



IMPORTANT NOTICES FROM CRST INTERNATIONAL, INC. REGARDING THE CRST INTERNATIONAL, INC. GROUP HEALTH PLAN

Please note this is not a legal document and should not be construed as legal advice.

The following pages consist of legal notices that CRST is required to present to all employees who are eligible to participate in our benefit plans:

Federal Health Care Notices

January 1, 2019

Prescription Drug & Medicare Notice	2
Women’s Health and Cancer Rights Act Notice	3
Notice of Privacy Practices	4
Medicaid and Children’s Health Insurance Program (CHIP)	10
Michelle’s Law Notice.....	14
Notice of Special Enrollment Rights	14
COBRA General Notice	15
Uniformed Services Employment and Reemployment Rights Act (USERRA)	21
Newborns’ and Mothers’ Health Protection Act (NMHPA).....	22
Exchange Notice	23
Group Health Plan Summary of Benefits and Coverage (SBC)	25

Prescription Drug & Medicare Notice

Important Notice About Your Prescription Drug Coverage and Medicare

If you or any of your eligible dependents are eligible for Medicare, or will soon become eligible for Medicare, please read this notice. If not, you can disregard this notice.

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. We have determined that the prescription drug coverage offered by the health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current coverage may will not be affected.

You can keep this coverage if you elect Part D and this plan with coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

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

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

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

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact CRST HR Service Center at 866-934-4895

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through your current health plan provided by the current insurer changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

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

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

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

Name of Entity/Sender: CRST International, Inc.
Contact--Position/Office: CRST Human Resources Address: 3930 16th Ave SW
Cedar Rapids, IA 52404
Phone Number: 866-934-4895

Women's Health and Cancer Rights Act Notice

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and

- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, contact the Plan Administrator.

Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Plan and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. HIPAA requires us to provide this Notice of Privacy Practices to you.

The HIPAA Privacy Rule protects certain medical information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

- Your past, present or future physical or mental health or condition;
- Providing health care to you; or
- Making past, present or future payments for providing health care to you.

If you have any questions about this Notice or about our privacy practices, please contact CRST HR Service Center at 866-934-4895 or via email at HR@crst.com.

Effective Date

This Notice is effective November 1, 2015.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- notify you of any breach of unsecured protected health information; provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

How We May Use and Disclose Your Protected Health Information

We may use or disclose your protected health information in certain situations without your permission. The main reasons for which we may use and may disclose your Protected Health Insurance are to evaluate and process any requests for coverage and claims for benefits. Your Protected Health Information (PHI) may be used:

- 1. For Payment.** We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may share your protected health information with health care provider in connection with the payment of health claims or to another health plan to coordinate benefit payments.
- 2. For Health Care Operations.** We may use and disclose your protected health information for plan operations. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. If medical information is used for underwriting, genetic information may not and will not be used or disclosed for this purpose.
- 3. To Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to follow appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate contract with us.
- 4. To Plan Sponsors.** We may disclose protected health information to certain employees of the Employer so that they can administer the plan. Those employees will only use or disclose PHI as needed to perform plan administration functions or as otherwise required by HIPAA, unless you have specifically authorized other disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.
- 5. As Required by Law.** We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.
- 6. Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

7. Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

8. Special Situations. Although unlikely, it is also possible that we may use and disclose your protected health information in these situations:

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs.

Public Health Risks. We may disclose your protected health information for public health actions. These actions generally would be to:

- Prevent or control disease, injury, or disability;
- Report births and deaths;
- Report child abuse or neglect;
- Report reactions to medications or problems with products;
- Notify people of recalls of products they may be using;
- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- Notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

Law Enforcement. We may disclose your protected health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- About a death that we believe may be the result of criminal conduct; and
- About criminal conduct.

Coroners, Medical Examiners and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Research. We may disclose your protected health information to researchers when:

- The individual identifiers have been removed; or
- When an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

We are required to make disclosures of your protected health information in these situations:

- 1. Government Audits.** We must disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- 2. Disclosures to You.** If you request, we must disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. If you request, we also must provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed due to your specific authorization.

