

2024 Driver New Hire Benefits Guide

Health and wellness benefits for
you and your family.



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Welcome to Tankstar's Benefits Program

At Tankstar, we believe our employees are our most important assets. We also appreciate your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Your benefit elections become effective 30 days after date of hire. If you experience a family status change (marriage, divorce, birth or adoption, death of a dependent, change in your child's dependent status, or change in employment status), you have 31 days from the date of the event to make necessary changes to your benefits.



Enrolling in Benefits

It is important to evaluate and ensure that you are participating in the plans that fit your needs for the upcoming calendar year.

Ways to Enroll With Forester Benefits

1. Self-enroll by going to [ForesterBenefits.com/enroll](https://foresterbenefits.com/enroll)
Enter Company Identifier: Tankstar
2. Schedule a telephonic enrollment appointment with a benefits counselor by visiting <https://foresterbenefits.com/tankstar> or by scanning the QR code below.



3. Call the Benefits Enrollment and Support Call Center at 866-486-0854. Monday-Friday 8 a.m.-8 p.m. CT.

Benefit eligible employees may enroll in the following benefits

- Medical
- Dental
- Vision
- Life insurance and disability benefits
- Voluntary life & accidental death and dismemberment
- Voluntary benefits
 - Accidental insurance
 - Hospital indemnity
 - Critical illness insurance

- To learn more about Whole Life insurance, please visit foresterbenefits.com/whole-life-insurance
- Find more information on all benefits at foresterbenefits.com/tankstar

Medical and Prescription Drug Plans

Anthem will provide Medical plan coverage for Tankstar employees and their families. You will have two plan options to choose from: the PPO plan or the Qualified High Deductible Health Plan (QHDHP). If a covered working spouse has Medical coverage available through his or her employer, he or she must be enrolled in such coverage (regardless of cost) to be eligible for benefits under this plan.

Tankstar will utilize Anthem's Rx Choice Tiered Network for 2024 for both the QHDHP and PPO plan. If you use a Level 1 pharmacy, you will pay less out of your pocket than if you use a Level 2 pharmacy. Level 1 pharmacies include CVS/Target, Sam's Club, Shopko, Walmart, Aurora, and Pick'n Save. Level 2 pharmacies include Walgreens, RiteAid, Kmart, and Costco. You can find out which level your pharmacy is on by going to [anthem.com](https://www.anthem.com). Choose "Manage Your Prescriptions" on the home page and, after logging in, select "Locate a Pharmacy" under "Pharmacy Benefits" for a list of pharmacies and the levels they're on.

IMPORTANT PHARMACY INFORMATION!

Tankstar will use Anthem's Essential Drug List in 2024. This will apply to both the QHDHP and PPO plan. This closed formulary excludes drugs with over-the-counter and/or lower-cost formulary alternatives. The Essential Drug List will maintain clinical integrity without compromising quality and safety. Search this link to see the Essential Formulary list. <https://www.anthem.com/pharmacy-information/drug-list-formulary>



Qualified High Deductible Health Plan (QHDHP)

Here are some reasons why you should consider electing the QHDHP:

- The QHDHP offers you a lower premium.
- It enables you to open a Health Savings Account (HSA) and provides opportunities to save and grow your HSA for future healthcare expenses. First-time enrollees may also be eligible to receive a \$500 or \$1,000 HSA contribution from Tankstar. See page 7 for additional information.
- It covers preventive care at 100%.

How Does a QHDHP Work?

The QHDHP is easy to understand. If you visit an Anthem provider, you will have a \$3,200 individual deductible (\$6,400 family). You pay for all nonpreventive physicians' visits, medical services, and prescriptions until you meet your annual deductible. If you stay in-network, you will pay the negotiated rate on these expenses.

First, Meet Your Plan's Deductible

There are two types of deductible(s):*

- Individual in-network deductible — \$3,200 per year.
- Family in-network deductible — \$6,400 for any combination of family members.

*Amounts above are for in-network only.

After Your Deductible Has Been Met

- You and the plan share in the cost of services up to your out-of-pocket maximum.
- The plan will pay a higher share of the cost if you use an in-network provider.

Preventive Exams

In-network wellness exams will be paid at 100% by the plan, so you are encouraged to have an annual physical and take your children for regular checkups. Out-of-network wellness exams are subject to the annual deductible and coinsurance.

Physician's Office Visits (for Nonpreventive Services)

Show your Anthem member ID card at the physician's office. When your provider bills Anthem, you will get the discounted rate and credit toward your deductible. Most physicians and other healthcare providers are very familiar with QHDHPs and will submit claims to Anthem before billing you if you see an in-network provider.

The PPO plan and QHDHP use the same provider network. It is easy to find a provider. Visit [anthem.com](https://www.anthem.com) or call 800-810-BLUE.

Qualified High Deductible Health Plan (QHDHP) Summary

The QHDHP plan summary is outlined below. As a reminder, in-network preventive care is covered at 100%.

