



# 2018 Benefits Open Enrollment Summary

**D**ASEKE®  
**BENEFITS**

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## Welcome

At Daseke, we strive to offer a robust benefits package that gives you peace of mind in knowing that the most important things in life are protected—your family, your finances, and your future. This benefit summary highlights the many benefit options available to you during this year's open enrollment: **October 2 – 27, 2017.**

## What's New for 2018

To ensure we are offering the best available benefits to our employees, we are excited to announce the following changes:

- **Lucent Health, with the HealthSmart physicians network, will be the new administrator for your employer-sponsored health plan.** Although the network is changing, there are no changes to medical plan features such as copays, deductibles, and pharmacy benefits.
- **MaxorPlus will be your new pharmacy benefit manager.** You will continue to have access to your current pharmacies, plus CVS and Target are back!
- **New voluntary benefit programs**, including Hospital Indemnity, Accident, and Critical Illness from Voya and Identity Theft Protection from ID Watchdog.
- **New online portal** to confirm your benefits and access information. You will receive login instructions after you complete the enrollment process.
- **New benefit enrollment team**, available over the phone to answer your questions, help you select the benefits that are right for you, and enroll you and your family in coverage.

## How to Enroll in Your Benefits

All benefit-eligible employees are encouraged to complete an individual phone meeting with a member of the Daseke Benefits Enrollment Team. This meeting is your chance to:

- Ask questions and get more information.
- Get help choosing the best benefits for you and your family.
- Complete the enrollment process.

### You can schedule your appointment online or over the phone.

Phone: Call **844-831-5969** Monday – Saturday, 7 a.m. – 9 p.m. CST

Online: Log on to **[www.daseke.mybenefitsappointment.com](http://www.daseke.mybenefitsappointment.com)**.

- Select benefit appointment and click continue.
- Select the date and time on the calendar that works for you; click continue.
- Fill out the contact information page and click complete appointment.
- Check your email for your confirmation reminder. You will receive a call at your chosen appointment time at the phone number you provided.

You can also log on to **[www.mydasekebenefits.com](http://www.mydasekebenefits.com)**.

## Eligibility

If you are a fulltime employee working thirty (30) hours a week or more, you are eligible for benefits outlined in this guide. You may cover your spouse if they are not offered health insurance through their employer and you may cover dependent children up to age 26. Coverage begins the 1st of the month following 30 days of employment.

# Check out what's NEW for 2018!

## Medical

Because there's nothing more important than your health, Daseke is proud to announce a new partnership with Lucent Health effective January 1, 2018.

### Lucent Health

- Lucent Health, combined with the HealthSmart physicians network, will be the new administrator of your employer-sponsored health plan. While we are changing the company administering the plan, we are not changing the benefit or level of coverage.
- The Network is changing – Please check the network before visiting your provider. We will now use the HealthSmart network. To locate a provider, go to: <http://providerlookup.healthsmart.com/SearchProviders.aspx>. When looking up a provider, be sure to select the "HealthSmart Physician/Ancillary Only" network plan option.
- Pre-certification – Any services provided in a hospital or facility (whether inpatient or outpatient) will need to be pre-certified for your benefits to apply. Please make sure you are calling Lucent Health to verify your procedure is pre-certified and covered by the plan.

### MaxorPlus

- Network – You can still access all of your current pharmacies, as well as adding back in the CVS and Target options. Log on to [www.maxorplus.com](http://www.maxorplus.com) to access the MaxorPlus network.
- ID Card – MaxorPlus information will be included on your Lucent Health medical ID card, so be sure to show your new card at the pharmacy as of January 1st!

### Your Medical Plan Options

Daseke's medical plans offer flexibility in managing care for you and your family. You have the option to choose among four medical plans: Platinum, Gold, Silver, and Bronze. The table on the next page provides a general summary of your medical benefits and shows the amount you pay; please refer to your Summary Plan Description (SPD) for additional details.

### Narus Health - Brought to you by Lucent Health

As part of your Lucent Health plan, Narus Health will help you navigate the healthcare system. With a dedicated personal care team that is available 24/7 through text messaging, video conference, or phone and comprised of nurses, social workers, care managers, and physicians, you will get the help you need to coordinate your care and treatments. This is part of your health plan in 2018, so watch for more information on this benefit.

