

New MyADP.com Website

Your One Stop for Benefits and Payroll Information!

You now have access to your benefits and payroll information through www.MyADP.com. After registration, you will be able to:

- View and update benefits information, including annual enrollment
- Check your iPay account for paystubs, W2s and more
- Read about Company news and events

Registration: Enter **DTNA.LLC-DTNA** then enter your name, Social Security number and date of birth. Additional security verification will be required.

Access on the go: Stay better connected with your mobile device by downloading the ADP Mobile app at ADP.com/gomobile or search "ADP Mobile" on Google Play, the Apple App Store, and Amazon.



Stay current with live updates of your pay, health, wellness, retirement, and other benefits. You will receive a customized view of the contributions Daimler makes to your professional, health, and financial success as recognition for the contributions you make to the company's success. The **My Total Rewards** website also provides links and phone numbers for all your DTNA benefit providers.

You can access My Total Rewards two ways:

- Visit <u>www.DTNATotalRewards.com</u> and follow the login instructions
- Go to the My Total Rewards link on the Daimler HR Portal

If you have questions, call 503-745-7833 or email dtnabenefits@daimler.com

Self to Card Self to

Daimler Benefit Alerts

Sign up for Daimler benefit alerts via text message on your smartphone to receive tips and alerts about important benefits program deadlines and events.

You may incur charges from your wireless carrier to receive messages.

To sign up for text message alerts, text bene3 to 31996.

To stop receiving text message alerts, text STOP to 31996. For help, text HELP to 31996.

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Introduction

The Daimler Trucks North America LLC Benefit Program offers you and your family benefit options to help maintain and improve your health as well as provide financial security. The program offers health care, life insurance, and disability benefits that are comprehensive, flexible, and competitive.

This eGuide provides you with an overview of your health and welfare benefits as a UAW Active Union employee. It is important that you review your benefit options so that you can make an informed decision about the coverage that is right for you. For more information, you may go online to www.MyADP.com or call the Benefits Service Center at 800-605-6031 Monday through Saturday.

In addition to the benefits described in this eGuide, you can choose to save pre-tax dollars toward retirement in the 401(k) plan. For more information, visit the plan administrator's website at https://daimler.voya..com.

2019 Benefits At-a-Glance		
Benefit	Options	
Medical	Blue Cross Blue Shield (BCBS) PPO Plan	
Dental (Included with Medical coverage)	Moda Health (formerly ODS)	
Vision (Included with Medical coverage)	Vision Service Plan (VSP)	
Flexible Spending Accounts	Health Care and Dependent Care Spending Accounts	
Basic Life and AD&D Insurance	Company-provided benefit: 2 times base pay plus \$10,000	
Optional Life Insurance (Paid for by employee)	You may purchase additional coverage for yourself as well as coverage for your spouse and dependent children	
Short-Term Disability	Company-provided benefit: 70% of weekly base pay up to 182 calendar days	
Long-Term Disability	Company-provided benefit of 66 2/3% of eligible monthly pay after 182 days of disability	
Employee Assistance Program	Confidential, comprehensive, free resource for assistance with personal, financial, and family issues	
Doctor on Demand	Connect with a doctor 24/7 on a computer, smart phone, or tablet	
CareHere Onsite Health Clinics	Local health care center for you and your family	
Castlight	Online medical services shopping tool	
Best Doctors	Confidential second medical opinion service	
Momentum, powered by Jiff	Company-provided wellness program	
Voluntary Benefits	You may purchase Home and Auto Insurance, Critical Illness Insurance, Pet Insurance, and the MetLaw Legal Plan	
Abenity Discount Program	Discounts from thousands of national companies	



Verifying Dependent Eligibility

Verifying dependent eligibility can save significant benefit dollars. With that goal in mind, Daimler Trucks North America LLC has partnered with ADP to conduct an ongoing Dependent Eligibility Verification process for all new hires as well as any added dependents or changes at Open Enrollment. When you enroll or make additions, you will be asked to provide appropriate documentation (e.g., marriage license, birth certificate, current tax return) to substantiate a family member's eligibility for dependent coverage. Having ineligible dependents on coverage will result in disciplinary action up to, and including, termination.

You may submit dependent information electronically when you enroll on <u>MyADP.com</u>. If you do not submit the information when you enroll, you will be sent a letter requesting this information with instructions; if documentation is not provided, the dependent will be removed from coverage the effective day of the event. If you need assistance, please call the Benefits Service Center at 800-605-6031.

Eligibility

NEW HIRES AND NEWLY ELIGIBLE EMPLOYEES

You are eligible to participate in the Daimler Trucks North America LLC Benefit Program on the first day of the month following 60 days of employment.

DEPENDENTS

You can cover your legal spouse and dependent children (children by birth or adoption and stepchildren) up to age 26.* Dependent children remain eligible for coverage until the end of the month in which they turn age 26.

Note: Insurance for a dependent child may be continued past the age limit if the child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be provided to the Company prior to the date the child attains the age limit and at reasonable intervals after such date.

* See page 19 regarding eligibility for optional child life and spouse life insurance.

QUALIFIED STATUS CHANGES

Generally, you can only change your benefit elections during the Open Enrollment period unless you have a qualified status change. Qualified changes include:

- Marriage, divorce, birth or adoption of a child, or change in child custody
- Death of your spouse or child
- Employment status change for you or your spouse that affects benefits coverage

Note: Making changes to covered dependents does not change or drop life insurance coverage.

