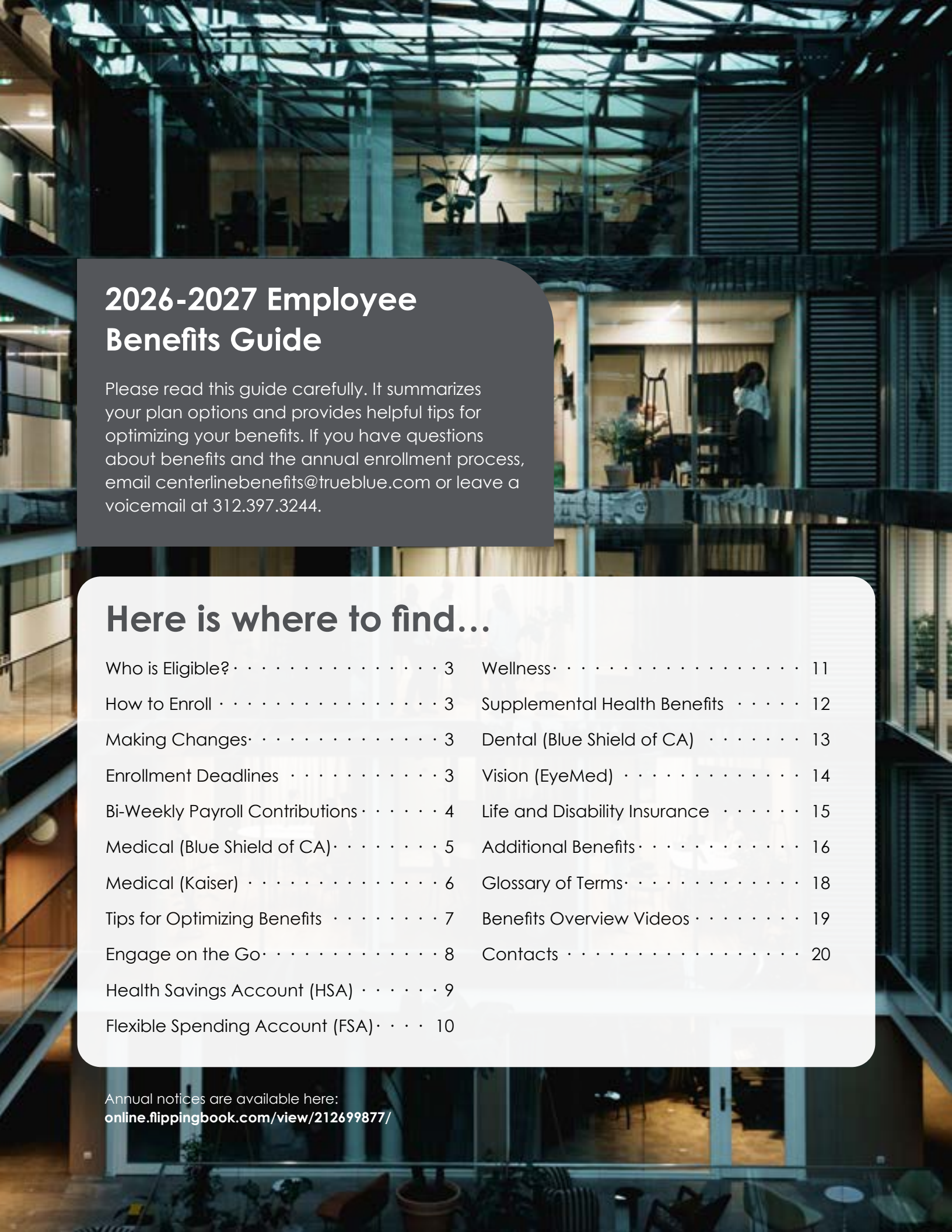
Centerline

Drivers

CENTERLINE
A TRUEBLUE COMPANY



2026-2027 Employee Benefits Guide

Please read this guide carefully. It summarizes your plan options and provides helpful tips for optimizing your benefits. If you have questions about benefits and the annual enrollment process, email centerlinebenefits@trueblue.com or leave a voicemail at 312.397.3244.

Here is where to find...

Annual notices are available here:
online.flippingbook.com/view/212699877/

Eligibility

- Employees working 30 or more hours per week are eligible for coverage (i.e., are "benefit-eligible").
- Benefits are effective on the first of the month following 60 days after the hire date.
- If you are a new hire, you must complete the enrollment process by the day before your coverage effective date.
- You may cover yourself and your eligible dependents. Eligible dependents include your spouse and children under age 26.
- DMS Union Drivers are not eligible for medical, dental, and vision.
- Hawaii residents are not eligible to enroll in the Medical plans.

(Includes your natural, legally adopted, stepchildren and/or your unmarried dependent children of any age who are mentally and physically disabled or are dependent on you for support).

Enrollment

You must enroll for coverage by the date defined in your enrollment packet. An email notification will be sent to your work email approximately four days after you start working.

Elections you make when first becoming eligible or during Open Enrollment will remain in effect until our next Open Enrollment period. In addition, if you decline coverage for yourself and/or your dependent(s) when first becoming eligible, you must wait until the next Open Enrollment period to enroll. However, if you experience a qualifying life event during the year, you may make changes to your elections at that time.

How to Enroll

NEW FOR 2026 OPEN ENROLLMENT! This open enrollment period will be a passive, self-service enrollment. Your current coverages will automatically carry over into the new plan year with the exception of your HSA and FSA per paycheck contributions. If you wish to make any changes to your benefits or contribution amounts, you will need to manually log in and select the coverages you desire for the 2026-27 plan year. HSA contribution amounts may be changed at any time during the year, while FSA contribution amounts may only be changed during open enrollment or if you experience a qualifying life event. You cannot make additional changes to your benefits for the 2026-27 plan year after the open enrollment period ends unless you experience a qualifying life event.

To sign up for benefits, visit the link below to self-enroll or to schedule an appointment with a benefit counselor before the end of the enrollment period.

Self Enrollment: tbcenterline.bswift.com

Benefit Counselor:
centerline.mybenefitsappointment.com

833.501.0756 M - F 7am - 7pm PT to speak to a professional benefits counselor to learn more about selecting the benefits that best meet your needs.

