

Benefit Eligibility and Coverage Effective Dates

Who is eligible for our benefit plans?

Employees of Roehl that work 30 hours per week or more are eligible to participate in the Roehl benefits program. 7-On/7-Off, 7-On/4-Off—7-On/3-Off and 14-On/7-Off drivers are considered full-time employees for benefits.

Your lawful spouse and children (up to age 26) are also eligible to participate. **If your spouse is eligible for health insurance at their employer, they must take that coverage in order to receive secondary coverage under the Roehl plan.** Unmarried children of any age who are disabled (disability must have occurred before the child turned 26) and meet the eligibility requirements outlined in the Summary Plan Description (SPD) are also eligible to participate.

Coverage Effective Dates

Coverage effective dates vary. Please see the below table for specific effective dates.

Type of Coverage	Benefit Effective Dates
Medical Flexible Spending Accounts (FSAs) Dental Vision Basic Life Supplemental Life Short-Term Income Protection (STIP) and Long-Term Disability (LTD)	Experienced Driver - 1st of the month following 30 days of employment Student Driver - 1st of the month following 60 days of employment Other than Driving Employees - 1st of the month following 60 days of employment All Employees - 1st of the month following 6 months of employment
Accident Critical Illness	All Employees - 1st of the month following 6 months of employment

401(k)

All Employees - 1st of the month following 60 days of employment

If you do not opt out of or change your percentage, you will automatically be enrolled the first of the month following 90 days of employment.

Benefit Enrollment

When and how do I enroll?

You are eligible to enroll in benefits prior to your effective date of coverage. Employees or their spouses can complete the enrollment process through online enrollment or by speaking with a benefits enroller.



Option 1.

Online Enrollment.

Use this link to open a new window that will give you access to our [secure benefit enrollment site](#). You may be required to login using your **TeamRoehl.com** username & password. If you have questions, [contact Pay Services](#) at 1-715-591-7485 if you are a Driver, or extension 2246 if you are a Non-Driver.



Option 2.

Phone enrollment with a Benefits Educator.

Call the enrollment center at 1-844-763-4501 Monday-Friday from 8 AM - 6 PM CST. If the benefits enroller is unavailable, please leave a message.

During your enrollment, you will need to verify your personal information. This includes your legal name, address, date of birth, marital status and social security number. If you are enrolling eligible family members, please be prepared to provide their legal name, date of birth and social security number.

You will be guided step-by-step through the benefit selections for which you are eligible, the level of coverage and the cost (if any) to you.

Once you have enrolled, your enrollment confirmation statement will be sent to you via email. Please review this document for accuracy and contact the Pay and Benefit Services Department with any updates or changes.

If you do not enroll as a newly eligible employee, you will not be eligible to enroll until the next open enrollment period or you experience a qualifying event. All qualifying event questions should be directed to the Pay and Benefit Services Department.

Health Insurance

Through [Anthem BlueCross BlueShield](#)



We offer a choice of two different health insurance plans - Silver or Gold - coupled with a Health Reimbursement Arrangement. Both plans offer in-network and out-of-network benefits as well as prescription drug coverage.

Within each plan, you are able to choose from the following coverage options:

- Employee only

- Employee and Spouse
- Employee and Kids
- Family

If your spouse is eligible for health insurance through his or her employer, he or she is not eligible for primary coverage under our plan.

Your share of the cost is paid through pay deduction and will be paid with pre-tax dollars. Plan ID cards are sent out upon enrollment. A Summary Plan Description (SPD) is available on www.anthem.com. The SPD lists the specific benefits and contribution levels for each plan. In addition to the SPDs, you can review the Summary of Benefits and Coverage (SBC) on Roehlbenefits.com.

Changes to health coverage are only allowed when a qualifying event occurs or during an annual open enrollment. Please contact the Pay and Benefits Services Department or refer to the plan SPD for more information regarding qualifying events.

If you elect our health insurance, you are required to participate in our [Short-Term Income Protection and Long-Term Disability Plan \(STIP-LTD\)](#).

Health Reimbursement Arrangement

The Health Reimbursement Arrangement is a new addition to our plan. At the beginning of the year, Roehl will make a set amount available to you for your health reimbursement as outlined below:

2019 HRA Amounts	
Employee Only	\$500
Employee + Spouse	\$750
Employee + Kids	\$750
Family	\$1,000

The Health Reimbursement Arrangement will pay for the first dollars you spend on healthcare within our plan up to the amount available to you for the year. The only amount you will pay is the copay. Deductible and co-insurance amounts do not apply until you have used all of the health reimbursement for the year. When your claim is processed, the health reimbursement amount is paid first, so depending on the care received, you may never see a bill for that visit.

Example:

You have had a persistent sore throat for a week and have single coverage on the Silver Plan. You

decide to see your doctor to check it out. Upon arrival, you pay your \$30 copayment. Your doctor determines you have strep throat and gives you a prescription. The cost of the office visit was \$150. The prescription copayment was \$15.

Your Health Reimbursement Arrangement will pay the cost of the office visit, totaling \$150. Keep in mind co-pays are not covered by the HRA, just the cost of the services. This means you will pay the \$30 office copay and the \$15 prescription copay out of pocket, which will be applied to your out of pocket maximum. The remaining balance of your Health Reimbursement Arrangement is \$350. This will also be applied to your deductible, meaning your remaining deductible is \$2850. Any additional healthcare within the plan will be processed this way, until your health reimbursement amount is exhausted. After that, the deductible and coinsurance amounts will apply.

Health Reimbursement Rollover

Any amount of health reimbursement you do not use during the year will rollover and be available to you the following year. The plan allows for up to two full years' worth of health reimbursement to rollover, plus the amount you get for the current year.

Example:

You have single coverage on the Silver plan. You are healthy and do all of your preventative care, which is covered other than the office visit copay. You did not see the doctor otherwise so you did not use the Health Reimbursement Arrangement. The \$500 from this year will roll over to next year, plus you will get the allocation for the new year (another \$500). Now you have \$1000 available for health reimbursement on January 1st.

You continue to do preventative care and remain healthy. Again you do not use any health reimbursement. The \$1000 you currently have will roll over to the following year, so you now have \$1500 for health reimbursement. You have reached the plan maximum.

Your Costs

Roehl pays the lion's share of the cost of your health plan coverage, but it's important for our employees to understand the health plan components as well as their portion of the cost. We have put together a few definitions to help you through the process.

- **Deductible** - The expense you are responsible to pay before the plan begins to pay for covered services. Please note that deductibles do not cross accumulate when using in-network and out-of-network healthcare providers.

- **Co-insurance** - The percentage of eligible expenses that you will be required to pay for certain covered health services.
- **Co-payments** - A set amount that you will pay for certain covered health services. This amount is in addition to your deductible and co-insurance. Co-payments do not apply toward your deductible.
- **Out-of-pocket maximum** - The maximum amount that you will pay each calendar year. Please note that out-of-pocket maximums do not accumulate between in-network and out-of-network healthcare providers.