You must make changes online within 30 days of the qualifying event. Benefit Election Changes are made at www.MyADP.com. If you miss the notification deadline, you may contact the Benefits Service Center at 800-605-6031 and request an appeal. You will be notified by the Service Center when a decision is made.

Benefits Tip

If you have a family change, you may want to change your beneficiary for life insurance at **www.MyADP.com** or by calling 800-605-6031.



Enrollment Confirmations

When enrollment is complete you will be mailed a confirmation that provides your 2019 benefit elections, dependents and beneficiaries.

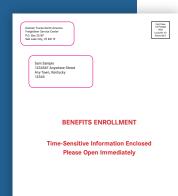
Follow these steps to make sure you are enrolled for the correct benefits:

- **Step 1**: Review your enrollment confirmation
- Step 2: Check your payroll deductions to make sure they match your enrollment confirmation

Notify the Benefits Service Center at 800-605-6031 immediately if there is a correction needed.

Appeals Process

Contact the Benefits Service Center at 800-605-6031 to request an appeal if you need to make a change to your benefit elections or dependents.



Enrollment

HOW TO ENROLL

You have two ways to enroll:

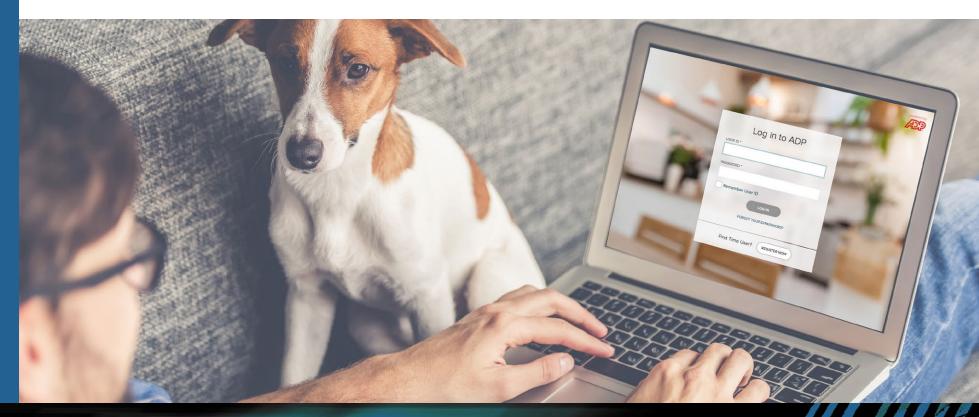
• Online Enrollment 24 hours a day, 7 days a week at www.MyADP.com

When you register on the site using the registration code **DTNA.LLC-DTNA** your name, Social Security number and date of birth, you will select a User ID and Password. Select "annual enrollment event" to start the enrollment process.

 Telephone Enrollment through the Benefits Service Center at 800-605-6031 Monday through Saturday, 8:00 am ET – 6:00 pm ET

If you enroll online, you can print your confirmation statement or request it be emailed to you when you have completed enrollment. If you enroll by telephone, a confirmation statement will be mailed to you. Remember to review your confirmation statement carefully.

If you have questions about enrollment or need to make changes, call the Benefits Service Center at 800-605-6031.





BLUE CROSS BLUE SHIELD (BCBS) PPO PLAN

Staying in good health is one of the most important goals we can have. The BCBS PPO Plan provides comprehensive services and prescription drug coverage to treat illness or injury as well as preventive benefits to help you stay healthy. And when you enroll in the medical plan, you also receive dental and vision coverage (see pages 15 and 16).

Covered services include medically necessary treatment from licensed providers such as doctors, hospitals, skilled nursing facilities, physical therapists, hospice care, private duty nursing, outpatient radiology facilities and laboratories, and ambulatory surgical facilities.

If you enroll in the BCBS PPO Plan, you and each member of your family enrolled in the plan may choose to receive care from network or non-network providers. Your costs will be significantly less if you choose a network provider. Locate network providers online attwww.bcbsm.com, or call 866-322-4784.

The medical plan offers prescription drug benefits at Express Scripts (Medco) participating retail pharmacies as well as other pharmacies, and through the Express Scripts mail order program. To find Express Scripts retail pharmacies near you or learn more about the mail order program, visit the Express Scripts web site at **www.expressscripts.com**.

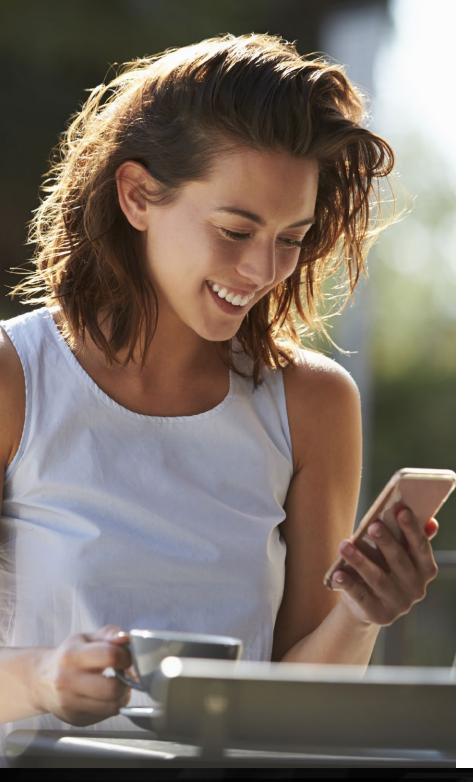
Read more about the plan on the next pages.

Benefits Tip

If you have coverage available through your spouse, compare the costs and benefits of both programs. In most cases, having coverage through two plans does not result in higher benefits.







