



DASEKE[®]
BENEFITS

2022
Employee
Benefits

Dear Team Member,

As we continue to experience unprecedented times, one thing you can count on is the commitment from Daseke Benefits to help you protect some of the most important things in life — your health, your family and your finances. With so much uncertainty in the world today, we want to reinforce that Daseke Benefits cares for you and your family. Your health and wellness are priority. We encourage you to be proactive in your personal health and take action by establishing a relationship with a primary care physician to receive preventative care services, including an annual physical and stay in touch with wellness education that will support a healthier lifestyle.

Keeping Things Simple

In 2022, we will continue to offer the same medical plans administered through Blue Cross Blue Shield of Texas (BCBSTX), giving you access to their nationwide network of providers and facilities. There are no changes to these plan designs. Our pharmacy benefits will continue to be administered through Prime Therapeutics.

Controlling Costs

You may not know it, but you and your employer share the cost of your healthcare. The medical and pharmacy plans are “self-funded.” Rather than paying premiums, the company pays a fixed cost for using BCBSTX’s network and, in return, receives a contracted discount on our claims. Together, the money you pay through payroll deduction and the money contributed by your employer will pay for our cost of care. By using the plan wisely, we take care of our health and make sure we’re getting the best care at the best price. That’s good for our health and our bottom line.

Staying Connected

To ensure that you receive the most up to date communications about your Daseke Benefits, **please download our Mobile Health app**. This will give you convenient, on-the-go access to all your benefits with single sign on access directly to mydasekebenefits.com, Blue Cross Blue Shield, MetLife, EyeMed, Voya and much more! Plus you can make sure your providers are in network and download your virtual BCBSTX ID card (that includes Pharmacy and MDLive Telemedicine information) — all from the convenience of your smartphone!

Have Questions? Contact the Daseke Benefits Center (DBC) directly from the Mobile Health app or by calling 888-DASEKE-1 (888-327-3531), Monday – Friday 7:30 am–6 pm CST.

Thank you,

Daseke Benefits

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Your health and well-being are important to us. We provide a competitive and comprehensive benefits package to make your life and your family's lives better. Please read over this guide for details on your 2022 benefits. If you have questions, please contact the Daseke Benefits Center (DBC) or your local Human Resources Department.

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See **page 17** for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Daseke. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.



Eligibility & Enrollment

We offer a variety of benefits to support you and your family's needs. Choose options that cover what's important to your unique lifestyle.

Eligibility

If you are a full-time employee, who is regularly scheduled to work at least 30 hours a week, you are eligible to participate in Daseke Benefits. **For New Hires:** Benefits will be effective the first of the month following the first 30 days of employment.

Working Spouse

If your spouse has access to healthcare coverage through their employer, they are not eligible for medical coverage. If your spouse does not work, or works and is not eligible for coverage, has lost coverage as an active employee but has been offered COBRA or is covered by Medicare, they are eligible for medical coverage.

The company reserves the right to verify if your spouse is provided coverage elsewhere. We expect this information to be consistent with the information you report. Misrepresenting whether your spouse has access to medical coverage may result in disciplinary action.



Thoughts & Tips: You cannot change your benefit selections during the plan year unless you have a qualifying life event, such as marriage and/or the birth or adoption of a child. Contact the DBC at 888-DASEKE-1 or go online to mydasekebenefits.com within 30 days of a qualifying event for assistance.

Open Enrollment To-Do



Update your personal information.

Open Enrollment is the perfect time to ensure all your personal information is up to date. Please verify that your home address, mobile number, email address and beneficiary information are current in mydasekebenefits.com.



Download the Mobile Health Consumer App.

Stay connected to your benefits, download your virtual ID Card and receive important communications during the year from Daseke Benefits. Download the Mobile Health Consumer app for iPhone and Android. See page 6 for steps to download and register.



Review your 2022 Contributions.

Review the 2022 Rate Sheet for all benefit offerings available to you. You can decide which plans are best for you and your budget by reviewing the policies on mydasekebenefits.com.



Enroll by the Deadline.

Contact the Daseke Benefits Center (DBC) Monday – Friday, 7:30 am–6 pm CST for enrollment support and benefit questions.



