Ed Martin

Employee BENEFITS GUIDE

2027

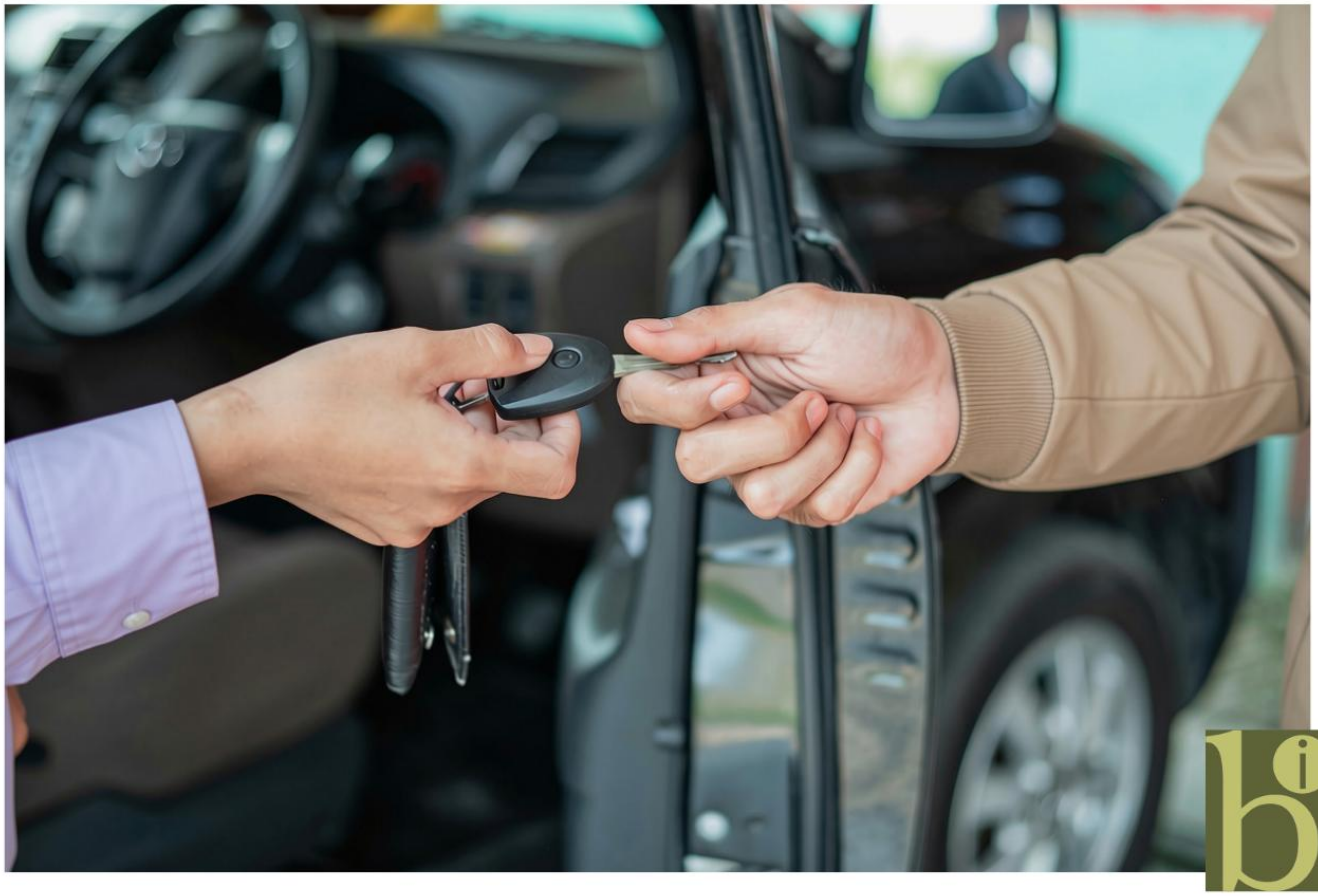


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COMPLETE YOUR BENEFITS ENROLLMENT IN BSWIFT

Enroll in new benefits or make changes to your existing coverage.

ENROLLING IS QUICK AND EASY!

TO GET STARTED: Visit https://emag.bswift.com/

USERNAME: First Initial + Last Name
Example: John Smith's username is jsmith

PASSWORD: Last four digits of your SSN
You will be prompted to reset your password

QUESTIONS ABOUT BENEFITS? NEED HELP ENROLLING?

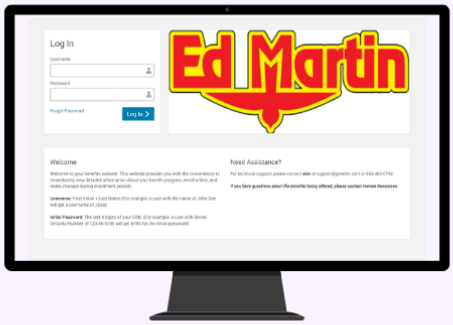
Contact Benefit Innovations

Hannah hannahp@benefiti.com 317-663-4046

Amber amberb@benefiti.com 317-663-4044

Or Contact Your Human Resources Department

Ashley aroberts@edmartin.com 317-764-2607



Eligibility Criteria and Important Plan Information

As a full-time employee, or a part-time employee working at least 30 hours per week, you are eligible to enroll in the Ed Martin Automotive Group benefit plan the first of the month following or coinciding with 60 days of continuous employment. This eligibility requirement applies to:

- Medical/Prescription
- Dental
- Vision
- HRA and FSA
- Basic Group Life
- Voluntary Life
- Short Term Disability
- Long Term Disability
- Critical Illness
- Accident
- Genomic Life
- Pet Benefits

→ The Ed Martin Automotive Group Benefit Plan is a Section 125 plan and is governed by the Internal Revenue Service. Some premiums are deducted on a pre-tax basis and as a result, your benefit elections are **binding and cannot be changed** in the absence of a Qualifying Life Event or during the annual benefit enrollment period. Refer to the Qualifying Life Events page in this guide for more information.

→ The Ed Martin Automotive Group Benefit Plan has a spousal carve-out provision. If your spouse is eligible for comprehensive medical coverage through their employer with an individual deductible of $5,000 or less, then your spouse is not eligible to enroll in the Ed Martin Automotive Group medical plan.

→ Pre-existing conditions exclusions may apply to non-medical coverages.

→ Your plan contains specific rules around dependent eligibility and proof of eligibility may be required by the Plan. In terms of the Ed Martin Automotive Group Medical Plan, a dependent is defined as:

1. The Covered Employee's legal licensed spouse who is a resident of the same country in which the Covered Employee resides. Such spouse must have met all the requirements of a valid marriage contract in accordance with the laws of the State in which such parties were married. However, the Plan does not recognize common-law marriage.
2. The Covered Employee's Child who meets all of the following conditions:
    a. Is less than twenty-six (26) years of age; and
    b. Is either a:
        i. Natural (biological) Child; or
        ii. Child who has been legally adopted or placed for adoption with the Covered Employee; or
        iii. Stepchild; or
        iv. Child who has been placed under the legal guardianship or conservatorship of the Covered Employee or the Employee's covered Dependent spouse.

Note: Proof of legal spouse status and/or proof of dependent status may be required by the Plan Administrator.

→ **IMPORTANT NOTE:** This booklet provides a summary of the benefits offered by the Ed Martin Automotive Group Benefit Plan. This benefits guide is not an exhaustive list of all the plan's features and rules. For comprehensive details about the plan, including all terms, benefits, exclusions, requirements, and parameters, refer to the relevant plan certificate. The plan certificate is the authoritative document that governs the benefits and conditions of the plan.

Qualifying Life Events

Reasons You May Be Eligible to Change Your Benefits

Changing Your Benefits Outside the Annual Enrollment Period

A qualifying life event is a change in your situation that may allow you to alter your benefit elections.

→ Benefit changes must correspond with your specific life event.

For example: If you get married, you may add your spouse to the benefit plan, but you may not drop coverages you have already elected.

→ When you experience a qualifying life event, you must complete benefit changes within 30 days of the event.

For example: If you have a baby on September 1, your newborn must be added to the plan by September 30.

If you have questions about qualifying life events or you need to make changes to your benefits, contact your employer's Human Resources Department or Benefits Manager.

Following are some examples of common life events; this is not a complete list.