2019 Health Insurance Premiums

	Weekly Non-Tobacco Premiums		Weekly Tobacco Premiums	
	Silver Plan	Gold Plan	Silver Plan	Gold Plan
Employee Only	\$28.06	\$45.63	Employee Only	\$50.06 \$67.63
Employee + Spouse	\$97.88	\$130.91	Employee + Spouse	\$123.88 \$156.91
Employee + Kids	\$67.04	\$98.83	Employee + Kids	\$93.04 \$124.83
Family	\$116.24	\$166.81	Family	\$142.24 \$192.81

- Our policy defines a tobacco user as an individual that has used tobacco, on average, four or more times per week during the past six months (excluding religious and/or ceremonial use). Tobacco usage includes:
 - Smoking or inhaling the smoke of any substance by way of cigarettes, pipes, cigars, e-cigarettes or any other smoking or smoking-simulation items or devices.
 - Using tobacco or any tobacco product(s) in any other manner or by any other method or device whatsoever.
- The tobacco rates apply when at least one tobacco user is covered.
- Please add this amount to your weekly rate if you are in one of these fleets:
 - **7/7 drivers pay an additional:**
 - \$23.59 per week for the **SILVER PLAN** or
 - \$25.20 per week for the **GOLD PLAN**
 - **7/4-7/3 and 14/7 drivers pay an additional:**
 - \$9.35 per week for the **SILVER PLAN** or
 - \$10.02 per week for the **GOLD PLAN**

- Rates for **New York residents** are slightly higher.

- If you have been employed with Roehl for over a year, subtract \$6.50 from the rate above for Employee Only coverage and \$13.00 for Employee + Spouse, Employee + Kids, or Family coverage.

- If you and your spouse (if applicable) complete the [Health Assessment](#), deduct \$10.50 from the above rates for Family and Employee + Spouse coverage or \$4.25 for Employee + Kids coverage.

2019 Health Insurance Chart					
		SILVER PLAN		GOLD PLAN	
		In-Network	Out-of-Network	In-Network	Out-of-Network
DEDUCTIBLES (Figures listed are per calendar year)	Deductible • Employee Only	\$3,000	\$6,000	\$1,500	\$3,000
	Deductible • Employee + Spouse • Employee + Kids • Family	\$6,000	\$12,000	\$3,000	\$6,000
	Co-Insurance	Plan pays 75% of allowable charges	Plan pays 50% of allowable charges	Plan pays 80% of allowable charges	Plan pays 60% of allowable charges
	Out-of-Pocket Maximum • Employee Only	\$7,900	\$15,800 + any amount over usual, customary and reasonable	\$5,000	\$10,000 + any amount over usual, customary and reasonable
	Out-of-Pocket Maximum • Employee + Spouse • Employee + Kids • Family	\$15,800	\$31,600 + any amount over usual, customary and reasonable	\$10,000	\$20,000 + any amount over usual, customary and reasonable
HRA Contribution	• Employee Only	\$500		\$500	
	• Employee + Spouse • Employee + Kids	\$750		\$750	
	• Family	\$1,000		\$1,000	
	HRA carry forward is capped at two times the annual contribution				
CO-PAYMENTS (Services are subject to the applicable co-payment, annual deductible and co-insurance)	Office Visit	\$30	Subject to the out-of-network deductible and co-insurance	\$20	Subject to the out-of-network deductible and co-insurance
	Specialty Office Visit	\$60		\$40	
	LiveHealth Online	\$30		\$20	
	Mental Health Visit	\$0		\$0	
	Emergency Room	\$200	\$200	\$200	\$200
	Urgent Care	\$30	Subject to the out-of-network deductible and co-insurance	\$20	Subject to the out-of-network deductible and co-insurance
	Inpatient Hospital	\$0		\$0	
Inpatient Hospital (Mental Health)	\$0	\$0			
PHARMACY	Deductible • Employee Only • Employee + Spouse • Employee + Kids • Family	\$0 per covered person		\$0 per covered person	
	Tier 1	\$15		\$15	
	Tier 2	\$40		\$40	
	Tier 3	\$70		\$70	
	Tier 4	\$125		\$125	

Preventive Care

Maintaining a healthy lifestyle is a goal that we should all set for ourselves.

We encourage all of our employees and their family members to make healthy choices, beginning with an annual wellness exam. There are no benefit limits on the Silver or Gold Plans for preventive care. This will allow you to obtain your wellness screenings using in-network providers at no cost to you.

Controlling Healthcare Costs

The cost of healthcare is high. As a result, health insurance is recognized as one of the most important benefits of employment. We offer these plans to you at extremely favorable rates because we pay the majority of the costs.

However, the way you use this benefit can make a huge difference in your out-of-pocket costs. What can you do to help control healthcare costs?



- Call [Anthem BlueCross BlueShield](https://www.anthem.com) at 844-300-2264 for non-emergency hospital questions, or if you have any concerns or questions regarding what may or may not be covered.

- Use the [Anthem BlueCross BlueShield website \(www.anthem.com\)](http://www.anthem.com). We encourage you to use the Anthem website to:
 - **Look up doctors in your area that participate in the network.**
 - **Find a network hospital.**
 - **Estimate fees.**
 - **Evaluate your health by completing a confidential Health Assessment.**
 - **Take advantage of discounted products and services like eyeglasses, health supplies, etc.**
 - **Obtain health and wellness information.**
 - **Get benefit details including the status of your claims.**
- Use an in-network provider to save yourself and the plan from significant costs. If you go to a provider outside of the network, you will pay more for your deductible, your co-insurance and your co-payments. There's a significant financial cost to you as well as to the plan for receiving services outside of the network. Doctors outside of our network have not agreed to limit their rates and may charge more for their services than our network maximums. Our plan may only pay up to 140% of the standard Medicare rate for the service and you'll have to pay the difference. Please call Anthem at 844-300-2264 or visit them online at www.anthem.com if you need assistance finding a network doctor in your area.
- Use Emergency Room services only in emergencies. That may seem obvious, but all too often the kid with the runny nose or scraped knee ends up in the Emergency Room. Or, worse yet, people go there for routine care out of convenience. Emergency Room visits are typically 3 to 5 times

more expensive than non-emergency room visits for the same problems. Most major clinics offer “Urgent Care” services for non-routine and non-emergency situations. Typically, they don’t require an appointment, and the services are still substantially less expensive than an Emergency Room. Make it a point to know which clinics in your area offer Urgent Care services and what the Urgent Care hours are. Of course, if you have an emergency, by all means go to the Emergency Room.

- Use our [Flexible Spending Account \(FSA\)](#) to lower the tax bite on dollars you’re using to cover healthcare expenses.
- Use [LiveHealth Online](#) to get connected with U.S. Board Certified doctors while on the go, right from your mobile device. Doctors can answer your questions, make a diagnosis and prescribe basic medications if necessary. To learn more, log onto [LiveHealth Online](#) or download the mobile app.
- Always call Anthem prior to any non-emergency hospital admissions. If you don’t call first, your coverage for the hospital stay will be reduced significantly.