Anthem QHDHP		
Benefit	In-Network	Out-of-Network
Individual Deductible	\$3,200	\$6,400
Family Deductible Limit	\$6,400	\$12,800
Coinsurance (Plan Pays)	80%	60%
Individual Medical Out-of-Pocket Maximum	\$6,400	\$12,800
Family Medical Out-of-Pocket Maximum	\$12,800	\$25,600
Preventive Care	100%	60% after deductible
Office Visit	80%	60% after deductible
Visits With Virtual Care-Only Providers (Primary Care, Medical Services for Urgent/Acute Care, and Mental Health and Substance Use Disorder Services, Specialist Care)		80% after deductible
Telemedicine		\$10 copay
Emergency Room		80% after deductible
Urgent Care	80% after deductible	60% after deductible
Inpatient Hospital/Outpatient Surgery	80% after deductible	60% after deductible
Outpatient X-Ray and Lab	80% after deductible	60% after deductible
Retail Prescription Drugs (Up to a 34-Day Supply)	Rx Choice Level 1 In-Network	Rx Choice Level 2 In-Network
Generic	80% after the deductible	
Brand	80% after the deductible	
Nonpreferred Brand	80% after the deductible	
Specialty	80% after the deductible	
Rx Choice Level 2 Retail Prescription Drugs		
Generic	Greater of \$30 or 45%	
Brand	Greater of \$52.50 or 45%	
Nonpreferred Brand	Greater of \$95 or 45%	
Mail Order Prescription Drugs (102-Day Supply)		
Generic	80% after the deductible	
Preventive drugs on Anthem's Preventive Drug List are covered at 100%! Contact Human Resources or search the link https://www.anthem.com/pharmacy-information/drug-list-formulary for a list of these preventive drugs. You must be enrolled in the QHDHP to receive this benefit.		
Brand	80% after the deductible	
Nonpreferred Brand	80% after the deductible	

How Does a Health Savings Account (HSA) Work With the QHDHP?

When you are enrolled in a QHDHP, you have the option to open a Health Savings Account. An HSA is a type of savings account that allows employees to pay for out-of-pocket expenses, such as office visits or prescriptions, with pre-tax dollars. You own and administer this healthcare savings account. You determine the amount of funds you will want to contribute to your account, when to use your money to pay for eligible medical expenses, and when to reimburse yourself. Your HSA can be used for your expenses and those of your spouse and dependents, even if they are not covered by the QHDHP.

Eligible medical expenses are defined by the IRS. These expenses include deductibles, coinsurance, prescription drugs, and lab tests. IRS Publication 502 provides a complete list of eligible expenses. The link to this list can be found at [irs.gov](https://www.irs.gov).

2024 HSA Contribution Limits

Coverage Level	2024 IRS Annual Limit	Seed Money (If Applicable)*	Allowed Employee Contribution
Employee Only	\$3,850	\$500	\$3,350
Employee + 1 or More Dependents	\$7,750	\$1,000	\$6,750
Catch-up Contributions (Individuals Age 55 or Older)	\$1,000	N/A	\$1,000

*If you are a first-time enrollee in the QHDHP and you have a two-year Department of Transportation (DOT) certificate, you can earn a one-time HSA seed money contribution of \$500 for employee-only coverage or \$1,000 for all other tiers. If your DOT certificate is less than two years, you must engage with the Nurse Advocate within 30 days from your hire date. You can contact the Nurse Advocate at 888-548-3924 or tsurseadvocate@lockton.com. Please see pages 22-32 for additional details on the Wellness Program. You must open your HSA with Tankstar's preferred bank, Bank of America.

You are eligible to fund an HSA if you are:

- Covered by an HSA-eligible High Deductible Health Plan, such as Tankstar's QHDHP.
- Not covered by your spouse's health plan (unless it is a QHDHP), Flexible Spending Account (FSA), or Health Reimbursement Arrangement (HRA).
- Not eligible to be claimed as a dependent on someone else's tax return.
- Not enrolled in Medicare, Medicaid, TRICARE, or TRICARE For Life.
- Receiving Veterans Administration (VA) hospital care or medical services for a service-connected disability or preventive services. (Otherwise, you are subject to a three-month waiting period from when you last received VA health benefits before you can restart your HSA contributions.)

Tankstar has partnered with Bank of America to administer the HSAs opened by employees participating in the QHDHP. You can elect to participate in the Bank of America HSA and have deductions taken on a pre-tax basis and deposited into your account. You may also start an HSA at a financial institution of your choice. In that case, you would deposit funds on an after-tax basis and deduct the amount of your contributions when you file your income taxes.

Preferred Provider Organization (PPO) PLAN Summary

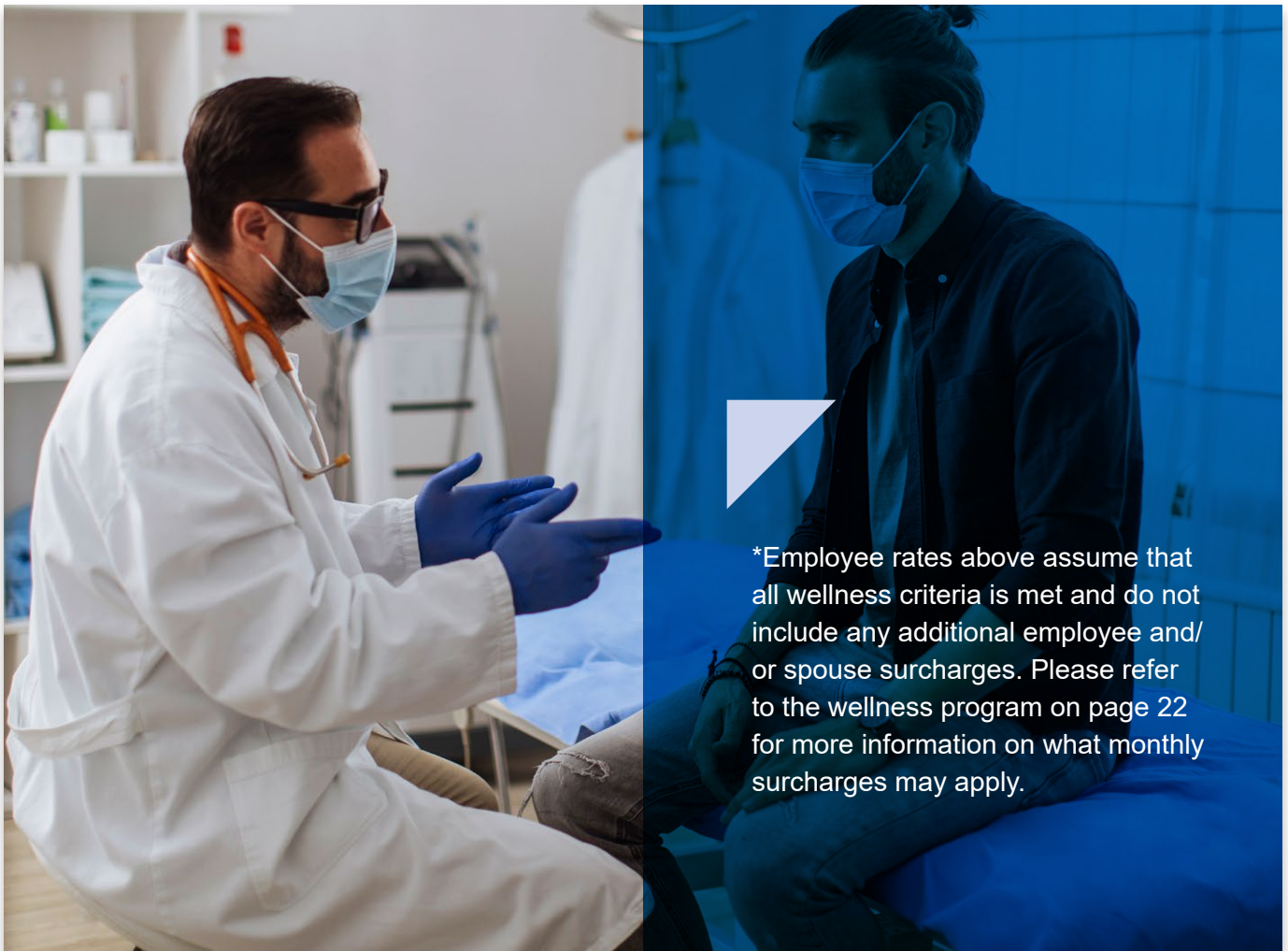
The PPO plan summary is outlined below. As a reminder, in-network preventive care is covered at 100%.