- Involuntary loss of coverage
- A change in your marital status, such as marriage, divorce, or death of a spouse
- A change with your dependents, such as birth, adoption, or death of a dependent
- A change in employment status for you, your spouse, or your dependent
- Your dependent gaining or losing eligibility as a dependent on the plan
- A change in residence for you, your spouse, or your dependent that affects your healthcare options
- Losing or gaining eligibility for Medicare, Medicaid, or CHIP
- A court order, judgement, or decree, including QMCSO
- A severe curtailment in coverage available under this plan or a dependent’s plan
- A change your dependent’s coverage under a plan sponsored by the dependent’s employer
- A HIPPA special enrollment event
- Any other change permitted under IRS rules

Medical Benefits

Administered by Imagine360

Your Medical Plan		
Deductible	Individual: $1,000	Family: $2,000
Out of Pocket Maximum	Individual: $8,000	Family: $16,000
Co-Insurance	Plan Pays: 80% | You pay 20%	
HRA Contribution	EE Only: $500 | EE + Spouse: $600 | EE + Child(ren): $700 | Family: $800	

Your Cost for Common Medical Events		
Office Visit – PCP & Specialist	In Network: $40 Co-Pay	Out of Network: $60 Co-Pay
Wellness/Preventive Care	In Network: No cost; covered at 100%	
Urgent Care	In Network: $75 Co-Pay	Out of Network: $100 Co-Pay
Outpatient Lab Services	At any freestanding lab: $0 ← NEW! At an office visit: Office Visit Co-Pay | At a hospital: $500 Co-Pay	
Imaging—MRI, CT Scan	$500 Co-Pay	
Regenexx Services	No Charge	
Emergency Room	$150 Co-Pay (*waived if admitted)*	
Inpatient/Outpatient Facility	$500 Co-Pay	
Inpatient Surgeon/Physician	Deductible + Co-insurance	
Outpatient Surgeon	Deductible + Co-insurance	

Prescription Co-Pays		
	30-day supply	90-day supply
Tier 1 Drugs	20% (minimum $20)	$25
Tier 2 Drugs	20% (minimum $20/maximum $100)	$75
Tier 3 Drugs	50% (minimum $50 / maximum $150)	$200
Specialty Drugs	Excluded*	Excluded*



****Specialty medications are not covered by your plan.** You have access to a program where they may be sourced. Contact your HR Department or Benefit Innovations for more information on sourcing your specialty drugs.*

Your Cost Per Paycheck (52 pays per year)			
With Wellness Assessment	Earnings below $30K	$30K - $60K	$60K plus
Employee Only	$41.00	$51.00	$61.00
Employee + Spouse	$117.00	$122.00	$132.00
Employee + Child(ren)	$112.00	$117.00	$127.00
Family	$135.00	$140.00	$150.00

Without Wellness Assessment	Earnings below $30K	$30K - $60K	$60K plus
Employee Only	$56.00	$66.00	$76.00
Employee + Spouse	$132.00	$137.00	$147.00
Employee + Child(ren)	$127.00	$132.00	$142.00
Family	$150.00	$155.00	$165.00

This is an outline of benefits **only**; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Medical Benefits

Administered by Imagine360

Provider Network – Practitioners and Ancillary Services

Your plan participates with a network for outpatient practitioner and ancillary services. This includes office visits, outpatient lab services, and outpatient imaging. You may visit a non-network provider, but your coverage may be reduced. You will receive the highest level of benefits by always utilizing a network participating provider.

PHCS Practitioner and Ancillary Network	www.multiplan.com/mpipracanc

Provider Network – Facilities

Your plan does not utilize a network for facilities. This means you can visit any facility of your choice. Note that certain facilities may be more willing to accept your coverage than others.

Hendricks Regional Health and **Community Health Network** are providers who have agreed to accept your coverage and not issue balance bills.

When You Need Help

Imagine360's Member Services team is available to support you in making the most of your benefit plan. Contact Member Services for:

- → Finding a provider or scheduling an appointment
- → Help understanding your benefits
- → Questions about your claims
- → Help with balance bills
- → Requesting a new ID card
- → Any other questions about your plan

Contact Member Services at **800-827-7223** or by sending a secure message via your miBenefits account.

When Your Situation Requires More Attention

If you are dealing with a high-priority situation, or you need help with a complicated problem, or if Member Services cannot resolve your issue, contact Ed Martin's Member Success Associate, **Heather Brittingham**.

Heather can be reached by email at hbrittingham@imagine360.com **or by phone at 800-827-7223.**

Access Your Plan Details Online

View claims, download EOB's, review your plan documents, get copies of your ID card, and communicate with Member Services by setting up your Imagine360 miBenefits account. Visit miBenefits.imagine360.com or download the miBenefits app on your mobile device to get started.

Pre-Certification

Your plan requires pre-certification for any inpatient hospital admission or outpatient surgical procedure. Your benefits may be reduced if you do not pre-certify hospitalization or procedure. You can initiate a pre-certification by contacting **HealthWatch**, 866-206-3224, within 5 days before a scheduled hospital admission or procedure, or within 48 hours of an emergency admission.

Save On Prescriptions With **GoodRx**

Prescription prices can vary significantly from one pharmacy to another.

GoodRx compares prices for FDA-approved prescription medications at more than 70,000 pharmacies. It provides current pricing and discounts to help you find the lowest-cost option for your prescriptions at a pharmacy near you. **GoodRx is 100% free. No registration required.**

Find the lowest prices and discounts

Deciding between **GoodRx** or **insurance** is easy:

1. Check the medication price with your insurance
2. Check the GoodRx prices
3. Choose the cheaper option!



How does **GoodRx** work?

Ask your **pharmcist** to apply the **coupon** and process it as a **cash payment** instead of using your insurance.





Visit www.GoodRx.com or download the GoodRx app

Filling Your Prescriptions

When You Need Help – Contacting US-Rx Care

The quickest way to get help with your prescriptions or understanding your drug coverage benefits is by calling US-Rx.

US-Rx Care: **877-200-5533**

If you are having difficulty getting a prescription filled, your first call should be to US-Rx. You will find US-Rx's phone number on the back of your medical ID card.

You can also visit US-Rx Care's website at https://usrxcare.com/member/ for a list of drugs that commonly require pre-authorization, a list of medications that are generally considered specialty drugs, and other resources.

Pre-Authorization

Some prescription medications require prior authorization before they are covered by the plan. Prior authorization is a clinical review process that helps ensure a medication is appropriate, medically necessary, and used according to established treatment guidelines.

Prior authorization requirements are managed by US-Rx Care and may apply to both specialty and non-specialty medications, whether they are filled through a retail pharmacy, mail-order pharmacy, or the plan's designated sourcing program. **If prior authorization is required and not obtained, the prescription may not be covered.**

Specialty Drug Sourcing

You may fill a specialty prescription through an in-network retail pharmacy for up to **60 days**. After that, if your medication is eligible for the plan's specialty drug sourcing program, you must obtain it through the plan's designated sourcing partner. **Specialty medications obtained outside of the designated sourcing program after the initial 60-day period will not be covered by the plan.**

The plan's sourcing partner will work directly with you and your healthcare provider to coordinate the transition and help ensure you continue receiving your medication with as little disruption as possible.

UBACARE

Your plan's specialty drug sourcing partner is now **UBACARE**. Your plan no longer works with ScriptSourcing.

If you are taking a specialty drug or if you would like to learn more about sourcing your other high-cost medications, contact UBACARE for assistance at 888-244-8998 or support@ubacare.com.

UBACARE

Introducing your

UBACARE benefit

What UBACARE can do for you

Lower out-of-pocket costs

Qualifying maintenance and specialty medications may have reduced copays, sometimes as low as $0.

Coordinate the details

With your authorization, the team can help with provider and pharmacy requests, transfers, and renewals.

Arrange home delivery

Eligible medications may be shipped directly to your preferred address through participating pharmacies.

Offer personal support

Have questions about an order or refill? Simply contact the UBACARE Member Care Team.

UBACARE | Your access to low / no cost medications.

Available to you through your pharmacy benefit plan.

UBACARE

Getting started is easy

Step 1

We Reach Out to You

UBACARE will contact you by text message, email, and/or phone to introduce the program and guide you through the next steps.

Step 2

Review and Provide Your Authorization

You will receive a secure link by text message or email to review and accept the program's Terms and Conditions. By providing your authorization, you allow UBACARE to act on your behalf as your care coordinator and access and use your relevant medical and prescription information solely for the purpose of coordinating and arranging the dispensing of your medications.

Step 3

We Confirm Your Eligible Prescriptions

UBACARE will review your prescription medications, confirm which are due for a refill, and identify those that qualify for a $0 member copay under your employer's pharmacy benefit program.

Step 4

We Take Care of the Rest

Once everything is confirmed, UBACARE coordinates the prescription fulfillment process, including working with the dispensing pharmacy, arranging shipment, and providing delivery updates—so your medications arrive conveniently at your doorstep.

We're here to help.

1-888-244-8998

support@ubacare.com

Member Care Team

Monday - Friday, 8 AM - 4 PM PT

11 AM - 7 PM ET | Excludes holidays

Program services, pricing, and eligibility depend on your medication, your employer plan, required medication authorizations, and availability through participating pharmacies.

UBACARE |

Are you on Ed Martin Automotive's health plan?

Yes?

Then you have access to Nice Healthcare!

Download the Nice App to get started using your friendly, FREE, primary care clinic that comes to YOU!

Scan the QR code or visit the link to view a one minute video about Nice.

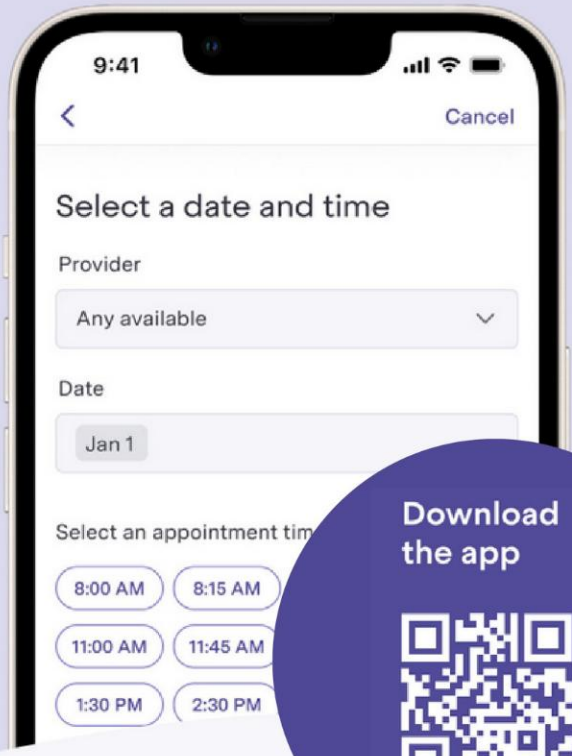
https://bit.ly/nice-health

Routine Checkups
Chronic Care
Sick Care
Virtual Physical Therapy
Short-term Mental Health Therapy
Imaging
35+ Labs
550+ Medications

It All Starts With The Nice App

To get started, scan the QR code provided to download the app. When you open the app, click "Sign Up", enter in some basic information about yourself, and list **Ed Martin Automotive** as your Employer.

