about you and wants you to succeed in all aspects of life, so we offer a variety of additional benefits to help make your day-to-day easier.

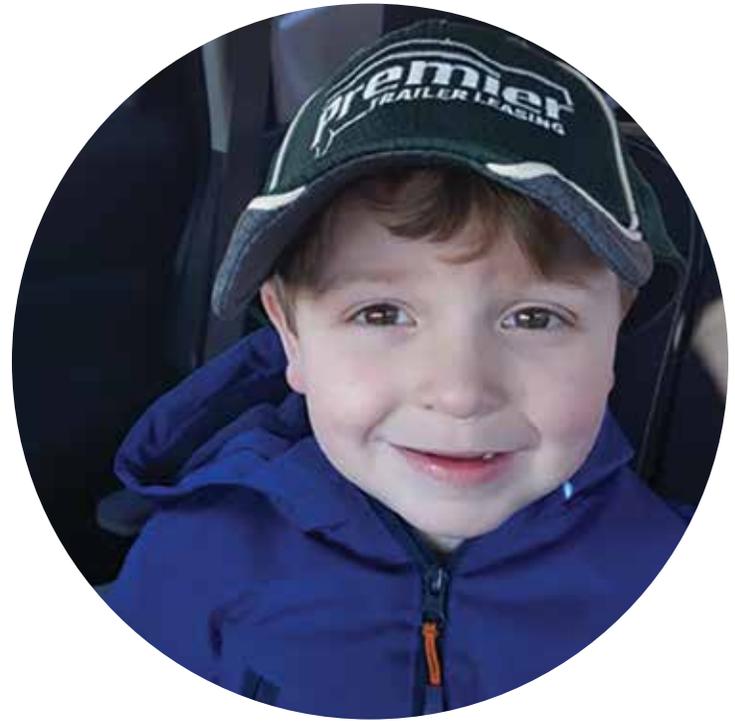
Life Assistance Program

We know life is complicated, and sometimes we all just need a little help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional and physical. And it comes at no cost to you — whether you're enrolled in a company-sponsored medical plan or not.

Through this program, you have access to mental health assistance and legal and financial help from a number of professionals. You have 24-hour access to helpful resources by phone, and the EAP benefit includes three face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Premier Trailer. You may access information, benefits, educational materials and more either by phone at 800-538-3543 or online at www.cignabehavioral.com/cgi.

The Program provides referrals to help with:

- ▶ Emotional health and well-being
- ▶ Alcohol or drug dependency
- ▶ Marriage or family relationship problems
- ▶ Job pressures
- ▶ Stress, anxiety, depression
- ▶ Grief and loss
- ▶ Financial or legal advice



One Guide

Let's face it, understanding and using your health plan isn't always easy. Well, not to worry. Your Cigna One Guide team is ready and waiting to help you save money and stay healthy. Simply call 866-494-2111, click-to-chat on www.mycigna.com or use the myCigna App to be automatically connected with a representative who will guide you where you need to go.

Understand your plan

- ▶ Learn how your coverage works
- ▶ Get answers to your healthcare or plan questions
- ▶ Get cost estimates to avoid surprises

Get care

- ▶ Find an in-network healthcare provider, lab or urgent care center
- ▶ Connect with health coaches, pharmacists and more
- ▶ Connect with dedicated one-on-one support for complex health situations

Whether you're just starting out in your career or you've been in the workforce for years, it's always a good time to plan for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The Premier Trailer 401(k) plan provides you with the tools and flexibility you need to prepare.

PLAN AT A GLANCE

PLAN NAME	Premier Trailer 401(k) Plan
RECORD KEEPER	Fidelity
WEBSITE	www.netbenefits.com
ELIGIBILITY	The first of the month following your date of hire
COMPANY MATCH	Premier Trailer, LLC will match your contribution dollar for dollar each pay period. Company matching funds are capped at \$3,000 per year.

What is a 401(k)? This employer-sponsored retirement account can help build and create choices for your future self by saving money — tax free — from your paycheck. Due to the value of compounding interest, the sooner you participate in a 401(k), the better.

Eligible employees can invest for retirement while receiving certain tax advantages. Administrative and record-keeping services for this plan are provided by Fidelity. You may start making pre-tax contributions into the plan the first of the month following your date of hire.

Pre-tax vs. Roth 401(k): What's the difference? If you contribute to your 401(k) pre-tax, your contributions will be taken out before taxes each pay period. However, you'll have to pay taxes on the funds when you withdraw them during retirement. If you choose the available Roth 401(k), contributions will be deducted from your paycheck after taxes — so you won't pay taxes when you withdraw during retirement. Once you retire, you might be in a higher tax bracket, so contributing after taxes now could save you money in the long run.

Contributing to the Plan

The deferred contribution limit set annually by the IRS is \$19,500 for 2021-2022.

If you are age 50 or older this calendar year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is \$6,500 for 2021-2022 — for a combined total contribution allowance of \$26,000. See your plan administrator for details.

Think you might be getting close to the annual contribution limit? Our payroll system tracks how much you've contributed.



Thoughts & Tips: When you retire, you'll need at least 70% of your pre-retirement earnings to maintain your standard of living. Social Security retirement benefits typically replace only about 40%, so start building that nest egg now.

Glossary

Balance Billing – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

Deductible – The amount you owe for healthcare services before your health insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You’ll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are “use it or lose it,” meaning that funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or a rollover into the next plan year.

- ▶ **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren’t covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- ▶ **Limited Use FSA** – Designed to complement a Health Savings Account, a Limited Use FSA allows for reimbursement of eligible dental and vision expenses.
- ▶ **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer’s tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable, so if you change jobs your account goes with you.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, there are no copays and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.



Network – A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- ▶ **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- ▶ **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- ▶ **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage, make changes or decline coverage.

Out-of-Pocket Maximum – The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the Reasonable & Customary, or healthcare your plan doesn’t cover. Check with your carrier to confirm what applies to the maximum.



Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred or specialty.

- ▶ **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- ▶ **Preferred Drugs** – Brand-name drugs on your provider’s approved list (available online).
- ▶ **Non-Preferred Drugs** – Brand-name drugs not on your provider’s list of approved drugs. These drugs are typically newer and have higher copayments.
- ▶ **Specialty Drugs** – Prescription medications used to treat complex, chronic and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- ▶ **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- ▶ **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before “stepping up” to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – Also known as the UCR (Usual, Customary, and Reasonable) amount. The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, your insurance carrier provides you with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) - The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice from Premier Trailer, LLC About Your Prescription Drug Coverage and Medicare under the Cigna Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Premier Trailer, LLC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Premier Trailer, LLC has determined that the prescription drug coverage offered by the Cigna plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through December 7th.

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

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

If you decide to join a Medicare drug plan, your current Premier Trailer, LLC coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Premier Trailer, LLC coverage, be aware that you and your dependents will not be able to get this coverage back.

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

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

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

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

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Premier Trailer, LLC changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- » Visit www.medicare.gov
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	June 1, 2021
Name of Entity/Sender:	Premier Trailer, LLC
Contact—Position/ Office:	Human Resources
Address:	5201 Tennyson Parkway, Suite 250 Plano, TX 75024
Phone Number:	817-310-2199

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 817-310-2199.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 817-310-2199.

HIPAA Special Enrollment Rights

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

Loss of eligibility includes but is not limited to:

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

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

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

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

To request special enrollment or obtain more information, contact Human Resources at 817-310-2199.



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