

2025

Employee Benefits Guide



NEWS AND REMINDERS...

- **Open Enrollment must be completed ONLINE by November 26, 2024.**
- **Your premiums for Medical coverage will be changing for 2025.**
- **Using GoodRx will count towards your deductible and out-of-pocket maximum. See page 17 for Good RX info.**
- **For 2025, the IRS has increased the minimum deductibles required for health plans like ours. Therefore, the deductible for family coverage has increased to \$3,300.**
- **The LocalPlus network name has changed to LocalFlex. It is the same network, it's just the name that has changed. If you are enrolled in this plan, you will receive a new medical ID card.**
- **New Hire Enrollments: Please check with Susie Todorovich at 520-690-3468 for your enrollment due date.**
- **CIGNA has a pre-enrollment phone line available to answer questions regarding network providers, prescriptions and upcoming access to care. Simply call 888-806-5042. See page 21 for additional information.**
- **Throughout the year, you can call Susie or the Employee Benefits Hotline through our broker, DBP, for assistance with claims issues or questions about your benefits. DBP can be reached at 1-833-295-2745.**

The information in this Employee Benefits Guide is presented for illustrative purposes only. All of the text contained herein was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.



Welcome to our 2025 Benefits Enrollment!

We are pleased to announce that our medical, dental and vision carrier will be CIGNA in 2025. Let's do our part in 2025 to keep health costs down. Start by scheduling your physical in 2025. Getting an annual physical is a major step towards staying healthy and can lead to detecting health issues early.

Steps for a successful enrollment:

1. Review the Benefit Guide thoroughly, which includes coverage and cost information.
2. If you need assistance with questions and/or the online process, join Human Resources at one of our Open Sessions from Nov 13th - Nov 15th (Watch for locations/times to be announced).
3. Our Open Enrollment is completed 100% online and everyone must enter their choices for 2025. To select or decline benefits, login to: www.benselect.com/TCAG
 - a. Your User ID is your 4-digit employee number or SSN without dashes.
 - b. Your PIN is 6 digits; the last 4 digits of your Social Security Number and last 2 digits of the year you were born.
4. If you are adding dependents to any of the plans, you need their dates of birth and social security numbers. Without this information, you will not be able to add them to any plan.
5. Complete online enrollment by November 26, 2024 for benefits effective January 1, 2025. Contact Susie Todorovich, Benefits Administrator, 520-690-3468, for additional assistance.

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YOUR HEALTH IS YOUR WEALTH



Our bodies are machines that require maintenance and care, just like the vehicles we sell and service.

Our benefit package is designed to provide reasonably priced, quality care for you and your family that allows you to customize a plan that is best for your budget and needs.

WHY IS INSURANCE IMPORTANT?

- Lack of insurance is a fiscal burden for uninsured people and their families.
- Insurance protects you and your family financially in the event of an unexpected serious illness or injury that could be very expensive.
- Having health coverage is associated with better health-related outcomes. You are more likely to get routine and preventive care if you have health insurance.
- The benefits of having coverage outweigh the costs for added service. Having coverage typically improves health, extends lives, reduces disability, helps control communicable diseases and raises productivity.

INSURANCE AVAILABLE

MEDICAL, DENTAL, & VISION INSURANCE: Although the ever-increasing cost of health insurance is a financial burden, for just about everyone, the potential cost of not having coverage is much higher.

DISABILITY INSURANCE: Choose a disability policy that provides enough coverage to enable you to continue your current lifestyle, even if you can no longer continue working.

LIFE AND AD&D INSURANCE: Think about how much you earn each year (and the number of years you plan to remain employed) and purchase a policy that will replace your income in the event of your untimely demise.

ELIGIBILITY

You must be a full time employee that works at least **30 hours per week** and have satisfied the waiting period for you and your dependents to be eligible to enroll in our benefits program. Eligible dependents are:

- Your legal spouse
- Qualified Domestic Partner
- Dependent children up to age 26

QUALIFYING LIFE EVENTS

WHAT IS A QUALIFYING LIFE EVENT?

A Qualifying Life Event is an IRS-regulated process that allows employees to change insurance coverage at times other than upon employment and Open Enrollment. There are very specific IRS events that allow this change:

- Marriage, divorce, qualified partner, legal separation
- Birth or adoption of a child
- Death of a legal spouse or child
- A child attaining age 26
- Change in Medicare or Medicaid coverage status
- Change in spouse's or partner's employment status
- To coordinate with spouse's or partner's Open Enrollment
- Change in employee's employment status

NOTE: Shopping for private insurance is not a qualifying event

MUST A QUALIFYING LIFE EVENT BE REPORTED TO HUMAN RESOURCES?

A Qualifying Life Event must be reported to HR **within 30 days** of the event and must be updated in Selerix, our enrollment platform (see page 5)

WHAT DATE WILL THE INSURANCE CHANGE?

The insurance coverage will coincide with the date of the qualifying event; however, for our plan, insurance begins on the 1st of the month and ends the last day of the month. If it is determined there is an additional waiting period (e.g., your spouse starts a new job that requires 60 days of employment before insurance begins), the effective date will be adjusted to complement the other coverage.



(CONTINUED ON PAGE 7)

WHAT COVERAGE CAN CHANGE?

Changes made during a Qualified Event window must be related to the event. For example, the birth of a child allows you to add your baby onto your medical insurance, but you may not add your spouse as the result of the child's birth or make changes to any other insurance coverage for the family at that time.

HOW ARE NEWBORNS/ADOPTIONS HANDLED?

The effective date for coverage of newborns is the date of birth (or adoption). Premiums are charged as if coverage were to begin the first of the month following the birth/adoption. The 30-day requirement for completing the Qualifying Event Form remains in effect.

WHEN DO PAYROLL DEDUCTIONS CHANGE?

Deductions are withheld the month they are due; an employee adding coverage will see the change in deductions the same month as the effective date. Depending on the timing of the change, it is possible to be behind or ahead on deductions. HR will coordinate with you and Payroll to be sure deductions are correct.

CHILD COVERAGE ENDS AT WHAT AGE?

Children may remain on a parent's plan until the end of the month of their 26th birthday, regardless of student status.

WHAT IF I MISS THE WINDOW AND DO NOT FILE THE FORM IN TIME?

If you miss the 30-day window to file a Qualifying Life Event Form with Human Resources, your coverage will be delayed until the next Open Enrollment period (unless there is another Qualifying Event later in that same year). As a reminder, if there is another Qualifying Event, changes would be limited to that specific event, not any previous event.



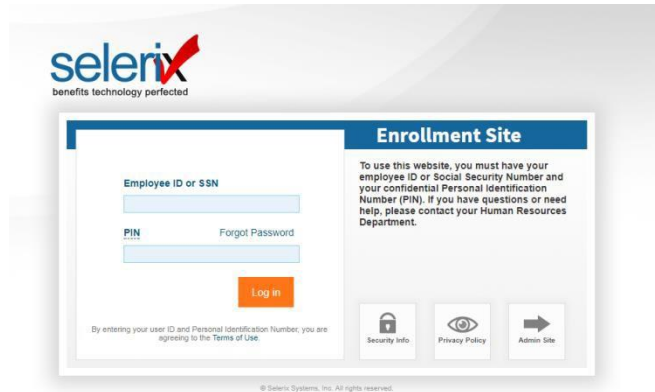
**...OR COVERAGE
FOR THAT EVENT
WILL BE DELAYED
UNTIL THE NEXT
OPEN ENROLLMENT**

ONLINE ENROLLMENT INSTRUCTIONS

Step by step instructions for completing your online enrollment is provided below.

