



2022

BENEFITS

GUIDE

The Dealer Tire Family of Companies



This publication contains important information about your employee benefit program.

Please read thoroughly.

Visite dtfamilybenefits.com para obtener su guía de beneficios

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Welcome to Open Enrollment

Every year, we complete a thorough review of our health care benefits package. It is our goal to offer a plan that is both competitive and comprehensive. This year is no different. We have been working with Dealer Tire and their subsidiaries to harmonize benefits throughout the Dealer Tire family. And similar to last year, we are excited to provide you with multiple choices of medical plans with improved service offerings.

We will also utilize technological platforms like Jellyvision's Alex to help you review plan options, compare them against each other, and help determine which plan would be best for your current health and lifestyle. We have also partnered with the folks at Benefit Educators to make your enrollment as easy as possible. The specialists at Benefit Educators are available to answer any questions you or your family may have regarding plan options and to take your enrollment over the phone. They are available weekdays, evenings, and weekends to accommodate your busy schedule.

Please note that unlike last year, **we are not mandating an active enrollment cycle. As a result, employees do NOT need to complete the enrollment process to receive the exact same benefits next year.** Current benefits will automatically roll over into the new year if you do not act. Make sure you review this guide carefully, ask questions, use our new ALEX tool, and call Benefit Educators so that you are comfortable with your enrollment decision.

As we have in year's past, we will once again offer our wellness discounts. By completing both steps of our Wellness Discount Program prior to 1/31/22, not only can employees, and their participating spouses, save up to \$600 a year, they will have also identified potential health issues early enough to prevent more serious conditions in the future. This is a program that I personally take advantage of, and I encourage all of you to do the same. Since this program launched nearly eight years ago, our employees have saved several thousands of dollars and made great strides toward a healthier lifestyle. Please note that Wellness Discounts and FSA must be completed every year and will not automatically roll over like the benefit offerings.

Thank you for all you do to serve our customers, our employees, and our company. Our people make the difference, and it is our people who make Dent Wizard a great company!

#wegettodothis

#up&right

Mike Black
President-CEO
Dent Wizard International

Your 2022 Benefits Guide

Welcome to the Dealer Tire Family of Companies! We offer a competitive and comprehensive benefits program to recognize how important you are to the company. This benefits guide summarizes our program in a quick and easy-to-understand way. Please review your plan documents at www.dtfamilybenefits.com for more details.

New Hire Enrollment

Welcome to our team! As a new associate, you are eligible for coverage on the first of the month following 30 days of employment. You must enroll in benefits within 30 days of your date of hire.

Annual Enrollment

Annual enrollment is your yearly opportunity to review your current benefits and make changes for the upcoming plan year. During annual enrollment, you can add, change, or decline coverage. You can also add and/or drop family members for coverage during this time. This year's annual enrollment will take place November 1-12, 2021.

All elections will roll over except for FSA, HSA, and Wellness Discounts which require you to actively elect for 2022.

Changing Your Benefits Midyear

Once you make your elections, you will not be able to make changes until next year's annual enrollment unless you experience a qualifying life event.

Examples of qualifying events include the following:

- Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status

You must make changes to your benefits within 30 days of your qualifying life event. If you do not make changes during this time, you may have to wait until next year's annual enrollment to make your change.

Benefits Eligibility

Covering Yourself

You may enroll in the benefits program if you are a regular full-time associate who is actively working a minimum of 30 hours per week.

Covering Your Family Members

Eligible dependents generally include your legally married spouse and children up to age 26. Some age limitations may apply to specific insurance programs. Children may include natural, adopted, step-children, or children obtained through court-appointed legal guardianship. Domestic partners that are currently on your plan will be grandfathered for 2022.

Eligibility Documentation

Please be prepared to share dependent eligibility information during enrollment including date of birth and Social Security Numbers. Other documentation may be required depending on your elections.

Open Enrollment Tools and Resources

Online Benefits Website

- Houses all your benefit information, plan documents, and contacts
- Access to important associate notices
- Find direct links to ALEX and Benefit Educators
- www.dtfamilybenefits.com

ALEX

ALEX helps you make smarter, wallet-friendlier choices about your health plans and tax savings accounts. This interactive tool walks through each plan that is offered to you and your family during this year's open enrollment season.

- Talk to ALEX to learn about your benefits and make the best choices for you and your family.
- ALEX helps you choose the right benefits for your personal situation.
- You could save money by choosing a new health plan. Talk to ALEX to see how much an HSA eligible plan could save you.
- Benefits are more than just health insurance. Talk to ALEX to see everything that's available to you and your family.
- Talk to ALEX anytime and anywhere from your smartphone, tablet, or computer.
- Talk to ALEX to find out if you're saving enough to cover your medical, dental and vision expenses—and see how much you could save on taxes!
- Start today at myalex.com/dtfamily/

Benefit Educators

One-on-one counselors to assist you with your enrollment process and answer any benefit related questions you may have.

