

# **BENEFITS. SIMPLE.**

Important Legal Information

# Required Benefit Notices

This brochure contains legal notices that are required to be distributed to participants in the benefit plans sponsored by XPO Logistics, Inc. (XPO). Please refer to your Summary Plan Descriptions (SPDs) for more information about your benefits, including other required notices.

Please share these notices with your family members and keep them with your other benefit plan information. If you have any questions about the notices, call the **XPO Benefit Center** at **855.376.7276**.

THE NOTICES INCLUDED IN THIS BROCHURE ARE:	PAGE
<b>Summary Annual Reports</b> Summary Annual Reports contain information about the Con-Way welfare and retiree benefit plans.	<b>1</b>
<b>Women's Health and Cancer Rights Act</b> Summarizes the benefits available under XPO's plan if you have had or are going to have a mastectomy.	<b>2</b>
<b>Newborns' and Mothers' Health Protection Act</b> Describes the legal rules applicable to the length of a hospital stay following childbirth.	<b>2</b>
<b>Special Enrollment Rights</b> Explains when you can re-enroll in an XPO plan after having waived coverage previously.	<b>2</b>
<b>Wellness Program Disclosure</b> Explains what information will be collected if you participate in XPO's Tobacco Cessation Program to earn financial incentives and how that information will be used.	<b>3</b>
<b>HIPAA Privacy Notice</b> Explains how the XPO group health plan protects your personal medical information.	<b>4</b>
<b>Notice of Creditable Coverage</b> Explains how prescription drug coverage under the XPO group health plan is affected when a participant becomes eligible for Medicare.	<b>7</b>
<b>Social Security Number Verification Notice</b> Notifies you of your responsibility to ensure that the Social Security Numbers XPO has on file for you and your covered dependents match Internal Revenue Service (IRS) records.	<b>9</b>
<b>Medicaid and CHIP Assistance Notice</b> Included as a standalone notice, describes premium assistance that may be available to residents of certain states who qualify for Medicaid or Children's Health Insurance Program (CHIP).	<b>–</b>

This brochure presents a brief summary of federal laws that may affect your healthcare coverage under the XPO group benefit plans. It is not intended as a complete description of these laws or as a description of your benefits. Although every effort has been made to ensure that information in this brochure is accurate, the provisions of the legal documents that describe the benefits will govern in the case of any discrepancy.

# 2019 Summary Annual Reports

## Con-Way Welfare Benefit Plan

This is a summary of the annual report of the Con-Way Welfare Benefit Plan (Employer Identification Number 94-1444798, Plan Number 520), for the plan year January 1, 2019 through December 31, 2019. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). XPO Logistics, Inc. has committed itself to pay certain self-insured claims incurred under the terms of the plan.

### Insurance Information

The plan has insurance contracts with Vision Service Plan, Cigna Health and Life Insurance Company and Affiliates, Berkshire Life Insurance Company of America, Aetna Life Insurance Co., Reliance Standard Life Insurance Company, and Hartford Life and Accident to pay certain vision, health, long-term disability, prepaid dental, dental, HMO contract, indemnity contract, accidental death and dismemberment, life insurance, long-term disability and supplemental disability income claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2019 were \$20,799,829.

### Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. Insurance information, including sales commissions paid by insurance carriers is included in that report.

To obtain a copy of the full annual report, or any part thereof, write or call XPO Logistics, Inc., at Five American Lane, Greenwich, CT 06831 and phone number, **203.542.9667**. The charge to cover copying costs will be \$8.75 for the full annual report, or \$0.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: Five American Lane, Greenwich, CT 06831, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## Con-Way Retiree Benefit Plan

This is a summary of the annual report of the Con-Way Retiree Benefit Plan (Employer Identification Number 94-1444798, Plan Number 532), for the plan year January 1, 2019 through December 31, 2019. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). XPO Logistics, Inc. has committed itself to pay certain self-insured claims incurred under the terms of the plan.

### Insurance Information

The plan has an insurance contract with Vision Service Plan to pay certain vision claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2019 were \$17,288.

### Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. Insurance information, including sales commissions paid by insurance carriers is included in that report.

To obtain a copy of the full annual report, or any part thereof, write or call XPO Logistics, Inc., at Five American Lane, Greenwich, CT 06831 and phone number, **203.542.9667**. The charge to cover copying costs will be \$1.75 for the full annual report, or \$0.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: Five American Lane, Greenwich, CT 06831, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## Women's Health And Cancer Rights Act

The Women's Health and Cancer Rights Act was signed into law on October 21, 1998. This law includes important protections for mastectomy patients who elect breast reconstruction in connection with a mastectomy. We have included this notice to inform you about the law's provisions. The law requires that an employee receiving benefits for a medically necessary mastectomy, who elects breast reconstruction after the mastectomy, will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy. If you have any questions regarding coverage for mastectomies and reconstructive surgery, please contact your health coverage carrier. You may reach your health coverage carrier by calling the telephone number on the back of your health coverage identification card.