2019 Pharmacy Plan

SAVE MONEY ON PRESCRIPTION DRUGS

Review your prescriptions with your provider. This may allow you to change to a lower-cost alternative:

- **Generic drugs** are proven by the FDA to be safe and effective. They have the same active ingredients, dosage, safety, strength, quality, and performance as their brand name counterparts. The copay for a generic drug is less than the copay for a brand name drug.
- Brand Formulary drugs are brand name drugs at a lower price.
- **Brand Non-Formulary drugs** are not on the list of approved drugs. These drugs may not have a proven record for safety, or their clinical value may not be as high as the drugs in Tier 1 and Tier 2. These drugs may also have the option of generic available. Depending on drug coverage, you may pay a higher copayment or even the entire cost of these drugs.
- **Compound type drugs** may be less expensive if purchased separately rather than as one compound drug.
- Mail service is a convenient, cost-effective way to purchase long term maintenance prescriptions. You pay
 the same amount for a 90-day supply as for two 30-day retail fills, so you save one-third the cost. And your
 medication is delivered free to your home. Find out more about mail service at www.expressscripts.com.

Express Scripts

- 800-818-1030
- www.expressscripts.com
- Express Scripts Mobile App
 - Order refills, check on prescription status or find a pharmacy.
 Download the free app available on Google Play, the Apple App Store, and Amazon.

Terms to Help You Understand Your Medical Coverage

Annual deductible: Amount you pay each year toward covered services before the plan begins making payments.

Coinsurance: The percentage of a covered service you must pay for a specified service, such as for hospitalization.

Copay: The fixed dollar amount you must pay for a specified service, such as a visit to a network doctor's office.

Out-of-Pocket Maximum: The most you are required to pay in a calendar year before covered expenses are paid at 100%. Penalties and non-covered expenses do not count toward the out-of-pocket maximum.

Your Monthly Cost Share		
Coverage		
Employee Only	\$65.00	
Employee Plus One	\$130.00	
Employee Plus Family	\$195.00	



MEDICAL PLAN AT-A-GLANCE

	BCBS PI	BCBS PPO Plan		
GENERAL PROVISIONS	In-Network	Out-of-Network		
Service Area	Call BCBS at 866-322-4784	No restrictions		
Choice of Providers	Network providers	Any licensed provider		
Annual Deductible	\$600/person; \$1,200 family³	\$1,200/person; \$2,400 family³		
Out-of-Pocket Maximum ²	\$1,800/person; \$3,600 family ^{2,3}	\$2,400/person; \$4,800 family ^{2,3}		
Maximum Lifetime Benefit	No	None		
Pre-Admission Certification	Required	Required		
PREVENTIVE CARE (Age, frequency and/or dose restrict	ions may apply.)			
Routine Physical	Covered at 100%	Not covered		
Immunizations, Inoculations	Covered at 100%	Covered at 75% ¹		
Routine Pap Smear (lab)	Covered at 100%	Covered at 75% ¹		
Routine Mammogram	Covered at 100%	Covered at 75% ¹		
EMERGENCY/URGENT CARE				
Hospital Emergency Room • Emergency • Non-emergency	You pay \$125 copay⁴ Covered at 80%	You pay \$125 copay⁴ Covered at 70%¹		
Urgent Care (emergency)	You pay \$50 copay⁴	Covered at 70% ¹ if non-emergent		

 $^{^{1}}$ Subject to calendar year deductible. Benefits based on reasonable and customary charges or contracted amounts.



 $^{^{2}}$ Out-of-pocket expenses include coinsurance, deductibles and medical and prescription drug copays.

³ Family annual deductible and out-of-pocket maximum can be divided among all family members but no one family member can contribute more than the individual amount.

⁴ Waived if admitted.

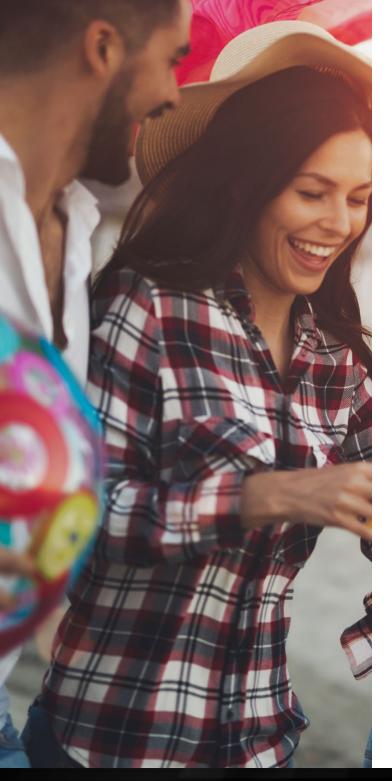


MEDICAL PLAN AT-A-GLANCE (CONTINUED)