By properly managing your healthcare, including choosing doctors within the network, you can help keep costs down for you and for the plan.

Another Healthcare Option

Through Astia Health



If you live in the greater Marshfield, Wisconsin area and you are on our health insurance plan, we have a healthcare option with no co-payments and no deductible available through Astia Health. Astia Health is a local company that provides basic and common [healthcare and medical services](#). They

work with local employers to establish high quality services outside of the standard insurance company and large health system networks. Their care model, ancillary services pricing, supply and drug purchasing is all done in a way that eliminates the high administrative cost burden associated with the big systems. This results in savings to the cost of providing high quality healthcare to our employees and ultimately direct cost savings to you as well. And everyone in your family that is on your medical plan can use Astia.

Video: Astia Healthcare & TeamRoehl

Astia is located in Marshfield in the City Hall Plaza next to the Holiday Inn. Appointments are easy to get, and urgent issues are handled promptly making it super convenient. They also have video service available and can make house calls within a 15-mile radius. Care using video services is a whole lot better and more comfortable when you know the doctor.

By using Astia Health, you can stretch your healthcare dollars. Your health reimbursement account is available for the “first dollars” of healthcare expense you incur in our plan through deductibles and co-pays. When you use Astia, you retain your HRA dollars in your account because there are no co-pays or deductibles or additional fees. Why spend it when you can save it? Why not save it and roll it over for a time when you may have a need for high cost specialty care? If you have questions or want to enroll in the Astia Health Benefits – all you need to do is call Extension 2112 or email sara.yessa@roehl.net.

The healthcare system in the U.S. has been labeled by most every authority as broken because of the extraordinary and accelerating cost of services and drugs. And, we are not better for it. Our health outcomes lag most every other advanced nation in the world. You may have read about Amazon, Berkshire Hathaway, and JP Morgan joining forces to try and innovate alternatives to the current healthcare system. Well, that’s exactly what we’re doing by partnering with Astia – we’re developing a better way.

When you enroll and use Astia, you are a part of the solution for a better healthcare system.

List of Services

- ~ Mobile services within a 15 mile radius of Marshfield Employer Clinic
- ~ Mileage free at this distance
- ~ Free video calls - Download the Astia Health App on the Apple App Store today!

Call us first to see if we can help. If we can't we will be happy to refer you!
Astia Health General Line: 888-885-4434

Urgent Care / Problem Focused Visits:			
Abdominal Pain	Drug Screening	Lacerations	Sinus Infection
Abscesses	Ear Infection	Minor Burns	Skin Infections
Acid Indigestion	Ear Wax Removal	Minor Illness/Injury	Skin Irritations
Acid Reflux	Eczema	Mole Removal	Sprains/Strains
Acne	Electrical Cardioversion	Mono	STD Testing
Allergies	Emphysema	Mouth & Cold Sores	Strep/Sore Throat
Anxiety	Eye Injury	Nebulizer Treatments	Suture Removal
Asthma	Eye Screening	Physicals	Swimmers Ear
Athlete's Foot	Flu Shots	Pink Eye & Styes	TB Skin Tests
Back Pain	Hearing Tests	Pneumonia	Thyroid Disorders
Broken Bones	Head Lice	Preemployment Screening	Tick/Insect Bites and Stings
Bronchitis	Hepatitis B	Poison Ivy, Poison Oak & Poison Sumac	Upper Respiratory Illness
Chronic Bronchitis	High Blood Pressure	Primary Care	UTI's
Conscious Sedation	High Cholesterol	Rashes	Vaccines and Immunizations
Cough	Hives	Respiratory Screening	Vomiting
Depression	I.V. Therapy	Ringworm	Wart Removal
Diabetes	Impetigo	Scabies	Wellness Exams
Diarrhea	Influenza	School/Sports Physical	Yeast Infections
DOT exams	Laboratory Testing	Shingles	



Astia Health
 HEALTHCARE DELIVERED

Health Assessment

Get a discount on the cost of your health insurance!



Complete the Health Assessment to get a discount on your weekly medical premiums.

This confidential assessment will ask questions to get a snapshot of your current health to pinpoint any at-risk areas. Anthem will provide tips on steps you can take to reduce your health risk as well as information on free programs and tools on anthem.com that can help you live healthier. The assessment is a tool for you. Your information will not be used by Roehl or Anthem to decide if you're eligible for coverage. Your answers are protected by HIPPA Privacy and Security Rules.

If you complete the assessment, you pay \$4.25 less per week for Employee or Employee + Kids Coverage or \$10.50 less per week for Employee + Spouse or Family Coverage.

To receive this discount, both you and your spouse (if you have Employee + Spouse or Family Coverage) must complete the assessment. You can complete the assessment at any time during the year. Upon completion, you will receive the discount within three pay periods. **Please keep in mind that you must wait until your medical insurance is effective before completing the assessment.**

If you complete the assessment prior to having coverage, your premium discount will be delayed.

Flexible Spending Account (FSA)

Administered by [TASC](#)



Our FSAs allow you the option of pre-tax pay deductions for unreimbursed **health expenses** and **child/dependent care expenses**.

By participating in our FSAs, you pay certain health expenses and adult and child dependent care with "UNTAXED" dollars. You save substantial tax dollars and increase your net take home pay.

Initial enrollment must be completed prior to the effective date of your coverage and will be effective for the balance of the calendar year. **You must re-enroll annually (during open enrollment) if you wish to continue taking advantage of the savings opportunity the plan offers.**

You can use the FSA for reimbursement of qualifying healthcare expenses not reimbursed by insurance. Some examples of reimbursable expenses are deductibles and co-payments, eye exams, glasses and prescription expenses not covered by the healthcare plan. Eligible expenses are defined by Tax Code Section 213(d). In most instances, expenses related to cosmetic procedures (e.g., teeth bleaching, plastic surgery, etc.) are not eligible for reimbursement. Please check with [TASC](#) if you are not sure if an expense qualifies. The maximum you can contribute for healthcare expenses is \$2,650 annually.

The FSA also allows you to use pre-tax dollars for dependent care expenses. For example, if you spend \$96.15 per week on daycare expenses for a dependent child, using the FSA means that you'll pay no income tax on \$5,000 of your pay in a year!

The maximum you can contribute for dependent care is \$5,000 annually (or \$2,500 if you are married filing separately). Eligible dependents are children under the age of 13 or any disabled adult you

claim as a deduction on your personal income tax return.

You will receive a debit card to pay for qualifying healthcare expenses. You can order additional cards online, at no charge, for all dependents over the age of 18. If you do not use your debit card for qualifying FSA expenses, you will need a claim form with documentation of the services provided in order to be reimbursed. For dependent care services, you will need a claim form and signed receipt from the provider.