Choose Carefully!

Due to IRS regulations, changes to your initial benefit elections can only be made during the annual Benefits Open Enrollment Period each year, unless you experience a Qualifying Life Event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

If you experience a Qualifying Life Event during the year, it is your responsibility to make changes to your elections at that time. You must notify us by sending an email from your personal email account to Centerlinebenefits@trueblue.com or by clicking here to create a ticket, within 30 days of the qualifying life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

If You Do Not Enroll

GoHealth is an option for those that miss their enrollment opportunity to shop for individual health plans https://www.gohealth.com/states.

This document serves as an overview of your benefits and constitutes an offer of coverage. Participation in our benefit plans confirms that you have an understanding of our coverage options and how we administer the plans including eligibility, enrollment periods, premium payments, coverage effective dates, missed premium handling and cancelation of coverage (the listing here is an inclusive but not exhaustive list of requirements).

Enrollment in these plans establishes that you have knowledge of our Benefits Website located at flimp.live/CenterlineDriversDMS. If you do not have insurance and do not enroll in coverage during your Initial Enrollment or Open Enrollment, we consider you to have waived coverage.

Enrollment Deadlines

Current Employee	New Hire
Enrollment Opportunity Annually during the open enrollment period.	**Enrollment Opportunity** Must enroll within 30 days from your date of hire.
Coverage Effective Date Start of plan year March 1st, 2026.	**Coverage Effective Date** First of the month following 60 days after the hire date.

See page32 for **Qualifying Life Event** video.

Medical

www.blueshieldca.com
888.256.1915

BLUE SHIELD OF CA

We are proud to offer you the below medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle.

Blue Shield Value Consumer-Directed Health Plan (CDHP)

This plan is an IRS-qualified high-deductible health plan. It offers comprehensive medical coverage at a lower premium than the Blue Shield PPO plan in exchange for a higher deductible. It works similar to the PPO as this plan still gives you the freedom to seek care from the provider of your choice, but all your medical expenses, including prescriptions, count toward your annual deductible.

The plan is comprised of two components:

1. Value Consumer-Directed Health Plan (CDHP)
2. Health Savings Account (HSA)

Blue Shield Premier PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Shield network.

The following is a high-level overview of the coverage available.

For complete coverage details, please refer to the Summary Plan Description (SPD).

Medical

Medical	Blue Shield Premier PPO		Blue Shield Value CDHP	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible (Individual/Family)	$0 / $0	$0 / $0	$5,500 / $11,000	$5,500 / $11,000
Out-of-pocket maximum (Individual/Family)*	$5,000 / $10,000	$10,000 / $20,000	$6,650 / $13,300	$10,000 / $20,000
First Dollar Services (FDS) (Individual/Family)	Blue Shield credits you with a dollar amount each year to use for certain routine care services. These routine care services are called First Dollar Services. $600 / $1,200		N/A	
Covered Services				
Physicians Visits	FDS then 100%	FDS then 100%	20%*	50%*
Routine Preventive Care	No charge	Not covered	No charge	Not covered
Specialist Visit	FDS then 100%	FDS then 100%	20%*	50%*
Outpatient Diagnostic (lab/x-ray)	FDS then 100%	FDS then 100%	20%*	50%*
Complex Imaging	FDS then 100%	FDS then 100%	20%*	50%*
Chiropractic (up to 12 visits)	FDS then 100%	FDS then 100%	20%*	50%*
Ambulance	20%		20%*	
Prescription drugs	(Tier 1 / Tier 2 / Tier 3 / Tier 4)		(Tier 1 / Tier 2 / Tier 3 / Tier 4)	
Rx Deductible	$250 (applies only to Tiers 2-4)		Plan deductible applies	
A member must pay the difference between the brand drug and its generic equivalent or biosimilar drug plus the applicable copay of the brand drug when the member or provider requests the brand drug.				
Retail Pharmacy (30-day supply)	**Preferred Pharmacy:** $15 / $30 / 50% to $100 / 30% to $250 **Non-Preferred Pharmacy:** $20 / $40 / 50% to $115 / 30% to $250	In-network copays + 25%	$10 / $25 / $40 / 30% up to $250*	In-network copays + 25%*
Mail Order (90-day supply)	$30 / $60 / 50% to $200 / 30% up to $500	Not covered	$20 / $50 / $80 / 30% up to $500*	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
**Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.*
1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount

See page 32 for **Prescription Drugs: Benefits Overview** video.

Medical Plan Tools & Resources

Blue Shield of CA's medical plan not only offers comprehensive care—they connect you with tools and resources to help you meet your physical well-being goals. Following are highlights of just a few of the many programs available.

Secure Member Portal: blueshieldca.com

Your connection to great health and great care is only a click away! When you register for an online account, you can access many time-saving tools and tips for healthy living.

Visit blueshieldca.com anytime, anywhere, to:

- See your plan details, including your copayments or coinsurance
- Find a doctor, hospital, and pharmacies that are in-network
- Check your year-to-date totals
- Estimate your medical costs
- And more!

Be sure to register your online account at blueshieldca.com/register or download the mobile app and click Register.

24-Hour Health Information Line

NurseHelp 24/7 information line gives you and your family unlimited, 24-hour toll-free access to a team of registered nurses experienced in providing information on a variety of health topics. Use this service to choose the right providers, understand treatment options, manage chronic conditions and more. You can also listen to hundreds of podcasts to help you stay informed about your health.

Call 877.304.0504 [TTY: 711] to talk to a nurse, day or night, or visit blueshieldca.com/nursehelp for an online chat option.

Maven Maternity

Blue Shield of California members will have access to Maven, a digital program to help new and expecting parents get virtual support before, during, and after pregnancy. Maven also provides on-demand fertility (Maven does not cover the cost of IVF), pregnancy, postpartum, return-to-work, and pediatric support.

This program is available at no cost to you. You will have access to:

- A Care Advocate to help you find care and answer questions about your pregnancy
- On-Demand virtual appointments with practitioners in more than 30 specialties
- Unlimited messaging and coaching with Maven OB-GYNs, lactation consultants, mental health specialists, prenatal nutritionists, career coaches, and many others
- A library of expert content, tailored to your experience
- And much more

Visit www.blueshieldca.com/maven to sign up.

