

SUMMARY PLAN DESCRIPTION
CRETE CARRIER CORPORATION GROUP HOSPITAL INDEMNITY 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 Hospital Indemnity 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 January 1, 2024. 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 Hospital Indemnity 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 is confined in a hospital or a hospital intensive care unit, and when a participant receives eligible wellness services. 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. 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 only if you are confined in a hospital or hospital intensive care unit, or if you receive a covered wellness service. The Plan does not provide benefits in the same manner as major medical coverage. 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. Hospital or other treatment must be received in the United States or its territories for coverage to apply. Refer to the Certificate and 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 dollar amounts set forth in the Benefit Summary. The Plan limits payment of the Fixed Wellness Benefit to once per day, per covered person, per coverage year. 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. The Insurer may provide you with the option to continue coverage for up to 36 months if your coverage under the Plan terminates, except for your failure to make the required premium payments. You must timely request portability coverage and pay premiums for portability coverage to the Insurer. See the Certificate for details about portability 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 benefit amount upon one of the following taking place:

HOSPITAL IDEMNITY	Benefit Amount
FIRST DAY HOSPITAL CONFINEMENT	
The Plan will pay the amount stated in the next column for the first day a covered person is confined in a hospital. This benefit is payable only once per continuous confinement in a hospital per covered person, and is limited to once every 30 days. This benefit is not payable for a newborn child's initial confinement in a hospital. A newborn child's initial confinement in a hospital includes any transfers to another hospital before such child is discharged to his or her home.	\$1,000
DAILY HOSPITAL CONFINEMENT	
The Plan will pay the amount stated in the next column per day when a covered person is confined in a hospital. If the First Day Hospital Confinement benefit is payable, the Plan pays the Daily Hospital Confinement benefit for each day after the first day of a continuous confinement in a hospital for a maximum of 29 days. If the First Day Hospital Confinement benefit is not payable, the Plan pays the Daily Hospital Confinement benefit for each day of a continuous confinement in a hospital for a maximum of 30 days. The Daily Hospital Confinement benefit is not payable for: 1. Any day for which the First Day Hospital Confinement benefit is payable; or 2. A newborn child's routine nursing routine well baby care during the initial confinement in a hospital.	\$100 per day
HOSPITAL INTENSIVE CARE	
The Plan will pay the amount stated in the next column for each day a covered person is confined in a hospital intensive care unit. This benefit is paid in addition to the First Day Hospital Confinement benefit and Daily Hospital Confinement benefit. The maximum number of days this benefit is payable is 30 days for each continuous confinement in a hospital intensive care unit.	\$100 per day
FIXED WELLNESS BENEFIT	
The Plan will pay the amount stated in the next column for each day a covered person receives an eligible wellness service. The Plan will pay the Fixed Wellness Benefit only once per day, per covered person, per coverage year. Coverage year means a consecutive 12 month period during which a covered employee's or other eligible person's insurance under this Plan is in force. The first coverage year begins on the effective date of coverage and ends after 12 consecutive months. Dependents added later have the same coverage year as the employee or other eligible person. The eligible wellness services are: Biopsy for skin cancer; Blood test for triglycerides; Bone Marrow Testing; CA 15-3 (cancer antigen 153-blood test for breast cancer); CA125 (cancer antigen 125 – blood test for ovarian cancer); CEA (carcinoembryonic antigen – blood test for colon cancer); Chest X-ray; Colonoscopy; Doppler screening for carotids; Echocardiogram; EKG (Electrocardiogram); 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 per day