

# YOUR BENEFITS GUIDE



## 2023 Open Enrollment

Have questions or need assistance enrolling?

Call **BalanceBenefits** at (800) 865-9164  
Open 24/7





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# PRESIDENT LETTER



Thank you for your many contributions to our customers and our company in 2022. Be assured that the actions you take every day are noticed and valued very, very much.

As an employee of MTS you may be eligible for certain benefits—such as medical, dental, vision, disability, life insurance and 401(k)—at group rates. MTS pays for the majority of the monthly cost of the medical benefits you choose to enroll in, and you pay a portion as well. In addition, the company pays the entire cost of basic life insurance on your behalf.

Your company-sponsored benefits are more valuable than ever before—and they account for a large portion of the total compensation you receive as an employee of MTS. The costs of the MTS healthcare plan are increasing for 2023. However only dental rates will increase for 2023. We are working hard to provide the best pay and benefits for you and for your family.

It's important that you read through this benefits guide carefully so that you can understand what each benefit provides [pays for], and how to access coverage when you need it. You may want to share this information with family members as well.

Remember that the open enrollment window opens on **11/1/2022** and ends on **11/14/2022**. It's important you enroll during this time period as you will not have an opportunity to enroll afterwards unless you have a qualifying life event (keep reading to learn more).

Thank you for taking the time to learn about your benefits choices and for enrolling on time.

Brett McGovern

President

# IMPORTANT HIGHLIGHTS FOR 2023



This Benefits Guide contains a summary (not complete details) of the primary benefit programs offered by Martin Transportation Systems, Inc. During Open Enrollment you can modify and/or finalize your benefits for the 2023 plan year in Paychex Flex – Benefits Administration, Martin Transportation Systems, Inc. online benefits enrollment platform. Our goal is to consolidate Open Enrollment through one fast, easy process.

## Medical

Prices and benefits for healthcare are remaining the same for 2023. Please refer to page 6 for 2023 weekly employee contributions.

## Dental and Vision Plans

No changes for dental and vision plan designs for 2023. The dental contributions will change slightly for 2023 but the vision contributions will remain the same. Your current election will rollover to the 2023 plan year.

## Basic Life, Voluntary Life, and Disability

Please take this opportunity to review your coverages and make sure your beneficiary information is current. Your current election will rollover to the 2023 plan year.

For Supplemental Life, employees and spouses who are currently enrolled can increase one increment (\$10,000 for employee / \$5,000 for spouse) without Evidence of Insurability, as long as the new benefit amount does not exceed the guarantee issue amount (\$200,000 for employee / \$40,000 for spouse). Late entrants, anyone who waived coverage in the past, will be required to complete Evidence of Insurability for the full benefit amount elected. Dependent Child coverage does not require Evidence of Insurability, however, the employee must elect coverage to add in order to add for children.

For Voluntary Short Term Disability does not require Evidence of Insurability, but will be subject to a Pre-Existing limitation for any new benefit. For Voluntary Long Term Disability will require Evidence of Insurability for new coverage or any increases to an existing benefit.

## How to Enroll/Login

Open Enrollment begins **November 1, 2022**. If you have not done so already please register at [www.paychexflex.com](http://www.paychexflex.com). You will then click on the **Benefits Administration** tab to view and select your benefits (no mobile device). If you need assistance with Paychex Flex registration please call Paychex at (888) 246-7500.

Open Enrollment choices must be made by **November 14, 2022**, and coverage will go into effect **January 1, 2023**.

For those employees interested in the Flexible Spending Accounts through Paychex Flex, you must contact their participant hotline by **12/31/2022** at **(877) 244-1771, option 2** to enroll, terminate or change coverage for 2023. If you are currently enrolled in the Healthcare FSA or Dependent Care FSA and want to maintain your existing election, then no action is required. Your elections will carry over to the 2023 plan year. See page 10 for more information on FSAs.

## BalanceBenefits Call Center

**BalanceBenefits** is a US based call center that serves as the single point of contact for employee benefits needs 24 hours a day 7 days a week. Simply call **BalanceBenefits** at (800) 865-9164 and a Benefit Information Specialist will answer your benefit questions, help you enroll and assist you with navigating the Paychex Flex – Benefits Administration site.