	BCBS PPO Plan		
HOSPITAL INPATIENT	In-Network	Out-of-Network	
Semiprivate Room	Covered at 80% ¹	Covered at 70% ¹	
Doctor/Surgeon/Anesthesia	Covered at 80% ¹	Covered at 70% ¹	
OUTPATIENT OR SURGERY FACILITY			
Physician Office Visits	You pay \$30 copay/visit for PCP	Covered at 70% ¹	
Doctor on Demand (see page 11)	Covered at 100% Covered at 100%		
Facility Services	Covered at 80% ¹	Covered at 70% ¹	
X-Ray/Lab at Hospital, Facility	Covered at 100% Covered at 70%		
MATERNITY COVERAGE			
Delivery (doctor, hospital)	Covered at 80% ¹	Covered at 70% ¹	
Prenatal Office Visits	Covered at 100%	Covered at 70% ¹	
MENTAL HEALTH/SUBSTANCE ABUSE			
Mental Health Inpatient Outpatient	Covered at 80% ^{1,2} You pay \$30 copay/visit	Covered at 70% ^{1,2} Covered at 70% ^{1,2}	
Substance Abuse Inpatient Outpatient	Covered at 80% ^{1,2} You pay \$30 copay/visit	Covered at 70% ^{1,2} Covered at 70% ^{1,2}	
Doctor on Demand (see page 11)	\$30/visit with psychologist or psychiatrist		

 $^{^{1}}$ Subject to calendar year deductible. Benefits based on reasonable and customary charges or contracted amounts.

²Out-of-pocket expenses do not apply to maximum; coinsurance never increases to 100%.



MEDICAL PLAN AT-A-GLANCE (CONTINUED)

	BCBS PPO Plan		
OTHER SERVICES	In-Network	Out-of-Network	
Skilled Nursing Facility	Covered at 80%	Covered at 70% ¹	
	60 days/cal year max		
Home Health Services	Covered at 100%	Covered at 70% ¹	
	Unlimited visits in-network; out-of-network limited to 40 visits/cal yr		
Chiropractic Services	You pay \$30 copay/visit	Covered at 70%	
	60 visits/cal year max combined with Other Therapies ³		
Other Therapies	You pay \$30 copay/visit	Covered at 70% ¹	
(See Summary Plan Description for details)	60 visits/cal year max combined with Chiropractic Services ³		
PRESCRIPTION DRUGS			
Out-of-Pocket Maximum for Pharmacy (In Network)	Express Scripts Pharmacy \$4,800/person \$9,600/family	n/a n/a	
Retail (30-day supply) • Generic	Express Scripts Pharmacy You pay \$10 copay	You pay \$10 copay or 20% (whichever is greater)	
Brand Formulary Brand Non-Formulary	You pay \$35 copay You pay \$60 copay	You pay \$35 copay or 20% (whichever is greater) You pay \$60 copay or 20% (whichever is greater)	
Mail Order (90-day supply)			
Generic	Express Scripts Mail Service You pay \$20 copay		
Brand Formulary		570 copay	
Brand Non-Formulary	You pay \$120 copay		

¹ Subject to calendar year deductible. Benefits based on reasonable and customary charges or contracted amounts.



 $^{^{\}rm 2}$ Out-of-pocket expenses do not apply to maximum; coinsurance never increases to 100%.

 $^{^{\}rm 3}$ In and out-of-network visits accumulate separately.



Doctor on Demand

Doctor on Demand is a virtual doctor service that lets users visit with a boardcertified physician or licensed psychologist from the comfort of home.

Some of the conditions treated are:

Medical

- Cold & Flu
- Asthma & Allergies
- Bronchitis & Sinus Issues
- Rashes & Skin Issues
- Eye Issues
- Pediatric Issues
- UTI & Yeast Infections
- Pharmacy Prescriptions

Behavioral

- Anxiety & Stress
- Depression
- Mood Swings
- Alcohol & Tobacco
- Trauma
- Grief
- Relationship Issues.



To get started, download the Doctor on Demand app to your smartphone or tablet from the App Store for iOS or the Google Play Store for Android. The average wait time is 3-5 minutes to connect with a board-certified Doctor on Demand provider.

Your cost for a visit will vary depending on your medical plan and the type of service being received. Doctor On Demand accepts all major credit cards. You may also pay using your HSA, FSA, or bank debit card, as long as it has a VISA or MasterCard logo.

FOR MORE INFORMATION

To find more information, visit doctorondemand.com/dtna. You may also contact the Doctor on Demand Customer Support line at 800-997-6196 or send an email to support@doctorondemand.com.



Costs for Medical Plan Members

Medical visits:

BCBS PPO: no charge

Behavioral visits:

BCBS PPO: \$30/visit with a psychologist or psychiatrist





866-904-0910

www.bestdoctors.com/members

If you or a family member is diagnosed with a serious illness and would like a second opinion, Best Doctors can provide quick and easy access to the best minds in medicine to help you get the right answers about your medical condition, diagnosis, and treatment.

WHO IS FLIGIBLE

All active employees and their family members, including parents and grandparents of the employee, are eligible for this service.

INTERCONSULTATION® (EXPERT SECOND OPINION SERVICE)

Remote expert medical opinion service provides comprehensive analysis and case review by nationally recognized expert specialist(s).

ASK THE EXPERT

Access to expert physicians to answer non-emergency questions in order to empower the member to make informed decisions.

FIND A BEST DOCTOR

Clinical team matches members with the very best expert local, in-network physician for their specific condition. It is the employee's responsibility to verify that all physicians, clinics, and hospitals are participating with his or her health care plan.

CRITICAL CARE

When you are in the hospital because of a serious accident or severe medical event, the decisions about your care can be a matter of life or death. Make sure those decisions are the right ones with Best Doctors. When you call, they will immediately put your case in the hands of a leading medical expert who will review your case in detail and share his or her recommendations within 48-72 hours. Your medical team and Best Doctors will collaborate to ensure you have the right care, reducing your hospital stay and speeding your recovery.

ONSITE PRIMARY **HEALTH CARE CENTERS**

Care Here!

