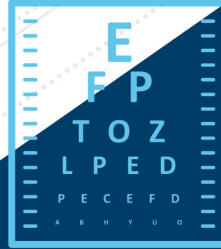


AMCO Transportation Company



2025
**BENEFIT
GUIDE**

January 1, 2025—December 31, 2025

Welcome

AMCO Transportation offers you and your family members a comprehensive and valuable benefits program. Our employees are our most valuable asset that is why we are committed to an employee benefit program that helps our employees stay healthy, feel secure, and maintain a work/life balance. Every effort is made to provide you with a thorough plan of benefits while still keeping costs fair and manageable for both the company and our employees. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

ANNUAL OPEN ENROLLMENT

December

BENEFITS CONTACT

Sylvia Uranga

Sylvia.Uranga@hubinternational.com

817-529-5314

IMPORTANT!

New Hires - you will become eligible for benefits on the 1st of the month following 60 days of employment. The benefits you elect will be in effect until November 30, 2024.

Current Employees - Open Enrollment will occur annually during the month of December. The benefits you elect during Open Enrollment this year will be effective from January 1, 2025 through December 31, 2025.

Eligibility Guidelines

Who Can you Cover?

You and your dependents are eligible to enroll in Bennet Partners benefits if:

You are a full-time benefits eligible team member

Your dependents meet the following criteria:

- **Dependent Child:** Your child is an eligible dependent from birth through the month of their 26th birthday.
- **Spouse:** Legal Spouses.

When Can I Make Changes to My Benefits?

If you experience a qualifying life event that results in the gain or loss of insurance for yourself and/or your dependents, **you must report it to HR within 31 days of the event.**

Examples of qualifying life events:

- Marriage or divorce
- Birth or adoption
- Death of spouse or child
- Gain or loss of other coverage
- You or your eligible family members experiences a change in employment status that affects benefits eligibility (e.g. transitioning from part-time to full time)
- Dependent child reaches 26 years of age
- FMLA leave, COBRA event, court judgment or decree
- Becoming eligible for Medicare
- Loss of Medicaid an/or CHIP
- Receiving a Qualified Medical Child Support Order

IMPORTANT

If you decide not to enroll in benefits for the 2025 benefit plan year, you will need to wait until the next open enrollment period to select benefits for the 2026 plan year unless you experience a qualifying life event.

How To Enroll



Step 1:

Review your current benefits elections. Verify all of your personal information and make any necessary changes.



Step 2:

Make sure you understand your new options and ask any questions you may have.



Step 3:

Make your benefits elections on the consolidated election form provided to you during open enrollment. Submit your form to HR once your form is completely filled out.

Medical Insurance

PPO Plan (S663CHC)

Benefits (In Network)	
Deductible (Individual / Family)	\$3,100 / \$9,200
Coinsurance	70%
Out-of-Pocket Max (Individual /	\$9,200 / \$18,400
Preventive Care	100% of Allowable Amount
Office / Specialist Visit	\$50 Copay / \$100 Copay
Urgent Care	\$100 Copay
Emergency Room	\$600 Copay + Deductible + 30%
Inpatient Hospital Services	\$350 + Deductible + 30%
Outpatient Surgeries/Therapies	\$300 + Deductible + 30%
Prescription Drugs	Pharmacy
Generic	Preferred / Non Preferred
Non Preferred Brand	\$10 Copay / \$20 Copay
Preferred Brand	\$50 Copay / \$70 Copay
Speciality	\$100 Copay / \$120 Copay
Mail Order	\$150 Copay / \$250 Copay
	3X
Out-of-Network	
Deductible (Individual / Family)	\$6,200 / \$18,400
Coinsurance	50%
Out-of-Pocket Max (Individual /	Unlimited



bcbstx.com



1-800-521-2227



Network: Blue Choice

Certain high cost drugs require Prior Authorization (PA) and non - preferred drugs require Step Therapy (ST) to be covered by the pharmacy benefit plan. Visit bcbstx.com or call the number on the back of your ID card for the complete list of drugs that require these programs.

