



2027

# Benefits Guide



Enroll in the ADP app,  
at [workforcenow.adp.com](https://workforcenow.adp.com) or by  
calling the Titus Transport Benefits  
Call Center at 866-317-9993

# Contacts

| Coverage                                                     | Contact                             | Group/<br>Policy # | Phone                       | Website                                                                                     |
|--------------------------------------------------------------|-------------------------------------|--------------------|-----------------------------|---------------------------------------------------------------------------------------------|
| Titus Transport Benefits Call Center<br>& Enrollment Support |                                     |                    | 866-317-9993                | Available Monday<br>through Friday<br>8 a.m. to 5 p.m. CST                                  |
| Medical                                                      | UMR                                 | 76415205           | 800-826-9781                | <a href="http://www.umar.com">www.umar.com</a>                                              |
| Telemedicine                                                 | Teladoc                             | 78387              | 1-800-TELADOC<br>(835-2362) | <a href="http://www.teladoc.com">www.teladoc.com</a>                                        |
| Prescription Drug                                            | MedOne                              | XXUMRTITUS         | 888-884-6331                | <a href="http://www.medone-rx.com">www.medone-rx.com</a>                                    |
| Dental                                                       | Ameritas                            | 010-69366          | 800-659-2223                | <a href="http://www.ameritas.com">www.ameritas.com</a>                                      |
| Vision                                                       | UnitedHealthcare                    | 0929492            | 866-270-5311                | <a href="http://www.myuhcvision.com">www.myuhcvision.com</a>                                |
| Life and AD&D                                                | Symetra                             | 01-021788-00       | 877-377-6773                | <a href="http://www.symetra.com/mygo">www.symetra.com/mygo</a>                              |
| Disability                                                   | Symetra                             | 01-021788-00       | 877-377-6773                | <a href="http://www.symetra.com/mygo">www.symetra.com/mygo</a>                              |
| Employee Assistance<br>Programs                              | Symetra<br>Marketplace<br>Chaplains | 01-021788-00       | 888-327-9573                | <a href="http://www.guidanceresources.com">www.guidanceresources.com</a><br>web ID: SYMETRA |
|                                                              |                                     |                    | 877-442-4207                | <a href="http://www.mchapusa.com">www.mchapusa.com</a><br>Location ID: 8267                 |
| Critical Illness<br>Accident Insurance<br>Hospital Indemnity | Symetra                             | 13580000           | 800-497-3699                | <a href="http://www.symetra.com/mygo">www.symetra.com/mygo</a>                              |
| LegalShield                                                  | LegalShield                         | 304680             | 888-807-0407                | <a href="http://www.shieldbenefits.com/titus">www.shieldbenefits.com/<br/>titus</a>         |
| 401(k) Retirement                                            | ADP                                 | 280435             | 800-695-7526                | <a href="http://www.mykplan.com">www.mykplan.com</a>                                        |
| Avant Sr. Market<br>Solutions                                | Medicare Support                    |                    | 816-307-2115                | <a href="mailto:lsiler@avantsb.com">lsiler@avantsb.com</a>                                  |

# Table of Contents

|                                         |    |
|-----------------------------------------|----|
| Welcome Message .....                   | 4  |
| Benefits Eligibility.....               | 5  |
| Medical Plan Comparison .....           | 7  |
| Pharmacy .....                          | 9  |
| MedOne Portal.....                      | 10 |
| Telehealth.....                         | 14 |
| Mental Health Support .....             | 15 |
| Dental.....                             | 16 |
| Vision .....                            | 17 |
| Life Insurance .....                    | 18 |
| Disability.....                         | 20 |
| Employee Assistance Program (EAP) ..... | 22 |
| Voluntary Benefits.....                 | 24 |
| LegalShield .....                       | 27 |
| Medicare Guidance.....                  | 28 |
| Financial Security 401(k) .....         | 29 |
| ADP Resources .....                     | 30 |
| Time Off and Leave (PTO) .....          | 32 |
| Contributions.....                      | 33 |
| Enrollment Steps.....                   | 35 |
| Qualifying Life Events .....            | 36 |
| Benefit Definitions.....                | 37 |
| FAQs.....                               | 38 |

This benefit summary describes the benefit plans available to you as an employee of Titus Transport. The details of these plans are contained in the official plan documents found in [mytitusbenefits.com](https://mytitusbenefits.com). This summary is meant only to cover the highlights of each plan. It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of Titus Transport.

# Welcome to Your Benefits

We are committed to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement.

Getting the most from your benefits is up to you. You know your family, your goals and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.

## QUALIFYING LIFE EVENTS

Your benefit elections made during Annual Enrollment will be effective January 1st. You may not make changes to your elections unless you experience a qualifying life event, including change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time), or if you gain/lose coverage elsewhere.

**IMPORTANT:** If you need to make a change before the next Annual Enrollment period due to a change in status, you must submit the required documentation **WITHIN 30 DAYS** of the qualifying life change event. Contact Titus Transport Benefit Call Center at **866-317-9993** or log in to [workforcenow.adp.com](https://workforcenow.adp.com) to process a Qualifying Life Event.

## ANNUAL ENROLLMENT

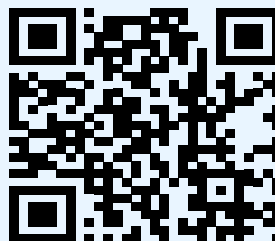
Annual Enrollment is an opportunity to make changes to your dependents and elections without having a qualifying life event. After Annual Enrollment, you will not be able to make any other changes to your elections until the next Annual Enrollment unless you experience a Qualifying Life Event (QLE). We will notify you as your next Annual Enrollment period approaches.

### NEW FOR 2027: TITUS TRANSPORT BENEFITS MICROSITE

We've made it easier to access benefit information. The new Titus Transport Benefits Microsite provides a convenient online hub for benefits resources, plan information, carrier links, and frequently asked questions.

Scan the QR code

Or visit [www.mytitusbenefits.com](https://www.mytitusbenefits.com)



# Benefits Eligibility

You and your eligible family members may participate in the 2027 employee benefits program if you're a regular, full-time employee working a minimum of 30 hours per week.

## DEPENDENT ELIGIBILITY

You can enroll the following dependents in our group benefit plans:



### Children Under The Age Of 26

Regardless of marital status, full-student, or dependency.



### Your Legal Spouse



### Children Over The Age Of 26

And claimed as a dependent on your federal income tax return as fully dependent due to a mental or physical disability.

| BENEFIT                                        | COVERAGE TERMINATION                                        |
|------------------------------------------------|-------------------------------------------------------------|
| Medical                                        | On Employee Termination                                     |
| Voluntary Short-Term Disability                |                                                             |
| Voluntary Long-Term Disability                 |                                                             |
| Basic Life                                     |                                                             |
| Supplemental Life and AD&D - Child             |                                                             |
| Supplemental Term Life and AD&D - Employee     |                                                             |
| Teladoc                                        |                                                             |
| Voluntary Critical Illness - Employee & Spouse | On the last day of the month following Employee Termination |
| Voluntary Accident                             |                                                             |
| Voluntary Hospital Indemnity                   |                                                             |
| Voluntary Vision                               |                                                             |
| Voluntary Dental                               |                                                             |
| Legal Shield                                   |                                                             |

# Medical Plan

Your medical plans will be offered through UMR. Please review your Summary of Benefits and Coverage (SBC) for additional coverage information and full plan details.

Elections you make during Annual Enrollment will be effective January 1st and remain in effect until December 31st unless you experience a qualifying life event.

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lowest out-of-pocket costs. In-network providers charge members reduced, contracted rates instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

# Ways to Save

Check out these tools from UMR to help you save more and get educated!

- **myMenu:** Member portal with customized information on your benefits & claims.
- **myHealthcare Cost Estimator (myHCE):** Search and compare costs for area providers for specific procedures.
- **Premium Designated Physician:** Save money by going to a Premium Designated Physician, go to [www.umar.com](http://www.umar.com) and click Find a Provider. Your network is United Healthcare Choice Plus. Look for the physicians that have **two blue hearts!**

## TAKE ACTION!

### Register Online

Your connection to great health care is only a click away. Register for an account at [www.umar.com](http://www.umar.com) so you can access time-saving tools, find tips for healthy living, choose a doctor, manage your EOBs, and more!

### Download Mobile App

With the UMR mobile app, you've got the tools you need to manage your health care from your smartphone. The mobile app is available in the **Apple** and **Google Play** stores.

### Search Compare & Save

UnitedHealthcare Choice Plus Network provides tools to help you find the right options for you. Visit [UMR.com](http://UMR.com) or use the UMR app.