Other Disclosures

- 1. Personal Representatives.** We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., if you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:
 - You have been, or may be, subjected to domestic violence, abuse or neglect by such person; or
 - Treating such person as your personal representative could endanger you; and
 - In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.
- 2. Spouses and Other Family Members.** With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.
- 3. Authorizations.** Other uses or disclosures of your protected health information, including but not limited to psychotherapy notes, most marketing purposes and any disclosures that constitute a sale of PHI, will only be made with your written authorization. You may revoke written authorization at any time, but the revocation must be in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed based on the written authorization you provided before we received the revocation.

Your Rights

You have the following rights with respect to your protected health information:

- 1. Right to Inspect and Copy.** You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to the Plan Administrator. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Plan Administrator.

2. Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Plan Administrator. You must provide a reason why and in what respect you believe your record is incorrect.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the medical information kept by or for the Plan;
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

3. Right to an Accounting of Disclosures. You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Plan Administrator. Your request must state a time period of no more than six years. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

4. Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

To request restrictions, you must make your request in writing to the Plan Administrator. In your request, you must tell us (1) what information you want to limit; (2) whether you want

to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

- 5. Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Plan Administrator. We will not ask you the reason for your request.

Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

- 6. Right to Be Notified of a Breach.** You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.
- 7. Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Please contact CRST HR Service Center at 866-934-4895 or via email at HR@crst.com.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact CRST HR Service Center at 866-934-4895 or via email at HR@crst.com. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

We may change the terms of this Notice and make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any significant change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices posting to our website with a reminder in our next annual mailing.

Medicaid and Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't

already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

<p align="center">ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p align="center">FLORIDA – Medicaid</p> <p>Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268</p>
<p align="center">ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p align="center">GEORGIA – Medicaid</p> <p>Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507</p>
<p align="center">ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
<p align="center">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p align="center">IOWA – Medicaid</p> <p>Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999</p>

<p align="center">KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov Phone: 1-800-635-2570</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462</p>
<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>	<p align="center">RHODE ISLAND – Medicaid</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900</p>	<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>

<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>	<p align="center">WASHINGTON – Medicaid</p> <p>Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p align="center">WEST VIRGINIA – Medicaid</p> <p>Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>	<p align="center">WISCONSIN – Medicaid and CHIP</p> <p>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>	<p align="center">WYOMING – Medicaid</p> <p>Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531</p>
<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282</p>	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S.

Michelle's Law Notice

If there is a medically necessary leave of absence from a post-secondary educational institution or other change in enrollment that: (1) begins while the child is suffering from a serious illness or injury; (2) is certified by a physician as being medically necessary; and (3) causes the child to lose student status for purposes of coverage under the plan, the dependent child may maintain dependent eligibility for up to one year. If the dependent child's treating physician does not provide written documentation that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary, the plan will not provide continued coverage.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance.

To request special enrollment or obtain more information, contact CRST HR Service Center at 866-934-4895 or via email at HR@crst.com.

COBRA General Notice

**** Important Information About Your COBRA Continuation Coverage Rights****

For those who elect major medical benefits, the following notice is in regards to your COBRA continuation coverage under CRST International's Group Health Plan administered by Wellmark Blue Cross and Blue Shield and COBRA is administered by Discovery Benefits. This COBRA notice contains important information about your right to continue coverage, which is a temporary extension of coverage under the Plan (unless termination is related to misconduct). This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

For additional information about your rights and obligations under the Plan and under federal law, review the Plan's Summary Plan Description (found on the ADP website) or contact the Plan Administrator.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, keep the Plan Administrator informed of any changes in the addresses of you or your family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

If you have questions regarding this notice, please contact one of the following:

- Discovery Benefits Customer Service: 1-866-451-3399 Option 2
- CRST Human Resources Department
866-934-4895

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that your group health plan (the Plan) allow qualified persons (as defined below) to continue group health coverage after it would otherwise end. COBRA applies to group health plans maintained by an employer for medical, dental, vision, prescription, medical reimbursement, and certain employee assistance programs. COBRA does not apply to life insurance or disability benefits.

This Notice explains COBRA continuation coverage, when it may become available to you and your family and what you need to do to protect your right to get it. Please review this Notice carefully and

keep with your records. If you are married, please have your Spouse review these materials also. If any individual who is covered under the Plan(s) for which you are being offered continuation coverage does not live with you, you must advise the Plan Administrator (employer) immediately so a Notice and an Election Form can be forwarded to him or her. COBRA Notices will always be sent to the last known address of a covered Employee or Qualified Beneficiary.

