



Your Benefits, Your Choice



2019 Benefit Guide



CRST Drivers

A message to our valued CRST employees:

At CRST International, Inc. we are proud to offer our employees a wide variety of benefit options. Our benefit offerings are designed to provide you the tools and coverage to be the best advocate of your own health and well-being. As your employer, our goal is to provide choices for you and your family to be appropriately covered through all stages of life.

Enclosed please find the highlights of the 2019 Benefits package. We encourage you to read through this guide, share it with your family members and ask questions you may have.

To enroll, you need to access your CHIP Employee Homepage to complete benefit enrollment/changes:

- Click on the CHIP icon located on your desktop 
- If you wish to enroll from home or outside CRST, go to <https://chip.crst.com/wfc/logon> on a Google Chrome browser 
- For next steps, follow instructions found within the Enrollment Guide section of this booklet

For any questions, please contact the HR Service Center at 866-934-4895, via email at HR@crst.com or via fax at 319-731-6366.



Angie Stastny
Director – Human Resources



Brooke Willey
Vice President – Human Resources

Disclosure:

The information described within this Benefit Guide is only intended to be a high-level overview of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. It is your responsibility to review your Summary Plan Descriptions and Legal Notices (found on your CHIP Employee Home Page) for a complete explanation of your benefits. If the benefits described herein conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

2019 BENEFIT GUIDE FOR CRST DRIVERS

Table of Contents

2019 Benefit Rates	5
Medical Benefits: Indemnity (Gap) Plan	7
Medical Benefits: Major Medical	9
Dr. on Demand	11
Health Savings Account (HSA) for High Deductible Health Plan (HDHP) participants only	11
Dental Benefits	13
Vision Benefits	13
401(k) Plan	14
Life Insurance	14
Voluntary Life Insurance Buy-up	15
Employee Assistance Program (EAP)	16
Short-term Disability	16
Employee Discounts	16
Legal Definitions	17
Frequently Asked Questions	19
Spouse Enrollment Certification	21
Benefit Enrollment Guide	23
Administrative Directory	27

2019 BENEFIT RATES FOR CRST DRIVERS

Gap Plan: Drivers	
	2019 Weekly Rates
Employee	\$ 19.59
Family	\$ 47.88

Major Medical: Drivers		
Employee	2019 Weekly Rates	CRST Weekly HSA Contribution
HDHP	\$ 34.03	\$ 9.62
PPO	\$ 40.74	
Employee + Spouse		
HDHP	\$ 112.24	\$ 14.42
PPO	\$ 140.43	
Employee + Children		
HDHP	\$ 94.54	\$ 14.42
PPO	\$ 118.26	
Family		
HDHP	\$ 167.30	\$ 19.23
PPO	\$ 201.56	

**CRST will be depositing funds into a Health Savings Account (HSA) for HDHP plan participants. You will receive an annualized HSA contribution (divided amongst pay periods) of \$500 for Single, \$750 for Employee + Spouse, \$750 for Employee + Children and \$1,000 for Family coverage.*

Dental: Drivers	
	2019 Weekly Rates
Employee	\$ 1.59
Employee + Spouse	\$ 3.17
Employee + Children	\$ 5.49
Family	\$ 6.27

Vision: Drivers	
	2019 Weekly Rates
Employee	\$ 1.96
Employee + Spouse	\$ 3.71
Employee + Children	\$ 4.05
Family	\$ 5.28

MY BENEFIT ELIGIBILITY WORKSHEET

My date of hire is: _____

I have 60 days from my date of hire to enroll in benefits. My deadline to enroll in benefits is: _____

My benefits will start on (1st of the month following 60 days of employment): _____

Benefit	When does the plan begin?
GAP "Bridge" Plan	Monday following your 1 st payroll deduction. Benefit ends when major medical coverage takes effect (if elected).
Major Medical Dental Vision 401(k)	1 st of the month, following 60 days of employment
Life Insurance	1 st of the month, following 6 months of employment

CRST offers two (2) medical benefit options to our employees:

- 1. Indemnity (GAP) Plan:** For new hires who need of medical coverage prior to their eligibility for major medical benefits
- 2. Major Medical Plan:** Upon reaching your eligibility date, employees are eligible to select this coverage

MEDICAL BENEFITS: INDEMNITY (GAP) PLAN

Transamerica – Administered by Web TPA

P.O. Box 310
Grapevine, TX 76099-0076
866-441-3433

Group Plan #TWM-TWM 0097
www.multiplan.com

Gap Medical Plan – TransChoice Plus

Eligible: All regular full-time employees

Effective: The Monday following your first payroll deduction. This benefit ends when your major medical coverage takes effect (if elected).

GAP PLAN BASICS	PLAN PAYS
Daily In-Hospital Indemnity Benefit Per day (max of 31 days per confinement)	\$200
Surgical and Anesthesia Indemnity Benefit Pays benefit per day, 1 day per calendar year for Inpatient Surgery; Pays one half the benefit per day, 1 day per calendar year for Outpatient Surgery; Pays one-tenth the benefit per day, 1 day per calendar year for Specified Outpatient Surgeries; Pays additional 20% of the surgical benefit for Anesthesia.	\$800
Outpatient Physician Office Visit Indemnity Benefit Per day up to max days per calendar year per covered person	\$50 6-day max
Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit Pays benefit per day, 2 days per calendar year for Advanced Studies; Pays one-quarter the benefit per day for Select Diagnostic tests, 2 days per calendar year; Pays one-twentieth the benefit per day for Diagnostic Laboratory Tests, 3 days per calendar	\$200
Off-the-Job Accidental Injury Benefit Pays benefit per day of accident treatment (5 days per calendar year)	\$200
Wellness Indemnity Benefit 1 visit per calendar year per insured over 2 years of age; 4 visits per year for children 0-12 months and 2 visits per year for children 12-24 months	\$50
Emergency Room Sickness Benefit Per visit, up to 4 days per calendar year per covered person	\$50
Intensive Care Indemnity Benefit Per day (max of 31 days per year)	\$200
Ambulance Indemnity Benefit Per day in an ambulance; amount listed is for ground ambulance. Benefit pays 3x benefit in air ambulance.	\$200
Prescription Drug Indemnity Benefit Per day a prescription is filled for up to 36 days per calendar year, per covered person	\$20 Generic \$40 Brand
Group Term Life Insurance Policy with Accidental Death and Dismemberment Rider (AD&D) AD&D not available to dependent children	Employee: \$10,000 Spouse: \$5,000 Child(ren): \$2,500

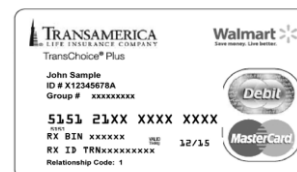
For a complete version of the TransChoice Plus plan, refer to the Summary Plan Description on your CHIP Employee Homepage.