If you do not make any changes to your current medical, dental, vision, life and disability plans during Open Enrollment, your 2022 elections will carry over to the 2023 plan year. **NO ACTION IS REQUIRED!**

# BENEFIT BASICS



Here at MTS, you have access to a variety of benefits to provide financial wellness for you and your family. Please read this guide to learn more about your benefits.

## Eligibility

Most employees are eligible for the benefits described in this guide. You are eligible for benefits if you work at least 30 hours per week. Most of your benefits are effective on the first day of the month following 60 days. Your dependents can also enroll for coverage, including:

- Your legal spouse as defined by federal law;
- Your child(ren) up to age 26 which includes natural children, adopted children, stepchildren, children the employer has deemed eligible under a Qualified Medical Child Support Order (QMCSO) and children with proven legal guardianship as approved by the court. When a covered dependent child turns age 26, his or her coverage will end at the end of the month in which they turn 26.

Your benefits will take effect on January 1, 2023 and will remain in effect until December 31, 2023. Remember that you may only change coverage if you experience a qualifying life event, as described below.

## Qualifying Life Events

Generally, you may only make or change your existing benefit elections during the open enrollment window. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- New entitlement to Medicare or Medicaid
- Child reaches age 26

## You must notify Benefits within 30 days of a

**qualifying life event.** Depending on the type of event, you may need to provide proof of the event, such as a marriage license. Benefits will let you know what documentation you should provide. If you do not contact Benefits within 30 days of the qualified event, you will have to wait until the next open enrollment window to make changes (unless you experience another qualifying life event).

### For More Information About Your Benefits

**Phone:** Call *BalanceBenefits* at (800) 865-9164

**Online:** [www.paychexflex.com](http://www.paychexflex.com), then click Benefits Administration (*no mobile device*)

# WEEKLY CONTRIBUTIONS



The company pays for some of your benefits and you share the cost for others. Your weekly contributions for the benefits you elect are shown below:

## MEDICAL

Enrollment Tier	HIGH PLAN Weekly Contribution	LOW PLAN Weekly Contribution
Employee Only	\$50	\$35
Employee + 1 dependent	\$80	\$65
Employee + 2 or more dependents	\$95	\$80

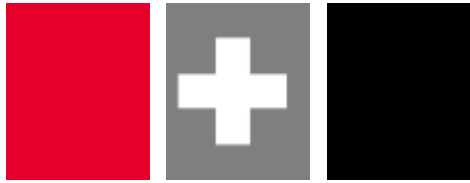
## DENTAL

Enrollment Tier	HIGH PLAN Weekly Contribution	LOW PLAN Weekly Contribution
Employee Only	\$4.56	\$2.84
Employee + Spouse	\$9.53	\$5.94
Employee + Child(ren)	\$13.13	\$8.19
Employee + Family	\$24.58	\$15.32

## VISION

Enrollment Tier	Weekly Contribution
Employee Only	\$1.18
Employee + Spouse	\$1.34
Employee + Child(ren)	\$1.34
Employee + Family	\$2.51

# MEDICAL PLAN



This chart compares the basic provisions of the two Blue Cross Blue Shield of Michigan Simply Blue PPO medical plan options and shows the **amount you will pay** for certain medical services. To verify if your provider is in-network call (877) 671-2583 or visit [www.bcbsm.com](http://www.bcbsm.com), click Find a Doctor.