## Hospital Indemnity *Voluntary Coverage*

An unexpected hospital stay can put a strain on your budget. Hospital Indemnity insurance through Voya is designed to provide you with financial protection by paying you benefits for hospital confinement, CCU confinement, and rehabilitation facility care. Since the plan pays the benefit directly to you, in addition to what your medical plan covers, you can use the benefit however you want. Use it to pay for out-of-pocket expenses and extra bills relating to your hospitalization, or for other expenses, like buying groceries or paying for childcare.

| Event                           | 5X Initial Confinement       | 10X Initial Confinement      |
|---------------------------------|------------------------------|------------------------------|
| Initial Confinement Benefit     | \$500                        | \$1,000                      |
| Hospital Benefit                | \$100 per day, up to 30 days | \$100 per day, up to 30 days |
| Critical Care Unit Benefit      | \$200 per day, up to 15 days | \$200 per day, up to 15 days |
| Rehabilitation Facility Benefit | \$50 per day, up to 30 days  | \$50 per day, up to 30 days  |
| Semi-Monthly Rate               |                              |                              |
| Employee                        | \$5.23                       | \$7.64                       |
| Employee + Sp                   | \$11.45                      | \$16.73                      |
| Employee + Ch                   | \$8.18                       | \$12.10                      |
| Family                          | \$14.40                      | \$21.19                      |

# Check out what's NEW for 2018!

## Accident *Voluntary Coverage*

Accident Insurance through Voya can help cover the out-of-pocket costs associated with an accident by paying you a benefit depending on the injuries you suffer and treatment you receive.

### Plan Features

- Customize your plan to fit your needs — choose on/off job or off job coverage
- \$50 annual wellness benefit
- Cash benefits paid directly to you and in addition to what your medical plan covers, so you can use them however you want
- Coverage for things like emergency room visits, ambulance transportation, fractures, dislocations, burns, and more
- Family coverage available

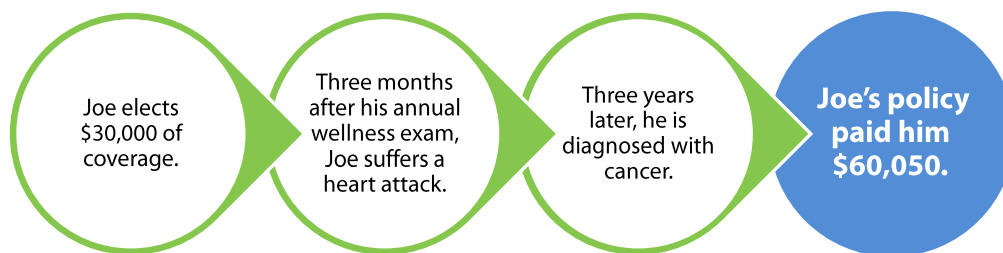
| Accident Insurance Semi-Monthly Rate |            |         |
|--------------------------------------|------------|---------|
|                                      | On/Off Job | Off Job |
| Employee                             | \$5.27     | \$4.18  |
| Employee + Sp                        | \$8.84     | \$7.05  |
| Employee + Ch                        | \$9.87     | \$7.84  |
| Family                               | \$13.44    | \$10.71 |

## Critical Illness *Voluntary Coverage*

No one saves to get sick, which is why we are pleased to introduce Critical Illness Insurance from Voya to help you protect your bank account if you are diagnosed with certain conditions and illnesses. Please speak with a member of the Benefits Enrollment Team for your custom quote.

### Plan Features

- Coverage for conditions such as heart attack, cancer, and stroke
- \$50 annual wellness benefit
- Benefits paid to you — use them however you want
- **During this year's open enrollment, you have a one-time only opportunity to elect up to \$30,000 of coverage for yourself and \$15,000 for your spouse and up to \$10,000 for your children without answering medical questions.**



**Over three years, Joe's policy paid out multiple benefits, including a \$30,000 heart attack benefit, a \$30,000 cancer benefit, and an annual \$50 wellness benefit each year he completed his wellness exam.**

*\*This example is for illustrative purposes only. Your actual benefits may vary.*

## Identity Theft Protection *Voluntary Coverage*

Identity Theft Protection from ID Watchdog provides identity monitoring, alerting, and resolution services. Should your identity be compromised, ID Watchdog's certified resolution experts will step in and work on your behalf to fully restore your identity to its pre-theft condition.

