



March 1st 2013-February 28th 2014 Benefits Guide

All Active, Full-Time Employees of Republic Diesel, Inc.
and its affiliated and subsidiary companies



OPEN ENROLLMENT 2013

The plan benefits will not change this year. Below are the new contributions for each plan. Review this, and the included Premium Conversion Election Form/Salary Redirection Agreement. During the scheduled times below, you will meet with an Enrollment Coordinator to sign a new agreement and/or make changes to your current benefits.

Weekly Premiums (52)- Effective 3-1-2013

HEALTH PLAN	
Employee Only/Single	\$23.73
Family	\$76.47

DENTAL PLAN	
Employee Only	\$2.02
Employee + Child(ren)	\$7.81
Employee + Spouse	\$5.20
Family	\$11.33

VISION PLAN	
Employee Only	\$1.74
Employee + Child(ren)	\$3.22
Employee + Spouse	\$3.05
Family	\$5.07

ACCIDENT, CRITICAL ILLNESS, SHORT TERM DISABILITY

Current rates did not change

WHOLE LIFE INSURANCE

NEW PLAN OFFERED THIS OPEN ENROLLMENT- Meet with an Enrollment Specialist during the scheduled meeting at your location shown below.

OPEN ENROLLMENT SCHEDULE

Lexington, KY	Monday, February 18 th , 8am
Prestonsburg, KY	Monday, February 18 th , 3 pm
Louisville, KY-College St	Tuesday, February 19 th , 7 am Wednesday, February 20 th , 7am
Louisville, KY-Jennings Ln	Thursday, February 21 st , 7 am
Jeffersonville, IN	Friday, February 22 nd , 7:30 am