PLAN PROVISION	HIGH PLAN PPO		LOW PLAN PPO	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible (Individual/Family)	\$750/\$1,500	\$1,500/\$3,000	\$2,500/\$5,000	\$5,000/\$10,000
Coinsurance	20%	40%	20%	40%
Coinsurance Maximum	\$2,000/\$4,000	\$4,000/\$8,000	\$2,500/\$5,000	\$5,000/\$10,000
Out-of-Pocket Maximum (Includes Deductible)	\$6,350/\$12,700	\$12,700/\$25,400	\$6,350/\$12,700	\$12,700/\$25,400
Preventive Care	100%	Not Covered	100%	Not Covered
Primary Physician Office Visit <sup>(1)</sup>	\$40 copay	40%*	\$40 copay	40%*
Specialist Office Visit <sup>(1)</sup>	\$40 copay	40%*	\$40 copay	40%*
Online Visits / Telemedicine	\$20 copay	40%*	\$20 copay	40%*
X-Ray and Lab	20%*	40%*	20%*	40%*
Inpatient/Outpatient Hospital Services	20%*	40%*	20%*	40%*
Urgent Care	\$40 copay	40%*	\$40 copay	40%*
Emergency Room Care	\$250 copay (copay waived if admitted)		\$250 copay (copay waived if admitted)	
Retail Prescription Drugs (30-day supply)				
Generic	\$5 copay	In-network copay + 25% of approved amount	\$5 copay	In-network copay + 25% of approved amount
Brand Preferred	\$50 copay		\$50 copay	
Brand Non-preferred	\$100 copay		\$100 copay	
Specialty Generic and Preferred Brand	15% to \$150 max		15% to \$150 max	
Specialty Non-Preferred Brand	25% to \$300 max		25% to \$300 max	
Mail Order Prescription (90-day supply)				
Generic	\$10 copay	N/A	\$10 copay	N/A
Brand Preferred	\$100 copay			
Brand Non-preferred	\$200 copay			
Specialty	Not covered			

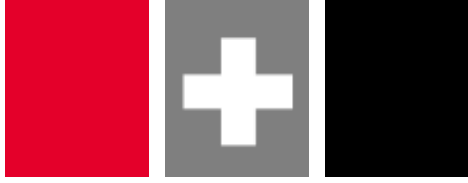
\*After deductible is met

(1) Deductible and coinsurance applies to office services. Services include diagnostic (including complex), therapeutic and surgery. An office visit copay still applies to the exam

Note: This is a summary only of your coverage. In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.



# ABLETO – BEHAVIORAL HEALTH



New for 2023 through BCBSM. AbleTo is a virtual behavior health provider contracted with your health plan that offers convenient and confidential care for mild to moderate depression and anxiety. AbleTo included access to over 2,000 licensed therapists nationwide. Go to [www.ableto.com/bcbsm](http://www.ableto.com/bcbsm)

## Get Care from the Comfort of Home

### How to get started.

- Go to [www.ableto.com/bcbsm](http://www.ableto.com/bcbsm)
- Click Get Started to sign up and schedule an appointment with a therapist of your choice.
- Select a convenient day, time and device (phone or video) for your sessions. You'll receive an appointment confirmation
- Attend your sessions through the AbleTo app, available in the App Store and Google Play, or online at [www.ableto.com/bcbsm](http://www.ableto.com/bcbsm).
- Have your initial consultation. Your program will be tailored based on your personal care needs, medical history and preferences.

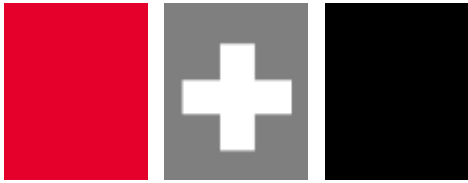
**AbleTo providers offer:**

-   
An eight-week evidence-based cognitive behavioral therapy program
-   
Personalized care for symptoms of depression, anxiety or stress
-   
Weekly one-on-one sessions that last up to 60 minutes

**AbleTo services:**

-   
Are available to members 18 and older
-   
Are subject to your health plan's behavioral health visit out-of-pocket costs
-   
Offer digital tools and resources to support you between sessions

# LIVONGO – DIABETES MANAGEMENT



In 2023 we continue to offer a diabetes health benefit from Livongo. It's called the Livongo for Diabetes program, and it makes living with diabetes easier by providing members with a connected meter, unlimited strips, and coaching.

## Livongo Makes Living with Diabetes Easier

Livongo is a new approach to diabetes management that combines advanced technology with coaching to support you with your diabetes.

The program is offered at **no cost** to members and covered dependents with diabetes and coverage offered through your employer's sponsored Blue Cross Blue Shield of Michigan health plan.