The Transamerica card outlined below serves two purposes:

- 1. Proof of insurance**
- 2. Prescription/Rx Card, which must presented at time of filling a prescription. In addition, see details below regarding how this card can suffice as a debit card.**

Prescription Drug Indemnity Benefit

Your prescription drug indemnity benefit amount will be paid for each prescription you fill, subject to the limitations stated in your certificate. When the discounted cost of your prescription is greater than your indemnity benefit, you will pay the difference at the pharmacy. When the discounted cost of your prescription is less than your indemnity benefit, Transamerica will pay the excess benefit directly to you.



Indemnity (Gap) Medical Plan Prescription Drug Indemnity Benefit (continued)

In addition to negotiating deeper discounts on prescriptions with Wal-Mart, Transamerica has also set up a way to be able to quickly pay any excess amounts owed to you when you use a Wal-Mart pharmacy. Whenever you fill a prescription using your TransChoice Plus ID/Debit card at a Wal-Mart, Neighborhood Market or Sam's Club pharmacy, any excess amount owed to you will be credited to your Debit card within minutes of picking up your prescription and can be spent anywhere MasterCard® is accepted, including Wal-Mart. If you go to any other pharmacy, Transamerica will mail you a check for any excess benefit owed.

INDEMNITY (GAP) MEDICAL PLAN: FREQUENTLY ASKED QUESTIONS

What is an indemnity benefit?

It means that the insurance company will pay a set amount each time the insured receives a covered service. The same amount is paid regardless of the fees charged by the provider.

How are premium payments made?

Premiums will be taken through payroll deduction. If you miss a payroll deduction as a result of absence or lack of work, no benefits will be extended for the following period. However, if a claim is incurred during a period of time when premiums were missed, the missed premium will be subtracted from the pending claim, maintaining a continuity of coverage. If a claim is not incurred during the missed premium timeframe, missed premium does not need to be made up. However, if you miss five (5) deductions of premium, coverage will be terminated and you will not be eligible to re-enroll until the next open enrollment period unless you experience a qualifying event.

When does coverage begin?

Coverage for you and your eligible dependents begins on the Monday following your first payroll deduction.

When will my coverage end?

Your coverage will end when you no longer qualify under the plan or when your premium payments are five (5) deductions behind, whichever comes first. Coverage on dependents ends on either the date they no longer meet the definition of a dependent or, the date your cover- age terminates, whichever comes first.

Can I sign up for coverage at any time?

No. You must sign up for coverage within the first 30 days of your date of hire. Your coverage will begin the Monday following your first payroll deduction.

Can I cancel coverage at any time?

Premiums are paid with pre-tax dollars through payroll deductions as part of a Section 125 Savings Plan. You will not be able to change these elections, unless you have a Qualifying Event.

How do I get reimbursement if I have to pay out-of-pocket for insured services?

Claim filing information is provided for your convenience so that you may receive reimbursement from the insurance carrier. You will still receive the plan benefits; however, you will pay for treatment/services up front and then file a claim for reimbursement. Please contact the appropriate Customer Service Number listed below for claim filing instructions.

How do I find a doctor in my area?

Call 1-866-680-7427 or visit www.multiplan.com.

What if I need to use my benefits PRIOR to my cards arriving?

Give the provider the Customer Service Contact information below:

Hospital Indemnity/Customer Service

WEB-TPA	1-866-441-3433
Member ID	Employee's Social Security Number
Claims	WebTPA
	P.O. Box 310
	Grapevine, TX 76099-007



MEDICAL BENEFITS: MAJOR MEDICAL

Wellmark BlueCross & BlueShield of Iowa • Plan #77017

1331 Grand Avenue, Des Moines, IA 50309 • 800-600-4149 • www.wellmark.com



Major Medical Insurance

Eligible: All regular full-time employees

Effective: 1st of the month following 60 days of employment

Spouse Coverage – If your spouse works and is eligible for health care coverage with their own employer, he/she is not able to participate in the CRST Major Medical Insurance Plan. For spouses who do NOT have coverage options elsewhere, they can enroll in the CRST Major Medical Plan.

Spouse Affidavit – If you are enrolling a spouse in the CRST Major Medical Plan, a Spouse Affidavit must be completed and signed prior to benefit eligibility. You may either complete the form online via CHIP Self Service during the benefit enrollment process or fill out the form on page 21 and email it to HR@crst.com or fax it to 319-731-6366.

MEDICAL PLAN BASICS	HIGH DEDUCTIBLE HEALTH PLAN (HDHP) (Qualifies for use with a Health Savings Account)		TRADITIONAL ALLIANCE SELECT (PPO)	
	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
Benefit Period Deductible Dollar amount you pay during the plan year before insurance carrier starts to make payments for covered medical services.	\$3,500 Single \$6,850 E + S \$6,850 E + C \$6,850 Family	\$7,000 Single \$14,000 E + S \$14,000 E + C \$14,000 Family	\$2,000 Single \$4,000 E + S \$4,000 E + C \$4,000 Family	\$4,000 Single \$8,000 E + S \$8,000 E + C \$8,000 Family
Coinsurance Percentage of medical expenses the employee pays after the deductible is met, until you reach your out-of-pocket maximum.	Covered in full after deductible	40%	20%	40%
Office Visit Copayment Amount you pay at the time you receive certain office-based services (includes mental health).	Covered in full after in-network deductible	40% coinsurance after out-of-network deductible	\$30 (primary care practitioner) \$45 (non-primary care practitioner)	40% after deductible
Emergency Room Copayment* Amount you pay for emergency room and related facility and practitioner services. * waived if admitted to in-patient service	Covered in full after in-network deductible	Covered in full after out-of-network deductible	Deductible & Coinsurance applies and *\$400 co-pay	Deductible & Coinsurance applies and *\$400 co-pay
Out-of-Network Emergency Services	Covered emergency services for medical conditions that a prudent layperson expects would otherwise result in death, permanent disability or severe pain will be reimbursed as though services were received from a participating provider. You are responsible for any excess of the provider's billed charge over our settlement amount.			
Out-of-Pocket Maximum (OPM) Maximum amount you pay for covered services each calendar year. Deductible and coinsurance apply to OPM. Once your OPM is satisfied, most services are covered in-full through the end of the calendar year.	\$3,500 Single \$6,850 E + S \$6,850 E + C \$6,850 Family	\$12,000 Single \$24,000 E + S \$24,000 E + C \$24,000 Family	\$4,250 Single \$8,500 E + S \$8,500 E + C \$8,500 Family	\$8,500 Single \$17,000 E + S \$17,000 E + C \$17,000 Family
Preventive Care Services <ul style="list-style-type: none"> Physical exam (one per benefit period; includes gynecological exam) Immunizations Related X-rays and labs Mammogram (one per benefit period) Pap smears Prostate screening (one per benefit period) Well-child care and newborn care (deductible waived) Smoking cessation counseling Obesity counseling/screening Child hearing and vision screening 	Covered in full	40% coinsurance after deductible	Covered in full	40% coinsurance after deductible

