

2026

Plan Year



Royal Truck & Utility Trailer

EMPLOYEE BENEFITS GUIDE

Effective Date:

January 1, 2026 through
December 31, 2026



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ELIGIBILITY REQUIREMENTS & COVERAGE EFFECTIVE DATES

You are eligible for health benefits if you are a full-time active employee unless otherwise stated. Full-time active employees must be regularly scheduled to work 30 hours or more per week to be eligible for all benefit offerings.

As a participant of the Royal Truck & Utility Trailer Employee Benefits Plan, you may choose coverage for **yourself only, yourself and one dependent, yourself and two or more dependents.**

Eligible dependents are defined as your **legal spouse, natural child(ren), legally adopted child(ren), child(ren) placed in your home for legal adoption, stepchild(ren), or child(ren) over whom you have legal guardianship.**

Dependent children include children of the employee or spouse by birth, legal adoption, legal guardianship or children from a former marriage of whom the subscriber has custody.

WHEN COVERAGE BEGINS

New Hire: Coverage for you and your eligible dependents will begin first of the month following a 30 day waiting period for each benefit option.

WHEN COVERAGE ENDS

Coverage for you and your dependents will end on the date on which your employment terminates, or you or your dependent(s) are no longer eligible for benefits. Dependent children will continue to be covered under the medical, dental, and vision benefits plan until the end of the year in which they reach age 26.

TELL US WHEN YOU ARE MEDICARE ELIGIBLE

Please notify us when you or your dependent become eligible for Medicare. You can become eligible for Medicare based on age, declaration of total disability, or diagnosis of ESRD.

We are required to contact the insurer to inform them of your Medicare status. Federal law determines whether Medicare or the health plan pay primary.

MAKING CHANGES MID-YEAR

The choices you make during open enrollment or when you first become eligible remain in effect for the remainder of the plan year. Once you are enrolled, you must wait until the next open enrollment period to change your benefits or add/remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS. Changes to your coverage must be made within 30 days of the life event.

Examples include, but are not limited to, the following:

- Marriage or divorce
- Birth or adoption of a child
- Loss of other health coverage
- New eligibility for other health coverage
- Change in your dependent's eligibility status

Any change you make to your coverage must be consistent with the change in status. Changes to coverage made within 30-days of the life event will become effective on the date of the event.



HEALTH & DENTAL BENEFITS GLOSSARY OF TERMS

The following is a glossary of commonly used health and dental benefit terms.



HEALTH

Please refer to your SBC for more details.

- **COINSURANCE:** A percentage of healthcare cost, such as 20%, that the covered employee pays after meeting the deductible.
- **COPAY:** The fixed dollar amount, such as \$25 for each doctor visit, that the covered employee pays for medical services.
- **DEDUCTIBLE:** A fixed dollar amount that the covered employee must pay out-of-pocket each calendar year before the plan will begin reimbursing for non-preventive health expenses. Plans usually require separate limits per person and per family.
 - ◇ ****Aggregate Deductible:** Each covered family member's deductible amounts are applied toward the family deductible accumulation. Once the family deductible has been met, the entire family's deductible is considered met regardless of the individual amounts applied to the deductible. Individual deductible does not apply unless single coverage was elected.
 - ◇ ***Embedded Deductible:** Each covered family member only needs to satisfy his or her individual deductible prior to receiving plan benefits. Benefits are payable for the entire family once family deductible has been reached.
- **FORMULARY:** A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low cost generics at a higher percentage than more expensive brand name or specialty drugs.
- **HEALTH SAVINGS ACCOUNT (HSA):** HSAs may be opened by employees who enroll in a high deductible health plan (HDHP). Employees can put money in an HSA up to an annual limit set by the government using pre-tax dollars. Employers may also contribute funds to these accounts within the prescribed limit. HSA funds may be used to pay for medical expenses whether or not the deductible has been met, and no tax is owed on funds withdrawn from an HSA to pay for medical expenses. HSAs are individually owned and the account remains with an employee after employment ends.
- **HIGH DEDUCTIBLE HEALTH PLAN (HDHP):** A HDHP features higher annual deductibles than traditional health plans, such as a preferred provider organization (PPO) or health maintenance organization (HMO) plan. With the exception of preventive care, covered employees must meet the annual deductible before the plan pays benefits. HDHPs, however, may have significantly lower premiums than a PPO, HMO or other traditional plans.
- **IN-NETWORK:** Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.
- **OUT-OF-NETWORK:** A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network.
- **OUT-OF-POCKET LIMITS:** The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including copayments and coinsurance.
- **PREMIUM:** The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.