CareHere has partnered with DTNA to provided you and your family with a local health and wellness center. The centers treat both acute and chronic conditions such as the common cold and the flu, high blood pressure, and diabetes. They also provide annual physicals, health coaching, lab work, and much more. The CareHere centers are considered network providers under all of the DTNA medical plans; their deductibles apply and you will pay the usual plan copays. Some of their services are shown below.

To find a location near you and to register and schedule appointments log in to: www.carehere.com or use the ConnectHere mobile app, you will need access code DTNA3 to register. You may call CareHere at 877-423-1330.

Medical and Health Services

- Primary, acute, and episodic care
- On-site pharmaceutical dispensary
- Immunizations
- Sports physicals, physical therapy

Wellness

- Personalized wellness programs
- Weight, nutrition, and exercise counseling
- Stress, mental health, and addiction management
- Cardiovascular risk reduction
- Biometric screening assessment





CASTLIGHT ONLINE MEDICAL SERVICES SHOPPING TOOL



Shop smart for medical care! Those enrolled in a Daimler Blue Cross Blue Shield PPO health plan* can use the Castlight online resource at no charge, to:

- Know what is covered under your medical plan, from screenings to preventive care options
- Compare pricing, location, and quality information on doctors, hospital, and medical services
- Check your plan deductible status and past expenses
- Connect with other Daimler benefit programs

Visit <u>www.mycastlight.com/dtna</u> to get started. You can download the mobile app at <u>www.mycastlight.com/mobile</u>.

If you have questions, you can call a Castlight Guide at 866-960-0872.

* Daimler employees with HMO health plans can learn more about their options through their HMO provider's website.

Abenity Discount Program



Abenity offers vendor discounts to employees from hundreds of companies, including DTNA.

You can save with discounts on thousands of hotels, restaurants, movie theaters, automotive repair centers, florists, care dealers, theme parks, national attractions, unique experiences, concerts, and events.

There is no charge to use the program; just register and log in to view and use the discounts!

Join the DTNA Employee Discount Program and start saving money!

1. Register Online

Visit https://DTNA.abenity.com/perks/register
or visit dtnahr.com to register and select your
Username and Password. Be sure to enter the
Daimler Registration Code **DTNA1**.



2. Log in to the Abenity site to start taking advantage of national discounts!

Log in at www.prks.co/DTNA or visit dtnahr.com using your Username and Password.

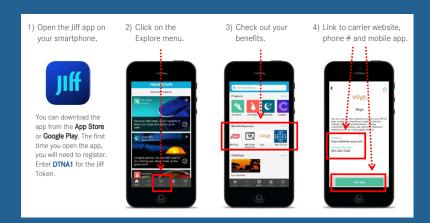
Easy mobile access

Download the Abenity Android or iPhone app by searching "Abenity" in the appropriate app store. You must register at the website first, then you can access the app.



The Jiff Mobile App — Connect to All Your Benefit Resources!

With the JIFF mobile app, you can connect to all of your Daimler benefits, making it quick and easy to find what you need. Follow these steps to explore your benefit resources:





Momentum Wellness Program



POWERED BY JIFF

Momentum is a wellness platform, which replaced Shift into Health. Momentum is powered by Jiff Health Benefits, a health app designed to support your wellness journey. You choose from programs that target key health behaviors. Track your progress on the Jiff app and get rewarded! You can also engage in some friendly competition.

Employees and their spouse are eligible to participate in the program.

Rewards — Gift Cards, Sweepstakes and More!

Employees can earn points and redeem them for gift cards, sweepstakes, and more.

Spouses can redeem points for sweepstakes!

Get Started Using the Jiff App!

- Download the Jiff-Health Benefits app, available through the Apple app Store, or Google Play. Or you can visit the website **app.jiff.com**.
 - 1 Click "Activate your account"
- 2 Use Jiff token DTNA1
- 3 Enter your date of birth and last name to verify your account
- 4 Enter an email address and password to create an account
- Log in points for health activities on the Jiff mobile app.
- To Redeem points in the Jiff mobile app Rewards Center. Click on **Rewards** from the bottom menu bar of the mobile app, then redeem your points.

Progress India Health Coaching India Health Coaching Indiance Digital Health Coaching Digital Health Coaching Outer Binnethos From York Institute Coaching Shouthoom Coaching Sho

If You Have Questions

- About the Jiff app or website, visit the Help Center at http://helpcenter.jiff.com/ or email support@jiff.com.
- About the Momentum program: email momentum@daimler.com.





Maximize Your Dental Benefits

Use network providers

Network providers agree to charge contracted amounts, so you don't need to pay excess amounts that non-network providers may charge over the allowed amounts.

Ask for a pre-treatment estimate
You can avoid surprises and know your
share of the costs.

Get preventive care

These services are paid at 90% or 100%, and can prevent or fix dental issues before they are more costly.

Dental

Dental coverage is an important part of your health care package. When you enroll in the BCBS PPO medical plan, you also receive the dental benefits.

If you receive care from a Moda Health network dentist, your out-of-pocket costs will be less. The plan allows you to use a PPO, Premier or Out-of-Network provider.

• Premier and PPO providers are considered in-network and allow you to maximize your dental benefits. You will not receive a secondary bill and the providers will process claims for you. • Out-of-Network dentists may require you to file your own claims. You may be subject to secondary billing in addition to your plan coinsurance.