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "Qualifying Event." Specific Qualifying Events are listed below. It is the same coverage that the Plan gives to other participants or beneficiaries under the Plan. After a Qualifying Event, COBRA continuation coverage must be offered to each person who is a "Qualified Beneficiary." You, your spouse, and your dependent child(ren) could become Qualified Beneficiaries if coverage under the Plan is lost because of the Qualifying Event. Each Qualified Beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including open enrollment and special enrollment rights, if applicable. Under the Plan, Qualified Beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

Qualifying Events/Qualified Beneficiaries. Those individuals eligible for COBRA continuation coverage as Qualified Beneficiaries are as follows:

- An Employee, Spouse, and any Dependent Child(ren) whose coverage ends due to termination of the Employee's employment for a reason other than gross misconduct (18 months).
- An Employee, Spouse, and any Dependent Child(ren) whose coverage ends due to a reduction in the Employee's work hours/layoff (18 months).
- An Employee's former Spouse and any Dependent Child(ren) whose coverage ends due to the Employee's divorce or legal separation (36 months). Also, if an Employee eliminates coverage for his/her Spouse in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, the later divorce or legal separation would be considered a Qualifying Event even though the ex-Spouse lost coverage earlier. If the ex-Spouse notifies the administrator within 60 days of the later divorce or legal separation and can establish that the coverage was eliminated earlier, in anticipation of the divorce or legal separation, COBRA coverage may be available for the period after the divorce or legal separation.
- An Employee's Spouse and/or any Dependent Child(ren) whose coverage ends due to the Employee's election to drop out of the Plan upon entitlement to Medicare (36 months). If an Employee enrolls under Medicare Part A or B before experiencing a Qualifying Event based on terminating employment or a reduction of hours, the maximum coverage for the Employee's Spouse and/or any Dependent Child(ren) will be the longer of 36 months beginning with the Employee's enrollment under Medicare and 18 months (29 months with a disability extension) beginning with the date the Employee would have had a Qualifying Event based on terminating employment or a reduction in hours/layoff.
- An Employee's surviving Spouse and/or any Dependent Child(ren) whose coverage ends due to the Employee's death (36 months).
- An Employee's Dependent Child(ren) whose coverage ends because the child ceases to be a Dependent Child under the terms of the Plan (36 months).
- An Employee's newborn child or child placed for adoption during a period of continuation coverage. You (or a guardian) have the right to elect continuation coverage for the child, provided the child satisfies the otherwise applicable Plan eligibility requirements (18 or 36 months from the date of Qualifying Event).
- Dependent Child(ren) of the covered Employee who is receiving benefits under the Plan pursuant to a Qualified Medical Child Support Order (QMCSO) received by the Plan

Administrator during the covered Employee's period of employment with the Plan Administrator is entitled to the same rights to elect COBRA as an eligible Dependent Child(ren) of the covered Employee upon occurrence of a Qualifying Event.

- The original 18-month period of coverage available to a Qualified Beneficiary may be extended for an additional 18 months if a secondary event occurs during the initial 18-month continuation period. A secondary event is a termination or reduction of hours/layoff followed by
 - death of the (former) Employee;
 - Medicare enrollment of the (former) Employee;
 - divorce or legal separation of the (former) Employee; or
 - Dependent Child(ren) of the (former) Employee ceasing to be a dependent.

In secondary events, the 36 months of coverage extends from the date of the original Qualifying Event.

Notification of Qualifying Events. The Plan will offer COBRA continuation coverage to Qualified Beneficiaries only after the Plan Administrator (employer) has been notified that a Qualifying Event has occurred. Under the law, the employer is responsible for knowing when any of the following Qualifying Events occurs:

- voluntary termination;
- involuntary termination;
- reduction of hours/layoff;
- death of Employee; and
- Medicare enrollment of Employee

The Employee or a family member has the responsibility to inform the Plan Administrator (employer) of:

- a divorce;
- legal separation; or
- Dependent Child(ren) losing dependent status under the Plan

Notification to the plan must occur within 60 days of the date of the event or the date on which coverage would end under the Plan because of the Qualifying Event, whichever is later. In addition, you must notify Wellmark Blue Cross and Blue Shield (Wellmark) if a disabled Employee or family member is determined to no longer be disabled. The notice must be given in writing. Notice will be deemed given when delivered to the appropriate address by hand or by nationally recognized overnight courier service (costs prepaid), sent by facsimile with confirmation of transmission by the transmitting equipment, or received, or rejected by the addressee if sent by certified mail, return receipt requested.