- During the one-on-one enrollment meeting, the Benefit Counselor can answer your benefits related questions, and enroll or waive the benefits of your choice in ADP.
- When you schedule a date/time to speak with a Benefit Counselor, you will receive a callback at the number you provide in your scheduling request.

How to Prepare for Your One-On-One Meeting

- Discuss your options with your family, if applicable.
- Visit ALEX to walk through your plans at myalex.com/dtfamily
- Schedule a meeting today at dtfamily.mybenefits.pro
- When you meet one-on-one with a Benefit Counselor, please ensure you dedicate your full time and attention to go through this important process.

Enroll through ADP Self-service by logging in online at workforcenow.adp.com or by using your ADP smartphone app.

Questions Regarding Your Benefits?

- Email: Benefits@dentwizard.com
- Call our HR Hotline: [314.592.1957](tel:314.592.1957)

What is a Network?

A network is a group of providers your plan contracts with at discounted rates. You will almost always pay less when you receive care in-network.

If you choose to see an out-of-network provider, you may be balance billed, which means you will be responsible for charges above Aetna's reimbursement amount.

Your plans access the Aetna Choice POS II (Open Access) Network.

Important Insurance Terms

- **Deductible:** the amount of money you are responsible for paying up front before your plan shares your costs
- **Coinsurance:** the percentage you and the plan pay; in our plans, you pay a smaller percentage and the plan pays a larger percentage
- **Copay:** a fixed amount for certain services you pay in some of our plans
- **Out-of-pocket maximum:** the limit on your expenses; once you reach this limit, the plan covers all eligible expenses for the remainder of the plan year
- **Formulary:** list of prescriptions covered by your plan; your Aetna plans accesses the Aetna Standard Open Formulary listing

Medical and Prescription Drug

We partner with Aetna to offer medical and prescription drug insurance.

Plan Highlights

You have the option of choosing one of 4 plans through Aetna. Our plans offer coverage for most healthcare services. When you receive care in-network you benefit from our negotiated discounts with Aetna.

Aetna Member Site

Visit www.aetna.com or download the Aetna App to take advantage of all the helpful tools and resources available including the following.

- In-network provider and pharmacy searches
- A list of prescription drugs covered by our plans
- Access to temporary ID cards and means to order another ID card
- Information regarding paid and pending claims

Associate Bi-Weekly Medical Contributions

	PPO 1	PPO 2	PPO 3	HSA
Associate Only	\$127.05	\$86.52	\$47.54	\$64.05
Associate and Spouse	\$266.70	\$186.43	\$115.50	\$139.65
Associate and Child(ren)	\$241.50	\$166.86	\$109.20	\$124.95
Family	\$352.80	\$259.56	\$175.35	\$190.05



Wellness Incentive

Our 2022 wellness incentive is an annual discount of \$500 for single and an additional \$100 if covering your spouse on our medical plan. To earn the full incentive, both you and your eligible spouse must complete your biometric exam through Quest and online health risk assessment through Aetna by 01/21/2022. Full details including a Q&A list of frequently asked questions can be found at dentwizard.com/benefits (no log-in required).

Wellness Discount Program

Eligible associates and spouses can earn up to \$600 (\$500 Associate/\$100 spouse annual savings) off their 2022 medical premiums!

1. Complete your biometrics with a Quest Lab my.questforhealth.com
2. Log on to aetna.com and complete your assessment

For details, visit dentwizard.com/benefits. Both steps must be completed and processed before 01/31/2022. For full details, visit www.dentwizard.com/benefits.

Associate Bi-Weekly Medical Contributions Wellness Incentive Earned

	PPO 1	PPO 2	PPO 3	HSA
Associate	\$107.82	\$67.29	\$28.31	\$44.82
Associate and Spouse*	\$243.62	\$163.35	\$92.42	\$116.57
Associate and Child(ren)	\$222.27	\$147.63	\$89.97	\$105.72
Family	\$329.72	\$236.48	\$152.27	\$166.97

* Rate assumes both associate and spouse have earned incentive.

Only associate discount would apply on all of the associate and children premiums. If the spouse is not being insured, the spouse would not be eligible for Dent Wizard Wellness Discount.