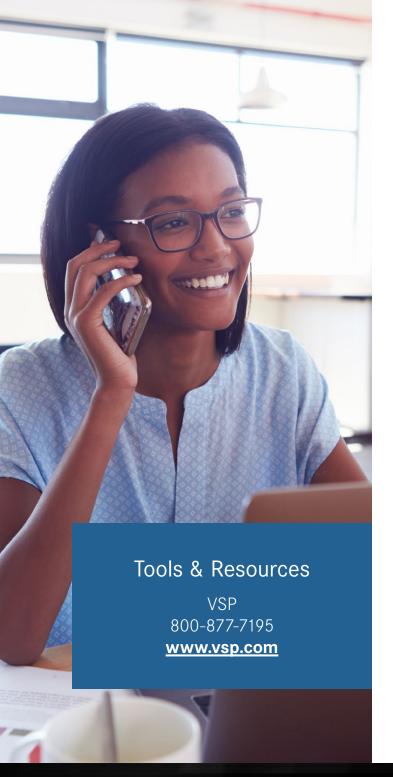
The table below summarized benefits if you use a network dentist. For a list of network dentists, got to www.modahealth.com or call 877-425-9808.

Dental Benefits Overview		
	Moda Health	
Deductible	None	
Preventive Care (oral exams, x-rays, prophylaxis treatments, fluoride treatments)	Covered at 100%	
Basic Care (fillings, endodontic treatment, periodontic treatment, oral surgery)	Covered at 80%	
Major Care (crowns, veneers & cast restorations, prosthodontics - bridges and dentures)	Covered at 80%	
Maximum Annual Benefit*	\$1,900 per person	
Orthodontia	80% up to \$1,900 lifetime max	

Based on reasonable and customary charges or contracted amounts.

* Does not apply to Pediatric (up to age 19) patients





Vision

The Daimler Trucks North America Benefit Program includes vision coverage if you elect medical coverage.

The vision care plan is offered through Vision Service Plan (VSP), one of the nation's largest providers of vision care coverage. The plan includes coverage for routine exams and eyewear through a large national network of VSP providers.

The following chart is a brief summary of the benefits available under the vision care plan if you use network providers. Limited out-of-network benefits are also available. For more information and to find VSP providers, go to www.vsp.com and use your 9-digit BCBS ID number (found on your medical ID card) to access the VSP system, or call 800-877-7195.

Vision Benefits Overview		
General Provisions	VSP In-Network	
Exams	\$25 copay¹	
Lenses	\$75-\$150 ^{1, 2}	
Frames	Up to \$75 per 24 months	
Contact Lenses ³	Up to \$215 per 12 months \$250 if medically necessary	

¹ Exams and lenses every 12 months.

Maximize Your Vision Benefits

Use network providers

You must use network providers to receive maximum benefits under the plan.
Contact VSP to find providers near you.

Get your annual exam

Your need for vision correction can change each year — make sure you and your family can perform well at work and at school with up-to-date eyeglasses or contact lenses. The annual eye exam can also identify eye health issues that you should address with your medical provider.



² Reimbursed up to predetermined amount based on lens type.

³ In lieu of eyeglasses

FSA Administrator

For expenses incurred in 2018:

WageWorks Spending Account Services 800-678-6684 myspendingaccount.wageworks.com

For expenses incurred on or after January 1, 2019:
Zenith
833-876-4964 or 503-486-2112
zenith-americanpdx.lh1ondemand.com

Use the Zenith website to easily:

- File a claim online
- Upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity, claims, and payment (reimbursement) history
- Report a lost/stolen Card and request a new one
- Update your personal profile information
- Change your login ID and/or password
- Download plan information, forms, and notifications

To get started:

- 1. Go to zenith-americanpdx.lh1ondemand.com
- 2. Under "Existing User," log into your account by entering your Username, which is the first initial of your first name/full last name/last four digits of your Social Security number (no spaces or symbols, all lower case). Your initial password is: **Welcome1** (case sensitive).
- 3. Follow the online screen instructions.

Flexible Spending Accounts

The Daimler Trucks North America Benefit Program offers two separate flexible spending accounts: the Health Care Spending Account and the Dependent Care Spending Account. These accounts are available based on employee participation. The purpose of these accounts is to save you money for certain health and dependent care expenses by letting you pay for them with pre-tax dollars.

You may use one or both accounts. When you enroll, you decide how much money you will contribute to your accounts for the upcoming year:

- Up to \$2,000 in the Health Care Spending Account
- Up to \$5,000 in the Dependent Care Spending Account (or up to \$2,500 if you are married and you and your spouse file separate income tax returns)

HEALTH CARE SPENDING ACCOUNT

The Health Care Flexible Spending Account (HCFSA) gives you a tax break on many health care expenses that are not covered by other plans. By anticipating your expenses and arranging for deductions to be made from your paycheck, you can lower your tax bill.

When you incur an eligible expense during the year, you file a claim form for reimbursement.

You must enclose a copy of the receipt showing the expense has been incurred. Your receipt must include the name and address of the person for whom the expense was incurred, date of service, description of services obtained or product purchased, and the amount charged.

Benefits Tip

For all claims with dates of service in 2018 use WageWorks to process your FSA claims by March 29th. Starting 01/01/2019, the new FSA administrator is Zenith.

