

## The Lincoln Short-Term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 26 weeks due to injury, illness, surgery, or recovery from childbirth
- Features group rates for Stan Koch & Son's Trucking, Inc. employees
- Offers a fast, no-hassle claims process
- You are auto-enrolled unless you choose to waive the coverage

### Voluntary STD (paid by you through payroll deduction)

Weekly benefit amount	60% of your weekly salary, limited to \$2,000 per week
Maximum coverage period	26 weeks

### Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.
- Benefits are payable after a period of 14 calendar days due to injury or sickness.

### Successive Disability Benefits

- If you become disabled for the same condition within 30 days following your prior disability, your benefits will continue under the same claim.

### Maximum Coverage Period

- This is the number of weeks you can collect disability benefits (also known as the benefit duration).

### Calculate Your Premium

Use the employee voluntary short-term disability premium rate table provided to below to calculate your cost and benefit. The following example calculates the monthly cost for a 36-year-old employee with annual earnings of \$35,400.

**Note:** The maximum weekly covered earnings are equal to the maximum weekly benefit divided by the benefit percentage.

Calculation Example		Example	You
Step 1	Enter the monthly rate per \$10 of weekly benefit.	\$0.400	
Step 2	Enter your weekly earnings. Divide your annual earnings by 52.	\$681	
Step 3	If your weekly earnings are greater than the maximum weekly covered earnings of \$3,333.33 indicate \$3,333.33. Otherwise, indicate the amount from Step 2.	\$681	
Step 4	Calculate your weekly benefit. Multiply Step 3 by 0.60.	\$408	
Step 5	Enter your weekly benefit in increments of \$10. To calculate, divide the amount in Step 4 by 10.	\$40.8	
Step 6	Calculate your monthly cost. Multiply Step 1 by Step 5.	\$16.32	

Age Range	Premium Rate
0-24	\$0.410
25-29	\$0.430
30-34	\$0.440
35-39	\$0.400
40-44	\$0.430
45-49	\$0.530
50-54	\$0.650
55-59	\$0.800
60-64	\$0.950
65+	\$1.150

This worksheet allows you to approximate your monthly contributions for voluntary short-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.

**The Lincoln Long-Term Disability Insurance Plan:**

- Provides a cash benefit after you are out of work for 180 days or more due to injury, illness, or surgery
- Starts with a “core plan” that is paid for by Stan Koch & Son’s Trucking, Inc.
- Offers a simple “buy-up” option that lets you enhance your benefit at affordable group rates
- Features group rates for eligible Stan Koch & Son’s Trucking, Inc. employees
- Includes EmployeeConnectSM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance
- **Pre-existing Condition:** you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the three months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

**Core Plan (paid by Stan Koch & Son’s Trucking, Inc.)**

Monthly benefit amount	50% of your monthly salary, limited to \$3,125 per month
Elimination period	180 days

**Elimination period**

- This is the number of days you must be disabled before you can collect disability benefits.

**Maximum Coverage Period**

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse

Age at disability	Maximum Benefit Period
Less than age 60	5 years
60-65	5 years
65-69	to age 70 (but not less than 1 year)
70 and over	1 year

### Supplemental Long-Term Disability Insurance

#### Calculate Your Premium

Use the employee buy-up long-term disability premium rate table provided below to calculate your cost and benefit. The following example calculates the monthly cost for an employee with annual earnings of \$35,400.

Note: The maximum monthly covered earnings are equal to the maximum monthly benefit divided by the benefit percentage.

Calculation Example		Example	You	Premium Rate
Step 1	Enter the monthly rate per \$100 of monthly covered payroll.	\$0.170		\$0.170
Step 2	Enter your monthly earnings. Divide your annual earnings by 12.	\$2,950		
Step 3	If your monthly earnings are greater than the maximum monthly covered earnings of \$25,000, indicate \$25,000. Otherwise, indicate the amount from Step 2.	\$2,950		
Step 4	Calculate your monthly benefit. Multiply Step 3 by 0.60.	\$1,770		
Step 5	Enter your monthly earnings in increments of \$100 of monthly covered payroll. To calculate, divide the amount in Step 3 by \$100.	\$29.5		
Step 6	Calculate your monthly cost. Multiply Step 1 by Step 5	\$5.02		

This worksheet allows you to approximate your monthly contributions for buy-up long-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.