HumanaPPO

Republic Diesel

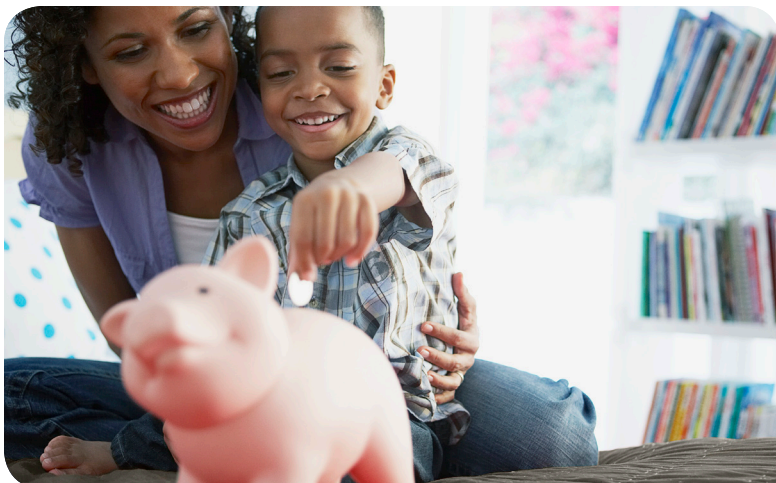
HUMANA
Guidance when you need it most

KENTUCKY High Deductible Health Plan (HDHP) 08 100/70 Plan HSA compatible

Plan pays for services from
PARTICIPATING providers

Plan pays for services from
NONPARTICIPATING providers

Embedded Deductible and Out-of-Pocket Maximum Options (per calendar year; deductibles apply to out-of-pocket maximum) (1)	• Individual deductible*	\$3,000	Three times individual participating deductible
	• Family deductible	Two times individual participating deductible	Three times family participating deductible
	• Individual out-of-pocket maximum	\$3,000	\$20,000
	• Family out-of-pocket maximum	Two times individual participating out-of-pocket maximum	\$40,000
Preventive Care	• Routine immunizations (to age 18) • Routine lab test / X-ray • Routine exams (18 years and above) • Routine child exams (to age 18) • Routine mammogram • Routine Pap smears • Preventive endoscopy (includes colonoscopy, proctosigmoidoscopy and sigmoidoscopy)	100%	70% after deductible
Physician Services	• Office visits • Diagnostic tests, lab and X-rays • Allergy testing and injections • Inpatient services • Outpatient services • Office surgery	100% after deductible	70% after deductible
	• Emergency room physician visits (2)	100% after deductible	100% after participating deductible
Facility Services	• Inpatient care (semiprivate room, ancillary services, nursing care, and ICU) • Outpatient surgery • Outpatient nonsurgical care	100% after deductible	70% after deductible
	• Hospital emergency services (2)	100% after deductible	100% after participating deductible
Prescription Drugs (includes oral contraceptives)	• Benefit per prescription or refill (3)	100% after deductible	70% after deductible
Other Medical Services (4)	• Skilled nursing facility (up to 60 days per calendar year) • Home health care (up to 60 visits per calendar year) • Physical, occupational, cognitive, speech and audiology therapy (combined limit for all therapy services up to 60 visits per calendar year) • Urgent care facility • Chiropractic services (up to 20 visits per calendar year) • Durable medical equipment (unlimited)	100% after deductible	70% after deductible
	• Ambulance (2)	100% after deductible	100% after participating deductible
	• Transplant services	100% after deductible (when services are received from a Humana Transplant Network provider)	70% after deductible (covered expenses are limited to a maximum benefit of \$35,000 per transplant)
Lifetime Maximum Benefit		Unlimited (participating and nonparticipating combined)	
Behavioral Health (mental health and substance abuse)	• Inpatient services (Limitations – Groups 51+: No limit)	100% after deductible	70% after deductible
	• Outpatient and office therapy sessions (Limitations – Groups 51+: No limit)		



Republic Diesel HSA Funding:

- \$1150/yr- \$95.83/mth- Employee Only
- \$2225/yr- \$185.42/mth- Family

Max Contribution per year 2012:

- \$3250 Employee Only
- \$6450 Family

Additional Contribution for age 55+

- \$1000

Monthly HSA Account Fee Per Employee:

- \$3.75

Health Savings Account (HSA)

HumanaAccessSM Visa® Debit Card

The HumanaAccess Card is a key element of Humana's HSA administered by UMB Bank. The card gives you convenient access to healthcare funds.

With a High Deductible Health Plan, you can open a HSA, a personal fund in which you set aside money for qualified healthcare expenses and grow your savings for future healthcare needs. You, your employer, or both can contribute tax-free money to a HSA.

HSA benefits

- › **Opportunity to build savings.** Unused money stays in your account from year to year and earns tax-free interest. You can even invest HSA funds.
- › **Tax-free contributions and earnings.**¹ You don't pay federal taxes on contributions or earnings as long as the money is used for qualified healthcare expenses.
- › **Portability.** Funds belong to you, so you keep the account if you change jobs or retire.
- › **Convenience.** The HumanaAccess card makes it easy to pay for qualified medical expenses. Simply swipe the card or write the card number on the bill and return the bill to the provider.
- › **Monthly statement.** This itemizes HSA expenditures for the month and shows what remains in the account.

Earn even more

When HSA dollars are invested, they have the potential to earn higher earnings.² You can choose from two investment options:

- › **Money market "sweep" account.** Through UMB bank, HSA funds of more than the \$1,000 minimum balance automatically are "swept" into a Fidelity money market mutual fund daily. You can access funds if needed for healthcare.
- › **Self-directed brokerage account.** Through UMB Financial Services, you can choose from more than 170 mutual funds from seven nationally recognized fund families when you have a HSA balance of \$1,000 plus the specified minimum investment amount for the mutual fund. The fund families are: AIM, American, Federated, Fidelity, Franklin Templeton, Oppenheimer, and UMB Scout Funds.

¹ Some states do not recognize the HSA as a pre-tax deduction

² Available only with HSA Enhanced product.

MyHumana

Register now at **Humana.com**

Find your personalized health and benefits information in one place – MyHumana

As a Humana member, you have a secure website on **Humana.com** called *MyHumana*. With *MyHumana*, you have fast, easy access to your personalized benefits information, planning tools, and wellness resources.