MEDICAL BENEFITS (CONTINUED)

COVERED BENEFITS	HIGH DEDUCTIBLE HEALTH PLAN (HDHP) (Qualifies for use with a Health Savings Account)		TRADITIONAL ALLIANCE SELECT (PPO)	
	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
Ambulance	Covered in full after in-network deductible	Covered in full after in-network deductible	40% coinsurance after deductible	40% coinsurance after deductible
Chiropractic Care Office Services	Covered in full after deductible	40% coinsurance after deductible	\$45 copayment	40% coinsurance after deductible
Facility Services <ul style="list-style-type: none"> Outpatient hospital Nursing facility (includes mental health)	Covered in full after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Facility Services <ul style="list-style-type: none"> Inpatient hospital (includes mental health and maternity) HMO: maximum of 3 co-pays per benefit period	Covered in full after deductible	40% coinsurance after deductible	\$400 copayment followed by 20% coinsurance after deductible	40% coinsurance after deductible
Home/Durable Medical Equipment	Covered in full after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Home Health Care	Covered in full after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Hospice Services	Covered in full after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Independent Lab Services	Covered in full after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Maternity Care – Inpatient/Outpatient <ul style="list-style-type: none"> Physician services 	Covered in full after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Physician Services <ul style="list-style-type: none"> Inpatient facility care Outpatient facility care 	Covered in full after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible
Out-of-Pocket Maximum (OPM) for Rx Benefits	Included in Medical OPM		\$2,350 Single \$4,700 E + S \$4,700 E + C \$4,700 Family	
Pharmacy Benefits	Covered in full after deductible		See table below	

PHARMACY BENEFITS TRADITIONAL ALLIANCE SELECT (PPO)

ANNUAL DEDUCTIBLE	TIER 1 GENERIC DRUGS	TIER 2 PREFERRED BRANDS	SPECIALTY DRUGS
Single: \$100 EE + C: \$200 EE + S: \$200 Family: \$200	\$15 co-pay (deductible waived)	\$35 co-pay	\$250 co-pay

If you purchase a Tier 2 drug when an A-rated generic drug is available, you are responsible for your deductible, copayment or coinsurance amount plus any difference in price between the maximum allowable fee for the generic drug and the maximum allowable fee for the brand-name drug.

Maintenance (ongoing) prescriptions refills must be filled at a CVS Caremark Retail Store, as a 90-day supply or via Mail Order. The mail order form (*Wellmark RX Mail Service Form*) can be found on your CHIP Employee Home Page under the Benefit Form Tab. Please note a CVS Caremark Retail Store Provider is not just a CVS store. For a complete list of CVS Caremark Pharmacies, go to www.cvs.com/store-locator/landing.

Specialty drugs must be purchased through a CVS Specialty Pharmacy only. CRST is participating in the co-pay program, which helps offset the cost of brand-name drugs and can reduce employee's out-of-pocket costs.

All other prescriptions: 30-day supply for one copayment.

DR. ON DEMAND

Wellmark BlueCross & BlueShield of Iowa

Plan #77017
 1331 Grand Avenue,
 Des Moines, IA 50309
 800-600-4149 • www.wellmark.com



Effective: 1st of the month following 60 days of employment

No co-pay for Dr. on Demand for PPO plan participants; a \$49 for HDHP plan participants.

Dr. on Demand (a Wellmark service) provides employees (and dependents) 24/7 access to a physician via phone, computer or even cell phone application for non-emergency medical conditions. A few examples of these conditions (list not all encompassing) are as follows: cold, flu, bronchitis, sinus problems, ear infection, pink eye, etc. Based on your symptoms, Dr. on Demand physicians are able to determine a diagnosis and prescribe medication without requiring you to visit a clinic. Dr. on Demand can be utilized in every state and is available from 7:00 am – 11:00 pm (based on the time zone you are located in). To access this service, use the contact information listed above.

To set up an account, please visit www.myWellmark.com. When asked to enter your Member ID, list the ID number as listed on your Wellmark Benefit Card.

HEALTH SAVINGS ACCOUNT (HSA) FOR HIGH DEDUCTIBLE HEALTH PLAN (HDHP) PARTICIPANTS ONLY

UMB

P.O. Box 419226
 Kansas City, MO 64141
 866-520-4HSA (4472)
www.umbhsa.com



Effective: 1st of the month following 60 days of employment

If you enroll in the High Deductible Health Plan (HDHP), you can open a Health Savings Account (HSA) to pay for qualified medical expenses tax-free.

HSA qualifying plans have a deductible set higher than typical health plans. Instead of paying copayments or coinsurance, you pay the full cost for health care services, up to the plan deductible. Preventive care is often covered before reaching your deductible. Since your deductible is higher, your premiums will usually be lower. You can put the money you save on premiums into an HSA to help pay for medical expenses up to your deductible. This means you and/or CRST may contribute tax-free dollars to your HSA. Contributions can be made by you, your employer or both.