Anthem PPO		
Benefit	In-Network	Out-of-Network
Individual Deductible	\$1,750	\$3,500
Family Deductible Limit	\$3,500	\$7,000
Coinsurance (Plan Pays)	80%	60%
Individual Medical Out-of-Pocket Maximum	\$5,000	\$10,000
Family Medical Out-of-Pocket Maximum	\$10,000	\$20,000
Preventive Care	100%	Deductible and coinsurance
Office Visit Copay	\$30, then 100%	Deductible and coinsurance
Visits With Virtual Care-Only Providers (Primary Care, Medical Services for Urgent/Acute Care, and Mental Health and Substance Use Disorder Services)		\$10 copay
Specialist Office Visit Copay	\$60, then 100%	Deductible and coinsurance
Emergency Room	\$300 copayment, then in-network deductible and 80%	
Urgent Care	\$45	Deductible and coinsurance
Inpatient Hospital/Outpatient Surgery	80% after deductible	60% after deductible
Outpatient X-Ray and Lab	80% after deductible	60% after deductible
Prescription Drug Maximums		
Prescription Drug Individual OOP Maximum	\$2,600	N/A
Prescription Drug Family OOP Maximum	\$5,200	N/A
Rx Choice Level 1 Retail Prescription Drugs		
Generic	Greater of \$20 or 35%	
Brand	Greater of \$42.50 or 35%	
Nonpreferred Brand	Greater of \$85 or 35%	
Rx Choice Level 2 Retail Prescription Drugs		
Generic	Greater of \$30 or 45%	
Brand	Greater of \$52.50 or 45%	
Nonpreferred Brand	Greater of \$95 or 45%	
Mail Order Prescription Drugs		
Generic	Greater of \$50 or 24%	
Brand	Greater of \$106.25 or 24%	
Nonpreferred Brand	Greater of \$212.50 or 24%	
Specialty Medication		
	Member pays 25%	

Weekly Medical Contributions

Anthem QHDHP Plan	
	Weekly Employee Base Rate*
Employee	\$49.22
Employee + Spouse	\$85.53
Employee + Children	\$77.88
Family	\$101.88

Anthem PPO Plan	
	Weekly Employee Base Rate*
Employee	\$59.72
Employee + Spouse	\$104.69
Employee + Children	\$92.42
Family	\$123.37



*Employee rates above assume that all wellness criteria is met and do not include any additional employee and/or spouse surcharges. Please refer to the wellness program on page 22 for more information on what monthly surcharges may apply.

Anthem Medical Carrier Tools

Once your coverage with Anthem begins, there are several tools available to assist you with managing your health. Below are some services that are offered through Anthem.

Find a Doctor

With your Anthem plan, you get access to a large network of doctors across the country — so you have more choices when selecting your PCP. And finding a PCP who’s “in-network” or in your plan is easier with our online tools. You can search for a doctor by name or look for one near you. Avoid getting care from doctors outside your plan because it will likely cost you more, or your plan may not cover it at all.

Here’s what you need to do:

1. Go to [anthem.com/ca/find-doctor](https://www.anthem.com/ca/find-doctor).
2. Choose your search:
 - Search as a Member: Use your member ID card number or log in with a user name and password.
 - Search as a Guest: Select the National PPO (Blue Card PPO) plan/network to get started.
3. Select a type of doctor and location. You can also search within a certain distance of your location.

Looking for cost information to go with your care? Use the Care & Cost Finder tool at [anthem.com/ca](https://www.anthem.com/ca). You can compare doctors and costs side by side and get an estimate of what you’ll pay based on your benefits. You can even see how other members rate doctors.

To learn more about choosing a doctor, read the Anthem blog “4 Tips to Choosing the Right Doctor” at [anthem.com/ca/blog](https://www.anthem.com/ca/blog).

LiveHealth Online

LiveHealth Online lets you use your smartphone, tablet, or computer with a webcam to have a video visit with a board-certified doctor. No appointments, no driving, and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition, and if it’s needed, they can send a prescription to your local pharmacy.