Step 1:

Go to: <https://www.benselect.com/TCAG>



Step 2:

Enter login (Employee ID number or SSN without dashes).

Step 3:

Enter PIN. Your PIN is 6 digits long. It will be the last 4 of your SSN and 2-digit birth year.

Step 4:

As you go thru the enrollment, you will use the





button on either the top or the bottom of the page to move forward.

Step 5:

Review your personal information. Please make sure your address, phone and email are correct.

Step 6:

Add/review your dependent information. Make sure all names, dates of birth and social security numbers are correct. You can do this by clicking on the pencil  on the right side of the page. If you need to add a dependent you may do so by clicking on the  above the dependent box. Please make sure you are using the dependent's legal name and have their SSN and correct date of birth. Once the dependent information is complete click "Save" at the bottom of the page.

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ONLINE ENROLLMENT INSTRUCTIONS

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Step 7:

Review your employment information. If there are changes to be made, please contact Human Resources.

Step 8

The next screen will take you into the enrollment screen. In the red box at the top of the page, you will see your current elections and cost per pay period. To make a change, you will click the “review” button and this will take you to the benefit, so you can change your election.

Once you are in that benefit screen, you will review the benefit screens and then click on the “unlock” button to make changes. As you make changes and complete the enrollment process, you will notice the sidebar on the right will change and show check marks by your elections and red X by the benefits you are not electing.

Step 9:

At any time, you can go back to the enrollment screen by clicking “My Benefits” on the toolbar:



My Benefits		
+	Medical	\$72.50
x	Dental	\$0.00
✓	Medical FSA	\$10.42
x	Dependent Care FSA	\$0.00
x	Voluntary Short Term Disability	\$0.00
✓	Long Term Disability	\$0.00
✓	Employer Paid Basic Life and ADD	\$0.00
x	Voluntary LIFE ADD	\$0.00
x	Voluntary Life ADD - Spouse	\$0.00
x	Voluntary Life ADD - Child	\$0.00

Step 10:

Once you have reviewed all your benefits, the system will have you review your elections and sign and submit your enrollment. You will need to use your PIN to finalize your enrollment.

PIN:

Step 11:

You will see “Congratulations!” and your enrollment is complete. At the bottom of the page, you will be able to open your confirmation and save/print for your records.

HEALTH PLAN



You will have the option to enroll in CIGNA's **LocalFlex Network (includes Banner):**

OR YOU CAN...

Buy up to the **Extended/Broad Network: Open Access Plus, OA Plus, Choice Fund OA Plus**

MEDICAL COVERAGE

Below is an overview of the plan's coverage with the only difference between the two plans being the networks and premiums. **Please note: Tucson Medical Center (TMC) and Banner - University Medical Center are in-network for both plans. Carondelet St. Joseph's is in the CIGNA Open Access Plus network only.**

	In-Network	Out-of-Network ⁴
Calendar Year Deductible		
Individual	\$2,000	\$4,000
Family	\$3,300	\$8,000
Yearly Out-of-Pocket Maximum		
Individual	\$3,000	\$8,000
Family ¹	\$4,500	\$16,000
Co-Insurance	90%	70%
Emergency Room	90% after Deductible	90% after Deductible
Urgent Care	90% after Deductible	90% after Deductible
Physician Services		
Primary Care		
Specialist	90% after Deductible	70% after Deductible
Preventive²		
Child		
Adult	100%, Deductible Waived	70% after Deductible
Hospital Services		
In-Patient		
Out-Patient	90% after Deductible	70% after Deductible
Pharmacy Services³ - Retail (30-day Supply)		
Tier 1 - Generic	\$10 co-pay (after deductible)	
Tier 2 - Brand Formulary	\$30 co-pay (after deductible)	80% after Deductible and Copay
Tier 3 - Brand Non-Formulary	\$50 co-pay (after deductible)	
Tier 4 - Specialty Drugs	\$40 co-pay (after deductible)	
Pharmacy Services³ - Mail Order (90-day Supply)		
Tier 1 - Generic	\$20 co-pay (after deductible)	
Tier 2 - Brand Formulary	\$60 co-pay (after deductible)	Not Covered
Tier 3 - Brand Non-Formulary	\$100 co-pay (after deductible)	
Tier 4 - Specialty Drugs	\$80 co-pay (after deductible)	

1-All family members contribute towards the family deductible. The plan cannot pay an individual's claims until the total family deductible has been met. 2-Deductible Waived. 3-See Benefit Summary for complete description. 4-Out of Network charges are based on 110% of the Maximum Reimbursable Charge to determine the allowable fee for similar services within the geographic market.

MEDICAL PREMIUMS PER PAY PERIOD

BASE PLAN – LocalFlex Network (LocalFlex)	BASE RATE*	AVAILABLE DISCOUNTS**	RATE AFTER DISCOUNTS
Employee Only (EE)	\$119.50	\$50.00	\$69.50
Employee + Spouse (ES)	\$419.50	\$100.00	\$319.50
Employee + Children (EC)	\$289.50	\$50.00	\$239.50
Employee + Family (EF)	\$454.50	\$100.00	\$354.50

BUY-UP PLAN - Extended / Broad Network (Open Access Plus)	BASE RATE*	AVAILABLE DISCOUNTS**	RATE AFTER DISCOUNTS
Employee Only (EE)	\$179.50	\$50.00	\$129.50
Employee + Spouse (ES)	\$484.50	\$100.00	\$384.50
Employee + Children (EC)	\$349.50	\$50.00	\$299.50
Employee + Family (EF)	\$524.50	\$100.00	\$424.50

*Your Base Rate may vary in order to comply with the Affordability provision in the Health Care Reform regulations. Please refer to your online enrollment pricing for your adjusted Base Rate as applicable.

** Discounts noted above refer to the Voluntary 2025 Wellness Premium Incentive Program.

For specific information on available discounts, please see page 13.



HOW TO EARN YOUR 2025 PREMIUM DISCOUNTS & HSA INCENTIVES

Instructions: Please review this list to verify that you have completed all components to achieve your 2025 Premium Discounts. The qualifying period for submission is January 1, 2025 to October 31, 2025. In order to ensure you achieve your wellness incentives, all required components must be submitted by October 31, 2025. Submission instructions will be provided.