Elections cannot be changed or revoked during the plan year without a change in family status. Changes in family status include, but are not limited to marriage, divorce, death of a spouse or dependent, birth or adoption of a child and termination or commencement of a spouse's employment. The Plan Administrator will determine if your event permits a change or revocation of an election during the plan year.

Use it or lose it! You should review your expenses carefully before making an election in order to minimize or eliminate unused benefits at the end of the year. However, if you don't spend all your dollars within the calendar year (January through December), you can continue to use those dollars for qualified expenses until March 15th. All claims for the plan year must be submitted prior to March 31st. If you're not able to use all of your money by then, the IRS requires you to forfeit the balance remaining in your account. Please estimate your expenses carefully.

By electing to redirect a portion of your salary to your FSA, you essentially "bank" your money in a tax-free account. The money can be used to pay for co-pays, deductibles and other uncovered expenses that you formerly paid with after-tax dollars.

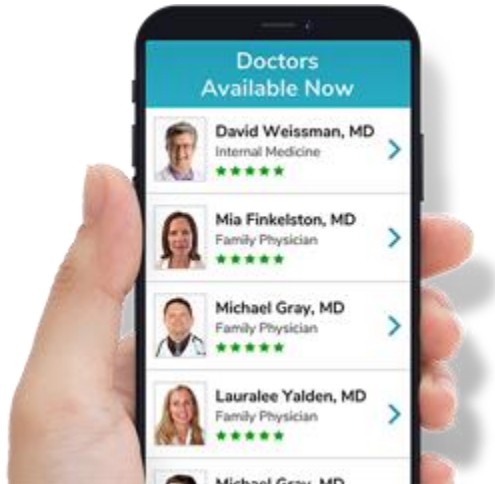
LiveHealth Online



LiveHealth Online makes it easy to seek medical treatment for common medical conditions such as the flu, rashes, colds, etc. Simply download the LiveHealth Online mobile app or log into <https://livehealthonline.com/> with a webcam enabled computer, smartphone, or tablet to meet with a doctor through live video chat 24 hours a day, 7 days a week.

LiveHealth Online doctors can answer your health questions, diagnose your medical concern, and

prescribe basic medications in certain states. If you have medical insurance through Roehl, the cost of using LiveHealth Online is that of your regular office visit (\$30 for Silver, and \$20 for Gold). If you do not have medical insurance through Roehl, you can still take advantage of this service for \$49 per visit.



Dental Insurance

Through [Delta Dental](#)



Our dental plan is designed to encourage prevention of serious dental problems by helping you pay the cost of routine diagnostic and preventive care, as well as to help pay the expense of major dental repairs or replacement of teeth when needed. Your spouse and dependents are also entitled to receive benefits under the dental plan. Your contribution is paid through pay deduction and will be

paid with pre-tax dollars.

If you do not enroll at the time you are hired, you may enroll later during annual open enrollment or if you experience a qualifying event.

Dental - Deductibles

Employee Only Deductible	\$50
Family Deductible	\$150
Annual Benefit Maximum	\$1,000 per person
Lifetime Orthodontic Maximum	\$1,000 per person

Dental - weekly premiums

Employee	\$ 6.53
Employee + Spouse	\$14.74
Employee + Kids	\$16.28
Family	\$19.55

The dental plan pays for covered services as outlined in the Summary Plan Description. A summary of covered items is listed below.

Benefit Description	Annual Deductible	Plan Pays	Additional Limitations & Explanations
Preventative Services	No	100%	Does not apply to the annual benefit maximum.
Basic Services	Yes	80%	Subject to the annual benefit maximum.
Major Services	Yes	50%	Subject to the annual benefit maximum.
Orthodontic Services	No	50%	Subject to the annual benefit maximum for dependents through age

Benefit Description	Annual Deductible	Plan Pays	Additional Limitations & Explanations
			19 only. Orthodontia expenses do not apply to the annual deductible or benefit maximum.

Vision Insurance

Through VSP



The vision plan is designed to help cover the expense of exams, lenses, contacts, etc. Your cost will be paid through pay deduction and will be paid with pre-tax dollars. Your spouse and dependents are also entitled to receive benefits under the vision plan.

If you do not enroll at the time you are hired, you may enroll later during annual open enrollment or if you experience a qualifying event.

Vision - Co-Pays

Comprehensive Exam	\$10
Materials	\$10

Vision - Weekly Premiums

Employee	\$1.15
Employee + Spouse	\$2.01

Vision - Weekly Premiums

Employee + Kids	\$2.41
Family	\$3.08

Vision - Benefit Frequency for Each Covered Individual

Comprehensive Exam	1 exam every 12 months
Spectacle Lenses	1 pair every 12 months
Frames	1 pair every 24 months
Contact Lenses	1 pair every 12 months (in lieu of eye glasses)

Obstructive Sleep Apnea (OSA) Benefit Plan



We are excited to provide you with a unique health and wellness benefit program aimed at diagnosing and treating Obstructive Sleep Apnea (OSA).

What is OSA?

OSA is a condition in which the flow of air pauses or decreases during breathing while you are asleep because the airway has become narrowed, blocked or floppy. Left untreated, OSA can contribute to a whole host of health problems not the least of which is being fatigued. We do not want you—particularly drivers—to be fatigued.

We are pleased to offer this unique and cost-effective benefit to you to combat OSA. This benefit plan is outside of our health insurance plan, however participation will have a positive impact for you within our health plan.

Treatment of OSA Using the Roehl Obstructive Sleep Apnea Benefit Plan

If you're diagnosed as having OSA, you'll need to have a treatment plan in order to be a professional heavy duty truck driver with us. There are two common treatments of OSA; one is to wear a Continuous Positive Airway Pressure (CPAP) mask/machine. A more advanced method of treatment is the use of an automatic positive airway pressure machine also called Auto PAP (APAP). An APAP machine automatically varies airway pressure to prevent and/or correct sleep disordered breathing events.

We assess each new driving employee and drivers completing a recertification physical to determine if they should be tested for OSA. If a test is needed, we provide you with the test to determine if you suffer from OSA. **As a benefit to you, we pay for the cost of this test.** The test is easy to do—you simply sleep as you normally would—only for the test you'll be wearing a small, unobtrusive oximeter/pulseometer on your hand, which provides data our medical team of sleep specialists uses to diagnose if you have OSA.

Our team of physician sleep specialists works with the medical staff that completed your medical evaluation review form or with our Medical Director to develop a treatment plan for you.

To facilitate your treatment plan we have selected a specialty company that is an expert provider of APAP machines and fitting services. A fitting specialist will provide you with a mask and expertly fit that mask to you. The specialist will instruct you on the use of the mask and how to report compliance with the treatment plan. Compliance monitoring is a key component of an effective treatment plan, and the machines we've sourced provide compliance data.

We have negotiated preferred pricing for you from the APAP machine provider. We receive no compensation or commission from the provider.