Confirm Your Benefits for 2022

How to Enroll or Make Changes

There are two ways you can enroll for your 2022 benefits:

1. Online at mydasekebenefits.com. To enroll you can either:

- ▶ Access myDasekeBenefits through the Mobile Health app; or
- ▶ Directly at mydasekebenefits.com

2. Call the Daseke Benefits Center (DBC) at 888-DASEKE-1 (888-327-3531), Monday – Friday, 7:30 am–6 pm CST.

Remember: This is a passive enrollment. If you choose not to make changes to your current election, you will continue the same elections – at the 2022 premiums (refer to premium insert for more details). **However, you must make an election annually for your Health Savings Account or Flexible Spending Accounts.**

Wellness Credit

We believe that a healthy personal life is key to a healthy work life. That is why we are redesigning the wellness program for 2022.

We appreciate your dedication to making positive impacts to your personal health. While we redefine the wellness plan in 2022, all employees enrolled in a medical plan for 2022 will automatically receive the discounted wellness rate.

Stay tuned for more information.

Privacy Reminder: Please note that neither Daseke, Inc. nor any Daseke operating company has access to individual health information. Statistics referenced in any communication from your employer are aggregate. By law, your personal health information is always treated as private and confidential.



**Mobile Health
Consumer App**



No matter where the road takes you, let the Mobile Health Consumer app assist you along the way. Download today or register through mobilehealthconsumer.com. Through this app, you can:

During Open Enrollment:

- ▶ Access myDasekeBenefits through single-sign-on to review your current benefits and enroll for 2022
- ▶ Search for an in-network provider through Blue Cross Blue Shield of Texas

The app is personalized to you:

- ▶ View Medical ID Cards and Plan Summaries
- ▶ Check your Deductible and Out of Pocket Information
- ▶ Use the BCBS link to find a provider and estimate your cost for services

Start now by downloading the app and registering:

- ▶ Download the Mobile Health Consumer app to your mobile device from the App Store or Google Play
 - Don't have a mobile device? Access from your computer! (mobilehealthconsumer.com/web/pages/login.html)
- ▶ Choose "Register Now"
- ▶ Enter the following:
 - First Name
 - Last Name
 - SSN (Last 4 Digits)
 - Birthdate (mm/dd/yyyy)
 - **NOTE: Your first and last name must be entered exactly as it appears on your medical ID card or your employer's record** – including if you have a hyphenated name. For example, enter "Robert" instead of "Bob" if this is how your name appears on HR records.
- ▶ The app automatically gives you a username. You can keep this or create your own
- ▶ Set your password and enter your email address, then select "Next" – now you are registered and can access all the tools and resources

Notice Regarding Wellness Program

Daseke Benefits is a voluntary wellness program available to all **medical enrolled employees**. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, participants who choose to participate in the wellness program and/or tobacco-free program **employees who choose to participate in the wellness program will receive an incentive of (or avoid a penalty, if appropriate) of indicate the incentive for specify criteria**. See medical rates for details. **If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for total cholesterol, HDL, LDL, triglycerides and glucose (include cotinine screening, if appropriate). Your blood pressure, height, weight, and waist circumference will also be measured. You are not required to complete the HRA or to participate in the blood test or other medical examinations.** Although you are not required to complete the HRA or participate in the biometric screening, only participants who do so **employees who choose to participate in the wellness program will receive an incentive of (or avoid a penalty, if appropriate) of indicate the incentive for specify criteria**.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting **972-248-0412 and ask for Human Resources**.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and **Daseke, Inc.** may use aggregate information it collects to design a program based on identified health risks in the workplace, **Daseke Benefits** will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact **972-248-0412 and ask for Human Resources**.



Your Medical Benefits

Medical benefits are administered through Blue Cross Blue Shield of Texas (BCBSTX). Choose the plan that works best for you and your family. Remember to consider both the premiums and out-of-pocket cost for all plans. Keep in mind your choice is effective for the entire 2022 plan year unless you have a qualifying life event.