GOAL	DESCRIPTION	AWARD
REQUIRED: Complete the components below to qualify for incentives.		
Wellness Screening	Complete your Annual Physical Exam and the myCigna Wellness Screening Form	\$80 MONTHLY DISCOUNT
Health Assessment	Complete the online Health Assessment at myCigna.com	
You are eligible for the following tobacco discount and the extra Incentives only after completing the above requirements.		
NON-TOBACCO USER	Self-report on myCigna. "I have not smoked or used tobacco products at any time during the last 3 months.	\$20 MONTHLY DISCOUNT (CAN ONLY EARN 1 TOBACCO GOAL)
TOBACCO ALTERNATIVE 1	Telephonic Health Coaching. Get help improving my lifestyle habits. - Tobacco.	
TOBACCO ALTERNATIVE 2	Online Health Coaching. Quit tobacco - Three Month Program.	
BIOMETRIC HEALTH TARGETS & PREVENTIVE CARE - EARN INCENTIVES UP TO \$250 IN HSA CONTRIBUTIONS		
Reasonable Alternatives: Telephonic or online coaching, physician waiver or alternate activity, or complete 4 lessons of the Cigna Omada program.		
Healthy Waist Size	Women: 35 inches or less / Men: 40 inches or less. Waist size can be an indicator for increased health risks for conditions such as Type 2 Diabetes, high blood pressure, high cholesterol, and heart disease.	\$50 Incentive (One-Time)
Healthy Blood Sugar	Fasting: < 100 mg/dl / Non-Fasting: < 140 mg/dl High blood sugar can lead to diabetes and other health conditions.	\$50 Incentive (One-Time)
Healthy Cholesterol Ratio	Female: 4.4 Male: 5.0 High Cholesterol increases your risk of heart disease.	\$50 Incentive (One-Time)
Healthy Blood Pressure	139 or less systolic 89 or less diastolic	\$50 Incentive (One-Time)
Dental Exam	Get your dental exam and cleaning. Everyone recommended every 6 months. Annually for the incentive.	\$50 Incentive (One-Time)
Mammogram (preventive)	Get your preventative breast cancer screening. Women, aged 50-74. Recommended every 2 yrs.	\$100 Incentive (One-Time)
Colon Cancer Screening (preventive)	Get your preventative colon cancer screening. Everyone beginning at age 45. Recommended every 10 yrs.	\$100 Incentive (One-Time)
Cervical Cancer Screening (preventive)	Get your preventative cervical cancer screening. Women beginning at age 21. Pap smear every 3yrs and HPVtesting every 5 yrs.	\$100 Incentive (One-Time)
Prostate Cancer Screening (preventive)	Get your preventative prostate cancer screening. Men beginning at age 40. Once per yr.	\$100 Incentive (One-Time)
Skin Cancer Screening (NOT preventive)	Get your diagnostic skin cancer screening. Everyone annually. (Costs may apply)	\$100 Incentive (One-Time)
HEALTHY PREGNANCY, HEALTHY BABY (EXCLUDED FROM THE REQUIRED COMPONENTS) - \$150 MAX		
Healthy pregnancy, Healthy Babies	Speak with a maternity nurse starting in your 1st trimester and after your baby is born.	\$150 debit/giftcard (One-Time)

DOWNLOAD THE CIGNA HEALTH APP

STAY ON TOP OF YOUR HEALTH CARE BENEFITS

It's easier with the mycangia app.

YOU'RE IN CHARGE

Staying healthy is important and so is keeping track of your benefits. With everything else you have going on, managing it all can be a challenge.

The mycangia app can help. From finding a doctor, to checking the status of your health care spending, the app is your all-in-one resource for information and inspiration.

SEE FOR YOURSELF HOW THE APP CAN MAKE IT EASIER TO MANAGE YOUR HEALTH AND BENEFITS...



View benefits and pay claims for your whole family



Search for providers, procedures and medications



Get cost estimates before you get care



Track spending and progress toward meeting your deductible



Speak with a doctor 24/7 — from anywhere*



Access your member ID card whenever you need it

VISIT mycigna.com TODAY. NOT REGISTERED? START HERE.

Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.



*Actual my Cigna features may vary depending on your plan and customer profile.

HEAD-TO-TOE VIRTUAL CARE FROM MDLIVE

NOW YOU DON'T HAVE TO WAIT, OR TRAVEL, FOR THE CARE YOU NEED.

Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options – available by phone or video whenever it works for you. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience, and provide personalized care for hundreds of medical and behavioral health needs. Best of all, virtual care from MDLIVE is available to you and your eligible dependent as part of your health benefits!



ON-DEMAND

Whether you're feeling unwell or have a health-related question, simply sign in and follow the steps for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care.



QUALITY CARE

U.S.-based, board certified MDLIVE doctors diagnose, treat, prescribe medication and order labs as appropriate and follow up.



24/7

Virus in the middle of the night or itchy rash over the weekend? Get immediate, non-emergency care around the clock—even after hours and on holidays.



Use MDLIVE on the go with the mobile app.

Download the free app and you can have access to care anytime on your smartphone, from anywhere in the U.S.



HOW TO FIND A MEDICAL PROVIDER

FINDING A DOCTOR IN CIGNA'S DIRECTORY IS EASY:

- Go to www.cigna.com and click on "Find a doctor"
- Either search by logging in as a member or as a guest by clicking on "Employer or School" under "How are you Covered?" Then type in the address, city, or zip.

STEP 1

SEARCH BY CATEGORY, DOCTOR NAME, OR FACILITY



Doctor by Type Doctor by Name Health Facilities

Enter a specialty or type of doctor Search

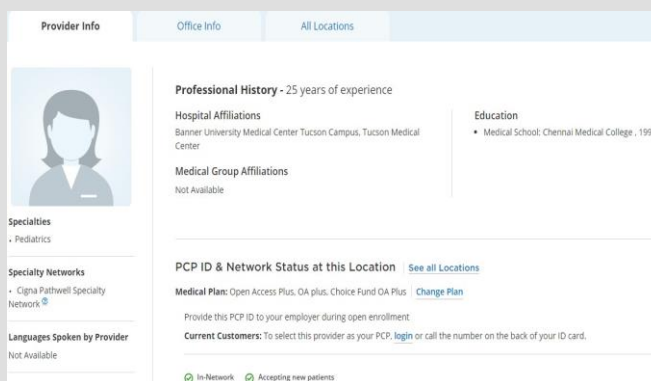
STEP 2

SELECT A PLAN

LocalFlex **OR** Open Access Plus, OA Plus, Choice Fund OA Plus

STEP 3

YOUR SEARCH RESULTS WILL APPEAR



Provider Info Office Info All Locations

Professional History - 25 years of experience

Hospital Affiliations
Banner University Medical Center Tucson Campus, Tucson Medical Center

Medical Group Affiliations
Not Available

Specialties
• Pediatrics

Specialty Networks
• Cigna Pathwell Specialty Network

Languages Spoken by Provider
Not Available

Education
• Medical School: Chennai Medical College, 1998

PCP ID & Network Status at this Location [See all Locations](#)

Medical Plan: Open Access Plus, OA plus, Choice Fund OA Plus [Change Plan](#)

Provide this PCP ID to your employer during open enrollment

Current Customers: To select this provider as your PCP, [login](#) or call the number on the back of your ID card.

In-Network Accepting new patients



CIGNA AND GOODRX

Prescription medications can cost a lot of money. That's why Cigna and GoodRx® are working together to help make it easier to afford certain generic medications.

