McDERMID
CORPORATIONS INC

2027 Employee Benefits Guide



Benefits Effective January 2027- December 2027

Table of Contents

Welcome	3
Eligibility	4
Your Coverage	5
Enrollment	6
How A Health Plan Works	7
Medical Overview	8
Medical with HRA	9-10
Prescription Drugs / Preventive Care	11
Health Reimbursement Account (HRA)	12
Health Savings Account (HSA)	13
Supplemental Health Benefits	14
Dental PPO	15
Vision	16
Life and AD&D	17
Disability	18
Cost of Coverage	19-21
Contact Information	22

These buttons are interactive!
Click to jump to more information.

Welcome

To our Valued Employees of McDermid Transportation Inc.

We are pleased to present this overview of your employee benefits! McDermid Transportation Inc. offers a variety of benefits to help you protect your health, your family, and your way of life. As a valued employee, we want you to have the best benefits possible which is why we've carefully reviewed our benefits to ensure affordability, quality, and ease of use for 2027.

Some of the benefits we offer are paid for in full by McDermid Transportation Inc.. For others, it is a shared contribution between you and the Company. Other benefits are also available to you at reasonable group rates. Your benefits are an important part of your total compensation at McDermid Transportation Inc.. Please take the time to review and evaluate all the options available to you and your family.

Kind regards,

Mat McDermid

McDERMID
CORPORATIONS INC

Eligibility

Who is Eligible?

- An active full-time employee working 30 or more hours per week

Your dependents are eligible if they are:

- Your legal spouse
- Your child(ren)†** up to age 26 and your disabled children up to any age (pursuant to plan documents and state law, please see Human Resources for more information)

† Includes natural, step, legally adopted/or a child placed for adoption, or a child under your legal guardianship

**May include non-children dependents required to be covered under state law

Making Benefit Changes During the Plan Year

The benefit elections you make during your enrollment period will be in effect through the end of the plan year. If you have a "qualifying life event," you may make changes to certain benefits if you apply for the change and provide supporting documentation to Human Resources within 30 days of the event. Proof of life events is subject to approval. Please reach out to your employer for specific documentation to be submitted for a qualified life event during the 2027. Changes are effective prospectively unless the event is for birth, adoption, or placement for adoption.

Qualifying Life Event		
Change in Marital Status	Change in Dependents	Change in Employment
• Marriage • Divorce • Death of your spouse	• Birth, adoption or placement for adoption of an eligible child (Retroactive to the date of the event) • Death of your covered dependent • Gain or loss of Medicare or Medicaid during the year	• Change in you or your spouse's work status that affects benefits eligibility • Relocation if the move impacts eligibility for the plan

Your Coverage

A Note About Health Care Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because McDermid Transportation Inc.'s medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy. Additional information is available at www.healthcare.gov.



When Does Coverage Begin?

Benefits for new hires, unless explained otherwise, will become effective on the first of the month following 60 days of employment.

If you do not enroll during your eligibility period, you may enroll at the next open enrollment period.

Termination of Coverage

If you or a covered dependent no longer meet the eligibility requirements or if your employment ceases, your benefits will end.

You are responsible for informing Human Resources within 30 days if any of your dependents become ineligible for benefits.

Benefits can be canceled due to:

- Open Enrollment
- Termination (voluntary or involuntary)
- Retirement
- Qualified Life Event

Enrollment

When Can I Enroll in Benefits?

You can enroll in benefits:

- Within 30 days of first becoming eligible for benefits
- During the annual Open Enrollment period
- During the plan year, if you experience a Qualifying Life Event

How Do I Enroll?

To enroll (or make changes) to your benefits, log onto the Paychex.

Annual Open Enrollment

This is a once-a-year opportunity to review your benefit plan elections and make adjustments that meet the needs of you and your family. Changes will go into effect January 1st.





How a Health Plan Works

Scan to view Glossary of Health Coverage and Medical Terms

Balance Billing

When a provider bills you for the balance remaining on the bill that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is $200 and the allowed amount is $110, the provider may bill you for the remaining $90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not balance bill you for covered services.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.)

Copayment

A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. With limited exceptions, an overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible.)

Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Applies to most types of health plans and insurance. This amount may be higher than the out-of-pocket limits stated for your plan.