Use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, rashes, infections, allergies, or another common health condition. It’s faster, easier, and more convenient than a visit to an urgent care center. During your video visit, the doctor will assess your condition, provide a treatment plan, and send pharmacy of your choice, if needed.

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you’ll just pay your share of the costs.

Email questions to customersupport@livehealthonline.com or call toll-free at 888-548-3432.

Sydney Health App

With Sydney, you can find everything you need to know about your medical and pharmacy benefits all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health. Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the interactive chat to get answers quickly.

With just one click, you can:

- Find care and check costs.
- Check all benefits.
- View claims
- Get answers even faster with the interactive chat feature.
- View and use digital ID cards.
- Sync your favorite fitness tracker
- When you're not feeling well, the Sydney Health mobile app is a quick and convenient way to assess your symptoms when you're sick and connect with a doctor, wherever you are.

ALREADY USING THE ANTHEM ANYWHERE APP?

It's easy to make the switch. Simply download the Sydney Health app and log in with your Anthem username and password.

DOWNLOAD THE FREE SYDNEY HEALTH MOBILE APP TODAY.



REMEMBER! THE ER ISN'T YOUR ONLY OPTION.

Find the right place to go when you need to see a doctor quickly.

Your PCP is usually the best place to start when you need care. But you have other options for non-emergency care — even in the middle of the night. Make a plan now so you're prepared when you need to choose care in a hurry. And remember, going to the ER or calling 911 is always best when it's an emergency.



24/7 NurseLine

With 24/7 NurseLine, you can ask registered nurses a variety of questions, including how to choose the right level of care at no cost to you. Choosing the best treatment option can mean cost savings for you.

The registered nurses can also:

- Help find providers and specialists in the area.
- Enroll you and your dependents in valuable care management programs for certain health conditions.
- Provide guidance during natural catastrophes and health outbreaks.
- Explain why urgent care makes more sense than the emergency room (ER).
- When you use 24/7 NurseLine, you also have access to Anthem's other health and wellness programs to help you achieve your personal wellness goals.

MyHealth Check In

MyHealth Advantage connects your claims, doctor reports, personal health history and other information for a bigger picture of your health. If MyHealth sees things you can act on to help improve your health or save money, you'll get a MyHealth Note — a confidential summary that includes:

- Money-savings tips
- Prescription drug updates
- Reminders for checkups, tests and exams
- Lists of recent claims and prescriptions
- General health tips

MyHealth notes are mailed to you. Or you can read the "Suggestions" via the Sydney app.



Dental Plan

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Guardian will continue to administer the Voluntary Dental plan. The Dental plan includes benefits for preventive dental care, as well as coverage for basic, major, and orthodontic services. You may see any dentist; however, dentists who belong to the DentalGuard Preferred network will be the most cost-effective.

To find a DentalGuard dentist, call 800-541-7846 or visit guardiananytime.com.

- Click "PROVIDERS."
- Click "Find a Dentist."
- Complete the screen
 - Your Dental plan is "PPO."
 - Your Dental network is "DentalGuard Preferred."

Below is a summary of the key features of the Dental plan. Please refer to your Summary Plan Description for additional details about coverages and exclusions.

Dental Plan Summary		
Benefit	In-Network	Out-of-Network
Annual Deductible	\$50 per person, up to \$150 family maximum	
Annual Maximum	\$2,000 per person, subject to maximum rollover**	
Preventive Services — Includes Routine Exams, X-Rays, and Cleanings	Covered at 100% (no deductible)	Covered at 100% of usual reasonable customary charges* (no deductible)
Basic Services — Includes Fillings, Scaling, and Extractions	Covered at 80% after deductible	Covered at 80% of usual reasonable customary charges* after deductible
Major Services — Includes Bridges and Crowns	Covered at 50%	Covered at 50% of usual reasonable customary charges* after deductible
Orthodontia — Applies Only to Dependent Children Under Age 19	Covered at 50%	Covered at 50%
Orthodontia Lifetime Maximum	\$2,000 per person	
Maximum Rollover**		
Threshold		\$800
Rollover Amount		\$400
In-Network-Only Rollover Amount		\$600
Account Limit		\$1,500

*"Reasonable" means that the charge is the dentist's usual charge for the service furnished. "Usual" means that the charge is what he or she most frequently makes for that service. "Customary" means that the charge made for the given dental condition is not more than the usual charge made by most other dentists. But, in no event will (1) the covered charge be greater than the 90th percentile of the prevailing fee data for a particular service in a geographic area or (2) the covered charge be less than the payment made to a preferred provider. Guardian updates the prevailing fee data twice each year using a national service that compiles amounts charged for each specific service based on the American Dental Association codes and the dentist's ZIP code. National data is used when necessary.

**Maximum Rollover Feature: With the maximum rollover feature, part of a covered individual's unused annual maximum may be rolled over into his or her personal maximum rollover account for use in future years.

Dental Plan

- If during a benefit year, a covered individual submits at least one claim for covered services for which a benefit payment is issued in excess of any deductible or copay and does not exceed the maximum rollover threshold, the maximum rollover amount will be rolled over into his or her personal maximum rollover account.
- Even better, if the covered person uses preferred provider services exclusively during the benefit year, Guardian will increase the amount credited to his or her maximum rollover account.
- The covered individual's personal maximum rollover account may never exceed the maximum rollover account limit.
- The covered individual's personal maximum rollover account is used for additional coverage when his or her annual maximum is exhausted.
- Each covered employee will receive an annual statement detailing his or her maximum rollover account and those of his or her dependents.

2024 Weekly Employee Dental Contributions

Employee	\$1.47
Employee + Spouse	\$2.95
Employee + Child(ren)	\$3.38
Family	\$5.16



Vision Plan

Tankstar offers Vision benefits that include a comprehensive eye exam, frames and lenses, or contact lenses.