	Single	Employee + Spouse	Employee + Children	Family
CRST Contribution	\$500	\$750	\$750	\$1,000
Total Combined Maximum Contribution (Employer and Employee)	\$3,500	\$7,000	\$7,000	\$7,000
Total Combined Maximum Contribution (Employer and Employee) for Employees 55 and older	\$4,500	\$8,000	\$8,000	\$8,000

Contact the CRST HR Service Center at 866-934-4895 or hr@crst.com to make additional contributions.

- You can use your HSA to pay for qualified medical expenses, like doctor's visits and prescription drugs, tax-free.
- If you don't use all the money in your HSA, it automatically rolls over to the next year and continues to accumulate.
- Interest or other earnings on the money in your account accumulate tax-free.
- You own the account so you keep the money in your HSA even if you leave your employer or switch health plans. After age 65, you can also use your HSA to pay for non-medical expenses. (HSA funds used for non-medical expenses are subject to income tax.)

HSA (CONTINUED)

Frequently Asked Questions

Am I qualified to open an HSA?

To qualify for an HSA, you:

- Must be covered by a qualified, high-deductible health plan that meets certain requirements. The High Deductible Health Plan (HDHP) offered through CRST meets these requirements.
- Cannot be covered by other, non-qualified insurance coverage.
- May not be enrolled in Medicare benefits.
- May not be claimed as a dependent on someone else's tax return.

Can I enroll in an HSA qualifying plan but not open an HSA?

Yes. You are not required to open an HSA account if you enroll in an HSA qualifying plan.

Can I have coverage under a qualified, high-deductible health plan and another health plan, and still be eligible for an HSA?

As long as both health plans are qualified, high-deductible health plans, you are eligible for an HSA.

What happens to my HSA if I leave my health plan or job, or switch back to a traditional plan?

You personally own your HSA, so you keep your account. However, if you contribute the maximum allowable limit to your HSA and you leave the qualified HDHP during the year, you may have to withdraw some account contributions. You must pay income tax on your excess contributions and on any earnings of the excess contributions. Penalties may also be assessed on these amounts if not corrected before the April 15th tax deadline for the affected tax year.

How do I set up an HSA?

New account holders will need to complete the online enrollment process with UMB Healthcare Services (UMB). Go to www.umbhsa.com, select "Individuals" and then click "Sign up for your online account." Welcome packages and debit cards will arrive in 7 to 10 business days after this online enrollment is completed.

Will my employer make contributions to my HSA?

Yes. The annual employer contribution will be \$500 for Single, \$750 for Employee + Spouse, \$750 for Employee + Children and \$1,000 for Family coverage. Contributions are divided equally amongst pay periods.

Online Account Access

Online account access will allow you to view your account balance; reimburse yourself for medical expenses incurred without the Visa healthcare card; download forms; and access a variety of other internal and external links to resources and tools to help you manage your HSA. This is also where you will enroll in both the Money Market Sweep and Self-Directed Brokerage options. You should have received your HSA account number and Visa healthcare card in the mail from UMB in three separate mailings. You will need your HSA account number and Visa card number to set up your username and password. Then at your convenience visit www.umbhsa.com and click "Sign up for your online account."

Accessing HSA Funds

You will be able to access your HSA funds to pay for qualified medical expenses using your Visa healthcare card; or reimburse yourself from your HSA (online), if you use another form of payment to purchase qualified medical expenses as follows:

- You may use your Visa healthcare card at eligible merchants throughout the country. Eligible merchants include those where you can purchase qualified medical goods or services (as defined by the IRS) AND that also accept Visa. If the merchant asks you to use their keypad, select "Credit," or tell the merchant that it is a "Credit" transaction. There is no charge when you use your Visa healthcare card to pay for qualified medical expenses. For protection against fraud, the maximum daily transaction is \$5,000.
- You may also transfer funds from your HSA to your personal bank account (can be a non-UMB account) via UMB's online reimbursement tool. This is available after you set up your password-protected online account access at www.umbhsa.com. There's no charge or daily maximum for online reimbursements.

To access the online reimbursement tool, review the Visa healthcare card frequently asked questions, see a full list of eligible expenses or learn more about your HSA, please visit www.umbhsa.com.

Yes. You are not required to open an HSA account if you enroll in an HSA qualifying plan.

DENTAL BENEFITS

MetLife

PO Box 981282

Plan # 0218164

El Paso, TX 79998-1282

800-942-0854

www.metlife.com/mybenefits



Eligible: All regular full-time employees

Effective: 1st of the month following 60 days of employment

The table below summarizes the dental benefits:

	DEDUCTIBLE	COINSURANCE	BENEFIT PERIOD MAX
Benefit Categories	\$25 per person		\$1500
Check-Ups and Teeth Cleaning (Diagnostic & Preventative Services) <ul style="list-style-type: none"> Dental Cleaning Oral Evaluation Fluoride Applications X-rays 	No	20%	Yes
Cavity Repair & Tooth Extractions (Routine and Restorative Services) <ul style="list-style-type: none"> Emergency Treatment General Anesthesia/Sedation Restoration of Decayed or Fractured Teeth Limited Occlusal Adjustment Routing Oral Surgery Sealant Applications (within age restrictions) 	Yes	20%	Yes
Root Canals (Endodontic Services)	Yes	50%	Yes
Gum & Bone Diseases (Periodontal Services)	Yes	50%	Yes
High Cost Restorations	Yes	50%	Yes
Dentures & Bridges (Prosthetics) <ul style="list-style-type: none"> Dentures Bridges 	Yes	50%	Yes

Orthodontia Benefit – A benefit of 50% up to \$1,500 per lifetime for dependents, up to age 19 for those electing EE+C or Family plans.

VISION BENEFITS

Avesis Incorporated

3724 North 3rd Street, Suite 300

Plan #60790

Phoenix, AZ 85012

800-828-9341

www.avesis.com



Eligible: All regular full-time employees

Effective: 1st of the month following 60 days of employment

Participants may choose either contact lenses or spectacle lenses as their 12-month eyewear benefit. Once enrolled, you must remain on the plan for 12 months. The table below summarizes the vision benefits:

AVESIS INCORPORATED	EYE EXAM	EYEWEAR BENEFIT – LENSES (EYEGLASSES OR CONTACTS)*	EYEWEAR BENEFIT – FRAMES*
Benefit Period	12 months	12 months	24 months
Co-pay	\$10	\$15	\$15

*You are eligible to receive a credit of \$150 to use toward lenses and frames or \$130 to use toward contact lenses.