Medical Plan Details

Coverage	Aetna							
	PPO 1		PPO 2		PPO 3		HSA Plan	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Deductible (embedded)*								
Individual	\$300	\$550	\$550	\$1,100	\$1,050	\$3,600	\$2,800	\$2,800
Family	\$900	\$1,650	\$1,650	\$3,300	\$3,150	\$10,800	\$5,000	\$5,600
Coinsurance	10%	30%	20%	40%	30%	60%	20%	40%
Maximum Out-of-Pocket (embedded)								
Individual	\$3,000	\$4,850	\$3,500	\$5,900	\$7,500	\$11,600	\$4,000	\$4,500
Family	\$6,000	\$10,300	\$7,000	\$12,900	\$15,000	\$34,800	\$8,000	\$9,000
Preventive Care								
	No cost	30%	No cost	40%	No cost	60%	No cost	40%
Office Visits								
Primary Care	\$25 copay	30%	\$30 copay	40%	\$75 copay	30%	20%	40%
Specialists	\$35 copay	30%	\$40 copay	40%	\$100 copay	30%	20%	40%
Hospital Care								
Inpatient Coverage	10%	30%	20%	40%	30%	60%	20%	40%
Outpatient Surgery	10%	30%	20%	40%	30%	60%	20%	40%
Outpatient Short-Term Therapy (limited to 60 visits per year)								
Speech	\$35 copay	30%	\$40 copay	40%	30%	60%	20%	40%
Physical	\$35 copay	30%	\$40 copay	40%	30%	60%	20%	40%
Occupational	\$35 copay	30%	\$40 copay	40%	30%	60%	20%	40%
Mental Health Services								
Inpatient	10%	30%	20%	40%	30%	60%	20%	40%
Office Visits	\$35 copay	30%	\$40 copay	40%	\$100 copay	60%	20%	40%
Emergency Room								
	\$250 copay	\$250 copay	\$250 copay	\$250 copay	30%	60%	20%	20%
Urgent Care								
	\$50 copay	30%	\$75 copay	40%	\$150 copay	60%	20%	40%
Prescription Drug								
Deductible	N/A	N/A	N/A	N/A	\$150/\$450 waived for Tier 1	\$150/\$450	Included in medical	Included in medical
Retail								
Tier 1	\$15 copay	Not covered	\$15 copay	Not covered	\$10 copay	Not covered	20%	Not covered
Tier 2	\$25 copay	Not covered	\$30 copay	Not covered	\$50 copay	Not covered	20%	Not covered
Tier 3	\$45 copay	Not covered	\$50 copay	Not covered	\$75 copay	Not covered	20%	Not covered
Tier 4	20% up to \$200	Not covered	20% up to \$200	Not covered			20%	Not covered
Mail Order (after 2 fills required to fill 90-day supply through CVS Mail Service)								
Tier 1	\$30 copay	Not covered	\$30 copay	Not covered	\$20 copay	Not covered	20%	Not covered
Tier 2	\$50 copay	Not covered	\$60 copay	Not covered	\$100 copay	Not covered	20%	Not covered
Tier 3	\$90 copay	Not covered	\$100 copay	Not covered	\$150 copay	Not covered	20%	Not covered
Tier 4	20% up to \$200	Not covered	20% up to \$200				20%	Not covered

* If benefit is subject to coinsurance you must meet the plan deductible before coinsurance applies, with the exception of the PPO Tier 4 prescription drug benefit. This is a high-level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail

** Embedded means if covering a dependent on the plan, each individual enrolled is capped at the individual level.

Aetna Resources

New for 2022

CVS HealthHUB

CVS HealthHUB locations offer you access to a professional care team including nurse practitioners, physician assistants and pharmacists who work together to help you get the best care for your needs. Whether you need treatment for a sudden illness like the flu or managing a chronic condition like diabetes. The best part is if you are on our Aetna PPO 1, PPO 2, or PPO 3 plan your visit is \$0!

Aetna Transform Diabetes Care Program

Transform Diabetes Care is a FREE program that provides a personalized, comprehensive approach to diabetes management. For more information on how to access this free program contact Aetna.

Aetna Back and Joint Care Program

Suffering from back or joint pain? Aetna members age 18+ have access to Hinge Health Coaches for education and guidance in dealing with pain. Plus you get access to digital therapy that is convenient and effective in reducing pain. For more information in how to enroll in this FREE program contact Aetna.

Continuing for 2022

24-Hour Nurse Line

Talk to a registered nurse anywhere, anytime! This free resource is available to all members and covered family members. Nurses are available 24/7 to answer any of your healthcare questions or point you in the right direction.

Maternity Program

The Aetna maternity program is there to support you during this exciting time! If you are enrolled in an Aetna medical plan, this program is at no cost to you and is personally designed for whichever maternity stage you are currently in. Whether you are planning for a baby, already pregnant, or post-delivery, this program teaches you what to expect before and after delivery, what early labor symptoms may look like, newborn care, and much more! Sign up with ease at www.aetna.com.

Discounts

Did you know just for being an Aetna member, you have access to healthy lifestyle discounts? It's true! Aetna's partners get you and your family savings on eyewear and exams, healthy lifestyle choices, natural products and services, and even options on hearing aids and exams. Once enrolled, shop around at www.aetna.com.