Safeguard your identity and your credit

Eligible Blue Shield medical plan members can get identity protection services. These include identity repair assistance, identity theft insurance, and credit monitoring for you and your covered family members at no extra charge. To learn more, visit www.experianidworks.com/blueshieldca and enter code BCBSCALI25. Or, call 866.274.3891 and provide the engagement number B128036.

Enrolling covers you to the end of the year. Eligible members must re-enroll each January.

Medical - Blue Shield of CA

Teladoc

Get care when and where you need it through your Blue Shield health plan. As a Blue Shield member, you have access to Teladoc's national network of U.S. board-certified physicians, licensed in California.

Whenever you need care, Teladoc doctors are available 24/7 by phone, video, or app. Whether you are at home, at work or on the road, it's a convenient, cost-effective way to get quick medical advice via your mobile device or computer. Doctors can even write a prescription, if needed, that you can pick up at your local pharmacy.

Video visits are available to members (18+) registered on www.blueshieldca.com/teladoc. In many instances, parents can also schedule Video Visits for children.

Video Visits and Telephone Visits are great for many types of conditions and reasons. Here are just a few:

- Backaches
- Bug Bites
- Constipation
- Nausea/vomiting/diarrhea
- Cuts and minor wounds
- Headaches
- Insomnia
- Pink Eye
- Rash/skin problems
- Sinus problems
- Sore throat/stuffy nose
- And more!

Teladoc licensed professionals can also help you manage mental health conditions including:

- Depression
- Addiction
- Grief
- Anxiety
- Schedule a visit with a therapist or psychiatrist, 7 days a week

Even better: Video visits cost far less than the hundreds of dollars you would pay for a trip to the ER or urgent care center.

Telehealth visits are covered by your Blue Shield of CA medical plan. Please note, for those enrolled in the Value CDHP, you are responsible for the fee until you've met your deductible.

Get started with Teladoc

1. **Set up account.** Visit www.blueshieldca.com/teladoc, complete the required information, and click on Set up account. You can also call Teladoc at 1.800.Teladoc (835.2362) for help.
2. **Download the Blue Shield of California mobile app** to access Teladoc and care from anywhere.
3. **Provide medical history.** Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.
    i. **Web:** Log in to www.blueshieldca.com/teladoc and click Update medical history.
    ii. **Mobile:** Log in to the Blue Shield of CA app to complete the Medical Info section.
    iii. **Phone:** Teladoc can help you complete your medical history over the phone. Call 1.800.Teladoc (835.2362)
4. **Request a consult.** Once your account is set up, request a consult anytime you need care.

Amazon Pharmacy

Low prices. Easy refills. And pharmacists available 24/7 to answer your questions.

Amazon Pharmacy offers Blue Shield of California members:

- **Easy online sign-up** with the option of importing your medication history*
- **An Amazon shopping experience** with free shipping
- **24/7/365 access** to a pharmacist, or chat online with Customer Care
- **Clear pricing** to help you save time and money
- The ability to **manage your medication and order history**

For new prescriptions you'd like filled at Amazon Pharmacy, let your doctor know to send them to Amazon Pharmacy by:

E-SCRIBE: Amazon.com – Amazon Pharmacy Home Delivery

FAX: 512-884-5981

MAIL: 4500 S Pleasant Valley Rd, Suite 201, Austin, TX 78744

PHONE: 855-206-3605, then press 1 (prescriber online)

You can sign up here:
amazon.com/blueshieldca

Choose "Get started." You'll need your Blue Shield member ID card to create your Amazon Pharmacy profile.

Medical - Kaiser

We are proud to offer you the below medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle.

www.kp.org

California 800.464.4000
Maryland DC Metro 301.468.6000
Outside DC Metro 800.777.7902

Kaiser HMO for CA and MAS Only

With this plan, you must use Kaiser facilities and providers for your medical and pharmacy needs. Services received outside of the Kaiser network are not covered, except in the case of emergency medical care. Please note the Kaiser HMO plan is only available in California or Maryland (available to employees that fall in Kaiser's Mid-Atlantic service area). Your eligibility for these plans will be confirmed during your enrollment with the benefit counselor.

Kaiser HMO High Deductible Health Plan (HDHP-HMO) for CA Only

This plan is an HSA-qualified high deductible health plan. It offers comprehensive medical coverage at a lower premium than the Kaiser HMO plan in exchange for a higher deductible.

It works similar to the HMO as this plan still requires you to use Kaiser facilities and providers, preventive care is covered at 100%, but all other services are paid by you until you meet your annual deductible.

The plan is comprised of two components:

1. High Deductible HMO Health Plan (HDHP-HMO)
2. Health Savings Account (HSA)

Medical - Kaiser

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Medical	Kaiser HDHP-HMO (CA)	Kaiser HMO (CA)	Kaiser HMO (MAS)
	In-network	In-network	In-network
Annual deductible (Individual/Family)	$5,500 / $11,000	$2,500 / $5,000	$2,500 / $5,000
Out-of-pocket maximum (Individual/Family)*	$7,000 / $14,000	$5,000 / $10,000	$5,000 / $10,000
Physicians Visits	$50 copay*	$25 copay	$25 copay
Routine Preventative Care	No charge	No charge	No charge
Specialist Visits	$50 copay*	$35 copay	$35 copay
Outpatient Diagnostic (lab/x-ray)	40%*	$10 copay*	$10 copay
Complex Imaging	40%*	20% max $150 per occurrence*	$150 copay*
Chiropractic and Acupuncture: Medically Necessary	$25 copay*	$25 copay	$25 copay
Ambulance	40%*	$150 copay*	$150 copay
Emergency Room	40%*	$200 copay*	$200 copay
Virtual Visits	No charge*	No charge	No charge
Urgent Care Facility	$50 copay*	$25 copay	$35 copay
Inpatient Hospital Stay	40%*	20%*	20%*
Outpatient Surgery	40%*	20%*	20%*
Pediatric Vision Exam Pediatric Eyewear	No charge Not covered	No charge Not covered	$25 copay/Optometrist; $35 copay/Ophthalmologist Children's Glasses or Contacts $0 once/year
Prescription Drugs	(Tier 1/ Tier 2 / Tier 3 / Tier 4)	(Tier 1/ Tier 2 / Tier 3 / Tier 4)	(Tier 1/ Tier 2 / Tier 3 / Tier 4)
Rx Deductible	N/A	N/A	N/A
Retail Pharmacy (30-day supply)	Deductible then $15 / 40% up to $100 / 40% up to $100 / 40% up to $250	"$15 / $35 / $35 / 20% up to $250"	Plan Pharmacy: $15 / $30 / $60 / 20% up to $150 Participating Pharmacy: $25 / $40 / $70 / 20% up to $150
Mail Order Supply (100 Days CA / 90 Days MD)	Deductible then $30 / 40% / 40% / N/A	$30 / $70 / $70 / N/A	$30 / $60 / $120 / N/A