DENTAL

Please refer to your benefit summary for more details.

- **ANNUAL MAXIMUM:** The total amount that a plan will pay for dental care incurred by an individual enrollee or family (under a family plan) in a specified benefit period, typically a calendar year.
- **LIFETIME MAXIMUM:** The cumulative dollar amount that a plan will pay for dental care incurred by an individual enrollee or family (under a family plan) for the life of the enrollee or the plan. Lifetime maximums usually apply to specific services such as orthodontic treatment.

MISCELLANEOUS

Source: SHRM.

- **DEPENDENT:** An individual who is the son, daughter, stepson or stepdaughter of the employee. This also includes both a legally adopted child of the employee and a child who is lawfully placed with the employee for legal adoption by the employee.
- **BENEFICIARY:** The person or entity that is named in a policy to receive the benefit upon the employee's death.



POS PLAN VS. HMO PLAN



BCN POS PLAN

If you are enrolling in the Point of Service (POS) you will need to receive most or all of your health care from a “network” provider. POS plans require that you select a primary care physician (PCP) at enrollment (if you are living in the state of MI), who is responsible for managing and coordinating all of your health. A referral to a specialist or to see a chiropractor are not needed.



POS BENEFITS	
Primary Care Physician (PCP) Required	If living in Michigan
Referral Required to see a Specialist	No
“In-Network” Benefits	Yes
“Out-of-Network” Benefits	Yes
Flexibility	Highest
Premium Cost	\$\$\$

HMO PLAN

If you are enrolling in the Health Maintenance Organization (HMO) you will need to receive most or all of your health care from a “network” provider. HMOs require that you select a primary care physician (PCP) at enrollment who is responsible for managing and coordinating all of your health care and must provide a referral to a specialist or to see a chiropractor.



HMO BENEFITS	
Primary Care Physician (PCP) Required	Yes
Referral Required to see a Specialist	Yes
“In-Network” Benefits	Yes
“Out-of-Network” Benefits	No*
Flexibility	Lowest
Premium Cost	\$

*Out-of-Network benefits covered in emergency situations.



MEDICAL PLAN

IN-NETWORK COVERAGE OPTIONS

Please refer to your benefit summaries and SBCs for out-of-network coverage and additional plan details.

BI-WEEKLY DEDUCTIONS - HOURLY EMPLOYEES

BENEFITS	BCN HMO 4000 PLAN Member's Responsibility Option 1	BCN HMO 1000 PLAN Member's Responsibility Option 2	BCN POS HSA 2000 PLAN Member's Responsibility Option 3
Deductibles (individual/family)	\$4,000/\$8,000	\$1,000/\$2,000	\$2,000/\$4,000
Deductible Type—see page 4	*Embedded	*Embedded	**Aggregate
Coinsurance	20%	20%	20%
Coinsurance Maximum (individual/family)	None	\$2,500/\$5,000	None
Out-of-Pocket Maximum (individual/family)	\$8,150/\$16,300	\$8,150/\$16,300	\$4,000/\$8,000
Preventive Care Services	Covered 100%	Covered 100%	Covered 100%
Office Visit	\$20 copay	\$20 copay	20% after deductible
Specialist Visit	\$40 copay	\$40 copay	20% after deductible
Chiropractic Services when referred	\$40 copay (30 visits per calendar year)	\$40 copay (30 visits per calendar year)	20% after deductible (30 visits per calendar year)
Emergency Room	\$250 copay after deductible	\$250 copay after deductible	20% after deductible
Urgent Care	\$50 copay	\$50 copay	20% after deductible
Prescription Drug Coverage			(after deductible)
Generic	\$10/\$30	\$10/\$30	\$4/\$15
Preferred Brand	\$60	\$60	\$40
Non-Preferred Brand	\$80	\$80	\$80
Preferred Specialty	20%(max \$200)	20%(max \$200)	20%(max \$200)
Non-Preferred Specialty	20%(max \$300)	20%(max \$300)	20%(max \$300)
Mail Order	3x copay minus \$10	3x copay minus \$10	3x copay minus \$10

Medical Contributions Bi-Weekly Hourly Employees	HMO 4000			HMO 1000			POS HSA 2000		
	Full Strive Incentive	Half Strive Incentive	No Strive Incentive	Full Strive Incentive	Half Strive Incentive	No Strive Incentive	Full Strive Incentive	Half Strive Incentive	No Strive Incentive
Single	\$34.62	\$34.62	\$62.31	\$95.08	\$95.08	\$122.77	\$74.31	\$74.31	\$102.00
Two Person	\$236.31	\$264.00	\$291.69	\$366.00	\$393.69	\$421.38	\$325.85	\$353.54	\$381.23
Family	\$304.62	\$332.31	\$360.00	\$478.62	\$506.31	\$534.00	\$453.69	\$481.38	\$509.08



MEDICAL PLAN

IN-NETWORK COVERAGE OPTIONS

Please refer to your benefit summaries and SBCs for out-of-network coverage and additional plan details.