Fill your prescription. Pay the lower price. It's that simple. As of January 1, 2024, GoodRx pricing is available for many commonly used generic medications¹ (filled in a 30-day or 90-day² supply) at any in-network retail pharmacy that accepts GoodRx discount cards. There's nothing you need to do and there's nothing to sign up for. All you need is your Cigna Healthcare ID card.

How it works:

- Our system compares the price available through your pharmacy benefit to the GoodRx price. You'll be charged whichever price is lower.
- You don't need a GoodRx discount card to save money. Simply fill your generic medication using your Cigna Healthcare ID card.
- Your **out-of-pocket costs will count** towards your deductibles and/or out-of-pocket maximums.

What's GoodRx?

GoodRx is a prescription price comparison tool. It's accepted at over 70,000 retail pharmacies in the United States, Puerto Rico and U.S. Virgin Islands – including major retail chains like CVS Pharmacy, Walgreens Pharmacy, Rite Aid Pharmacy, Costco Pharmacy and Walmart Pharmacy.

1. This pricing only applies to medications that are covered under the benefit. Your information for a qualifying claim may be processed by GoodRx. The claim is processed outside of your pharmacy benefit, but your out-of-pocket costs at the register will still be applied to your plan's deductible and no further action is required by you, the member.

2. Not all plans allow 90-day supplies. Please log in to the my Cigna® App or myCigna.com®, or check your plan materials, to see what your plan covers.

3. In most cases, your pharmacy plan offers the lower medication price, but there may be times where GoodRx's pricing is better. Para obtener ayuda en español llame al número en su tarjeta de Cigna Healthcare.

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DENTAL COVERAGE

www.myCigna.com	DHMO	DPPO
	In-Network	In-Network or Out-of-Network
Calendar Year Maximum	Unlimited	\$2,000 per Person
Annual Deductible	None	\$50 Individual / \$150 Family Applies to Class II & Class III Services Only
Class I - Diagnostic/Preventive Exams, Cleanings, X-rays	See Co-pay Schedule	100% - Deductible Waived*
Class II - Basic Services Fillings, Extractions, Oral Surgery	See Co-pay Schedule	100% - After Deductible
Class III - Basic Services Crowns, Bridgework, Dentures	See Co-pay Schedule	50% - After Deductible
Orthodontia	See Co-pay Schedule	50% Deductible Waived <i>Dependent Children Under the age of 19 only.</i>
Orthodontia Lifetime Max	See Co-pay Schedule	\$1,000

*Excluded from Calendar Year Maximums

Enrollment Level	Rates: Per Pay Period	
Employee Only	\$6.56	\$19.02
Employee + 1	\$11.73	\$38.03
Employee + Family	\$20.97	\$64.79

Healthy teeth and gums do more than provide you a nice, shiny smile. Good dental health, and good coverage, are great ways to keep your whole body in good shape.

The kind of poor dental hygiene that produces gum disease, cavities and other infections can have larger effects on your overall health. That's why it's important to keep your mouth healthy with regular brushing and flossing, in addition to periodic cleanings and check-ups with your dentist.



Source: AARP



CIGNA VISION (SERVICED BY EYEMED)

VISION SERVICES AND FREQUENCY	IN-NETWORK PLAN COVERAGE**	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Exam and Professional Services: Frequency* : Once per 12 month <p style="text-align: right;">Eye Exam Retinal Screening</p>	<p style="text-align: center;">100% after \$10 Copay \$0</p>	<p style="text-align: center;">\$10 Copay Up to \$39</p>	<p style="text-align: center;">Up to \$45 Allowance Not Covered</p>
Standard Eyeglass Lenses Allowances: Frequency* : One pair per 12 month <p style="text-align: right;">Lenses Single Vision Lined Bifocal Lined Trifocal Lenticular</p>	<p style="text-align: center;">Copay: \$10 100% 100% 100% 100%</p>	<p style="text-align: center;">\$10 Copay \$10 Copay \$10 Copay \$10 Copay</p>	<p style="text-align: center;">Up to \$32 Allowance Up to \$55 Allowance Up to \$65 Allowance Up to \$80 Allowance</p>
Lens Enhancements/Options: <p style="text-align: right;">Oversize Lenses Rose #1 and #2 Solid Tints Polycarbonate Lenses < 19 years of age Standard polycarbonate Lenses Standard Progressives Plastic Dye Tints Photochromic – Glass or Plastic Standard Scratch Coating Standard Ultraviolet (UV) Coating Standard Anti-Reflective (AR) Coating Hi-index Lenses All other lens options, including Premium Tiers</p>	<p style="text-align: center;">100% 100% 100% \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0</p>	<p style="text-align: center;">\$0 \$0 \$0 \$40 \$65 \$15 \$75 \$15 \$15 \$45 20% off retail 20% off retail</p>	<p style="text-align: center;">Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered</p>
Contact Lenses Retail Allowance: Frequency* : One pair or single purchase per 12 month <p style="text-align: right;">Elective Therapeutic</p>	<p style="text-align: center;">100% up to \$130 Retail Allowance 100%</p>	<p style="text-align: center;">Balance over \$130 Allowance \$0</p>	<p style="text-align: center;">Up to \$105 Allowance Up to \$210 Allowance</p>
Frame Retail Allowance: Frequency* : One per 24 month	<p style="text-align: center;">100% up to \$130 Retail Allowance</p>	<p style="text-align: center;">20% off balance over \$130 Allowance</p>	<p style="text-align: center;">Up to \$71 Allowance</p>

* Your Frequency Period begins January 1 (Calendar year basis)

Definitions:

Copay: the amount you pay towards your exam and/or materials, lenses and/or frames.

Coinsurance: the percentage of charges Cigna will pay. Customer is financially responsible for the balance.

Allowance: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.

CIGNA VISION RATES

Coverage Level	Employee Cost <u>Per Pay Period</u>
Employee Only	\$2.84
Employee + 1 Dependent	\$5.43
Employee + Family	\$8.82

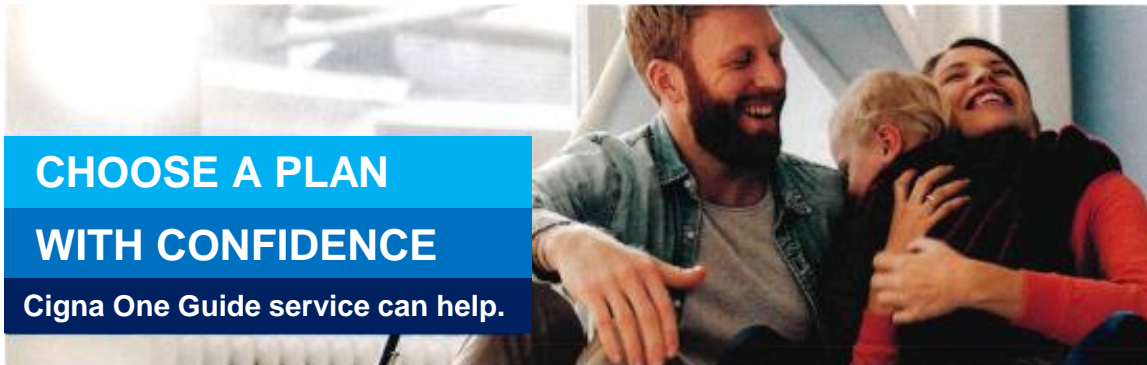
1. Locate a provider at eyedoclocator.eyemedvisioncare.com/cigna
2. Schedule an appointment
3. Use your benefits & start saving!