Summary of Employee Costs

	Total Monthly Cost	Employer Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
Employee Only	\$770.10	\$577.58	\$192.53	\$44.43
Employee + Spouse	\$1,540.20	\$962.63	\$577.58	\$133.29
Employee + Child(ren)	\$1,540.20	\$962.63	\$577.58	\$133.29
Family	\$2,310.30	\$1,347.68	\$962.63	\$222.14

Medical Insurance

HMO Plan (\$644ADT)

Benefits (In Network)	
Deductible (Individual / Family)	\$8,200 / \$16,400
Coinsurance	100%
Out-of-Pocket Max (Individual /	\$8,200 / \$16,400
Preventive Care	100% of Allowable Amount
Office / Specialist Visit	\$55 Copay / \$110 Copay
Urgent Care	\$75 Copay
Emergency Room	\$500 Copay + Deductible
Inpatient Hospital Services	\$350 + Deductible
Outpatient Surgeries/Therapies	\$300 + Deductible
Prescription Drugs	Pharmacy
Generic	Preferred / Non Preferred
Non Preferred Brand	\$10 Copay / \$20 Copay
Preferred Brand	\$50 Copay / \$70 Copay
Specialty	\$100 Copay / \$120 Copay
Mail Order	\$150 Copay / \$250 Copay
	3X
Out-of-Network	
Deductible (Individual / Family)	N/A
Coinsurance	N/A
Out-of-Pocket Max (Individual /	N/A



bcbstx.com



1-800-521-2227



Network: Blue Advantage

Certain high cost drugs require Prior Authorization (PA) and non - preferred drugs require Step Therapy (ST) to be covered by the pharmacy benefit plan. Visit bcbstx.com or call the number on the back of your ID card for the complete list of drugs that require these programs.

You must elect a Primary Care Physician (PCP), if you elect the HMO plan.

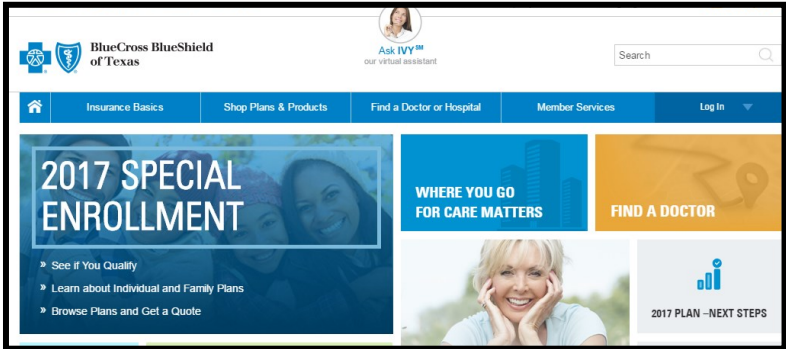
All specialist visits will require a referral from your PCP.

Summary of Employee Costs

	Total Monthly Cost	Employer Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Pay Period
Employee Only	\$504.58	\$378.44	\$126.15	\$29.11
Employee + Spouse	\$1,009.16	\$630.73	\$378.44	\$87.33
Employee + Child(ren)	\$1,009.16	\$630.73	\$378.44	\$87.33
Family	\$1,513.74	\$883.02	\$630.73	\$145.55