Dependents 18 and older will download their own app and register with their own account. Dependents younger than 18 will be registered under your account by "Adding a Family Member"



Download the app

nice

Healthcare That's Nice



Our mission is simple

make getting amazing everyday care easy and affordable

> "They were so personable and made me feel as comfortable as possible, and really made time to learn about me and my health issues. I highly recommend Nice.
>
> **Angela K.**
> Nice Healthcare Patient

The Nicest Benefit

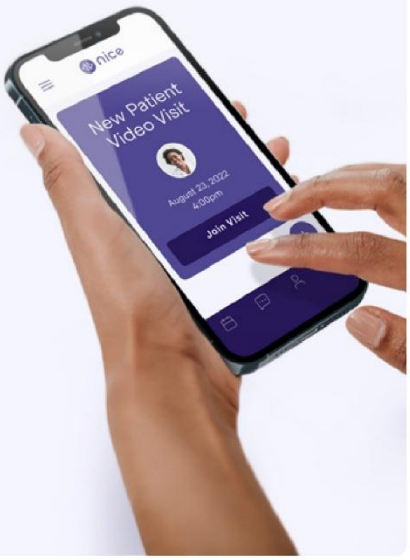
Nice Healthcare® offers these amazing services to patients **at no cost**:

- Virtual chat and video visits with clinicians
- In-person visits with 35 labs and physical tests
- 550+ medications can be prescribed by our clinicians
- Virtual physical therapy
- Virtual mental health therapy
- In-home X-rays and EKG services

Visit **nice.healthcare**

It All Starts With the App

Use the Nice app to schedule visits, chat with clinicians, attend video visits, review treatment plans, upload documents, and more.



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Primary Care Services

Below are the integrated primary care services that Nice offers. Visits may have a small fee.

Same-Day Chat and Video Visits

Diagnosis, prescriptions, treatment plans, care guidance, referrals, and more – care when you need it from anywhere you happen to be.

*In-Home Visits

Need a blood draw, a rapid test, a physical exam, or any other in-person need? Nice will come to you with 35 labs and physical tests!

Full-Service Prescriptions

Nice integrates with nearly every pharmacy in the country and provides white glove support to make your prescription experience simple. Plus, Nice provides an additional 550 medications for free.

*In-Home X-rays and EKGs

Nice can send a mobile imaging technician right to your home to conduct x-rays, EKGs, and other imaging services.

* Only available to those within our at-home service areas.

Virtual Physical Therapy Visits

You'll get access to licensed physical therapists who are trained to diagnose and treat virtually, allowing you to get better without the hassle of endless in-person visits.

Virtual Mental Health Therapy Visits

Nice mental health therapists focus on prevention, helping you to self-manage your mild to moderate mental health needs. Don't wait to start feeling better!

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Getting care is easy.

Simply download the app for your phone, answer a few questions, and then you'll be all set to schedule a visit today!

nice.healthcare/schedule



NEW FROM NICE

Chronic Condition Management



At Nice, we're always looking for new ways to bring down healthcare costs with the convenient care our members love. Now, we're launching three new chronic condition management programs to bring personal, convenient care to members wherever they are.

Chronic condition management is now available for hypertension, diabetes, and weight management.

nice

HYPERTENSION

About 1 in every 8 healthcare dollars is spent on cardiovascular disease, with hypertension costing the U.S. approximately $219 billion annually.[1]

Our program helps members:

- Achieve and maintain blood pressure control
- Stay on track with medications and overcome adherence barriers
- Reduce cardiovascular risk through healthy lifestyle habits

DIABETES

More than 38 million Americans have diabetes, costing an estimated $413 billion in medical and productivity costs annually.

Our program helps members:

- Lower A1c levels
- Get a personalized care plan from an in-house diabetes specialist
- Prevent complications through close, ongoing monitoring
- Adopt healthy lifestyle changes (diet, exercise, weight management) to support their optimal blood sugar levels

WEIGHT MANAGEMENT

Obesity affects 20% of children and 42% of adults, costing the U.S. healthcare system nearly $173 billion per year.[2]

Our program helps members:

- Maintain a healthy weight and/or body mass index (BMI)
- Get early intervention and ongoing, personalized support from a trusted provider
- Build a nutrition and exercise plan that helps them reach their health goals

[1] *https://www.cdc.gov/nccdphp/priorities/high-blood-pressure.html*
[2] *https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html*

All our programs feature:

A WHOLE-PERSON APPROACH:

We care for members' whole health, not just their chronic condition. Providers screen for musculoskeletal or mental health needs and connect patients with the right services, for effective, overall care and well-being.

A TRUSTED, FAMILIAR PROVIDER:

Patients will connect with the same provider throughout their program, for a high-touch, personalized approach. Providers will understand each patient's unique needs and history, and can build rapport for a consistent, effective experience.

CHRONIC CARE NAVIGATION:

Members will have a personal health guide that will work with them to schedule appointments, provide condition-specific education, and work with members to define and reach their own personal goals.

CONDITION-SPECIFIC EDUCATION:

Personalized education materials empower patients to play an active role in their care and achieve their health goals.

We're offering our new chronic condition management programs to you at no cost and no rate increases for 2026 when you renew with Nice.

Also new for 2026, some returning patients can skip the preliminary video visit and schedule an in-home visit directly for certain preventive conditions!



nice

When to Use Nice®

EVERYDAY CARE WHENEVER YOU NEED IT



"They were so personable and made me feel as comfortable as possible, and really made time to learn about me and my health issues. I highly recommend Nice.

Angela K.
Nice Healthcare Patient

Routine Checkups

Annual Wellness Exam - Sports Physicals - Child Checkups

Chronic Care

High Blood Pressure - High Cholesterol - Thyroid Conditions - Diabetes

Sick Care

Cold/Flu - Strep Throat - Sinus & Ear Infection - UTIs - Pink Eye - Rashes

Short-Term Mental Health

Anxiety - Depression - Grief & Loss

Virtual Physical Therapy

Back Pain - Neck Pain - Injury Recovery

Imaging

X-Rays - EKGs

35+ Labs

Blood Work - A1c

All this care and more!

Download the app to get started.

Need urgent virtual care but can't get an appointment with Nice Healthcare quickly enough?

Need to speak to a doctor during the weekend and can't wait until Monday for a Nice appointment?

Try Recuro Virtual Care

Real DOCTORS. CARE. CONVENIENT!

24/7 Virtual Care from Recuro Health

When you or your family don't feel well, you want to get help right away. You have immediate access – day or night – to a medical professional through Recuro Health.

Why Choose Recuro Virtual Care?

- **Convenience**: Skip the drive and waiting room—get care from home.
- **Fast**: Same-day appointments for urgent and routine care.
- **Quality Care**: Licensed physicians, counselors, and care coordinators ready to help.
- **Affordable**: No out of pocket costs and coordinated follow-up care.
- **Easy to Use**: Simply download the app, visit the website, or call to get started.

Urgent Care

24/7 access for common or complex issues like cold/flu, asthma, UTIs, diabetes, skin issues, and more.

Mental Health

Confidential counseling for anxiety, depression, grief, addiction, family issues, and medication management.

Primary Care

Regular appointments for wellness, prescriptions, labs, weight management, and chronic conditions.

Download the "Recuro Care" mobile app, visit miBenefits.imagine360.com or call 844-715-1724.

imagine360

RECURO HEALTH

This is an outline of benefits **only**; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

866-382-2998
regenexxbenefits.com/edmartin/oe

WHAT IS REGENEXX?

Regenexx is an innovative treatment for orthopedic injuries that enhances your body's natural healing processes. To treat damaged tendons, ligaments, muscle, bone, and cartilage, the physicians draw your blood platelets and bone marrow aspirate and process them using **Regenexx** lab processing techniques. They then inject them precisely at the site of your injury using image guidance. **Regenexx** treatments provide a lower-risk, lower-cost, minimally invasive alternative for up to 70 percent of elective orthopedic surgeries.

THE REGENEXX DIFFERENCE

Regenexx is a nonsurgical outpatient therapy performed either in a single day or in a series of three treatments over two weeks. Most patients are encouraged to return to activity within a week of their procedure. Patients with health factors such as heart issues or risk of stroke can find a lower-risk alternative to surgery with **Regenexx** treatments.

YOUR REGENEXX BENEFIT

Ed Martin Auto Group covers **Regenexx** services at 100% if the procedure is medically necessary. **Non-Regenexx** services may fall under a different benefit level. Claim payments are governed by your medical plan document.

CONDITIONS TREATED

Ankle/Foot
- Achilles tendinopathy
- Arthritis
- Bunions
- Instability
- Ligament sprain or tear
- Plantar fasciitis

Hand/Wrist/Elbow
- Arthritis
- Carpal tunnel
- CMC joint arthritis (thumb)
- Tennis elbow
- Trigger finger
- Ulnar nerve entrapment

Hip
- Arthritis
- Bursitis Labral/labrum tear
- Joint-replacement alternative
- Osteonecrosis
- Tendinopathy

Knee
- Arthritis
- Joint-replacement alternative
- Meniscus tear
- Sprain or tear of ACL/PCL
- Sprain or tear of the MCL/LCL
- Tendinopathy

Shoulder
- Arthritis
- Joint-replacement alternative
- Labral tear
- Rotator cuff tear
- Rotator cuff tendinosis

Spine
- Back or neck nerve pain
- Bulging, collapsed, or herniated disc
- Ruptured or torn disc
- Degenerative disc disease
- Disc extrusion
- Disc protrusion

LEARN MORE

To find out more about your Regenexx benefit and whether Regenexx is an option for you, contact our education center.
Call 866-382-2998 or visit regenexxbenefits.com/edmartin/oe.