## Benefits of the Livongo for Diabetes Program



### Coaching Anytime and Anywhere

Your Livongo coach is a Certified Diabetes Educator who provides support for your questions on nutrition or lifestyle changes.



### Tips to Help You Stay on Track

With each check of your blood glucose using the Livongo meter, you receive a personalized message to help you make choices about your diabetes.



### Unlimited Strips at No Cost to You

Get as many strips and lancets as you need with no hidden costs. When you are about to run out, we ship more supplies, right to your door

### Who can join:

You and your family members diagnosed with diabetes are able to join at no cost to you if you have coverage through the Martin Transportation medical plan.

To Learn More or Join: [join.livongo.com/BCBSM/now](https://join.livongo.com/BCBSM/now) or call

Livongo Member Support at (800) 945-4355 and mention registration code BCBSM


# DENTAL PLANS



Your dental plans, offered through Blue Cross Blue Shield of Michigan, provide coverage for routine exams and cleanings and pay for a portion of other services, as shown in the chart below. To verify if your dentist is in-network call (877) 671-2583 or visit [www.bcbsm.com](http://www.bcbsm.com) click Find a Doctor.

It's important to have regular dental exams and cleanings so problems are detected before they become painful—and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining your medical health.

You have a choice of two dental plans through Blue Cross Blue Shield of MI: the High Plan and the Low Plan. This chart shows what the plans pay:



More than 120 disease signs and symptoms can now be detected through a routine oral exam. Regular dental checkups are more important than ever, not only for oral health but for overall health.

Dentists also perform thorough oral cancer examinations, including inspection of the oral cavity and neck. Since cancers of the mouth, tongue and jaw are usually first discovered during dental examinations, dentists are at the forefront for saving lives.

PROVISION	HIGH PLAN	LOW PLAN
Annual deductible Individual/Family	\$50/\$150	\$50/\$150
Annual Maximum per person	\$1,500	\$1,000
Diagnostic and Preventive, to include cleanings, fluoride treatments, sealants, space maintainers, and x-rays	100%, no deductible	100%, no deductible
Basic Services to include fillings, periodontics/endodontics, oral surgery	80%*	50%* (Space maintainers covered in Basic)
Major Services to include crowns, bridges, full and partial dentures, and implants	50%*	Not Covered
Orthodontia (Child only up to age 19)	50%*; \$1,500 lifetime maximum	Not Covered

\*After deductible is met.

# VISION PLAN



Your vision plan, offered through NVA with the NVA Provider network, provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. To find an in-network provider call (800) 672-7723 or visit [www.e-nva.com](http://www.e-nva.com) click Find a Provider.

Your vision plan is provided through NVA. It provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can see any providers; however, you always save money if you see in-network providers. This chart shows what the plan pays.

Your coverage is designed to provide you with access to eye care that will protect and enhance your eyesight: your most important sense. Thorough eye exams are essential, not just for detecting vision problems, but as an important preventive measure for maintaining overall health and wellness.



BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Exam	\$0 copay	Up to \$50
Hardware	\$0 copay	See below
Frequency <ul style="list-style-type: none"> <li>• Exam</li> <li>• Lenses</li> <li>• Frames</li> </ul>	Once every 12 months Once every 12 months Once every 24 months	
Frames	\$130 allowance, then 20% off amount over the allowance	Up to \$75
Lenses <ul style="list-style-type: none"> <li>Single vision lenses</li> <li>Bifocal lenses</li> <li>Trifocal lenses</li> <li>Lenticular lenses</li> </ul>	Covered 100% (other lens options covered at fixed fee amounts)	Up to \$50 Up to \$75 Up to \$100 Up to \$150
Contact Lenses (in lieu of glasses)	\$150 allowance	Up to \$150

# FLEXIBLE SPENDING ACCOUNTS



A Flexible Spending Account (FSA) is a program that helps you pay for health care and dependent care costs using tax free dollars. One year of employment with MTS is required before you can participate in the FSA programs.