Online, in-network providers:



CIGNA ONE GUIDE



We understand how confusing and overwhelming it can be to review your health plan options. And we want to help by providing the resources you need to make a decision with confidence. That's why **Cigna One Guide® service is available to you now.**

Call a Cigna One Guide representative during pre-enrollment to get personalized, useful guidance.

Your personal guide will help you:

- Easily understand the basics of health coverage.
- Identify the types of health plans available to you.
- Check if your doctors are in-network to help you avoid unnecessary costs.
- Get answers to any other questions you may have about the plans or provider networks available to you.

The best part is, during the enrollment period, your personal guide is just a call away.

Don't wait until the last minute to enroll.

Call **888.806.5042** to speak with a Cigna One Guide representative today.

After enrollment, the support continues for Cigna customers.

Cigna One Guide service will be there to guide you through the complexities of the health care system, and help you avoid costly missteps. Our goal is a simpler health care journey for you and your family.

Cigna One Guide service provides personalized assistance to help you:

- Resolve health care issues.
- Save time and money.
- Get the most out of your plan.
- Find hospitals and health care providers in your plans network.
- Get cost estimates and avoid surprise expenses.
- Understand your bills.

Access Cigna One Guide - after enrollment - in the way that's most convenient for you:

myCigna.com or the myCigna app

Live Chat

Phone



FLEXIBLE SPENDING ACCOUNTS (FSA)

Health Care and Dependent Care FSAs offer you alternative ways to save money on eligible dependent care and/or health care expenses for yourself and your dependents. You can direct pre-tax money into your Flexible Spending Accounts and receive reimbursement for eligible expenses tax-free.

HOW THEY WORK

- Each year, during the open enrollment period, you decide how much money to set aside for health care and/or dependent care expenses.
- Your FSA Contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year.
- As you incur health care or dependent care expenses throughout the year, simply submit a claim form for reimbursement from your account. You may also use your FSA card to pay for eligible expenses at the point of sale. This method allows you to pay directly from your FSA account to avoid completing a claim form and waiting for reimbursement.

Please note: The Healthcare and Dependent Care FSA accounts are separate – you may choose to participate in one, both, or neither. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

Important: Employees who participate in a medical HSA are only eligible for a Limited Health Care FSA, which includes reimbursement for qualified dental and vision expenses only.

- Employees are responsible for all FSA fees.
- You are not automatically re-enrolled. You must actively re-enroll in the FSAs each year.
- Changes are not allowed to your contributions, except in the case of a qualifying life event (see pages 6 & 7).

HEALTH CARE FSA

ANNUAL MAXIMUM CONTRIBUTION:
\$3,300

EXAMPLES OF COVERED EXPENSES:

- Co-pays
- Deductibles
- Orthodontia, etc.*

DEPENDENT CARE FSA

ANNUAL MAXIMUM CONTRIBUTION:
\$5,000 (\$2,500 if single or married and filing separate tax returns).

EXAMPLES OF COVERED EXPENSES:

- Day Care
- Nursery School
- Elder Care Expenses, etc. *



* See IRS Publication 502 & 503 for a complete list of covered expenses.

HEALTH SAVINGS ACCOUNT (HSA)

WHAT IS A HSA?

A Health Savings Account is a special account that is to be paired with the Company's OAP Health Insurance Plan. Therefore, in order to participate in a qualified HSA account, you must enroll in the Company's group plan with AETNA. With an HSA, you can save money, pre-tax, to cover eligible healthcare costs.

WHAT CAN I USE MY HSA FOR?

You can use your HSA dollars to pay for healthcare services and equipment, deductibles, co-insurance, eyeglasses, prescriptions, out-of-pocket dental expenses and more! You can find a complete list of Qualified Medical Expenses at www.irs.gov.

HOW DO I CONTRIBUTE?

Contributing is simple. You can make pre-tax contributions through payroll deductions. HSA accounts are administered through banking institutions. If you participate in direct deposit, you can choose the HSA Administrator of your choice from the list of accepted banks and credit unions. You may contact HR for the list. Accounts are subject to administrative/bank fees. Contact the banking institution for additional information.

HOW MUCH AM I ALLOWED TO CONTRIBUTE TO MY HSA?

Per the IRS, 2025 HSA Contribution Limits are: \$4,300 for an individual or \$8,550 for a family. For those 55 and older, an extra \$1,000 catch-up contribution can be added to the overall contribution limit. PLUS: You may earn up to \$250 for yourself and \$250 for an eligible spouse/domestic partner when you participate in the wellness program (Refer to page 13). This lowers your personal contribution limit to \$4,050 or \$8,050 (plus catch-up).

HOW DO I USE MY HSA?

Pay medical expenses with your HSA debit card. You can also order checks or pay medical expenses from your bank account and reimburse yourself with your HSA.

CHECK OUT THE ADVANTAGES OF A HSA

- ✓ Triple tax benefits
- ✓ Convenient way to pay for out-of-pocket medical costs
- ✓ Pay less in premiums for high deductible plan
- ✓ Portable – it goes wherever you go
- ✓ Unspent money stays in your account year to year

ADDITIONAL BENEFITS



Our company offers a number of additional benefits for you and your family including:

- Employee Assistance Program (EAP)**
- Life and AD&D Insurance**
- Disability Income Protection**
- Wellness Program**
- Retirement Plan**



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Face-to-Face Counseling Sessions

Free and Confidential
Up to six sessions per year, per issue

Legal Services

Free 30-min consultation with attorney for up to three topics/year
General law, mediation and more

Financial Services

Free 30-min consultation on up to three financial topics per year

You've got a lot on your plate. Balancing work and family can be tough. And you probably have projects you want to spend time on, too.

Sometimes it can feel like you have to do it all, all by yourself. Your EAP is a power tool you've already got in your life toolbox. You don't have to wait until things break to call us. Getting help with issues you're facing can save you time and stress. This plan offers (6) face-to-face visits free of charge.

We're here for small issues, big problems and everything in between. Check out this list of reasons why people often contact us.



We can help you and your family members with:

1. Managing stress
2. Parenting
3. Relationships
4. Improving your finances
5. Working through conflicts
6. Dealing with illness
7. Communicating
8. Growing your confidence
9. Managing anger
10. Being assertive
11. Recognizing drug and alcohol issues
12. Coping with substance abuse
13. Balancing life and work
14. Feeling overwhelmed
15. Grieving a loss
16. Caring for elderly family members
17. Meeting your goals
18. Improving your happiness
19. Coping with depression
20. Getting the life you want
21. And so much more...

Your EAP is free, confidential & available 24/7/365. Contact us anytime.