# Medical Plan Comparison-Choice Plus

UMR-#76415205

MEDICAL PLAN 1 BASE PPO

MEDICAL PLAN 2 MONEY SAVER

## IN-NETWORK

### DEDUCTIBLE[Calendar Year]

|            |         |          |
|------------|---------|----------|
| Individual | \$2,000 | \$5,000  |
| Family     | \$4,000 | \$10,000 |

### OUT-OF-POCKET (OOP) MAXIMUM[Calendar Year]

|            |          |          |
|------------|----------|----------|
| Individual | \$7,350  | \$7,350  |
| Family     | \$14,700 | \$14,700 |

### BENEFIT DETAILS

|                               |                                                                                                                                        |                                                                                                                                        |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Coinsurance Percentage        | You pay 20%, plan pays 80%                                                                                                             | You pay 20%, plan pays 80%                                                                                                             |
| Teladoc Virtual Visits        | \$0                                                                                                                                    | \$0                                                                                                                                    |
| Preventive Care               | Covered at 100%                                                                                                                        | Covered at 100%                                                                                                                        |
| Primary Care Physician (PCP)  | \$10 premium designated provider<br>\$25 non-premium designated provider                                                               | \$10 premium designated provider<br>\$50 non-premium designated provider                                                               |
| Specialist*                   | \$25 premium designated provider<br>\$50 non-premium designated provider                                                               | \$25 premium designated provider<br>\$100 non-premium designated provider                                                              |
| Mental Health Services        | Tier 1 Premium Designation: \$10 copay per mental health office visit<br>Tier 2 UHC Network: \$25 copay per mental health office visit | Tier 1 Premium Designation: \$10 copay per mental health office visit<br>Tier 2 UHC Network: \$50 copay per mental health office visit |
| Emergency Room                | \$300 copay, then you pay 20% after deductible *waived if admitted                                                                     | You pay 20%; after deductible plan pays 80%                                                                                            |
| Inpatient/Outpatient Hospital | You pay 20%; after deductible plan pays 80%                                                                                            | You pay 20%; after deductible plan pays 80%                                                                                            |
| Urgent Care                   | \$50 copay                                                                                                                             | \$50 copay                                                                                                                             |
| Outpatient Surgery            | You pay 20%; after deductible plan pays 80%                                                                                            | You pay 20%; after deductible plan pays 80%                                                                                            |
| Lab/X-Ray (Outpatient)        | No charge Outpatient setting; Deductible Waived                                                                                        | No charge Outpatient setting; Deductible Waived                                                                                        |

## OUT-OF-NETWORK\*\*

|                            |                     |                     |
|----------------------------|---------------------|---------------------|
| Deductible                 | \$5,000 / \$10,000  | \$12,000 / \$24,000 |
| Coinsurance                | 50%                 | 50%                 |
| Out-of-Pocket Maximum(OOP) | \$10,000 / \$20,000 | \$24,000 / \$48,000 |

\*\* When visiting out-of-network providers, costs may be higher, and providers may ask for full payment at time-of-service.

In both plan options, the family deductible is an embedded deductible, which means that an individual participant may reach the individual deductible amount and begin having services paid by the plan regardless of whether the family deductible has been met.

In both plans, all out-of-pocket expenses, except for copays, count toward the family deductible until it is met; copays apply only to the out-of-pocket maximum. The family deductible can be met by any one or combination of plan participants, at which time the plan will begin paying services for all participants.

# Medical Plan Contributions

| Medical: Base PPO Plan Option | Weekly   | Bi-Weekly |
|-------------------------------|----------|-----------|
| Employee                      | \$60.08  | \$120.15  |
| Employee & Spouse             | \$184.16 | \$368.33  |
| Employee & Child(ren)         | \$139.93 | \$279.86  |
| Family                        | \$229.47 | \$458.95  |

| Medical: Money Saver Plan Option | Weekly   | Bi-Weekly |
|----------------------------------|----------|-----------|
| Employee                         | \$50.12  | \$100.23  |
| Employee & Spouse                | \$177.26 | \$354.52  |
| Employee & Child(ren)            | \$131.83 | \$263.67  |
| Family                           | \$223.51 | \$447.02  |



# Pharmacy

**MEDONE-#XXUMRTITUS**

Your prescription drug coverage is administered by MedOne. Use your pharmacy ID card when filling prescriptions and confirm that your pharmacy participates in MedOne network.

## MANAGE PRESCRIPTIONS ONLINE

The myMedOne Member Portal is your one-stop resource for managing prescription benefits online. Through the portal, you can review plan information, compare medication costs, manage prescriptions, and access your pharmacy ID card.

## WHAT YOU CAN DO

- Search prescription drug costs
- Compare prices at participating pharmacies
- View your pharmacy ID card
- Review prescription history
- Monitor deductible and out-of-pocket spending
- Track prior authorization requests
- Manage mail-order prescriptions and refills

|                            |        | MEDICAL PLAN 1<br>BASE PPO | MEDICAL PLAN 2<br>MONEY SAVER |
|----------------------------|--------|----------------------------|-------------------------------|
| Retail<br>30-day<br>supply | Tier 1 | \$15                       | \$15                          |
|                            | Tier 2 | \$35                       | \$35                          |
|                            | Tier 3 | \$70                       | \$70                          |
| Retail<br>90-day<br>supply | Tier 1 | \$37.50                    | \$37.50                       |
|                            | Tier 2 | \$87.50                    | \$87.50                       |
|                            | Tier 3 | \$175                      | \$175                         |

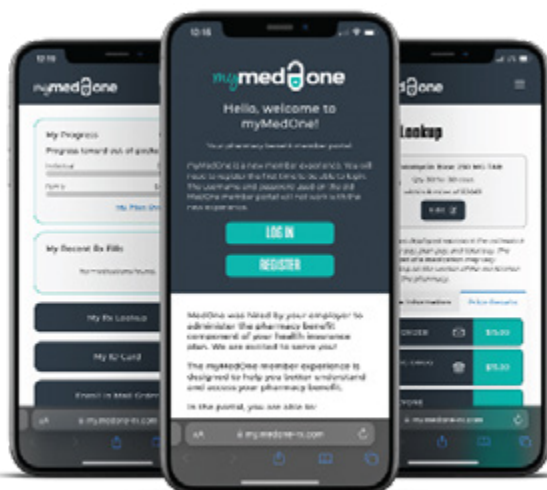
## CONTACT INFORMATION:

**Phone:** 866-335-9057

**Fax:** 563-588-0173

**Web:** [www.medone-rx.com](http://www.medone-rx.com)

**App:** RxLocal



Scan to visit  
**myMedOne**

## HOW TO ACCESS

1. Visit [my.medone-rx.com](http://my.medone-rx.com).
2. Create an account or sign in.
3. Use the dashboard to review your prescription benefit information, search medication pricing, and manage prescriptions.

# Mail Order Services



MedOne offers mail order services through MedOne Pharmacy Services (MPS). Mail order is a convenient, inexpensive way to have your medications sent right to your door. Mail order works best for maintenance medications (something you take regularly) that don't often change. Examples of medications suited for mail-order are those that treat high blood pressure, heart disease, cholesterol, asthma, and diabetes.

## ENROLLMENT & SERVICES SET-UP

To get started with MPS, members must complete enrollment through the myMedOne Member Portal. Visit the Member Portal at [my.medone-rx.com](https://my.medone-rx.com) to sign in or create your account. Once inside the portal, the Mail Order tab will walk you through the enrollment steps.

## MEDICATION TRANSFERS & REFILL REQUESTS

Once enrollment is complete, a valid prescription must be on file in order to fill your prescription via mail order.

Visit the CURRENT PRESCRIPTION ORDERS & REFILL REQUESTS AT MPS tab to request which medications you'd like filled via mail order.

To request refills through myMedOne, follow these steps:

- Select **MAIL ORDER** on the home screen and locate the SHIPPED PAST ORDERS option, expanding the prescription you would like refilled.
- Select **REQUEST A REFILL** and **SUBMIT REFILL REQUEST**. You can also ask your doctor to send your prescription to MedOne Pharmacy Services through their e-prescribing software or via fax to 563-588-0173. One of our Pharmacy Care Coordinators will contact you within 24 hours to complete the sign-up process.

## BENEFITS

- Convenient home delivery
- Easy refill management
- Ongoing pharmacy support
- Reduced trips to the pharmacy
- Reliable access to medications you take regularly

## HOW TO ACCESS

1. Visit the myMedOne Member Portal at [my.medone-rx.com](https://my.medone-rx.com).
2. Select the Mail Order option.
3. Complete the enrollment process.
4. Request a prescription transfer or ask your provider to send a prescription directly to MedOne Pharmacy Services.



**For questions specific to mail order, please call 877-896-0919.** For more general assistance regarding your pharmacy benefit, call 866-335-9057 or check out the chat feature on our website at [www.medone-rx.com](https://www.medone-rx.com).

# Prescription Savings

Prescription drug costs continue to rise significantly. Even so, these medications play an essential role in helping employees manage their conditions and maintain their health.

Titus Transport has identified several options to help members reduce their prescription drug expenses.

## CHOOSE A COST-EFFECTIVE PHARMACY

Pharmacies often charge different prices for the same drug. Walgreens and CVS are among the highest-priced pharmacies and are excluded from your coverage. Use the MedOne Member Portal to compare local pharmacy prices and start saving today. To find in-network, lower-cost options near you, visit the **my.medone-rx.com** Member Portal.

**Shopping around pays off—see the example below:**

| Medication                                                    | Pharmacy                 | Total Drug Cost |
|---------------------------------------------------------------|--------------------------|-----------------|
| Atorvastatin Calcium 20mg Tabs<br>(Qty 90 for 90 days)        | Walmart                  | \$60.65         |
|                                                               | Kroger                   | \$9.50          |
| Fluticasone Propionate 50mcg/act susp<br>(Qty 48 for 90 days) | Walmart                  | \$41.31         |
|                                                               | MedOne Pharmacy Services | \$13.66         |
| Lisinopril 20mg tabs<br>(Qty 90 for 90 days)                  | Walmart                  | \$24.00         |
|                                                               | Publix                   | \$4.24          |

You may also consider finding your medications through different cost saving avenues.