Register for a webinar at regenexxbenefits.com/edmartin/oeweb.

Save **BIG** with Connect DME

Your **deductible and co-insurance are waived** on a selection of equipment and supplies from Connect DME!

Continuous Glucose Monitor & Supplies

You Pay: $0





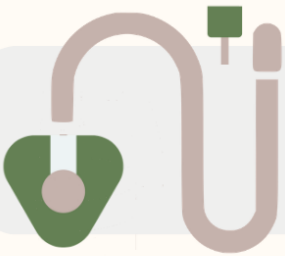
Insulin Pump & Supplies

You Pay: $0

CPAP Machine

You Pay: $250 co-pay





CPAP Supplies

You Pay: $0

Connect DME also carries a variety of other supplies and equipment at **significantly lower prices** than your current supplier.

Contact Connect DME and start saving today!

918-600-5799

CONNECT DME

ConnectDME.com

This is an outline of benefits **only**; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Health Reimbursement Arrangement (HRA)

Administered by Imagine360

The Ed Martin Automotive Group Medical Plan features a health reimbursement arrangement (HRA). An HRA is an account that Ed Martin sets up for you and credits a particular dollar amount to help pay for certain covered health care expenses.

The HRA is only available to those who elect medical coverage. It is not a bank account, you cannot withdraw money from the HRA, and the amounts allocated to your HRA do not earn interest. HRA funds are not considered taxable income.

You will receive a debit-style card from Imagine360 to facilitate using your HRA funds.

Ed Martin's Contribution to Your HRA	
Contribution is based on the Medical coverage tier you elect	
Employee Only	$500
Employee + Spouse	$600
Employee + Child(ren)	$700
Family	$800

Important Information About Your HRA
The HRA will only cover expenses that are approved by the medical/prescription plan. This includes charges such as prescription co-pays, office visit co-pays, and amounts applied toward your deductible.
Your HRA funds may be used for health insurance deductibles and co-payments, as well as uninsured medical expenses, dental and vision care, hearing care, and other supplies. Visit www.fsastore.com to view other HRA-eligible items.
You may use your HRA card to pay your medical provider or pharmacy directly for eligible expenses or you may pay out-of-pocket and submit a claim for reimbursement.
If you do not use the full amount of HRA funds available to you during the plan year, the remaining funds do not carry over to the next year.
HRA funds are available to you only for expenses incurred while you are actively covered by the medical plan.
If you lose coverage under the Plan for any reason, you may continue to use your HRA credits to pay for expenses you or your covered dependents incurred while you were still covered under the Plan. Any expenses you incur after your coverage ends will not be paid by your HRA. For certain losses of coverage, you or your covered dependents have a right to continue coverage under COBRA for the Plan (including the HRA credit amount that Ed Martin allocates depending on the coverage level you elect under COBRA).
Ed Martin Automotive Group is under no obligation to fund the HRA in future years.

Flexible Spending Account

Administered by Imagine360

In an effort to keep your medical benefit costs as affordable as possible, a Flexible Spending Account (FSA) is being sponsored by Ed Martin Automotive Group. The FSA provides each eligible employee with the opportunity to set aside part of their pay on a *pre-tax* basis to provide for payment of unreimbursed medical expenses. You save Social Security and income taxes on the amount of your salary reduction used to pay for these expenses.

Your annual election is for expenses incurred in the plan year covering your effective date of benefits through December 31st of that year.

Flexible Spending Account Maximums	
Annual Maximum Contribution	$3,500
Maximum Carryover	$700

Information About Your Flexible Spending Account
In determining the amount of your salary to defer into a medical spending account, you should consider your health insurance deductibles and co-payments, as well as uninsured medical and dental expense, vision care and hearing care. Generally, the expenses covered must be "medically necessary" as determined by a doctor.
Visit www.fsastore.com to view other FSA-eligible items.
Ed Martin has adopted a rollover provision. This provision allows you to carry over your unused FSA balance up to the federal maximum for the year; balances in excess of the federal maximum will not be carried over.
HRA funds are available to you only for expenses incurred while you are actively covered by the medical plan.
If you lose coverage under the Plan for any reason, you may continue to use your HRA credits to pay for expenses you or your covered dependents incurred while you were still covered under the Plan. Any expenses you incur after your coverage ends will not be paid by your HRA. For certain losses of coverage, you or your covered dependents have a right to continue coverage under COBRA for the Plan (including the HRA credit amount that Ed Martin allocates depending on the coverage level you elect under COBRA).
The CARES Act, signed into law on 03/27/2020, allows participants to use FSA funds for over-the-counter medications (medicines which do not have a prescription from the doctor,) as well as menstrual care items. These items may now be purchased or reimbursed using pre-tax FSA dollars.

FSA FUNDS ARE USED BEFORE YOUR HRA FUNDS
You must use all your FSA dollars before you can access HRA funds. If you have FSA dollars remaining at the end of the year, you will lose all HRA funds. Keep this in mind when choosing your FSA contribution amount, so you can take advantage of both FSA and HRA funds.

Giving the **Peace of Mind to Heal**

samaritan fund program

The Samaritan Fund Program sources funds from Samaritan Sponsors to pay for all medical expenses for individuals with serious medical conditions with high-cost treatments.

HOW IT WORKS

1. If you have a serious medical condition with high cost treatment, electronically submit a confidential Medical Insurance Release form.
2. A Samaritan Fund Program Representative reaches out to explain the program, answer questions, and gather your information.
3. If approved a personalized Samaritan Fund Program offer is issued.
4. If you wish to accept you will sign and submit your offer letter.
5. Your account is set up and we issue your debit card for medical expenses.
6. Enjoy the Peace of Mind to Heal and submit your feedback on your Samaritan Fund Program experience.

"You are our guardian angel.... We are now not on edge, not stressed. Now we can focus on medical care and actually enjoy time with our daughter instead of stressing about the financial piece... **Thank you, Thank you, Thank you**"

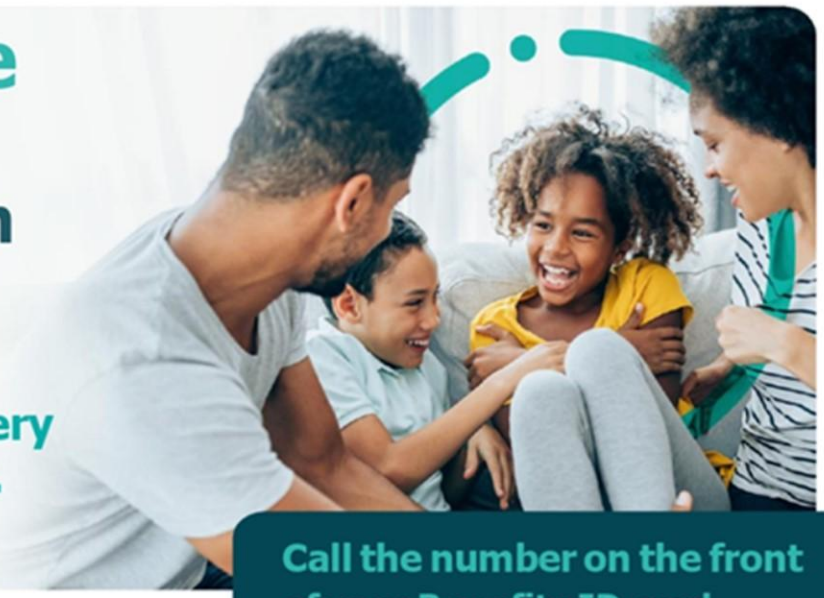
— PARTICIPANT

SCAN TO APPLY



866-764-9290
samaritanfundprogram.com
service@samaritanfundprogram.com

Welcome to your health plan



We're here to support you every step of the way.

We understand – benefits are complex. The good news is we are committed to making it easier for you with personal, proactive help. Our 360-degree member support offers complete guidance for all your healthcare needs, including finding providers, support from licensed medical professionals to help manage medical conditions, and answering your coverage and billing questions.

Our compassionate member experience team is here to listen and advocate on your behalf.

Call the number on the front of your Benefits ID card

- Benefits information
- Finding a doctor
- Questions about a medical condition or treatment plan
- Information about a claim or bill

We will provide the support you need, when you need it.

Stay Connected with Your Health Benefits

Get 24/7 accesss to your benefits plan. Sign up for the *miBenefits* portal today!

Our dynamic dashboard puts everything you need right at your fingertips:

- Find a provider
- Order a new ID card
- View claims
- Track deductible and copays

The *miBenefits* portal makes it simple for you to keep track of expenses and plan for medical bills. Some features to check out:

- Get real-time claim status
- View how you're tracking towards meeting deductibles and out-of-pocket maximums
- Review benefits for each family member
- Access electronic copies of your Explanation of Benefits

Get Started Today - Visit mibenefits.imagine360.com!

Phone: **800-903-4360** | Email: **myplan@imagine360.com** | Online: **mibenefits.imagine360.com**

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Your Health Plan Support

All the help you need to stay healthy and pay less

BENEFITS INFORMATION

Call Imagine360 at the member number on your benefits ID card. We're here for you before, during and after care – ask us to help you:

- Find and talk with providers
- Understand benefits, claims and provider bills
- Replace your benefits ID card

You can also use the 24/7 smart tools at **mibenefits.imagine360.com** to explore your benefits, compare provider costs, see your Explanation of Benefits (EOB), download your ID card and more.

If a provider has questions about your benefits or submitting claims, ask them to call the provider number on your benefits ID card.