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

**Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.*

Medical - Kaiser

Medical Plan Tools & Resources

Kaiser's medical plan not only offers comprehensive care—they connect you with tools and resources to help you meet your physical well-being goals. Following are highlights of just a few of the many programs available.

Secure Member Portal: KP.ORG

Your connection to great health and great care is only a click away on kp.org. When you register for an online account, you can access many time-saving tools and tips for healthy living. Visit kp.org anytime, anywhere, to:

- View most lab test results
- Refill most prescriptions
- Choose your doctor based on what's important to you, and change anytime
- Email your Kaiser Permanente doctor's office with nonurgent questions
- Schedule and cancel routine appointments
- Print vaccination records for school, sports, and camp
- Manage a family member's health

You can register online at kp.org or on the Kaiser Permanente mobile app. Just follow the sign-on instructions. You'll need your health/medical record number, which you can find on your Kaiser Permanente ID card. kp.org/register or kp.org/registreseahora (en español)

24-Hour Health Information Line

Kaiser's 24-Hour Health Information Line gives you and your family unlimited, 24-hour toll-free access to a team of registered nurses experienced in providing information on a variety of health topics. Use this service to choose the right providers, understand treatment options, manage chronic conditions and more. You can also listen to hundreds of podcasts to help you stay informed about your health.

- Maryland: 800.777.7904
- California: 866.454.8855 (Northern), 833.574.2273 (Southern)

Kaiser Video Visit

Whether you are at home, at work or on the road, Video Visits give you access to U.S. board-certified doctors 24/7/365. It's a convenient, cost effective way to get quick medical advice via your mobile device or computer. Doctors can even write a prescription,* if needed, that you can pick up at your local pharmacy.

Video visits are available to members (18+) registered on kp.org. In many instances, parents can also schedule Video Visits for children.

Video Visits and Telephone Visits are great for many types of conditions and reasons. Here are just a few:

- Backaches
- Bug bites
- Constipation
- Cuts and minor wounds
- Headaches
- Insomnia
- Nausea/vomiting/diarrhea
- Pink eye
- Rash/skin problems
- Sinus problems
- Sore throat/stuffy nose
- Sprains/strains and more

Even better: video visits cost far less than the hundreds of dollars you would pay for a trip to the ER or urgent care center. Telehealth visits are covered by your Kaiser medical plan. In most cases, there is never a copay or additional charge.**

** Prescription services may not be available in all states.*

***HDHP-HMO must meet deductible first.*

Kaiser Mobile App

You can also use the Kaiser Permanente mobile app to register for an online account, message your doctor's office with non-urgent questions, find doctors and locations, view upcoming appointments, and more. Learn more about the app at: kp.org/register or kp.org/registreseahora (en español)

Health Savings Account (HSA)

BLUE SHIELD OF CA HEALTH EQUITY
KAISER HSA BANK (FOR CA RESIDENTS ONLY)

AVAILABLE TO PARTICIPANTS IN THE BLUE SHIELD VALUE CDHP OR THE KAISER HDHP-HMO PLAN.

Blue Shield of California Health Equity
Phone: 866.346.5800
Website: www.healthequity.com
App: HealthEquity Mobile

Kaiser HSA Bank (for California Residents Only)
Phone: 877.761.3399
Website: www.kp.org/healthpayment
App: KP Balance Tracker

CDHPs and HDHPs offer comprehensive health care coverage at a lower premium and higher deductible than traditional health care plans. For those who are eligible, a health savings account (HSA) would allow you to pay for current, qualified health care expenses and save for future expenses on a tax-free basis. You have the opportunity to set aside funds in your HSA before taxes through convenient payroll deductions (see "How Your HSA Is Funded").

How the Value CDHP & the HDHP-HMO work together with a HSA

Basically, these medical plans, along with your HSA, put health care spending in your hands. With lower premiums to pay for coverage, you choose how to spend your health care dollars.

You can either pay for eligible services by using funds in your HSA, or you can pay for them out of your own pocket.

Note: You can only use HSA funds as they are deposited in your account. You can always reimburse yourself later once you have accumulated funds in your account.

How Your HSA Is Funded

Your Contributions
There are several ways to contribute money to your HSA:

- Pre-tax contributions through payroll deductions
- After-tax cash contributions that are deductible when you file your taxes
- Catch-up contributions up to $1,000 per year if you are over age 55 (until you enroll in Medicare)

Qualified Health Care Expenses

HSAs enable you to pay for the following qualified health care expenses on a tax-free basis:

- Qualified medical, dental and vision expenses not covered by the plans, as defined by the IRS in Publication 502, available online at http://www.irs.gov/pub/irs-pdf/p502.pdf
- COBRA premiums
- Qualified long-term care insurance and expenses
- Health insurance premiums when receiving unemployment compensation
- Medicare and retiree health insurance premiums (excluding Medicare Supplement and Medigap premiums)

For those who enroll in the Health Savings Account, there is still an option to enroll in a Limited Purpose Flexible Spending Account.

Advantages of an HSA

Triple-Tax Advantage

- You contribute pre-tax funds through payroll deductions, meaning the money comes out of your paycheck before federal income tax is calculated. This, in turn, reduces the amount of taxable income, so less tax is withheld from your paycheck.
- Funds grow tax-free, and unused funds roll over year to year.
- You can withdraw funds tax-free to pay for qualified health care expenses now and in the future—even in retirement.

Control

You own and control the money in your HSA. You decide how or if you want to spend it. You can use it to pay for doctor's visits, prescriptions, braces, glasses— even laser vision correction surgery.

