

2017 SUMMARY OF BENEFITS FOR DRIVERS

Regular full time employees are eligible to participate on the first day of the month following 60 days of continuous employment. 401(k) eligibility begins on the first quarter following 60 days of continuous employment. Employees will need to enroll in benefits or 401(k) before they are eligible to be enrolled in coverage.

Celadon offers three options for group medical insurance: HDHP/HSA, Base, or Buy-Up through Group Pension Administrators (GPA) and Magellan RX.

HDHP / HSA PLAN

A Health Savings Account (HSA) provides a tax-advantaged way to save for future medical expenses. An HSA is a component of a High Deductible Health Plan (HDHP).

Weekly Premiums	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
HSA Plan Tobacco User	\$41.43	\$103.65	\$86.18	\$126.18
HSA Plan Non-Tobacco User	\$29.89	\$92.11	\$74.65	\$114.64

**Please note that if you elect Non-Tobacco User rates, you will be required to test for tobacco use*

Effective 1/1/2017	Facilities & In-Network Physicians	Non-Network Physicians
Annual Deductible <i>Non-Network deductible combined with In-Network Deductible</i>	\$3,000 per individual \$6,000 per family	\$6,000 per individual \$12,000 per family
Coinsurance	70% 30%	50% 50%
Maximum Out-of-Pocket	\$6,450 per individual \$12,000 per family	\$12,900 per individual \$24,000 per family
Physician	70% after deductible	50% after deductible
Specialist	70% after deductible	50% after deductible
Urgent Care	70% after deductible	50% after deductible
Emergency Room	70% after deductible	50% after deductible
Inpatient/Outpatient Treatment	70% after deductible	50% after deductible
Outpatient Surgery	70% after deductible	50% after deductible
Preventative Care	Covered at 100%	Not Covered
Prescription Drugs	After deductible is met: Tier 1 - 70% Tier 2 - 70% Tier 3 - 70% Tier 4 - 70% No maximum cost per script No coverage outside of network	

Effective 1/1/2017

BASE PLAN

Weekly Premiums	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Base Plan Tobacco User	\$51.07	\$123.89	\$104.98	\$155.10
Base Plan Non-Tobacco User	\$39.53	\$112.35	\$93.44	\$143.56

**Please note that if you elect Non-Tobacco User rates, you will be required to test for tobacco use*

Effective 1/1/2017	Facilities & In-Network Physicians	Non-Network Physicians
Annual Deductible <i>Non-Network deductible combined with In-Network Deductible</i>	\$2,250 per individual \$4,500 per family	\$5,000 per individual \$10,000 per family
Coinsurance	70% 30%	50% 50%
Maximum Out-of-Pocket	\$6,450 per individual \$12,000 per family	\$12,900 per individual \$24,000 per family
Physician	70% after deductible	50% after deductible
Specialist	70% after deductible	50% after deductible
Urgent Care	70% after deductible	50% after deductible
Emergency Room	70% after deductible	50% after deductible
Inpatient/Outpatient Treatment	70% after deductible	50% after deductible
Outpatient Surgery	70% after deductible	50% after deductible
Preventative Care	Covered at 100%	Not Covered
Prescription Drugs	Tier 1 - 30% copay Tier 2 - 40% copay Tier 3 - 50% copay Tier 4 (specialty) - 20% copay	max cost per script \$20 max cost per script \$60 max cost per script \$100 max cost per script \$300
	Prescription drugs are not covered out of network	

BUY-UP PLAN

Weekly Premiums	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Buy-Up Plan Tobacco User	\$74.47	\$166.43	\$146.92	\$219.67
Buy-Up Plan Non-Tobacco User	\$62.93	\$154.89	\$135.38	\$208.13

**Please note that if you elect Non-Tobacco User rates, you will be required to test for tobacco use*

Effective 1/1/2017	Facilities & In-Network Physicians		Non-Network Physicians
Annual Deductible <i>Non-Network deductible combined with In-Network Deductible</i>	\$1,750 per individual \$3,500 per family		\$3,000 per individual \$6,000 per family
Coinsurance	80% 20%		50% 50%
Maximum Out-of-Pocket	\$6,450 per individual \$12,000 per family		\$12,900 per individual \$24,000 per family
Physician	80% after deductible		50% after deductible
Specialist	80% after deductible		50% after deductible
Urgent Care	80% after deductible		50% after deductible
Emergency Room	80% after deductible		50% after deductible
Inpatient/Outpatient Treatment	80% after deductible		50% after deductible
Outpatient Surgery	80% after deductible		50% after deductible
Preventative Care	Covered at 100%		Not Covered
Prescription Drugs	Tier 1 - 30% copay	max cost per script \$20	
	Tier 2 - 40% copay	max cost per script \$60	
	Tier 3 - 50% copay	max cost per script \$100	
	Tier 4 (specialty) - 20% copay	max cost per script \$300	
	Prescription drugs are not covered out of network		

DENTAL INSURANCE

Plan through **Delta Dental**

- \$50 Employee Only annual deductible
- \$150 Family annual deductible
- No deductible on Diagnostic/Preventative services
- Basic Services covered at 80%
- Specialty/Major Services covered at 50%
- \$1,000 life time maximum Orthodontia coverage for children up to the age of 19
- \$1,500 per member annual maximum

Weekly Rates for Dental Insurance Premiums

Employee Only	\$4.18
Family	\$12.78

VISION INSURANCE

Plan through **Anthem Blue View Vision**

- No annual deductible
- \$20 in-network Eye Exam copay
- \$25 in-network copay for lenses
- Frames covered at \$120 allowance, then 20% off remaining balance (every 24 months)
- Contact lenses covered at \$120 allowance, then 15% off remaining balance
- To obtain a list of in-network vision providers, call 1-866-723-0515 or visit Anthem.com