PROVIDER BILLING SUPPORT

After you get care, we review provider claims for errors and overcharges – with payment based on a fair price of care.

If you get a provider bill, compare it to your plan's EOB so you don't overpay. If the amounts don't match, you can:

- Email the bill to **bb@imagine360.com** (include your phone number)
- Call the member number on your benefits ID card for help

One of our personal advocacy experts will:

- Contact you to explain next steps
- Manage bill concerns so you don't have to
- Keep you updated every step of the way

Need More Guidance?

Introducing Heather Brittingham
Your HR Support Associate

Heather works directly with your company's benefits team to get all your health plan questions answered. Reach out for:

- Support navigating your health plan
- Information on a provider claim or EOB
- Answers to provider bill questions
- Help resolving provider bill concerns

Heather Brittingham
800-827-7223
hbrittingham@imagine360.com

24/7 access to your health benefits: mibenefits.imagine360.com

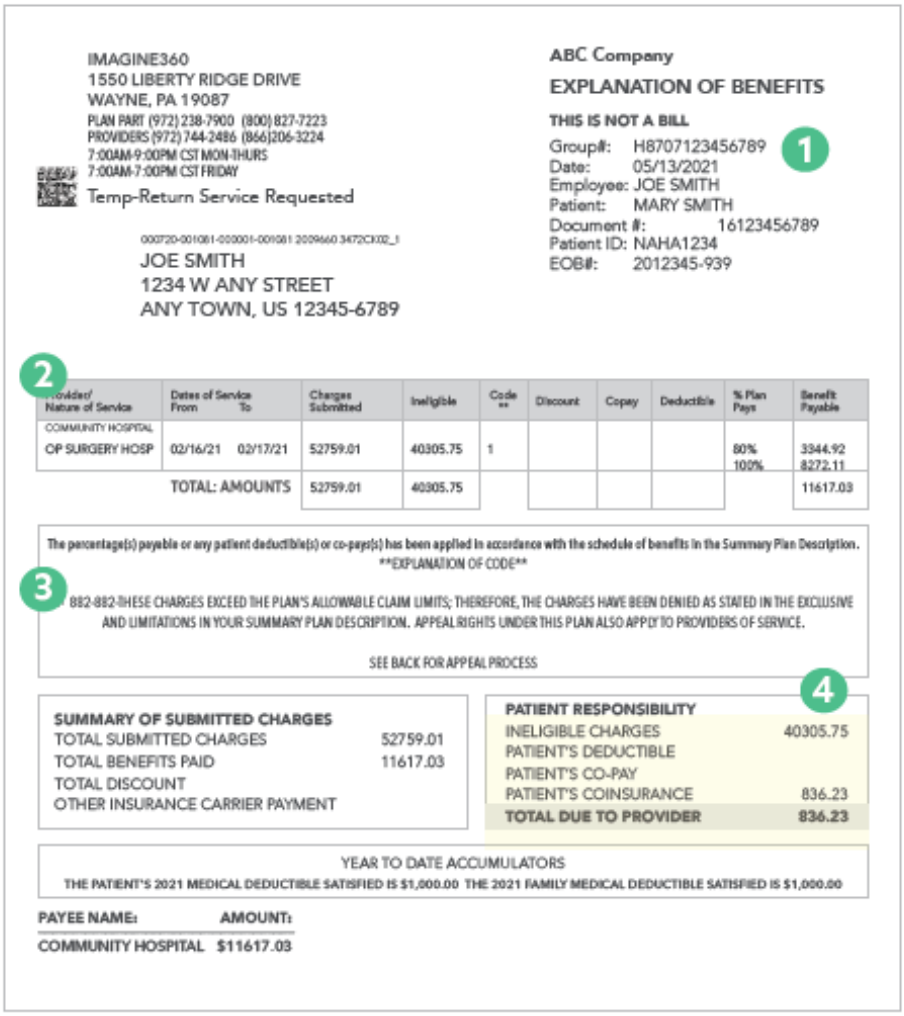
We're here to help. Call us at the number on your benefits ID card.
Mon - Thurs: 7 a.m. - 9 p.m. CT | Fri: 7 a.m. - 7 p.m. CT

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Understanding Your Explanation of Benefits

An Explanation of Benefits (EOB) is a statement from your health plan to let you know how a claim was processed. It shows information about services received, the provider and date of service. It is not a bill.

Pay special attention to the following important areas of your EOB:



IMAGINE360
1550 LIBERTY RIDGE DRIVE
WAYNE, PA 19087
PLAN PART (972) 238-7900 (800) 827-7223
PROVIDERS (972) 744-2486 (866)206-3224
7:00AM-9:00PM CST MON-THURS
7:00AM-7:00PM CST FRIDAY
Temp-Return Service Requested

000720-001081-000001-001081 2009660.3472CX02_1
JOE SMITH
1234 W ANY STREET
ANY TOWN, US 12345-6789

ABC Company
EXPLANATION OF BENEFITS
THIS IS NOT A BILL
Group#: H8707123456789
Date: 05/13/2021
Employee: JOE SMITH
Patient: MARY SMITH
Document #: 16123456789
Patient ID: NAHA1234
EOB#: 2012345-939

1

2

Provider/ Nature of Service	Dates of Service From To	Charges Submitted	Ineligible	Code **	Discount	Copay	Deductible	% Plan Pays	Benefit Payable
COMMUNITY HOSPITAL									
OP SURGERY HOSP	02/16/21 02/17/21	52759.01	40305.75	1				80% 100%	3344.92 8272.11
	TOTAL: AMOUNTS	52759.01	40305.75						11617.03

The percentage(s) payable or any patient deductible(s) or co-pays(s) has been applied in accordance with the schedule of benefits in the Summary Plan Description.
EXPLANATION OF CODE

3

882-882-THESE CHARGES EXCEED THE PLAN'S ALLOWABLE CLAIM LIMITS; THEREFORE, THE CHARGES HAVE BEEN DENIED AS STATED IN THE EXCLUSIVE AND LIMITATIONS IN YOUR SUMMARY PLAN DESCRIPTION. APPEAL RIGHTS UNDER THIS PLAN ALSO APPLY TO PROVIDERS OF SERVICE.

SEE BACK FOR APPEAL PROCESS

SUMMARY OF SUBMITTED CHARGES

TOTAL SUBMITTED CHARGES	52759.01
TOTAL BENEFITS PAID	11617.03
TOTAL DISCOUNT	
OTHER INSURANCE CARRIER PAYMENT	

4

PATIENT RESPONSIBILITY

INELIGIBLE CHARGES	40305.75
PATIENT'S DEDUCTIBLE	
PATIENT'S CO-PAY	
PATIENT'S COINSURANCE	836.23
TOTAL DUE TO PROVIDER	836.23

YEAR TO DATE ACCUMULATORS
THE PATIENT'S 2021 MEDICAL DEDUCTIBLE SATISFIED IS $1,000.00 THE 2021 FAMILY MEDICAL DEDUCTIBLE SATISFIED IS $1,000.00

PAYEE NAME:	AMOUNT:
COMMUNITY HOSPITAL	$11617.03

1. Basic information about the claim, including the patient ID and the EOB number.

2. This section provides an overview of the services rendered, dates of services, the charges submitted, and how the plan benefits were applied.

3. Explanation of the codes used when applying benefits. This box may also include comments regarding your claim. Please read this section to see if you need to take any action.

4. This section lists the ineligible charges, any amounts applied to the deductible, as well as the copay and coinsurance amounts. The total due to provider is the amount you owe.

   Compare this amount to any bill you get from your provider. If they do not match, call the number on your Benefits ID card.

If you are ever billed for more than your out-of-pocket responsibility that is listed on your EOB, or have a question about a bill, call us right away at the number on your Benefits ID card.

We're here for you with expert service and support.

Call the number on your Benefits ID card.
Hours: Mon-Thurs: 7am-9pm CST Friday: 7am-7pm CST

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Frequently Asked Questions

Q. What if I need help finding a provider?

A. Finding the right provider for your needs is so important. We are here to help you get the most out of your health plan—just call the number on your ID card. We will help you compare providers based on their location, quality ratings and estimated cost. We'll also check to see if the provider works well with your plan.

Q. My provider is stating that they don't recognize my ID card. What do I do?

A. Explain that you have health benefits and request they call the number on your benefits ID card to verify eligibility. You can call us at that same number if you have any difficulties.

Q. What if the provider asks me to pay for my procedure upfront?

A. The only out-of-pocket expense you should pay at the time of service is a copay or deductible (if applicable). Please call us at the number on your ID card if the facility will not perform treatment without additional funds.

Q. What should I do in a medical emergency?

A. If you have a medical emergency and a facility is making it difficult to seek immediate treatment, please call the number on your benefits ID card and we will contact a representative at the facility.

Q. What does it mean that my health plan includes price protection?

A. Overinflated hospital bills cause health plans to raise rates and members to pay more. We help to lower your out-of-pocket costs by reviewing medical claims to make sure you only pay what is fair and reasonable. If you are ever billed for more than the out-of-pocket responsibility that is listed on your Explanation of Benefits, or have a question about a bill, notify us right away at the number on your benefits ID card.

Q. What types of medical bills are reviewed?

A. We review claims from physicians and facilities including hospitals, outpatient surgery centers and more.

Q. I received a bill that doesn't match my Explanation of Benefits. What should I do?

A. Sometimes when you see a provider, they may bill you for charges that exceed your plan's allowable limits. This is called a "balance bill." If you receive one, call us at the number on your benefits ID card and we'll start the process of working to resolve it on your behalf.