**GoodRx.com** identifies the lowest-cost pharmacy for your prescription and the one nearest you.

## NEED HELP?

The MedOne Member Advocate Team can assist with questions about your pharmacy benefit.  
Phone: 866-335-9057  
Website: [www.medone-rx.com](http://www.medone-rx.com)

**Mark Cuban Cost Plus Drug Company** is another low-cost, mail-order option. This online pharmacy offers a wide range of generic medications at transparent prices, applying a modest markup plus standard pharmacy and shipping fees rather than traditional insurance pricing. You simply create an account, search for your medication to see the exact cost up front, and have your prescription delivered to your door—often for meaningful savings on common maintenance drugs.

Filling prescriptions through either GoodRx or Mark Cuban Cost Plus still earns deductible and out-of-pocket maximum credit under your health plan.

## HOW TO GET STARTED

1. Visit [www.costplusdrugs.com](http://www.costplusdrugs.com).
2. Select **SIGN UP** and create an account.
3. Add your MedOne pharmacy benefit information, including the Cardholder ID, Rx Bin, Rx PCN, and Rx Group Number found on your pharmacy ID card.
4. Ask your doctor to send a new prescription to Cost Plus Drugs.
5. Once your prescription is received and processed, your medication will be shipped directly to your home.

### Information Your Doctor Will Need:

When requesting a prescription, your doctor should include:

- Your name
- Email address
- Date of birth
- Medication information

Your doctor will also need: **NCPDP ID #3689568**

## MANUFACTURER'S COUPONS

If you are taking a Brand Name medication, there may be copay assistance available from the Manufacturer. Many manufacturers offer copay assistance to lower, and in some cases, eliminate your copay completely.

### Is your medication eligible for copay assistance?

Search the internet for "<<brand drug name>> copay assistance program". The resulting sites will show if your medication is eligible and how to register to receive the coupons or copay assistance.

# Specialty Medication Support

## RxALLY ENHANCED PROCUREMENT PROGRAM

If you or a covered family member takes an eligible specialty medication, RxAlly may help you access lower-cost pricing and personalized support. MedOne Patient Care Coordinators guide eligible members through enrollment and connect them with Pharma Strategies. Once enrolled, prescriptions are delivered by mail through the program's preferred pharmacy partner, BioPlus.

### HOW TO GET STARTED

1. Contact an RxAlly Patient Care Coordinator at 877-794-2218 or [PCC@myRxAlly.com](mailto:PCC@myRxAlly.com)
2. Provide information about your specialty medication so the coordinator can determine whether it is included on the program's eligible drug list.
3. If eligible, watch for an email from Pharma Strategies with an enrollment link.
4. Complete the registration process and schedule the required telehealth consultation.
5. After the consultation is complete, BioPlus will contact you to confirm shipping details. You will pay any applicable copay and begin receiving your medication by mail.

# International Prescription Savings Program

## ACCESS LOWER-COST PRESCRIPTION MEDICATIONS

Your pharmacy benefits include access to international prescription sourcing programs that may help reduce the cost of certain medications. These programs provide access to brand-name and specialty medications through trusted international pharmacy partners while maintaining quality and safety standards. Medications are sourced from licensed pharmacies and certified manufacturers in countries such as Canada, Australia, New Zealand, and the United Kingdom.

**If you take a high-cost prescription medication, this program may help:**

- Lower your prescription costs
- Provide access to brand-name medications
- Offer convenient mail-order delivery
- Identify additional savings opportunities for specialty medications
- Connect you with personalized support throughout the process

### HOW TO GET STARTED

1. Contact an RxAlly Patient Care Coordinator.
2. Provide information about your specialty medication.
3. Work with your coordinator to review available programs and complete any required enrollment paperwork.
4. Follow the guidance provided throughout the approval and medication access process.

### NEED HELP?

Phone: 877-794-2218

Email: [PCC@myRxAlly.com](mailto:PCC@myRxAlly.com)

Questions? Call 877-896-0919.

# CanaRx & Rx Manage

## SAVE ON ELIGIBLE BRAND-NAME MEDICATIONS

Certain brand-name medications may be available through CANARX and RXManage at no cost to eligible members and dependents. Eligible medications are delivered through mail order directly to your home.



### BENEFITS

- Eligible brand-name medications may be available at a \$0 copay
- Home delivery of medications
- Easy online refill management
- Ongoing prescription support

### HOW TO ACCESS

1. Gather your prescription information and photo identification.
2. Visit [www.canarx.com/enroll](http://www.canarx.com/enroll).
3. Complete the enrollment form.
4. Follow program instructions for prescription setup and medication delivery.



*Scan here to enroll today!*

### QUESTIONS?

Give CANARX a call at 866-893-6337.

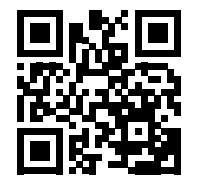


### BENEFITS

- Eligible brand-name medications may be available at a \$0 copay
- Home delivery of medications
- Easy online refill management
- Automatic refills
- Ongoing prescription support

### HOW TO ACCESS

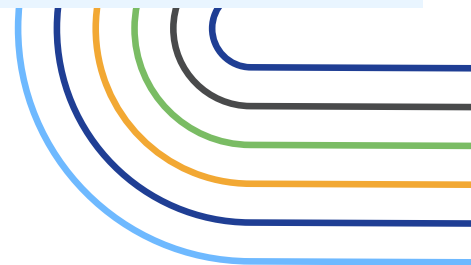
1. Have your prescription information and employee/benefit information ready.
2. Visit [rxmanage.com](http://rxmanage.com).
3. Follow the online enrollment steps.
4. Once enrolled, your prescription can be uploaded, emailed, faxed or submitted by phone and shipped directly to you.



*Scan here to enroll today!*

### QUESTIONS?

Give RXManage a call at 800-883-8841.



# Telehealth

## TELADOC-#78387



Teladoc Health gives you and your covered family members convenient access to licensed healthcare providers by phone or video, 24 hours a day, 7 days a week. Get care for many common, non-emergency health concerns from the comfort of your home, at work, or while traveling within the United States. Providers can diagnose symptoms, recommend treatment, and prescribe medication when medically appropriate.

Teladoc Health can help with many non-emergency medical concerns, including:

- Allergies
- Cold and flu symptoms
- Coughs and sore throats
- Sinus infections
- Rashes
- Skin Conditions
- Pink eye
- Upset stomachs
- Asthma concerns
- And more



## 24/7 VIRTUAL CARE

Skip the waiting room. Connect with a licensed provider anytime, day or night, by phone or video. Teladoc Health offers fast, convenient care when your doctor isn't available and can help you avoid unnecessary trips to urgent care for minor illnesses.

## SET UP YOUR ACCOUNT TODAY!

Creating your Teladoc Health account only takes a few minutes and ensures you're ready when an unexpected illness occurs. Don't wait until you're sick to register.

**Important:** To register for Teladoc Health, call **1-800-835-2362**. Do not register online. Online registration requires insurance information and may not connect you to the correct Titus plan. Eligible dependents under age 18 can be added to your account. Dependents age 18 and older should create their own account.

Once your account is set up, you can access Teladoc Health through the website or mobile app.

### Contact Information:

- Phone: 1-800-835-2362
- Website: [TeladocHealth.com](https://www.TeladocHealth.com)
- Mobile App: Download the Teladoc Health app from your device's app store



# Mental Health Support

Your mental health is an important part of your overall health. Whether you are dealing with stress, anxiety, depression, substance use, a behavioral health condition, or another personal challenge, two resources are available to support you.

## UMR ENHANCED BEHAVIORAL HEALTH CARE

The UMR Enhanced Behavioral Health CARE program provides information, personalized guidance, and support for members with behavioral health or substance use concerns. The program is available **at no cost** to eligible adults and children enrolled in the medical plan.

### The program can support concerns such as

- Addiction or substance use
- Anxiety or depression
- Eating disorders
- Behavioral disorders

### Work one-on-one with a CARE nurse

Eligible members may be invited to work with a personal CARE nurse, or they can self-enroll at any time. CARE nurses provide customized guidance and can help you:

- Address barriers that may make it difficult to receive care
- Get answers to your questions
- Understand your provider's treatment plan or care instructions
- Stay on track with recommended care

### Get started today:

- **Online:** Sign in to your member account at [umr.com](https://umr.com). From the Health Center, select Behavioral Health
- **Enroll directly:** Use the Enroll Now link provided in the UMR program materials.
- **By phone:** Call 844-598-7539 toll-free.
- **Additional languages:** Sign in at [umr.com](https://umr.com) to access program information and materials available in other languages.

## TALKSPACE ONLINE THERAPY

Talkspace provides convenient access to a dedicated therapist from your phone, tablet, or computer. You can communicate safely and securely without traveling to an office. Talkspace is covered under the plan's behavioral health benefits, but a copayment may apply and may be charged to a credit card. Coverage, conditions, and restrictions vary by benefit plan. Review your plan documents or contact the number on your medical ID card before receiving services. Other network providers are also available through the UnitedHealthcare behavioral health network directory.

