

Supplemental Health Benefits

Accident Coverage

Accident coverage pays a benefit for you and your covered family members if you have an accident. Benefits are payable to you, and you can use them however you need to.

Critical Illness Coverage

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

Hospital Indemnity Coverage

Hospital Indemnity Coverage pays cash benefits directly to you if you have a covered stay in a hospital or intensive care unit.

All Supplemental Health coverage is guarantee issue, which means you don't have to answer any medical questions. For a complete list of potential benefits, review the benefits brochure at mydasekebenefits.com.

Life and Disability Insurance

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

Daseke provides employees with Basic Life and AD&D insurance as part of your basic coverage through Voya, which guarantees that your spouses or other designated survivor(s) continue to receive benefits after death. Your Basic Life and AD&D insurance benefit is \$50,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

You also have access to Voluntary Life insurance for yourself, your eligible spouse, and child(ren). If elected, these voluntary coverages would be paid through payroll deductions.

Short and Long Term Disability

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

Log onto mydasekebenefits.com for more information.

Retirement Planning

The Daseke 401(k) Plan provides you with the tools to prepare for a secure retirement, no matter your age. Eligible employees can invest for retirement while receiving certain tax advantages.

PLAN AT A GLANCE	
PLAN NAME	Daseke 401(k) Plan
RECORDKEEPER	Fidelity
WEBSITE	www.401k.com
ELIGIBILITY	After completing 6 months of service and attaining age 21. All enrollments are effective the first of the following quarter
COMPANY MATCH	Daseke will match 100% for the first 3% you contribute and 50% for the next 2%. The maximum company matching contribution is 4% of your pay.

The deferred contribution limit set annually by the IRS is \$20,500 for 2023. Ages 50 and older may make an additional \$6,500 contribution.

Employee Assistance Program

Our Employee Assistance Program (EAP), through SupportLinc, can help you and your family with mental and emotional health. And it comes at no cost to you — whether you're enrolled in a company-sponsored medical plan or not. You have 24-hour access to helpful resources by phone, and the EAP benefit includes unlimited telephonic and five face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with your employer. You may access information, benefits, educational materials, and more either by phone at 888-881-LINC (5462) or online at www.supportlinc.com (username: daseke).

Mobile Health Consumer App



No matter where the road takes you, let the Mobile Health Consumer App Assist you along the way! Download today!

The app is personalized to you:

- View Medical ID Cards and Plan Summaries
- Check your Deductible and Out-of-Pocket Information
- Access telemedicine for on-the-go non-urgent medical care
- Single sign-on to BCBS to find a provider and estimate your cost for services
- Review and update your benefit elections on mydasekebenefits.com

Important Contacts

Medical

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

Pharmacy

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

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

Voya
877-236-7564
www.voya.com/claims

Well on Target

877-806-9380

Dental

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

Vision

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

Health Savings Account

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

Flexible Spending Accounts

benefitsexpress,
a WEX Company
888-DASEKE-1 (888-327-3531)
mydasekebenefits.com
Claims@benefitsexpress.com

Life and AD&D

Voya
888-238-4840
www.voya.com/claims

Disability

Voya
866-228-8742
www.voya.com/claims

Retirement

Fidelity
800-835-5097
www.401k.com

Employee Assistance Program

SupportLinc Powered by CuraLinc
888-881-LINC (5462)
www.supportlinc.com
Username: daseke

Identity Theft

ID Watchdog
866-513-1518
www.mydasekebenefits.com

Daseke Benefit Center (DBC)

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



Employee Benefits

2023

DASEKE[®]
BENEFITS

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

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

Medical Benefits

Our medical coverage helps maintain your wellbeing through preventive care, access to an extensive network of providers and affordable prescription medication. Medical coverage is provided by Blue Cross Blue Shield of Texas (BCBSTX).

Your pharmacy benefits are coordinated through Prime Therapeutics, part of the BCBSTX family. You will have ONE ID card for medical coverage, prescription drug benefits, and MDLive Telemedicine Services!