Aetna's Concierge Customer Service

Contact Aetna's Concierge Customer Service for any questions you have relating to your benefits. This dedicated line is there to support you and your family and ensure you have access to all of Aetna's resources and tools. Call today at **866.979.0237!**

App

Your health... there's an app for that! Download the Aetna Health app today by texting AETNA to 90156 or searching for the Aetna Health app at your app store. This app allows you to view your health plan summary and claims, find an in-network provider, receive cost estimates and easily download your ID card. Find many more resources on the app today!

Teladoc

You and your dependents have access to Teladoc—AT NO COST TO YOU IF ON THE PPO 1, PPO 2, OR PPO 3 PLAN! Teladoc’s U.S. board-certified doctors can resolve many of your medical issues, 24 hours a day, every day, without leaving your house! This free service can save you money as it is far less than visiting the local urgent care or emergency room for non-urgent situations. Get started by registering at <https://member.teladoc.com/aetna> or call **855.835.2362**. Please note the \$0 cost only applies to General Medicine. You can also utilize Teladoc for Dermatology and Mental Health, with the cost varying.



Health Savings Account (HSA)

A health savings account (HSA) is a tax-favored personal savings account which works with your high deductible health plan. HSA dollars can be used to pay for qualified medical expenses such as deductibles, copays, dental, and vision care. For a complete list of qualified medical expenses, visit www.irs.gov in IRS Publication 502.

Dent Wizard will be contributing the following:

- Associate only: \$500
- Associate and spouse: \$1,000
- Associate and child(ren): \$1,000
- Family: \$1,000

HSA Major Benefits

- Funds always belong to you
- Funds always roll over from year to year
- Lowers your taxable income
- Helps you build a healthcare nest egg for emergencies or retirement

HSA Triple Tax Savings

- Tax deduction when you contribute to your account
- Tax-free earnings through investment
- Tax-free withdrawal for qualified medical expenses

2022 HSA Funding Limits	
Coverage Level	Limit
Individual Coverage	\$3,650
Family Coverage	\$7,300
Age 55 or Older	Contribute an additional \$1,000 on top of these amounts

HSA Eligibility

You may open and contribute pre-tax to an HSA under the following circumstances.

- Enrolled in an IRS-qualified high deductible health plan (HDHP)
- Not enrolled in a traditional PPO plan through your spouse or other employer-sponsored plan options
- Not enrolled in a government-sponsored program (Medicare, Medicaid, Tricare, etc.)
- Have not received VA benefits within the last three months (unless receiving benefits for a service-related disability)
- Not claimed as a dependent on someone else's tax return
- Do not have an HSA and healthcare FSA; your spouse also cannot have a healthcare FSA through his/her own employer

Opening an HSA

We partner with HSA Bank through ALEX for our HSA program. You can find information about your HSA by visiting www.alexhsa.com or call **833.223.5601**. You will also receive a Welcome Kit in the mail which will include your new HSA debit card. If you do not receive this, please reach out to HSA Bank through ALEX for further instructions.

Direct Primary Care Plus & SimpleScripts RX

Direct Primary Care Plus (DPCplus)

A Healthcare membership through Healthcare2U

A monthly direct primary care membership that provides affordable and convenient access to excellent primary medical care, wellness and chronic disease management. This is not a major medical or prescription plan. The product is available to employees ages 2 to 65, spouses and dependents, regardless of pre-existing conditions. Once enrolled, members must use the Central Scheduling Department and speak to a bilingual medical assistant to schedule virtual or in person.

Unlimited Direct Primary Care

- Doctor visits \$10 fee
- Urgent care visits: \$25 fee
- Annual physicals

Unlimited Chronic Disease Management

- Management of 13 chronic disease states
- \$10 visit fee
- Annual physicals

Unlimited Virtual Visits

- Licensed medical providers
- Online or phone; 24/7/365
- \$0 visit fee

The direct primary care (DPC) portion of this membership is provided through Healthcare2U, a DPC organization. Healthcare2U provides scheduling services only for the DPC portion of your membership and is not affiliated with other programs provided with your enrollment. Healthcare2U's DPC is a healthcare membership, it is not insurance. Dependents under the age of two and over the age of 64 are not eligible for Healthcare2U. Dependent children are eligible for membership until the last day of their 25th year. No walk-ins allowed. Unlimited services (including Virtual DPC/telehealth) must be accessed through Healthcare2U's Central Scheduling Department (CSD). In-office appointments are only available within business hours (Monday through Friday, 7 AM to 6 PM CST). The CSD may direct the member to another level of care if appropriate, depending on the member's condition and utilization of services. There are in-office visit fees associated with membership: \$0 for Virtual DPC consultations, \$10 per in-office physician visit for acute or chronic care listed above, and \$25 per urgent care visit. Telehealth services are provided through a third-party provider. Well-woman pap smear pathology interpretation is not included in the annual physical. Dependent on membership type, the annual physical may only be accessible after six consecutive months of membership.