Some of what you can do on *MyHumana*:

- **Claims** – Check if a claim has been paid along with your estimated cost, if any
- **Coverage details** – Review deductibles, coverage levels, and limits
- **Provider search** – Use Physician Finder Plus to find in-network providers near you
- **Humana's MyChoice ToolsSM** – Choose providers wisely and estimate costs
- **Drug Pricing** – Look up coverage, estimated prices, and possible alternatives
- **Rx Calculator** – Plan for out-of-pocket drug costs
- **Health and Condition Centers** – Access health information specific to your conditions and life stage
- **Year-to-Date Summary** – See an at-a-glance view of your financial information – including balances in your Health Savings Account, Flexible Spending Account, or Personal Care Account and amounts applied to deductibles
- **Manage access** – Give other adults on your policy permission to access your health information
- **Update your communications preferences** – Select which communications you want to receive from Humana and how you want to receive them – via paper or e-mail
- **Order prescriptions** – Access Humana's prescription home-delivery service, *RightSourceRxSM*



Registering is easy

- Have your Humana ID card ready
- Go to **Humana.com**
- Select "Register" at the top of the page or in the log-in box on the left
- Choose the user type that describes you
- Fill in some basic information – like your member ID number, date of birth, ZIP code, and e-mail address, and click "next"
- Create a User ID, password, and security prompt and click "next" to finish

Now, how easy was that? You're all set – jump in and start exploring!

You don't have to wait for health and benefits guidance – you can get it right away with *MyHumana*.

Please note, all features may not be available to all members.

HUMANA
Guidance when you need it most

Dental Benefits

Savings, flexibility and service. For healthier smiles.



MetLife®

Plan Design for: Republic Diesel

For the savings you need, the flexibility you want and service you can trust.

To help you enroll, the following pages outline your company's dental plan and address any questions you may have.

Coverage Type	In-Network ¹ % of PDP Fee ²	Out-of-Network ¹ % of PDP Fee ²
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	60%
Type C - Major Restorative	50%	25%
Type D - Orthodontia	50%	50%
Deductible	In-Network ^{3a}	Out-of-Network ^{3b}
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefits	In-Network	Out-of-Network
Per Person	\$1000	\$1000
Orthodontia Lifetime Maximum	\$1000	\$1000
Ortho Applies to Child Only	Child to Age 19	

1. "In-Network Benefits" means benefits under this plan for covered dental services that are provided by a MetLife PDP Dentist. "Out-of-Network Benefits" means benefits under this plan for covered dental services that are not provided by a MetLife PDP Dentist.

2. PDP Fee refers to the fees that MetLife PDP dentists have agreed to accept as payment in full.

3a. Applies to Type B & C services only 3b. Applies to Type B & C services only

Benefits are effective the first day of the month following your date of hire.

Selected Covered Services and Frequency Limitations

Type A - Preventive	How Many / How Often
• Prophylaxis - Cleanings • Oral Examinations • Topical Fluoride Applications • Bitewing X-Rays (Adult/Child)	1 in 6 months. 1 in 6 months. 1 in 12 months for children up to 14th birthday. Adult 1 in 12 months / Child 1 in 12 months up to 14th birthday.
Type B - Basic Restorative	How Many / How Often
• Full Mouth X-Rays • Space Maintainers • Sealants • Amalgam & Composite Fillings • Emergency Palliative Treatment	1 in 60 months. Children up to 14th birthday. 1 in 60 months (per permanent 1st & 2nd non-restored molar) children up to 19th birthday. 1 in 24 months. Composite Fillings covered on all teeth.
Type C - Major Restorative	How Many / How Often
• Repairs • Endodontics - Root Canal • General Anesthesia • Oral Surgery (Simple Extractions) • Oral Surgery (Surgical Extractions) • Other Oral Surgery • Periodontal Surgery • Periodontal Scaling & Root Planing • Periodontal Maintenance • Implants • Bridges • Dentures • Crowns/Inlays/Onlays • Consultations • Bruxism Appliances • Prefabricated Stainless Steel & Resin Crowns	1 in 24 months. 1 per tooth per lifetime. For oral surgery, extractions or other covered services. 1 in 60 months. 1 in 60 months. 2 in 1 year, includes 2 cleanings. Services: 1 in 10 years Repairs: 1 in 60 months. 1 in 10 years. 1 in 10 years. 1 in 10 years. 1 in 12 months. 1 in 10 Years.
Type D - Orthodontia	How Many / How Often
	Dependent children are covered up to 19th birthday. All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. Payments are on a repetitive basis. 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the Plan Summary. Orthodontic benefits end at cancellation of coverage.