Medical Overview

We offer a high-deductible plan (HDHP) through Prevea360 Health Plan with the following features:

- Deductibles and out-of-pocket maximums accumulate January1st through December 31st
- Includes prescription drug coverage
- If you enroll in the HDHP Medical plan, you can open and contribute to a Health Savings Account (HSA) to help cover some of your medical plan costs (refer to HSA section for more information)
- Please refer to the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) as well as the carrier materials for information regarding specific benefit levels, exclusions and limitations for all policies



Medical Provider Finder

To search for in-network medical providers:

Log onto prevea360.com

Network: Prevea

Access care from your home through Telehealth Services.
Log onto prevea360.com

Download the Mobile App Today!

Download on the App Store

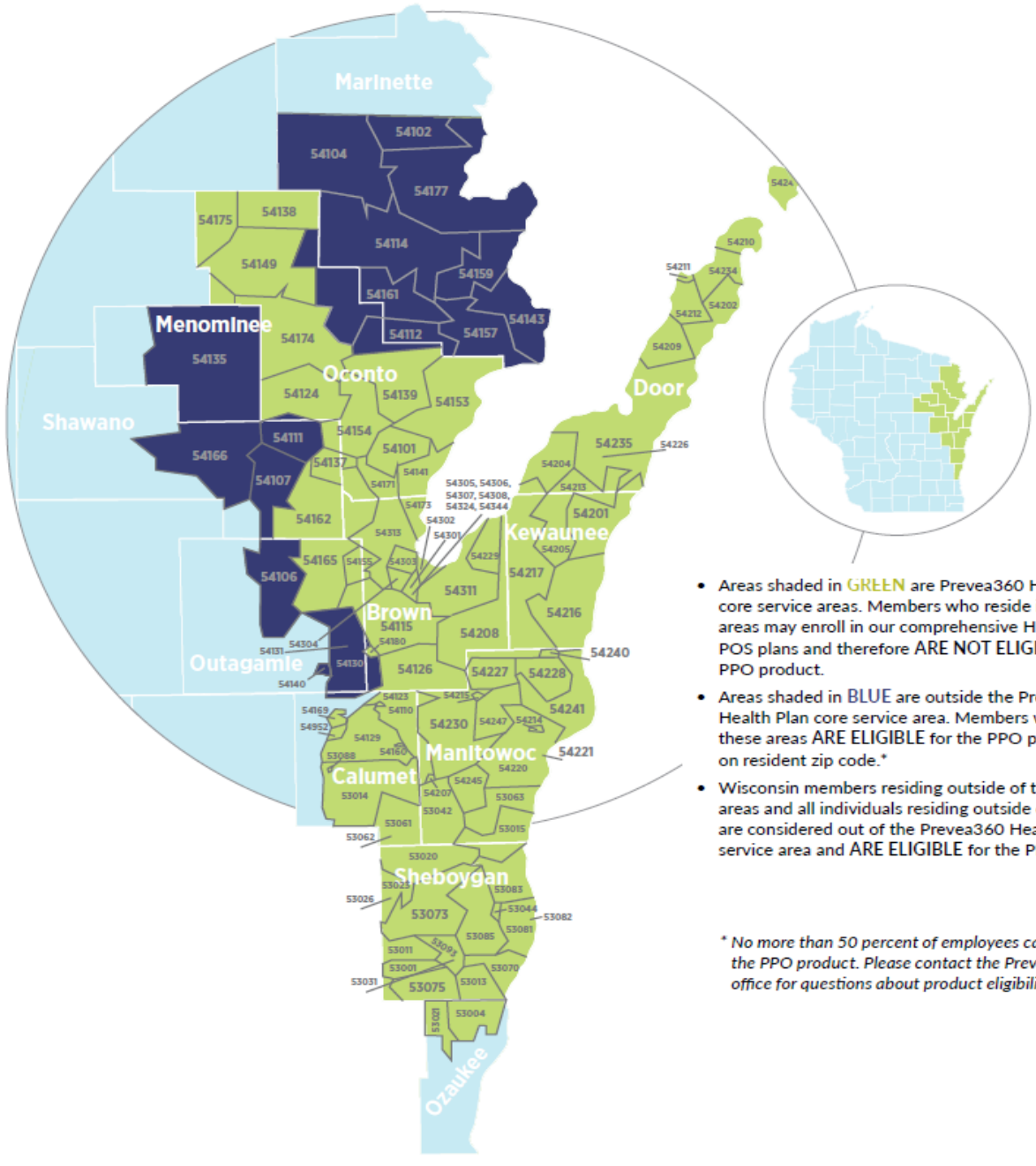
GET IT ON Google Play

Medical with HRA

This is intended to be a brief summary of your medical plan benefits offered to you. For details and limitations, please refer to your summary of benefits for specific requirements regarding pre-authorizations and coverage limits.

