

SUMMARY PLAN DESCRIPTION
CRETE CARRIER CORPORATION GROUP ACCIDENT INSURANCE PLAN

This document, together with the Crete Carrier Corporation Welfare Benefits Plan Summary Plan Description and the Certificate (defined below), constitutes the Summary Plan Description for the Crete Carrier Group Accident Insurance Plan (the “Plan”), a component benefit program of the Crete Carrier Corporation Welfare Benefits Plan. This Summary of the Plan explains its basic features effective October 11, 2023. It is only a summary. You should keep this Summary with the Certificate and other documents you received regarding the Plan. The separate plan document, insurance contract or other governing document of this Plan contains the actual terms of the Plan. If anything in this Summary or the Certificate is different than the actual terms of the Plan, the Plan controls. Please contact the Crete Carrier Corporation Benefits Department at (800) 998-8005 if you have any questions regarding the Plan.

Plan Name: Crete Carrier Corporation Group Accident Insurance Plan

Plan Number: 501

Name, Address and Telephone Number of the Employer & Plan Sponsor: CRETE CARRIER CORPORATION
400 NW 56th STREET
LINCOLN, NE 68528
(800) 998-9100

The Plan Sponsor’s Employer Identification Number is 47-0496288.

Hunt Transportation, Inc. is a Participating Employer. “Employer” refers to Crete Carrier Corporation and Hunt Transportation, Inc. collectively.

Type of Plan: The Plan is a welfare benefits plan that provides benefits in the form of fixed payments when a participant experiences hospital confinement, and may provide other benefits in the event of specified accidents, death, and dismemberment. Benefits are guaranteed by an insurance contract (the “Policy”) issued by the Insurer (defined below).

Plan Administrator: The Plan Sponsor is the Plan Administrator. The Plan Administrator has full power to interpret and apply the terms of the Plan.

Insurer: American Heritage Life Insurance Company is the Insurer. The Insurer administers claims. The Insurer has the discretion and authority to interpret and apply the Policy, and to make all determinations regarding coverage and benefits under the Policy. Its determinations are final. The Insurer’s home office address is 1776 American Heritage Life Drive, Jacksonville, FL 32224-6687. The Insurer’s telephone number for information about the Policy is 1-800-521-3535.

Certificate: The Insurer’s certificate of coverage (the “Certificate”) contains additional details about the Plan, including its claims procedures, key definitions, and limitations on coverage. The Insurer furnished you with a personalized Certificate after you enrolled in the Plan. You can obtain a specimen Certificate upon request and free of charge by contacting the Plan Administrator, or at www.cretecarrierbenefits.com.

Agent for Service of Legal Process: General Counsel – Crete Carrier Corporation
400 NW 56th Street, Lincoln, NE 68528; Tel.: (800) 998-9100
Service of legal process may also be made upon the Plan Administrator.

Plan Year, Fiscal Period: 01/01 through 12/31

Enrollment:	Initial enrollment in the Plan generally must occur within 31 days after the date you first meet the eligibility requirements. Before the beginning of each Plan Year, the Plan Administrator will provide an open enrollment period during which eligible persons may elect coverage.
Eligibility:	The following persons are eligible to participate in the Plan: • An employee of the Employer who regularly works at least 30 hours per week. • Independent contractors who are owner-operators of over-the-road tractors leased to the Employer and employees of such owner operators, provided that the applicable individual works a minimum of 30 hours per week on a regular calendar year basis. Other independent contractors and individuals designated as part-time, temporary, or contract employees are not eligible. An employee or independent contractor who is eligible for coverage under the Plan may also elect coverage for his or her spouse, and his or her children and spouse's children. Coverage for children generally ends when the eligible person dies, the child attains age 26, or otherwise ceases to meet the requirements of an eligible dependent.
Entry Date:	A person who has met the eligibility criteria for 30 calendar days and who elects to participate in the Plan generally enters the Plan on the first day of the month that occurs on or following the 30th calendar day, provided he or she is actively employed on that day. Special rules apply if you are absent from work due to temporary layoff, leave of absence, or Family and Medical Leave of Absence. Contact the Plan Administrator for details.
Contributions:	You must contribute an amount equal to the premium for the coverage options you choose. The Insurer determines the premiums.
Benefits:	This Plan provides benefits in the form of fixed payments <u>only</u> if you are confined to a hospital and receive certain covered treatments. You may have the option to elect coverage in the form of fixed payments if you receive certain specified services or items for treatment of an accident. This Plan does not provide benefits in the same manner as major medical coverage. The Plan does not cover preventive care, existing or new drugs; medical tests, devices, or procedures; or emergency care. However, receiving these items or services may be a condition of receiving benefits under the Plan. Refer to the Benefit Summary section below for additional details about covered benefits and limitations.
Limits on Benefits:	The Plan will not pay benefits of more than the applicable percentage or dollar amount of the benefit amount shown in the Benefit Summary section below for the coverage option you choose. Refer to the Certificate for additional details.
Termination of Coverage:	Coverage under the Plan will cease if you exhaust all available benefits, cancel coverage, if the Employer terminates the Policy or the Plan, if you fail to make required premium payments, if you no longer meet the eligibility requirements, or if you are no longer actively employed by the Employer. Coverage may also terminate due to fraud or intentional misrepresentation.

Continuation of Coverage: The Insurer may provide you and your covered spouse and/or dependents with the option to continue coverage with the Insurer if your coverage under the Plan terminates, except for your failure to make the required premium payments. You must timely request continuation of coverage and pay premiums for it directly to the Insurer. Refer to the Certificate for details about continuation of coverage.