401(K) PLAN

MassMutual Financial Group

1295 State Street
Springfield, MA 01111
800-743-5274
www.retiresmart.com

Plan #51621-1-1



Eligible: All regular full-time employees, age 18 and older

Effective: 1st of the month following 60 days of employment

The CRST Profit Sharing 401(k) Plan is designed to help the employee accumulate the assets he or she will need for retirement. Contributions are voluntary and can be made either pre-tax (Traditional), post-tax (Roth), or a combination of the two. If an employee elects pre-tax (Traditional) contributions, current taxable income will be reduced and contributions and earnings will be taxed at the time of withdrawal. If an employee elects post-tax (Roth) contributions, current taxable income will remain unchanged and contributions and earnings will be tax-free at the time of withdrawal.

In order for the employee's account to grow, CRST offers a contribution match 50% of the first 6% of the employee's salary in the Traditional 401(k) plan. Company contributions begin the first of the month following twelve months of employment. All company contributions are made on a pre-tax basis and will be taxable at the time of withdrawal. Employees may contribute up to \$19,000 of an employee's pre-tax income annually. Participating employees who are fifty years of age or older can put an additional \$6,000 in their account. All employee contributions are immediately 100% vested and employer contributions are subject to a six-year vesting schedule. There is a choice of numerous investment accounts for employee elective deferrals and company contributions. Refer to plan enrollment materials and the summary plan description for more details.

VESTING SCHEDULE						
YEAR of Service	1	2	3	4	5	6
VESTING %	0%	20%	40%	60%	80%	100%

To enroll in this plan, go to www.retiresmart.com or call Mass Mutual at 800-743-5274 for assistance.

Advisors for our MassMutual 401(k) plan are Joel Drake and Scott Dewhurst of Diversified Financial Group, a comprehensive financial services firm that is committed to helping clients improve their long-term financial success. You can reach Joel at joel@dfginv.com, Scott at sdewhurst@dfginv.com or either of them at 515-457-2930 (toll free: 800-308-2198).

LIFE INSURANCE – COMPANY PAID

Principal Financial Group

711 High Street
Des Moines, IA 50392 800-245-1522
www.principal.com

Eligible: All regular full-time employees

Effective: 1st of the month following 6 months of employment

CRST provides basic term life insurance equal to \$20,000 at no cost to eligible employees; this includes AD&D (Accidental Death and Dismemberment). Dependent life coverage is also provided by CRST at no cost to the employee with a spouse benefit of \$2,000 and dependent children benefit of \$2,000 after six (6) months of age.

For insureds age 65 and over, the amount of Basic Life and Accidental Death and Dismemberment insurance is subject to automatic reduction. Upon the insured's attainment of the specified age below, the Basic Life and Accidental Death and Dismemberment insurance will be reduced to the applicable percentage. This reduction also applies to insureds who are 65 or over on their individual effective date.

AGE	PERCENTAGE OF AVAILABLE OR IN FORCE AT AGE 65:
65-69	67%
70+	45%

VOLUNTARY LIFE INSURANCE BUY-UP

Principal Financial Group

711 High Street
Des Moines, IA 50392 800-245-1522
www.principal.com

Eligible: All regular full-time employees

Effective: 1st of the month following 6 months of employment

In addition to the company-paid life insurance outlined on the previous page, voluntary life coverage is available to all eligible employees and for eligible dependents, including a spouse and children up to age 26.

COVERAGE	INCREMENTS	MINIMUM	MAXIMUM
Employee	\$10,000	\$10,000	\$500,000
Spouse	\$10,000	\$10,000	\$250,000
Children	\$10,000 coverage per child		

During the initial eligibility period, all employees are able to elect up to \$100,000 guarantee issue, \$50,000 guarantee issue for spouse and up to \$10,000 for children. Any employee electing voluntary coverage over \$100,000 or any amount outside of their initial eligible period must complete the "Evidence of Insurability for Term Life Insurance" form, available on the CHIP Employee Page under "Forms."

EMPLOYEE / SPOUSE RATES (per \$10,000 of benefit) PER MONTH	
0 – 29	\$0.83
30 – 34	\$0.97
35 – 39	\$1.25
40 – 44	\$2.09
45 – 49	\$3.59
50 – 54	\$5.93
55 – 59	\$8.96
60 – 64	\$13.94
65 – 69	\$22.18
70 and over	\$36.84
CHILDREN RATES	
\$10,000	\$1.80

There is one (1) rate for all eligible children in a family, regardless of number or age. Employee and/or spouse must be enrolled to receive child coverage.

The amount of insurance in effect on the insured employee is subject to automatic reduction beginning at age 75 as shown in the following table. The reduction applies equally to those eligible employees initiating insurance coverage at age 75 or over.

AT AGE:	FACE AMOUNT REDUCES TO:
75-79	60% of available or in force amount at age 74
80-84	35% of available or in force amount at age 74
85-89	27.5% of available or in force amount at age 74
90-94	20% of available or in force amount at age 74
95-99	7.5% of available or in force amount at age 74
100+	5% of available or in force amount at age 74

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Employee & Family Resources

505 Fifth Ave, Ste 600
Des Moines, IA 50309
877-883-1387
www.efr.org/myeap

CRST has adopted this program as a confidential aid to those employees who voluntarily wish to use the program as means of resolving problems such as marriage, family issues, financial problems, stress, life adjustments, etc. All employees are eligible for three (3) free sessions per calendar year.

SHORT-TERM DISABILITY

Principal Absence Management

711 High Street
Des Moines, IA 50392
877-734-3652 (877-PFG-FMLA)
www.principal.absencemgmt.com

Effective: After 12 months of employment

CRST provides short-term disability (STD) coverage at no cost. Employees are responsible for notifying and submitting in a timely manner all required documentation of a disability to the Plan Administrator. STD benefits run concurrent with FMLA (Family Medical Leave Act) guidelines. For further information regarding FMLA, refer to your driver handbook.

STD benefits begin on the 8th day after seven (7) consecutive business days of continuous disability. The benefit payable is \$200 a week. Claims must be reviewed and approved by the Plan Administrator. The total time from a claimant's last day worked to the end of STD coverage cannot exceed 26 weeks. CRST reserves the right to replace an employee out on STD for more than 26 weeks (within state and federal laws).