### What Talkspace offers

- Online therapy for individuals **age 13 and older**
- Psychiatry services for individuals **age 18 and older**
- Support for anxiety, depression, post-traumatic stress disorder, substance use disorders, eating disorders, compulsive disorders, and other conditions
- An online matching tool that connects you with a clinician based on your location, needs, and preferences
- The ability to begin therapy within hours after selecting a therapist
- Scheduled, real-time video visits
- Live video sessions with a psychiatrist for eligible adults, including help developing a personalized treatment plan
- Access by iOS, Android, desktop, voice, and video

### Get started with Talkspace:

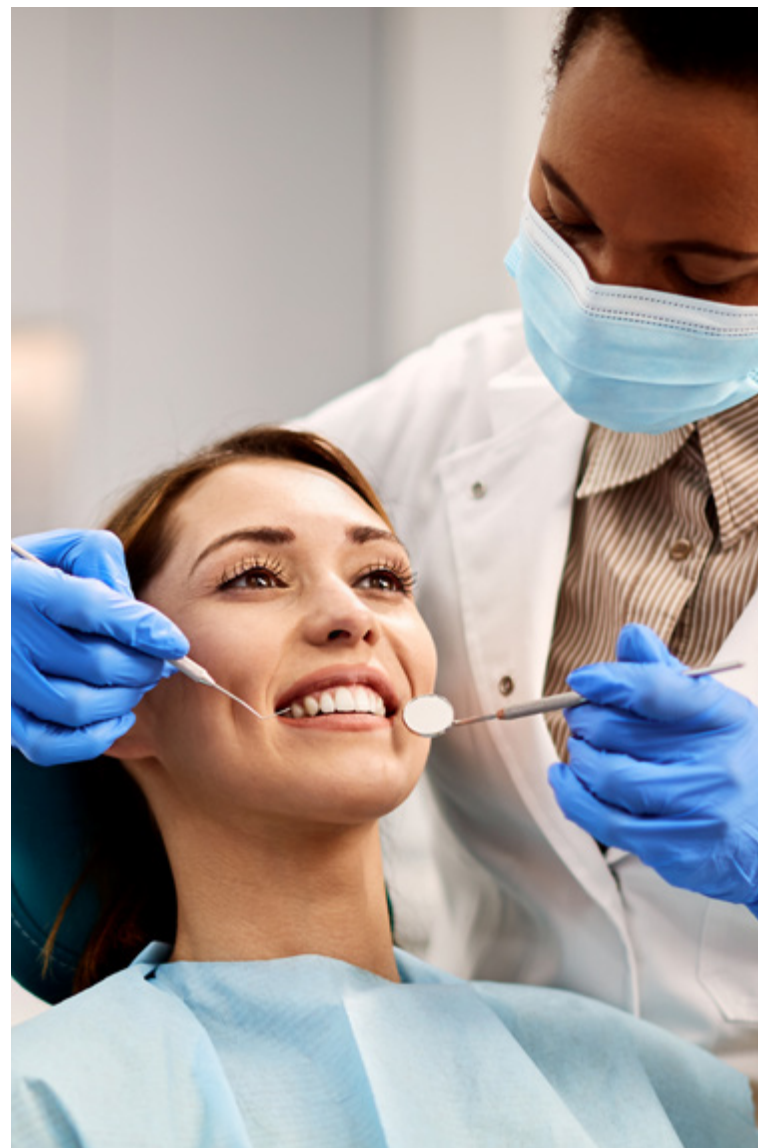
1. Visit [talkspace.com/connect](https://talkspace.com/connect).
2. Select **UMR** under Use My Insurance Benefits.
3. Click **GET STARTED**.
4. Follow the prompts to complete the matching process and select a therapist.

# Dental Plan-Ameritas Classic and Plus

**AMERITAS-#010-69366**

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Dental coverage is offered for basic and major services. You and your eligible dependents may enroll in the dental plan option administered by Ameritas.



| In-Network Plan Features                               | Dental Plan                                 |
|--------------------------------------------------------|---------------------------------------------|
| Annual Calendar Year Deductible – Individual           | \$50                                        |
| Annual Calendar Year Deductible – Family               | \$150                                       |
| Annual Maximum                                         | \$1,500                                     |
| Preventive Care (exams, x-rays, sealants)              | Covered at 100%                             |
| Basic Services (fillings, extractions, surgery)        | You pay 20% after deductible; plan pays 80% |
| Major Services** (crowns, bridges, implants)           | You pay 50% after deductible; plan pays 50% |
| Orthodontia Services**                                 | You pay 50% (\$1,500 maximum)               |
| Orthodontia Lifetime Maximum for children up to age 19 | \$1,500                                     |

\* 12-month waiting period applies

\*\* 24-month waiting period applies

To find an in-network provider visit  
[www.ameritas.com/dentalproviders/](http://www.ameritas.com/dentalproviders/).

| Dental Rates          | Weekly  | Bi-Weekly |
|-----------------------|---------|-----------|
| Employee              | \$5.94  | \$11.87   |
| Employee & Spouse     | \$12.11 | \$24.22   |
| Employee & Child(ren) | \$16.63 | \$33.27   |
| Family                | \$22.83 | \$45.66   |

# Vision Plan-UHC Vision Standard

**UNITEDHEALTHCARE (UHC)-#0929492**

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do these activities, however, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Your vision insurance is provided by UHC and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

| IN-NETWORK                         |                                                                                                                                                                                                                                                                                                           |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Routine Exam                       |                                                                                                                                                                                                                                                                                                           |
| Routine Exam                       | \$10 copay                                                                                                                                                                                                                                                                                                |
| Eyeglass Lenses Materials & Frames |                                                                                                                                                                                                                                                                                                           |
| Single Vision Lenses               | \$25                                                                                                                                                                                                                                                                                                      |
| Standard Lined Bifocal Lenses      | \$25                                                                                                                                                                                                                                                                                                      |
| Standard Trifocal Lenses           | \$25                                                                                                                                                                                                                                                                                                      |
| Lenticular                         | \$25                                                                                                                                                                                                                                                                                                      |
| Progressives                       | \$55-\$250 after copay                                                                                                                                                                                                                                                                                    |
| Frames                             | Up to \$100 allowance + 30% off the difference                                                                                                                                                                                                                                                            |
| Contact Lens Fitting/Evaluation    | \$25                                                                                                                                                                                                                                                                                                      |
| Contact lenses in Lieu of Glasses  | \$25 Formulary up to 4 boxes<br>Non-formulary up to \$105 allowance<br><br>Formulary does not apply to Walmart, Sam's Club, and Costco.<br>Other Network locations may not offer Formulary contact lenses.<br>In those cases, your allowance for Contact Lenses that are not on the Formulary will apply. |
| Frequency of Services              |                                                                                                                                                                                                                                                                                                           |
| Comprehensive Eye Exam             | Once every 12 months/calendar year                                                                                                                                                                                                                                                                        |
| Lenses                             | Once every 12 months/calendar year                                                                                                                                                                                                                                                                        |
| Frames                             | Once every 12 months/calendar year                                                                                                                                                                                                                                                                        |
| Contact Lenses                     | Once every 12 months/calendar year                                                                                                                                                                                                                                                                        |

| Vision                | Weekly | Bi-Weekly |
|-----------------------|--------|-----------|
| Employee              | \$1.38 | \$2.76    |
| Employee & Spouse     | \$2.62 | \$5.24    |
| Employee & Child(ren) | \$2.76 | \$5.51    |
| Family                | \$4.05 | \$8.10    |

To find an in-network provider visit [WWW.MYUHCVISION.COM](http://WWW.MYUHCVISION.COM).

# Life Insurance

SYMETRA-#01-021788-00



**BASIC LIFE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)**

The Basic Life and AD&D plan provides a benefit in the event of your death, dismemberment or paralysis. This benefit is sponsored by Symetra. As a full-time benefit eligible team member, you will automatically be enrolled at no cost to you. Your coverage will be a flat \$20,000 (coverage decreases after age 65).

**SUPPLEMENTAL LIFE INSURANCE**

You may purchase additional life insurance at group rates:

- Available in increments of \$10,000 up to 5x your earnings, maximum \$500,000
- You pay the full cost of this plan, and the amount deducted depends on the age of the associate and the amount of coverage elected
- If you do not elect this coverage when first becoming eligible or an election over \$150,000 is made, you are subject to medical underwriting by the carrier

**LIFE INSURANCE FOR SPOUSES & DEPENDENTS**

You may purchase additional dependent life insurance at group rates:

- Spousal life is available in increments of \$5,000 up to a max of \$100,000 or 100% of the employee coverage
- Can elect up to \$50,000 without medical underwriting as a new hire
- Child life is available 6 months and older: \$1,000 increments to a maximum of \$10,000. Children are not subject to medical underwriting
  - The cost remains the same regardless of the number of children you have
- Employee coverage election required
- Married employees cannot cover themselves and each other
- Children of married employees can only be covered by one parent/employee

**BENEFIT REDUCTION**

For more information about age-reduction schedules, please review your Summary Plan Description.

| Benefit Reduction Schedule |            |
|----------------------------|------------|
| Age                        | Reduced To |
| 65                         | 65%        |
| 70                         | 50%        |

Note: Employee rates automatically increase with age.

**TAKE ACTION!**

**DON'T FORGET TO DESIGNATE A BENEFICIARY!**

Note: Upon loss of eligibility or termination of employment, you and/or your dependents may elect to continue your Voluntary Term Life Insurance coverage by either porting or converting it.