Savings Potential

There is no "use it or lose it" rule. Your account grows over time as you continue to roll over unused dollars from year to year.

Portability

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans,* retire or leave the company.

**You must be enrolled in a qualified high-deductible health plan to contribute to an HSA.*

Investment Opportunities

Once you reach and maintain a minimum balance, you can make investments to help your money grow tax-free.

For More Information

Visit http://www.irs.gov/pub/irs-pdf/p969.pdf.

How Much Can I Deposit into an HSA in 2026?

<55*	• Up to $4,400 for individual. • Up to $8,750 for family.
55+*	The maximum contribution increases by $1,000.

**Not enrolled in Medicare*

CDHP & HDHP Benefits After You're Enrolled

When You Need to See a Doctor

You'll go to your doctor and present your ID card. Your doctor will submit the bill to your insurance company which outlines the services you received. Your insurance company will then adjust the pricing to reflect the discount you received for staying in-network, and then will send you an Explanation of Benefits (EOB). You should check your EOB and your bill to make sure the amounts match, and then pay your doctor directly with your HSA funds or out of pocket (you can always reimburse yourself later, but be sure to keep your receipts).

Using your HSA for Retirement

When most of us think of retirement, we think of IRAs and 401ks, but your HSA might be an additional ticket to that sunny retirement picture.

Retirement Income

You can use your HSA funds for general retirement income purposes after age 65**.

Catch-up Option

You can contribute up to $1,000 more to your HSA after age 55.

Investing

You're able to invest a portion of the account for growth potential, just as you would a traditional retirement account*.

Flexibility

It may be an advantage to pay out-of-pocket for healthcare expenses you can afford now, so you can keep saving and investing your HSA balance for the future.

Tax Advantage

Pre-tax contributions can lower your taxable income, you'll have a tax-deferred growth opportunity if you invest, and you'll make tax-free withdrawals on medical expenses.

**You must have at least $1,000 in your account before you can invest*

*** If you make withdrawls for general, non-qualified purposes, the money is taxed as ordinary income.*

Flexible Spending Account (FSA)

asuresoftware.wealthcareportal.com
customercare@asuresoftware.com
888.862.6272

ASURE SOFTWARE

What is a Flexible Spending Account?

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Asure Software. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA*

For 2026, you may contribute up to $3,400* to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

*If you currently or plan to fund a Health Savings Account (HSA), you are only eligible to participate in a Limited Purpose Flexible Spending Account. This allows you to allocate expenses to be used only towards dental and vision expenses, since you are already putting tax-free dollars aside to pay for qualified expenses.

Dependent Care FSA

For 2026, you may contribute up to $7,500 (per family) to cover eligible dependent care expenses ($3,750 if you and your spouse file separate tax returns). Some eligible expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

See page 32 for **Flexible Spending Account (FSA)**, **How to Optimize Your FSA** and **Dependent Care FSA** videos

FSA Rules

You Must Enroll Each Year to Participate

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health care FSA: You have until May 15th each year to incur claims. You can also use your card during this grace period, and the funds will pull from the previous plan year first, prior to pulling from new funds added since March 1st.

The runout period allows you to file claims for the prior year by May 31st for reimbursement. Dependent care FSA: Unused funds will NOT be returned to you or carried over to the following year.

Parking and Transit Program

You can also use pre-tax dollars to pay for parking and transit expenses. You can enroll in the program at any point during the year. For 2026, you may contribute up to $340 to cover eligible commuter expenses. Some eligible expenses include:

- Bus
- Commuter
- Train
- Van pool
- Trolley
- Subway
- Ferry
- Parking

Wellness Resources for Blue Shield of CA Members

Wellvolution

A healthy you just got easier. Get lifestyle-based tools and support to lose weight, treat diabetes, support mental health, and more. Clinically proven programs, designed for you — at no cost to eligible Blue Shield of California members. Wellvolution provides personalized tools to help you:

- **Support mental well-being and manage stress** – Headspace® and Headspace Care™ (formerly Ginger) are now available as 12-month programs to help manage sleep, stress, anxiety, depression, and boost resilience.
- **Diabetes prevention** - Coaching and digital tools like a Fitbit® to track your success across a 12-month program for losing weight, feeling healthier, and reducing your risk of chronic disease.
- **Diabetes care & hypertension** - Programs up to 18 months for treating common conditions, such as diabetes, hypertension, and heart disease. Receive digital tools to help manage and monitor risk as appropriate for each condition.
- **Weight management** - Get a personalized plan, clinically proven to help you create better eating and fitness habits and lose weight through access to a 12-month program.
- **Tobacco and vaping cessation** - Programs include nicotine replacement therapy in the form of a patch, lozenge, or gum. A two-month supply can be delivered to your home.

You don't need new equipment to track your fitness with this program. Just keep using your phone or the fitness trackers you already own. In addition, Wellvolution includes the Diabetes Prevention Program (DPP). Take a one-minute quiz to see if you qualify for this program. The DPP can help qualifying members lose weight, adopt healthier habits, and reduce the risk of developing type 2 diabetes.

For more information about the Wellvolution program, visit blueshieldca.com/wellvolution or call 866.671.9644.

Get support for a chronic, acute, or long-term condition with Shield Support

Get support managing your health needs for conditions such as diabetes, depression, chronic pain, cancer, and others. Services include personalized health coaching, care plan development, provider coordination, and more. With our Shield Support program, we can help you navigate the healthcare system and access the care you need. We can also help share information among members of the team involved in your care.

Our care managers act as advocates for you and your family by:

- Identifying available treatment options
- Assisting you in making important healthcare decisions
- Coordinating your care with your healthcare providers
- Researching additional resources such as support groups and financial assistance

To learn more, go to www.blueshieldca.com/shieldsupport or call 877.455.6777.

Save money on fitness club memberships and more

Get help saving money and living healthier with a wide range of wellness discount programs, including Fitness Your Way™.

Enroll in one of our flexible gym packages to work out at multiple gyms where you live, work and travel, and take virtual classes. This program gives you access to more than 800 fitness centers in California and more than 10,000 fitness centers nationwide starting at just $19 per month. Go to fitnessyourway.tivityhealth.com/bsc to learn how it works and to sign up.