	PLATINUM PLAN		GOLD PLAN		SILVER PLAN		BRONZE PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE								
INDIVIDUAL	\$500	\$10,000	\$1,500	\$10,000	\$2,500	\$10,000	\$3,000	\$10,000
FAMILY	\$1,000	\$20,000	\$3,000	\$20,000	\$5,000	\$20,000	\$6,000	\$20,000
COINSURANCE								
	10%	50%	20%	50%	30%	50%	40%	50%
OUT- OF- POCKET MAX (DEDUCTIBLE INCLUDED)								
INDIVIDUAL	\$2,500	\$20,000	\$5,000	\$20,000	\$6,600	\$20,000	\$6,550	\$20,000
FAMILY	\$5,000	\$40,000	\$10,000	\$40,000	\$13,200	\$40,000	\$13,100	\$40,000
OFFICE VISITS								
PREVENTATIVE CARE VISIT	100%	50%*	100%	50%*	100%	50%*	100%	50%*
PHYSICIAN OFFICE VISIT	\$20 Copay	50%*	\$25 Copay	50%*	\$30 Copay	50%*	40%*	50%*
SPECIALIST VISIT	\$30 Copay	50%*	\$40 Copay	50%*	\$50 Copay	50%*	40%*	50%*
MDLIVE – TELEMEDICINE	\$0	N/A	\$0	N/A	\$0	N/A	\$44	N/A
X-RAY/ LAB DIAGNOSTICS								
	10%*	50%*	20%*	50%*	30%*	50%*	40%*	50%*
INPATIENT HOSPITAL								
	10%*	50%*	20%*	50%*	30%*	50%*	40%*	50%*
EMERGENCY ROOM								
	10%*	50%*	20%*	50%*	30%*	50%*	40%*	50%*
PHARMACY: RETAIL RX (30-DAY SUPPLY)/MAIL ORDER RX (90-DAY SUPPLY)								
GENERIC	\$10/\$30	Not covered	\$10/\$30	Not covered	\$10/\$30	Not covered	\$10/\$30*	Not covered
PREFERRED	\$30/\$90		\$50/\$150		\$60/\$180		\$60/\$180*	
NON-PREFERRED	\$50/\$150		\$75/\$225		\$125/\$375		\$125/\$375*	
SPECIALTY	\$100 (30-Day Limit)		\$150 (30-Day Limit)		\$200 (30-Day Limit)		\$200* (30-Day Limit)	

*After Deductible

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount. The same applies for the out-of-pocket maximum.

Medical Plan Summary

The chart summarized above represents 2022 medical coverage provided through BCBSTX. All covered services are subject to medical necessity as determined by the plan. Please be aware that all out-of-network services are subject to reasonable and customary (R&C) limitation. Your pharmacy benefits will continue to be coordinated through Prime Therapeutics, part of the BCBSTX family.

Good news! You will continue to have one ID card for medical coverage, prescription drug benefits and MDLive Telemedicine Services!

How to Find a Provider

Visit BCBSTX.com online, through your Mobile Health app or call BCBSTX Customer Service at 800-298-7416.

Preventative Care

Screening tests and routine checkups are considered preventative, which means they're often paid at 100%. Keep up to date with your primary care physician to save time and money and keep yourself healthier in the long run. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:



Added Medical Benefits

We are happy to offer additional medical benefits including Hinge Health, Livongo and telemedicine through MDLive!

LIVONGO DIABETES PROGRAM	LIVONGO HYPERTENSION PROGRAM	HINGE HEALTH
<p>If you have diabetes, Daseke's NEW diabetes management program can help you manage it successfully. The program includes:</p> <ul style="list-style-type: none">▶ A touchscreen, easy-to-use blood glucose monitoring system▶ Unlimited supplies, including test strips and lancet▶ One-on-one coaching▶ Easy sharing of your digital logbook	<p>Daseke's NEW hypertension program can help you significantly lower your blood pressure. The program includes:</p> <ul style="list-style-type: none">▶ Easy remote monitoring via a wireless-connected blood pressure cuff with an app to track progress▶ 24/7 coaching in nutrition and weight, stress, and blood pressure management▶ Personalized lifestyle recommendations to help you stay on track▶ Notifications for high blood pressure readings and reminders to check your blood pressure	<p>This innovative digital program is available for chronic back, knee, hip, shoulder, and neck pain. The program includes:</p> <ul style="list-style-type: none">▶ A tablet and wearable sensors▶ Unlimited 1-on-1 health coaching▶ Personalized exercise therapy

MDLive

This benefit is available to all employees and dependents enrolled in a medical plan through Daseke Benefits. MDLive gives on-demand access to board-certified providers. You and your family can be treated for general health issues from the convenience of your home or while you are on the go. With MDLive, not only do you have access to urgent, on-demand services, you can also choose to create a primary relationship with a provider you enjoy working with for non-urgent matters.