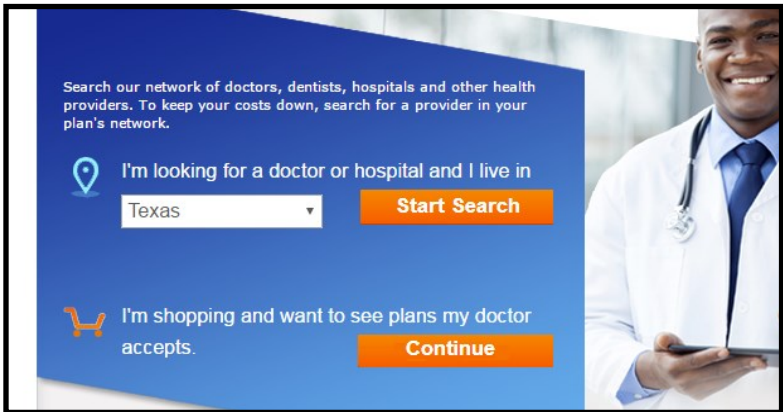
How to Find a Provider

Step 1



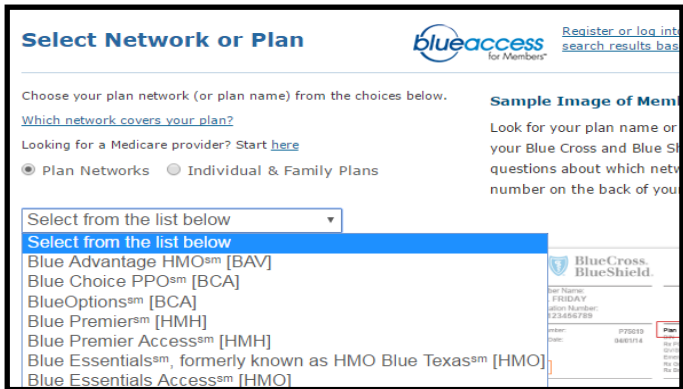
From the www.bcbstx.com website, select “Find a Doctor” in the middle of the top bar.

Step 2



Search as a Guest for an In-Network Provider. You receive insurance through your employer as a member searching for medical care.

Step 3



Next, choose your network. You will choose the **BlueChoice PPO network**. Then you will search by name, zip code, or provider type.

Virtual Visits



MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus Infection

Pediatric Care

- Cold/Flu
- Ear Problems
- Pinkeye

Behavioral Health

- Anxiety/Depression
- Child behavior/learning issues
- Marriage problems



Website:

Visit the website

MDLIVE.com/BCBSTX

- Choose a doctor
- Video chat with the doctor
- You can also access through Blue Access for MembersSM



Mobile app:

- Download the MDLIVE app from the Apple App StoreSM or Google PlayTM Store
- Open the app and choose an MDLIVE doctor
- Chat with the doctor from your mobile device



Telephone:

- Call MDLIVE (888-676-4204)
- Speak with a health service specialist
- Speak with a doctor

Get connected today!

To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.

The BCBSTX App!



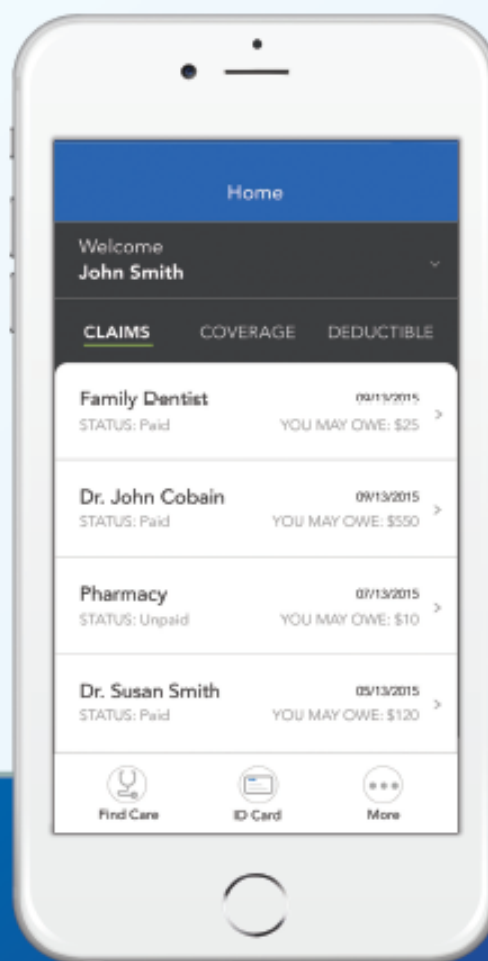
Stay connected with Blue Cross and Blue Shield of Texas (BCBSTX) and access important health benefit information wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card

Available in Spanish

Text* **BCBSTXAPP** to **33633**
to get the app.

* Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.



bcbstx.com/mobile

Medical Resources

Right care. Right place. Right Savings.

With many options for getting care, how do you choose? This chart can help you understand where to go for what - and how you can save money.