## Newborns' And Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Descriptions of any applicable state laws concerning hospital length of stay in connection with childbirth will be described in the Summary of Coverage document.

## Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 45 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 45 days after the marriage, birth, adoption or placement for adoption. To request special enrollment or obtain more information, contact the **XPO Benefit Center** at **855.376.7276**.

You may also be able to enroll yourself and your dependents in the XPO plan if (1) you or your dependents lose coverage under a state Medicaid or Children's Health Insurance Program (CHIP), or (2) you or your dependents become eligible for premium assistance under state Medicaid or CHIP, as long as you request enrollment no more than 60 days from the date of the Medicaid or CHIP event.

# Wellness Program Disclosure

The Tobacco Cessation Program is a voluntary wellness program available to all employees who use tobacco. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008 and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Anthem Tobacco Free program, you will complete five visits with a Health Coach who specializes in helping people quit the use of all forms of tobacco. You will receive behavior modification coaching and, if needed, your health coach will order Nicotine Replacement Therapy (patches or gum) which can be mailed directly to your home at no charge to you. Should you need a prescription as part of your treatment, an optional visit with a medical doctor will also be made available to you and you will have access to additional resources relating to the dangers of smoking, nicotine dependence, triggers and preparing to quit. Health Coaches are available by appointment seven days a week in all 50 states.

You are not required to participate in the Anthem Tobacco Free program. However, employees who participate and complete the program will have their tobacco surcharge in the amount of \$100 per month waived for the current year only. Although the Anthem Tobacco Free program is not mandated for all employees who use tobacco, only those who do so will have their tobacco surcharge waived. For more information, visit [www.Anthem.com](http://www.Anthem.com) or call **855.376.7276**.

## Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are the quit coaches in order to provide you with services under the wellness program.

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

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

If you have questions or concerns regarding this notice or about protections against discrimination and retaliation, please contact the **XPO Benefit Center** at **855.376.7276**.

# HIPAA Privacy Notice

To the extent that XPO's group health plans contain benefits other than those covered under the privacy rules issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), this notice pertains only to those healthcare benefits that are covered under HIPAA's privacy rules.

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

## Joint Notice of Privacy Practices

While protecting the confidentiality of your personal medical information has always been an important priority of XPO's health plans (the Plans), the Plans have adopted policies to safeguard the privacy of your medical information held by the Plans and to comply with federal law. The Plans are required by HIPAA to protect the privacy of certain individual health information (referred to in this notice as "Protected Health Information") and to notify you of a breach of your Protected Health Information, if any, as HIPAA mandates. The notice explains how your Protected Health Information may be used and what rights you have regarding this information. We also are required to provide you with this notice regarding the Plans' legal duties and policies and procedures on your Protected Health Information. We will abide by the terms of this notice; however, it may be updated periodically.

**Note:** If you are covered by an insured health option under the Plans, you will also receive a separate notice from your insurer or HMO. That notice will apply to the insurer's privacy practices.

## When the Group Health Plan May Use Your Information

In order to manage the Plans effectively, we are permitted by law to use and disclose your Protected Health Information in certain ways without your authorization as described below:

- **For treatment.** We may use or disclose Protected Health Information for treatment purposes, for example, by furnishing information to providers for your medical care and the coordination and management of that care.
- **For payment.** To make sure that claims are paid accurately and you receive the correct benefits, we may use and disclose your Protected Health Information to determine Plan eligibility and responsibility for coverage and benefits. For example, we may use and disclose your Protected Health Information to process claims or to request reimbursement from an insurer that may be responsible for payment. We may also use your Protected Health Information for utilization review activities.
- **For healthcare operations.** To ensure efficient Plan operations, we may use and disclose your Protected Health Information in several ways, including Plan administration, management and design, including quality assessment and improvement and vendor review activities. Your information could be used, for example, to assist in the evaluation of a vendor who supports us or for underwriting and related purposes. However, no Protected Health Information that is genetic information will be used for underwriting.

We also may contact you to provide information about treatment alternatives or other health-related benefits and services available under a Plan.

The Plans contract with other businesses and individuals for certain Plan administrative services. Each of these business associates may obtain, create, maintain, use and disclose your Protected Health Information for purposes of performing services for or on behalf of the Plans as long as the business associate agrees in writing to protect the privacy of your information and meet certain other specified requirements. Certain business associates may also use and disclose Protected Health Information for their own management, administration and legal responsibilities.