1-888-238-6232 or go to resourcesforliving.com Username: **CLICKEAP** / Password: **EAP**



EMPLOYEE ASSISTANCE PROGRAM (EAP)



Getting started with online therapy

Welcome to Talkspace

Talkspace is a digital space for private and convenient mental health support. With Talkspace, you can choose your therapist from a list of recommended, licensed providers and receive support day and night from the convenience of your device (iOS, Android, and Web).

How it works

Completely Free, No Insurance Required!

Upon registration, all Tuttle-Click and Jim Click Team Members, including dependents, can begin to exchange unlimited messages (text, voice, and video) with their personal therapist. Therapists engage daily, 5 days per week, which often includes weekends. In addition, every Team Member will receive an online face-to-face 30-minute session with their therapist once a month.

You will continue to work with the same therapist throughout your journey. However, you're always welcome to switch providers so you can find the perfect fit. Talkspace's clinical network features licensed, insured, and verified clinical professionals with specialties ranging from behavioral to emotional and wellness needs, including:

- Anxiety & Stress
- Depression
- Relationships
- Family Conflict
- Trauma & Grief
- Eating Disorders
- Substance Abuse
- Chronic Illness
- and more

Ready to get started?

1. Visit talkspace.com/rfl or www.resourcesforliving.com
2. Provide basic demographic and company code: **Tuttle Click**
3. Complete brief intake survey to get paired with the therapist who is best fit based on your survey responses.
4. Schedule an appointment for wither Chat or Televideo Therapy.
5. Create a Talkspace account and download the app for easy future access.



Mutual of Omaha

LIFE AND AD&D INSURANCE

All benefit eligible employees may purchase Voluntary Term Life (VTL) for yourself, your spouse, and dependent child(ren) at a reasonable cost. In order to purchase spouse and/or dependent child(ren) coverage, you must purchase coverage for yourself. The cost for this coverage is based on your age and the amount you elect. Election amounts are subject to age reduction rules.

Life insurance is an important part of your financial security, especially if others depend on you for financial support. Accidental Death and Dismemberment (AD&D) insurance is designed to provide an additional benefit in the event the cause of death is accidental, or dismemberment occurs.

GUARANTEED COVERAGE

Guaranteed coverage means you and/or your spouse are not required to answer medical questions to be eligible to enroll into Voluntary Term Life (VTL) coverage.

NEW HIRE EMPLOYEE

- Your guaranteed coverage is **\$200,000** (or 5x your annual earnings).
- Your spouse's guaranteed coverage is **\$50,000**.
- Child guaranteed coverage is **\$10,000**.

OPEN ENROLLMENT 1/1/25

- Employees not currently enrolled, must complete an EOI statement of health form for any amount elected.
- Employees not currently enrolled in spouse or child coverage, must complete an EOI statement of health form for dependents for any amount elected.
- An employee may add \$10,000 to his or her VTL if currently enrolled (not to exceed 5 X your salary). Spouse must complete EOI for any increase in coverage.

EMPLOYEE LIFE

- Employee coverage is available from **\$10,000 to 5x your annual earnings or a maximum of \$500,000** (whichever is less).
- Coverage is in increments of **\$10,000**

SPOUSE LIFE

- Spouse coverage is available from **\$5,000 to \$250,000**
- Coverage is in increments of \$5,000.
- Coverage cannot exceed 50% of the employee's VTL coverage or a maximum of \$250,000 (whichever is less).

CHILD LIFE

- Child coverage is in increments of \$2,000, up to **\$10,000**.
- One flat rate regardless of the number of children covered.

EVIDENCE OF INSURABILITY (EOI)

If you choose coverage amounts over the guarantee coverage limits, underwriting approval is required.

- Evidence of Insurability (EOI) is a series of health-related questions you and/or your spouse answer (child EOI not required).
- The additional coverage will not be in effect until approval is provided in writing from Mutual of Omaha.

- To complete the EOI, use the below link and complete the information requested:
www.mutualofomaha.com/eoi

DESIGNATE BENEFICIARIES

Beneficiary designations can be updated at anytime by contacting the Benefits Administrator at 520.690.3468.



Mutual of Omaha

DISABILITY INCOME PROTECTION

A disabling injury or illness that keeps you out of work could have a devastating impact on your income, jeopardizing your ability to cover normal household expenses. If you miss work due to an injury or illness, disability insurance can help replace a portion of your lost wages while you recover. Long Term Disability benefits are designed to work hand-in-hand with our Short Term Disability coverage to ensure your family's financial security.

HOW DOES DISABILITY INSURANCE WORK?

Your employer pays you while you're working and Mutual Of Omaha will pay you while you're not working due to a covered disability. If you miss work due to an injury or illness, disability insurance can help replace a portion of your lost wages. Benefits can be used for your mortgage, food, utilities, car payments, child care or even a night at the movies, just as you would your regular paycheck. Benefits continue for a specific period of time or until you are no longer disabled.

WE HELP YOU GET BACK TO WORK

Partial Disability Benefit: If you're only able to do part of your job or return to work part-time, you can still receive a partial benefit. Part time earnings and a Partial Disability Benefit could provide up to 100% of your pre-disability earnings.

SHORT-TERM DISABILITY

Can elect for the first time at open enrollment without an EOI form, however pre-existing condition limit would apply.

- **Elimination Period:** 14 days following Injury or Illness.
- **Benefit Amount:** Up to 60% of your base salary, with a maximum of \$1,500/week.
- **Duration:** 24 weeks

LONG-TERM DISABILITY

Long Term Disability (requires EOI form if electing during open enrollment).

- **Elimination Period:** 180 days following Injury or Illness.
- **Benefit Amount:** Up to 60% of your base salary, with a maximum of \$10,000/month.
- **Duration:** Up to age 65, if disability occurs before age 60.

PRE-EXISTING CONDITIONS ARE EXCLUDED

Please see your certificate of coverage for details.

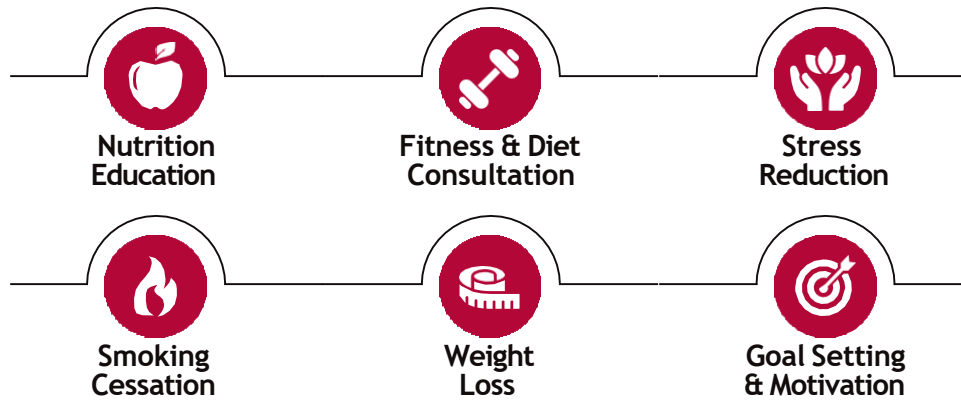
HOW TO FILE A CLAIM

1. You can file a disability claim telephonically directly with Mutual of Omaha by calling toll-free at 1-800-877-5176
 - Make sure to notify your manager & Human Resources as soon as possible.
2. You may obtain paper claim forms from your Human Resources department
 - You must return the entire claim application with Parts I, II, III Fraud Statements, and Authorizations completed with any attached documentation to the insurance carrier at the following:
 - **Mail:** Mutual of Omaha Insurance Company
United of Omaha Life Insurance Company
Group Insurance Claims Management
3300
Mutual of Omaha Plaza
Omaha, NE 68175-0001
 - **Fax:** 402-997-1865
 - **Email:** newdisabilityclaim@mutualofomaha.com