Where to go	What it is	Type of Care
Virtual Visit 	A virtual visit lets you see a doctor via your smartphone, tablet, or computer.	<ul style="list-style-type: none"> Allergies Bladder Infections Bronchitis Cough/colds Diarrhea Fever Pink eye Rashes Seasonal flu Sinus problems Sore throats Stomach aches
Convenience Care Clinics 	Visit a convenience care clinic when you can't see your doctor and your health issue isn't urgent. These clinics are often in stores.	<ul style="list-style-type: none"> Common infections (e.g. strep throat) Minor skin conditions (e.g. poison ivy) Vaccinations Pregnancy tests Minor injuries Ear aches
Primary Care Physician 	Go to a doctor's office when you need preventive or routine care. Your primary doctor can access your medical records, manage your medications and refer you to a specialist if needed.	<ul style="list-style-type: none"> Checkups Preventive Services Minor skin conditions Pregnancy tests Vaccinations General Health Management
Urgent Care 	Urgent care is ideal for when you need care quickly, but it is not an emergency (and your doctor isn't available). Urgent care centers treat issues that aren't life threatening.	<ul style="list-style-type: none"> Sprains Strains Small cuts that may need a few stitches Minor burns Minor infections Minor broken bones
Emergency Room	The ER is for life-threatening or very serious conditions that require immediate care. This is also when to call 911.	<ul style="list-style-type: none"> Heavy Bleeding Large open wounds Sudden change in vision Chest Pain Sudden weakness or trouble talking Major burns Spinal Injuries Severe head injury Breathing difficulty Major broken bones

Prescription Resources

Pharmacy and Prescription Plan Information



If you are a BCBSTX member, log in to your Blue Access for Members (BAM) account to learn more about your prescription drug benefits. Be sure to review your benefit materials for details. If you have any questions about your prescription drug benefits, call the Pharmacy Program number on the back of your member ID card.

Prescription Drug List

A drug list is a list of drugs that are covered under your prescription drug benefit. How much you pay out of pocket is determined by whether your drug is on the list and at what coverage level, or tier. A **generic drug** is often at the lowest tier. See if your drug is covered by visiting: <https://www.bcbstx.com/member/prescription-drug-plan-information/drug-lists>.



Preferred Pharmacy Network

- When you visit a preferred pharmacy, you'll get the lowest copay or coinsurance amount
- Preferred pharmacies include Walgreens, Walmart, Albertsons, Brookshire's, H-E-B, Health Mart Atlas



Find a PPN

- You can find preferred pharmacies on myprime.com by using the "preferred" filter



90-Day Supply

- You may be able to fill up to a 90-day supply of prescription drugs at these preferred pharmacies.
- For your convenience you can switch to home delivery service.

GoodRx

www.goodrx.com



Search & Compare Prices

Find the lowest prices for your prescriptions at more than 75,000 pharmacies



Save to My Rx

Save your prescriptions to track prices, receive savings alerts and refill reminders



Get Free Coupons

GoodRx coupons can save up to 80% on your prescriptions at no cost to you



Show to Your Pharmacist

It's easy, just show the GoodRx app to your pharmacist when picking up your prescription

Save up to 80% on your prescriptions with the free

★★★★★ 100,000 +

GoodRx is the #1 free medical app for

Download on the App Store GET IT ON Google Play

PLEASE NOTE: You have a choice to use your insurance or the coupon but you cannot use both. If you use the coupon, the cost of that medication will not apply toward your deductible or max out of pocket.

Preventive Services

Focus on Prevention

Laying the groundwork for a healthy tomorrow means disease prevention and early detection.

Many chronic diseases and conditions can be prevented and/or managed through early detection. Preventive screenings are an important way to track your health and avoid chronic conditions before they become more serious.

Please take full advantage of your preventive care benefits and other available wellness resources. After completing a health screening, take appropriate steps to improve your health. Talk with your physician about ways to improve your health. There is no better time than now to get started - and head off potential health problems before they begin.

The **Affordable Care Act (ACA)** requires non-grandfathered health plans and policies to provide coverage for “preventive care services” without cost-sharing (such as coinsurance, deductible, or copayment), when the member uses a network provider. Services include certain screenings, immunizations, and other types of care, as recommended by the government.

General Highlights of Preventive Services Coverage under ACA

- Applies to group health plans including insured and self-insured plans, as well as individual and family policies
- Preventive services are to be covered without any cost-sharing when using a network provider. Cost-sharing can still be required when using a provider out of network.
- Plans that cover preventive services in addition to those required under ACA may apply cost-sharing requirements for the additional services.