The Plans collectively constitute an organized healthcare arrangement under HIPAA and will share Protected Health Information with each other as necessary to carry out treatment, payment or healthcare operations relating to the organized healthcare arrangement. We, and any health insurance issuer or HMO with respect to the Plans, may disclose your Protected Health Information to XPO Logistics, Inc., the Plan Sponsor, without your authorization for Plan administration purposes.

We, along with applicable health insurance issuers and HMOs, may also share enrollment and disenrollment information with the Plan Sponsor. For specified Plan purposes, such as amending the Plan or seeking bids from health insurers, we and these issuers and HMOs may furnish information that includes very limited identifiers (such as ZIP Codes) to the Plan Sponsor.

In most situations, reasonable measures will be taken to limit the use and disclosure of Protected Health Information to the individuals who need it and to the amount of information necessary to perform a particular function. If individually identifiable information is appropriately removed from the Protected Health Information, the non-identifiable information may be used or disclosed without authorization.

## **Other Permitted Uses and Disclosures**

Federal regulations allow us to use and disclose your Protected Health Information, without your authorization, for several additional purposes, in accordance with applicable law and procedures:

- In certain situations, for example, where you are unable to give your consent, to a family member, close friend or the other person who is involved with your care, including your legal representative
- To a coroner, funeral director, or organ or tissue donation representative
- For research purposes, as long as certain privacy-related standards are satisfied
- Public health purposes
- Reporting and notification of abuse, neglect or domestic violence
- Health oversight activities by governmental agencies as authorized by law
- Judicial and administrative proceedings
- Law enforcement
- To avert a serious threat to health or safety
- Specialized government functions (e.g., military and veterans' activities, national security and intelligence)
- Workers' Compensation or similar programs to the extent necessary to comply with state law
- To report conduct by the Plan that is unlawful, violates professional standards or poses a danger
- Other purposes required by law, provided that the use or disclosure is limited to the relevant requirement of such law

Except as HIPAA narrowly provides, your authorization will also be required for the use or disclosure of Protected Health Information for marketing purposes, for the sale of Protected Health Information and for uses and disclosures of psychotherapy notes, if any, maintained by the Plan.

We will make uses and disclosures of Protected Health Information not described in this notice only after you authorize them in writing on a form that meets prescribed requirements.

## When the Group Health Plan Must Use Your Protected Health Information

A Group Health Plan must:

- Disclose your Protected Health Information to you or your personal representative within the legally specified period following a request; and
- Make your Protected Health Information available to the U.S. Department of Health and Human Services when it requests information relating to the privacy of Protected Health Information in the Plans.

## Your Rights Regarding Protected Health Information

You have the following rights with respect to your Protected Health Information that the Plans maintain:

- Review or obtain copies of your Protected Health Information. The Plans use a number of vendors to help administer the Plans. As a result, most of your Protected Health Information is maintained by these vendors. To access your Protected Health Information, please contact the vendor(s) associated with your healthcare program, or call the **XPO Benefit Center** at **855.376.7276**. In certain situations, your request may be denied. Protected Health Information that the Plans maintain electronically will be provided to you in the form that you request (if any), if it can be readily produced in that form. A request to send your Protected Health Information to another person will also be accommodated if you provide a clear, written, signed designation with appropriate information.
- Amend or correct certain records if you believe the information is inaccurate or incomplete.
- Receive an accounting of certain disclosures of your information made by the Plan.
- Receive a paper copy of this notice, even if you agreed to receive it electronically. A fee may be charged for the costs of copying and mailing your requested information.

## Right to Request Restrictions

You may ask us to restrict the way in which the Plan uses and discloses your Protected Health Information as we carry out payment, treatment or healthcare operations. In most situations, we are not required to agree to your request. Please note that the insurance carriers, HMOs and other Plan vendors maintain almost all of the Protected Health Information relating to the Plans. XPO Logistics, Inc., the Plan Sponsor, maintains very little Protected Health Information.

## Right to Request Confidential Communications

You may request that you receive your Protected Health Information by alternative means if you reasonably believe that other disclosure could pose a danger to you. For example, you may only want to have information sent by mail or to an address other than your home. You may exercise any of these rights by sending your request to the HIPAA Unit in writing at the address listed below.

## Complaints

If you believe that your privacy rights have been violated, you may file a written complaint. Direct your complaint to the HIPAA Unit at the address listed below. You may also file a complaint with the Secretary of Health and Human Services. Federal law prohibits retaliation against any employee for filing a complaint.