SEMI-MONTHLY DEDUCTIONS - SALARY EMPLOYEES

BENEFITS	BCN HMO 4000 PLAN Member's Responsibility Option 1	BCN HMO 1000 PLAN Member's Responsibility Option 2	BCN POS HSA 2000 PLAN Member's Responsibility Option 3
Deductibles (individual/family)	\$4,000/\$8,000	\$1,000/\$2,000	\$2,000/\$4,000
Deductible Type—see page 4 for description	*Embedded	*Embedded	**Aggregate
Coinsurance	20%	20%	20%
Coinsurance Maximum (individual/family)	None	\$2,500/\$5,000	None
Out-of-Pocket Maximum (individual/family)	\$8,150/\$16,300	\$8,150/\$16,300	\$4,000/\$8,000
Preventive Care Services	Covered 100%	Covered 100%	Covered 100%
Office Visit	\$20 copay	\$20 copay	20% after deductible
Specialist Visit	\$40 copay	\$40 copay	20% after deductible
Chiropractic Services when referred	\$40 copay (30 visits per calendar year)	\$40 copay (30 visits per calendar year)	20% after deductible (30 visits per calendar year)
Emergency Room	\$250 copay after deductible	\$250 copay after deductible	20% after deductible
Urgent Care	\$50 copay	\$50 copay	20% after deductible
Prescription Drug Coverage			(after deductible)
Generic	\$10/\$30	\$10/\$30	\$4/\$15
Preferred Brand	\$60	\$60	\$40
Non-Preferred Brand	\$80	\$80	\$80
Preferred Specialty	20%(max \$200)	20%(max \$200)	20%(max \$200)
Non-Preferred Specialty	20%(max \$300)	20%(max \$300)	20%(max \$300)
Mail Order	3x copay minus \$10	3x copay minus \$10	3x copay minus \$10

Medical Contributions Semi-Monthly Salary Employees	HMO 4000			HMO 1000			POS HSA 2000		
	Full Strive Incentive	Half Strive Incentive	No Strive Incentive	Full Strive Incentive	Half Strive Incentive	No Strive Incentive	Full Strive Incentive	Half Strive Incentive	No Strive Incentive
Single	\$37.50	\$37.50	\$67.50	\$103.00	\$103.00	\$133.00	\$80.50	\$80.50	\$110.50
Two Person	\$256.00	\$286.00	\$316.00	\$396.50	\$426.50	\$456.50	\$353.00	\$383.00	\$413.00
Family	\$330.00	\$360.00	\$390.00	\$518.50	\$548.50	\$578.50	\$491.50	\$521.50	\$551.50

- **Virtual Care** is included with your BCN medical plan. A virtual medical visit usually costs the same as an office visit copay and the cost for a virtual mental health visit varies. You will see the total amount before you start your visit.

VIRTUAL CARE THAT'S ALWAYS THERE:

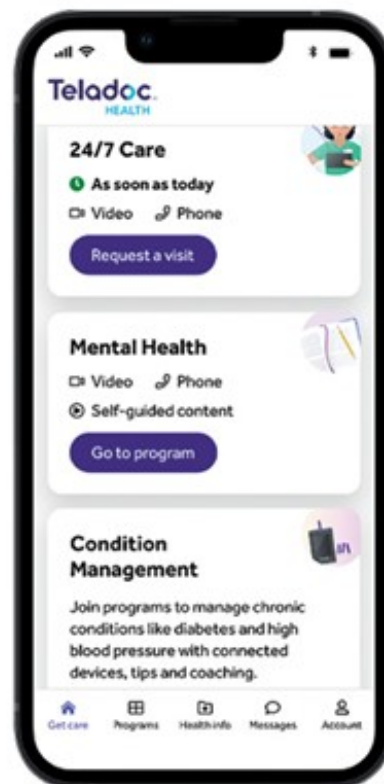
With **Virtual Care** by Teladoc Health, you and everyone on your health plan can get virtual medical and mental health care from a smartphone, tablet or computer.