MDLive providers can diagnose and treat a wide range of non-emergency medical conditions, including:

- ▶ Cold & flu
- ▶ Rash
- ▶ Bronchitis
- ▶ Sinus problems
- ▶ Bladder infection/
Urinary tract infection
- ▶ Sore throat
- ▶ Stomach ache
- ▶ Pink eye

Telemedicine services have a \$0 copay for all plans except for the Bronze Plan. The Bronze Plan has a small fee of \$44. Interested in learning more? Be prepared to register for MDLive on January 1, 2022, by clicking through your Mobile Health app to register for MDLive or visit BCBSTX.com directly for more details.

Know Where To Go

If you can't reach your doctor or need care outside of regular office hours or while you are on the road, MDLive, urgent care centers and walk-in clinics (found in large pharmacies and retail stores) are good alternatives to the emergency room for non life threatening injuries and illnesses.



Scan with your phone to register today for MDLive!



Health Savings Account

When you enroll in the Bronze Plan, you can contribute to a Health Savings Account (HSA). Contributing to an HSA is a great way to save for out-of-pocket healthcare expenses with pre-tax dollars. Use your HSA for medical, pharmacy, dental and vision expenses like deductibles, coinsurance and copays. You can also use it for your dependents' healthcare expenses, even if they aren't covered by your plan. For a complete list of eligible expenses, visit [irs.gov](https://www.irs.gov).

HSA Account Benefits

You Own Your HSA

The money in your HSA rolls over from year to year and is yours to keep, even if you leave Daseke or change medical plans.

Triple Tax Advantages

- ▶ Contributions are tax-free.
- ▶ Your account grows tax-free.
- ▶ Funds are spent tax-free when used for qualified expenses.

Cover Your Expenses Today...

Set aside how much you expect to spend on healthcare this year, or enough to cover your deductible, or the maximum allowable contributions just in case.

...Save for the Future

Your account grows over time. Contribute as much as you can up to the IRS limit! You can use it to save for the future or invest your account for even greater rewards later.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2022, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$3,650
FAMILY	\$7,300
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

Eligibility

You are eligible to contribute to an HSA if:

- ▶ You are not covered by your spouse's Non-High Deductible Health Plan.
- ▶ Your spouse does not have a healthcare Flexible Spending Account or Health Reimbursement Account.
- ▶ You are not eligible to be claimed as a dependent on someone else's tax return.
- ▶ *You are not enrolled in Medicare or TRICARE. Including automatic enrollment in Medicare Part A when Social Security payments begin.*
- ▶ You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Managing Your HSA

The HSA is administered by Optum Bank. Visit optumbank.com to:

- ▶ Check your balance
- ▶ Schedule payments to healthcare providers
- ▶ Research investment options
- ▶ Designate a beneficiary

Questions? Call Optum Bank at the DBC at 888-DASEKE-1 or Optum Bank directly at 866-234-8913.



Thoughts & Tips: Think of your HSA like a nest egg for your healthcare expenses. Contributing up to the IRS limits each year can help you with surprise healthcare expenses in the future.



Flexible Spending Accounts

Flex your spending power! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses. The FSAs are administered by benefitexpress, a WEX Company.

Healthcare Flexible Spending Account

When you enroll in the Platinum, Gold or Silver plan or waive medical coverage, you can contribute to a Healthcare FSA. The FSA is a great way to cover out-of-pocket health care expenses with pre-tax dollars. For a complete list of eligible expenses, visit [irs.gov](https://www.irs.gov).

Your account is front-loaded, so you have access to your entire year's contributions on January 1. You must elect your FSA contribution amount each year during Open Enrollment.

Dependent Care Flexible Spending Account

You can also set aside pre-tax dollars to cover eligible dependent child- or elder-care expenses. Your account builds as deductions come out of your check — this account is not front-loaded. Eligible expenses include:

- ▶ In-home babysitting (not provided by another one of your dependents)
- ▶ Licensed nursery or preschool day care
- ▶ Before- and after-school care
- ▶ Day camp
- ▶ In-home dependent day care

Cannot be used for dependent healthcare expenses.

FSA ANNUAL MAXIMUMS

HEALTHCARE FSA	\$2,750
DEPENDENT CARE FSA	\$5,000



Elections to contribute to a Flexible Spending Account must be made on an annual basis and will not continue into 2022 if you do not make an election.