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

	HEALTH SELECT		HEALTH CHOICE		HEALTH ADVANTAGE	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE						
INDIVIDUAL	\$3,000	\$10,000	\$2,000	\$10,000	\$1,000	\$10,000
FAMILY	\$6,000	\$20,000	\$4,000	\$20,000	\$2,000	\$20,000
COINSURANCE (MEMBER PAYS)	20%	50%	20%	50%	10%	50%
OUT-OF-POCKET MAXIMUM (DEDUCTIBLE INCLUDED)						
INDIVIDUAL	\$6,550	\$20,000	\$5,000	\$20,000	\$3,000	\$20,000
FAMILY	\$13,100	\$40,000	\$10,000	\$40,000	\$6,000	\$40,000
COPAYS/COINSURANCE						
PREVENTIVE CARE VISIT	100% No Charge	50%*	100% No Charge	50%*	100% No Charge	50%*
PHYSICIAN OFFICE VISIT	20%*	50%*	\$30 copay	50%*	\$20 copay	50%*
SPECIALIST OFFICE VISIT	20%*	50%*	\$50 copay	50%*	\$30 copay	50%*
MDLIVE - TELEMEDICINE	\$44	Not Covered	100% No Charge	Not Covered	100% No Charge	Not Covered
X-RAY/LAB DIAGNOSTICS	20%*	50%*	20%*	50%*	10%*	50%*
INPATIENT HOSPITAL	20%*	50%*	20%*	50%*	10%*	50%*
MENTAL HEALTH - OUTPATIENT	20%*	50%*	20%*	50%*	10%*	50%*
EMERGENCY ROOM	20%*	40%*	20%*	30%*	10%*	10%*
PHARMACY: RETAIL RX (30-DAY SUPPLY)/MAIL ORDER RX (90-DAY SUPPLY)						
DEDUCTIBLE	Included with Medical	Not Covered	\$150 (Brand Only)	Not Covered	None	Not Covered
GENERIC	\$10*/\$30*		\$10/\$30		\$10/\$30	
PREFERRED	20%*		\$60/\$180		\$30/\$90	
NON-PREFERRED	20%*		\$125/\$375		\$50/\$150	
SPECIALTY	20%*/Not Covered		\$200/Not Covered		\$100/Not Covered	

*After deductible

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

Monthly Medical Contributions

Below you will see the monthly medical contributions offered to all full-time employees through Daseke Benefits.

	HEALTH SELECT	HEALTH CHOICE	HEALTH ADVANTAGE
EMPLOYEE ONLY	\$0.00	\$69.07	\$399.77
EMPLOYEE + SPOUSE	\$290.57	\$510.74	\$1,015.17
EMPLOYEE + CHILD(REN)	\$158.76	\$338.49	\$738.95
EMPLOYEE + FAMILY	\$372.90	\$679.97	\$1,365.65

Enhanced Medical Benefits

Hinge Health

As a member of Blue Cross and Blue Shield of Texas, you get access to an innovative digital program for chronic back, knee, hip, shoulder, and neck pain at no cost to you. This program is provided by Hinge Health.

Livongo

Livongo is a health benefit that helps make managing your diabetes easier, and it's included in your benefits. The program is offered to you and your family members with diabetes and coverage through Blue Cross and Blue Shield of Texas (BCBSTX).

MDLive

This benefit is available to all employee and dependents enrolled in a medical plan through Daseke Benefits. MDLive gives on-demand access to board-certified providers. You and your family can be treated for general health issues from the convenience of your home or while you are on the go. With MDLive, not only do you have access to urgent, on-demand services, you can also choose to create a primary relationship with a provider you enjoy working with for non-urgent matters. Telemedicine services have a \$0 copay for all plans except for the Health Select Plan. The Health Select Plan has a small fee of \$44.



Scan with your phone to register today for MDLive!

Health Savings Account

When you enroll in the Health Select Plan, you can contribute to a Health Savings Account (HSA). Contributions to an HSA and withdrawals for qualified medical expenses are tax free. Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they are not covered by your plan. The IRS places an annual limit on the maximum amount that can be contributed to HSAs.

The HSA will be established with Optum Bank. You may be able to roll over funds from another HSA.

2023 HSA CONTRIBUTIONS*	
	IRS MAXIMUM CONTRIBUTIONS
INDIVIDUAL	\$3,850
FAMILY	\$7,750
CATCH-UP CONTRIBUTION (AGES 55 AND OLDER)	\$1,000

*2023 IRS maximum contributions include Daseke's contribution.

Flexible Spending Accounts

A Flexible Spending Account (FSA) is a tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

When you enroll in the Health Choice or Health Advantage plan or waive medical coverage, you can contribute up to \$3,050 annually for qualified medical expenses (deductibles, copays, and coinsurance) with pre-tax dollars, reducing the amount of your taxable income and increasing your take-home pay.

Dependent Care Flexible Spending Account

This account allows you to set aside pre-tax dollars for expenses associated with caring for elderly or child dependents. With the Dependent Care FSA, you are allowed to set aside up to \$5,000 to pay for these expenses on a pre-tax basis.

Dental Benefits

Daseke offers affordable dental plan options for routine care and beyond. Coverage is available from MetLife Dental Plans.

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

*After deductible
¹Up to 19 years of age

Vision Benefits

Daseke offers a comprehensive vision benefit provided by EyeMed Vision Plan.

	VISION		
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	\$10	Reimbursement up to \$35	Every 12 months
LENSES			
SINGLE VISION	\$10	Reimbursement up to \$25	Every 12 months
BIFOCAL	\$10	Reimbursement up to \$40	
TRIFOCAL	\$10	Reimbursement up to \$55	
LENTICULAR	\$10	Reimbursement up to \$55	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
ELECTIVE	\$150 Allowance	Reimbursement up to \$120	Every 12 months
FRAMES			
ALLOWANCE	\$150 Allowance	Reimbursement up to \$75	Every 24 months