24/7 ACCESS TO CARE TEAM:

Have a virtual visit with a U.S. board-certified doctor for minor illnesses such as colds, sore throats, urinary tract infections and pink eye. Visits are available for adults and children and you don't need an appointment. Prescriptions, if needed, can be sent to your preferred pharmacy.

PRIVATE AND CONFIDENTIAL VIRTUAL MENTAL HEALTH CARE:

With **Virtual Care** by Teladoc Health, you can have virtual visits with licensed therapists, psychologists, social workers and counselors, and U.S. board-certified psychiatrists from the comfort of home at a convenient time. This option requires an appointment and provides ongoing support for stressful situations or issues such as grief, anxiety and depression.



Use the QR code for additional information and
how to sign up on the Teladoc Health app.



DIABETES, HYPERTENSION, & WEIGHT MANAGEMENT

Additional detailed information is available at
bcbsm.com



Blue Cross
Blue Shield
of Michigan

Teladoc[®]
HEALTH

An advanced blood glucose meter and blood pressure monitor,
plus the support you need.

Available to you as part of your medical plan at no extra cost,
and you can stay on track with your care in one place through the
Teladoc Health app (formerly Livongo).

Diabetes

Management

- Advanced blood glucose meter
- Unlimited strips and lancets

Hypertension

- Connected blood pressure monitor
- Digital reports

Healthy Living & Diabetes Prevention

- Smart scale
- Expert guidance

Weight Management

- One-on-one coaching
- Personalized plans

Get Started

Call **800.835.2362** to learn more and join.

Use code: **BCBSM**

Or use the QR code to enroll online.





HEALTH SAVINGS ACCOUNTS

We are pleased to offer you a Health Savings Account (HSA) option. This program is designated to give you greater control in managing your health and funding your health care services. Keep in mind, you can only contribute to an HSA if you enroll in a HSA Qualifying Plan: **BCN Blue Elect Plus POS HSA 2000 Plan.**

An HSA combines a high-deductible health plan (HDHP) with a tax-free individually owned savings account. Money in the savings account can help pay for your qualified medical expenses, or you can save and use it for qualified medical expenses when you retire. The balance in your HSA rolls over from year to year and the account earns interest and is yours to keep, even if you leave the company.

HSAs are designated to provide participants with triple tax benefits. The following are tax-free:

- HSA contributions
- Interest and other earnings on HSA contributions
- Amounts distributed from an HSA for qualified medical expenses

You are eligible for an HSA if you are:

- Covered by a HDHP
- Not enrolled under another medical plan that is not a HDHP
- Not entitled to (eligible for AND enrolled in) Medicare benefits
- Not eligible to be claimed on another persons tax return
- Not covered by a Health FSA funded by your spouse

Your HSA is administered by HealthEquity.

You can easily manage your HSA. Just follow these simple steps:

1. Go to bcbsm.com and log in as a member.
2. Select *My Coverage*.
3. Select *Spending Accounts*, then click *Go to your Health Savings Account*.
4. First-time visitors should select *Begin now* and follow the step-by-step verification process.

Activate your debit card:

After creating your HSA, you will receive a welcome kit including a Health Savings Account Visa® Health Account Credit Card. Activation instructions are included with the card.



HOW MUCH CAN I CONTRIBUTE TO MY HSA?

	2026
Single Coverage	\$4,400
Family Coverage	\$8,750
Catch up Contributions*	\$1,000

*If you are age 55 or older, you can make an additional catch-up contribution. The maximum IRS contribution for the year includes the sum of all employee and employer contributions. For more information, visit www.irs.gov/publications/p969.

You can make pre-tax contributions to your HSA through regular payroll deductions. You may change the amount you contribute through payroll at any time. Please see Human Resources for assistance.

2026 KAPNICK STRIVE GOLD WORKSITE WELL-BEING PROGRAM



WHAT IS KAPNICK STRIVE?