| Level   | Features                                                                                                            | Semi-Monthly Rate (Employee/Family) |
|---------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Level 1 | Credit monitoring, rapid credit alerts, annual credit report & score, and credit score tracker from 1 credit bureau | \$3.98/\$6.98                       |
| Level 2 | Level 1 + credit monitoring done through 3 credit bureaus                                                           | \$4.98/\$8.98                       |
| Level 3 | Level 2 + annual credit report and score provided from 3 credit bureaus                                             | \$6.48/\$11.48                      |

| Medical Plan Features                                    |                       |                |                       |                |                       |                |                         |                |
|----------------------------------------------------------|-----------------------|----------------|-----------------------|----------------|-----------------------|----------------|-------------------------|----------------|
|                                                          | Platinum              |                | Gold                  |                | Silver                |                | Bronze                  |                |
| Benefit                                                  | In-Network            | Out-of-Network | In-Network            | Out-of-Network | In-Network            | Out-of-Network | In-Network              | Out-of-Network |
| Deductibles and Maximums                                 |                       |                |                       |                |                       |                |                         |                |
| Annual Deductible                                        |                       |                |                       |                |                       |                |                         |                |
| Individual                                               | \$500                 | \$1,000        | \$1,500               | \$3,000        | \$2,500               | \$5,000        | \$3,000                 | \$6,000        |
| Family                                                   | \$1,000               | \$2,000        | \$3,000               | \$6,000        | \$5,000               | \$10,000       | \$6,000                 | \$12,000       |
| Coinsurance                                              | 10%                   | 30%            | 20%                   | 40%            | 30%                   | 40%            | 40%                     | 40%            |
| Annual Out-of-Pocket Maximum <i>Including Deductible</i> |                       |                |                       |                |                       |                |                         |                |
| Individual                                               | \$2,500               | \$5,000        | \$5,000               | \$10,000       | \$6,600               | \$13,200       | \$6,550                 | \$13,100       |
| Family                                                   | \$5,000               | \$10,000       | \$10,000              | \$20,000       | \$13,200              | \$26,400       | \$13,100                | \$26,200       |
| Covered Services                                         |                       |                |                       |                |                       |                |                         |                |
| Preventive                                               | 0%                    | 30% AD*        | 0%                    | 40% AD*        | 0%                    | 40% AD*        | 0%                      | 40% AD*        |
| Physician                                                | \$20 copay            | 30% AD*        | \$25 copay            | 40% AD*        | \$30 copay            | 40% AD*        | 40% AD*                 | 40% AD*        |
| Specialist                                               | \$30 copay            | 30% AD*        | \$40 copay            | 40% AD*        | \$50 copay            | 40% AD*        | 40% AD*                 | 40% AD*        |
| Teladoc                                                  | \$0                   | \$0            | \$0                   | \$0            | \$0                   | \$0            | \$45                    | \$45           |
| X-Ray/Lab                                                | 10% AD*               | 30% AD*        | 20% AD*               | 40% AD*        | 30% AD*               | 40% AD*        | 40% AD*                 | 40% AD*        |
| Inpatient Hospital                                       | 10% AD*               | 30% AD*        | 20% AD*               | 40% AD*        | 30% AD*               | 40% AD*        | 40% AD*                 | 40% AD*        |
| Emergency Room                                           | 10% AD*               | 10% AD*        | 20% AD*               | 20% AD*        | 30% AD*               | 30% AD*        | 40% AD*                 | 40% AD*        |
| Prescription Benefit                                     |                       |                |                       |                |                       |                |                         |                |
| 30-Day Retail Supply                                     |                       |                |                       |                |                       |                |                         |                |
|                                                          | Copays:               |                | Copays:               |                | Copays:               |                | Deductible then:        |                |
| Generic                                                  | \$10                  |                | \$10                  |                | \$10                  |                | \$10                    |                |
| Preferred                                                | \$30                  |                | \$50                  |                | \$60                  |                | \$60                    |                |
| Non-Preferred                                            | \$50                  |                | \$75                  |                | \$125                 |                | \$125                   |                |
| Specialty                                                | \$100                 |                | \$150                 |                | \$200                 |                | \$200                   |                |
| 90-Day Mail Order Supply                                 |                       |                |                       |                |                       |                |                         |                |
|                                                          | Copays:               |                | Copays:               |                | Copays:               |                | Deductible then:        |                |
| Generic                                                  | \$30                  |                | \$30                  |                | \$30                  |                | \$30                    |                |
| Preferred                                                | \$90                  |                | \$150                 |                | \$180                 |                | \$180                   |                |
| Non-Preferred                                            | \$150                 |                | \$225                 |                | \$375                 |                | \$375                   |                |
| Semi-Monthly Cost                                        |                       |                |                       |                |                       |                |                         |                |
|                                                          | Non-Wellness/Wellness |                | Non-Wellness/Wellness |                | Non-Wellness/Wellness |                | Non-Wellness/Wellness** |                |
| Employee                                                 | \$135/\$110           |                | \$50/\$25             |                | \$35/\$10             |                | \$25/\$0                |                |
| Employee + Sp                                            | \$450/\$425           |                | \$225/\$200           |                | \$190/\$165           |                | \$120/\$95              |                |
| Employee + Ch                                            | \$310/\$285           |                | \$125/\$100           |                | \$95/\$70             |                | \$38/\$13               |                |
| Family                                                   | \$640/\$615           |                | \$350/\$325           |                | \$305/\$280           |                | \$210/\$185             |                |