Each pay period, you decide how much money you would like to contribute to one or both accounts. Your contribution is deducted from your paycheck on a pretax basis and is put into the Health Care FSA, the Dependent Care FSA, or both. When you incur expenses, you can access the funds in your account to pay for eligible health care or dependent care expenses.

This chart shows the eligible expenses for each FSA; how much you can contribute to each FSA each year, and how you benefit by using an FSA.

## Example

Here's a look at how much you can save when you use an FSA to pay for your health care and dependent care expenses.



### Important Information About FSAs

Your Flexible Spending Account (FSA) elections are effective from January 1 through December 31. Please plan your contributions carefully. Our Health Care FSA allows you to carry over \$610 in unused funds to the 2023 plan year (min. \$25). The Dependent Care FSA provides a 2½ month grace period. Any money remaining in your Health Care FSA over \$610 and any amount in your Dependent Care FSA as of March 31 will be forfeited. This is known as the “use it or lose it” rule and it is governed by IRS regulations.

ACCOUNT TYPE AND ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION LIMITS	BENEFIT
<b>HEALTH CARE FSA</b> Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Maximum contribution is \$3,050 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
<b>DEPENDENT CARE FSA</b> Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income

ACCOUNT TYPE EXAMPLE	WITH FSA	WITHOUT FSA
Your taxable income	\$50,000	\$50,000
Pretax contribution to Health Care and Dependent Care FSA	\$2,000	\$0
Federal and Social Security taxes*	\$15,696	\$16,350
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses and taxes	\$32,304	\$31,650
Tax savings with the Medical and Dependent Care FSA	\$654	N/A

\*This is an example only your actual experience. It assumes a 25% Federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary, and are not included in this example. However, you will also save on any state and local taxes.

# LIFE AND DISABILITY INSURANCE



What would your family do if your income was lost due to death or disability? Life and disability insurance are important for your financial security, and are offered through Dearborn Group.

## Basic Life/AD&D Insurance

Life insurance is an important part of your financial security, especially if you support a family. Accidental Death & Dismemberment (AD&D) Insurance provides a benefit in the event of your accidental death or dismemberment.

The company provides basic life/AD&D insurance to all eligible employees at no cost. Coverage is automatic.

## Disability Insurance

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. The company offers eligible employees the ability to purchase disability income benefits at group rates. If disability coverage is not elected when first eligible, you will be subject to evidence of insurability should you wish to elect the coverage at a later date.

Contact Benefits to obtain rates and a detailed summary of your disability benefits.

ACCOUNT TYPE	BENEFIT
Employer-provided basic life/AD&D insurance	<ul style="list-style-type: none"> <li>• \$25,000 employee</li> <li>• \$5,000 spouse (life only)</li> <li>• Up to \$2,000 child(ren) (life only)</li> </ul>

## Voluntary Life Insurance

Voluntary Life insurance can provide additional financial protection to your loved ones during your working years. The benefit is paid to your beneficiaries to help with funeral costs and ongoing financial obligations such as daily living expenses, child education and mortgage payments.

The company offers eligible employees the ability to purchase voluntary life insurance at group rates. If it is not elected when first eligible, you will be subject to evidence of insurability should you wish to elect the coverage at a later date.

ACCOUNT TYPE	BENEFIT
Voluntary Life Insurance	Employee - \$10,000 increments to \$500,000 max Spouse - 50% of employee amount to \$100,000 max Child(ren) - Up to \$10,000

## COVERAGE AND BENEFITS

### VOLUNTARY SHORT-TERM DISABILITY

Covers 60% of your base earnings to a \$1,000 weekly maximum  
Benefit begins after 15 days of disability

### VOLUNTARY LONG-TERM DISABILITY

Covers 60% of your base annual earnings, to a \$6,000 monthly maximum  
Benefit begins after six months of disability

# ADDITIONAL BENEFITS



MTS offers you and your family additional benefits to enhance your benefits package.