Kapnick Strive supports Royal Truck & Utility Trailer's commitment to a culture of health and wellness. Our goal is to help you achieve your better health today by providing education, support, resources, and rewards. Kapnick Strive is also a way to proactively manage healthcare costs by helping participants maintain and improve their health. By participating in the Kapnick Strive Worksite Well-Being program, you may be eligible to earn a financial incentive. Kapnick Strive's comprehensive program includes the following benefits:

KAPNICK STRIVE BENEFITS	EE'S & COVERED SPOUSE	ALL EMPLOYEES
Free comprehensive biometric screening	√	√
Online health risk assessment	√	√
Access to a comprehensive wellness portal	√	√
Reward points program	√	√
Online challenges and tracking tools	√	√
Discounts with the wellness outlet	√	√
Wellness Presentations	√	√
Online Health coaching	√	√

HOW TO EARN STRIVE INCENTIVES:

Employees and covered spouses are eligible for the Strive Wellness Incentive, including those that waive medical coverage through Royal Truck & Utility Trailer.

- 1) Complete the health risk assessment (HRA) - all participants must complete the HRA to be eligible for a reward credit.
 - Go to kapnickstrive.com/RTT
 - Click log in (if this is your first time on the portal, you will need to click "sign-up")
 - It will prompt you to complete the HRA upon logging in (you must complete your HRA after 1/1/2026)
- 2) Schedule and complete your health screening - screening schedule will be available prior to the screening event.
 - Go to kapnickstrive.com/RTT
 - Login
 - Click register for screening

REASONABLE ALTERNATIVE STANDARD (RAS): If you did not receive a score of 70 or higher OR you have not increased your score by 5 points, and you're not a first time participant, you can enroll in the Reasonable Alternative Standard (RAS) Health Coaching Program to become incentive eligible.

RAS TELEPHONIC HEALTH COACHING:

- Six weeks of health coaching with a certified health coach



STRIVE REWARD POINTS PROGRAM DETAILS:

All employees are eligible to earn Strive Reward Points to win quarterly and annual prizes. These points can be earned by completing and submitting various healthy activities inside and outside of work.

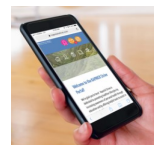
REWARD POINT STRUCTURE:

QUARTERLY PRIZES	ANNUAL PRIZE
4 winners will win \$100 Amazon gift card!	\$200 Amazon Gift Card
How to qualify: Earn 100+ points per quarter = 1 entry	How to qualify: Earn 300+ points = 1 entry (4 entries possible) Deadline: 12/31/2025

USE THE MYWELL APP:

You can access your Strive Wellness Portal from your phone:

- 1) Visit your portal (www.kapnickstrive.com) on a computer to get your mobile access code:
 - Click on your avatar
 - Select mobile access
 - Select NEW
 - Save your code
- 2) Visit your phone's app store and download MyWellApp by CoreHealth. Enter your mobile access code after waiting 1-2 minutes.





DENTAL & VISION

IN-NETWORK COVERAGE OPTIONS

Please refer to your benefit summaries for out-of-network coverage and additional plan details.

BENEFITS	VOLUNTARY DELTA DENTAL			
	PPO LOW PLAN - OPTION 1		PPO HIGH PLAN - OPTION 2	
Deductible	\$50 per Individual		\$50 Individual / \$150 Family	
Diagnostic & Preventive	Plan Pays 50%		Plan Pays 100%	
Basic Services	Plan Pays 50%		Plan Pays 80%	
Major Services	Plan Pays 50%		Plan Pays 50%	
Maximum Payment	\$1,000 per person total per Benefit Year		\$1,500 per person total per Benefit Year	
Orthodontics (up to age 19)	Not Covered		Covered 50% (Lifetime Maximum of \$1,500)	
DENTAL CONTRIBUTIONS	Bi-Weekly	Semi-Monthly	Bi-Weekly	Semi-Monthly
Single	\$8.54	\$9.26	\$16.46	\$17.84
Two Person	\$15.90	\$17.23	\$31.08	\$33.67
Family	\$28.05	\$30.39	\$60.16	\$65.17

BENEFITS	VOLUNTARY EYEMED VISION PLAN—INSIGHT NETWORK	
	Member's In-Network Responsibility	
Eye Exam (once every calendar year)	\$10 copay	
Standard Lenses (once every calendar year)	\$25 copay	
Standard Frames in lieu of Contact Lenses (one frame every other calendar year)	\$130 allowance that is applied toward frames and 20% off the balance over \$130	
Medically Necessary Contact Lenses in lieu of frames (once every calendar year)	\$0 copay	
Elective Contact Lenses in lieu of frames (once every calendar year)	\$130 allowance and 15% off the balance over \$130	
VISION CONTRIBUTIONS	Bi-Weekly	Semi-Monthly
Employee Only	\$3.29	\$3.57
Employee + Spouse	\$6.25	\$6.78
Employee + Child(ren)	\$6.58	\$7.13
Family	\$9.67	\$10.48



ROYAL TRUCK & UTILITY TRAILER
SAFETY EYEWEAR PROGRAM



IndustrialEyes is happy to announce that Royal Truck & Utility Trailer has selected us as your safety eyewear vendor.