**Have questions? Ready to enroll? Call 844-831-5969 Monday – Saturday, 7 a.m. – 9 p.m. CST, log on to [www.daseke.mybenefitsappointment.com](http://www.daseke.mybenefitsappointment.com), or visit [www.mydasekebenefits.com](http://www.mydasekebenefits.com).**

\*AD = After Deductible

\*\*Employees enrolled in the Bronze Plan will receive a one-time HSA contribution from Daseke in January. The contribution is \$1,000 for Employee-only plans and \$1,500 for Employee + Spouse, Employee + Child, and Family plans.

## Meet ALEX

ALEX is a virtual (online) benefits counselor that will help you understand and make decisions about your benefits for you and your family. To have ALEX help you with your benefit decisions, go to [www.myalex.com/daseke/2018](http://www.myalex.com/daseke/2018) to get started. Try it once or 10 times, there is no cost to use this valuable tool.

## Teladoc

Teladoc provides 24/7/365 access to U.S. board-certified physicians to diagnose, treat, and prescribe medication for common medical issues such as cold and flu symptoms, allergies, ear infections, and more. Assistance is available over the phone, online, or through the Teladoc app. There is a \$0 copay if you enroll in the Platinum, Gold, or Silver medical plans. If you elect the Bronze plan, there is a \$45 copay per phone visit. Even if you do not elect a medical plan option, you can utilize the Teladoc benefit. The \$45 copay will apply for each phone call, but there is not a requirement to elect medical to receive this great benefit. Don't forget to log on to [www.teladoc.com](http://www.teladoc.com) to update your provider information.

## Dental

Because maintaining your smile is important, we are proud to offer you dental coverage through MetLife. Although you have the option to see any provider you wish, you will receive the best benefits when you choose an in-network dentist. The table below shows the amount you pay for each service.

| Dental Plan Features                     |           |             |
|------------------------------------------|-----------|-------------|
| Benefit                                  | High PPO  | Low PPO     |
| Deductible<br><i>Individual / Family</i> | \$25/\$75 | \$50/\$150  |
| Annual Max                               | \$2,000   | \$1,000     |
| Preventive                               | 0%        | 0%          |
| Basic                                    | 20%       | 20%         |
| Major                                    | 50%       | 50%         |
| Ortho                                    | 50%       | Not covered |
| Ortho Max                                | \$1,500   | Not covered |
| Semi-Monthly Rate                        |           |             |
| Employee                                 | \$12.41   | \$0.00      |
| Employee + Sp                            | \$25.40   | \$9.11      |
| Employee + Ch                            | \$28.91   | \$11.57     |
| Family                                   | \$43.54   | \$21.81     |

## Vision

We are pleased to offer vision benefits through Ameritas using EyeMed's network of providers. Although you have the option to see any provider you wish, you will receive the best benefits when you choose an in-network doctor.