	HMO 07148	PPO 04831	POS 05322
You Pay In-Network	In-Network (Individual / Family)	In-Network (Individual / Family)	In-Network (Individual / Family)
Coverage Location	***See plan eligibility by zip code on page 10***		
Deductible	$8,500 / $17,000	$8,500 / $17,000	$8,500 / $17,000
Out-of-Pocket Maximum	$8,500 / $17,000	$8,500 / $17,000	$8,500 / $17,000
McDermid Transportation Inc. HRA Contribution	$4,500 / $9,000	$4,500 / $9,000	$4,500 / $9,000
Deductible after HRA Contribution	**$4,000 / $8,000**	**$4,000 / $8,000**	**$4,000 / $8,000**
Out-of-Pocket Maximum after HRA Contribution	**$4,000 / $8,000**	**$4,000 / $8,000**	**$4,000 / $8,000**
Coinsurance/Copays			
Preventive Care	No Charge	No Charge	No Charge
Primary Care	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Specialist Care	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Urgent Care	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Emergency Room Care	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
In-Patient Hospitalization	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Outpatient Surgery	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Pharmacy Retail Rx (only 30-day supply shown)			
Generic (Tier 1)	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Preferred Brand (Tier 2)	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Non-Preferred Brand (Tier 3)	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Specialty (Tier 4)	0% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible

Commercial PPO eligibility map



- Areas shaded in GREEN are Prevea360 Health Plan core service areas. Members who reside in these areas may enroll in our comprehensive HMO and/or POS plans and therefore ARE NOT ELIGIBLE for the PPO product.
- Areas shaded in BLUE are outside the Prevea360 Health Plan core service area. Members who reside in these areas ARE ELIGIBLE for the PPO product based on resident zip code.*
- Wisconsin members residing outside of the colored areas and all individuals residing outside of Wisconsin are considered out of the Prevea360 Health Plan service area and ARE ELIGIBLE for the PPO product.

** No more than 50 percent of employees can enroll in the PPO product. Please contact the Prevea360 sales office for questions about product eligibility.*

Prevea360 is underwritten by Dean Health Plan, Inc.

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PREVEA360 health plan℠

Prescription Drugs

Get the most from your prescription coverage.

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through Prevea360. For a list of approved drugs, log onto prevea360.com.

- If you take a maintenance medication, you can save money by enrolling in mail order Rx
- Not all medications can be filled via mail order
- Specialty medications must be filled at the approved specialty pharmacy
- Ask your doctor if it is appropriate to use a generic drug rather than a brand name
- Compare pharmacies for the best price
- Prescription Management may apply; such as prior authorization, step therapy, and quantity limits



Preventive Care

Preventive services help you stay healthy, detect health problems early, determine the most effective treatments, and prevent certain diseases.

- Preventive services include exams, vaccines, lab tests, and screenings
- Routine visits will only be covered at 100% under preventive care when using an in-network provider
- Full list: healthcare.gov/what-are-my-preventive-care-benefits

Health Reimbursement Account (HRA)

When you enroll in an HRA eligible plan, McDermid Transportation Inc. will contribute to an HRA which you can use to pay for eligible health care expenses. Each time you visit the doctor or receive health care services, you can use the funds in your HRA to pay for eligible medical expenses, such as deductibles. Your HRA will be managed by Diversified Benefit Services, Inc. and funded through your employer. Only in-network expenses are eligible for reimbursement through this HRA.



Eligible expenses must be incurred by December 31, 2027 (end of the current plan year).



Unused funds do NOT roll over from year to year.



Only in-network medical expenses are eligible for reimbursement under this HRA.

How are contributions made to the HRA?