IndustrialEyes offers a full line of ANSI Z87.1-2010 safety frames and lenses made to order with your prescription. At LensCrafters, Target Optical and participating Pearle Vision Stores will process the glasses in 5 to 10 days (Special Orders are excluded from this time frame).

Royal Truck & Utility Trailer has predetermined what items may be purchased through the program (see Benefits Summary at the right).

To utilize your safety eyewear benefits, you must present a signed Safety Eyewear Authorization form along with a current prescription of course, a valid prescription from your personal eye doctor will be accepted. Or you can use the doctors located **in or next to** the following locations for LensCrafters, Target Optical and participating Pearle Vision Stores.

You can obtain a signed authorization form from Human Resources. This form will be accepted at any Lenscrafters, Target Optical and participating Pearle Vision Stores. Please use the store list provided.



Royal Truck & Utility Trailer

Benefits Summary

<u>Frames</u>	<u>Program Price</u>	<u>Employee Out of Pocket</u>
Frames w/ retail Cost up to \$59.99	\$25.00	See Notes
Frames that retail from \$60-\$99.99	\$45.00	See Notes
Frames w/ retail over \$100.00	\$60.00	See Notes
<u>Plastic Lens Selections- (Basic Impact)</u>		
Single Vision	\$40.00	See Notes
Bifocal	\$60.00	See Notes
Trifocal	\$90.00	See Notes
Progressive	\$110.00	See Notes
Premium Progressive	\$110.00	See Notes
<u>Polycarbonate Lens Selections- (High Impact):</u>		
Standard Poly	\$20.00	See Notes
Premium Poly	\$30.00	See Notes
<u>Add-Ons</u>		
Polarized	Not Allowed	
Tints	Not Allowed	
UV Coating	Not Allowed	
Anti-Reflective	Not Allowed	
Photochromatic	Not Allowed	

NOTE: Royal Truck & Utility Trailer covers up to \$70.00 of the cost of your complete pair of safety glasses. You will be responsible for the balance at the point of sale of the discounted prices and sales tax.

EMPLOYER PAID LIFE/AD&D, DISABILITY, VALUE ADDED BENEFITS

COVERAGE OPTIONS

Please refer to your benefit summaries for additional plan details.



EMPLOYER PAID LIFE/AD&D INSURANCE

- **Benefit Amount:** One times annual salary
- **Maximum Benefit Amount:** \$125,000
- **Benefit Reduction:** Reduced to 65% at age 65; 50% at age 70

EMPLOYER PAID SHORT-TERM DISABILITY

- **Weekly Benefit Amount:** 60% of weekly salary up to \$1,000 per week
- **Elimination Period:** Benefits begin on the 8th day of accident/illness
- **Maximum Benefit Period:** 12 weeks

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Mutual of Omaha's Employee Assistance Program (EAP) assists employees and their eligible dependents with personal and job-related concerns; including:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions

Toll-free 24/7 access:

1-800-316-2796

www.mutualofomaha.com/eap

Your EAP Benefits Include:

- Unlimited telephone access to EAP professionals 24 hours a day, seven days a week
- Telephone assistance and referral
- Service for employees and eligible dependents
- Robust network of licensed and/or certified mental health professionals
- Three face-to-face visits with a counselor (per household per calendar year)
- Legal Assistance
- Worklife balance
- Substance Abuse

TRAVEL ASSISTANCE/HEARING DISCOUNT PROGRAM/WILL PREPARATION SERVICES

Travel Assistance: The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country. Please see your benefit summary for more information or call **1-800-856-9947**.

Hearing Discount Program: The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call **1-888-534-1747** or visit **amplifonusa.com/mutualofomaha** to learn more.

Will Preparation Services: MOO works with Epoq, Inc. to offer employees discounted online will preparation tools. In just a few clicks you can complete a customized plan to protect your family and property. To get started visit **www.willprepservices.com** and use the code **MUTUALWILLS** to register.

VOLUNTARY EMPLOYEE PAID LIFE/AD&D, DISABILITY, CRITICAL ILLNESS, ACCIDENT, HOSPITAL INDEMNITY BENEFITS

COVERAGE OPTIONS

Please refer to your benefit summaries for additional plan details.