If you can continue your life insurance policy, you can port it, which means continuing the same type of policy, or you can convert it, which means change it to a new type of individual policy. Remember, no matter which option you choose, you become responsible for the premiums.

**GUARANTEED ISSUE AND EVIDENCE OF INSURABILITY**

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

**DURING THE ANNUAL ENROLLMENT**

Employees and spouses can increase their current election by one increment without having to complete an EOI as long as the total election does not exceed the guaranteed issue amount.

# Voluntary Life Premium Rates

## Voluntary Life and AD&D Monthly Rates Per \$1,000 in Coverage

| Age Band | Employee Rates<br>(AD&D Included) | Spouse Rates<br>(AD&D Included) | Child Life Rates<br>per \$1,000 |
|----------|-----------------------------------|---------------------------------|---------------------------------|
| Under 29 | \$0.118                           | \$0.118                         | \$0.358                         |
| 30-34    | \$0.122                           | \$0.122                         |                                 |
| 35-39    | \$0.144                           | \$0.144                         |                                 |
| 40-44    | \$0.197                           | \$0.197                         |                                 |
| 45-49    | \$0.291                           | \$0.291                         |                                 |
| 50-54    | \$0.443                           | \$0.443                         |                                 |
| 55-59    | \$0.674                           | \$0.674                         |                                 |
| 60-64    | \$0.994                           | \$0.994                         |                                 |
| 65-69    | \$1.576                           | \$1.576                         |                                 |
| 70+      | \$2.948                           | \$2.948                         |                                 |

## CALCULATING YOUR PREMIUMS

To calculate your premiums, you will need to multiply the number of units of coverage elected by the rate of your age. AGE BANDED RATES are detailed in the table above. The spouse rates are based on the employee's age, not the spouse's age.

### Premium Rate Calculator

| Weekly Premium | Number of \$1,000 units | X (multiply) | \$ (age rate)                             | = (equals monthly premium) | X 12 (multiply by 12) | / 52 (divide by 52)            | = (weekly premium cost) |
|----------------|-------------------------|--------------|-------------------------------------------|----------------------------|-----------------------|--------------------------------|-------------------------|
| Example:       | 150 (\$150,000)         | x            | \$0.144 (rate per \$1,000 for ages 35-39) | = \$21.60                  | x 12/52               | = \$4.98 (weekly premium cost) |                         |

| Bi-Weekly Premium | Number of \$1,000 units | X (multiply) | \$ (age rate)                             | = (equals monthly premium) | X 12 (multiply by 12) | / 26 (divide by 26)               | = (bi-weekly premium cost) |
|-------------------|-------------------------|--------------|-------------------------------------------|----------------------------|-----------------------|-----------------------------------|----------------------------|
| Example:          | 150 (\$150,000)         | x            | \$0.144 (rate per \$1,000 for ages 35-39) | = \$21.60                  | x 12/52               | = \$9.97 (bi-weekly premium cost) |                            |

# Voluntary Disability Insurance

**SYMETRA-#01-021788-00**

At Titus Transport we want to do everything we can to protect you and your family. That's why Titus Transport offers you the option to purchase short-and long-term disability insurance.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

## SHORT-TERM DISABILITY (STD)

The Short-Term Disability (STD) plan provides full-time employees with income replacement while disabled and unable to work due to a non-occupational illness or injury, including pregnancy. The benefit payment is based on your employment status.

Your STD benefits begin on the 15th consecutive day of your disability. STD replaces up to 60% of your weekly income with a maximum benefit of \$1,500 per week for up to 11 weeks per claim.



### FILING A SHORT-TERM DISABILITY CLAIM

In order to receive benefits, you must report your disability claim to Symetra if you will be out of work for more than 14 days.

## LONG-TERM DISABILITY (LTD)

Long-Term Disability (LTD) begins 90 days after the onset of the illness or injury --whichever is greater.

If you elect Supplemental LTD, the benefit is 60% of base pay, up to a maximum of \$6,000 per month. Disability benefits are payable for a maximum period of 2 years.

## PRE-EXISTING CONDITION LIMITATIONS

If you received medical care or took prescribed medication for an injury or sickness shortly before your effective date, disability related to that condition won't be covered for a set period afterward.

### SHORT-TERM DISABILITY COVERAGE

If treated within three months before your effective date, related disability won't be covered for 6 months after.

### LONG-TERM DISABILITY COVERAGE

If treated within three months before your effective date, related disability won't be covered for 12 months after.

**You can contact Symetra by phone (877-377-6773)**

**or email: [ladcla@symetra.com](mailto:ladcla@symetra.com).**

# Voluntary Disability Premium Rates

| Age Band | Short-Term Monthly Rate<br>Per \$10 of Benefit |
|----------|------------------------------------------------|
| All Ages | \$0.84                                         |

| Age Band | Long-Term Monthly Rate Per<br>\$100 of Covered Salary |
|----------|-------------------------------------------------------|
| < 34     | \$0.158                                               |
| 35-39    | \$0.242                                               |
| 40-44    | \$0.457                                               |
| 45-49    | \$0.578                                               |
| 50-54    | \$0.758                                               |
| 55-59    | \$0.905                                               |
| 60-64    | \$1.802                                               |
| 65+      | \$1.346                                               |

## CALCULATING YOUR PREMIUMS

To calculate your monthly premiums, multiply the number of units of coverage elected by your rate.

**Age-Banded Rates for LTD** coverage are detailed in the tables to the right.

### Short-Term Rate Calculator

| Weekly Premium          | \$<br>(weekly payroll)    | X<br>0.60 (benefit percent) | = \$ (weekly benefit) Max of 60% of weekly w2 earnings | /10 (divide by \$10 of benefit) | X<br>(multiply by age rate)          | = \$<br>(monthly premium rate) | X 12<br>(multiple by 12) | / 52<br>(divide by 52) | = \$<br>(weekly premium cost) |
|-------------------------|---------------------------|-----------------------------|--------------------------------------------------------|---------------------------------|--------------------------------------|--------------------------------|--------------------------|------------------------|-------------------------------|
| Bi-Weekly Premium       | \$<br>(weekly payroll)    | X<br>0.60 (benefit percent) | = \$ (weekly benefit) Max of 60% of weekly w2 earnings | /10 (divide by \$10 of benefit) | X<br>(multiply by age rate)          | = \$<br>(monthly premium rate) | X 12<br>(multiple by 12) | / 26<br>(divide by 26) | = \$ (bi-weekly premium cost) |
| Weekly Premium Example: | \$500<br>(weekly payroll) | x 0.60                      | = \$300                                                | / 10 (\$30)                     | x 0.84 (no age-banded rates for STD) | = \$25.20                      | x 12<br>(\$302.40)       | / 52                   | = \$5.82                      |

### Long-Term Rate Calculator

| Weekly Premium             | \$ (annual salary)          | / 12              | x \$ (age rate)                       | = \$      | / 100<br>(\$100 of benefit) | = \$<br>(monthly premium rate) | X 12<br>(multiple by 12) | / 52<br>(divide by 52) | = \$<br>(weekly premium cost) |
|----------------------------|-----------------------------|-------------------|---------------------------------------|-----------|-----------------------------|--------------------------------|--------------------------|------------------------|-------------------------------|
| Bi-Weekly Premium          | \$ (annual salary)          | / 12              | x \$ (age rate)                       | = \$      | / 100<br>(\$100 of benefit) | = \$<br>(monthly premium rate) | X 12<br>(multiple by 12) | / 26<br>(divide by 26) | = \$ (bi-weekly premium cost) |
| Bi-Weekly Premium Example: | \$48,000<br>(annual salary) | / 12<br>(\$4,000) | x \$0.269 (age banded rate for 35-39) | = \$1,076 | / 100                       | = \$10.76                      | x 12<br>(\$129.12)       | / 26                   | = \$4.97                      |

# Employee Assistance Program (EAP) & Support Services

## SYMETRA & MARKETPLACE CHAPLAINS

We understand that we all face serious problems at some time in our lives, and Titus Transport is committed to providing help during those times.

The EAP is designed to assist staff members and families with personal challenges in many different areas, including depression, stress management, drug and alcohol abuse, relationships, grief, domestic violence, legal and financial issues, parenting, childcare, and elder care.

Participation in the EAP is voluntary. For those who require referrals for long-term treatment, there may be fees for the services of outside providers. However, EAP counselors will coordinate referrals, whenever possible, to take advantage of existing insurance coverage and community resources in order to minimize costs. We encourage you and your eligible family members to take advantage of our EAP benefit and to reach out to Marketplace Chaplains.



**24 HOURS A DAY,  
7 DAYS A WEEK**

Symetra offers **FIVE** calls per year and is available to all employees and members of your household, whether you are enrolled in a medical plan or not.

**GUIDANCERESOURCES.COM**  
**WEB ID: SYMETRA**  
**888-327-9573**



**24 HOURS A DAY,  
7 DAYS A WEEK**

Professional counselors are available to provide you with support, guidance, and resources. Spanish and TTY/TDD phone lines are also available.

**MCHAPUSA.COM**  
**877-442-4207 • MYCHAP APP**

# Support Services (continued)

Your benefits include access to confidential support services for you and your eligible family members. Whether you're traveling, protecting your identity, planning for the future, or helping a loved one through a difficult time, expert assistance is available when you need it most.