You submit a claim to DBS along with a photo or copy of your EOB form or prescription drug tag. The claim can be submitted online, via mobile phone app, by fax (262-367-5938) or by mail. If submitting by fax or mail you will need to complete a HRA claim form to submit with a copy of your EOB.

DBS staff reviews the claim. Eligible expenses are reimbursed directly to you based on the schedule below.

	Your Responsibility	McDermid Transportation Inc. Contribution
Deductible		
Individual	$4,000	$4,500
Family	$8,000	$9,000
Out of Pocket Maximum		
Individual	$4,000	$4,500
Family	$8,000	$9,000

Health Savings Account (HSA)

If you elect the a HDHP (a qualified high-deductible plan) and you are not enrolled in disqualifying coverage elsewhere, you are eligible to contribute to a Health Savings Account through Bank of Choice. You can set aside tax-free money from each paycheck now and save funds to cover qualified healthcare expenses that come up later.

How does an HSA work?

Confirm amount to be deducted from each paycheck. Activate your account through Bank of Choice. Use your HSA debit card to pay for qualifying expenses.

To view eligible purchases with your HSA account, please visit hsastore.com.

Limitations

- Can not be enrolled in Medicare or Tricare
- Can not be claimed as a dependent on someone's tax return
- Can not be receiving Veterans Affairs (VA) benefits, or within the past 3 months (unless for a service-related disability)
- Can not be contributing towards a Healthcare FSA, nor can you be covered under a spouse's FSA
- Cannot be enrolled in non-qualified HDHP coverage under a spouse's employer's plan.

Advantages †

- Balance rolls over each year
- Contributions are tax-free
- Account belongs to you; any money in the account is yours – no vesting

† *Tax treatment of HSAs for state tax purposes may vary by state*

Distributions

- Money must be in the account to spend
- Funds can be used for you and your tax dependents' eligible expenses
- 20% tax penalty applied if you are under age 65 and use the funds for non-eligible expenses
- At age 65, monies can be used for non-eligible health expenses with no penalty; normal income tax will apply
  - You can also pay for Medicare Part B premiums with your HSA funds

Enrollment Tiers	2027 Maximum Contribution Allowed
Employee Only	$4,500
Employee + Dependent(s)	$9,000
Employee 55+ Over	Additional $1,000 per year as catch-up

Supplemental Health Benefits

McDermid Transportation Inc. offers additional voluntary benefit plans through The Standard. These plans are not medical insurance and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan.

Accident Insurance

Pays a cash benefit when you or your covered family members suffer injuries sustained in an accident.

- Hospital Admission, Emergency Care and Ambulance
- Fractures, tears, concussion
- Burns

Critical Illness with Cancer Insurance

Helps protect you from financial loss by providing a lump-sum benefit upon diagnosis of a covered condition, such as Heart Attack, Stroke, Cancer, and Major Organ Failure, etc.

ID Theft

Allows enrollment in a proprietary monitoring system that analyzes and detects high-risk activity and sends alerts at the earliest sign of fraud.

**All benefit plans through The Standard are portable, which means you can take these benefits with you if you leave the company.*

What Can I Do with the Money I Receive?

- Cover cost of copays, deductibles, and coinsurance
- Reimburse yourself for transportation and lodging costs
- Help with childcare and other domestic expenses
- Assist with home health care cost
- Make up for lost wages
- Pay everyday expenses, such as rent, utilities, and groceries

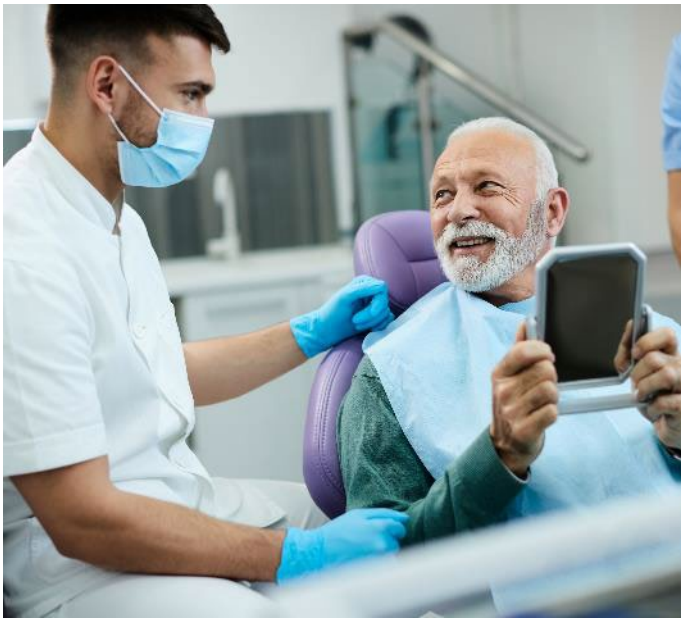


Dental (PPO)