Tankstar's Voluntary Vision plan is administered by Guardian. Guardian's affiliation with Davis Vision offers access to more than 43,000 provider locations nationwide, including private-practice providers and many convenient retailers, such as Walmart, Sam's Club, Target, Sears, JC Penney, and Pearle locations.

Vision Plan Summary		
Benefit	In-Network	Out-of-Network
Copay (Applies to First Service Provided; Exams or Materials)		\$10
Eye Exam		Every 12 months
Lenses		Every 12 months
Frames		Every 24 months
Contacts		Every 12 months
Eye Exams	\$10 copay	Covered up to \$50 after \$10 copay
Single-Vision Lens	\$10 copay	Covered up to \$48 after \$10 copay
Bifocal Lens	\$10 copay	Covered up to \$67 after \$10 copay
Trifocal Lens	\$10 copay	Covered up to \$86 after \$10 copay
Lenticular	\$10 copay	Covered up to \$126 after \$10 copay
Basic Progressive	\$65	Not covered
Contact Lenses (In Lieu of Complete Set of Glasses)		
Medically Necessary	\$10 copay	Covered up to \$210 after \$10 copay
Elective	From formulary, \$10 copay. Not from formulary, plan will pay \$135 max. (copay waived).	Covered up to \$105 max.
Frames	Plan will pay \$135 retail max., + 20% off balance after \$10 copay.	Covered up to \$48 after \$10 copay
Polycarbonate Lenses	Covered in-network for children up to age 26	Not covered

2024 Weekly Employee Vision Contributions	
Employee	\$0.30
Employee + Spouse	\$0.56
Employee + Child(ren)	\$0.56
Family	\$0.94

TO FIND A VISION PROVIDER

- Call 800-541-7846 or
- Visit davisvision.com.
 - Click "MEMBER."
 - Click "Open Enrollment."
 - For the Client Code, enter — 7070.
 - Click "Submit" — A Welcome Guardian page will display.
 - Click "Find a Provider" — To find a provider, enter your
 - ZIP code or state and other relevant information; then click "Search Now."

Life Insurance and Disability Benefits

Guardian will continue to administer the Life and Disability benefit programs for Tankstar. This is also a good time to update your beneficiary information. If you have questions regarding Life or Disability insurance or your eligibility for these benefits, please contact the HR Department.

Voluntary Life and Accidental Death and Dismemberment

In addition to any Basic Life benefit you may be eligible for, Tankstar is also offering a Voluntary Life/Voluntary Accidental Death and Dismemberment benefit. Life insurance helps protect your family's finances by providing a cash benefit if you pass away. This ensures that they'll be financially supported, and can cover important things from bills to funeral costs. With life policies, you can get affordable life insurance protection for a set period of time.

BENEFIT AMOUNT

	Employee	Spouse	Child
Benefit Schedule	Increments of \$10,000	Increments of \$5,000	\$1,000 increments
Maximum Benefit	\$500,000	100% of employee benefit up to \$250,000	100% of employee benefit up to \$10,000
Guarantee Issue	\$200,000	\$25,000	\$10,000
Benefit Reduction	35% at age 65, 60% at age 70, 75% at age 75, 85% at age 80		Children are covered from age 14 days to 26 (if full-time student)

Voluntary Benefits

Tankstar has partnered with Guardian to offer employees an opportunity to choose benefits that suit their personal circumstances and lifestyle by purchasing additional financial protection through these voluntary benefit offerings: Critical Illness insurance, Accident insurance and Hospital Indemnity insurance. You are not required to be enrolled in any other company benefits to elect this coverage. For questions on any of the voluntary benefits, call Forester Benefits at 866-486-0854.

Critical Illness Insurance

Voluntary Critical Illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, certain types of cancer, and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare. This coverage also includes a \$50 annual wellness (health screening) benefit.

BENEFIT AMOUNT

- Employee: Choose from a lump sum benefit of \$10,000 to \$30,000 in \$10,000 increments.
- Spouse: Choose from a lump sum benefit of \$10,000 to \$30,000 in \$10,000 increments, not to exceed 100% of employee amount.
- Dependent child(ren): 50% of employee’s lump-sum benefit.

GUARANTEED ISSUE

- Employee: \$30,000.
- Spouse: \$30,000.
- Child: All child amounts are guaranteed issue.

Weekly premiums are shown below. Child cost is included with employee election.

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a critical illness. Spouse coverage premium is based on employee age. Child cost is included with employee election.

	Weekly Premiums Displayed Election Cost Per Age Bracket					
	<30	30-39	40-49	50-59	60-69	70+
Employee						
\$10,000	\$1.62	\$2.03	\$3.74	\$7.34	\$13.09	\$23.86
\$20,000	\$3.23	\$4.06	\$7.48	\$14.68	\$26.17	\$47.72
\$30,000	\$4.85	\$6.09	\$11.22	\$22.02	\$39.25	\$71.59
Benefit amount up to 100% of employee amount to a maximum of \$30,000						
Spouse						
\$10,000	\$1.62	\$2.03	\$3.74	\$7.34	\$13.09	\$23.86
\$20,000	\$3.23	\$4.06	\$7.48	\$14.68	\$26.17	\$47.72
\$30,000	\$4.85	\$6.09	\$11.22	\$22.02	\$39.25	\$71.59

Accident

Coverage — Details

Your Monthly Premium	\$11.24
You and Spouse	\$18.46
You and Child(ren)	\$19.58
You, Spouse, and Child(ren)	\$26.80
Accident Coverage Type	Off job
Portability — allows you to take your accident coverage with you if you terminate employment	Included
Child(ren) Age Limits	Children age birth to 26 years Benefit Amount: \$400 Rollover Maximum: \$200 Fund Maximum: \$800