## TRAVEL ASSISTANCE

24/7 support when traveling more than 100 miles from home.

- Medical, dental, and pharmacy referrals
- Emergency medical transportation coordination
- Lost luggage or document assistance
- Translation services
- Emergency travel arrangements and support

## IDENTITY THEFT ASSISTANCE

Expert support if your identity or financial information is compromised.

- Fraud alert assistance
- Lost wallet support
- Lost passport assistance
- Credit card and banking guidance
- Identity theft resolution support

## BENEFICIARY & FAMILY SUPPORT

Compassionate guidance following the loss of a loved one.

- Assistance with death certificates and paperwork
- Grief counseling referrals
- Funeral home referrals
- Estate and probate resources
- Identity fraud protection for deceased loved ones

## ESTATE PLANNING RESOURCES

Online tools to help you prepare important legal documents.

- Last Will and Testament
- Living Will
- Health Care Power of Attorney
- Financial Power of Attorney
- Final Arrangements Documentation

### HOW TO ACCESS SUPPORT ANYTIME

Travel Assistance, Identity Theft Assistance & Beneficiary Assistance

Available 24 hours a day, 7 days a week.

Phone: 1-978-651-9223 (U.S. & Canada)

International: 1-833-808-0253

Text: 1-844-302-5131

### Estate Planning Resources

Visit [www.EstateGuidance.com](https://www.EstateGuidance.com) and enter promotional code SymetraLife



# Voluntary Benefits

SYMETRA-#13580000

## HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury. Even if your Medical insurance covers most of your hospitalization, you can still receive payments from your Hospital Indemnity insurance plan to cover extra expenses while you recover.

### How Does Hospital Indemnity Insurance Work?

You pay monthly premiums for your Hospital Indemnity insurance plan. If you are admitted to the hospital for an injury or illness, your Hospital Indemnity plan makes cash payments to you. And with the payments going directly to you, you can use these emergency funds to pay for costs not covered by your medical insurance, medical insurance deductibles, copays and coinsurance, childcare expenses while you are in the hospital, or cost-of-living expenses as you recover.

| Hospital Indemnity    | Weekly  | Bi-Weekly |
|-----------------------|---------|-----------|
| Employee              | \$4.07  | \$8.14    |
| Employee & Spouse     | \$9.36  | \$18.72   |
| Employee & Child(ren) | \$5.62  | \$11.23   |
| Family                | \$11.23 | \$22.46   |

## CRITICAL ILLNESS INSURANCE

While Medical insurance is vital, it doesn't cover everything. If you suffer from a serious illness, such as cancer, stroke or a heart attack, Medical insurance may not provide the coverage you need. Critical Illness insurance will ease the financial strain and help you focus on your recovery.

### How Will a Critical Illness Claim Get Paid?

After purchasing Critical Illness insurance, if you suffer from one of the serious illnesses covered by your policy, you'll be paid in a lump sum. The payment will go directly to you instead of to a medical provider. The payment you receive can be used for many things:

- Childcare costs
- Medical and living expenses
- Travel expenses for you and your family
- Lost wages from missed time at work

### HOSPITAL INDEMNITY COVERED EXPENSES INCLUDE:

- Hospital admission
- Hospital confinement
- Hospital intensive care
- Surgical care
- Diagnostic and imaging
- Transportation and lodging



### CRITICAL ILLNESS COVERED EXPENSES INCLUDE:

- Heart attack
- Multiple Sclerosis
- Stroke
- Alzheimer's disease
- Parkinson's disease
- Major organ failure
- Wellness benefits, as applicable

# Critical Illness Premium Rates

Critical Illness insurance pays a lump-sum benefit when you're diagnosed with a covered condition, such as a heart attack or stroke. Use the funds for any purpose—mortgage payments, utility bills, childcare, or other everyday expenses.

| Coverage Increments |                                  | Benefit Options                             |
|---------------------|----------------------------------|---------------------------------------------|
| EE                  | \$5,000                          | \$5,000 - \$40,000                          |
| SP                  | \$5,000                          | \$5,000 - \$40,000 up to 100% of EE benefit |
| CH                  | 50% of EE benefit up to \$20,000 |                                             |

| Age Band | Employee Rates / \$1,000                                                |
|----------|-------------------------------------------------------------------------|
| 0-30     | \$0.29                                                                  |
| 30-39    | \$0.42                                                                  |
| 40-49    | \$0.83                                                                  |
| 50-59    | \$1.91                                                                  |
| 60-69    | \$2.90                                                                  |
| 70+      | \$4.49                                                                  |
| Spouse   | Calculated with the employee's age as of the effective date of the plan |
| Child    | Automatic: a separate premium is not required                           |



| Premium Rate Calculator       |                         |                                      |               |                     |                       |                     |                              |
|-------------------------------|-------------------------|--------------------------------------|---------------|---------------------|-----------------------|---------------------|------------------------------|
| Weekly Premium Calculation    | Number of \$1,000 units | X (multiply)                         | \$ (age rate) | = (monthly premium) | X 12 (multiply by 12) | / 52 (divide by 52) | =\$ (weekly premium cost)    |
| Bi-Weekly Premium Calculation | Number of \$1,000 units | X (multiply)                         | \$ (age rate) | = (monthly premium) | X 12 (multiply by 12) | / 26 (divide by 26) | =\$ (bi-weekly premium cost) |
| Weekly Premium Cost Example:  | 20 (\$20,000)           | x \$0.83 (age-banded rate for 40-49) |               | = \$16.60           | x 12 (\$199.20)       | = \$25.20           | = \$3.83                     |

# Voluntary Benefits

SYMETRA-#13580000

## ACCIDENT INSURANCE

Accident insurance pays out a lump sum if you become injured because of an accident — even if the injuries you incur do not keep you out of work. While health insurance companies pay your provider or facility, Accident Insurance pays you directly.

### How Does Accident Insurance Work?

Accident insurance policies can provide you with a lump sum paid directly to you that will help pay for a wide range of situations, including initial care, surgery, transportation and lodging and follow-up care. Here’s how it works.

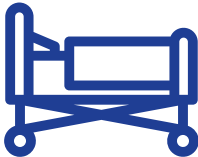
- A set amount is payable based on the injury you suffer and the treatment you receive
- Benefits are payable directly to you (unless specified otherwise) and can be used as you see fit
- Coverage is available for you, your spouse and eligible dependent children
- You do not need to answer medical questions or have a physical exam to get basic coverage
- Accident insurance covers injuries that happen on the job or off the job — unlike workers’ compensation, which only covers on-the-job injuries
- Benefit payments are not reduced by any other insurance you may have with other companies

| Accident            | Weekly | Bi-Weekly |
|---------------------|--------|-----------|
| Employee            | \$1.78 | \$3.56    |
| Employee&Spouse     | \$2.96 | \$5.93    |
| Employee&Child(ren) | \$3.39 | \$6.78    |
| Family              | \$5.34 | \$10.68   |

## COVERED EXPENSES TYPICALLY INCLUDE:



Emergency room visits



Hospital stays



Fractures and dislocations



Medical exams



Physical therapy



Transportation and lodging

Learn more about your Symetra plan summary  
800-497-3699 • sbclaims@symetra.com

# Legal Assistance

LEGALSHIELD-#304680



Life happens. Whether you’re preparing a will, buying a home, reviewing an important document, dealing with a traffic violation, or concerned about identity theft, LegalShield provides resources to help protect you and your family. LegalShield gives you access to a dedicated provider law firm for personal legal matters, including legal consultations, document review, estate planning support, family law matters, consumer issues, and more.

You may find this benefit valuable if you:

- Need legal advice before signing a contract or agreement
- Want help preparing a will or power of attorney
- Receive a speeding ticket or other legal notice
- Are buying or selling a home



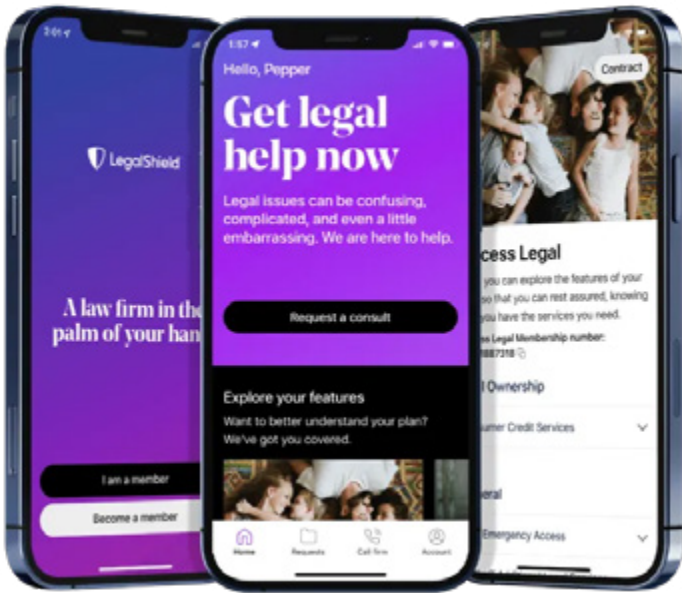
Scan here to download the app today!