Dental insurance is offered through Delta Dental. Your choice of dentists can determine the cost savings you receive.

You will pay less for in-network services. For out-of-network providers, Delta Dental will pay claims based on reasonable and customary (R&C) charges. You are responsible for paying the balance of the bill.

Please refer to plan summary for out-of-network benefits, subject to balance billing, and limitations.



	Delta Dental PPO	Delta Dental Premier
Benefit Maximum Per Person		
Calendar Year Annual Max	$1,000	
Orthodontia Lifetime Max	$1,000	
Deductible (applies only to Basic & Major Services)		
Individual	$50	$50
Family	$150	$150
Benefit		
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia (to age 19)	50%	50%
Special Plan Provisions	Evidence-Based Integrate Care Plan CheckUp Plus	

Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The Delta vision plan provides coverage for exams, glasses and contact lenses, as shown below.

In-network coverage is provided when you use Access Network providers. Refer to plan summary for out-of-network benefits and limitations.



Here is what you'll pay in-network:

Access Network	
Based on Last Date of Service	In-Network
Eye Exam *Once every 12 months*	$20 Copay
Lenses **Single, Lined Bifocal, Lined Trifocal, Lenticular** *Once every 12 months*	$20 Copay
Frames *Once every 24 months*	Allowance up to $150; then 20% off balance
Contacts *Elective, instead of glasses, Once every 12 months*	Allowance up to $150

In addition to discounts on contacts, and frames, additional discounts through participating providers may include:

- 40% discount on complete eyeglass purchases after your plan benefits have been exhausted
- 15% discount on conventional contact lenses after your plan benefits have been exhausted
- Laser Vision Correction:15% off retail price or 5% off promotional price

Life and AD&D Insurance

Basic Life/AD&D

A $15,000 basic life insurance policy is available for purchase through Kansas City Life. This coverage includes an accidental death and dismemberment (AD&D) provision, at the same coverage amount, in the event of accidental death and other conditions. Please refer to the benefit summary for details.

If you do not enroll within 30 days of first being eligible and wish to purchase coverage in the future, ALL amounts elected will be subject to evidence of insurability requirements and could be either approved or declined by the carrier.

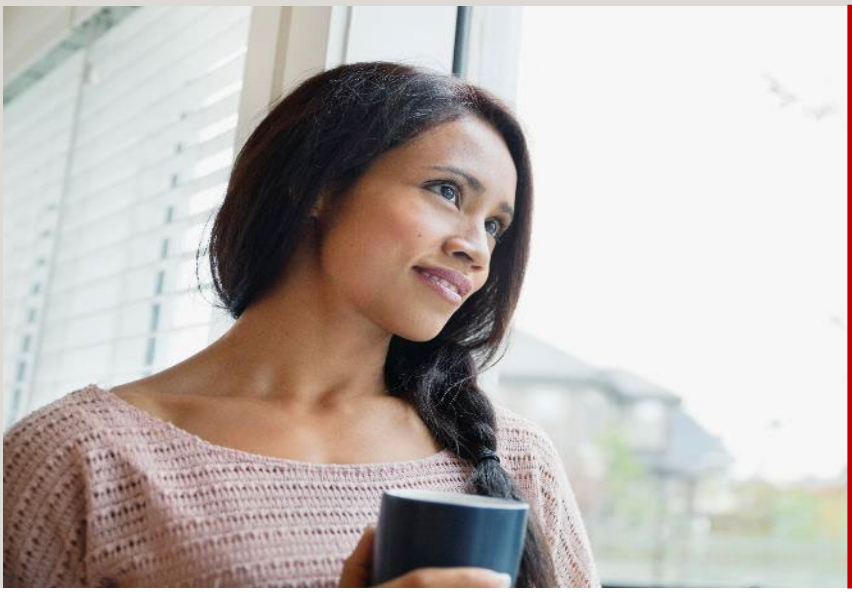
Evidence of Insurability (EOI) is an application process through which you provide information on the condition of your health in order to be considered for certain types of insurance coverage.