You can do your own research and select your own provider, but that will undoubtedly slow down the treatment plan process. We will share in paying the cost of the machine with you as long as you remain employed with us. We will also allow you to pay for the machine through pay deduction as long as you remain employed with us. We do not pay equipment costs for providers other than those we have negotiated with and made part of this program.

The cost of the machine and related pieces and parts is \$1,380.

OSA Benefit Plan Costs

- We'll pay \$600 toward the cost of the machine (as long as you remain employed).
- You are responsible for the remaining balance of \$780 as long as you remain employed. If you leave our employment, you assume full responsibility for the entire cost of the machine excluding the amount that you have already paid (i.e. \$1,380 minus what you've already paid).
- You don't have to pay your portion of cost in a lump sum. You can pay the portion of the cost for the machine that is your responsibility through pay deduction. You'll be offered this option at the time your treatment plan is developed.

- If you are enrolled (or become enrolled) in our health plan, we will apply \$780 toward your health insurance deductible.
- Wireless monitoring—\$68 per year enrollment fee. This allows our team of respiratory therapists to monitor your compliance, answer questions regarding treatment and provide additional assistance as necessary.

OSA Benefit Plan Administration

This program is administered by our Safety Department, our Orientation & Driver Development Department and our Driver Pay Services Department. New employees enter the program during Orientation or during Phase 1 of our Safety and Job Skills Training Program. Current employees will enter the program as you complete your medical recertification process or otherwise become informed of the need to treat your OSA.

Retirement Plans 401(k) & Profit Sharing

Administered by [Empower Retirement](#)



Roehl is an industry leader in company contributions to driver retirement plans.

If financing your retirement depends on a winning lottery ticket or a lucky night at the casino, it's unlikely that you'll be able to retire in the fashion you would like-if at all!

Saving money isn't easy. In fact, few Americans have a plan for saving for retirement or other long-term goals. However, we all know that financial security is very important if we are to fully enjoy our retirement years. Your retirement account at Roehl is made up of three different components; 401(k) that you put in through payroll deduction (pretax or Roth), profit sharing which allows us to share the company's successes with you and possibly a rollover from your previous employer's retirement

plan.

Our plan is administered by Empower Retirement, one of the nation's leading retirement plan providers.

401(K)

The Roehl 401(k) plan makes long-term saving easy and profitable in a number of ways:

- You can save from 1% to 40% of your wages.
- Your 401(k) savings are deducted from your paycheck on a pre-tax basis, lowering your current tax bill.
- You pay no income taxes on your 401(k) contributions, company profit-sharing contributions or any investment earnings as long as the money stays in the plan.
- You may choose to contribute after-tax dollars through a 401(k) ROTH account. Upon retirement age, all withdrawals from your ROTH account would be tax free.
- You decide how to invest your retirement savings from a number of investment funds.
- Because of the size of Roehl's retirement plan we are able to offer mutual fund share classes with much lower management fees than we, as individual investors, have access to. The returns on the funds you are invested in are reported net of these asset management fees.
- Through the loan provision, you may borrow up to 50% of your vested account balance as long as you remain employed with Roehl.

Customer Service Representatives are available from 7am–9pm (CST) Monday through Friday by calling 888-411-4015. They can answer your questions and explain options even if you're not yet enrolled in the plan.

You can also review your account on the web at www.empowermyretirement.com.

Here is an overview of the plan provisions. Please refer to your Summary Plan Description (SPD) booklet for more detailed information. The SPD is sent to you upon your 401(k) eligibility date.

- **Eligibility**—You become eligible for the 401(k) program on the first day of the month following 60 days of employment.
- **Enrollment**—You will automatically be enrolled on the first of the month following 90 days of employment if you do not opt out or change your percentage. A notice will be sent regarding this several weeks before the deduction begins.
- **Pay deferrals**—New employees will automatically be enrolled in the 401(k) plan at a rate of 4% of their gross pay. Each subsequent year on July 1, an automatic increase occurs of 1% (up to a maximum of 10%). You may elect to stop or change your deferral percentage at any time during the year. To do so, contact Empower Retirement at 888-411-4015 listed above or log onto www.empowermyretirement.com. Once you have made a change to your deferral percentage, any scheduled automatic deferral increases no longer apply to you. You will receive instructions on how to make these changes several weeks before your eligibility date.

- **Catch-up provision**—If you will be 50 years of age or older by December 31st, you are eligible to defer even greater amounts into your 401(k). Call the 401(k) Benefits Helpline for details.
- **Investment of 401(k) contributions**—You have many investment options, ranging from lower potential risk/return to higher potential risk/return. Investment changes can be made daily. If you do not make an investment election, your 401(k) deferrals will default to your age appropriate T. Rowe Price Target Date fund.
- **Loans**—You may borrow money from your account. The minimum loan is \$1,000 and the maximum is generally 50% of your vested account balance. The interest rate is the current prime rate plus one percent. Repayment of principle and interest is handled through payroll deduction. There is a \$50 fee to take out a loan which will be deducted from your loan check. In addition, there is an annual fee of \$25 to maintain your loan.
- **Hardship withdrawals**—In certain extraordinary circumstances you can withdraw money from your 401(k) account, provided you are still employed and under age 59½.
- **In-service withdrawals** – Once you reach the age of 59½ you may make one in-service withdrawal per year while still employed with the company.

Rollover

Rolling over your retirement savings account balance from your previous employer to our 401(k) Profit Sharing Plan & Trust could be a smart move! By consolidating your plans, you can manage your account at one location. This information is available below or at www.empowermyretirement.com.

Just complete the following four easy steps:

Step 1—Review the list below and determine the source of your rollover.

- Qualified retirement plan (pretax only, no after-tax)
- 403(b) plan
- 457 governmental plan
- Conduit IRA (Traditional IRAs consisting solely of amounts from a qualified retirement plan)
- Other IRA (Traditional IRAs only, no ROTH IRAs or educational savings accounts)

Money you roll over must be part of an eligible rollover distribution. You cannot roll over hardship distributions, required minimum distributions and certain extended installment distributions. You cannot make in-kind rollovers or rollovers of company stock. If you have questions about what money may be rolled over, please contact the Empower Retirement Service Center at 888-411-4015.

Step 2—Contact your prior company or IRA provider and obtain a distribution check (no personal checks will be accepted). Have the prior company or IRA provider mail the distribution check to your home address.

The check should be made payable to:
Roehl Transport, Inc.

401(k) Profit Sharing & Plan Trust
(194556-01) For the benefit of (Fill in Your Name)

If the distribution from your prior plan was paid directly to you (i.e. the distribution check was made payable to you with taxes withheld and not to a rollover institution for your benefit), include a copy of the distribution statement that accompanied your check or include similar documentation from a financial institution showing the date, tax withholding and amount of the distribution. After-tax contributions are not allowed for an indirect rollover. Your rollover must be invested within 60 days from when you received the check. Please submit a certified check, cashier's check or money order made payable to Empower Retirement. No personal checks are accepted.