## HOW TO GET STARTED

1. Create your account at [access.legalshield.com](https://access.legalshield.com)
2. Download the LegalShield mobile app
3. Log in using your account credentials
4. For LegalShield, contact your provider law firm directly through the app or Member Portal when you need legal assistance

## MOBILE ACCESS ANYTIME

The mobile apps make it easy to access legal assistance wherever you are. Through the app, you can request legal consultations, upload documents for review, and access support resources.



| Legal Shield | Monthly Premium | Employee Weekly Contribution | Employee Bi-Weekly Contribution |
|--------------|-----------------|------------------------------|---------------------------------|
| Family Plan  | \$21.80         | \$5.03                       | \$10.06                         |

# Medicare Guidance

If you're turning age 65 or are already Medicare-eligible, you have access to personalized Medicare guidance through Stellar's partnership with Avant Senior Market Solutions. Licensed Medicare specialists are available to help you understand your options and determine whether Medicare may be a better fit for your healthcare needs. **This service is available at no cost to you.**

## HOW AVANT CAN HELP

- One-on-One Consultations: Receive personalized guidance and compare your Medicare options to your current medical coverage.
- Enrollment Support: Get expert assistance with enrollment decisions, paperwork, and important deadlines.
- Ongoing Service: Access annual coverage reviews and year-round support to help ensure your coverage continues to meet your needs.

## WHY EXPLORE MEDICARE?

For some individuals, Medicare may provide:

- Lower healthcare costs
- Broader coverage options
- Additional benefits such as dental, vision, and hearing coverage

Every situation is different, and a licensed Medicare specialist can help you evaluate your options and make an informed decision.

**Important:** This service is completely voluntary and confidential. The specialists provide education and guidance so you can make the decision that's right for you. There is no obligation to enroll in Medicare.



### WANT TO LEARN MORE?

Scan the code with your mobile device or contact Avant Senior Market Solutions to schedule a consultation.

**Phone:** 816-307-2115

**Email:** [LSiler@avantsb.com](mailto:LSiler@avantsb.com)



# Financial Security



**MYKPLAN THROUGH ADP-#010-69366**



## 401(K) PLAN

Helping you prepare for retirement is extremely important to Titus Transport. To help you achieve long-term retirement security, Titus Transport offers you the ability to build individual wealth through the 401(k) employee contributions.



## ELIGIBILITY FOR EMPLOYEE CONTRIBUTION

You must be at least 21 years of age to participate and have completed 6 months of service by the next plan entry date. Rollovers into the plan are allowed upon hire date.



## ENROLLMENT

After you have met eligibility, you are eligible to make pre and post-tax contributions to the plan of up to 90% of pay. Employee contributions will be effective as soon as administratively feasible after election. Titus Transport matches 50% of the first 4% of the employee's compensation. If you're 50+ years old, you can make a catch-up contribution

## VISIT THE MYKPLAN WEBSITE TO:

- View your current 401(k) balance and investments
- Add or change your beneficiary on the plan
- Rollover funds from a previous employer plan or qualified 401(k) plan

For more information and access to the MYKPLAN site, go to **WWW.MYKPLAN.COM** or call 800-695-7526. Group Number 280435.



### WANT TO LEARN MORE?

Scan the code with your mobile device to enroll.

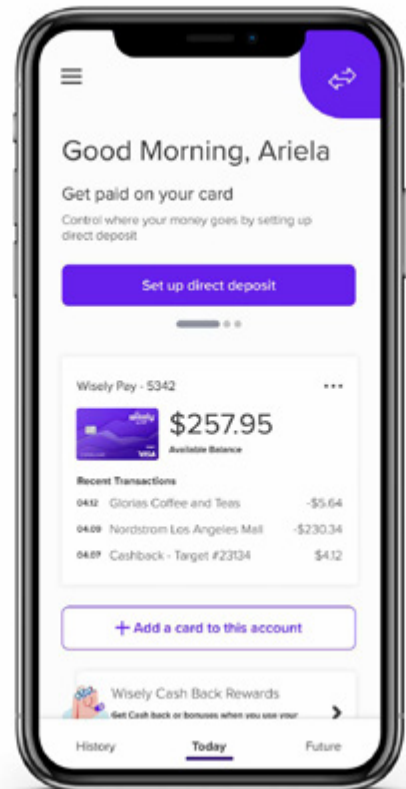


# Wisely® Pay by ADP

## DELIVERING CONVENIENCE, SECURITY, AND FINANCIAL WELLNESS

The Wisely® Pay card takes a giant leap into the future of pay. With the Wisely® Pay card, gone is the world of restrictive cash access and transaction visibility, along with limited regulatory insight. Using best-in-class, wholly owned technology, the Wisely® Paycard is designed to help you meet employee demands & reduce costs.

- Quick cash access with fee-free withdrawals from thousands of ATMs and banks nationwide plus cash-back from retailers
- Spending power to shop, pay bills, transfer funds to bank accounts, order family-member cards and make peer-to-peer transactions
- Opportunities to enter into exclusive cardholder sweepstakes
- Single digital account to access all funds from one source, including adding income from other jobs, tax refunds and more
- Simple funds management with online and mobile account management tools
- You can learn more and request a Wisely Pay card in the Pay section of your ADP app or online at [workforcenow.adp.com](https://workforcenow.adp.com)



# ADP Employee Discount Center

## ADP DISCOUNTS POWERED BY LIFEMART

One of the largest members-only online discount shopping websites helps you save time and money on the things you want most, from everyday needs to one-of-a-kind purchases. You'll find a huge selection of discounts on products and services from brands you know and love. Plus, great savings on Hotels, Car Rentals, Electronics, Restaurants, Movie Tickets, Groceries, Child Care, Senior Care and much more!

## PLAN BENEFITS

|                                         |                                                         |                                                         |                                                                          |
|-----------------------------------------|---------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------|
| Childcare,<br>Education,<br>Senior Care | Gyms,<br>Nutrition<br>Plans, Grocery<br>Coupons         | Furniture &<br>Appliances,<br>Computers,<br>Cell Phones | Travel, Hotels,<br>Car Rentals,<br>Car Buying,<br>Automotive<br>Services |
| Financial &<br>Legal<br>Products,       | Theme Park<br>Tickets, Movie<br>Tickets,<br>Restaurants | Flowers, Gifts,<br>Clothing                             | Nationwide<br>Local Deals                                                |



Check out the video at: [Vimeo.com/287663444](https://Vimeo.com/287663444)

### Access Lifemart Today!

1. Go to the ADP Portal home page:  
[workforcenow.adp.com](https://workforcenow.adp.com)
2. Search for *LifeMart*

### TROUBLE ACCESSING THE SITE?

Contact the help desk:

[ADPWFNhelpdesk@lifecare.com](mailto:ADPWFNhelpdesk@lifecare.com)

# Time Off and Leave Summary

The following provides a high-level overview of Titus Transport's time off and leave policies, including eligibility, accrual, and applicable waiting periods for each program. This summary is intended for general reference only and does not replace the official employee handbook, which governs in the event of any discrepancy. Titus encourages you to review the complete handbook and to direct any questions or requests for additional information to Human Resources at [HR@neatruck.com](mailto:HR@neatruck.com).

| Benefit/Leave                                  | Paid/Unpaid                                | Waiting Period          | Duration/Amount                      |
|------------------------------------------------|--------------------------------------------|-------------------------|--------------------------------------|
| PTO                                            | Paid                                       | 60 days                 | 10-30 days annually based on service |
| Holiday Pay                                    | <i>Paid if eligible</i>                    | 60 days                 | 6 company holidays                   |
| Bereavement<br>for Immediate<br>Family Members | <i>Paid with proof of<br/>relationship</i> | 60 days                 | Up to 3 days                         |
| Jury Duty                                      | <i>Varies<br/>State Dependent</i>          | None                    | As required by service               |
| Voting                                         | Paid leave/PTO                             | None                    | Up to 2 hours                        |
| FMLA                                           | Unpaid/PTO<br>substitution                 | 12 months<br>+ 1250 hrs | Up to 12 weeks                       |
| Pregnancy/Paternity                            | Unpaid                                     | None                    | As provided by law                   |

## PTO Accrual

| Non-Driver PTO Accrual Chart |                                       |                     |
|------------------------------|---------------------------------------|---------------------|
| Years of Service             | Accrual Rate per Bi-Weekly Pay Period | Maximum PTO Accrual |
| Upon Hire                    | 3.08 hours                            | 10 days (80 hours)  |
| 1-4 years                    | 4.62 hours                            | 15 days (120 hours) |
| 5-10 years                   | 6.15 hours                            | 20 days (160 hours) |
| 11-20 years                  | 7.69 hours                            | 25 days (200 hours) |
| 20+ years                    | 9.23 hours                            | 30 days (240 hours) |

| Driver PTO Accrual Chart |                                    |                     |
|--------------------------|------------------------------------|---------------------|
| Years of Service         | Accrual Rate per Weekly Pay Period | Maximum PTO Accrual |
| Upon Hire                | 1.92 hours                         | 10 days (100 hours) |
| 1-4 years                | 2.88 hours                         | 15 days (150 hours) |
| 5-10 years               | 3.85 hours                         | 20 days (200 hours) |
| 11-20 years              | 4.81 hours                         | 25 days (250 hours) |
| 20+ years                | 5.77 hours                         | 30 days (300 hours) |