Offered Preventive Care Services

Evidence-based preventive services: The list of AVA required preventive services includes those that are recommended and rated “A” or “B” by the USPSTF

Routine Vaccinations: A list of immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention are considered routine for use with children, adolescents, and adults, and range from childhood immunizations for periodic tetanus shots for adults.

Prevention for Children: Preventive care guidelines for children from birth to age 21 developed by Health Resources and Services Administration with the American Academy of Pediatrics. Services include regular pediatrician visits, developmental assessments, immunizations, and screening and counseling to address obesity.

Prevention for Women: The regulation mandates coverage for certain preventive care measures for women. These recommendations include annual well-woman visits and all FDA– approved methods of contraception, among other things.

Voluntary Dental Insurance

PPO Dental Plan

Plan Features	NAP
Dental Annual Max	\$1,500 (per member)
Annual Deductible	\$50 employee/ \$150 per family
Preventive (i.e. routine exams, cleanings)	Covered 100% Deductible Waived
Basic Services (i.e. fillings, extractions)	Covered 80% after Deductible
Major Services (i.e. crown, bridges)	Covered 50% after Deductible
Periodontics and Endodontics	Basic Services
Out of Network Benefits	90th Percentile



www.guardiananytime.com
1-800-873-4542

The Guardian dental plans allow you to seek treatment from the provider of your choice, however you will get the benefit of network discounts and have lower out of pocket costs if you use the Guardian network of dental providers. If you see an out-of-network dentist, you can be balance billed.

Summary of Employee Costs

	Total Employee Monthly Cost	Employee Cost Per Pay Period
Employee Only	\$30.96	\$7.14
Employee + Spouse	\$62.86	\$14.51
Employee + Child(ren)	\$92.98	\$21.46
Family	\$134.42	\$31.02

Voluntary Vision Insurance

Vision Plan	
Plan Features	VSP Network
Exam	\$25 Copay
Lenses	\$25 Copay
Frames	\$130 Allowance: 15% off balance over \$130
Elective Contact Lenses	\$130 Allowance; 15% off balance over \$130
Frequency Based on Date of Service	=> Exam-once per calendar year => Lenses-once per calendar year



www.vsp.com
1-800-873-4542

The Guardian vision plan allows you to seek treatment from the provider of your choice, however you will get the benefit of network discounts and have lower out of pocket costs if you use the Vision Service Plan network of vision. If you see an out-of-network providers, you can be balance billed.

Contact Lenses are covered in lieu of eyeglass lenses and frames in a plan year.

Summary of Employee Costs		
	Total Employee Monthly Cost	Employee Cost Per Pay Period
Employee Only	\$6.53	\$1.51
Employee + Spouse	\$12.35	\$2.85
Employee + Child(ren)	\$12.59	\$2.91
Family	\$19.93	\$4.60

Life and AD&D Insurance



Basic Life Insurance

AMCO Transportation provides full-time employees with a \$20,000 group Life and Accidental Death and Dismemberment (AD&D) policy through Guardian, and pays the full cost of this benefit. Please contact Human Resources to update your beneficiary, if necessary.

Voluntary Life Insurance

Employees can purchase additional Life Insurance coverage through Guardian. When you enroll yourself and/or your dependents in this benefit, you pay the full cost of coverage through payroll deductions.

Plan Features	Voluntary Life Plan
Employee	
Benefit Increment Amount	\$25,000
Maximum Amount	\$250,000
Guarantee Issue Amount (New Hires Only)	\$50,000
Employee Age Reductions	35% at age 65, 60% at age 70, 75% at age 75
Spouse	
Benefit Increment Amount	\$10,000
Maximum Amount	50% of Employees Elected amount up to \$100,000
Guarantee Issue Amount (New Hires Only)	\$10,000
Spouse Age Reductions	35% at age 65, 60% at age 70, 75% at age 75
Children (14 days up to 26)	
Benefit Increment Amount	\$5,000
Maximum Amount	\$10,000
Guarantee Issue Amount	\$10,000

Premiums

Premiums are based on employee's age for spouse and the amount of coverage you elect. Premiums for children are a flat rate. Please see following pages for a rate chart.

Evidence of Insurability

If you choose to add or increase your current election you will be required to complete Evidence of Insurability and will have to be approved by the carrier.

Voluntary Life Insurance Rates



Voluntary Life Cost Illustration (Weekly Cost includes AD&D)

Weekly premiums displayed. Cost of AD&D is included.