Step 3—Contact the Retirement Service Center at 888-411-4015.

A Retirement Service Representative will review the rollover process and mail or fax a Contribution Rollover Form to you.

Step 4—Review and sign the Contribution Rollover Form and return it with your rollover check and any other required documentation specified on the form to the address listed below.

Your rollover will be processed as soon as administratively possible when received in good order.

Empower Retirement
P.O. Box 173764
Denver, CO 80217-3764

A check received without the Contribution Rollover Form and required documentation will be returned to you.

Your rollover contribution will be invested based on your current investment election. If no election is on file, your rollover will be invested according to your plan's default investment—a T. Rowe Price Retirement fund associated with a retirement age of 65. To change how your account is invested, you may contact Empower's Retirement Service Center at 888-411-4015.

If you have any questions, please call the Empower Retirement Service Center at 888-411-4015.

For account information and investment education, visit the Empower Retirement website at www.empowermyretirement.com.

Profit Sharing

One of the rewards of a successful year is the additional money you receive through the profit sharing plan. When we have a profitable year, the executive leadership group makes a decision on the contribution to the profit sharing plan. We have made a profit sharing contribution every year for over 30 years. We're proud to provide this additional reward to you based upon the success of the entire team.

Effective 1/2/2015, you become eligible for profit sharing after six months and at least 1,000 hours of service. Entry dates to the profit sharing plan are January 1 and July 1. You will automatically be enrolled in profit sharing once you become eligible. You must have worked at least 1,000 hours in the year for which the contribution is being made and you must be employed and at least 21 years old on December 31 of such year.

Your profit sharing contributions will be invested in the same funds you have elected for your 401(k) deferrals. If you have not made an investment election for your 401(k) deferrals, your profit sharing contributions will be invested into your age appropriate T. Rowe Price Target Date fund.

Vesting of Accounts

Years of service	% vested
2	20%
3	40%
4	60%
5	80%
6	100%

A minimum of 1,000 hours of service are required to qualify as a year of service.

Short-Term Income Protection (STIP) & Long-Term Disability (LTD) Plans



These plans provide a benefit if you suffer a non-occupational injury or illness that prevents you from working. The plans are divided into short-term and long-term coverage, but you pay only one premium for both. The short-term coverage is through the Short-Term Income Protection Plan (STIP), which the insurance administrator calls Short-Term Disability (STD). The long-term coverage is through the Long-Term Disability Plan (LTD). (Please recognize that the term “disability” is an insurance company product label.)

- The premium is 1.01% of your gross weekly pay and is paid through pay deduction with pre-tax dollars.
- This coverage is effective on the first day of the month following six months of continuous employment.
- A loss of professional certification or licensure does not necessarily qualify one for STIP coverage.
- The STIP plan has a pre-existing condition provision which is defined as a sickness or accidental injury for which, during the 3 months immediately before the effective date of your insurance, you did one or more of the following:
 - Received medical treatment, care, services or advice.
 - Took prescribed drugs or had medications prescribed.
 - Experienced related or resulting symptoms or aggravations, which would be a reasonable cause for an ordinarily prudent person to seek diagnosis, care or treatment from a doctor or healthcare facility
- Please keep this in mind when using the STIP plan.

LTD Options

We offer our drivers the option to choose from two Long-Term Disability programs. Both programs offer the same benefit and you may select the duration of the benefit.

LTD Option 1—Your maximum benefit duration is 2 years.

LTD Option 2—Your maximum benefit duration is 5 years.

Electing Option 2 will increase your STIP-LTD premium by 0.14%.

Short-Term Income Protection & Long-Term Disability Plans Summary

	STIP	LTD
Waiting Period-Injury	0 Days	6 Months
Waiting Period-Illness	7 Days	6 Months
Maximum Benefit Duration	26 Weeks	Depends on the LTD option purchased. Refer to your SPD.
Benefit Amount	50% of the employees weekly salary or wage	60% of the employee's monthly salary or wage to a max of \$6,000 per month.

Keep in mind that if you elect our health insurance, you will automatically be enrolled in Short-Term Income Protection and Long-Term Disability coverage. If you do not elect our health insurance, you will need to enroll in this benefit to be covered.

Basic Life Insurance

Administered by [Voya Financial](#)



Your life insurance plan is designed to provide financial protection for you and your family.

Coverage under this program is available for employees; spouse and dependent coverage can be obtained through our voluntary benefits program. You are covered by a life insurance benefit of \$10,000 with additional coverage for the same amount in the event of accidental death or dismemberment. The cost of this benefit is paid by us. Life insurance benefits end on the date your

employment with the company ends.

You may convert this insurance to an individual life insurance policy if any part of your Life Insurance under the Group Policy stops. Proof of good health is not required. You must exercise your conversion privilege by applying and paying the first premium for your individual policy within 31 days after any part of your insurance stops. Please contact the Pay and Benefit Services Department for the Voya conversion paperwork.

Supplemental Life Insurance

Administered by [Voya Financial](#)



You may elect supplemental life insurance in increments of \$10,000 to a maximum of \$500,000. You may need to provide evidence of good health that is satisfactory to the life insurance company prior to the coverage becoming effective. New hires may elect up to \$150,000 without medical underwriting.

In addition, you may elect supplemental life coverage for your spouse in increments of \$5,000 to a maximum of \$250,000. You cannot exceed 50% of the coverage amount you elected for yourself. Evidence of good health that is satisfactory to the life insurance company may be required prior to the coverage becoming effective. New hires may elect up to \$20,000 in supplemental life on their spouse without medical underwriting.

Supplemental life coverage may also be elected for dependent children between the ages of 6 months and 26 years in the amount of \$10,000.

You or your insured dependent may convert this insurance to an individual life insurance policy if any part of your or your insured dependent's Life Insurance under the Group Policy stops. Proof of good health is not required. You must exercise your conversion privilege by applying and paying the first premium for your individual policy within 31 days after any part of your or your insured dependent's

insurance stops. Please contact the Pay and Benefit Services Department for the Voya conversion paperwork.

Coverage and Beneficiary Changes



In order to make changes to your coverage outside of open enrollment, you must have a qualifying event. The following situations are considered qualifying events:

- Addition of a dependent through marriage, birth or adoption.
- Loss of a covered dependent through age, divorce or death.
- Loss of coverage through your spouse due to a job loss, termination of benefit plan, etc.

If you experience one of these events and wish to make changes to your benefit coverage, you must call your Pay Services Representative within 30 days. After 30 days have passed, you will need to wait until the next open enrollment to make changes.

For new dependents, be prepared to provide the name, date of birth, Social Security Number and relationship to you. This information is required to enroll your dependent in coverage.

You can change beneficiaries anytime. Simply call your Pay Services Representative for instructions and required forms.

Workers' Compensation Insurance

Workers' compensation insurance provides compensation for most medical expenses resulting from illness, injury or death incurred while performing your job. It also provides partial payment of your wages for time lost from your job as a result of a work-related injury.