HIPAA Privacy: Please refer to the Insurer's Notice of Privacy Practices for further details regarding HIPAA privacy practices.

BENEFIT SUMMARY

The Plan will pay benefits upon the occurrence of the following events, subject to maximums indicated and definitions, exclusions, limitations, and conditions set forth in the Certificate:

EVENT	BENEFIT PER OCCURRENCE
BASE POLICY BENEFITS	
Initial Hospital Confinement (pays once/year)	\$1,000
Daily Hospital Confinement (pays daily, up to 365 days for any one accident)	\$200
Intensive Care (pays daily, up to 180 days for each period of continuous confinement)	\$400
RIDER BENEFITS (added to base policy; pays once per accident)	
<i>Accident Treatment & Urgent Care Rider</i>	
Ground Ambulance	\$200
Air Ambulance	\$600
Accident Physician's Treatment	\$100
X-ray	\$200
Urgent Care	\$100
<i>Dislocation/Fracture Rider – Complete Dislocation¹</i>	
Hip joint	\$4,000
Knee (except patella) or ankle joint, bone or bones of the foot (except toes)	\$1,600
Wrist joint	\$1,400
Elbow joint	\$1,200
Shoulder joint	\$800
Bone or bones of the hand (except fingers), collarbone	\$600
Two or more fingers or toes	\$280
One finger or toe	\$120
<i>Dislocation/Fracture Rider - Complete, simple or closed fracture¹</i>	
Hip, thigh (femur), pelvis (except coccyx)	\$4,000
Skull (except bones of face or nose)	\$3,800
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600
Foot (except toes), hand or wrist (except fingers)	\$1,400
Lower jaw (except alveolar process)	\$800
Two or more ribs, fingers or toes, bones of face or nose	\$600
One rib, finger or toe, coccyx	\$280
<i>Emergency Room Services Rider (received as result of injury)</i>	\$200
<i>Outpatient Physician's Benefit Rider (pays daily, once per day, per covered person, not to exceed 2 days per covered person per calendar year and a maximum of 4 days per calendar year if dependents are covered. Covers sickness.)</i>	\$50

¹ Multiple dislocations, fractures, dismemberments or functional losses from the same accident are limited to the amount shown.

EVENT	BENEFIT PER OCCURRENCE
<i>Accidental Death, Dismemberment,¹ and Functional Loss¹ Rider</i>	
Loss of life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000
Loss of one eye, hand, arm, foot, or leg	\$20,000
Loss of one or more entire toes or fingers	\$4,000
Scheduled Common Carrier accidental death (Fare Paying Passenger)	\$100,000
<i>Benefit Enhancement Rider</i>	
Accident Follow-up Treatment (pays daily, limited to two treatments per covered person per accident, not payable for same visit for which Physical, Occupational, or Speech Therapy Benefit is paid)	\$100
Lacerations	\$100
Burns (other than sunburns) over less than 15% body surface	\$200
Burns (other than sunburns) over 15% or more body surface	\$1,000
Skin Graft for burn for which benefit is paid under the Burns Benefit	50% of Burn Benefit
Brain Injury Diagnosis	\$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (treatments must be received within 30 days after the accident; payable once per covered person, per accident, per calendar year)	\$100
Paralysis (pays once)	
Paraplegia	\$15,000
Quadriplegia	\$30,000
Coma with Respiratory Assistance	\$20,000
Open Abdominal or Thoracic Surgery ²	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery ²	
Repair torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage	\$1,000
Arthroscopic exploratory surgery (without repair)	\$300
Ruptured Disc Surgery ²	\$1,000
Eye Surgery	\$200
General Anesthesia (payable only if one of the rider Surgery benefits is paid)	\$200
Blood and Plasma	\$600
Appliance (physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility)	\$250
Medical Supplies	\$10
Medicine	\$10
Prosthesis (physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident)	
One device	\$1,000
Two or more devices	\$2,000
Physical, Occupational or Speech Therapy (pays daily, 1 treatment per day; maximum of 6 treatments per accident. Includes chiropractic services. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid.)	\$60
Rehabilitation Unit ³ (pays daily, must be hospital-confined due to an injury prior to being transferred to rehab)	\$200
Non-Local Transportation ⁴ (obtaining treatment more than 50 miles from your home when not available locally; ground or air ambulance is not covered)	\$500

¹ Multiple dislocations, fractures, dismemberments or functional losses from the same accident are limited to the amount shown.

² Two or more surgeries done at the same time are considered one operation.

³ Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. Not paid for days on which the Daily Hospital Confinement benefit is paid.

⁴ Up to three times per covered person, per accident.

EVENT	BENEFIT PER OCCURRENCE
Family Member Lodging (pays daily, 1 adult family member to be with you while you are hospital confined. Not paid if family member lives within 50 miles of the hospital. Payable up to 30 days per accident)	\$200
Post-Accident Transportation (pays once per year, three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if the Daily Hospital Confinement benefit is paid)	\$400
Broken Tooth (dental repair by crown, filling or extraction)	\$200
Residence/Vehicle Modification (permanent structural modification certified necessary by a physician, within 365 days after accident)	\$1,000
Pain Management (Epidural Injection)	\$100
Miscellaneous Outpatient Surgery (physician-performed outpatient surgical procedure. Not paid if one of the following benefits is paid: Open Abdominal or Thoracic Surgery; Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery; Ruptured Disc Surgery; or Eye Surgery)	\$200

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