SimpleScripts RX

A Sophisticated Pharmacy Subscription Membership

SimpleScripts RX has created a Medication Subscription Program that provides 200 medications at just \$1.00, plus great discounts on all other medications. This is not a prescription insurance plan. SimpleScripts Rx has another way of saving on all of your prescription drugs. Together, with their International Partners, they have expanded upon an already robust savings foundation with other ways to help you keep your money.

- Search for prescriptions
- Enter the dose (strength, mg, etc.) And quantity prescribed
- Choose your savings option and save up to 80% on your medications
- Save time and have your medications delivered to your home

This is not a medical insurance plan and does not meet the criteria of an ACA qualifying medical plan. By enrolling in this voluntary discount plan you understand that enrollment in our qualified medical insurance plans will be waived. Changes can only be made in the event of a qualifying life event or during an annual open enrollment period.

More information can be found at dentwizard.com/benefits (no log-in required) see the Direct Primary Care Plus and Simple Scripts RX link.

Associate Bi-Weekly Contributions

	Bi-Weekly
Associate Only	\$30.46
Associate and Spouse	\$53.77
Associate and Child(ren)	\$77.08
Family	\$100.38

Flexible Spending Account (FSA)

A flexible spending account (FSA) allows you to set aside pre-tax dollars from your paycheck to cover qualified expenses you would normally pay out of your pocket. You cannot be enrolled in both a Health Savings Account (HSA) insurance plan for 2022 and a Healthcare FSA. If you are enrolled in a HSA and would like an option for enrolling in a FSA, email benefits@dentwizard.com.

Healthcare FSA

The healthcare FSA helps you pay for certain IRS-approved medical expenses not covered by your insurance plan with pre-tax dollars. The maximum contribution to the healthcare FSA is \$2,750 per plan year.

If any funds remain in your healthcare FSA at the end of the current plan year, you can carry over up to \$550 into the next year. Your carry over balance can be used at any time for expenses incurred in the new plan year (in addition to the elected payroll deductions). Balances will only carry over one time.

Funds you elect to contribute to the healthcare FSA are available in full on the first day of the plan year. For example, if you elect to contribute \$1,000, the full election is available to you on day one. You'll continue to pay for the election pre-tax from your paycheck throughout the plan year.

Dependent Care FSA

The dependent care FSA lets you set aside pre-tax dollars to use toward qualified dependent care. The maximum amount you may contribute to the dependent care FSA is \$5,000 (or \$2,500 if married and filing separately) per plan year. Funds you contribute to the dependent care FSA function like a debit card; you need to accumulate the funds before you can use them.

Use It or Lose It

Carefully consider your FSA contribution amounts for the plan year. At the end of the year, you may lose some unused dollars. Your plan has a rollover provision in place. This means, you can rollover up to \$550 to be used in next plan year. This rollover amount is in addition to the annual maximum.

Eligible Expenses

Healthcare FSA

- Doctor's visit copays
- Prescription drug copays
- Medical and dental deductibles
- Over-the-counter medications (with a written prescription)
- Hearing aids
- Eyeglasses

Dependent Care FSA

- Cost of child or adult daycare*
- Nursery school
- Preschool (excluding kindergarten)

* An eligible dependent is a tax dependent child under age 13 or a tax dependent spouse, parent, or child unable to care for themselves.

Dental

We partner with MetLife to offer you and your family members dental insurance. Visit www.metlife.com to find in-network providers and access a variety of online tools and programs.

Understanding your Dental Plan's Out of Network Benefits

Maximum Allowable Charge (MAC)

Caps payment for services provided by an out-of-network dentist at a scheduled amount, the Maximum Allowable Charge.

Dealer Tire's Low Plan features out of network reimbursements at the Maximum Allowable Charge.

Reasonable & Customary (R&C) Charge

Plan pays out-of-network claims based on Reasonable & Customary (R&C) charges determined for your area. The R&C charge is based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services, or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

Dealer Tire's High Plan features out of network reimbursements at the Reasonable & Customary Charge.

Plan Benefits	MetLife			
	Low PPO		High PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$50/\$150	\$75/\$225	\$50/\$150	\$50/\$150
Preventive	100%	90%	100%	100%
Basic	80%	60%	90%	80%
Major	50%	40%	60%	50%
Orthodontia	N/A	N/A	60%	50%
Annual Maximum	\$1,000	\$1,000	\$1,500	\$1,500
Ortho Limit	N/A	N/A	\$1,200	\$1,200

This is a high-level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

Associate Bi-Weekly Dental Contributions

	Low Plan— Bi-Weekly	High Plan— Bi-Weekly
Associate Only	\$4.53	\$8.51
Associate and Spouse	\$8.33	\$17.87
Associate and Child(ren)	\$11.85	\$16.17
Family	\$16.92	\$23.75

Cost in excess of the MAC and R&C will be at the expense of the member.