Any illness or injury that occurs due to job-related cause must be reported to the Safety Department or your Fleet Manager **immediately** and a Personal Injury Report must be completed. Personal Injury Report forms can be obtained from the Safety Department.

Voluntary Insurance Benefits

Offered by [Aflac](#)



Unlike our group health plans, these plans are totally owned and controlled by you. You may enroll in these plans during initial enrollment. Because you own your policies, your coverage is portable, meaning you can take your policy with you if you leave the company or retire. Premiums are paid through convenient pay deduction, eliminating the need to worry about writing checks and mailing payments each month.

Aflac is different from major medical insurance. It's insurance for daily living. If you're sick or injured, Aflac pays cash benefits directly to you (unless otherwise specified) to help address out-of-pocket medical costs, everyday expenses—whatever you choose. More than 50 million people worldwide

have chosen Aflac voluntary insurance products for the added comfort of being better prepared for whatever life may bring.

Why Aflac?

- Most claims processed in about 4 business days
- Cash benefits paid directly to you, unless otherwise assigned
- Benefits paid regardless of any other insurance you may have
- No deductibles or copayments
- Freedom to choose any provider
- Plan stays with you if you leave your job (with certain stipulations)

The following products are available during your enrollment: Voluntary Accident Insurance and Voluntary Critical Illness Insurance.

Voluntary Accident Insurance

After an accident, you may have expenses you've never thought about. Can your finances handle them? It's reassuring to know that an accident insurance plan can be there for you through the many stages of care, from the initial emergency treatment or hospitalization, to follow-up treatments or physical therapy. Group Accident insurance from Aflac helps with out-of-pocket costs that arise when you have a covered accident such as a fracture, dislocation, or laceration.

Benefits:

- More than 50 events that trigger benefits payments, including Fractures, Dislocations, Ambulance, and Physical Therapy, among others.
- Medical Fees Benefit
- Accidental-Death Benefit
- Hospital Admission Benefit
- Hospital Confinement Benefit
- Guaranteed-issue coverage (which means you may qualify for coverage without having to answer health questions)
- Portable coverage that allows you to retain coverage at the same rate if your employment status changes (with certain stipulations)

The Aflac coverage described here is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochure, as this section is intended to provide a general summary of the coverage. This overview is subject to the terms, conditions, and limitations of the plan.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Voluntary Critical Illness

Insurance

The Aflac group Critical Illness insurance plan can help with the treatment costs of covered critical illnesses, such as a heart attack or a stroke. More importantly, the plan helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills. With group Critical Illness insurance from Aflac, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

Benefits:

- Lump-sum benefit for a covered critical illness such as: heart attack, stroke, major organ transplant, and Kidney failure (end-stage renal failure).
- Benefit for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months, and the new critical illness is not contributed to or caused by a critical illness for which benefits have been paid.

The Aflac coverage described here is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochure, as this section is intended to provide a general summary of the coverage. This overview is subject to the terms, conditions, and limitations of the plan.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

COBRA



Your benefits through Roehl end at midnight the last day you work. You and your qualifying dependents may have the right to elect COBRA at that time.

COBRA is the term often used to identify health plan continuation coverage. The term comes from the law that established the rules for continuation coverage (Consolidated Omnibus Budget Reconciliation Act of 1986).

This notice is very important. Please read it carefully.

Notice of Employee Group Health Plan Continuation Coverage

Under Federal law, we are required to offer covered employees and covered family members the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates when coverage under the health plan would otherwise end due to certain qualifying events. This notice is intended to inform all plan participants, in summary fashion, of your potential future options and obligations under the continuation coverage provisions of law. Should an actual qualifying event occur in the future, you will receive additional information and the appropriate election notice at that time. Please take special note of your notification obligations outlined in the paragraphs that follow.

Qualifying Events for Covered Employee

If you are the covered employee, you may have the right to elect this health plan continuation coverage if you lose your group health coverage because of a termination of your employment (for reasons other than gross misconduct on your part) or a reduction in your hours of employment.

Qualifying Events for Covered Spouse

If you are the covered spouse of an employee, you may have the right to elect this health plan continuation coverage for yourself if you lose group health coverage because of any of the following reasons:

- Termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment.
- Death of your spouse.
- Divorce or, if applicable, legal separation from your spouse.
- Your spouse becomes entitled to Medicare.

Qualifying Events for Covered Dependent Children

If you are the covered dependent child of an employee, you may have the right to elect continuation coverage for yourself if you lose group health coverage because of any of the following reasons:

- Termination of the employee's employment (for reasons other than gross misconduct) or reduction in the employee's hours of employment.
- Death of the employee.
- Parent's divorce or, if applicable, legal separation.
- The employee becomes entitled to Medicare.
- You cease to be a "dependent child" under the terms of the health plan.

We must be notified of certain employee, spouse and dependent status changes.

Under the law, an employee, spouse or other family member has the responsibility to notify us of a divorce, legal separation or a child losing dependent status under our health plan. This notification must be made within 60 days from whichever date is later, the date of the event or the date on which health plan coverage would be lost under the terms of the insurance contract due to the event. If this notification is not completed within the required 60-day notification period, then rights to continuation coverage will be forfeited.

Upon notification of a qualifying event, a COBRA election form notifying all covered individuals (also

known as qualified beneficiaries) of their rights to elect continuation coverage will be mailed to the most current address. Each qualified beneficiary has independent election rights and will have 60 days to elect continuation coverage. The 60-day election window is measured from the date health plan coverage is lost due to the event or from the date of notification, whichever is later. This is the maximum period allowed to elect continuation coverage as the plan does not provide an extension of the election period beyond what is required by law. If a qualified beneficiary does not elect continuation coverage within this election period, then rights to continue health insurance will end and they cease to be a qualified beneficiary.

Vacation

Time off from work is important to you and to us. When you use your paid vacation time for leisure activities, it's a refreshing change and will help you maintain your focus when you return to work.



Drivers

You are eligible for paid vacation after you have worked 52 weeks. Vacation time will be credited to you when the 52-week period you worked is completed. If you are an over-the-road driver in a National or Regional Fleet, you'll earn vacation time as shown in this table:

Years of Service	Vacation Earned
After 1 Year	1 week
After 2 Years	2 weeks
After 8 Years	3 weeks
After 20 Years	4 weeks

Vacation pay per week will be 1.5% of your total gross wages (0.015 times your wage) for the 52 weeks since your anniversary date. Vacation is paid in one-week increments.

If you are on a dedicated or HOMEtime PLUS™ Fleet, please contact your fleet manager to determine how your vacation time accrues. You do not earn vacation while on the 7/7 HOMEtime PLUS Fleet™ or while you are off work for any disability, worker's compensation, family leave, or an approved leave of absence.

Vacations must be scheduled and approved in advance through your Fleet Manager. Keep in mind that vacations during certain periods, such as the middle portion of any month, have less impact on our operation and are more likely to be approved.