## About This Notice

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all Protected Health Information we maintain. We will provide you with a copy of the new notice (or notice of the revisions) whenever we make a material change to the privacy practices described in this notice.

## HIPAA Unit

To exercise your rights described in this notice, you must send the request or complaint in writing to the address below. If you have any questions about this notice, please contact the office identified below.

**Josephine Berisha**  
**Senior Vice President, Global Compensation & Benefits**  
**Five American Lane**  
**Greenwich, CT 06831**

## To Contact the Federal Government if You Want to Make a Complaint or Inquiry:

You may contact the Secretary of the U.S. Department of Health and Human Services, or you may write to the regional office of the U.S. Department of Health and Human Services.

## Effective Date of Notice:

This notice is effective October 1, 2020.

# Notice of Creditable Coverage

Important Notice from XPO Logistics, Inc., about Your Prescription Drug Coverage and Medicare

**The key purpose of this notice is to advise you that the prescription drug coverage you have under the XPO Logistics, Inc., (XPO) Medical Plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2021. This is known as “creditable coverage.” This information is important because if you or a covered dependent are or become eligible for Medicare and you decide to enroll in a Medicare prescription drug plan during a subsequent enrollment period, you will not be subject to a late enrollment penalty as long as you had continuous creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.**

## Notice of Creditable Coverage

Please read this notice carefully. This notice has information about your current prescription drug coverage with XPO and prescription drug coverage available in 2021 for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare.

1. This coverage, called Medicare Part D, was offered for the first time on January 1, 2006.
2. XPO has determined that the prescription drug coverage offered by the XPO Medical Plan is comparable to and, in many instances, better than the current Medicare prescription drug coverage. It's considered Creditable Coverage, which means it is at least as good as the standard Medicare prescription drug coverage. It is different from standard Medicare Part D coverage in that it includes additional benefits that a standard Part D does not.
3. Read this notice carefully. It explains the options you have under Medicare's prescription drug coverage and can help you decide whether or not you want to enroll.

All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some plans might also offer more coverage for different monthly premiums.

Medicare participants can enroll in a 2021 Medicare prescription drug plan from October 15, 2020 through December 7, 2020. However, if you lose current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

If you and/or your eligible dependents are covered under an XPO Medical Plan option, your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage in 2021. Therefore, you can keep the XPO coverage and, as long as you continue to have coverage that is as good as Medicare Part D, you will not pay a penalty if you later enroll in a Medicare prescription drug plan in a timely manner.

You should know that if you drop or lose your coverage with XPO and do not promptly enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later. If, once your coverage ends, you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month that you did not have that coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium may be consistently at least 19% higher than the base premium. You will have to pay this higher premium for as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

Before you decide to enroll in a Medicare prescription drug plan, you should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

You cannot drop your XPO prescription drug coverage and retain your XPO medical coverage. Since your XPO prescription drug coverage is linked to your XPO medical coverage, you would only be able to drop your XPO prescription drug coverage by dropping your participation in the entire medical plan. You may enroll in a Medicare prescription drug plan and retain your current XPO coverage; however, the Medicare prescription drug plan will generally pay benefits after the XPO plan.

If you drop coverage, you will only be able to re-enroll in an XPO plan during the XPO Open Enrollment period or if you experience a qualified status change as defined under the XPO plan.

**For more information about this notice or your prescription drug coverage for 2021, contact:**

**XPO Benefit Center at 855.376.7276.**

You may receive this notice at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, if XPO coverage changes or upon your request.

### **For more information about your options under Medicare prescription drug coverage:**

More detailed information about Medicare plans that offer prescription drug coverage is available in your "Medicare & You" handbook, which is provided by the government. Medicare participants will receive a copy of this handbook in the mail directly from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can get more information about Medicare prescription drug plans by contacting the following resources:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the "Medicare & You" handbook for their telephone number).
- Call **800-MEDICARE (800.633.4227)**. TTY users should call **877.486.2048**.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For information about this extra help, visit Social Security on the web at [www.ssa.gov](http://www.ssa.gov), or call them at **800.772.1213 (TTY 800.325.0778)**.

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

# Social Security Number Verification Notice

The federal Affordable Care Act (ACA) requires you to have health coverage, also known as Minimum Essential Coverage. The ACA also requires all plan sponsors, including XPO Logistics Inc., to report certain information about your coverage so that you can show proof of coverage when you file your annual federal tax return with the Internal Revenue Service (IRS).

**You are responsible for ensuring the accuracy of the Social Security Numbers you provide to XPO.** You can verify this information by contacting the **XPO Benefit Center** at **855.376.7276**.