Q. How do you help with balance bills?

A. If you receive a balance bill, call us at the number on your benefits ID card. We will work on your behalf to resolve billing issues directly with healthcare facilities, including with legal representation if needed. It is very important that you send us any bills or notices as you receive them so we can get to work on your behalf right away. We'll keep you updated throughout the process.

Q. What if I have a question about a chronic condition or newly diagnosed medical issue?

A. Our team specializes in assisting clients with specific care needs to receive support. We have programs and services to support oncology patients, diabetic patients, and other medically complex patients specializing in their area of need.

We're here for you with expert service and support.

Use the contact information on your **Benefits ID card** toget in touch with a member experience representative.

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Employee Basic Life and AD&D

Guardian Life Insurance Company

Ed Martin Automotive Group provides all eligible employees with a Basic Term Life and AD&D policy.

This is automatic coverage provided to you AT NO COST.

Plan Provisions				
Life Insurance Benefit	$10,000			
AD&D Benefit	$10,000			
Benefit Reduction Schedule	Age 65: 35%	Age 70: 60%	Age 75: 75%	Age 80: 85%
Benefit Reduction	Reductions are based on the original benefit amount Applicable benefit reduction occurs on the insured person's birth date			
Termination	Benefits cease when the employee retires or when employment is terminated			

Converting Your Life Coverage

If your employment ends or you retire, you may have the option to continue your life insurance coverage by converting to an individual plan. This allows you to keep your coverage without answering medical questions or going through underwriting review. Coverage options and rates may differ from those available while employed.

In order to convert your coverage, you must submit an application and pay the relevant premiums within 30 days from the date you end your employment. Applications and premiums are submitted directly to the insurance carrier.

If you decide to convert your coverage or want to learn more about your options, contact Guardian Life Insurance Company at 800-627-4200 to request a Notice of Conversion Privilege form.

Note – Other plans in the Ed Martin Automotive Group benefits package may also be eligible for conversion. Contact Guardian Life Insurance Company or Benefit Innovations for more information.

This plan may be eligible for conversion to an individual policy. For complete details, please contact Guardian Life Insurance.

This is an outline of benefits **only**; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Voluntary Life

Guardian Life Insurance Company

Electing or Increasing Coverage
As a new employee, you may elect up to the Guarantee Issue (as noted below) without answering any medical questions. If you elect more than the Guarantee Issue, you will be required to complete a health questionnaire and could be denied the additional coverage amount you requested.
If you have existing Employee coverage, you may increase your coverage amount up to $50,000 to the Guarantee Issue (as noted below) without answering any medical questions. If you elect an increase of more than $50,000 and/or the increase exceeds the Guarantee Issue, you will be required to complete a health questionnaire and could be denied the additional coverage amount you requested.
If you have existing Spouse or Child coverage and choose to increase the coverage, you will be required to complete a health questionnaire and could be denied the additional coverage amount you requested.
If you previously waived Voluntary Employee, Spouse, or Child Life and you choose to take the coverage now, you will be required to complete a health questionnaire and could be denied coverage.

Plan Options	Employee	Spouse	Child
Increment Election	$10,000	$5,000	$5,000 or $10,000
Maximum Election	$300,000	$150,000 *to 100% of employee election*	$10,000
Guarantee Issue	$200,000 to age 64 $10,000 age 65-69	$50,000 to age 64 $5,000 age 65-69	N/A

Per Paycheck Rates – Voluntary Employee and Voluntary Spouse Life (per $1,000 of coverage)										
Age*	15-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	$0.012	$0.018	$0.030	$0.048	$0.085	$0.143	$0.189	$0.298	$0.522	$0.861

**Spouse rate is based on Employee's age*

Per Paycheck Rates for Child Life (per family)		
Benefit	$5,000	$10,000
Rate	$0.08	$0.16

Benefit Reduction Schedule			
Reduction based on original benefit amount			
Age 65: 35%	Age 70: 60%	Age 75: 75%	Age 80: 85%

Plan Provisions	
Coverage Increases	At age 65, coverage amounts can no longer be increased
Benefit Reduction	Applicable benefit reduction occurs on the insured person's birth date
Guarantee Issue	At age 70+, Guarantee Issue amount is $0.
Spouse Coverage	At age 70, spouse coverage automatically terminates.

This plan may be eligible for conversion to an individual policy. For complete details, please contact Guardian Life Insurance.

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Short Term Disability

Guardian Life Insurance Company

Electing Coverage
As a new employee, you may elect Short Term Disability without completing a medical questionnaire.
If you previously waived Short Term Disability and wish to enroll now, you will be required to submit a health questionnaire and could be denied coverage. Your disability coverage will not be active until you have received underwriting approval.

Plan Provisions	
Benefit Maximum	60% of weekly earnings to a $1,000/week maximum
Elimination Period – Benefits Begin On	15th day of accident or illness
Maximum Benefit Duration	11 weeks
Pre-Existing Exclusion	3 months prior / 12 months insured
Rate	$0.40 per $10 of weekly benefit



This policy has exclusions and limitations, including a pre-existing condition exclusion, which may affect your eligibility for benefits or the amount of coverage available.

Long Term Disability

Guardian Life Insurance Company

Electing Coverage
As a new employee, you may elect Long Term Disability without completing a medical questionnaire.
If you previously waived Long Term Disability and wish to enroll now, you will be required to submit a health questionnaire and could be denied coverage. Your disability coverage will not be active until you have received underwriting approval.

Plan Provisions	
Benefit Maximum	60% of pre-disability earnings to a $7,500/month maximum payout
Definition of Disability	2 years – Own occupation
Elimination Period / Waiting Period	90 days
Pre-Existing Exclusion	12 months prior / 12 months insured
Benefits Duration	To age 65 if you meet the definition of disability
Rate	$0.95 per $100 of covered monthly income (based on W-2 earnings)



This policy has exclusions and limitations, including a pre-existing condition exclusion, which may affect your eligibility for benefits or the amount of coverage available.

Dental

Guardian Life Insurance Company

Dental Plan Options	Option 1: Core	Option 2: Buy-up
Individual Deductible	$50	$50
Family Deductible	$150	$150
Deductible Waived	For Preventative Services	For Preventative Services
Maximum Benefit	$1,000	$1,000
Orthodontia Limit	*Not Covered*	$1,000 (lifetime)
Provider Network*	Dental Guard Preferred	Dental Guard Preferred

*Dental Guard Preferred network dentists have agreed to discounted payment rates and cannot charge you more. Out-of-network dentists may bill you for the difference between the plan's payment and their total charges, resulting in higher out-of-pocket costs.

	Option 1: Core	Option 2: Buy-up
Coverage	80%	100%
Preventive	• Routine Exams–*2 exams per calendar year* • Emergency Exams–*1 per 6 months* • Bitewing X-rays–*1 per 12-months* • Space Maintainers (to age 16) • Fluoride Treatment • Sealants (to age 16) • Prophylaxis	
	Option 1: Core	**Option 2: Buy-up**
Coverage	50%	80%
Basic Care	• Basic Restorative • Oral Surgery • Endodontic Services • Periodontic Services • Denture Repair • Crown Repair • Surgical and Non-Surgical Extractions	
	Option 1: Core	**Option 2: Buy-up**
Coverage	50%	50%
Major Care	• Periodontal Surgery • Crowns, Inlays, Onlays • Prosthetics • Implants	
	Option 1: Core	**Option 2: Buy-up**
Coverage	Not Covered	50%
Orthodontia*	• Braces • Retainers • Expanders **Orthodontic benefit is limited to covered dependent children who are less than 19 years old when the active orthodontic appliance is first placed.*	

Frequency limits, age requirements, and other restrictions may apply to these benefits. Contact Guardian prior to receiving services to be sure you understand the benefits and your potential costs.

Find a Dentist and Manage Your Benefits

Find a DentalGuard Preferred dentist, access your ID card, manage your benefits, and check your claims by visiting www.guardiananytime.com and clicking "My Account".

Your Cost per Paycheck (52 pays per year)		
	Option 1: Core	Option 2: Buy-up
Employee Only	$7.50	$9.98
Family	$19.29	$25.66

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Vision

Guardian Life Insurance Company

Vision Plan	
Vision Provider Network is	VSP Signature Full Feature
Exam Co-Pay	$10
Materials Co-Pay	$20

Covered Services	Amount you pay (after applicable copay)	
	In-Network	*Out-of-Network*
Eye Exams	$0	Amount over $46
Single Vision Lenses	$0	Amount over $47
Lined Bifocal Lenses	$0	Amount over $66
Lined Trifocal Lenses	$0	Amount over $85
Lenticular Lenses	$0	Amount over $125
Frames	80% of amount over $120	Amount over $47
Contact Lenses (elective)	Amount over $120	Amount over $120
Contact Lenses (medical necessary)	$0	Amount over $210
Contact Lenses (evaluation and fitting)	15% off UCR	No discounts
Cosmetic Extras	Avg. 30% off retail price	No discounts
Glasses (additional pair frames/lenses)	20% off retail price	No discounts
Laser Correction Surgery Discount	Discounts up to 15%	No discounts

Service Frequencies	
Exams	Every 12 months
Lenses (for glass or contacts)	Every 12 months
Frames	Every 24 months

Find an Eye Care Provider and Manage Your Benefits
Visit www.vsp.com/eye-doctor to find a VSP network participating provider. Access your ID card, manage your benefits, and check your claims by visiting www.guardianananytime.com and clicking “My Account”.