If you have not used vacation time within one year of its earn date, you may choose to "cash out" (be paid for) the vacation time instead of taking it. You can't cash out vacation earlier than one year after the date it was credited. For example, if you were hired on June 3, 2017, and you work 52 consecutive weeks, you'll be credited with a week of vacation time on June 3, 2018. If you have not used it by June 3, 2019, you can choose to save it for another year or cash it out.

Other Than Driving Jobs

Paid time off is covered in your employee handbook.

Holidays

Drivers

You become eligible to receive holiday pay on the first of the month following one year of full-time employment. Holiday pay is \$60 and is paid on these days:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day



If you work on a holiday, you will be paid \$60 holiday pay in addition to whatever you have earned for the day. If a holiday falls in a week that you are taking vacation, you will be paid for both the holiday and the vacation time.

You must be available for work on the day before and the day after the holiday to receive holiday pay. Holiday pay eligibility for drivers in the HOMEtime Plus™ fleets (7-On/4-Off--7/On/3-Off and 14-On/7-Off) varies by fleet and work schedule. Employees on the 7/7 HOMEtime Plus™ fleet are not eligible for holiday pay.

Other Than Driving Jobs

Holiday schedules and holiday pay are covered in your employee handbook.

Employee Assistance Plan (EAP)

Offered by [ComPsych GuidanceResources](#)



ComPsych® GuidanceResources® is a no-cost assistance program that provides support, resources and information for personal and work-life issues. This program is available to Roehl employees as well as their dependents.

ComPsych® GuidanceResources® provides no-cost counseling services with experienced GuidanceConsultants® who will listen to your concerns and refer you to telephonic counseling and other resources. Our EAP also offers an online tool, [GuidanceResources® Online](#), which can provide you with expert information on issues that matter to you.

To contact our Employee Assistance Program, log into www.guidanceresources.com and enter company ID MY5848i or call 877-533-2363.

Benefit FAQs

Q: My spouse is offered insurance through his/her employer. Can I add them to my medical insurance?

A: If your spouse is eligible for medical insurance through his/her employer, they must take that coverage in order to receive secondary coverage under the Roehl plan. The costs incurred may outweigh the benefits of having secondary coverage through Roehl.

Q: I'm eligible for Medicare because I am turning 65. Which plan would be primary?

A: Your Roehl plan would be primary, Medicare secondary.

Q: My child is turning 26. When will their coverage end?

A: Your child's coverage will end at midnight on the last day of the month in which they turn 26.

Q: My children are going out of state for college. Will they still be covered?

A: Yes, the Anthem BlueCross BlueShield network provides coverage through the Blue network nationally. To find an in-network provider in their area, complete a provider search on www.anthem.com.

Dependent children can remain on our insurance until age 26.



Q: I see a deduction for STIP-LTD on my payroll. What is this?

A: This deduction is for the [Short-Term Income Protection and Long-Term Disability plan](#). If you elect [medical coverage through Roehl](#), you are required to participate in this plan and are automatically enrolled in it upon enrollment in the medical plan. This coverage becomes effective the first of the month following six months of employment.

Q: I want to cancel my medical, dental, and vision. How do I do that?

A: In order to cancel your coverage outside of Open Enrollment, the IRS requires that you experience a qualifying life event. The following situations are considered qualifying life events:

- Marriage, divorce, or legal separation
- Birth, adoption of a child or qualified stated child support order
- Death of a family member
- Change in spouse's employment status
- Involuntary loss of benefit coverage
- Ineligibility of a child (e.g., your child becomes "over-age")

If you experience one of these events and wish to make changes to your benefit coverage, you must call your Pay Services Representative within 30 days. After 30 days have passed, you will need to wait until the next open enrollment to make changes.

Q: Can I change plans in the middle of the year?

A: In order to change plans in the middle of the year, the IRS requires that you experience a qualifying life event. The following situations are considered qualifying life events:

- Marriage, divorce, or legal separation

- Birth, adoption of a child or a qualified stated child support order
- Death of a family member
- Change in spouse’s employment status
- Involuntary loss of benefit coverage
- Ineligibility of a child (e.g., your child becomes “over-age”)

If you experience one of these events and wish to make changes to your benefit coverage, you must call your Pay Services Representative within 30 days. After 30 days have passed, you will need to wait until the next open enrollment to make changes.

Q: How do I take the Health Assessment?

A: To complete the Health Assessment register on www.anthem.com. Once registered, select “Health & Wellness” followed by “Take my HA now.” Detailed instructions on registering and completing the assessment are available on the [Health Assessment page](#).

Q: In order to receive the discount, who needs to complete the Health Assessment? How much is the discount?

A: If you have Employee or Employee + Children coverage, only the employee will need to complete the assessment. The premium discount for completion is \$4.25 per week. If you have Employee + Spouse or Family coverage, both the employee and their spouse must complete it. The premium discount for those coverage tiers is \$10.50 per week.

Q: I did not elect the 401(k), but it is being deducted from my payroll. Why is this?

A: You become eligible for the 401(k) the first of the month following 60 days of employment. You are automatically enrolled the first of the month following 90 days of employment if you do not opt out or change your percentage to something other than 4%.

Benefit Contact Information

Benefit	Benefit Administrator	Phone Number	Web Address
Initial Enrollment	Roehl Benefits Enrollment	1-844-ROEHL-01 1-844-763-4501	

Benefit	Benefit Administrator	Phone Number	Web Address
Address Changes and Qualifying Events	Roehl Driver Pay and Benefit Services	1-715-591-7485, Opt. 5	
Medical Insurance	Anthem BlueCross BlueShield	1-844-300-2264	www.anthem.com
Dental Insurance	Delta Dental	1-800-236-3712	www.deltadentalwi.com
Vision Insurance	VSP	1-800-828-9341	www.vsp.com
Flexible Spending Accounts (FSAs)	TASC	1-800-422-4661	www.tasconline.com
Leave of Absence	Roehl Safety Department	1-715-591-7485 Opt. 3 or Ext. 2058	
Employee Assistance Program	ComPsych/Guidance Resources	1-877-533-2363	www.guidanceresources.com
401(k)	Empower Retirement	1-888-411-4015	www.empowermyretirement.com
Voluntary Accident Insurance	Aflac	1-800-433-3036	www.aflac.com
Voluntary Critical Illness Insurance	Aflac	1-800-433-3036	www.aflac.com

Benefit	Benefit Administrator	Phone Number	Web Address
Voluntary (Supplemental) Term Insurance Claims	Voya Financial	1-800-238-4840	http://foremployers.voya.com/employee-benefits
COBRA	Businesssolver	1-877-547-6257	
COBRA Alternative	Benefit Protect	1-866-642-1926	
Telemedicine	LiveHealth Online		https://livehealthonline.com/

Legal Notices



- [CHIP Notice](#)
- [Legal Notices](#)
- [Medicare Part D Notice](#)
- [New Health Insurance Marketplace Coverage Options and Your Health Coverage](#)