The service categories and plan limitations shown above represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

*** Alternate Benefits:** Your dental plan provides that if there are two or more professionally acceptable dental treatment alternatives for a dental condition, your plan bases reimbursement, and the associated procedure charge, on the least costly treatment alternative. If you receive a more costly treatment alternative, your dentist may charge you or your dependent for the difference between the cost of the service that was performed and the least costly treatment alternative.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.

Like most group dental insurance policies, MetLife group policies contain certain exclusions, limitations and waiting periods and terms for keeping them in force. Please contact MetLife for details.

FREQUENTLY ASKED QUESTIONS

Who is a participating Preferred Dentist Program (PDP) dentist?

A participating dentist is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in-full for services provided to plan participants. PDP fees typically range from 15-45%* below the average fees charged in a dentist's community for the same or substantially similar services.

*Based on internal analysis by MetLife

How do I find a participating PDP dentist?

There are more than 145,000 participating PDP dentist locations nationwide, including over 35,000 specialist locations. You can receive a list of these participating PDP dentists online at www.metlife.com/dental or call 1-800-942-0854 to have a list faxed or mailed to you.

What services are covered by my plan?

All services defined under your group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

Does the Preferred Dentist Program (PDP) offer any discounts on non-covered services?

MetLife's negotiated fees with PDP (in-network) dentists may extend to services not covered under your plan and services received after your plan maximum has been met, where permitted by applicable state law. If you receive services from a PDP dentist that are not covered under your plan or where the maximum has been met, in those states where permitted by law, you may only be responsible for the PDP (in-network) fee.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment for the approved service. If you receive services from a participating PDP dentist, you are only responsible for the difference between the PDP in-network fee for the service provided and your plan's payment for the approved service. Please note: any plan deductibles must be met before benefits are paid.

Can my dentist apply for PDP participation?

Yes. If your current dentist does not participate in the PDP and you'd like to encourage him or her to apply, tell your dentist to visit www.metdental.com, or call 1-877-MET-DDS9 for an application. The website and phone number are designed for use by dental professionals only.

How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/dental or request one by calling 1-800-942-0854.

Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. With pre-treatment estimates, you never have to wonder what your out-of-pocket expense will be. MetLife recommends that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you're still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

How can I learn about what dentists in my area charge for different procedures?

If you have MyBenefits you can access the Dental Procedure Fee Tool provided by go2dental.com where you can learn more about approximate fees for services such as exams, cleanings, fillings, crowns and more. Simply visit www.metlife.com/mybenefits and use the Dental Procedure Fee Tool to help you estimate the in-network (PDP fees) and out-of-network fees* for dental services in your area.

*Out-of-network fee information is provided by go2dental.com, Inc., an industry source independent of MetLife. This site does not provide the benefit payment information used by MetLife when processing your claims. Prior to receiving services, we recommend that you obtain pre-treatment estimates through your dentist.

Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.

*International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance is not affiliated with MetLife, and the services they provide are separate and apart from the benefits provided by MetLife.

** Refer to your dental benefits plan summary for your out-of-network dental coverage.



VisionSavings Eyecare Care Program Available through MetLife

See the attached Q&A for additional information about your Vision Care benefits.

Plan Design for: Republic Diesel Effective Date: 3-1-2012

Coverage Type:	Cost
Eye Examinations	
Spectacle Exam	\$5 off normal fee
Contact Exam	\$10 off normal fee
Frames	
Any frame available at provider location	40% off Retail Price
Lenses (Standard uncoated plastic)	
Single Vision	\$50.00
Bifocal	\$70.00
Trifocal	\$105.00
Lens Options (Add to lens prices above)	
Standard — Progressive (add on to bifocal)	\$65.00
Polycarbonate	\$40.00
Scratch Resistant Coating	\$15.00
Anti-Reflective Coating	\$45.00
Ultraviolet Coating	\$15.00
Solid Tint	\$15.00
Gradient Tint	\$15.00
Other Add-on Services	20% Discount
Contact Lenses	
Non-Disposable	15% discount on regular retail prices
Disposable	0% discount on regular retail prices
All Other Materials	
Non-Rx Sunglasses, accessories, etc.	20% Discount from regular retail prices
Lasik Vision Correction	
Lasik or PRK	15% off retail price or 5% off promotion price
Frequency	
Examination	Unlimited
Frames	Unlimited
Lenses	Unlimited
Contact Lenses	Unlimited

THIS IS A VISION DISCOUNT PROGRAM INCLUDED (AT NO COST) WITH ENROLLMENT IN THE METLIFE DENTAL PLAN.