Employee	Policy Election Cost Per Age Bracket								
	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$25,000	\$1.11	\$1.17	\$1.41	\$1.96	\$2.99	\$4.66	\$7.14	\$9.44	\$14.08
\$50,000	\$2.22	\$2.33	\$2.82	\$3.92	\$5.99	\$9.32	\$14.27	\$18.89	\$28.15
\$75,000	\$3.32	\$3.50	\$4.22	\$5.89	\$8.98	\$13.99	\$21.41	\$28.33	\$42.23
\$100,000	\$4.43	\$4.66	\$5.63	\$7.85	\$11.98	\$18.65	\$28.55	\$37.78	\$56.31
\$125,000	\$5.54	\$5.83	\$7.04	\$9.81	\$14.97	\$23.31	\$35.68	\$47.22	\$70.39
\$150,000	\$6.65	\$6.99	\$8.45	\$11.77	\$17.97	\$27.97	\$42.82	\$56.67	\$84.46
\$175,000	\$7.75	\$8.16	\$9.85	\$13.73	\$20.96	\$32.63	\$49.96	\$66.11	\$98.54
\$200,000	\$8.86	\$9.32	\$11.26	\$15.69	\$23.95	\$37.29	\$57.09	\$75.55	\$112.62
\$225,000	\$9.97	\$10.49	\$12.67	\$17.65	\$26.95	\$41.95	\$64.23	\$85.00	\$126.69
\$250,000	\$11.08	\$11.65	\$14.08	\$19.62	\$29.94	\$46.62	\$71.37	\$94.44	\$140.77

Policy Election Amount									
Spouse/DP	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$10,000	\$0.44	\$0.47	\$0.56	\$0.79	\$1.20	\$1.87	\$2.86	\$3.78	\$5.63
\$20,000	\$0.89	\$0.93	\$1.13	\$1.57	\$2.40	\$3.73	\$5.71	\$7.56	\$11.26
\$30,000	\$1.33	\$1.40	\$1.69	\$2.35	\$3.59	\$5.59	\$8.56	\$11.33	\$16.89
\$40,000	\$1.77	\$1.87	\$2.25	\$3.14	\$4.79	\$7.46	\$11.42	\$15.11	\$22.52
\$50,000	\$2.22	\$2.33	\$2.82	\$3.92	\$5.99	\$9.32	\$14.27	\$18.89	\$28.15
\$60,000	\$2.66	\$2.80	\$3.38	\$4.71	\$7.19	\$11.19	\$17.13	\$22.67	\$33.79
\$70,000	\$3.10	\$3.26	\$3.94	\$5.49	\$8.38	\$13.05	\$19.98	\$26.44	\$39.42
\$80,000	\$3.55	\$3.73	\$4.51	\$6.28	\$9.58	\$14.92	\$22.84	\$30.22	\$45.05
\$90,000	\$3.99	\$4.20	\$5.07	\$7.06	\$10.78	\$16.78	\$25.69	\$34.00	\$50.68
\$100,000	\$4.43	\$4.66	\$5.63	\$7.85	\$11.98	\$18.65	\$28.55	\$37.78	\$56.31

Policy Election Amount									
Child(ren)	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$5,000	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19	\$0.19
\$10,000	\$0.39	\$0.39	\$0.39	\$0.39	\$0.39	\$0.39	\$0.39	\$0.39	\$0.39

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Spouse/DP coverage premium is based on Employee age.

†Benefit reductions apply.

The Guarantee Issue amount may be subject to reductions by percentage at the ages shown in this summary.



Do you have questions concerning your benefits?

The HUB Fort Worth team is here to assist you with all your benefits needs. Your designated account manager is an expert when it comes to your benefits package and is able to assist you with the following:

- Benefits plan selection
- Submission of claims
- Appeal of claims
- Provider networks
- Qualifying life events



HUB International offers a direct line for all of your employee benefits related claims and questions. You can send your questions by email or call to speak with a representative. A GBC team member will respond to your inquiry as promptly as possible.

Account Manager

Sylvia Uranga

Sylvia.uranga@hubinternational.com

(817) 529-5314

Bilingual Representative

Elizabeth Philpott

Elizabeth.Philpott@hubinternational.com

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