Your Cost per Paycheck (52 pays per year)	
Employee Only	$2.17
Employee + Spouse	$4.33
Employee + Child(ren)	$4.11
Family	$7.27

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Accident

Guardian Life Insurance Company

Accidental Death & Dismemberment Benefits	
AD&D Benefit	Employee: $10,000 / Spouse: $5,000 / Child: $5,000
Quadriplegia	100% of AD&D
Speech and Hearing	100% of AD&D
Cognitive Function	100% of AD&D
Hemiplegia	50% of AD&D
Paraplegia	50% of AD&D
Common Carrier	200% of AD&D
Common Disaster	200% of Spouse AD&D benefit
Loss of Hand/Foot/Sight	Single: 50% of AD&D / Multiple: 100% of AD&D

Accident Benefits	
Ambulance	Air: $500 / Ground: $100
Burns (2nd or 3rd degree)	Scheduled–up to $6,000
Burn Skin Graft	50% of burn benefit
Coma	$5,000
Concussion	$50
Diagnostic Exam (major)	$50
Dislocations	Scheduled–up to $2,000
Doctor Follow-Up Visits	$25–up to 6 visits
Emergency Room	$100
Eye Injury	$100
Fractures	Scheduled–up to $3,000
Gun Shot Wound	$250
Hospital Admission	$500

Accident Benefits	
Hospital Confinement	$100/day–up to 1 year
ICU Admission	$1,000
ICU Confinement	$200/day–up to 15 days
Initial Office Visit	$50
Laceration	Scheduled–up to $200
Medical Appliance	Scheduled–up to $300
Outpatient Therapies	$25/day–up to 10 days
Surgery (specific)	Scheduled–up to $750
Surgery (exploratory)	$200
Surgery (hernia)	$150
Tendon/Ligament	1: $250 / 2+: $500
X-Ray	$15
Child Sports	25% increase to benefits

Plan Provisions	
Plan Exclusions	This is a summary of the Accident benefits that may be available to you. For details on coverage, benefits, and exclusion, refer to the official plan document.
Wellness Benefit	Per year benefit for completing certain routine wellness screenings. Employee $50 / Spouse $50 / Child $50

Your Cost per Paycheck (52 pays per year)	
Employee Only	$3.54
Employee + Spouse	$5.82
Employee + Child(ren)	$6.10
Family	$8.38

This plan may be eligible for conversion to an individual policy. For complete details, please contact Guardian Life Insurance.

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Critical Illness

Guardian Life Insurance Company

Benefit Options				
Employee	$5,000	$15,000	$20,000	$25,000
Spouse	$2,500	$7,500	$10,000	$12,500
Child*	$2,500	$7,500	$10,000	$12,500
**Child coverage is automatically included at no cost when the Employee elects coverage.*				

Critical Illnesses – % of Lump Sum Benefit		
Condition	1st occurrence	2nd occurrence
Cancer and Benign Tumors	Up to 100%	Up to 100%
Lung and Vascular disorders	Up to 100%	Up to 100%
Additional Disorders	Up to 100%	Up to 100%
Chronic Disorders	Up to 30%	N/A
Heart Disorders	Up to 100%	Up to 100%
Neurological Disorders	Up to 100%	N/A
Childhood Disorders	Up to 100%	N/A

Plan Provisions
This policy includes exclusions, limitations, and special requirements that may affect eligibility and benefits. Refer to the plan document or contact Guardian for complete details of your benefits and coverage.
This plan includes a Pre-Existing Conditions exclusion. A pre-existing condition includes any condition for which a covered person, during the 12 months prior to coverage on this plan, consults with a physician, receives treatment, or takes prescribed medications.
At age 65, benefits reduce by 35% for both employee and spouse; reduction is based on employee's age.

Employee and Spouse Rates per Paycheck (52 pays per year)								
	Employee	*Spouse*	*Employee*	*Spouse*	*Employee*	*Spouse*	*Employee*	*Spouse*
	$5,000	**$2,500**	**$15,000**	**$7,500**	**$20,000**	**$10,000**	**$25,000**	**$12,500**
Age <25	$0.40	$0.20	$1.21	$0.61	$1.62	$0.81	$2.02	$1.01
25-29	$0.43	$0.21	$1.28	$0.64	$1.71	$0.85	$2.13	$1.07
30-34	$0.59	$0.29	$1.77	$0.88	$2.35	$1.18	$2.94	$1.47
35-39	$0.70	$0.35	$2.11	$1.06	$2.82	$1.41	$3.52	$1.76
40-44	$0.97	$0.48	$2.91	$1.45	$3.88	$1.94	$4.85	$2.42
45-49	$1.38	$0.69	$4.15	$2.08	$5.54	$2.77	$6.92	$3.46
50-54	$1.89	$0.95	$5.68	$2.84	$7.57	$3.78	$9.46	$4.73
55-59	$2.58	$1.29	$7.75	$3.88	$10.34	$5.17	$12.92	$6.46
60-64	$3.40	$1.70	$10.21	$5.11	$13.62	$6.81	$17.02	$8.51
65-69	$4.55	$2.27	$13.64	$6.82	$18.18	$9.09	$22.73	$11.37
70+	$6.16	$3.08	$18.48	$9.24	$24.65	$12.32	$30.81	$15.40

**Spouse rate is based on Employee's age*

This plan may be eligible for conversion to an individual policy. For complete details, please contact Guardian Life Insurance.

This is an outline of benefits **only**; it is not a complete list of all plan parameters. The policy certificate is the official governing plan document.

Genomic Life

Bringing the science of today to the medicine of tomorrow



Introducing an innovative new benefit program!

Through Genomic Life, you will have access to proactive genetic tests that will unlock insights into your inherited risks for cancer and other diseases. When you sign-up, the Genomic Life Platform provides you with access to clinically relevant genetic testing and specialized services, including:

Genetic Health Screen

An accurate, medical-grade DNA test that analyzes 147 genes to identify a predisposition to developing hereditary cancers, cardiovascular diseases, and additional conditions.

Pharmacogenomics (PGx)

Helps uncover how an individual metabolizes and responds to medications. This knowledge helps reduce an adverse drug reaction and increase drug response.

Carrier Screening

Identifies a potential risk of having a child affected by a recessive genetic disease.

Personalizing diagnosis and treatment for cancer patients

Should you or your family member face a cancer diagnosis, our cancer services team will provide personalized support throughout the course of treatment, including such steps as:

- Nurse advocacy
- Comprehensive genomic profiling
- Peer-to-peer physician consult
- Expert pathology review
- Much more

Your Cost per Paycheck*

Employee		Employee + Spouse	
Under age 50	$4.15	Under age 50	$8.31
Age 50–64	$5.08	Age 50–64	$10.15
Age 65+	$6.00	Age 65+	$12.00

Why genomics matter

For the first time in history, people can prevent disease before it happens, diagnose disease more accurately and treat patients better based on their specific genetic makeup.

Prevention

Identify risks prior to or early in disease progression

Diagnosis

More accurately diagnose disease to improve outcomes and lower costs

Precision cancer care

Get treated based on your unique molecular causes of disease

Pharmacogenomics (PGx)

Optimize the right drug and right dose based on your unique genetic makeup

> The expertise, dedication, and support from Jess at Genomic Life made me go from drinking from a fire house, feeling overwhelmed and lost to feeling confident, blessed, and in control of my life again. They are truly helping me battle this disease.
>
> – Michael Murray, Member



Use the Genomic Life Platform to enhance your healthcare journey

We provide an all-inclusive membership, so that you can focus on life.



After your program effective date, you will receive a **Welcome Email** with access to your account and genetic testing.

For more information call us at **844-694-3666**, contact us at memberservices@genomiclife.com or visit genomiclife.com.

Genomic Life

Legal Disclosure: Genomic Life™ is not an insurance company. The Service does not provide payment or reimbursement of payment for treatment costs of any kind. Privacy and Confidentiality: Genomic Life takes your privacy very seriously. No identifiable protected health information is provided to any third-party without your expressed written consent. For more information on our Terms & Conditions and Privacy Policy, please visit genomiclife.com.



Ed Martin Automotive Group is offering Pet Assure at exclusive group rates!

$1.85 per paycheck for one pet

$2.54 per paycheck for an unlimited number of pets

Pet Assure Veterinary Discount Plan

Established in 1995, Pet Assure is America's Veterinary Discount Plan. As an alternative or addition to pet insurance, **Pet Assure helps pet owners like you save on veterinary care**.

Pet Assure members save 25% at participating veterinarians on all in-house medical services, including:

- Office Visits
- Dental Work
- Surgeries
- X-Rays
- Vaccinations
- Spay & Neuter
- Hospitalization
- Emergency Visits

It's as simple as that: since Pet Assure is not insurance, there are no forms to fill out, no waiting for reimbursements and no denials of coverage - even pets with pre-existing conditions are accepted.

Pet Assure has participating veterinarians in all 50 states and Puerto Rico. Search for a veterinarian at **app.wishbone.pet/search**.

Pet Assure also includes a 24/7 Lost Pet Recovery Service.

Visit app.wishbone.pet/land/edmartin to learn more about the plan and how to enroll.

wishbone

Pet Assure is brought to you by Wishbone

Wishbone | (800) 887-5708 | help@wishbone.pet

PETplus | wishbone

Ed Martin Automotive Group is offering PetPlus to employees at exclusive group rates!



PetPlus Pet Products & Prescription Discount Plan

$0.87 per paycheck for one pet

$1.73 per paycheck for an unlimited number of pets

With PetPlus, you receive discounted pricing (up to 40%) on prescriptions, products, food, and everything else your pet needs. View available products and pricing at **www.petplusbenefit.com**.

Convenient Purchasing Options

Shop Online
at PetCareRx.com
or call PetPlus at
877-535-3530

Free Shipping

In-Store Rx Pickup

Same Product. Discount Pricing Plus Free Shipping!



Member/Retail
$56/~~$115~~



Member/Retail
$29/~~$63~~



Member/Retail
$25/~~$63~~

Pharmacy Partners

Same-day pickup is available for most prescriptions at participating pharmacies nationwide

Walgreens · RITE AID · CVS · Walmart · TARGET

Why PetPlus?