For more information or to find a participating provider call **1-800-ASK-4MET** or log on to a provider at www.eyemedvisioncare.com/MetLife

Since Lasik or PRK vision correction is an elective procedure performed by specially trained providers, this discount is not always available from a provider in your immediate location. For a location near you, and the discount authorization, please call 1-877-5LASER6.

VisionSavings Eyecare Program Overview Frequently Asked Questions

Who can use the program?

With the **VisionSavings Eyecare Program¹** offered through **EyeMed Vision Care**, you and your dependents can receive discounts on eyecare services and eyewear products at participating providers nationwide. You and your dependents can use the program as often as you need to.

How do I use the EyeMed Vision Care Program?

Simply call any of the participating providers to schedule an appointment. Identify yourself as a **VisionSavings Eyecare Program** member when making an appointment. Present your identification number to verify participation at the time of service. (Your identification number is 9238205.) The provider will apply applicable discounts at the time of service.

How do I locate a provider?

You can call **1-800-ASK-4MET** to find a participating provider or you can locate a provider at www.eyemedvisioncare.com/MetLife. Simply enter the 5-digit ZIP code for the area you are interested in finding a location. Maps are available for each location by clicking on the underlined location name.

You can also use your **VisionSavings Eyecare Program** at these participating optical retailers²:

- Pearle Vision
- LensCrafters
- Sears Optical
- Target Optical
- JCPenney Optical Center

How do I get the LASIK discount?

Members are eligible for savings on LASIK or PRK procedures. Members have access to more than 600 laser providers through the U.S. Laser network, owned by LCA-Vision. For more details about laser surgery, visit www.eyemedlasik.com.

Do my dependents have to visit the same provider that I select?

No, you and your dependents each have the freedom to choose any participating provider.

Can I get an eye examination from one provider and my glasses or contact lenses from another?

Yes. You can get an eye examination from one provider and your glasses or contact lenses from another, unless you are a first-time contact lens wearer. In this case, you must purchase your new contacts from your exam provider and return for one or two follow-up visits to ensure your lenses are fitted properly.

Some states do not require doctors to release your prescription for eyeglasses to you. Ask your exam provider before he or she performs the exam if he or she is willing to release your prescription.

Can I order my contact lenses through the mail?

Yes, if you have worn contact lenses before and have a current prescription. **Members can order replacement contact lenses at great prices over the Internet. Log on to www.eyemedcontacts.com for details or to place an order.** If you are a first-time contact lens wearer, you must purchase your new contacts from your exam provider and return for one or two follow-up visits to ensure that your lenses are fitted properly.

Do I need to submit a Claim form?

No, there are no claim forms to submit. The discount is applied at time of service.

¹ Vision discount services are offered through EyeMed Vision Care. EyeMed Vision Care is not affiliated with Metropolitan Life Insurance Company and its affiliates.

² Participating providers are independent contractors solely responsible for vision examinations and products. Some locations may not participate. Please call in advance.

³ Some Pearle Vision franchises do not participate. Pearle Vision, Inc. does not employ Doctors of Optometry and does not provide eye exams in California. Pearle VisionCare, Inc., a licensed vision health care service plan, provides eye exams in California.



Benefits are effective the first day of the month following DOH.

YOUR AVESIS VISION PLAN

Republic Diesel

Your vision health is an important part of complete wellness. Avesis is pleased to present your vision benefits which are designed to give you and your covered family members the care, value and service to help maintain good vision and overall health.

In-Network Benefits

Vision Examination Your vision exam is covered in full after a co-pay.