**ACCIDENT - CRITICAL ILLNESS - HOSPITAL**

Supplemental benefits are offered to help you reduce the financial risk of unexpected medical costs. No matter which medical plan you elect, deductibles and co-insurance expenses are a possibility if you or a family member suffer an accident, diagnosed with a chronic condition or are admitted to the hospital.

These plans are 100% voluntary and while they are not medical insurance, they are created to fill in financial gaps to your medical coverage. Coverage is available for your spouse and children if you elect coverage.







After you file a claim, the plans pay benefits regardless of any other insurance, and benefits are paid directly to you. These coverages can help pay for expenses other insurance may not cover, such as out-of-pocket expenses, lost income, childcare, travel to and from treatment, home health care costs or regular household expenses.

**Before You Enroll**

Consider this:

1. What would happen if you had an accident or became seriously ill and became unable to work? Would you be covered financially?
2. These benefits provide a lump-sum payment that can help you cover unexpected medical expenses or make up for missed income.

Accident coverage is designed to provide a cash benefit in the event of a covered accident or injury. The plan will pay a set amount based on the injury suffered and treatment received, regardless of any other insurance.

Sample of Eligible Expenses	
 <b>Emergency Room Visits</b>	 <b>Hospital Stays</b>
 <b>Medical Exams</b> – Including major diagnostic exams	 <b>Physical Therapy</b>
 <b>Fractures and Dislocations</b>	 <b>Transportation and Lodging</b> – if you are away from home when the accident happens

### How does it work?

If you suffer a covered injury, and file a claim you will receive a lump sum payment based on the injury incurred as well as the treatment received, including follow-up care related to the injury. Benefit amounts depend on the type of injury. Covered injuries include burns, concussion, dislocations, fractures and others that result from an accident.

On the following page you will find a list of the benefits payable as a result of an injury by you or a covered family member.

### Accident insurance premium

Here's how little you pay with group rates

Covered	Weekly Premium
Employee	\$2.51
Employee & spouse	\$4.44
Employee & child	\$5.18
Employee & family (spouse and child/children)	\$6.49

**Note:** The premiums for this coverage will not change due to your age. The premium for employee & child/children and employee & family coverage includes all children.

### ACCIDENT INSURANCE BENEFITS

You'll have a choice of one comprehensive plan which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered events/services.

Benefit Type	Accident Insurance Pays YOU
<b>Injuries</b>	
Fractures	\$125–\$4,500
Surgical treatment surgery	Two times nonsurgical benefit
Chip fracture or partial dislocation	25% of fracture benefit
*Fracture benefits listed are nonsurgical. Treatment for the fracture must occur within 90 days of the accident. The combined maximum of all fractures is two times the highest fracture payable.	
Dislocations	\$125–\$3,375
*Dislocation benefits listed are nonsurgical. Treatment for the dislocation must occur within 90 days of the accident. The combined maximum of all dislocations is two times the highest dislocation payable.	
Second and Third Degree Burns	\$150–\$15,000
Skin Grafts	25% of burn benefit
Concussions	\$200
Cuts/Lacerations	\$50–\$600
Eye Injuries	\$200–\$400
Blood, Plasma, Platelets, & other non-blood substitute IV Solutions	\$500
Dental Injuries	\$100–\$200
Severe Traumatic Brain injury	\$7,500
<b>Medical Services and Treatment</b>	
Ambulance	\$300
Air Ambulance	\$1,500
Emergency Care/Treatment	\$200
X-Ray	\$40
Initial Care Visit	\$100
Major diagnostic exam	\$200
<b>Surgical Benefits:*</b>	
Arthroscopic surgical benefit	\$200
Cranial surgical benefit	\$1,500
Hernia surgical benefit	\$200
Thoracic/open abdominal	\$2,000
Ligaments, tendons, rotator cuff, Knee cartilage, Ruptured disc	\$1,000
Other surgery under general anesthesia	\$300
Other surgery under conscious sedation	\$150

\*Benefits will be paid up to two times the highest surgical benefit payable for all surgeries.