Whole Life

Whole Life insurance is available for purchase through The Standard. This coverage includes an opportunity to build cash value that can be used later in life or be added to the term benefit payout. Please refer to the benefit summary for details.

What is Life Insurance?

- A lump sum payment distributed to beneficiaries upon death of the insured or insureds
- Reassurance that your loved ones would be financially secure if you passed away unexpectedly
- Ability to assist with funeral costs – the average funeral cost is $10,000



Reminder! Update your Beneficiaries!

Plan for your expected and unexpected life changes by ensuring you and your family are protected. Update your beneficiaries now and keep them current each year.

Disability

Kansas City Life administers our Disability insurance benefit plans for any full-time employee who chooses to enroll. McDermid Transportation Inc. pays part of a short-term disability policy; however, you have a buy-up option available and then can choose to pay the full cost of a long-term disability benefit. You will pay the full cost of this benefit with post-tax payroll deductions, therefore your benefit while out on Disability will not be taxed.

Short-Term Disability

Short-Term Disability (STD) benefits are payable when you are unable to work due to an injury or illness unrelated to work.

When do the benefits start?
8th day of accident or illness

(Benefit duration is reduced by the initial disability waiting period (before benefits begin)

How much would the benefit pay?
60% of your weekly earnings up to $700 per week

Are there any pre-existing exclusions?
None

How long will the benefit pay?
Up to 26 weeks

Long-Term Disability

Long-Term Disability (LTD) benefits are provided as income protection in the event you become disabled for an extended period. Proof of disability is required.

When do the benefits start?
After 180 days of qualified disability

*(*This plan will begin to pay after the Short-Term Disability benefits end, if elected**.***)*

How much would the benefit pay?
60% of basic monthly earnings up to $3,000 per month

Are there any pre-existing exclusions?
3 prior / 12 exclusion

How long will the benefit pay?
RBD up to 60 months

Evidence of Insurability (EOI) is an application process through which you provide information on the condition of your health in order to be considered for certain types of insurance coverage.

A pre-existing condition is any accident or illness for which you have received advice or treatment in the months prior to your coverage effective date and will be excluded from this benefit for the month exclusion period listed.

STD benefits integrate with state mandated disability plans. Maternity claims fall under this policy.

Cost of Coverage

Contributions are made weekly from each paycheck toward the benefits below. These are automatically deducted from your gross pay before Federal Income and Social Security taxes are calculated. Since contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay, and you end up paying lower taxes on the same salary.

Medical Contributions

	HMO Plan *(no out-of-network benefits)*	PPO Plan *(includes out-of-network benefits)*	POS Plan *(includes out-of-network benefits)*
Employee Only	$42.61	$53.90	$54.24
Employee + Spouse	$101.77	$126.62	$127.36
Employee + Child(ren)	$83.27	$103.60	$104.20
Employee + Family	$152.66	$189.94	$191.04

Dental and Vision Contributions

	Dental	Vision
Employee Only	$8.96	$1.52
Employee + Spouse	$17.91	$3.04
Employee + Child(ren)	$17.74	$3.11
Employee + Family	$29.45	$4.63

Supplemental Benefits

Premiums for whole life, disability, ID Theft and the basic life policy can be on page 21. Premiums based on age and earnings will be calculated for you in Paychex.

Cost of Coverage

Contributions are made bi-monthly from each paycheck toward the benefits below. These are automatically deducted from your gross pay before Federal Income and Social Security taxes are calculated. Since contributions are deducted before your pay is taxed, your taxes will be based on a lower gross pay, and you end up paying lower taxes on the same salary.