Finding In-Network Providers

Remember to visit in-network dentists to receive the deepest level of discount on your services.

To find a participating in-network dentist in your area go to www.metlife.com or call **800.880.1800**. These plans access the PDP Plus Network.

Orthodontia Services Note

The lifetime maximum illustrated is different from the calendar year maximum. For orthodontia services, this limit does not reset each year, this is the most your plan will cover for your services for the lifetime of your participation in this program.

Examples of Services

- **Preventive**—exams, cleanings, fluoride, x-rays, and sealants
- **Basic**—fillings, extractions, periodontics, repairs, and oral surgery
- **Major**—crowns, inlays, dentures, and dental impacts

Vision

We partner with VSP to offer you and your family members vision insurance. Visit www.vsp.com to find in-network providers and access to a variety of online tools and programs.

	VSP In-Network
Copays	
Exam	\$10
Materials	\$25
Frames	
Frames Allowance	\$175
Featured Frames Allowance (check out vsp.com/offers)	\$195
Frequency Limitations	Every 12 months
Lenses	
Single Vision, Lined Bifocal, and Lined Trifocal	Copay included in materials
Anti-glare Coating	\$0 copay
Tints/Light-reactive	\$0 copay
Standard Progressive Lenses	\$0 copay
Premium Progressive Lenses	\$95-\$105
Custom Progressive Lenses	\$150-\$175
Frequency Limitations	Every 12 months
Contacts (instead of glasses)	
Contacts Allowance	\$175
Contact Lens Exam (fitting and evaluation)	Up to \$60
Frequency Limitations	Every 12 months
Out-of-Network Benefits	
Exam	Up to \$45
Frame	Up to \$70
Single Vision Lenses	Up to \$30
Lined Bifocal Lenses	Up to \$50
Lined Trifocal Lenses	Up to \$65
Progressive Lenses	Up to \$50
Contacts	Up to \$105

This is a high-level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

Associate Bi-Weekly Vision Contributions

	Vision Plan—Bi-Weekly
Associate Only	\$3.95
Associate and Spouse	\$5.72
Associate and Child(ren)	\$6.80
Family	\$10.87

Finding In-Network Providers

Remember to visit in-network dentists to receive the deepest level of discount on your services.

To find a participating in-network provider in your area, go to www.vsp.com or call **800.877.7195**.



Life and Disability Insurance

Life and disability insurance is provided through MetLife.

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

The company automatically provides you a benefit of one times your annual salary (up to \$300,000), at no cost to you, for life insurance and accidental death and dismemberment insurance.

Associate Voluntary Life and AD&D Insurance

You are eligible to purchase additional life insurance in increments of \$25,000 to a maximum of \$175,000.

Spouse and Dependent Voluntary Life Insurance

- Spouse: \$12,500 increments to a maximum of \$50,000, not to exceed 50% of associate's optional life benefit
- Child birth to limiting age: \$2,000 increments to a maximum of \$10,000; child limiting age: 26

Associates and dependents who are enrolled in a Grandfathered Voluntary Life plan are not eligible for an additional Voluntary Life Plan. Associates enrolled in a Grandfathered Plan are unable to make a change to that plan with the exception of discontinuing the plan.

What is Statement of Health (SOH)?

If SOH is required, this means you must provide certain information about your health in order for the insurance company to review your information and approve you for coverage.

If you are newly eligible and have not previously waived coverage, you can elect up to the guaranteed issue amount without submitting SOH. You may be required to submit SOH if you have previously waived this coverage or if you elect above the guaranteed issue amount.

Supplemental Life- EE Only* (per \$1,000 of Covered Volume) All Active Full-Time Associates**	
Less than 30	\$0.062
30-34	\$0.080
35-39	\$0.090
40-44	\$0.106
45-49	\$0.151
50-54	\$0.230
55-59	\$0.434
60-64	\$0.665
65-69	\$1.285
70+	\$2.083

Supplemental Dependent Life* (per \$1,000 of Covered Volume) All Active Full-Time Associates and Spouse**	
Less than 30	\$0.062
30-34	\$0.080
35-39	\$0.090
40-44	\$0.106
45-49	\$0.151
50-54	\$0.230
55-59	\$0.434
60-64	\$0.665
65-69	\$1.285
70+	\$2.083
Child	\$0.135

Age reduction*: The employer is responsible for making sure that the offer of insurance to its associates under the program described complies, if applicable, with the Age Discrimination in Employment Act of 1967, as amended, ("ADEA"), and the regulations thereunder. The employer should seek the advice of counsel as to whether ADEA applies to the program and, if so, whether it is in compliance with ADEA and other applicable laws. MetLife is required to comply with insurance age discrimination laws where applicable.