EMPLOYEE PAID VOLUNTARY LONG-TERM DISABILITY

- **Monthly Benefit Amount:** 60% of pre-disability monthly earnings up to \$4,000 per month
- **Elimination Period:** Benefits begin on 91st day
- **Maximum Benefit Period:** To age 65/Social Security Normal Retirement Age

EMPLOYEE PAID VOLUNTARY LIFE/AD&D INSURANCE

EMPLOYEE

Benefit amount: Choice of \$10,000 increments

Minimum benefit amount: \$10,000

Maximum benefit amount: Lesser of \$300,000 or 5x Annual Salary

Guarantee Issue: \$100,000

Benefit reduction: Reduced to 65% at age 65, 50% at age 70 - reductions are a percentage of the original benefit amount. Coverage terminates at retirement.

SPOUSE—Rate based on employee's age

Employees must elect coverage for themselves in order for the spouse to be eligible.

Benefit amount: Choice of \$5,000 increments.

Minimum benefit amount: \$5,000

Maximum benefit amount: \$100,000 or 100% of Employee Benefit.

Guarantee Issue: \$25,000

Benefit reduction: Benefits will reduce to 65% at age 65, 50% at age 70. Spouse coverage terminates when you reach age 85.

DEPENDENT

Employees must elect coverage for themselves in order for the dependent to be eligible.

Benefit amount: Choice of \$5,000 or \$10,000.

Minimum benefit amount: \$5,000

Maximum benefit amount: \$10,000

Guarantee Issue: Full Benefit

Children include those, up to age 26.

Employee: If you previously waived coverage and electing for first time, and/or electing over \$100,000, you will need to provide an Evidence of Insurability (EOI). Employees that elected coverage when initially eligible **can increase by one \$10,000 increment without medical questions.**

Spouse: If you previously waived coverage and are electing coverage for the first time, and/or electing over \$25,000, you will need to provide Evidence of Insurability (EOI).

Please see Mutual of Omaha benefit booklet for rates and additional coverage information.

EMPLOYEE PAID VOLUNTARY CRITICAL ILLNESS INSURANCE

Employee Face Amounts: \$5,000 up to ***\$30,000** (guarantee issue).

Spouse Face Amounts: \$5,000 up to ***\$30,000**. Employee must elect coverage in order for spouse to enroll. May not exceed 100% of employee amount.

Dependent Children Face Amounts: ***25%** of employee amount up to ***\$8,000**

A separate premium is not required.

EMPLOYEE PAID VOLUNTARY ACCIDENT INSURANCE

Group Accident Insurance from MOO offers benefits that help pay for many of the costs associated with accidental injuries.

Features: Benefits terminate when the employee reaches age 80. Dependent coverage begins at birth and terminates at age 26.

EMPLOYEE PAID VOLUNTARY HOSPITAL INDEMNITY

Features: Benefits terminate when the employee reaches age 80. Dependent coverage begins at birth and terminates at age 26.

Benefits include: Hospital admission, ICU admission, hospital confinement, ICU confinement, and daily newborn nursery care confinement. Additional benefits include an Express Benefit (equal to one daily hospital confinement benefit).

401(k) SAVINGS & RETIREMENT PLAN

COVERAGE OPTIONS

Please refer to your benefit summaries for additional plan details.

Plan Highlights & Employee Resources for 2026

Royal Truck & Utility Trailer 401(k) Plan Upcoming Plan Highlights & Employee Resources for 2026

What is a 401(k)?

A 401(k) is an employer sponsored retirement savings plan. Employees can make pre-tax and/or Roth contributions to the Royal Truck Plan.

Eligibility

You are eligible for the plan after 1 year of service of at least 1000 hours and have attained the age of 18.

Enrollment

You may voluntarily enroll or opt-out of the program at any time by going through the ADP website at www.mykplan.com or by calling their participant service center at **800-695-7526**.

Employer Match

The company will match 100% on the first 3% that you contribute, and then 50% up to 5% on a per paid period base. This means if you put in 5% every paycheck, Royal Truck & Utility Trailer will put in 4%!

Investment Advisory Services

Schwartz & Co. serves as the independent investment advisor on the Royal Truck 401(k) Plan. Schwartz & Co. advisors are available to Royal Truck employees and Plan participants to provide independent counseling and advice to help them better understand the 401(k) Plan.

Please reach out to Schwartz & Co. toll free with any questions at (866) 644-2701. Ask for Nicole Hoag (Nicole.Hoag@GJSCO.com) or any member within the 401(k) group.