To enroll a newborn Dependent Child(ren) in COBRA during a period of continuation coverage or to enroll a Dependent Child(ren) placed for adoption, you or a family member must notify Discovery Benefits of the birth or placement within the same time limits that pertain to enrollment of like dependents acquired by active employees.

Election of Coverage. Each Qualified Beneficiary has the right to independently elect coverage for himself/herself. Any or all Qualified Beneficiaries may elect to continue coverage without regard to the elections made by the other Qualified Beneficiaries. Parents may elect to continue coverage on behalf of their Dependent Child(ren). If your employer maintains three separate employer Plans (such as a medical, dental and vision plan), you have the right to choose only the Plans that you want. However, if the employer maintains only one consolidated group health plan (which may include

medical, dental and vision) you must, in this case, elect or decline to elect COBRA coverage for the consolidated group health plan as a whole.

To continue coverage, complete the enclosed Election Form and return it to the address or fax number indicated on the Election Form. The Election Form must be completed and returned within 60 days after the Date of Notification reflected on the Election Form or within 60 days after the coverage would otherwise end, whichever is later. If the Election Form is not returned within the 60-day period, the continuation option expires. A Qualified Beneficiary may change a prior rejection of the continuation coverage any time until the end of the applicable 60-day period.

In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage may affect your future rights under federal law, depending on the plan year of your group health plan. First, you can lose the right to avoid having pre-existing condition exclusions applied to you (this does not apply to dependents under age 19) by other group health plans if you have more than a 63-day gap in health coverage, and election of continuation coverage may help you not have such a gap. You should take into account that you have special enrollment rights under federal law. You may have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your Spouse's employer) within 30 days after your group health coverage ends because of the Qualifying Event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

COBRA Premiums. You must pay the entire premium amount shown on the enclosed Election Form for your COBRA coverage. Your COBRA premium(s) include an additional 2% which is used to cover administrative expenses. If your COBRA coverage is extended to 29 months due to the disability provision explained below, COBRA regulations allow premiums to be increased to 150% of the otherwise applicable premium for the 19th through 29th months of COBRA coverage. If you choose, you may submit your initial premium payment with the COBRA Election Form. If you do not submit your initial premium payment with the Election Form, or the premium payment is insufficient, your first full premium payment will be due on or before the 45th day after electing COBRA coverage. If you do not make your first full premium payment(s) for continuation coverage within 45 days, you will lose all continuation rights under the Plan(s).

If a monthly premium payment is not remitted or cannot be withdrawn from the designated account (for automatic account withdrawal), for any reason, it is your responsibility to ensure that the premium payment is remitted by the end of the grace period for the month for which the premium payment is being paid, in order for coverage to continue. If you do not make the premium payment within the 30-day grace period, COBRA coverage will be cancelled retroactively.

There are specific times within the determination period when the Plan(s) may increase a Qualified Beneficiary's COBRA premium:

- The Plan has charged less than the maximum amount allowed.
- The permitted increase for the disability extension period begins in the 19th month.
- A Qualified Beneficiary chooses to become covered under a more expensive Plan, when offered, or adds a new benefit, when offered.
- A Qualified Beneficiary adds a family member, as allowed by the Plan that would cause the applicable premium to be higher for that family unit size.

COBRA Provisions.

- Any Qualified Beneficiary may elect coverage for an eligible dependent (spouse, newborn child, adopted child, etc.) acquired during a period of continuation. Qualified Beneficiaries must apply to Discovery Benefits for coverage of acquired eligible dependents within the same time limits that pertain to enrollment of like eligible dependents acquired by active employees. Please refer to your Coverage Manual or Summary Plan Description (SPD) for dependent eligibility and effective dates. Elections that are not timely made will be declined.
- Your continued coverage(s) will be subject to the same benefit and rate changes, when applicable, as the Plan. You will be notified of any changes in benefits or premium rates.
- During open enrollment, you will have the same options under COBRA coverage as active employees covered under the Plan. In addition, special enrollment rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will apply to those who have elected COBRA.
- If a Qualified Beneficiary moves outside the service area of a region-specific benefit package, the coverage will be changed to the same coverage available to an active employee moving to the same area.
- A complete description of the Plan provisions and benefits is outlined in your SPD.

Duration of COBRA Coverage.