\$200*
average
retail

When choosing the frames
and spectacle lenses
package!

FRAMES

Providers typically charge between \$100 - \$150* for frames covered in full by your plan allowance.**

AND

SPECTACLE LENSES

Standard lenses are covered in full. Providers typically charge between \$60 - \$120* for standard lenses.



Contact Lenses

In lieu of frames and spectacle lenses, members receive an allowance up to \$130 for materials and fit and follow-up exam

Medically necessary contact lenses are covered in full (prior authorization is required)

LASIK Surgery

Members receive a one-time/lifetime allowance of \$150

Additional Discounts

Progressive Lenses

Are discounted up to 20% off retail in addition to a \$50 allowance

Lens Options, Non-Covered Items and Additional Purchases

Are discounted up to 20% off retail

Specialty Lenses

Are discounted up to 20% off retail in addition to the corresponding standard lens allowance

LASIK Surgery

5% - 25% off retail

* Values provided may be more or less depending on the providers retail pricing.

** Provider wholesale frame pricing for your plan is \$50. Participating Wal-Mart locations cover frames up to a \$68 retail value.

Group Details

Effective Date: 03/01/2012
Group Number: 30815-1046
Plan #: 962

Benefit Frequency

	Every:
Vision Exam	12 Months
Spectacle Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

Co-Pays

Vision Examination	\$10.00
Materials	\$25.00

Rates

Employee Paid Rates Per Week

Employee Only	\$1.74
Employee + Spouse	\$3.05
Employee + Child(ren)	\$3.22
Employee + Family	\$5.07

Out-of-Network Reimbursement

	Up to:
Exam	\$35.00
Standard Single Vision	\$25.00
Standard Bifocal	\$40.00
Standard Trifocal	\$50.00
Standard Lenticular	\$80.00
Progressive	\$40.00
Specialty Lenses	Corresponding Standard Lens Reimbursement
Frame	\$45.00
Contact Lenses (Elective)	\$130.00
Contact Lenses (Med. Necessary)	\$250.00
LASIK Surgery	\$150.00

Avesis
Vision Care
PLUS
The plus is service.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO Policy #: VC-16, Form M-9059

www.avesis.com

Your Avesis Vision Plan

Limitations and Exclusions

Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

Limitations: This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avesis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions: There are no benefits under the plan for professional services or materials connected with and arising from: 1) Orthoptics of vision training; 2) Subnormal vision aids and any supplemental testing; 3) Plano (non-prescription) lenses, sunglasses; 4) Two pair of glasses in lieu of bifocal lenses; 5) Any medical or surgical treatment of eye or support structures; 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services; 7) Any eye examination or corrective eyewear required by an employer as a condition of employment; 8) Services or materials provided as a result of Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.

Notes and Disclaimers

Notes and Disclaimers: Dilation is covered in full based on the following conditions: central vision loss, photopsia, floaters, history of ocular surgery, history of ocular trauma, history of ocular disease high myopia or diabetes. If the following conditions do not apply, members will receive Avesis' Preferred Pricing (20% off retail).

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only, or both contact lenses and professional services (fitting fees).

Laser vision correction is considered Refractive Surgery, an elective procedure, and may involve potential risks to patients. Avesis is not responsible for the outcome of any refractive surgery.

Only one co-pay applies to either frame or lenses.

Termination Provisions: Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

Insured benefits are administered by Avesis Third Party Administrators, Inc., Phoenix, AZ

Using your Vision Benefit

When you need to see an eye care professional, simply visit www.avesis.com or contact Avesis' Customer Service Monday through Friday, 7AM to 8PM (EST) at 1-800-828-9341 to receive a listing of providers in your area.

1 Select a provider

3 Visit provider for service

2 Contact provider for an appointment

4 Pay any co-pays or additional uncovered expenses

Important Information

Avesis Website: avesis.com

Customer Service Number: **1-800-828-9341**

LASIK Provider Number: **1-888-314-4619**

Using Out-Of-Network Providers

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avesis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan; and are in lieu of services provided by a participating Avesis provider. Out-of-network claim forms can be obtained by contacting Avesis' Customer Service Center, your group administrator or by visiting www.avesis.com.