* The rates listed above are monthly.

** All reductions are applied to the original benefit amount.

Short Term Disability (STD)

You have the option to elect short term disability (STD) insurance to help provide financial security until you get back on your feet and return to work. The plan covers 60% up to \$1,500 per week. There is a 7-day waiting period for illnesses and accidents.

Carrier	MetLife
Payment %	60% up to \$1,500
Elimination Period	
Accident	7 days
Illness	7 days
Benefit Duration	25 weeks

Long Term Disability (LTD)

The company provides long term disability (LTD) insurance to offer you financial assistance in the event you are unable to work for an extended period of time. The plan covers 60% of your pre-disability earnings.

Carrier	MetLife
Carrier	60%
Payment %	Class 1: \$12,000 Class 2, 3, and 4: \$6,000
Maximum Monthly Benefit	180 days
Elimination Period	SSNRA

Class Description	
Class 1	Full-time directors and vice presidents working 30 hours
Class 2	Full-time exempt associates working 30 hours
Class 3	Full-time non-exempt associates working 30 hours



Counseling and Work Life Services

- Stress management
- Work and home relationships
- Depression and grief
- Alcohol and substance abuse
- Child, adult, and elder care
- Legal and financial consultations
- Identity theft



Employee Assistance Program (EAP)

We partner with MetLife to provide an employee assistance program to help you and members of your household find solutions and resources to tackle life's challenges. From simple questions such as quick ways to de-stress or how to find more time in your schedule, to more difficult issues such as finding support after the loss of a loved one, your program is there to work with you and offer suggestions, options, and information.

EAP specialists will confidentially discuss challenges you and your family may be facing and provide you with consultation, information, action plans, and resources within your community. MetLife's work-life balance employee assistance program (EAP) offers online tool and resources. In addition, members receive up to 10 counseling sessions either in person or virtual.

Accessing the EAP

- Phone consultations: **888.319.7819**; unlimited calls, 24/7
- Online tools and resources: visit <https://metlifeep.lifeworks.com/>
- Username: metlifeep Password: eap

There are strict standards of confidentiality in place to protect your privacy. Treatment information is not shared with anyone without your written permission.

401(k) Savings Retirement Plan

Employees will default into the 401(k) at 3% thirty days after their first paycheck. An employee will be notified by Fidelity via U.S. mail with their options to opt out or change their contributions by logging on to www.401k.com or calling Fidelity at **800.835.5097**.

Additional Voluntary Coverage

Regular expenses, big and small, can add up. Think about your ability to pay for those expenses if you or your family member experienced a covered accident or are diagnosed with an unexpected illness. MetLife's Accident, and Critical Illness coverage can supplement your health plan and provide you and your family with the additional financial protection you may need. These plans pay benefits directly to you and you decide how to use the benefit.

Accident Coverage

Accidents can happen in an instant. When they do, medical bills can pile up quickly. Our accident insurance pays you a tax-free benefit after a covered accident so you can focus on what's truly important—getting better. More than 150 events resulting from non-work-related injuries or accidents are covered by this plan.

Coverage Level	Low Plan			High Plan		
Category	Associate	Spouse	Child	Associate	Spouse	Child
Basic Accidental Death	\$25,000	\$12,500	\$5,000	\$50,000	\$25,000	\$10,000
Accidental Death Common Carrier	\$75,000	\$37,500	\$15,000	\$150,000	\$75,000	\$30,000
Basic Dismemberment/Functional Loss Benefit	\$750–\$10,000	\$750–\$10,000	\$750–\$10,000	\$1,000–\$15,000	\$1,000–\$15,000	\$1,000–\$15,000
Catastrophic Dismemberment/Functional Loss Benefit	\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Paralysis Benefit	\$10,000–\$20,000	\$10,000–\$20,000	\$10,000–\$20,000	\$20,000–\$40,000	\$20,000–\$40,000	\$20,000–\$40,000
Fracture Benefit (closed)	\$100–\$4,000	\$100–\$4,000	\$100–\$4,000	\$200–\$5,000	\$200–\$5,000	\$200–\$5,000
Fracture Benefit (open)	\$200–\$8,000	\$200–\$8,000	\$200–\$8,000	\$400–\$10,000	\$400–\$10,000	\$400–\$10,000
Dislocation Benefit (closed)	\$100–\$4,000	\$100–\$4,000	\$100–\$4,000	\$200–\$5,000	\$200–\$5,000	\$200–\$5,000
Dislocation Benefit (open)	\$200–\$8,000	\$200–\$8,000	\$200–\$8,000	\$400–\$10,000	\$400–\$10,000	\$400–\$10,000
Burn Benefit	\$75–\$10,000	\$75–\$10,000	\$75–\$10,000	\$100–\$15,000	\$100–\$15,000	\$100–\$15,000
Concussion	\$250	\$250	\$250	\$500	\$500	\$0
Coma	\$7,500	\$7,500	\$7,500	\$10,000	\$10,000	\$10,000
Laceration	\$50–\$400	\$50–\$400	\$50–\$400	\$75–\$700	\$75–\$700	\$75–\$700
Broken Tooth	\$25–\$200	\$25–\$200	\$25–\$200	\$50–\$300	\$50–\$300	\$50–\$300
Eye Injury	\$300	\$300	\$300	\$400	\$400	\$400
Ground/Air Ambulance	\$300–\$1,000	\$300–\$1,000	\$300–\$1,000	\$400–\$1,250	\$400–\$1,250	\$400–\$1,250
Surgery	\$150–\$1,500	\$150–\$1,500	\$150–\$1,500	\$200–\$2,000	\$200–\$2,000	\$200–\$2,000
Health Screening Benefit	\$50	\$50	\$50	\$50	\$50	\$50