EMPLOYEE DISCOUNTS

National Car Rental	Various discounts available 800-227-7368 – Member ID: 5700237
Tires Discount	www.PartnersPlusSavings.com Code number: 99124653
Verizon	Up to 18% discount on monthly service charges www.verizonwireless.com/discounts – Customer ID: 2551706 Email: if no employee email address is available, use HR@crst.com

LEGAL DEFINITIONS

Purpose

This booklet is not intended to be an all-inclusive review of each employee's benefits. For further detail, please refer to the summary plan document located on the CHIP Employee Page. CRST reserves the right to make changes to this overview at any time without notice.

CRST Family of Companies

CRST International, Inc.	CRST Expedited, Inc.	CRST Malone, Inc.
CRST Dedicated Services, Inc.	CRST Logistics, Inc.	CRST Lincoln Sales, Inc.
Great Plains Casualty, Inc.	Great Plains Agency, Inc.	BESL Transfer Co., Inc.
CRST Specialized Transportation Inc. (STI)	North American Driver Training Academy (NADTA)	Pegasus Transportation
Priority 1 Warehousing	Gardner Global Logistics, Inc.	Gardner Trucking, Inc.

This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to terms and conditions specified in the Benefits Certificate. The enrollment regulations are in force when the certificate becomes effective. Certain exclusions and limitations apply.

Federal Health Insurance Marketplace (i.e. "The Federal Exchange")

The Federal Exchange became available for all U.S. citizens effective January 1, 2014. This government-generated program allows you and/or members of your family to elect benefits from the Exchange versus your Employer. The primary purpose of this program is to provide all Americans additional options for affordable health care coverage. More information on the Federal Exchange Program can be found at www.HealthCare.gov. We encourage all employees to view the Exchange as it may offer you a more affordable option that best suits your family and financial needs.

Dependent Coverage Information

Dependent coverage is a key part of your benefits package. One way to ensure we effectively spend our benefit dollars and can continue to offer affordable coverage to our employee is to verify the eligibility of all dependents covered under our benefit plans. In fairness to all employees, it is important that only eligible dependents are provided coverage under our benefits program. All employees who wish to carry dependent coverage will be required to provide supporting documents to verify dependent eligibility. In accordance with the Patient Protection and Affordability Care Act, CRST recently modified the definition of "dependent" to allow medical plan coverage for eligible children up to age 26 (see below).

Definition of Eligible Dependent

Eligible dependents under medical, dental, vision, and/or voluntary life insurance buy-up are: your spouse or children.

Spouse: is the person to whom you are legally married under applicable state law through the obtainment of a marriage license and the participation in a marriage ceremony and who is treated as your spouse for federal income tax purposes under the Internal Revenue Code.

Child Dependent (up to age 26): a natural born child or stepchild of you or your legal spouse, a child legally adopted by you or your legal spouse.

Definition of Ineligible Dependents

Some dependents are not eligible for coverage, regardless of whether you provide 50% of their support or could claim them on your federal income taxes. This includes: foster children, dependent parents, and former spouses (regardless of whether or not the divorce decree stipulated you must carry medical, vision or dental coverage).

REQUIRED DOCUMENTATION FOR DEPENDENT VERIFICATION – You **MUST** provide one of the following for each dependent within your first 30 days of employment:

- **SPOUSE:** marriage certificate, tax return (current or previous year), official court document
- **CHILD:** birth or adoption certificate, official court document, qualified medical support order, tax return (current or previous)

Qualifying Events

The following events allow you and any eligible dependent to enroll in or terminate coverage:

- Birth
- Adoption
- Marriage
- Divorce
- Spouse or dependent loses eligibility for credible coverage
- Exhaustion of COBRA coverage
- Termination or commencement of employment
- Dependent ceases to satisfy eligibility requirements

The request must be submitted in writing within 30 days of the qualifying event to the HR Service Center.

Benefit changes due to a qualifying event will have the following effective date:

- 1st of the month following notification date, with receipt of documentation
- Births - effective coverage date is the date of birth

Benefit Continuation - COBRA

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), an employee terminating employment with the company is entitled to continue participating in the company's group health plan for a prescribed period of time, usually 18 months, provided they were enrolled in the plan prior to termination. (In certain circumstances, such as an employee's divorce or death, the length of coverage period may be longer for qualified dependents). COBRA coverage is not offered to employees terminated for gross misconduct. If a former employee chooses to continue group benefits under COBRA, he/she must pay the total applicable premium plus a 2% administrative fee. Coverage will cease if the former employee fails to make premium payments as scheduled, becomes covered by another group plan that does not exclude pre-existing conditions, or becomes eligible for Medicare. COBRA information and election materials are mailed to the employee following termination.



FREQUENTLY ASKED QUESTIONS

When will I receive my insurance cards?

The insurance companies will mail cards to your home address 7-10 days after your benefit effective date. Cards do not have to be in-hand for care to be received. Service providers may contact the insurance company directly to verify coverage.

Why aren't my dependents covered? I know I listed them when I enrolled online.

In order for dependents to be covered, you need to provide documentation verifying dependent eligibility before your insurance begins, as referenced on page 18. These documents can be emailed to HR@crst.com or faxed to 319-731-6366.

How does Short-term Disability work?

If you have an injury or illness that prevents you from working for more than 7 days, you may qualify for Short-term Disability (STD). Drivers are eligible the first of the month following 12 months of employment. Contact the CRST HR Service Center for more information at 866-934-4895 or HR@crst.com.

How do I cancel my benefits (medical/dental/vision)?

To cancel any coverage, you must have a qualifying event and submit a written request to the CRST HR Service Center. You need to specifically state what type of coverage you want cancelled (i.e Major Medical, Dental, Vision, etc.). Requests must be signed and dated. This can be emailed to HR@crst.com or faxed to 319-731-6366. You may be required to provide supporting documentation for the eligible life event.

How can I get a new insurance card(s) if I never received mine or need a replacement?

New cards may be requested directly from the insurance company or by contacting the CRST HR Service Center. It is important to report any change of address to ensure the cards are received. It takes approximately 7-10 days to receive the cards.

Who do I contact to update my address?

