

SUMMARY PLAN DESCRIPTION
CRETE CARRIER CORPORATION GROUP CRITICAL ILLNESS 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 Critical Illness 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 Critical Illness 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. The term "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 is diagnosed with or receives treatments for specified illnesses. The Plan also provides a fixed payment when a participant receives certain specified wellness benefits. Participants may also elect coverage providing benefits in the form of fixed payments when a participant is diagnosed with specified forms of cancer. 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 General Counsel – Crete Carrier Corporation

of Legal Process:	400 NW 56 th 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 and who have attained age 18. • 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 diagnosed with a critical illness specified by the Plan. The Plan does not provide benefits in the same manner as major medical coverage. If you elect the Fixed Wellness Benefit, the Plan may provide a fixed dollar amount if you receive a covered preventive service. The Plan does not cover 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 of the benefit amount for the coverage option you choose. Refer to the Benefit Summary section for details. The Plan limits payment of the Fixed Wellness Benefit to once per day, per covered person, per coverage year. The Plan will pay a benefit for reoccurrence of a covered condition only in limited circumstances. The Plan will not pay benefits for critical illnesses

relating to intentionally self-inflicted injuries, certain illegal activities, suicide or self-destruction, substance abuse, alcohol abuse, or being under the influence of alcohol, narcotics, and illegal drugs. Refer to the Certificate for additional details.

Pre-Existing Conditions: The Plan generally will not pay benefits for a pre-existing condition, as defined in the Certificate. The Plan may waive this limitation if you had prior coverage. Refer to the Certificate for 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 through 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 in the applicable percentage of the benefit amount upon diagnosis of one of the following conditions, which are defined in the Certificate, subject to the conditions set forth in the Certificate:

CONDITION (APPLICABLE PERCENTAGE)	Without Cancer Coverage	With Cancer Coverage
INITIAL CRITICAL ILLNESS BENEFITS^{1, 2}	\$10,000	\$10,000
Heart Attack (100%)	\$10,000	\$10,000
Stroke (100%)	\$10,000	\$10,000
End Stage Renal Failure (100%)	\$10,000	\$10,000
Major Organ Transplant (100%)	\$10,000	\$10,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$2,500
Waiver of Premium (Employee only) (premiums waived if disabled for 90 consecutive days due to a critical illness or specified disease)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS^{1, 2}		
Invasive Cancer (100%)	N/A	\$10,000
Carcinoma in Situ (25%)	N/A	\$2,500
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS^{1, 2}		
Initial Critical Illness (same amount as Initial Critical Illness Benefit) (second diagnosis more than 6 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid)	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit) (second diagnosis more than 6 months after the last date treatment was received for which a Cancer Critical Illness benefit was paid)	No	Yes

¹ Benefits paid once per covered person. When all benefits have been used, the coverage terminates.

² Spouse and covered child(ren) receive 50% of your benefit amount (shown in the table).

CONDITION (APPLICABLE PERCENTAGE)	Without Cancer Coverage	With Cancer Coverage
RIDER BENEFITS		
<u>Skin Cancer Rider</u> (includes diagnosis of basal cell carcinoma and squamous cell carcinoma; subject to exclusions in the Certificate.)	N/A	\$250
<u>Supplemental Critical Illness Rider</u> ^{3, 4}	\$10,000	\$10,000
<i>Advanced Alzheimer's Disease</i> (100%)	\$10,000	\$10,000
<i>Advanced Parkinson's Disease</i> (100%)	\$10,000	\$10,000
<i>Benign Brain Tumor</i> (100%)	\$10,000	\$10,000
<i>Coma</i> (100%)	\$10,000	\$10,000
<i>Complete Loss of Hearing</i> (100%)	\$10,000	\$10,000
<i>Complete Loss of Sight</i> (100%)	\$10,000	\$10,000
<i>Complete Loss of Speech</i> (100%)	\$10,000	\$10,000
<i>Paralysis</i> (100%)	\$10,000	\$10,000
<u>Fixed Wellness Rider</u> (per year) The Plan will pay the Wellness Benefit once per person per calendar year for obtaining one of the following specified exams: Biopsy for skin cancer; Blood tests for triglycerides; Bone Marrow Testing; Sampling of blood or tissue to test for genetic susceptibility for the risk of cancer; CA15-3 (cancer antigen blood test for breast cancer), CA125 (cancer antigen blood test for ovarian cancer), CEA (carcinoembryonic antigen test for colon cancer), Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; EKG (Echocardiogram); Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; PSA (prostate specific antigen blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms	\$50	\$50

³ Benefits paid once per covered person. When all benefits have been used, the coverage terminates.

⁴ Spouse and covered child(ren) receive 50% of your benefit amount (shown in the table).