Eligible Health Care Expenses

The following is a partial list of eligible expenses that may be reimbursed from the HCFSA. You may use the HCFSA for yourself and your eligible dependents, as defined under IRS Section 152. To be eligible for reimbursement, the expense cannot be covered by other insurance. See IRS Publication 502 for more information. Some examples of eligible expenses:

- Medical plan deductibles, copays and coinsurance
- Laboratory fees
- Acupuncture
- Chiropractor fees
- Hearing aids
- Medical charges over the usual and customary limits
- Orthodontia expenses not covered by a dental plan
- Vision care, lenses, frames and contact lenses not covered by a vision plan
- Over-the-counter drugs (such as cold or allergy medications) if prescribed by a doctor







Flexible Spending Accounts

DEPENDENT CARE SPENDING ACCOUNT

You can use the Dependent Care Spending Account (DCSA) to be reimbursed for:

- Dependent care at nursery schools, day camps and licensed day care centers. The day care center must comply with state and local laws and receive a fee for its services. The portion of schooling expenses that is strictly care-related may be eligible; tuition expenses for education are not.
- Services from individuals who provide day care in your home, except when the provider is the parent of the child, your dependent or your child under age 19.



- Household services related to the care of an eligible dependent.
- FICA and other taxes you pay on behalf of the day care provider.
- Generally, any other expense that qualifies as dependent care under IRS regulations.

Before enrolling in the Dependent Care Spending Account, take a careful look at whether federal or state income tax benefits on your income tax returns will save you more money than the Dependent Care Spending Account.

Benefits Tip

Because the IRS is allowing you to lower your taxes, certain restrictions apply. When you decide on your annual contribution to either or both accounts, be conservative in your estimate. Do not contribute more than you are certain you will use during the calendar year for eligible expenses. Any money that is left over after reimbursements are made for claims incurred during the year will be forfeited. If you are a new hire, be sure to only contribute the amount(s) you are certain you will use as of your hire date through the end of the calendar year in which you were hired.





Eligible Child(ren) for Optional Life and AD&D Coverage

To be eligible for coverage, a child must be your natural child, adopted child or stepchild who is:

- under age 19, unmarried and supported by you; or
- under age 26 and who is a full-time student at an accredited school, college, or university that is licensed in the jurisdiction where it is located, is unmarried, is supported by you and is not employed on a full-time basis.

The child may not be:

- in the military of any country or subdivision of any country;
- living outside the United States or Canada; or
- insured as an employee under a Daimler Trucks North America LLC group policy

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

Life insurance helps protect your family from a sudden loss of income resulting from your death. AD&D insurance pays benefits for accidental death and certain serious bodily injuries.

Type of Insur	ance	Coverage	Notes
Basic Life Insurance Company paid		2x Base Salary plus \$10,000	You name a beneficiary. Coverage is reduced to 65% when you reach age 70 and reduces to 50% when you reach age 75.
Optional Employee Li You pay the full cost of		1-3x Base Salary	Evidence of insurability may be required before coverage is approved. You name a beneficiary. Coverage is reduced to 65% when you reach age 70 and reduces to 50% when you reach age 75.
Optional Dependent Life Insurance* You pay the full	Spouse*	\$10,000 - \$100,000	Evidence of insurability may apply before coverage is approved. Spouse coverage ends at age 70. You are the beneficiary for spouse life insurance.
cost of coverage	Child*	\$2,000, \$5,000 or \$10,000	You are the beneficiary for child life insurance.
Optional Accidental E Dismemberment (AD for Employee and/or Members You pay the full cost of	&D) Insurance Family	\$25,000 - \$500,000	If death is the result of an accident the full amount of the AD&D benefit is paid. If the insured person is seriously injured in an accident, all or part of the AD&D benefit is paid depending on the nature of the injury. You name a beneficiary for employee coverage; you are the beneficiary for dependent coverage.

^{*} Note: If you and your spouse both work for Daimler, only one of you can cover each child, and neither of you can cover the other under Optional Dependent Life Insurance.

Benefits Tip

You are required to name a beneficiary for your life insurance. It is also your responsibility to update as necessary if you have a family change. The process is paperless — you make a beneficiary change online at www.MyADP.com or by phone at 800-605-6031.

Will Preparation and Estate Resolution Services

Will preparation and estate resolution services are available if you are enrolled in optional life insurance. Services are provided through Hyatt Legal Plans, and are fully paid when a Hyatt participating attorney is used.

Call Hyatt Legal Plans at 800-821-6400 and provide the Daimler name, 117550 group number and your Social Security number.





Disability

As an eligible employee, you automatically receive Short-Term Disability (STD) and Long-Term Disability (LTD) coverage after 12 months of service. If you're ill or injured and unable to work due to a non-occupational illness or injury, STD and LTD benefits work together to ensure that your pay continues while you are disabled. You must file a claim to receive benefits. To initiate a claim, please contact Sedgwick at 866-530-2280.

SHORT-TERM DISABILITY

Pays 70% of your weekly base pay for up to 182 days after a seven day waiting period. Daimler Trucks North America pays the full cost of this coverage. You are eligible for coverage after one year of service.

LONG-TERM DISABILITY

Daimler Trucks North America provides LTD coverage equal to 66 2/3% of your monthly base pay, with benefits beginning after 26 weeks of disability. See your union contract for details.

Benefits Tip

Report time away from work due to disability immediately to make sure benefits are paid in a timely manner. You can also call Sedgwick with questions about disability and medical leave claims.

Employee Assistance Program (EAP)

Balancing life's challenges is not always easy. Fortunately, there is a place to turn for help when you need it — the Employee Assistance Program. This confidential, comprehensive resource is available to all employees and anyone residing with them by calling 877-251-9695. You will also find resources and information on their website at www.myCigna.com. The EAP is designed to provide fast, convenient answers on a wide range of topics such as managing stress, substance abuse, finding child care, consumer resources, legal and financial issues, and emotional well-being.