**No money is due at enrollment.** Your premium simply comes out of your paycheck.

Benefit Type	Accident Insurance Pays YOU
<b>Hospital Coverage (Accident)</b>	
Admission	\$1,250 (non-ICU)–\$2,000 (ICU) per accident
Confinement	\$300 a day (non-ICU) \$600 a day (ICU)
Alternative care/rehab facility daily confinement/rehabilitative confinement	\$200
Physician follow-up visits (up to six visits)	\$100
Physical, occupational, and chiropractic therapy (up to 10 sessions)	\$50
Epidural/cortisone pain management (up to one injection)	\$50
Medical mobility devices	\$100-\$400
Prosthesis (per limb)	\$1,00
<b>Recovery assistance</b>	
Family care	\$100
Companion lodging (100+miles from home)	\$200 per day
Transportation (100+ miles from home)	\$400 per trip
<b>Moving Vehicle Benefits</b>	
Moving vehicle injury	\$100
Moving vehicle death	\$2,500
Safe driver injury/death: Seat belt, Air Bag, Motor vehicle helmet	Additional 25% of motor vehicle injury or death benefit
Safe Rider: Other helmet (bicycle, scooter, skateboard, etc.)	\$100
Benefit Type	Accident Insurance Pays YOU
<b>Accidental Death &amp; Dismemberment Benefit</b>	
Your death	\$50,000
Your spouse or life partner	\$20,000
Your child	\$10,000

Benefit Type	Accident Insurance Pays YOU
<b>Common carrier death</b>	
Your death	\$100,000
Your spouse or life partner	\$40,000
Your child	\$20,000
A common carrier is any land, air, or water conveyance licensed to transport passengers for hire.	
Transportation of remains (100+ miles)	\$10,000
Safe driver: Seat belt, Air bag, Helmet	10% of accidental death and dismemberment benefit
Loss of hand, foot, arm, leg, eye, or hearing in one ear	\$10,000
Loss of finger, thumb, toe	\$500
Severe loss (loss of sight in both eyes, loss of hearing in both ears, loss of speech, loss of both arms, loss of both legs, loss of arm and leg, paraplegia, hemiplegia, loss of both arms and both legs, quadriplegia)	\$30,000
<b>Education:</b> This benefit is paid if an insured person dies within 365 days of a covered accident and is survived by one or more full-time students. The education benefit is payable for each full-time student.	10% of accidental death benefit
<b>Spouse training:</b> This benefit is paid if a covered employee or dependent spouse dies within 365 days of a covered accident, and the surviving spouse is enrolled as a student.  The spouse training benefit covers students enrolled in any school that retrains or refreshes skills needed for employment within 365 days from the date of death.	10% of accidental death benefit
<b>Modification to home/auto:</b> This benefit is payable for modifications to make the principal residence accessible or the vehicle rideable if the insured suffers a severe loss.  This benefit is payable once per person within 365 days of the accident.	\$2,000
<b>Additional Plan Benefits</b>	
Portability	Included
Child Sports Injury Benefit	Included



**The Lincoln Critical Illness Insurance Plan:**

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for employees
- Includes access to a personal health advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

<b>Critical Illness Insurance</b>	
<b>Eligible Individual</b>	<b>Initial Benefit</b>
Employee	\$10,000, \$20,000 or \$30,000
Spouse/Domestic Partner	50% of the employee's Initial Benefit
Dependent Child(ren)	50% of the employee's Initial Benefit

<b>Covered Conditions</b>	<b>Benefit Percentage</b>
Heart Attack, Stroke, Invasive Cancer, End Stage Renal (kidney) Failure, Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Noninvasive cancer (in situ)	25%
Skin Cancer (other than melanoma)	\$250 per lifetime
<b>Supplemental Conditions</b>	
Advanced Huntington's disease, Advanced ALS/Lou Gehrig's disease, Advanced multiple sclerosis	25%
Advanced Alzheimer's disease	100%
<b>Occupational Disease (employee only)</b>	
Tuberculosis, Tetanus, Rabies	25%
<b>Additional Childhood Conditions</b>	
Cerebral palsy, Cleft lip, cleft palate, Cystic Fibrosis, Down syndrome, Muscular dystrophy, Spina bifida, Type 1 Diabetes	100%
<b>Additional Plan Benefit(s)</b>	
Health Advocate Services	Included
Portability	Included