- If the Qualifying Event is termination of the covered Employee's employment or a reduction in hours/layoff, COBRA coverage continues for up to 18 months from the date on which coverage would otherwise end.
- If the Qualifying Event is a divorce or legal separation, the death of the covered Employee, the covered Employee's enrollment in Medicare, or the loss of dependent child status under the terms of the Plan, coverage continues for up to 36 months from the date on which coverage would otherwise end.
- If a Qualified Beneficiary or family member is disabled, an 18-month continuation coverage period may be extended to a maximum of 29 months for all Qualified Beneficiaries enrolled under the covered Employee's contract if the following conditions are met:
 - the Social Security Administration determines that the Qualified Beneficiary or family member is disabled at any time during or prior to the first 60 days of continuation coverage, and
 - the Qualified Beneficiary provides Discovery Benefits with a copy of the Social Security Administration determination notice within the 18-month coverage period and no later than 60 days after
 - the date the determination is made by the Social Security Administration,
 - the date of the Qualifying Event, or
 - the date on which the Qualified Beneficiary loses coverage under the Plan due to the Qualifying Event, using the delivery procedures specified in Notification of Qualifying Events above.

COBRA regulations allow the premium for COBRA coverage to be increased to 150% of the otherwise applicable premium, after 18 months of coverage, when COBRA coverage is extended due to disability. The non-disabled family members may also be charged up to 150% of the applicable premium if the disabled individual is included in the coverage.

- Coverage for a Qualified Beneficiary who is a Spouse or Dependent Child(ren) of the covered (former) Employee can increase to a maximum of 36 months if any of the following events occurs during the initial 18-month continuation period:
 - the covered (former) Employee dies;
 - the covered (former) Employee and Spouse are divorced or legally separated;
 - (for the Dependent Child(ren) only) the Dependent Child(ren) loses status as a dependent child under the Plan; or
 - the covered (former) Employee enrolls in Medicare. Requests for extended continuation coverage must be sent to Discovery Benefits within 60 days after occurrence of any Qualifying Event.

The request must be in writing using the delivery procedures specified in Notification of Qualifying Events above. Upon receipt of your request, Discovery Benefits will provide you with an election form for your completion.

- COBRA coverage will terminate (before the end of the maximum coverage periods as described above) on the earliest of the following dates:
 - Retroactive to the first of the month for which the Qualified Beneficiary's monthly premium is not timely paid;
 - On the date the employer ceases to maintain any Plan for its employees;
 - On the date a Qualified Beneficiary enrolls in Medicare (applies only to the person enrolling in Medicare);
 - Retroactive to the first of the month or on the date a Qualified Beneficiary becomes covered, after electing continuation coverage under another group health plan that does not impose any pre-existing condition exclusion period for a pre-existing condition of the Qualified Beneficiary (note: there are limitations on plans imposing a preexisting condition exclusion period and such exclusions will become prohibited beginning in 2014 under the Affordable Care Act);
- For a Qualified Beneficiary entitled to 29 months of COBRA coverage due to his/her disability or the disability of a Qualified Beneficiary or family member under the same Qualifying Event, coverage will terminate during the 11-month extension if the Social Security Administration later determines that the formerly-disabled Qualified Beneficiary or family member is no longer disabled. The individuals affected must notify Discovery Benefits within 30 days of any final determination that the Qualified Beneficiary or family member is no longer disabled. Coverage will terminate the first of the month following 30 days after the date of the final determination that the Qualified Beneficiary or family member is no longer disabled. If a Qualified Beneficiary or family member is deemed no longer disabled, COBRA coverage for all Qualified Beneficiaries who were entitled to the disability extension will also terminate.

For More Information. This Notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan may be available in your SPD or from your employer. You may request a copy of your SPD from your employer. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes. In order to protect your family's rights, you should keep your employer or the COBRA Administrator (if you have COBRA coverage) informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to your employer or the COBRA Administrator.

Questions. If you have any questions regarding continuation coverage or payments, please feel free to call Discovery Benefits Customer Service: 1-866-451-3399 Option 2.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- you ensure that your employer receives advance written or verbal notice of your service;
- you have five years or less of cumulative service in the uniformed services while with that particular employer;
- you return to work or apply for reemployment in a timely manner after conclusion of service; and
- you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- are a past or present member of the uniformed service;
- have applied for membership in the uniformed service; or
- are obligated to serve in the uniformed service;

then an employer may not deny you:

- initial employment;
- reemployment;
- retention in employment;
- promotion; or
- any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

HEALTH INSURANCE PROTECTION

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.

- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

ENFORCEMENT

- The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.
- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address:

<http://www.dol.gov/vets/programs/userra/poster.htm>. Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.

Newborns' and Mothers' Health Protection Act (NMHPA)

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours, as applicable).

Exchange Notice



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved

OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. The 2019 open enrollment period for health insurance coverage through the Marketplace begins on Nov. 15, 2018, and ends on Dec. 15, 2018. Individuals must have enrolled or changed plans prior to Dec. 15, 2018, for coverage starting as early as Jan. 1, 2019. After Jan. 1, 2019, individuals can get coverage through the Marketplace for 2019 only if they qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact CRST HR Service Center at 866-934-4895 or via email at HR@crst.com.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs

covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name See Below		4. Employer Identification Number (EIN) See Below	
5. Employer address See Below		6. Employer phone number 866-934-4895	
7. City See Below		8. State See Below	9. ZIP code See Below
10. Who can we contact about employee health coverage at this job? CRST Human Resources Department			
11. Phone number (if different from above)		12. Email address HR@crst.com	

Employer Information					
Name	EIN	Address	City	State	ZIP Code
CRST International, Inc.	421118724	3930 16th Avenue SW	Cedar Rapids	IA	52406
CRST Expedited, Inc.	420750182	3930 16th Avenue SW	Cedar Rapids	IA	52406
CRST Malone, Inc.	630722855	1901 Floyd Bradford Rd.	Trussville	AL	35173
CRST Lincoln Sales, Inc.	203641963	3930 16th Avenue SW	Cedar Rapids	IA	52406
Specialized Transportation Agent Group, Inc.	770638095	5001 US Hwy 30 West	Fort Wayne	IN	46818
Spectran Transportation Management Group,	201135589	5001 US Hwy 30 West	Fort Wayne	IN	46818
CRST Dedicated Services, Inc.	421166029	3930 16th Avenue SW	Cedar Rapids	IA	52406
CRST Logistics, Inc.	421374316	3930 16th Avenue SW	Cedar Rapids	IA	52406
North American Driver Training Academy	462888193	3930 16th Avenue SW	Cedar Rapids	IA	52406
BESL Transfer Co., Inc.	310215810	5700 Este Avenue	Cincinnati	OH	45232
Pegasus Transportation	351721190	2903 S. English Station Rd.	Louisville	KY	40299
Pegasus Brokerage	351872244	2903 S. English Station Rd.	Louisville	KY	40299

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. Eligible employees are:
 - A regular, full-time and part time employees who work 30 hours or more per week.
- With respect to dependents:
 - We do offer coverage. Eligible dependents are:
 - Dependent children up to the age of 26 and spouses. However, if the spouse works and is eligible for health coverage with their own employer, he/she is not eligible to participate in the CRST Major Medical Insurance Plan. Refer to the Summary Plan Description for more information.
 - We do not offer coverage.
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, _____

your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Group Health Plan Summary of Benefits and Coverage (SBC)

In conjunction with the Affordable Care Act (ACA), the Departments of Labor, Health and Human Services, and the Treasury issued final regulations for group health plans and health insurance carriers to use in providing a Summary of Benefits and Coverage (SBC) and a Uniform Glossary of Commonly Used Health Insurance and Medical Terms (Uniform Glossary), to plan participants (please find these on the following pages). The SBC conforms to the format and guidelines provided in the regulation for each health plan coverage option that is offered to employees and is intended to enable eligible health plan enrollees to easily understand the available health coverage and determine the best benefit options for themselves and their families.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

If you should have any questions, please contact CRST HR Service Center at 866-934-4895 or via email at HR@crst.com.



Attention: CRST Employee

To help you easily understand your health plan benefits, attached is a Summary of Benefits and Coverage (SBC) for your current health plan. Together, this letter and the SBC contain a full description of your health plan and benefits. They are designed to be read in conjunction to provide simple and consistent information using terminology and a format that has been standardized among all health insurance companies.

The SBC summarizes the key features of your policy such as a description of the coverage, deductible amounts, cost-sharing obligations and coverage limitations and exceptions.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.”

This plan or policy does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value).

This health coverage does meet the minimum value standard for the benefits it provides.

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