Health Account Comparison

As you decide which medical plan design is best for your healthcare needs, it is important to take a moment and further understand the pre-tax savings opportunities available through either the Flexible Spending Accounts or the Health Savings Account (HSA).

	HEALTH SAVINGS ACCOUNT (HSA)	FSA — HEALTHCARE EXPENSES	FSA – DEPENDENT CARE
ELIGIBILITY	Bronze Plan participants only.	All participants with the exception of those enrolled in the Bronze Plan.	All participants eligible to participate.
WHAT IT CAN BE USED FOR	Qualifying health care expenses, including medical, prescription drug, dental, orthodontia and vision care.	Qualifying health care expenses, including medical, prescription drug, dental, orthodontia and vision care.	Qualifying dependent care expenses such as day care, summer camp, etc. Does not apply to dependent health care expenses.
MAXIMUM CONTRIBUTIONS FOR 2022	Employee Only: \$3,650 All other coverage tiers: \$7,300 Amounts include any employer contributions. You may contribute an additional \$1,000 if you are 55 or older anytime in 2022.	\$2,750	\$5,000
FUNDS ROLL OVER	Yes	Yes, up to \$550	No
GOES WITH EMPLOYEE	Yes. If you leave, retire or are no longer eligible for Daseke Benefits the entire balance (your contributions and any earnings) in your HSA belongs to you.	No. You may only be reimbursed for costs incurred while you are an eligible employee.	No. You may only be reimbursed for costs incurred while you are an eligible employee.
ABILITY TO CHANGE CONTRIBUTIONS DURING THE YEAR	Yes! You can start, increase, reduce or stop contributions anytime throughout the year.	No. The contribution amount you elect during enrollment cannot be changed unless you experience a qualifying life event.	No. The contribution amount you elect during enrollment cannot be changed unless you experience a qualifying life event.
WHEN FUNDS ARE AVAILABLE TO SPEND	Contributions are not available to spend until deposited into your account, per IRS rules.	The annual amount you elect to contribute is available and loaded onto your FSA debit card as soon as administratively possible.	Contributions are not available to spend until you make the contribution from your payroll.
EARNINGS POTENTIAL	Yes. Your balance will earn interest in an account insured by the FDIC. Once your HSA has a balance of at least \$2,000, you can choose to invest in a selection of investment options.	No	No



Supplemental Health Benefits

If there's an emergency or you end up in the hospital, health insurance helps with the medical expenses. But what about extra expenses, like deductibles, copays and even daily things like your mortgage, child care costs or car payments? These voluntary insurance options (available through Voya) can help with that.

Accident Coverage

Accident coverage pays a benefit for you and your covered family members if you have an accident outside of work. Benefits are payable to you, and you can use them however you need to. Here are some of the highlights — for a complete list of potential benefits, review the benefits brochure at mydasekebenefits.com.

BRIEF SUMMARY OF BENEFITS

HOSPITAL ADMISSION	\$1,000
HOSPITAL STAY	\$300 per day
ICU STAY	\$475 per day
DISLOCATIONS AND FRACTURES	Up to \$5,100
AMBULANCE	Ground: \$240 Air: \$1,000
EMERGENCY CARE BENEFIT	ER: \$150 Physician's Office: \$60 Urgent Care: \$60

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

Critical Illness Coverage

Critical Illness coverage pays a lump-sum amount if you are diagnosed with a covered disease or condition, like a heart attack, cancer or stroke. This coverage also includes an Annual Wellness benefit, which pays you \$50 per year just for completing a wellness screening like a physical, mammogram or colonoscopy.

Plan Highlights

- ▶ Guaranteed Issue Coverage (no medical questions)
- ▶ You choose your level of coverage between \$5,000 and \$30,000 in \$5,000 increments
- ▶ If you choose to cover your spouse, they are eligible for coverage between \$5,000 and \$15,000 in \$5,000 increments
- ▶ Children can also be covered up to \$10,000
- ▶ For a complete summary of benefits, review the plan documents on mydasekebenefits.com

COVERED BENEFITS

Stroke	Major Organ Failure
End Stage Renal Failure	Permanent Paralysis
Coronary Artery Bypass	Cancer
Coma	Carcinoma in Situ
Ambulance	Skin Cancer

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

Rates are based on your age and benefit amount and will be calculated for you when you go online for enrollment. Rates for this plan are grouped in five-year increments and are subject to increase each time you enter a new age-band. Refer to Voya.com/claims for additional information.