Address changes can be submitted to the CRST HR Service Center the following methods:

Email: HR@crst.com

Fax: 319-731-6366

Call: 866-934-4895

What happens if my dependent or I need health care prior to receiving insurance cards?

Contact the CRST HR Service Center at 866-934-4895 for the insurance policy information to give your health provider.

When am I eligible to begin major medical, dental, and vision benefits?

Employees are eligible the first of the month following 60 days of employment.

Why aren't my dependents' names listed on the health cards I received?

The employee's name is the only name listed on insurance cards. Dependents use the cards showing the employee's name.

How are premium deductions handled when I am not working or receiving pay?

It is your responsibility to pay for your benefit premiums while out on leave. Payment arrangements can be made with Human Resources to pay missed premiums via a credit card/debit card or check. Contact Human Resources at HR@crst.com or 866-934-4895 to set up a payment schedule.

If I separate employment, when do my benefits end?

Benefits end at 11:59pm on your last day worked.

CRST SPOUSE ENROLLMENT CERTIFICATION

All CRST employees who wish to enroll a spouse in the Major Medical Insurance Plan must complete the following certification. This form must be returned to the CRST HR Service Center prior to your major medical benefit eligibility.

By signing this certification, I represent that I understand that false information or omissions on this form may result in the following: 1) cancellation of benefit coverage and/or 2) disciplinary action up to and including termination.

VERIFICATION OF SPOUSE ELIGIBILITY

In order to confirm that your spouse is eligible to be covered as a dependent on the CRST medical plan, please complete the following questions.

Is your spouse employed either full-time or part-time?

Full-time Part-time N/A

Does your spouse's employer offer medical benefits to your spouse?

Yes No N/A

I hereby certify and understand that if my spouse has medical coverage available through his/her own employer, they are not eligible to participate in the CRST Major Medical Insurance Plan.

If your spouse is not currently on his/her employer's plan, they should notify their Human Resources department of this coverage change. This will qualify as a "Life Event" and could give them the opportunity to enroll in their employer's plan, regardless of the open enrollment period.

 Print Name

 Employee signature

 Date signed

Return completed form to:

CRST HR Service Center via email: HR@crst.com or Fax: 319-731-6366

If you have questions, feel free to contact CRST HR Service Center at 866-934-4895 or via email at HR@crst.com.

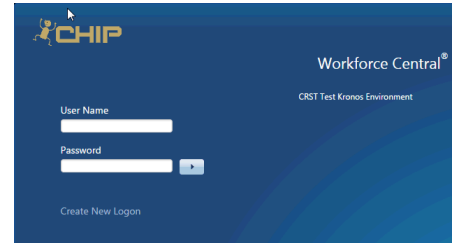
BENEFIT ENROLLMENT GUIDE

CHIP (CRST's Human Resources Information Portal) is used to enroll/decline benefits. Follow these steps to complete the benefit enrollment process. If you have any questions or comments, please email hr@crst.com or contact the HR Service Center at 866-934-4895.

****New Hires: Please remember you have 60 days from your start date to enroll in benefits.****

ACCESSING BENEFITS ENROLLMENT

1. Go to <https://chip.crst.com/wfc/logon/> using **Google Chrome browser**.
2. If you are using a CRST computer, you may click the CHIP icon on the desktop.




Important Reminder

- Use Google Chrome web browser.
- Enable all Pop-ups on your computer.



Turn pop-ups on or off

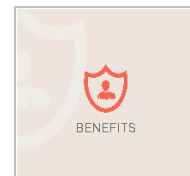
1. On your computer, open Chrome.
2. At the top right, click More .
3. Click **Settings**.
4. At the bottom, click **Advanced**.
5. Under "Privacy and security," click **Content settings**.
6. Click **Popups**.
7. Turn **Allowed** on or off.

- **DO NOT** use the back arrow at the top left corner of your computer once you've started the enrollment process. This will create errors in the system and you will have to start the enrollment process over.

3. The Log On screen will appear. Log in using the credentials as outlined below:

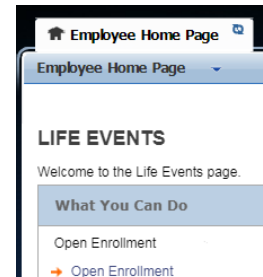
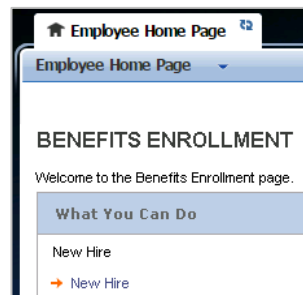
- **Username:** Your username will be your first initial, full last name and the last four digits of your social security number. For example, if your name was Timothy Smith and the last four digits of your social security number was 4895, then your username would be **tsmith4895**. Please type your last name with no hyphens or characters.
- **Password:** Your password will be automatically set to **crst123**. You will be asked to create a new password once you log into your portal.

4. From the Employee Home Page, click the **Benefits** button and select **Benefit Enrollment**.



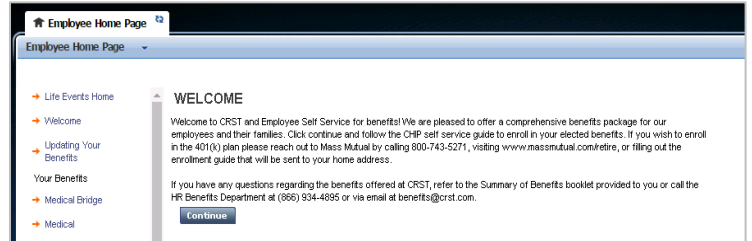
5. The Benefits Enrollment page will display. Click **New Hire** (if you are a new hire) or **Open Enrollment** (if you are a current employee) to open the portal and access the Welcome screen.

6. Click **Continue** to start the *Updating Your Benefits* process.



UPDATING YOUR BENEFITS

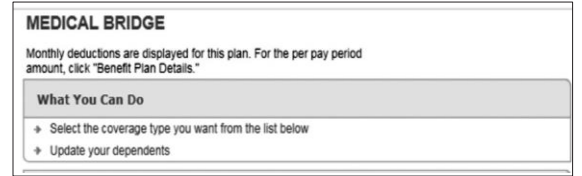
7. You will need to go through each benefit, even if you are simply waiving it.