# Employee Contributions

| Medical: Base PPO Plan Option | Weekly   | Bi-Weekly |
|-------------------------------|----------|-----------|
| Employee                      | \$60.08  | \$120.15  |
| Employee & Spouse             | \$184.16 | \$368.33  |
| Employee & Child(ren)         | \$139.93 | \$279.86  |
| Family                        | \$229.47 | \$458.95  |

| Medical: Money Saver Plan Option | Weekly   | Bi-Weekly |
|----------------------------------|----------|-----------|
| Employee                         | \$50.12  | \$100.23  |
| Employee & Spouse                | \$177.26 | \$354.52  |
| Employee & Child(ren)            | \$131.83 | \$263.67  |
| Family                           | \$223.51 | \$447.02  |

| Dental                | Weekly  | Bi-Weekly |
|-----------------------|---------|-----------|
| Employee              | \$5.94  | \$11.87   |
| Employee & Spouse     | \$12.11 | \$24.22   |
| Employee & Child(ren) | \$16.63 | \$33.27   |
| Family                | \$22.83 | \$45.66   |

| Vision                | Weekly | Bi-Weekly |
|-----------------------|--------|-----------|
| Employee              | \$1.38 | \$2.76    |
| Employee & Spouse     | \$2.62 | \$5.24    |
| Employee & Child(ren) | \$2.76 | \$5.51    |
| Family                | \$4.05 | \$8.10    |

| Accident              | Weekly | Bi-Weekly |
|-----------------------|--------|-----------|
| Employee              | \$1.78 | \$3.56    |
| Employee & Spouse     | \$2.96 | \$5.93    |
| Employee & Child(ren) | \$3.39 | \$6.78    |
| Family                | \$5.34 | \$10.68   |

| Hospital Indemnity    | Weekly  | Bi-Weekly |
|-----------------------|---------|-----------|
| Employee              | \$4.07  | \$8.14    |
| Employee & Spouse     | \$9.36  | \$18.72   |
| Employee & Child(ren) | \$5.62  | \$11.23   |
| Family                | \$11.23 | \$22.46   |

# Annual Notices

In compliance with insurance regulations, Titus Transport provides the following information about the health benefits we offer and the coverage options available to you as an employee. To review the annual notices in full, please log into your ADP account.



DOWNLOAD YOUR COPY FROM [WORKFORCENOW.ADP](https://workforcenow.adp.com)



# Your Enrollment Blueprint

1

## LOG INTO ADP

Website: **workforcenow.adp.com**  
Mobile App: **ADP Mobile Solutions**



2

## EVALUATE OPTIONS

Review available benefit options for the year.

- Use carrier resources and tools to make decisions.
- Review ALL information (personal, tax, direct deposit, and beneficiary designation).



3

## ENROLL IN BENEFITS

Go to **workforcenow.adp.com** or enroll through the ADP mobile app.

- Contact your HR or benefits team with any questions.



## NEED HELP ENROLLING?

Questions about your enrollment?  
Reach out to Titus Transport Benefits  
Call Center & Enrollment Support at  
866-317-9993.

# Qualifying Life Events

Generally, you may only make or change your existing benefit elections during the Annual Enrollment window. However, you may change your benefit elections during the year if you experience a Qualified Life Event. A qualifying life event is a big life-changing situation that can impact you and your health insurance. Experiencing a significant life change may allow you to change your health plan outside of the Annual Enrollment period.

| LIFE EVENT                                         | DOCUMENTS NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Birth, adoption and legal guardianship             | <ul style="list-style-type: none"> <li>• Birth certificate or application for a birth certificate</li> <li>• Adoption record or placement for adoption</li> <li>• Legal guardianship document</li> <li>• Court order or child support order</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Marriage                                           | Marriage license (include proof of coverage for at least one, subscriber or spouse)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Loss of employer sponsored group coverage          | <ul style="list-style-type: none"> <li>• Letter or document from employer stating the employer changed, dropped or will drop coverage or benefits for the employee, spouse or dependent, including the date coverage ended or will end</li> <li>• Letter from health insurance company showing coverage termination date</li> <li>• COBRA documentation showing length of coverage with beginning and end dates</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Divorce or legal separation                        | Divorce or annulment papers including the ending of health care responsibility and proof of prior qualifying health coverage within the last 30 days separation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Death of policy holder                             | <ul style="list-style-type: none"> <li>• Death certificate or public notice of death and proof of prior qualifying health coverage within the last 30 days</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Turning 26 and aging off parent's plan             | Proof of prior qualifying health coverage within the last 30 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Loss of Medicaid                                   | <ul style="list-style-type: none"> <li>• Documentation from state Department of Health and Human Services indicating the reason for loss and when coverage ended or will end</li> <li>• Letter from Medicaid or Children's Health Insurance Plan (CHIP) stating when coverage ended or will end</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Moved out of plan area or moved into new plan area | Proof of prior qualifying health coverage within the last 30 days and one of the following: <ul style="list-style-type: none"> <li>• Lease or rental agreement</li> <li>• Mortgage deed if showing owners use the property as primary residence</li> <li>• Front and back of driver's license or state identification card</li> <li>• U.S. Postal Service change of address confirmation</li> <li>• Official school documentation, including enrollment or housing documentation</li> <li>• Letter from current or future employer that you relocated for work</li> <li>• Green card, education certificate or visa if you moved to the U.S. from another country</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                              |
| Other events                                       | <ul style="list-style-type: none"> <li>• Letter from school stating when student health coverage ended or will end</li> <li>• Dated copy of military discharge papers or Certificate of Release including the date coverage ended or will end due to no longer active military service</li> <li>• Letter or notice from government program, like TRICARE, Peace Corps, AmeriCorps, or Medicare stating when coverage ended or will end</li> <li>• Document from the Department of Corrections, jail or prison indicating release or parole, including an order of parole, order of release or an address certification</li> <li>• Documentation from the Health Insurance Marketplace or state-based exchange showing determination of eligibility and date for the following events:               <ul style="list-style-type: none"> <li>• Newly eligible for Advanced Premium Tax Credit</li> <li>• Materials violation of the plan contract</li> <li>• Unintentional, inadvertent or erroneous enrollment</li> <li>• Decertified or plan discontinuance letter</li> </ul> </li> </ul> |

# Benefit Definitions

## DEDUCTIBLE

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible.)

## COINSURANCE

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

## OUT-OF-POCKET MAXIMUM

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover.

## COPAYMENT

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

## NETWORK

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

## NETWORK PROVIDER

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider." There is no first dollar coverage with the exception of preventative services.

## PROVIDER

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.

## OUT-OF-NETWORK PROVIDER

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider."

## REFERRAL

A written order from your primary care provider for you to see a specialist or get certain health care services. In many health maintenance organizations (HMOs), you may need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.

## PREMIUM

You typically pay premiums through payroll deductions.

# FAQs

## ELIGIBILITY AT A GLANCE

### 30+ HOURS

Regular, full-time employees working at least 30 hours per week.

### 60 DAYS

New hires have 60 days after the hire date to enroll.

### EFFECTIVE DATE

Coverage begins the first of the month following 60 days of active full-time employment.

### DEPENDENT RULE

The employee must be enrolled in benefits to enroll eligible dependents.

## COMMON QUESTIONS

### Who can I cover?

Your legal spouse; children under age 26; and certain fully dependent children over age 26 with a mental or physical disability. The employee must be enrolled in benefits to enroll eligible dependents.

### Who can be enrolled as a dependent?

A person may not be covered as a dependent if they are covered as an employee, and no person can be insured as a dependent of more than one employee.

### Can I change benefits midyear?

An eligible qualifying life event, such as marriage, divorce, birth, adoption, an employment-status change, or gaining or losing other coverage, may allow a change.

### How do I submit a life-event change?

Submit the change and required documentation through ADP Workforce Now within 30 days, or call the Benefits Call Center.

### How do annual Supplemental Life and AD&D increases work?

Each year, you may increase coverage by one increment without EOI: \$10,000 for employee coverage or \$5,000 for spouse coverage, up to the guaranteed issue amount.

### What are the guaranteed issue amounts?

Employee: \$150,000. Spouse: \$50,000. Coverage above the applicable guaranteed issue amount may require an Evidence of Insurability. Who is eligible for dependent Supplemental Life and AD&D coverage?

### What rules apply to spouse Life and AD&D?

Spouse rates are based on the employee's age. A spouse's election cannot exceed the employee's coverage amount.

### What does EOI mean?

Evidence of Insurability is health information the insurer may require before approving certain coverage amounts.

### Where can I get enrollment help?

Call the Titus Transport Benefits Call Center at 866-317-9993, Monday through Friday, 8 a.m. to 5 p.m. Central Time.

## KNOW THE LINGO

### EOI

Health information the insurer may require to approve coverage.

### Guaranteed Issue

Coverage available up to a stated amount without EOI, subject to plan rules.

### QLE

A qualifying life event that may allow a midyear election change.

### EOB

A claim-processing statement. It is not a bill.

### Deductible

What you pay before the plan begins paying for certain covered care.

### Copay

A fixed amount paid for a covered service or prescription.

### Coinsurance

Your percentage of a covered cost, usually after the deductible.

### Prior Authorization

Plan approval that may be required before certain care is covered.

#### Benefits Call Center

866-317-9993

#### Enrollment System

ADP Workforce Now

#### Reminder

Official plan documents govern

## Notes:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.