Recordkeeper / Account Access

To enroll in the Plan, view your account, and/or make changes to your current elections, visit the ADP website at: www.mykplan.com or call **800-695-7526**. Live representatives are available Monday through Friday 8am– 8pm Eastern time.



EMPLOYEE ASSISTANCE PROGRAM (EAP)



Ulliance EAP is a free benefit to you and your family and is totally confidential, beginning with your first phone call. The EAP benefit is available to you, to your spouse or live-in-partner, and any dependent.

Call **1.800.448.8326**, 24/7 with personal concerns, including:

- Personal and work stress
- Alcohol and drug abuse
- Family, child and parenting concerns
- Emotional difficulties—i.e., depression/anxiety
- Grief, loss, and death
- Legal and financial referrals
- Interpersonal relationships at work
- Marital or relationship concerns
- Goal setting and coaching
- Elder/child care referrals

WORK-LIFE RESOURCES

You have access to free brochures, pamphlets, books and CDs on a variety of topics by visiting **www.lifeadvisorwellness.com**.

- Money & debt
- Stress management
- Getting in shape
- Creative problem solving
- Ergonomics
- Parent & step parenting
- Child care
- Overcoming anger
- Save your relationship
- Elder care

Ulliance is proud to offer you FREE access to the Working Advantage members-only program! This unique program gives you access to exclusive discounts and special offers to theme parks, shopping, movie tickets, hotels, Broadway shows and much more—with savings up to 60% off! **www.workingadvantage.com/ulliance**.

TOOLS YOU CAN USE

To serve your individual needs, Ulliance can also find information and resources in your area to address your specific questions—including finding referrals outside the EAP to Lawyers and Financial resources. You can also check out Ulliance's website for a wide variety of articles, list of services and links to other websites.





WHO SHOULD I CALL FOR ASSISTANCE?

Most of the day to day administration of your employee benefits coverage can be accomplished directly with the insurance providers either through their websites or customer service telephone numbers.

In the event you run into problems that cannot be resolved directly from the insurance companies, Kapnick is always available to assist you.

KAPNICK EMPLOYEE BENEFITS CALL CENTER

Available Monday—Friday, 8:30 am – 5:00 pm (EST) to answer questions concerning:



- Explanation of Benefits
- ID Card Reorders
- Carrier Information
- Participating Provider Assistance
- Claim Assistance
- Kapnick COBRA Inquiries
- Life Status Events

* TRANSLATION SERVICES AVAILABLE
IN 100+ LANGUAGES

CONTACT US AT
877.233.1164



ADP	HUMAN RESOURCES	ADDITIONAL QUESTIONS	MEDICAL HMO/POS COVERAGE
Team Member Services: 855.547.8508	Email: hr@royaltrailersales.com	Chris Yankoulides, Account Manager 248.327.0452	Blue Care Network 800.662.6667 www.bcbsm.com

DENTAL COVERAGE	VISION COVERAGE	LIFE/DISABILITY COVERAGE	ULLIANCE EAP
Delta Dental 800.524.0149 www.deltadentalmi.com	EyeMed 866.939.3633 www.eyemed.com	Mutual of Omaha Life & AD&D 800.775.8805 LTD & STD 800.877.5176 www.mutualofomaha.com	Ulliance 800.448.8326 www.lifeadvisorwellness.com

EMPLOYEE ASSISTANCE PROGRAM	WORLDWIDE TRAVEL ASSISTANCE	HEARING DISCOUNT PROGRAM	WILL PREPARATION SERVICES
Mutual of Omaha 800.316.2796 www.mutualofomaha.com/eap ADP EAP Hotline 800.697.7315	AXA 800.856.9947	Amplifon Hearing Health Care 888.534.1747 amplifonusa.com/ mutualofomaha	Epoq, Inc. www.willprepservices.com Code: MUTUALWILLS



This Benefits Guide is intended to provide a general summary of benefits but does not include all coverage details or plan requirements. The terms of the plan are governed by legal plan documents, including but not limited to Summary Plan Descriptions (SPDs), insurance contracts and certificates of coverage. Please refer to the legal plan documents for detailed information regarding your benefits. While every effort was taken to ensure the accuracy of the information in this Benefits Guide, errors are always possible. In the event of a discrepancy between the Guide and the plan documents, the terms of the plan documents will prevail. **Kapnick Insurance®**



Royal Truck & Utility Trailer