The wellness discount programs also include acupuncture and chiropractic services; massage therapy; and eye exams, frames, contact lenses, and LASIK surgery. Learn more at blueshieldca.com/wellnessdiscounts.

Wellness Resources for Kaiser Members

Sign Up for Healthy Lifestyle Programs

With our online wellness programs, you'll get advice, encouragement, and tools to help you create positive changes in your life. Our complimentary programs can help you:

- Lose weight
- Eat healthier
- Quit smoking
- Reduce stress
- Manage ongoing conditions like diabetes or depression

Start with a Total Health Assessment, a simple online survey to give you a complete look at your health. You can also share and discuss the results with your doctor. kp.org/healthylifestyle.

Get a Wellness Coach

If you need a little extra support, we offer Wellness Coaching by Phone at no cost. You'll work one-on-one with your personal coach to make a plan to help you reach your health goals. kp.org/wellnesscoach.

Join Health Classes

With all kinds of health classes and support groups offered at our facilities, there's something or everyone. Classes vary at each location, and some may require a fee. Go online to see the classes available near you. www.kp.org/exercise.

Please note, some of the programs are accessed differently within the regions. The best resource is kp.org which will direct you to the specific region where you will find everything needed to get started.

Mental Health Support

The Headspace Care app, previously known as the Ginger app, offers immediate 1-on-1 support for coping with many common challenges — from stress and low mood to issues with work and relationships, and more. Headspace Care's highly trained emotional support coaches are ready to help 24/7, and adult Kaiser Permanente members can use Headspace Care for 90 consecutive days at no cost. After the 90 days, members can continue to access the other services available on the Headspace Care app for the remainder of the year at no cost. Check out kp.org/coachingapps to learn more and download the app.

One Pass Fitness Program

The One Pass fitness program can help you find the right fitness routine for you, whether you exercise at home or the gym. Choose the largest nationwide network of gyms and fitness centers and enjoy digital fitness classes from the comfort of home.

Work out your way and find your fit:

At the gym. Choose from the largest nationwide network of gyms and fitness locations. Visit any place in the network and create a routine just for you.

At home. Work out at home with live, digital fitness classes or on-demand workouts. Plus, use our custom workout builder to create routines tailored to our fitness level and interests.

With a home fitness kit. Get fit and have fun with strength, yoga, and dance kits designed to help you work out at home.

With new friends. Join a group class or find local clubs and social events that match your interests-there are many great ways to connect with others who share your passions.

How to get started with the One Pass program

Once you're a Kaiser Permanente member, follow these steps:

1. Visit YourOnePass.com
2. Click **"Get Started"** to register. Enter your first name, last name, date of birth, and Kaiser Permanente member ID number.
3. Once you've registered, you'll receive a **One Pass member code**. Be sure to write down your code and keep it handy. You'll need to enter it each time you register for a new fitness location or other One Pass services.
4. Start searching for gyms by clicking on the **"Find a gym"** page.

Wellness Resources For All Employees

TrueBalance Wellness Program

Employee Assistance Program (EAP)

TELUS HEALTH THROUGH METLIFE

Phone: 888.319.7819
Website: one.telushealth.com
User name: metlifeeap
Password: eap

Life is full of challenges and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at NO COST to you by TELUS Health through MetLife.

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues EAP Benefits
- Assistance for you and your eligible household members
- Up to five (5) phone or video sessions with a licensed counselor per year

Dental

www.blueshieldca.com
888.256.1915

BLUE SHIELD OF CA

We are proud to offer you the below dental plans dependent on your location.

Blue Shield of California DHMO: With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services. **Please note the DHMO plan is only available in California.**

Blue Shield of California DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice however, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Blue Shield Premier Dental PPO Network.

The following is a high-level overview of the coverage available.

Dental	DHMO - CA Only	DPPO	
	In-network only	In-network	Out-of-network
Deductible (per calendar year)			
Individual / Family	None	$50 / $150	
Benefit Maximum (per calendar year; preventive, basic, and major Services combined)			
Per Individual	Unlimited	$1,000	
Covered Services			
Preventive Services	See Benefit Summary for specific copay	No charge	
Basic Services	See Benefit Summary for specific copay	20%	
Major Services	See Benefit Summary for specific copay	50%	
Orthodontia (Adult and child coverage)	See Benefit Summary for specific copay	50%	
Orthodontia Lifetime Maximum	See Benefit Summary for specific maximum	$1,000	

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

[1] *If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.*

See page 32 for **Dental Insurance** video.

www.eyemed.com
866.800.5457

Vision

EYEMED

The EyeMed vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the EyeMed network. The following is a high-level overview of the coverage available.

Vision	Vision Plan	
	In-network	Out-of-network
Examination (every 12 months)	$15	Up to $40
Material	$25	Allowance varies
Lenses (every 12 months)		
Single	$25	Up to $30
Bifocal	$25	Up to $50
Trifocal	$25	Up to $70
Frames (every 24 months)		
New frames	Covered up to $130 + 20% off the remaining balance	Up to $91
Contact lenses (every 12 months; in lieu of glasses)		
Elective	Covered up to $110 + 15% off the remaining balance	Up to $110

See page 32 for **Vision Insurance** video.

Life Insurance

www.metlife.com
800.638.6420

METLIFE

Life's unexpected turns can be stressful enough. Get additional financial protection and help preserve what you value most with these voluntary policies. Note: most of these policies are designed to complement your primary medical plan. You can take advantage of this additional protection whether or not you participate in one of Centerline's health plans.

These insurance products are not health insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act (ACA).

Basic Life/AD&D (Company-paid)

Basic Life/AD&D (Company-paid) This benefit is provided at NO COST to you through MetLife.

Insurance Coverage	Benefit
Basic Life and AD&D	$10,000

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through MetLife for yourself and your eligible family members.