Weekly Rates for Vision Insurance Premiums

Employee Only	\$1.21
Family	\$2.91

DISABILITY INSURANCE

Voluntary Short-Term Disability

Elimination Period	15 Days
Benefits Payable	Up to \$600/month
% of Income Replaced	50%
Maximum Benefit Duration	11 Weeks

Voluntary Long-Term Disability

Elimination Period	90 Days
Benefits Payable	Up to \$5,000/month
% of Income Replaced	60%
Maximum Benefit Duration	2 years

COMPANY PAID LIFE INSURANCE

All Full-Time Over the Road Drivers

Benefit Amount	\$15,000
Benefit Reduction	Age 70 - 35% Age 75 - 50% Age 80 - 75%

SUPPLEMENTAL LIFE/AD&D

Voluntary Plan through **Lincoln Financial Group**

- Additional life insurance is available in \$15,000 units up to a maximum of \$60,000
- Portable or Convertible
- Responsible for paying 100% of the cost of your coverage which will be made through payroll deduction on a post-tax basis. Benefit amounts reduce at age 70.

DEPENDANT TERM LIFE INSURANCE

Voluntary Plan through **Lincoln Financial Group**

- Spouse - \$10,000 flat benefit
- Children, birth to 6 months of age - \$500 flat benefit
- Children, 6 months to age 19, or age 25 if a full-time student - \$5,000 flat benefit

401(K) PLAN – MERRILL LYNCH

- Four enrollment dates: January 1, April 1, July 1, October 1
- Employees may contribute up to 75% of their salary (subject to IRS limits)
- Self-directed investment option

FLEXIBLE SPENDING PLAN

Administered by **Discovery Benefits**

- Premium Conversion
- Allows you to pay your medical and/or dental premiums on a pre-tax basis
- Health Care FSA
- Allows pre-tax deferral for unreimbursed medical expenses
- Flex "Convenience Card"
- \$2,500 maximum annually
- Dependent Care FSA
- Allows pre-tax deferral for child or dependent care expenses
- \$5,000 maximum annually

UNIVERSAL LIFE INSURANCE PLAN

Voluntary Plan through **Allstate Benefits**

- Permanent, lifetime coverage
- Competitive death benefit for your premium dollar, and it will never decrease
- Premiums will not increase as you get older
- Coverage stays with you
- Coverage won't diminish with time
- Coverage is individually owned, which means you can take it with you if you leave Celadon

SPECIFIED CRITICAL ILLNESS INSURANCE PLAN

Voluntary Plan through **Allstate Benefits**

- Pays a lump sum benefit upon diagnosis
- Covered illnesses/conditions include: stroke, coma, heart attack, major organ failure, permanent paralysis, end stage kidney failure
- Benefit also available for cancer and carcinoma in situ
- Included Lincoln CareCompass program; please ask for an informational flyer
- Insurance is available for you, your spouse, and children

VOLUNTARY ACCIDENT INSURANCE

Voluntary Plan through **Allstate Benefits**

- Voluntary insurance is available for you, your spouse, and children
- Benefits for more than 70 covered injury expenses and treatments
- Receive cash for covered injuries. As well as benefits for multiple covered injuries resulting from same accident
- Health screening rider is included which provides a benefit per insured per calendar year for covered health screening tests
- Coverage is portable
- Includes Hospital Indemnity Rider

EMPLOYEE ASSISTANCE PROGRAM

Celadon offers an employee assistance program (EAP) through **ComPsych Guidance Resources**. Personal issues, planning for life events, or simply managing daily life can affect your work, health, and family. ComPsych Guidance Resources provides support, resources, and information for personal and work-life issues. Guidance Resources is company-sponsored, confidential, and provided at no charge to you and your dependents. Confidential no-cost counseling services are available to assist you with issues such as job pressures, substance abuse, grief and loss, relationship/marital conflicts, and problems with children. ComPsych Guidance Resources also offers you online resources for expert information on the issues that matter most to you - relationships, work, school, children, wellness, legal, financial, free time, and more. Tutorials, streaming videos, self-assessments, and "ask the expert" personal responses are examples of some of the resources available to you. The program is available to you 24/7 - you can call anytime.

**ALL CELADON EMPLOYEES ARE REQUIRED TO
MAKE BENEFITS ELECTIONS ONLINE
THROUGH THE BENEFIT FOCUS PLATFORM,
EVEN IF YOU ARE WAIVING COVERAGE.**

CONTACTS AND RESOURCES

Benefit Focus Website is: <https://benefits.celadontrucking.com>

Login Information:

- **Username** = First Name + First Letter of Last Name + Last 4 Digits of Social Security Number
- **Password** = Full Social Security Number with no dashes
- **Example** – John Smith with a SSN of 123-45-6789:
 - Username = JohnS6789
 - Password = 123456789
- **Company ID** = celadongroup (mobile app only)

If your username is not working please contact Celadon Benefits. When following this formula some users may not have a unique username and will need to contact Celadon Benefits to be issued a new username.

GPA Contact: Monday – Friday 8AM – 5PM EST

- **Phone:** 1-800-240-2942
- **Email:** contact@gpatpa.com

ELAP Contact:

- **Phone:** 1-800-977-7381

Celadon HR Benefits Team: Monday – Friday 8AM – 5PM EST

- **Phone:** 844-354-5896
- **Email:** benefits@celadontrucking.com