Medical Contributions

	HMO Plan *(no out-of-network benefits)*	PPO Plan *(includes out-of-network benefits)*	POS Plan *(includes out-of-network benefits)*
Employee Only	$92.32	$116.79	$117.52
Employee + Spouse	$220.51	$274.35	$275.95
Employee + Child(ren)	$180.41	$224.47	$225.77
Employee + Family	$330.76	$411.53	$413.92

Dental and Vision Contributions

	Dental	Vision
Employee Only	$19.41	$3.30
Employee + Spouse	$38.80	$6.59
Employee + Child(ren)	$38.45	$6.74
Employee + Family	$63.82	$10.03

Supplemental Benefits

Premiums for whole life, disability, ID Theft and the basic life policy can be on page 21. Premiums based on age and earnings will be calculated for you in Paychex.

Cost of Coverage

Supplemental Benefit Contributions

Benefit	Cost		
Short Term Disability	Rates per $10 weekly benefit: 0.827		
Long Term Disability	Rates per $100 monthly covered payroll: **0-24** / 0.070 **25-29** / 0.110 **30-34** / 0.210 **35-39** / 0.270 **40-44** / 0.280 **45-49** / 0.360 **50-54** / 0.710 **55-59** / 1.080 **60-64** / 1.280 **65-69** / 1.280 **70-74** / 1.280 **75-120** / 1.280		
Voluntary Life/AD&D	Rate per $1,000: **Age 0-100** / 0.488		
Whole Life	*Please refer to The Standard plan document for age-banded rates and premium costs based on the amount of life insurance elected.*		
Identity Theft	*Please refer to The Standard plan document for premium costs.*		
Accident (Monthly Deduction Amount)	**Employee Only**	$21.03	
	Employee + Spouse	$36.36	
	Employee + Child	$44.94	
	Family	$58.31	
Critical Illness *(Monthly Deduction Amount)*	**Tier**	**Plan 1**	**Plan 2**
	Employee Only **Employee + Child**	**18-29**: $8.14 **30-39**: $13.35 **40-49**: $23.39 **50-59**: $38.38 **60-64**: $50.22 **65+**: $76.82	**18-29**: $12.05 **30-39**: $22.04 **40-49**: $41.34 **50-59**: $70.34 **60-64**: $93.35 **65+**: $145.58
	Employee + Spouse **Family**	**18-29**: $14.36 **30-39**: $22.36 **40-49**: $37.80 **50-59**: $60.81 **60-64**: $78.91 **65+**: $119.28	**18-29**: $20.17 **30-39**: $35.38 **40-49**: $64.72 **50-59**: $108.73 **60-64**: $143.56 **65+**: $222.40

Contact Information

Benefit	Partner	Website / Phone
Medical & Prescription	Prevea360 Health Plan	www.prevea360.com 877.376.5336
Health Reimbursement Account (HRA)	Diversified Benefit Services, Inc.	www.DBSbenefits.com 800.234.1229
Health Savings Account (HSA)	Bank of Choice	N/A
Accident, Hospital, Critical Illness, Cancer	The Standard	www.standard.com 888.937.4783
Dental	Delta Dental	www.deltadentalwi.com 800.236.3712
Vision	Delta Vision	www.deltadentalwi.com/vision 844.848.7090
Life	Kansas City Life	www.kclife.com 800.821.6164
Disability	Kansas City Life	www.kclife.com 800.821.6164



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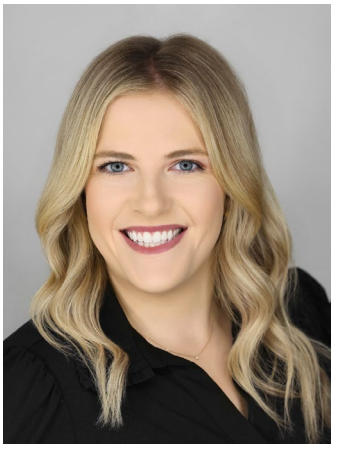

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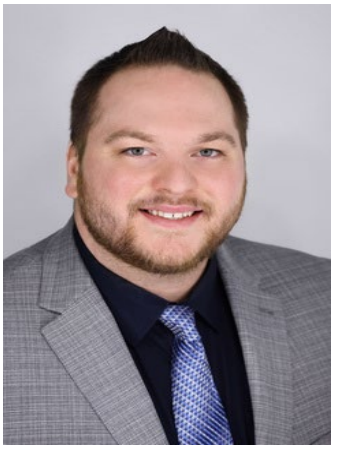

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Benefits Effective January 2027- December 2027

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TABLE OF CONTENTS CARRIER CONTACTS