Insurance Coverage	Benefit	Guaranteed Issue
Voluntary Employee Life	$10,000 increments up to $500,000	$100,000
Voluntary Spouse Life	$5,000 increments up to $100,000 (not to exceed 50% of employee amount)	$25,000
Voluntary Child Life	Under age 26: Option of $1,000, $2,000, $4,000, $5,000, or $10,000 Newborn to 6 months: $500	$10,000

**During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.*

Universal Life Coverage

allstatevoluntary.com/centerline
800.521.3535

ALLSTATE BENEFITS

While traditional life insurance pays a benefit upon your death, this permanent insurance plan through Allstate can also pay you a benefit while you're living. You choose the coverage you need up to a maximum of $150,000 and build cash value with a guaranteed 3% interest rate. Living benefits allow participants to accelerate a portion of their life insurance death benefit if chronically or terminally ill to help pay unexpected expenses.

Disability

allstatevoluntary.com/centerline

800.521.3535

ALLSTATE

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-term Disability Benefits	
When Benefits Begin	After 7th day of disability
Weekly benefit	60%
Maximum weekly benefit	$1,154
Maximum benefit period	Up to 12 months

Supplemental Health Benefits

Accident Insurance

METLIFE - NEW CARRIER!

Phone: 800.438.6388
Website: www.mybenefits.metlife.com

Even with health insurance, the extra costs from an accidental injury can really add up and may leave you with significant financial responsibilities. You have the option of purchasing voluntary accident insurance through MetLife for you, your spouse and/or your dependent children, which pays you money for accidents that occur on or off the job based on the injury and the treatment you receive. Your plan can pay you a benefit for emergency room treatment, stitches, crutches, injury-related surgery and certain other accident-related expenses.

Any benefits you are eligible to receive are payable without regard to your medical coverage. When you submit a claim, the approved benefit will be paid directly to you and can be used however you want.

Wellness Benefit! This policy pays a $50 Health Screening Benefit once per insured person per plan year, for preventive care screenings including tests and procedures ordered in connection with routine examinations.

Important: *For those employees enrolled in the Blue Shield Value Consumer-Directed Health Plan, or the Kaiser High Deductible HMO Health Plan, Centerline pays for the Employee Only coverage (any family members added would still warrant a cost).*

Critical Illness Insurance

METLIFE - NEW CARRIER!

Phone: 800.438.6388
Website: www.mybenefits.metlife.com

If you are diagnosed with a serious illness, you will have many concerns, including how you will manage the cost of your care. Even if you have a comprehensive health insurance plan, there are some expenses that won't be covered. This critical illness plan through MetLife can provide cash benefits if you're diagnosed with one of a range of life-threatening conditions.

You have the option of purchasing voluntary critical illness insurance for you and your eligible family members. This plan provides a lump-sum payment upon diagnosis of certain covered illnesses or conditions to use any way you want to help cover the extra cost of treatment, childcare, mortgage, car payments and other expenses that may arise from a critical illness.

Wellness Benefit! This policy pays a $50 Health Screening Benefit once per insured person per plan year, for preventive care screenings including tests and procedures ordered in connection with routine examinations.

See page 32 for **Accident Insurance**, **Critical Illness Insurance** and **Hospital Indemnity Insurance** videos.

Hospital Indemnity Insurance

METLIFE

Phone: 800.438.6388
Website: www.mybenefits.metlife.com

When you're hospitalized, chances are there will be expenses that you have to pay yourself, even with an existing health insurance plan.

You have the option of purchasing group hospital indemnity insurance for you and your eligible family members. It can complement your medical coverage by helping to ease the financial impact of a covered stay at an eligible hospital, critical care unit or rehabilitation facility. Typically, a flat amount is paid for admission and a per day amount is paid for each day of a covered stay, from the very first day of your stay.

As with accident insurance, any benefits you are eligible to receive are payable without regard to your medical coverage. When you submit a claim, the approved benefit will be paid directly to you and can be used however you want.

Wellness Benefit! This policy pays a $50 Health Screening Benefit once per insured person per plan year, for preventive care screenings including tests and procedures ordered in connection with routine examinations.

Cancer & Genetic Screening

GENOMIC LIFE

Phone: 844.694.3666
Website: www.genomiclife.com

You and your family members will have peace of mind for the future through Genomic Life. You will have access to proactive genetic tests that will unlock insights into your inherited risks for cancer and other diseases. This includes:

- Genetic Health Screen - An accurate, medical-grade DNA test that analyzes 147 genes to identify a predisposition to developing hereditary cancers, cardiovascular diseases, and additional conditions
- Pharmacogenomics (PGx) - Helps uncover how an individual metabolizes and responds to medications
- Carrier Screening - Identifies a potential risk of having a child affected by a recessive genetic disease
- Personalizing diagnosis and treatment for cancer patients - Should you or your family member face a cancer diagnosis, our cancer services team will provide personalized support throughout the course of treatment

Additional Benefits

Auto & Home Insurance Program

Description	This program provides you with special savings, outstanding customer service and a full suite of products to meet your diverse insurance needs. GroupSelect discounts and benefits could save you hundreds. Protect your most important assets. Farmers offers auto, recreational vehicle (RV), motorcycle, boat, condo/renters, personal property, and Personal Excess Liability Protection insurance. You may apply for group auto and home insurance at any time.
Contact information	**Farmers GroupSelect** **Phone:** 800.438.6381 **Website:** www.myautohome.farmers.com (use CENTERLINE DRIVERS) **Code:** EJ7

Identity Theft Protection

Description	Protect yourself and loved ones with advanced identity monitoring through Identity Theft Protection. In today's digital era, data is our most valuable resource and at times, falls into the wrong hands. Plan includes: • Identity monitoring • Credit monitoring • 24/7 remediation full-service support • IP address monitoring • Data breach notifications
Contact information	**MetLife Aura Protection Plus** **Phone:** 844.931.2872 **Website:** www.metlife.com/insurance/identity-and-fraudprotection

Legal Plan

Description	We are pleased to offer a voluntary benefit that provides you with convenient, professional legal counsel. The MetLife Legal Plan covers some of the most frequently needed personal legal matters, such as: • General phone advice and office consultations • Wills and estate planning • Document review and preparation • Home and real estate matters • Debt and identity theft matters • Family law • Eldercare
Contact information	**MetLife** **Phone:** 800.821.6400 **Website:** members.legalplans.com