Thoughts & Tips: Don't leave money on the table! Both Accident and Critical Illness coverages offer a \$50 wellness benefit payable for each covered member for completing certain wellness screenings such as a pap test, cholesterol screening, mammogram, colonoscopy or stress test. (There is a \$25 benefit per covered child up to a \$100 maximum for all children.)

Hospital Indemnity Coverage

Hospital Indemnity Coverage pays cash benefits directly to you if you have a covered stay in a hospital or intensive care unit. Coverage is guaranteed issue, which means you don't have to answer any medical questions. Here are some of the highlights:

COVERED SERVICES		
	5X INITIAL CONFINEMENT	10X INITIAL CONFINEMENT
HOSPITAL ADMISSION	\$500 per admission	\$1,000 per admission
HOSPITAL STAY	\$100 per day	
HOSPITAL INTENSIVE CARE STAY	\$200 per day	

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.





Dental and Vision Benefits

Preventative care isn't only for medical care. It is important to visit the dentist regularly and have an annual eye exam too! That is why we offer affordable plan options for routine care and beyond. To locate preferred providers near you for MetLife and EyeMed services, connect through the Mobile Health app or contact the DBC for assistance.

MetLife Dental Plans

		HIGH PLAN	LOW PLAN
		IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE			
	INDIVIDUAL	\$25	\$50
	FAMILY	\$75	\$150
CALENDAR YEAR MAXIMUM			
	PER PERSON	\$2,000	\$1,000
COVERED SERVICES			
	PREVENTATIVE SERVICES	100%	100%
	BASIC SERVICES	80%*	80%*
	MAJOR SERVICES	50%*	50%*
	ORTHODONTICS Dependent child(ren) only ¹	50%	Not Covered
	ORTHODONTIC LIFETIME MAXIMUM	\$1,500	Not Covered

*After Deductible
¹Up to 19 years of age

EyeMed Vision Plan

		IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS				
	COPAY	\$10	Reimbursement up to \$45	Every 12 months
LENSES				
	SINGLE VISION	\$10	Reimbursement up to \$25	Every 12 months
	BIFOCAL	\$10	Reimbursement up to \$40	
	TRIFOCAL	\$10	Reimbursement up to \$55	
	LENTICULAR	\$10	Reimbursement up to \$55	
FRAMES				
	ALLOWANCE	\$150 allowance	Reimbursement up to \$75	Every 24 months
CONTACTS (IN LIEU OF LENSES AND FRAMES)				
	ELECTIVE	\$150 allowance	Reimbursement up to \$120	Every 12 months



Income Protection

Nobody likes to think about “bad case” scenarios but ignoring those possibilities doesn’t prevent them from happening. Consider planning ahead to provide for your loved ones in the event of a “bad case” scenario becoming a reality. There are options for you and your family to feel secure against unexpected events.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Life and AD&D benefits are an important part of your family’s financial security. That is why Daseke automatically provides you \$50,000 in Basic Life and AD&D coverage at no cost to you. You also have access to Voluntary Life insurance for yourself, your eligible spouse and child(ren). If elected, these voluntary coverages would be paid through payroll deductions.

Short and Long Term Disability

Daseke provides access to disability coverage to protect you and your family financially in the event that you cannot work due to a non work-related illness or injury. With this Short Term and Long Term Disability coverage, 60% of your income is protected until you can return to work or reach retirement age.

Log onto mydasekebenefits.com for more information.



Retirement Planning

Contributing to your Daseke 401(k) account now can help keep you financially secure later in life. The Daseke 401(k) plan provides you with the tools and flexibility you need to prepare for retirement.

How Much Should I Be Saving?

- ▶ Industry standards suggest saving, at a minimum, 12% to 15% of your income, inclusive of Daseke’s matching contribution.
- ▶ Do what you can afford. Start at a number that feels comfortable to you.
- ▶ Consider saving up to the matching amount so you are not leaving free money behind.
- ▶ **REMEMBER:** Vesting is immediate, meaning each employer match deposited on a per payroll basis is 100% vested!

Eligibility

You are eligible to join the 401(k) plan after completing 6 months of service and attaining the age of 21. All enrollments are effective the first of the following quarter.