## Employee Assistance Program – ComPsych Guidance Resources

If you find yourself in need of some professional support to deal with personal, work, financial or family issues, your Employee Assistance Program (EAP) can help. You and your immediate family (spouse or dependent children) can use the EAP for help with:

- Marriage and family problems
- Job-related issues
- Stress, anxiety and depression
- Parent and child relationships
- Legal and financial counseling
- Grief and loss
- Financial planning
- Various other related issues

Help is just a click or phone call away: [www.guidanceresources.com](http://www.guidanceresources.com) , (866) 899-1363

## Discounts and Services

Through your benefits with Dearborn Group you are eligible for several discounts and services. Contact Benefits for more information.

- Travel Assist Services
- Online Will Preparation, and Online Funeral Planning

## Affiliate Vehicle Discount Program

Chrysler Rewards Program Pin: S53898  
[www.chrysleraffiliates.com](http://www.chrysleraffiliates.com)

Ford X-Plan Pin: CYSBB  
[www.fordpartner.com](http://www.fordpartner.com)

GM Supplier Discount Pin: 888322  
[www.gmsupplierdiscount.com](http://www.gmsupplierdiscount.com)

## Cell Phone Discount Program

AT&T Employee Discount  
[www.att.com/shop/discountprogram](http://www.att.com/shop/discountprogram)

Verizon Employee Discount  
[www.verizonwireless.com/discount-program](http://www.verizonwireless.com/discount-program)

# 401(K) RETIREMENT SAVINGS PLAN



The MTS 401(k) Retirement Savings Plan offers an easy way to save for your future through payroll deductions.

## Eligibility

You are eligible to participate in the plan after 6 months of service with the company and you have reached 18 years of age.

## Your Employee Contributions

Contributions from your pay are made on a pretax basis up to the IRS annual limit of \$20,500. If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make a catch-up contribution of up to \$6,500 in addition to the normal IRS annual limit in 2023.

## Your Employer Contributions

To motivate you to invest even more, your employer will add an additional 25% of what you contribute to the plan up to the first 20% of your salary each week. It's like getting a bonus for investing in the plan.

## Vesting

Vesting refers to your right of ownership to the money in your account. You are immediately vested in 100% of contributions and earnings.

## For More Information

For additional details about the 401(k) Retirement Savings Plan, to enroll, or to change your contribution rates or investment elections, please call, text, or visit the website below.

**Call**  
(800) 986-3343



**Text**  
Text the word "ENROLL" to 78259 or use the Principal Mobile App

**Visit**  
[www.principal.com/welcome](http://www.principal.com/welcome)





# GLOSSARY



Understand the medical terms that are used in your plan.

**Brand Name Drugs:** Drugs that have trade names and are protected by patents. Brand name drugs are generally the most costly choice.

**Coinsurance:** The percentage of a covered charge paid by the plan.

**Copayment (Copay):** A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.

**Deductible:** The annual amount you and your family must pay each year before the plan pays benefits.

**Generic Drugs:** Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.

**Mail Order Pharmacy:** Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.

**In-Network:** Use of a health care provider that participates in the plan's network. When you use providers in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of covered expenses.

**Out-of-Network:** Use of a health care provider that does not participate in a plan's network.

**Inpatient:** Services provided to an individual during an overnight hospital stay.

**Outpatient:** Services provided to an individual at a hospital facility without an overnight hospital stay.

**Out-of-Pocket Maximum:** The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year, except for prescriptions under all medical plans except the HSA Plan.

**Primary Care Physician (PCP):** Physician (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions and refers patients to specialists as necessary.

**Specialist:** A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, gastroenterologist or neurologist).

**Telemedicine:** The remote diagnosis and treatment of patients by means of telecommunications technology.

# PLAN CONTACTS



PLAN	PROVIDER	PHONE NUMBERS	WEBSITE
Medical	Blue Cross Blue Shield of Michigan	(877) 671-2583	www.bcbsm.com
Dental	Blue Cross Blue Shield of Michigan	(877) 671-2583	www.bcbsm.com
Vision	NVA (National Vision Administrators)	(800) 672-7723	www.e-nva.com
Flexible Spending Accounts	Paychex Benefit Account	(877) 244-1771	www.paychexflex.com, click PBA Benefit Account (FSA)
Life/Disability	Dearborn Group	(800) 721-7987	www.mydearborngroup.com
Employee Assistance Program	ComPsych	(800) 588-8412	www.guidanceresources.com
401(k) Retirement Savings Plan	Principal	(800) 986-3343	www.principal.com
Claims Assistance, Benefit Questions, Locating Providers	Balance <i>Benefits</i>	(800) 865-9164	

# NOTES



# ANNUAL NOTICES



**If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 21 for more details.**

## HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applies to most special enrollments.

To request special enrollment or obtain more information, contact Benefits.