Nationwide Pet Insurance	
Description	Fetch the best health coverage for your pet through our workplace voluntary benefits program. My Pet Protection is available in two reimbursement options plus an optional $500 Wellness Benefit. Visit any vet, anywhere. Submit a claim and get reimbursed for eligible expenses. Coverage includes: ● Accidents ● Illnesses ● Hereditary and congenital conditions ● Cancer ● Behavioral treatments ● Rx therapeutic diets and supplements ● Wellness and more
Contact information	**Nationwide** **Phone:** 888.899.4874 **Website:** www.petinsurance.com/trueblue

Voluntary Benefit Employee Rates

	Employee	EE + Spouse	EE + Child(ren)	Family
Critical Illness	Rates vary based upon age and coverage level			
Accident	$2.30	$3.63	$3.85	$6.06
Hospital Indemnity	$3.20	$6.63	$5.86	$9.73
Universal Life	Rates vary based upon age, tobacco status, and coverage level			
Genomic Screening	Rates vary based upon age and coverage level			
Voluntary Life & AD&D	Rates vary based upon age and coverage level			
Identity Theft Protection	$2.53	$3.91	$3.91	$3.91
Legal Plan	$5.77			
Auto & Home	Rates vary			
Pet Insurance	Rates vary based on pet's state, city, species, breed and age			

Financial Benefits

Employee Discount Programs	
Description	Your work-life balance and general well-being are as important to us as the work you contribute. That is why we are excited to offer you these savings marketplaces. Access national and local discounts on the brands you know and love. Browse deals for child and senior care services; gyms and nutrition plans; automotive services and car rentals; travel and hotels; computers and cell phones; theme parks or movie tickets and restaurants—even grocery coupons!
Contact information	**LifeMart** **Website:** discountmember.lifecare.com **MyLife Savings Marketplace (formerly Tickets-At-Work)** **Website:** trueblue.savings.workingadvantage.com

401(k) Retirement Program	
Description	Your TrueBlue, Inc. 401(k) Plan, administered by Empower, can help you achieve the retirement you want. Get started today and use the tools to help you invest for the retirement income you may need. Employees who are designated as DMS by Centerline may become eligible on the first of the month following their date of hire. Additionally, employees covered by the collective bargaining agreement between Centerline Drivers and Teamsters Local No. 386 may begin participating in the plan upon completing one hour of service. Centerline may provide a company match once a year, based on how much you contribute during the year. The amount is set annually and can change. Employees become fully vested in any company match after five years of service. A company match as covered by the collective bargaining agreement between Centerline Drivers and Teamsters Local No. 386 will be in effect. Please refer to that document for further details. Note: Ineligible employees include those who are highly compensated per the IRS definition, Puerto Rico residents and temporary workers.
Contact information	**Empower** **Phone:** 844.465.4455 **Website:** www.empowermyretirement.com **Plan Number:** 194590-01

401(k) Retirement Program	
Description	Your Supplemental Income Plan, administered by John Hancock, can help you achieve the retirement you want. Get started today and use the tools to help you invest for the retirement income you may need. Eligible employees of Teamsters Local 315 become eligible for the plan after completing 3 months of employment. Employees may enroll in the plan after completing the service requirement, provided on such date you are still an employee and you comply with the enrollment procedures. As per the collective bargaining agreement the plan offers a 10% company match. Note: Ineligible employees include any employee who is not part of Teamsters Local 315. To enroll or change your contributions complete an enrollment form found in the Enrollment Kit.
Contact information	**John Hancock** **Website:** www.myplan.johnhancock.com

Glossary of Terms

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is $1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the $1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): This type of medical plan requires that members reach a deductible prior to having services covered by coinsurance. All expenses paid by a member count toward the deductible and out-of-pocket maximum.

IN-NETWORK: A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital, or other provider not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

See next page for **Benefits Key Terms Explained** and **Medical Plans: HDHP** videos.

Benefits Overview Videos

Scan the QR codes or click anywhere to watch.

Qualifying Life Events

Prescription Drugs: Benefits Overview

Prescription Drugs: Tips to Manage Costs

Health Savings Account (HSA)

How to Optimize Your HSA

Flexible Spending Account (FSA)

How to Optimize Your FSA

Dependent Care FSA

Accident Insurance

Critical Illness Insurance

Hospital Indemnity Coverage

Dental Insurance

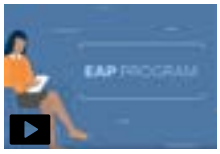
Vision Insurance

Life and AD&D Insurance

Disability Insurance

Benefits Key Terms Explained

Employee Assistance Program



Medical Plans: HDHP

Contacts

Medical Plan: Blue Shield of CA

Member Services 888.256.1915

www.blueshieldca.com

Medical Plan: Kaiser

Member Services
California 800.464.4000
Maryland DC Metro 301.468.6000
Outside DC Metro 800.777.7902

www.kp.org

Dental Plan: Blue Shield of CA

Member Services 888.256.1915

www.blueshieldca.com

Vision Plan: EyeMed

Member Services 866.800.5457

www.eyemed.com

Health Savings Account (HSA): Health Equity

Member Services 866.346.5800

www.healthequity.com

Health Savings Account (HSA): Kaiser

Member Services 877.761.3399

www.kp.org/healthpayment

Flexible Spending Account (FSA): Asure Software

Member Services 888.862.6272

customercare@asuresoftware.com
asuresoftware.wealthcareportal.com

Life & Disability: MetLife

Member Services 800.638.6420

www.metlife.com

Universal Life: Allstate

Member Services 800.607.3366

www.aetna.com/individuals-families/voluntarybenefits.html

Voluntary Benefits: MetLife

Member Services 800.438.6388

www.mybenefits.metlife.com

Cancer & Genetic Screening: Genomic Life

Member Services 844.694.3666

www.genomiclife.com

Auto & Home Insurance: Farmers GroupSelect

Member Services 800.438.6381 Code: EJ7

www.myautohome.farmers.com
(use CENTERLINE DRIVERS)

Identity Theft Protection : MetLife Aura Protection Plus

Member Services 844.931.2872

www.metlife.com/insurance/identity-and-fraudprotection

Nationwide Pet Insurance: Nationwide

Member Services 888.899.4874

www.petinsurance.com/trueblue

401(k) Retirement: Empower Retirement

Member Services 844.465.4455

www.empowermyretirement.com
Plan Number: 194590-01

401(k) Retirement Program: John Hancock

Member Services www.myplan.johnhancock.com

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.