PLAN AT A GLANCE

PLAN NAME	Daseke 401(k) Plan
RECORDKEEPER	Fidelity
WEBSITE	401k.com
ELIGIBILITY	After completing 6 months of service
COMPANY MATCH	Daseke will match 100% for the first 3% you contribute and 50% for the next 2%. The maximum company matching contribution is 4% of your pay.



Additional Benefits

Daseke cares about you and wants you to succeed in all aspects of life, so we offer a variety of additional benefits to help make your day-to-day life easier.

Employee Assistance Program

We know life is complicated, and sometimes we all just need a little help. Beyond your physical health, our Employee Assistance Program (EAP) can help you and your family with mental and emotional health. And it comes at no cost to you — whether you're enrolled in a company-sponsored medical plan or not. You have 24-hour access to helpful resources by phone and the EAP benefit includes unlimited telephonic and three face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with your employer. You may access information, benefits, educational materials and more either by phone at 877-533-2363 or online at mydasekebenefits.com. The Program provides referrals to help with:

- ▶ Emotional Health and Well-Being
- ▶ Alcohol or Drug Dependency
- ▶ Marriage or Family Relationship Problems
- ▶ Job Pressures
- ▶ Stress, Anxiety, Depression
- ▶ Grief and Loss
- ▶ Financial or Legal Advice

Identity Theft Protection

Identity theft protection is available on a voluntary basis. In today's online world, there is a new identity fraud victim every two seconds. Protect yourself with ID Watchdog. ID Watchdog monitors millions of transactions every second, alerting you to suspicious activity by text, phone or email. This protection is different than free credit monitoring and offers a full set of features to help protect you and your covered family members against identity theft.

ID Watchdog membership features:

- ▶ ID Watchdog Identity Alert System
- ▶ Lost wallet protection
- ▶ Address change verification
- ▶ ID Watchdog Privacy Monitor
- ▶ Live member service support
- ▶ Identity restoration support
- ▶ Data breach notifications



Important Contacts

MEDICAL

Blue Cross Blue Shield of Texas
800-298-7416
BCBSTX.com
Policy #: 269819

PHARMACY

Prime Therapeutics
877-794-3574
myprime.com
RxBin: PCN:011552
BIN:BCTX

SUPPLEMENTAL

HEALTH (Accident, Critical Illness, Hospital Indemnity)

Voya
877-236-7564
Voya.com/claims

DENTAL

MetLife
800-942-0854
mybenefits.metlife.com
Policy #: 162937

VISION

EyeMed
866-723-0513
eyemedvisioncare.com
Policy #: 1020233

HEALTH SAVINGS ACCOUNT

Optum Bank
866-234-8913
OptumBank.com
Policy #: BEX1048

FLEXIBLE SPENDING ACCOUNTS

benefitexpress, a WEX Company
mydasekebenefits.com
Claims@mybenefitexpress.com

LIFE AND AD&D

Voya
888-238-4840
Voya.com/claims

DISABILITY

Voya
866-228-8742
Voya.com/claims

RETIREMENT

Fidelity
800-835-5097
401k.com
Group #: 93167

EMPLOYEE ASSISTANCE PROGRAM

Voya
877-533-2363
guidanceresources.com
WebID: My5848i

IDENTITY THEFT

ID Watchdog
866-513-1518
mydasekebenefits.com

DASEKE BENEFITS CENTER (DBC)

888-DASEKE-1 (888-327-3531)
Monday – Friday
7:30 am–6 pm CST

Required Notices

Important Notice from Daseke, Inc. About Your Prescription Drug Coverage and Medicare under the Blue Cross Blue Shield of Texas Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Daseke, 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. Daseke, Inc. has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Texas plan(s) 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through December 7th.

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 Daseke, Inc. coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Daseke, Inc. coverage, be aware that you and your dependents will not be able to get this coverage back.

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 Daseke, 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 at the end of these notices 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 Daseke, 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
- » 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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D 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:	January 1, 2022
Name of Entity/Sender:	Daseke, Inc.
Contact—Position/ Office:	Human Resources
Address:	15455 Dallas Parkway, Suite 550 Adison, TX 75001
Phone Number:	972-248-0412

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, 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; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 972-248-0412.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 972-248-0412.

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 later enroll yourself and 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).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a 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.

To request special enrollment or obtain more information, contact Human Resources at 972-248-0412.

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