WELLNESS PROGRAM

All employees are eligible for our Wellness Program at no cost, which includes on-site health coaching, contests, and wellness events. We have partnered with the Wellness Council of Arizona to provide on-site health coaching services, which include:



Schedule a free, confidential appointment with a health coach at your worksite today!

520-293-3369

Through confidential, one-on-one consultations, our Health Coaches work directly with employees to help them develop healthier habits and reach wellness goals. Our Health Coaches are trained professionals, who provide support, encouragement, and education.



401K - RETIREMENT PLAN

INVEST IN YOURSELF AND YOUR FUTURE

There are many great benefits to being a participant in the Tuttle-Click Automotive Group Retirement Plan. Among those benefits is exceptional customer service—online or by phone. In fact, you can count on your company and Fidelity to help support you every step of the way.

BEST PRACTICES TO CONSIDER



- **The impact of an early start.** Your decision to start today could give you quite a bit more at retirement than starting five years from now.
- **Contribute as much as you can.** That amount can take you a long way toward reaching your financial goals. **Do what you can afford.** Start at a number that feels comfortable to you. You can always change it later. The important thing is to invest what you can afford and start right away.
- **Invest more in your plan, pay less in taxes.** Your pretax contributions come out of your pay before income taxes are taken out. You can actually lower your current taxes by investing in the plan today.

Find out how simple it can be to enroll, manage your account, and take advantage of what Tuttle-Click and Fidelity have to offer.

- **The impact of an early start.** Your decision to start today could give you quite a bit more at retirement than starting five years from now.
- **Contribute as much as you can.** That amount can take you a long way toward reaching your financial goals.
- **Do what you can afford.** Start at a number that feels comfortable to you. You can always change it later. The important thing is to invest what you can afford and start right away.
- **Invest more in your plan, pay less in taxes.** Your pretax contributions come out of your pay before income taxes are taken out. You can actually lower your current taxes by investing in the plan today.

TUTTLE-CLICK AUTOMOTIVE GROUP RETIREMENT PLAN

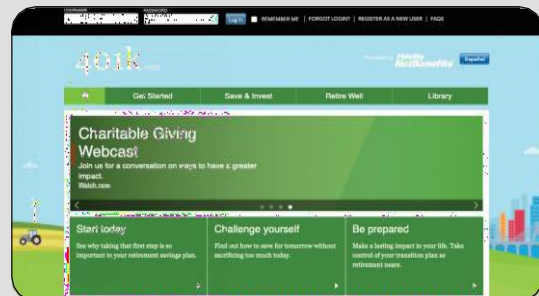
If you have questions or need help before getting started:

www.401k.com or call Fidelity at **1-800-835-5097**. Reference Plan # 48292.

MAKE THE MOST OF YOUR FUTURE

ENROLL IN THE RETIREMENT PLAN

Enrolling in your plan is the right step towards a more secure retirement and it's easy to manage. Make that next great investment in yourself. Here's how:



- First, go to Fidelity NetBenefits at www.401k.com
- Next, set up your password. If you're already a Fidelity customer, you can use your existing password.
- Finally, click on the link to enroll.

LEGAL NOTICES

Section 125

Tuttle Click Automotive Group will continue to offer a Section 125 premium plan, which allows payroll deductions for medical and dental coverage to be taken before taxes, providing you with significant tax savings. Elections made during open enrollment are binding until **December 31, 2025**. You cannot change or cancel coverage during the year unless a qualifying change in family status occurs. For more information, contact Human Resources.

Notice of Special Enrollment

If you are declining enrollment for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll you and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contribution towards you and your dependents' other coverage).

However, you must request enrollment within 30 days after you 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 you and your dependents. However, you must request enrollment within 30 days after the marriage, birth adoption, or placement for adoption. For more information, contact Human Resources.

Special enrollment rights also exist in the following circumstances, where you or your dependents will have 60 days to request special enrollment in the group health plan coverage:

If you or your dependents experience a loss of eligibility for Medicaid or your State Children's Health Insurance Program (SCHIP) coverage; or if you or your dependents become eligible for premium assistance under an optional state Medicaid or SCHIP coverage that would pay the employee's portion of the health insurance premium.

Women's Health and Cancer

Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, the medical plan options offered by Tuttle Click Automotive Group provide benefits for mastectomy related services. These services include reconstruction of the breast involved in mastectomy, surgery and reconstruction of the remaining breast to produce symmetrical appearance, and prosthesis and treatment of physical complications at all stages of mastectomy (including lymphedemas). Please refer to your summary plan description for details or contact Aetna at the number listed on your medical ID card.

COBRA (Consolidated Omnibus Budget Reconciliation Act of 1986)

Notice of Employee Group Health Plan Continuation Coverage

Under Federal law, Tuttle Click Automotive Group is required to offer covered employees and covered family members the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates when coverage under the health plan would otherwise end due to certain qualifying events. This notice is intended to inform all plan participants, in summary fashion of your potential future options and obligations under the continuation coverage provisions of COBRA law. Should an actual qualifying event occur in the future, you will receive additional information and the appropriate election notice at that time. Please take special note, however, of your notification obligations which are outlined in this notification.

Qualifying Events for Covered Employee

If you are the covered employee, you may have the right to elect continuation coverage if you lose your group health coverage because of a termination of your employment (for reasons other than gross misconduct on your part) or a reduction in your hours of employment.

Qualifying Events for Covered Spouse

If you are the covered spouse of an employee, you may have the right to elect continuation coverage for yourself if you lose group health coverage because of any of the following reasons:

- A termination or reduction of hours of your spouse's employment (for reasons other than gross misconduct)
- Death of your spouse
- Divorce or, if applicable, legal separation from your spouse
- Your spouse becomes entitled to Medicare

Qualifying Events for Covered Dependent Children

If you are the covered dependent child of an employee, you may have the right to elect continuation coverage for yourself if you lose group health coverage because of any of the following reasons:

- Termination or reduction in hours of the employee's employment (for reasons other than gross misconduct)
- The death of the employee
- Parent's divorce or, if applicable, legal separation
- The employee becomes entitled to Medicare
- You cease to be a "dependent child" under the terms of the health plan

Employee, Spouse & Dependent Notifications Required

Under law, the employee, spouse, or other family member has the responsibility to notify Tuttle Click Automotive Group of a divorce, legal separation, or a child losing dependent status under the Tuttle Click Health Plan. This notification must be made within 60 days from whichever date is later, the date of the event or the date on which health plan coverage would be lost under the terms of the insurance contract because of the event. If this notification is not completed within the required 60 day notification period, then rights to continuation coverage will be forfeited.