Avesis
Vision Care
PLUS
The plus is service.

You will be enrolled in this plan automatically.

Group Life

This benefit is effective the first of the month following 90 days after the DOH.

MetLife Basic Term Life / AD&D



MetLife

Republic Diesel Plan Benefits

Basic Life: provides a benefit in the event of death	☐ X Basic Annual Earnings
Accidental Death & Dismemberment: provides a benefit in the event of death or dismemberment resulting from a covered accident	☐ X Basic Annual Earnings
Plan Maximum	\$ 150,000
Non-Medical Maximum	\$ 150,000
Age Reduction Formula	35% at Age 65, 50% at Age 70
Employee Contributions	
• Basic Life	0 %
• AD&D	0 %

Term Life Features¹:

- Continuation of Life Insurance while totally disabled as defined by the Group Policy^{*2}
- Accelerated Benefits Option³
- Total Control Account^{*4}

AD&D Features ¹:

- Seat Belt Benefit^{*6}
- Air Bag Benefit^{*}
- Child Care Benefit^{*}
- Common Carrier Benefit^{*}
- Total Control Account[°]

What Is Not Covered?

Like most insurance plans, this plan has exclusions. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

You will be enrolled in this plan automatically.

This benefit is effective first of the month following 90 days after DOH.

Long Term Disability



MetLife®

Republic Diesel Plan Benefits

Explore the coverage that helps you protect your income and your lifestyle.

What is Long Term Disability Insurance?

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time.

Eligibility Requirements

LTD: All Active Full Time working at least 30 hours per week are eligible to participate.

How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80 % of your predisability earnings at your own occupation for any employer in your Local economy.

Following the Own Occupation period for LTD, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn 60 % of your predisability earnings at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer.

What is the benefit amount?

The LTD benefit replaces a portion of your predisability earnings, less the income that was actually paid to you for the same Disability from other sources¹ (e.g., Social Security, Workers' Compensation, etc.).

The Benefit amount is 50 % of your Predisability Earnings.

The maximum monthly benefit is \$ 5,000.

When do benefits begin and how long do they continue?

LTD Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for LTD is 60 day(s).

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Republic Diesel Plan Benefits

Additional Disability Plan Benefits:

Coverage with Your Best Interests in Mind...

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage.

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services:

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications/Accommodations:

Adjustments (e.g., redesign of work station tools) that enable you to return to your previous job or a similar one.

Retraining:

Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:

Allow employees to receive Disability benefits or partial benefits while attempting to return to work.

The Services of Social Security Specialists:

Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our specialists can guide you through the initial application and appeals processes and may also help you access assistance from attorneys or vendors to pursue Social Security benefits.

Answers to Some Important Questions...

Q. Can I still receive benefits if I return to work part time?

A. Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation program.

While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives, other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

With the Rehabilitation Incentive you can get a 10% increase in your monthly benefit.

The Family Care Incentive provides reimbursement up to \$400 per month for eligible expenses, such as child care, during the first 24 months of Disability.

Q. Are there any exclusions for pre-existing conditions?

A. Yes. Your plan may not cover a disability due to sickness or accidental injury for which you received treatment in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Republic Diesel Plan Benefits

Q. Are there any exclusions to my coverage?

A. Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

Q. Are there any limitations to my coverage?

A. For Long Term Disability, limited benefits apply for specific conditions:

If You are Disabled due to alcohol, drug or substance abuse or addiction, or mental or nervous disorders or diseases neuromuscular, musculoskeletal or soft tissue disorder, chronic fatigue syndrome and related conditions, we will limit your Disability benefits for each occurrence for these conditions to the lesser of:

- 24 months; or
- The Maximum Benefit Period.

If Your Disability is due to alcohol, drug or substance addiction, we require you to participate in an alcohol, drug or substance addiction recovery program recommended by a Physician. We will end Disability benefit payments at the earliest of the period described above or the date you cease, refuse to participate, or complete such recovery program.

Your Disability benefits will be limited as stated above for mental or nervous disorder or disease except for:

- schizophrenia;
- dementia; or
- organic brain disease.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance/Summary Plan Description provided by your Employer for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance/Summary Plan Description. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife's group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

¹ Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.