8. Medical Bridge/GAP plan (New hires only)

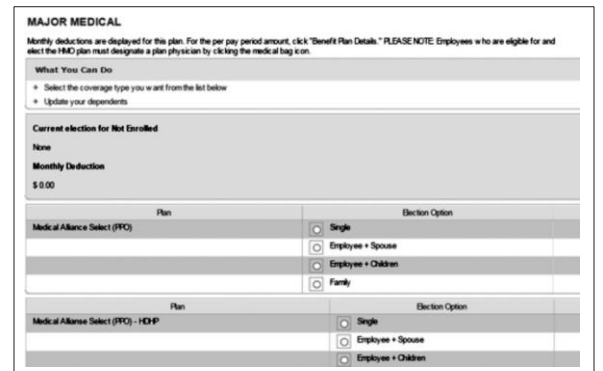
If you would like to enroll in this plan, click Single, Employee + Spouse, Employee + Children or Family.

- If you would like to decline the coverage, please select the **I decline coverage** box.
- If you elected **Employee + Spouse, Employee + Children or Family**, please click **Add Dependent** to see the Add a Dependent Screen. (Pop ups need to be able to see screen.) All dependents participating in ANY AND ALL benefits should be added on the Medical Bridge Plan, whether or not you elect the coverage.
- Once on the **Medical Bridge** screen, check the **ENROLL** box next to each dependent that will be added to this plan.
- Once you have made your elections and/or added dependents, click **Save & Continue** on the bottom of the screen.



9. Medical

- If you would like to enroll in this plan, click Single, Employee + Spouse, Employee+ Children or Family.
- If you would like to decline the coverage, please select the box noted I decline coverage.
- If you elected **Employee + Spouse, Employee + Children or Family**, check the **ENROLL** box next to each dependent that will be added to this plan.
- Once you have made your elections and/or added Dependents, (Pop ups need to be able to see screen) click **Save & Continue** on the bottom of the screen.




10. Follow same steps for Dental & Vision Coverages

- If you would like to enroll in this plan, click Single, Employee + Spouse, Employee + Children or Family.
- if you would like to decline the coverage, please select the box noted I decline coverage.
- If you elected Employee + Spouse, Employee + Children or Family, check the ENROLL box next to each dependent that will be added to this plan.
- Once you have made your elections and/or added Dependents, click **Save & Continue** on the bottom of the screen.

11. Health Savings Account (HSA)

- If you elected to participate in the High Deductible Health Plan (HDHP), you must enroll in the HSA to receive the employer contribution.
- Click **Single, Employee + Spouse, Employee + Children or Family**.
- If you would like to elect to contribute additional funds to the HSA, designate the monthly amount in the space provided.
- Once you have made your elections, click **Save & Continue** on the bottom of the screen.

12. Spousal Eligibility

- If you elect to cover your spouse on the CRST Major Medical Plan, click Enroll. *(Please see guidelines in the Benefit Guide)*
- If your spouse is not eligible for coverage on CRST's Major Medical Plan, click **I decline coverage**.
- Once completed, click .


SPOUSAL COVERAGE

If you elect to cover your spouse on the CRST Major Medical Plan, you will be required to declare that he/she is not eligible for benefit coverage through elsewhere. By selecting "enroll" below, this is your acknowledgement that your spouse is to be covered by the CRST Major Medical Plan. By selecting "waive coverage" below, this will acknowledge that you are not enrolling your spouse in the CRST plan. This spouse mandate is only applicable to the Major Medical Plan (not Dental or Vision).

What You Can Do


→ Select the coverage type you want from the list below

13. Voluntary Life – Self (additional life insurance coverage beyond Company Paid Life)

- To decline coverage, click the **I decline coverage** box.
- If you want the plan coverage, click to select the circle next to the desired coverage amount.
- Update your beneficiaries by clicking **Add Beneficiary** (Pop ups need to be enable to see screen).
- Once you have made your selections, click  on the bottom of the screen. **Note:** Click the Benefit Plan Details link to view the form for elected coverage over \$100,000.

14. Follow same steps for Voluntary Life – Spouse & Child coverage options.

15. Review the Benefit Summary Screen

- If any changes are needed, click the desired link in the left menu to return to the benefit's page, make the changes, and click  when finished.
- Once all edits have been made, click the **Benefit Summary** link in the left menu to see the finished benefits summary.

16. Exit & Send Information to HR

- Once all Benefit Enrollment information has been entered, select Exit at the bottom of the screen.
- Select I'm finished. Send my information to the benefit administrator to submit the Benefit Enrollment to Human Resources.

IMPORTANT DEPENDENT COVERAGE INFORMATION

All employees who wish to carry dependent coverage for any benefit plan will be required to provide supporting documents to verify dependent eligibility. For further information, refer to the Benefit Guide provided to you in orientation.

Please contact the CRST HR Service Center at HR@crst.com or 866-934-4895 with any further questions.

General Benefits Questions

CRST HR Service Center

866-934-4895

HR@crst.com

Indemnity (Gap) Medical Plan

Transamerica – Administered by Web TPA

866-441-3433

www.multiplan.com

Major Medical Insurance

Wellmark BlueCross & BlueShield of Iowa

800-600-4149

www.wellmark.com

Non-Emergency Medical Conditions

Dr. on Demand

800-600-4149

www.wellmark.com

Dental Benefits

MetLife

800-942-0854

www.metlife.com/mybenefits

Vision Benefits

Avesis Incorporated

800-828-9341

www.avesis.com

401(k) Plan

MassMutual Financial Group

800-743-5274

www.massmutual.com/retire

Flexible Spending Accounts

Wageworks

877-924-3967

www.wageworks.com

Employee Life Insurance/Voluntary Life Insurance Buy-Up

Principal Financial Group

800-245-1522

www.principal.com

Short-Term Disability and Long-Term Disability

Principal Absence Management

877-734-3652 (877-PFGFMLA)

www.principal.absencemgmt.com

Employee Assistance Program

Employee & Family Resources

877-883-1387

www.efr.org/myeap

Health Savings Account (HSA)

UMB

866-520-4HSA

www.umbhsa.com



To review the Legal Notices that CRST is required to present to all employees who are eligible to participate in our benefit plans, including the Summary of Benefits and Coverage for each health plan, please refer to the documents on your CHIP Employee Homepage.



For company drivers employed by the following companies:
CRST Dedicated Services • CRST Expedited • CRST Malone