Upon notification of a qualifying event, a COBRA election form notifying all covered individuals (also known as qualified beneficiaries) of their rights to elect continuation coverage is to be mailed to the most current address. Each qualified beneficiary has independent election rights and will have 60 days to elect continuation coverage. The 60 day election window is measured from the later of the date health plan coverage is lost due to the event or from the date of notification. This is the maximum period allowed to elect continuation coverage as the plan does not provide an extension of the election period beyond what is required by law. If a qualified beneficiary does not elect continuation coverage within this election period, then rights to continue health insurance will end and they cease to be a qualified beneficiary.

Important Notice from Tuttle Click Automotive Group About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Tuttle Click and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Tuttle Click Automotive Group has determined that the prescription drug coverage offered by Aetna Healthcare is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your 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.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Tuttle Group Automotive Group coverage may not be affected. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible

for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Tuttle Click Automotive Group coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Tuttle Click Automotive Group and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage.

In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Tuttle Click Automotive Group changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year.

You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage: Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **1-800-772-213 (TTY 1-800-325-0778)**.

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).

Date: November 3, 2024
Name of Entity/Sender: Tuttle Click Automotive Group Contact--Position/Office: Human Resources Department
Phone Number: 520-690-3468

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs

but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility

Children's Health Insurance Program (CHIP)

PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states as listed on the next page, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility:

ALABAMA Medicaid	ALASKA Medicaid	ARKANSAS Medicaid	CALIFORNIA
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
COLORADO	FLORIDA Medicaid	GEORGIA Medicaid	INDIANA Medicaid
Health First Colorado https://www.healthfirstcolorado.com/ 1-800-221-3943 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131	Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 Phone 1-800-457-4584
IOWA Medicaid and CHIP	KANSAS Medicaid	KENTUCKY Medicaid	LOUISIANA Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: https://chfs.ky.gov/agencies/dm/s/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE Medicaid	MASSACHUSETTS Medicaid & CHIP	MINNESOTA Medicaid	MISSOURI Medicaid
https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003	Website: https://www.mass.gov/infodetails/masshealth-premium-assistance-pa Phone: 1-800-862-4840	Website: https://mn.gov/dhs/ Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/ Phone: 573-751-2005

MONTANA Medicaid	NEBRASKA Medicaid	NEVADA Medicaid	NEW HAMPSHIRE Medicaid
Website: http://dphhs.mt.gov MontanaHealthcarePrograms /HIPP Phone: 1-800-694-3084	Website: http://www.ACCEsNebraska.ne.gov Phone: 1-855-632-7633	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/oij/hipp.htm Phone: 603-271-5218 1-800-852-3345, ext 5218
NEW JERSEY Medicaid and CHIP	NEWYORK Medicaid	NORTH CAROLINA Medicaid	NORTH DAKOTA Medicaid
Website: http://www.njfamilycare.org Phone: 609-631-2392 1-800-701-0710	Website: https://www.health.ny.gov/healthcare Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/Medicaid Phone: 1-844-854-4825
OKLAHOMA Medicaid and CHIP	OREGON Medicaid	PENNSYLVANIA Medicaid	RHODE ISLAND Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov Phone: 1-800-699-9075	Website: https://www.dhs.pa.gov Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov Phone: 1-855-697-4347
UTAH Medicaid and CHIP	VERMONT Medicaid	VIRGINIA Medicaid and CHIP	WASHINGTON Medicaid
Website: https://medicaid.utah.gov Phone: 1-877-543-7669	Website: http://www.greenmountaincare.org Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select Phone: 1-800-432-5924	Website: https://www.hca.wa.gov Phone: 1-800-562-3022
WEST VIRGINIA Medicaid	WISCONSIN Medicaid and CHIP	WYOMING Medicaid	
Website: http://mywvhipp.com 1-855-699-8447	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2025)

PART A: GENERAL INFORMATION

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.56% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution— as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your Benefits Administrator at 520-690 3468

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name: Tuttle-Click Automotive Group	4. Employer Identification Number (EIN): Contact Human Resources	
5. Employer address: 780W Competition Rd	6. Employer phonenumber: (520) 690.3468	
7. City: Tucson	8. State: Arizona	9. ZIP code: 85705
10. Whocan we contact about employee health coverageat this job? Human Resources/ Benefits Administrator		
11. Phone number (if different from above):	12. E-mail address:	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees.

Eligible employees are: All full-time employees of **Tuttle-Click Automotive Group** working 30-hour or more hours per week on an on going basis.

- With respect to dependents:
 - We do offer coverage.
 - We do not offer coverage.

Eligible dependents are:

- Your legal spouse
- Your eligible children up to age 26. “Children” are defined as your natural children, stepchildren, legally-adopted children and children for whom youare the court-appointed legal guardian

- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested
- X If checked this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you maystill be eligible for a premium discount through the Marketplace. The Marketplace will use your house hold income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week(perhaps youare an hourly employeeor you work on acommission basis), if you are newly employed mid year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process.

An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

BENEFITS CONTACT INFORMATION

BENEFIT	CARRIER	GROUP #	CONTACT	WEBSITE
Medical	CIGNA	3345925	800.244.6224	www.mycigna.com
Dental Insurance	CIGNA	3345925	800.244.6224	www.mycigna.com
Vision	CIGNA	3345925	800.244.6224	www.cignavision.com
Life Insurance	Mutual of Omaha	G000BB3P	800.775.8805	www.mutualofomaha.com
Short Term Disability Insurance	Mutual of Omaha	G000BB3P	800.877.5176	www.mutualofomaha.com
Long Term Disability Insurance	Mutual of Omaha	G000BB3P	800.877.5176	www.mutualofomaha.com
Flexible Spending Account (FSA)	Basic FSA	108570	800.444.1922 Ext. 1	www.BasicOnline.com
EMPLOYEE ASSISTANCE PROGRAM #1	AETNA Resources for Living	Username: CLICKEAP Password: EAP	888.238.6232	www.resourcesforliving.com
EMPLOYEE ASSISTANCE PROGRAM #2	TALKSPACE	TuttleClick	support@talkspace.com	www.Talkspace.com/TuttleClick
401(k) Retirement Plan	Fidelity	38292	800.835.5097	www.401K.com
Employee Benefits Hotline	Duley Bolwar Pederson		833.295.2745	



Please feel free to contact the Benefits Administrator or any of the Human Resources (HR) staff listed below for assistance in understanding your coverage options.

SUSANA TODOROVICH (SUSIE)
Benefits Administrator
520-690-3468

Human Resources:

SHERREIS FLUKER	(520) 690-3433
SHARON BAKER	(520) 690-3403
NIKKI THOMAS	(520) 690-3471
CARMEN CARDENAS	(520) 690-3470

Essential Coverage to "Keep Your Motor Running"