Features

Air Ambulance	\$1,000
Ambulance	\$200
Blood/Plasma/Platelets	\$300
Burns (Second Degree/Third Degree)	9 square inches to 18 square inches: \$0/\$2,000 18 square inches to 35 square inches: \$1,000/\$4,000 Over 35 square inches: \$3,000/\$12,000 50% of burn benefit
Burns (Skin Graft)	
Child Organized Sport — Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits
Chiropractic Visits	\$50 per visit, up to 6 visits
Coma	\$10,000
Concussion Baseline Study	\$25
Concussions	\$200
Diagnostic Exam (Major)	\$200
Dislocations	Schedule up to \$5,000
Doctor Follow-Up Visits	\$50, up to 6 treatments
Emergency Dental Work	\$300/crown \$75/extraction
Emergency Room Treatment	\$300
Epidural Anesthesia Pain Management	\$100, 2 times per accident
Eye Injury	\$300
Family Care — Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident.	\$20/day, up to 30 days

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Fractures	Schedule up to \$6,000
Gun Shot Wound	\$750
Hospital Admission	\$1,000
Hospital Confinement	\$250/day — up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$500/day – up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$100
Joint Replacement (Hip/Knee/Shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging — The hospital stay must be more than 50 miles from the insured's residence	\$125/day, up to 30 days for companion hotel stay
Medical Appliance — Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck	Schedule up to \$500
Outpatient Therapies	\$35/day, up to 10 days
Post-Traumatic Stress Disorder	\$400
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$100/day, up to 15 days
Ruptured Disc with Surgical Repair	\$500
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$1,250 Hernia: \$250
Surgery (Exploratory or Arthroscopic)	\$400
Tendon/Ligament/Rotator	1: \$500 2 or more: \$1,000
Transportation — Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident	\$0.50 per mile, limited to \$500/round trip, up to three times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$4,000
X-Ray	\$40

Hospital Indemnity Insurance

Voluntary Hospital Indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

Benefits	Low Plan	High Plan
Hospital/ICU Admission	\$500/\$1,000 per admission, limited to 2 admission(s) per insured	\$1,000/\$2,000 per admission, limited to 1 admission(s) per insured and 2 admission(s) per covered family per benefit year.
Hospital/ICU Confinement	\$100/\$200 per day, limited to 15 day(s) per insured per benefit year	\$100/\$200 per day, limited to 15 day(s) per insured per benefit year
Pre-existing Conditions Limitation — A pre-existing condition includes any condition or which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not Applicable	Not Applicable
Portability — Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included	Included
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years

Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.

WEEKLY PREMIUMS

	Low Plan	High Plan
Employee	\$2.23	\$3.55
Employee + Spouse	\$5.06	\$8.14
Employee + child(ren)	\$3.74	\$5.91
Employee + Family	\$6.57	\$10.49

Employee Assistance Program

Personal issues, planning for life events, or simply managing daily life can affect your work, health, and family. All of us have experienced some type of personal problem, concern, or emotional crisis at one time or another.

Our comprehensive WorkLifeMatters Employee Assistance Program, available through Integrated Behavioral Health, provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics. This program provides 24/7 telephonic support to you and your family members at no charge. Individuals will receive three face-to-face sessions per year.

The EAP provides counseling on all aspects of life, including:

- Access to master's and doctoral-level counselors
- Bereavement support
- Tobacco cessation coaching
- College planning
- WorkLife services
- Child and elder care referral
- Employee discounts
- Legal and financial consultations
- ID theft services
- Will prep
- Legal documentation preparation
- Tax consultation
- Online self-service documents



**FOR MORE INFORMATION,
PLEASE VISIT [IBHWORKLIFE.COM](https://ibhworklife.com).**

User Name: WorkLife

Password: 70101

Phone: 800-386-7055

Available 24 hours a day, 7 days a week

Driver Wellness Program Guide

Tankstar, USA



Lockton Nurse Advocate



HIRED after Open Enrollment – November 30, 2024

Welcome

Welcome to your 2024 Wellness Program. All **Tankstar, USA** employees and their spouses who are enrolled on the health plan will have opportunities to participate in steps to avoid a tobacco and wellness surcharge in 2024 and 2025. Your new program details are outlined in this guide.

Program overview

Employees and spouses hired between open enrollment and 6/30/2024 must complete the requirements below by their designated deadlines (outlined below and on page 4) to **avoid a Tobacco Surcharge for 2024 and 2025**. Employees can avoid the **Wellness Surcharge for 2024 and 2025**.

Note: Employees hired after 6/30/2024 will avoid the surcharges in 2024 and will continue to avoid the surcharges in 2025 as long as they participate in the requirements for the program year that starts at the end of 2024.

Avoid 2024 Surcharges

- **STEP 1:** Submit Current Department of Transportation (DOT) CDL Certification by **July 31, 2024**.
- **STEP 2:** Attest to your Tobacco Use by **July 31, 2024**.

Avoid 2025 Surcharges (must have completed steps 1 and 2)

- **STEP 3:** Achieve a 2-Year DOT CDL Certification **or** complete
 - Nurse Advocate Call with Care Plan by **September 30, 2024**.
 - Nurse Advocate Call by **November 30, 2024**.
- **STEP 4:** Be Tobacco Free **or** complete the Tobacco Cessation Program by **September 30, 2024**.