## The Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires group health plans to make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

Our plan complies with these requirements. Benefits for these items generally are comparable to those provided under our plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by the patient and her physician. Our plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements. If you would like more information about WHCRA required coverage, you can contact Benefits.

## **Newborns' Act Disclosure**

This Plan does not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). Additional information including State Rights required are described in detail in the applicable Benefit Plan Descriptions.

## **Patient Protection Model Disclosure**

You do not need prior authorization from the company or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact BCBSM at 1-800-972-9797.

## **Notice of Availability Martin Transportation Systems, Inc. Notice of Privacy Practices**

**THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.**

The **Martin Transportation Systems Group Health Plan** (the "Plan") provides health benefits to eligible employees of **Martin Transportation Systems** (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan's Notice of Privacy Practices you should contact the Benefit Department, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights.

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: (678) 564-1162, Press 2	Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584	Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>
KENTUCKY – Medicaid	NEBRASKA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a> Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: -800-977-6740. TTY: Maine relay 711	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

<b>NEW JERSEY – Medicaid and CHIP</b>		<b>SOUTH DAKOTA - Medicaid</b>	
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710		Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	
<b>NEW YORK – Medicaid</b>		<b>TEXAS – Medicaid</b>	
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831		Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	
<b>NORTH CAROLINA – Medicaid</b>		<b>UTAH – Medicaid and CHIP</b>	
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100		Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	
<b>NORTH DAKOTA – Medicaid</b>		<b>VERMONT – Medicaid</b>	
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825		Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	
<b>OKLAHOMA – Medicaid and CHIP</b>		<b>VIRGINIA – Medicaid and CHIP</b>	
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742		Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924	
<b>OREGON – Medicaid</b>		<b>WASHINGTON – Medicaid</b>	
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075		Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	
<b>PENNSYLVANIA – Medicaid</b>		<b>WEST VIRGINIA – Medicaid and CHIP</b>	
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462		Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
<b>RHODE ISLAND – Medicaid and CHIP</b>		<b>WISCONSIN – Medicaid and CHIP</b>	
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)		Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	
<b>SOUTH CAROLINA – Medicaid</b>		<b>WYOMING – Medicaid</b>	
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820		Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269	
<b>NEW JERSEY – Medicaid and CHIP</b>		<b>SOUTH DAKOTA - Medicaid</b>	
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710		Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



## **Important Notice from Martin Transportation Systems, Inc. About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Martin Transportation Systems, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Martin Transportation Systems, Inc. has determined that the prescription drug coverage offered by the Martin Transportation Systems Group Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Martin Transportation Systems, Inc. coverage will not be affected. However, as long as you are actively working for Employer, coverage under the Health Benefit Plan will usually be your primary coverage. Therefore, you may not need to enroll in a Medicare prescription drug plan while you are actively working for Employer.

If you do decide to join a Medicare drug plan and drop your current Martin Transportation Systems, Inc. coverage, be aware that you and your dependents will be able to get this coverage back. You will generally not be able to re-enroll until the next open enrollment period.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Martin Transportation Systems, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Martin Transportation Systems, Inc. changes. You also may request a copy of this notice at any time.

## For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778)

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	10/13/2022
Name of Entity/Sender:	Martin Transportation Systems, Inc.
Contact--Position/Office:	Benefits Department
Address:	7300 Clyde Park Ave SW, Byron Center, MI 49315
Phone Number:	(616) 432-5516





#### **About This Guide**

This benefit summary provides selected highlights of the Martin Transportation Systems, Inc. employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Martin Transportation Systems, Inc. reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.