Save up to 40% on:

- Prescription Medications
- Heartworm Preventatives
- Food (Rx & Non-Rx)
- Flea & Tick Preventatives
- Vitamins & Supplements
- Treats and Supplies

Plus:

- 24/7 Pet Telehealth powered by AskVet

Ed Martin Automotive Group

Visit app.wishbone.pet/land/edmartin to learn more about the plan and how to enroll.

Wishbone | (800) 887-5708 | help@wishbone.pet

GuidanceResources®

Your Life. Your Work. Your Best.®

Dear Employee:

We are pleased to announce ComPsych® GuidanceResources® as the new provider of our Employee Assistance Program services. The GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you and your household members handle any of life's challenges, big or small. These services are provided at no charge and include:

Confidential Emotional Support

3 face-to-face or virtual sessions per person, per issue, per year

Life can be stressful. Your EAP provides short-term counseling services for you and your dependents to help you handle concerns constructively, before they become serious issues. Call anytime about topics such as marital, relationship and family problems; stress, anxiety and depression; grief and loss, job pressures and substance misuse disorders.

Work and Lifestyle Support

Too much to do, and too little time to get it all done? Work-life specialists can do the research for you and provide qualified referrals and customized resources for topics such as child and elder care, moving, pet care, college planning, home repair, buying a car, planning an event, selling a house and more.

Legal Guidance

With your GuidanceResources® program, you have an attorney "on call" whenever you have questions. They can help with legal concerns such as divorce, custody, adoption, real estate, debt and bankruptcy, landlord or tenant issues, civil and criminal actions and more. If you require representation, you can be referred to a qualified attorney for a complimentary 30-minute consultation and a 25 percent reduction in customary legal fees.

Financial Information

Everyone has financial questions. Get answers about budgeting, debt management, tax issues and other money concerns from on-staff accountants, financial professionals and other specialists, simply by calling the toll-free number.

Digital Support

Go to GuidanceResources® Online to connect to counseling, work and lifestyle support and other services, such as child care and legal services search tools. Tap into an array of articles podcasts, videos and slideshows on thousands of topics or improve your skills with On-Demand trainings, self-assessments and more.

Online Will Preparation

Drafting a will and a living will can be a complicated and expensive process. With EstateGuidance® from your GuidanceResources® benefit, we eliminate the hassle and high costs with a complimentary, simple and secure online tool. Log on to GuidanceResources® Online to get started.

Wellness Support

Flexible 3-5 coaching session model

Your well-being is precious. We can help you maintain it. Take advantage of online self-guided programs or work one-on-one with a well-being coach to make improvements. Programs include tobacco and nicotine cessation, weight management, sleep improvement, self-motivation, back care, diabetes prevention and more.

Assistance is available 24 hours a day, 7 days a week.

To access GuidanceResources® services:

- Call your toll-free number. You'll speak with a highly trained, caring professional who can listen to your concerns and guide you to the appropriate services.
- Visit GuidanceResources® Online at www.guidanceresources.com and enter your company ID.

Remember, assistance from the GuidanceResources® program is strictly confidential. To view the ComPsych® HIPAA privacy notice, please go to www.guidanceresources.com/privacy.

We hope you will take some time to explore all the benefits the GuidanceResources® program has to offer.

ComPsych® GuidanceResources® Worldwide | Guardian®

24/7 Live Assistance:
Call: (855) 239.0743
TRS: Dial 711

Online: guidanceresources.com
App: GuidanceNow℠
Web ID: Guardian

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GuidanceResources®

For Employees: What is the Employee Assistance Program?



The Employee Assistance Program is provided by ComPsych® GuidanceResources® and offers counseling, legal and financial consultation, work-life assistance and crisis intervention services to you and your household family members.

Why is your employer providing access to an EAP?

Because your employer cares about you and your dependents. The EAP can be used free of charge as needed when you or your dependents are facing emotional, financial, legal or other concerns.

Are the services confidential?

Yes, the EAP is strictly confidential. No information about your participation in the program is provided to your employer.

Why might my family or I use the services?

There are many reasons to use these services. You may wish to contact the EAP if you:

- Are feeling overwhelmed by the demands of balancing work and family
- Are experiencing stress, anxiety or depression
- Are dealing with grief and loss
- Need assistance with child or elder care concerns
- Have legal or financial questions
- Have concerns about substance abuse for yourself or a dependent

What happens when I call?

When you call, you will speak with a GuidanceConsultant℠, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant℠ will provide the name of a counselor who can assist you. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide?

3 face-to-face or virtual sessions per person, per issue, per year

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns.

If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Can my children use the EAP?

Yes. The EAP is a confidential benefit for employees and their household family members.

ComPsych® GuidanceResources® Worldwide | Guardian®

24/7 Live Assistance:
Call: (855) 239.0743
TRS: Dial 711

Online: guidanceresources.com
App: GuidanceNow℠
Web ID: Guardian

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Required Notices

The Ed Martin Automotive Group benefit plan is legally obligated to make certain notices and materials available to you each year.

→ You may obtain a copy of these notices at any time by logging in to your benefits enrollment system at https://emag.bswift.com and clicking **Learn** >> **Resource Library** >> **Support Resources**

→ You may also request digital and/or hardcopies of these notices by contacting Ed Martin Automotive Group's HR Director, Ashley Roberts, at aroberts@edmartin.com or 317-764-2607.

Following is a summary of the notices available to you.

Notice of Non-Grandfathered Status
This notice describes the ACA guidelines that apply to your plan because it is considered non-grandfathered.
Medicare Part D Non-Creditable Coverage Notice
This notice informs you that your plan is considered *non-creditable* according to Medicare Part D requirements. This information is important when you are considering joining a Medicare drug plan.
Notice of Privacy Practices
The Notice of Privacy Practices describes how your health plan may use and share your information and describes your health privacy rights under the plan.
Notice to Employees of Marketplace Coverage Options
The purpose of this notice is to make you aware of the Health Insurance Marketplace and to confirm the Ed Martin Automotive Group medical plan meets the minimum value standard and is considered affordable.
COBRA – Continuation of Coverage Notice
This notice outlines how you or your family members may elect to continue your coverage when you have lost coverage because of certain qualifying events.
Medicaid and the Children's Health Insurance Program (CHIP)
The CHIP Notice provides information about health plan premium assistance for individuals and their dependents who are eligible for their employer's health plan but are unable to afford the premium.
Women's Health and Cancer Rights Act Notice (WHCRA)
This notice outlines the benefits and coverage available under the health plan for mastectomies and/or breast reconstruction services and the patient's rights following such surgeries.
Newborns and Mothers Health Protection Act (NMHPA)
The NMHPA notice outlines the protections in place for mothers and their newborn children with regard to the length of the hospital stay following childbirth.
Your Right to Appeal
This notice describes your right to appeal if your plan refuses to pay a claim or ends your coverage.
No Surprises Billing Act
This notice describes your rights and protections again surprise medical bills.
Summary of Benefits and Coverage (SBC)
The SBC is a snapshot of the plan's benefits, covered services, and other important information.
Summary Plan Description (SPD)
The SPD outlines what the plan does and does not cover and how the plan operates.

Contacts

Imagine360 – Group# H880010		*Medical Plan Administrator*
ID cards, coverage info, check claims, HRA, FSA	800-903-4360	https://mibenefits.imagine360.com

Imagine360 Balance Bill Team		*Balance Bill Support*
Submit balance bills, check status of open cases	800-903-4360	bb@imagine360.com

Heather Brittingham – Imagine360		*Support Associate*
Help with complex problems or escalated issues	610-249-9457	hbrittingham@imagine360.com

PHCS		*PPO Network*
Practioner and ancillary provider network	844-715-1724	www.multiplan.com/mpipracanc

Recuro Health		*Virtual and Telehealth Services*
Urgent care, mental health, and primary care	844-715-1724	*Download the Recuro Care mobile app*

US-Rx Care		*Pharmacy Benefits Manager*
Filling prescriptions at a pharmacy	877-200-5533	www.usrxcare.com/member

Prescription Mart		*Mail Order Prescription Service*
Prescription delivery by mail	800-630-3206	www.presmartinc.com

Nice Healthcare		*Integrated primary care*
No cost in-home and virtual care	——→	https://patient.nice.healthcare/start

UBACARE		*Specialty and High-Cost Drug Sourcing*
Obtain high-cost prescriptions for $0	888-244-8998	support@ubacare.com

Regenexx		*Alternative Orthopedic Treatment*
**Contact Regenexx before treatment*	866-382-2998	www.regenexxbenefits.com/edmartin

Dental – Group# 00428986		*Guardian Life Insurance Company*
DentalGuard Preferred Network	888-482-7342	www.guardiananytime.com

Vision – Group# 00428986		*Guardian Life Insurance Company*
VSP Network	800-877-7195	www.vsp.com

Other Ancillary Benefits – Group# 00428986		*Guardian Life Insurance Company*
Life, STD, LTD, Accident, Critical Illness	888-482-7342	www.guardiananytime.com

Genomic Life		*Cancer Guardian*
Genomic screening and cancer support	855-926-2374	https://genomiclife.com/get-started

Wishbone		*Pet Plans*
Pet Assure and Pet Plus	800-887-5708	app.wishbone.pet/land/edmartin

ComPsych-Guidance Resources		*Employee Assistance Program*
Web ID: *Guardian*	855-239-0743	Web ID: *Guardian*

Benefit Innovations			*Benefits Advisor Partners*
Hannah Pipes	Client Services Consultant	317-663-4046	hannahp@benefiti.com
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