	DOT Certification – EE Only	Attest to Tobacco Use	Call 1 And Care Plan	Call 2	Tobacco Cessation Completion
HIRED AFTER OE-6/30/2024	7/31/2024	7/31/2024	9/30/2024	11/30/2024	9/30/2024
HIRED AFTER 6/30/2024	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED	NOT REQUIRED

Surcharges

REQUIREMENTS	SURCHARGE
Complete step 1 by the appropriate deadline (Employee Only)	Avoid \$50/month wellness surcharge for 2024
Complete step 2 by the appropriate deadline	Avoid \$50/month tobacco surcharge for 2024
Avoid the 2024 Wellness surcharge and complete step 3 by the appropriate deadlines (Employee Only)	Avoid \$50/month wellness surcharge for 2025
Avoid the 2024 Tobacco surcharge and complete step 4 by the appropriate deadline	Avoid \$50/month tobacco surcharge for 2025

*Please note that the tobacco surcharge applies to spouses who are on the health plan as well as the employee for a maximum surcharge of \$100 for the tobacco surcharge and \$50 for the wellness surcharge. If only the employee is on the health plan, the maximum surcharge is \$50 for tobacco and \$50 for wellness.

Wellness portal login instructions

In order for your participation in the program to be tracked, employees must be registered under the **Tankstar, USA Driver** wellness portal. Follow the steps below to access your account. **In accordance with HIPAA confidentiality laws, your individual data is accessible only to you and the third-party vendor, Lockton Nurse Advocate.**

LOG IN TO YOUR WELLNESS PORTAL ACCOUNT

1. Go to www.wellworksforyoulogin.com
2. Your username will be: **Tankstar_Employee number** (Employee)
or **Tankstar_Employee number + S** (Spouse) Examples: Tankstar_12345 or Tankstar_12345S
3. Your temporary password* will be: **Date of birth in MMDDYYYY format** (no dashes, slashes or spaces; includes leading zeros)
4. Accept the terms of the consent form
5. Fill in the required information

* **PLEASE NOTE:** The temporary password is only for the first time you access the portal, and you will be prompted to change it upon entry. If you have accessed the wellness portal in the past, you should continue to use your existing password.

FORGOT YOUR USERNAME OR PASSWORD?

1. Go to www.wellworksforyoulogin.com
2. Select the **Forgot Username** or **Forgot Password** link
3. Enter your email address to initiate the password reset process or retrieve your username

SMARTPHONE

Lockton Nurse Advocate is utilizing a vendor, Wellworks For You, to provide mobile access to your Wellness Portal. The Wellworks For You Mobile App includes all of your favorite features from the Portal on the go! Simply search for Wellworks For You in the Play Store or App Store to download the free App.



Steps to Avoid a Wellness and/or Tobacco Surcharge in 2024

STEP 1 (EMPLOYEE ONLY): Submit Current DOT CDL Certification

Deadline: July 31, 2024

Drivers need to submit their current DOT CDL Certification to Lockton Nurse Advocate. This can be done by following one of the options to the right.

STEP 2: Attest to your Tobacco Use

Deadline: July 31, 2024

Employees and spouses will need to attest to their tobacco use, which can be done by self-attesting on the wellness portal or by submitting an attestation form by December 31, 2023. The attestation form can be found on the wellness portal or page 8 of this guide.

To self-attest in the portal, please follow the steps below.

1. On the main page, select **Get Started** next to Step 2 under **My Next Steps**.
2. Choose **Get Started** next to Non-Tobacco User or Tobacco User depending on your status.
3. At the top of the screen that pops up, select **Confirm your Participation**.
4. Enter the current date and click **Confirm**.

Note: If you attest to more than one option, it will be assumed that you are a tobacco user.

Whether or not you are a tobacco user, you must attest to your tobacco use and certify that you are tobacco-free or a tobacco user. You are still required to complete this step if you are pregnant.

SUBMIT YOUR COMPLETED DOCUMENTS



All forms should be submitted to LNA. Submit your completed forms in **one (1)** of the following ways:

Upload to Portal: Click **Contact Us** on the main menu bar of the Portal, or via the Portal **MENU**, and use the **Attach File** button to select a file from your computer. Users are limited to one (1) file per email.

Smartphone App: Take a picture of your document with your Smartphone, open the LNA Smartphone App, select **Contact Us** and attach the picture of your document

Steps to Avoid a Wellness Surcharge in 2025

(You must have completed step 1 by 7/31/2024)

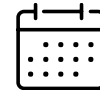
STEP 3 (EMPLOYEE ONLY): Achieve a 2-Year DOT CDL Certification or LNA Calls

Members who achieve a 2-Year DOT CDL Certification will fulfill this step.

Deadlines: Call 1 – September 30, 2024
Call 2 – November 30, 2024

If you currently do not hold a 2-year DOT certification, you must complete Nurse Advocate Calls with at least 2 weeks between calls. You will also complete the Care Plan (page 8) during your first call.

Drivers who had a 2-year cert on December 31st but get a lesser cert any time after, will need to complete any remaining Nurse Advocate calls to avoid the wellness surcharge in 2025. If your cert expires before October 31, 2024, you will need to submit your new DOT CDL Certification or LNA will request it from Tankstar HR.



TO SCHEDULE A SESSION WITH YOUR NURSE ADVOCATE, FOLLOW THE INSTRUCTIONS BELOW:

1. Log into your **wellness portal** and click **MENU > ResultsNow**
2. Select **Achieve 2-Year Cert of Quarterly LNA Calls**
3. Click the + sign next to the **Quarterly LNA Calls** sub-component
4. Click the **Nurse Advocate Session Sign Up** link
5. Select **I didn't achieve a 2-year DOT cert** from the scheduling services
6. Choose a time and enter the required information (be sure to enter the phone number to be called at the time of the appointment)
7. Your Nurse Advocate will reach out to you on the date and time of your appointment

Steps to Avoid a Tobacco Surcharge in 2025

STEP 4: Be Tobacco Free or Complete the Tobacco Cessation Program

Deadline: September 30, 2024

- **Non-Tobacco Users:** Employees and spouses that certify they do not use tobacco will fulfill this step by completing and self-attesting as a Non-Tobacco User on the wellness portal or submitting the Tobacco Attestation Form.
- **Tobacco Users:** Employees and spouses that certify they use tobacco can still earn the non-tobacco rate by completing the six-week Tobacco Cessation Program by **September 30, 2024**. Sign up for your first call by following the steps below.