**Note:** See the policy for details and specific requirements for each of these benefits.

### Critical Illness Insurance Premium:

Here's how little you pay with group rates

Employee I Weekly Premiums			
Employee Age Range (attained Age)	Critical Illness \$10,000 Premium Rate	Critical Illness \$20,000 Premium Rate	Critical Illness \$30,000 Premium Rate
0-24	\$1.08	\$2.15	\$3.23
25-29	\$1.14	\$2.28	\$3.42
30-34	\$1.43	\$2.85	\$4.28
35-39	\$1.67	\$3.33	\$5.00
40-44	\$1.93	\$3.86	\$5.79
45-49	\$2.81	\$5.61	\$8.42
50-54	\$4.17	\$8.33	\$12.50
55-59	\$6.07	\$12.15	\$18.22
60-64	\$8.31	\$16.62	\$24.93
65-69	\$11.53	\$23.06	\$34.59
70+	\$16.60	\$33.19	\$49.79

Spouse I Weekly Premiums			
*must be less than 50% of voluntary employee life insurance amount			
Spouse Age Range (attained Age)	Critical Illness \$5,000 Premium Rate	Critical Illness \$10,000 Premium Rate	Critical Illness \$15,000 Premium Rate
0-24	\$0.37	\$0.75	\$1.12
25-29	\$0.37	\$0.75	\$1.12
30-34	\$0.44	\$0.88	\$1.32
35-39	\$0.49	\$0.99	\$1.48
40-44	\$0.55	\$1.10	\$1.64
45-49	\$0.68	\$1.36	\$2.04
50-54	\$0.91	\$1.82	\$2.73
55-59	\$1.20	\$2.39	\$3.59
60-64	\$1.56	\$3.11	\$4.67
65-69	\$2.05	\$4.10	\$6.15
70+	\$2.94	\$5.88	\$8.81

Dependent Children I Weekly Premiums		
*must be less than 50% of voluntary employee life insurance amount		
Rate \$5,000	Rate \$10,000	Rate \$15,000
\$0.29	\$0.57	\$0.86

### Hospital Indemnity Insurance:

If you or a covered family member have to go to the hospital for an accident or injury, hospital indemnity insurance provides a lump-sum cash benefit to help you take care of unexpected expenses — anything from deductibles to child care to everyday bills. Because you're selecting this coverage through your company, you can take advantage of group rates. You don't have to answer medical questions to receive coverage; this is guaranteed coverage.

### Covered Benefits

Hospital Benefits			
Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Your Plan
Admission Benefit	1 time(s) per calendar year	Admission	\$500
		Intensive Care Unit (ICU) Admission	\$1,000
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement	\$250
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement Benefit when a Covered Person is admitted to ICU)	\$300
Complications of pregnancy	Included		

- Admission or Admitted means accepted for inpatient services in a hospital or intensive care unit for a period of more than 20 hours.
- If admitted to a hospital or ICU within 90 days after being discharged from a preceding stay for the same or related cause, the subsequent admission will be considered part of the first admission.
- If both hospital and ICU admission or hospital and ICU confinement become payable for the same day, only the Hospital ICU Admission benefit will be paid

Additional Confinement Benefits	Plan Benefits
<b>Newborn care</b> For each day of confinement to a hospital for routine post-natal care following birth	\$100 per day up to two days per calendar year

- If a newborn baby is confined for treatment of an illness, infirmity, disease, or injury, we will pay the Hospital or ICU confinement benefit instead of the Newborn care benefit.

Enhanced Benefits	Plan Benefit Percentages
<b>Hospital NICU admission</b> Increases the hospital ICU admission benefit for a newborn child	25%
<b>Hospital NICU confinement</b> Increases the hospital ICU confinement benefit for a newborn child	25%

Additional Plan Benefit(s)	
Portability if you leave your employer	Included

### Hospital indemnity insurance premium - Affordable group rates – Monthly premiums

As an employee, you can take advantage of this accident insurance plan. Plus, you can add loved ones to the plan for just a little more.

	Weekly Premium
Employee Only	\$3.46
Employee + Spouse	\$7.27
Employee + Child(ren)	\$5.54
Family	\$9.36