| Vision Plan Features                                   |                 |                                           |
|--------------------------------------------------------|-----------------|-------------------------------------------|
| Benefit                                                | In-network      | Out-of-network                            |
| Exam<br><i>every 12 mos</i>                            | \$10 copay      | Reimbursement<br>up to \$35               |
| Frames<br><i>every 24 mos</i>                          | \$150 allowance | Reimbursement<br>up to \$75               |
| Lenses <i>every year, single/<br/>bifocal/trifocal</i> | \$10 copay      | Reimbursement<br>up to:<br>\$25/\$40/\$55 |
| Contacts                                               | \$150 allowance | Up to \$120                               |
| Semi-Monthly Rate                                      |                 |                                           |
| Employee                                               |                 | \$0.00                                    |
| Employee + Sp                                          |                 | \$4.10                                    |
| Employee + Ch                                          |                 | \$3.94                                    |
| Family                                                 |                 | \$5.96                                    |

## Life and Accidental Death and Dismemberment (AD&D)

**Basic Life Insurance and AD&D** through Voya is available at no cost to you and is paid for by Daseke. Eligible employees are covered in the amount of \$50,000.

**Voluntary Life Insurance and AD&D** is available for purchase through Voya in addition to your employer-provided basic coverage. If you would like to enroll in this benefit for the first time or would like to increase your coverage, you will be required to complete Evidence of Insurability. If you purchase coverage for yourself, you may also purchase coverage for your dependents. You can purchase up to \$500,000 for yourself, up to \$250,000 (not to exceed 50% of employee coverage) for your spouse, and up to \$10,000 for children ages six months to 19 years. Please speak with a member of the Daseke Benefits Enrollment Team for your custom quote.

## Short Term Disability

Daseke provides you with a Short Term Disability benefit through Voya. The benefit is based on 60% of your income to a maximum of \$1,000 per week. The benefit starts on the 15th day after a sickness or accident. Short term disability can pay out a maximum of 24 weeks if continuously disabled.

## Long Term Disability

Employees often do not consider the financial hardship that may occur as a result of becoming disabled. Daseke recognizes that financial stability is an important part of any employee's benefit options and, therefore, we provide Long Term Disability coverage for you at no cost. Benefits for long term disability start 180 days after your disability. Coverage provides replacement income of 60%, up to a \$10,000 monthly maximum. Coverage is provided through Voya and is paid for by Daseke.

## Health Savings Account (HSA)

If you participate in the Bronze Plan, you are eligible to set aside pre-tax dollars in a Health Savings bank account through Optum Bank to pay for eligible medical, dental, and vision expenses.

- Employees enrolled in the Bronze Plan will receive a one-time HSA contribution from Daseke in January. The contribution is \$1,000 for Employee-only plans and \$1,500 for Employee + Spouse, Employee + Child, and Family plans.
- Unused money in an HSA account is not forfeited at the end of the year and is carried forward.
- The HSA account is yours to keep, meaning that you can take it with you if you leave employment.
- Annual individual maximum contribution is \$3,450 or \$6,900 for a family.

## Flexible Spending Accounts (FSA) - *now through Benefit Express*

A Flexible Spending Account allows you to set aside some of your income on a pre-tax basis to pay for certain health or day-care expenses that may not be covered as part of your benefit plans. Daseke offers two types of accounts, a Healthcare Flexible Spending Account and a Dependent Care Account. Both plans have *Use It or Lose It* provisions, meaning that any money left in the account at the end of the plan year will be forfeited.

A **Healthcare FSA** allows you to pay for medical, dental, and vision expenses not covered by your benefit plans. This includes deductibles, copays, orthodontia, glasses, and contact lenses. The annual maximum is \$2,600.

A **Dependent Care Account** can help fund the care of children under the age of 13 or a disabled spouse or parent while you work. The account can be used for day care, preschool, after-school care, summer day camp, or elder care. The annual maximum is \$5,000.

## Benefit Contact Information

All of your benefit contact information is available through [www.mydasekebenefits.com](http://www.mydasekebenefits.com). You may also call 844-831-5969 or contact your local HR leader for more information.



**Act now! Open enrollment is October 2 – 27, 2017.**

Call **844-831-5969** Monday - Saturday, 7 a.m. – 9 p.m. CST or log on to **[www.daseke.mybenefitsappointment.com](http://www.daseke.mybenefitsappointment.com)** to pre-schedule an appointment or visit **[www.mydasekebenefits.com](http://www.mydasekebenefits.com)**.



*This brochure provides a highlight of the plans offered by your employer and in no way serves as the Summary Plan Description or plan document for the plans. If any discrepancies exist between this brochure and the plan documents or Daseke Policy, the plan documents or policies shall govern. All Summary Plan Descriptions are available through Human Resources. We reserve the right to modify any of these plans at any time.*