To schedule a session with the Nurse Advocate, follow the instructions below:


1. Log into your wellness portal and click **MENU**>ResultsNow
2. Select **Tobacco Free or Tobacco Cessation Program**
3. Click the **Nurse Advocate Session Sign Up** link
4. Choose **I want to stop using tobacco** from the scheduling services
5. Choose a time and enter the required information (be sure to enter the phone number to be called at the time of the appointment)
6. Your Nurse Advocate will reach out to you on the date and time of your appointment





Additional information

NOTIFICATIONS INBOX

View your Wellness Program reminders in the Notifications Inbox located on the right side of your Wellness Portal homepage. Click on  above the Notifications Inbox to view your Wellness Program reminders in detail.

VIEW DETAILS FOR PROGRAMS, EVENTS, AND ACTIVITIES

Events are listed on your personal Wellness Portal within My Next Steps. You can access this via the My Next Steps section on the homepage. To view more details about a program component, select Get Started. If there are sub-events associated with a component, they will display in the pop-up. Wondering what you have completed to date? The component under My Next Steps will be marked as COMPLETED in blue once the requirements are met. On the Portal homepage under My Next Steps, the status of each component will be displayed next to each program requirement (Get Started, In Progress, or Completed).

VIEW YOUR INCENTIVE PROGRESS

Looking for an overview of your progress to date?

- Log into your wellness portal (www.wellworksforyoulogin.com)
- View your program status right on the homepage in the top right-hand section.
- My Progress will show completion of required program components.
- For more details, click on any event title in the **My Next Steps** section. Selecting an event title will open a pop-up with detailed information.
- Once a component is complete, it will be marked as **COMPLETED**.

Tankstar, USA Driver Tobacco Attestation Form

Deadline: July 31, 2024

All sections of the participant information must be completed. If you do not have a spouse on the plan, please enter N/A.

Participant(s) information	
Employee First name:	Spouse First Name:
Employee Last name:	Spouse Last name:
Employee Date of birth:	Spouse Date of birth:
Employee Gender:	Spouse Gender:
Employee Phone number:	Spouse Phone number:
Employee Email address:	Spouse Email address:
Mailing address:	

Please initial the appropriate box below to indicate whether or not you use tobacco on a regular basis.

Employee Spouse

I attest that I do not regularly use a tobacco product in any form (cigarettes, cigars, pipe, oral tobacco products, e-cigarettes, etc.).

I acknowledge that I regularly use a tobacco product in some form (cigarettes, cigars, pipe, oral tobacco products, e-cigarettes, etc.). You can still earn the non-tobacco rate by participating in the Tobacco Cessation Program. To enroll in the Tobacco Cessation Program please sign below and make sure we have correct contact information for you.

TOBACCO CESSATION PROGRAM ENROLLMENT

Lockton Nurse Advocate offers a Tobacco Cessation Program to participants who would like to quit using tobacco. The nurse can assist you with any referrals for cessation products and talk through your concerns or barriers you may experience.

By signing below, I am enrolling in the Tobacco Cessation Program provided by Lockton Nurse Advocate. I understand it is my responsibility to respond to emails and/or phone calls from the Lockton Nurse Advocate team.

Signature(s): (Please read statement above)

Date:

Employee:

Spouse:

COMPLETED FORMS CAN BE SUBMITTED TO LOCKTON NURSE ADVOCATE VIA THE FOLLOWING:

Mail	Email	Fax
Lockton Nurse Advocate 13710 FNB Parkway, Suite 400 Omaha, NE 68154	membersupport@lockton.com	1.888.251.2264

CARE PLAN

Patient name: _____

Date of birth: _____ Phone #: _____

Email address: _____

Provider name: _____ Provider #: _____

Care coordination information

Care plan start date: _____ Prepared by: _____

Care coordination participants: (Completed by participant)

Care plan participants/other agencies: Anyone who is involved in the care of the patient and is not a part of the patient's primary care medical health team should be listed below. Please have patient sign a consent form for anyone involved in patient's care.

<u>Name/agency</u>	<u>Role</u>	<u>Telephone number</u>

Medical conditions: _____

Annual goal(s): _____

This is meant to represent one of the patient's most important goal(s) over the next year. Example: "Patient will lower hemoglobin A1c from 8.9 percent to less than 7 percent by September 30, 2024."

Wellness notice

The **Tankstar, USA** wellness program is a voluntary wellness program available to all medically enrolled employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the program, you will also be asked to complete calls with a nurse if you do not achieve a 2-year DOT certification. You are not required to complete these components. However, employees who choose to participate in the wellness program can avoid a wellness and/or tobacco surcharge effective 1/1/2024.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Lockton Nurse Advocate at 888.251.2260.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Tankstar, USA may use aggregate information it collects to design a program based on identified health risks in the workplace, LNA will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are the Lockton Nurse Advocate Team and any business associates of Tankstar, USA in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

Questions about your wellness program?

Contact your Lockton Nurse Advocate team!

All questions regarding your wellness program structure, status in the program, deadlines, etc. should be directed to Lockton Nurse Advocate via the wellness portal.

Simply select Contact Us from the portal homepage or Wellworks For You mobile app. You can also call Lockton Nurse Advocate at **1.888.251.2260**.

CONTACT YOUR NURSE ADVOCATE:

Your Nurse Advocate is here to work with you to align available resources, provide education and collaborate with your healthcare team to support you in achieving positive results. The nurse will guide you in making informed healthcare decisions, along with helping you understand how to use your health insurance to keep you healthy and minimize your health costs.

Your Nurse Advocate's contact information is provided below:

Roxane Alter
Lockton Nurse Advocate
1.888.548.3924
TSNurseAdvocate@lockton.com



Scan the QR code to schedule a call with the nurse.





The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.