Examples of how the company-paid EAP can help with life's challenges:

- Counseling by phone or in person (up to 3 visits per issue at no cost to you)
- Up to 30 minute free consultation with an attorney and 25% discount on select fees
- Help finding child care, elder care and pet care
- Educational guidance information, from online degrees to financial aid
- Identity theft consultation with a fraud resolution specialist
- Answers to financial questions

HELP WHEN YOU NEED IT, 24/7 877-251-9695







Enroll in voluntary benefits

through Corestream at www.MyADP.com.

Customer Service 855-990-4400

email: customerservice@corestream.com

Enrollment Customer Service 855-952-1200

email:

enrollmentcustomercare@corestream.com



To help meet your personal and family insurance needs, you may enroll in one or more voluntary plans. These plans are offered through national companies with proven track records. You pay the premiums for these plans with after-tax payroll contributions. The descriptions provided below are brief overviews only and do not include all coverage details, including limitations and exclusions; the insurance documents and policies govern the payment of benefits.

METLIFE CRITICAL ILLNESS INSURANCE

The signs pointing to a critical illness are not always clear and may not be preventable, but Group Voluntary Critical Illness Insurance can help offer financial protection in the event you are diagnosed. This insurance pays benefits that can be used for non-medical expenses that health insurance might not cover. You select the benefit coverage amount that you want based on your individual need and your budget. If you have covered family members, coverage also provides cash benefits for them. If diagnosed with a covered critical illness — such as heart attack, cancer or stroke — you will receive a cash benefit based on the percentage payable for the condition.

AUTO & HOME INSURANCE WITH AUTO QUOTING

With the Auto & Home Insurance program offered through your employer, you will enjoy special employee savings. Complete one online form and instantly compare real-time, side by side auto insurance quotes from leading national carriers. Apply for additional coverage

for your home, condo, vacation property, boats, recreational vehicles, and more. By bundling your insurance, you could save even more when you insure with the same carrier. Take advantage of convenient payment options, including automatic payroll deduction and through an escrow account for home insurance. Coverage can begin as early as the next day.

ID WATCHDOG IDENTITY THEFT PROTECTION

Enroll in proactive credit and identity protection from ID Watchdog. Advanced identity monitoring scours billions of public records to search for signs of potential identity theft. If your identity is stolen, dedicated resolution advocates fully manage your case until it is resolved. You will also get up to \$1 million Identity Theft Insurance that helps pay certain out-of-pocket expenses. 24/7 customer care specialists are there when you need them.

LEGAL SERVICES

The MetLaw plan from Hyatt Legal Plans provides you and your family legal advice and representation on a wide range of personal legal matters, including estate planning, traffic offenses, juvenile matters, and more. Access a nationwide network of 14,000 experienced plan attorneys and pay one low, monthly cost no matter how many times you use a plan attorney for covered services. (Program subject to annual enrollment terms.)

NATIONWIDE PET HEALTH INSURANCE

Get up to 90% back on vet bills with the My Pet Protection® plan from Nationwide. This program is exclusively for employees and gives your pet superior protection at an unbeatable price. Visit any vet, anywhere! Members have access to a 24/7 vet helpline. Policies cover common illnesses, including ear infections, vomiting, and diarrhea, as well as serious/chronic illnesses, including cancer, diabetes, hereditary and congenital conditions, and more. Sign up multiple pets and receive a discount for even more savings. There are coverage options for avian and exotic pets too!





Need Some Help?

Benefit Contact Information			
Contact	Telephone Number	Website/eMail	
Benefits Service Center	800-605-6031	www.MyADP.com	
Blue Cross Blue Shield PPO Plan	866-322-4784	www.bcbsm.com	
Express Scripts Pharmacy	800-818-1030	www.expressscripts.com	
Moda Health	877-425-9808	www.modahealth.com	
Vision Service Plan (VSP)	800-877-7195	www.vsp.com	
Zenith (Health Care FSA): expenses incurred on/after 1/1/2019	833-876-4964 or 503-486-2112	zenith-americanpdx.lh1ondemand.com	
WageWorks Spending Account Services for FSA expenses incurred through 12/31/2018	800-678-6684	https://managemyspendingaccount. wageworks.com	
401(k) Plan	855-401-5205	https://daimler.voyaplans.com	
Employee Assistance Program (EAP)	877-251-9695	www.myCigna.com	
Sedgwick (Disability and FMLA)	866-530-2280	n/a	
Doctor on Demand	800-997-6196	www.doctorondemand.com/dtna	
Best Doctors	866-904-0910	www.bestdoctors.com/members	
CareHere Onsite Health Clinics	877-423-1330	www.CareHere.com	
Castlight Online Medical Services Shopping Tool	866-960-0872	www.mycastlight.com/dtna	
Momentum, powered by Jiff Wellness Program	n/a	http://app.jiff.com (Use Jiff token: DTNA1)	
Abenity Discount Program	n/a	To register: https://dtna.abenity.com (Use Registration code: DTNA1)	
Corestream (Voluntary Benefits)	Customer service: 855-990-4400 Enrollment customer service: 855-952-1200	customerservice@corestream.com enrollmentcustomercare@corestream.cor	

About This Communication

The official plan documents govern the terms and conditions of the plans and will control in the event of any discrepancy between this communication and the official plan documents. Daimler Trucks North America LLC retains the rights to change, modify, suspend, interrupt or terminate in whole or in part any of the published or unpublished employee benefit plans of Daimler Trucks North America LLC that are not controlled by a collective bargaining agreement, without advance notice, at its sole discretion.