	Bi-Weekly Rates	
	Low Plan	High Plan
Associate Only	\$3.25	\$4.65
Associate and Spouse	\$6.42	\$9.15
Associate and Child(ren)	\$7.47	\$10.60
Family	\$9.13	\$12.96

Critical Illness Coverage

There are a lot of expenses associated with a critical illness and a major medical plan usually won't cover them all. Critical illness coverage helps you focus on recuperation instead of being distracted by the extra expenses you may be facing. Similar to life insurance which pays your beneficiary a lump-sum benefit upon death; a critical illness plan pays you a cash benefit upon a diagnosis of a covered illness. Covered diagnoses include but are not limited to the following.

- Cancer
- Organ failure
- Heart attack
- Stroke

Carrier	MetLife
Coverage Level	Initial Benefit
Benign Brain Tumor	100% of benefit amount
Cancer Category	
Invasive Cancer	100% of benefit amount
Non-Invasive Cancer	25% of benefit amount
Skin Cancer	5% of benefit amount, but not less than \$250
Cardiovascular Disease Category	50% of benefit amount
Childhood Disease Category	100% of benefit amount
Functional Loss Category	100% of benefit amount
Heart Attack Category	100% of benefit amount
Infectious Disease Category	25% of benefit amount
Kidney Failure Category	100% of benefit amount
Major Organ Transplant Category	100% of benefit amount
Progressive Disease Category	100% of benefit amount
Severe Burn Category	100% of benefit amount
Stroke Category	100% of benefit amount
Health Screening benefit	Payable if an eligible covered person takes one screening/prevention measure—\$50

Age Attained	Bi-Weekly Rates			
	Associate	Associate + Spouse	Associate + Child(ren)	Family
<25	\$0.18	\$0.29	\$0.28	\$0.39
25–29	\$0.20	\$0.33	\$0.30	\$0.43
30–34	\$0.24	\$0.39	\$0.34	\$0.49
35–39	\$0.30	\$0.48	\$0.40	\$0.57
40–44	\$0.40	\$0.63	\$0.50	\$0.73
45–49	\$0.56	\$0.86	\$0.65	\$0.96
50–54	\$0.83	\$1.24	\$0.93	\$1.33
55–59	\$1.21	\$1.74	\$1.30	\$1.84
60–64	\$1.72	\$2.43	\$1.82	\$2.53
65–69	\$2.44	\$3.40	\$2.54	\$3.50
70–74	\$3.25	\$4.55	\$3.35	\$4.65
75+	\$4.36	\$6.21	\$4.46	\$6.31

Wellness Benefit

This benefit pays \$50 per calendar year per insured individual if a covered health screening test is performed, including blood tests, chest x-rays, stress tests, mammograms, and colonoscopies. A full list of covered tests will be provided in your certificate.

Critical Illness Plan Options

You have the choice of a \$15,000 or \$30,000 benefit amount.

Spouses will be offered 50% and dependent child(ren) will be offered 50% of the associate benefit amount.

Benefits are paid directly to you based on the benefit schedule.

Hospital Indemnity Plan

It's scary enough being admitted into the hospital, so why worry about whether you'll be able to cover unexpected expenses? Hospital indemnity insurance is a supplemental insurance plan designed to pay for the costs of a hospital admission that may or may not be covered by your insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury.

	Bi-Weekly Rates	
	Low Plan	High Plan
Associate Only	\$3.54	\$6.17
Associate + Spouse	\$9.42	\$16.93
Associate + Children	\$6.30	\$11.02
Associate + Spouse and Children	\$12.18	\$21.79

Hospital Benefits

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Admission Benefit	4 time(s) per calendar year	Admission	\$500	\$1,000
		ICU supplemental admission (benefit paid concurrently with the admission benefit when a covered person is admitted to ICU)	\$500	\$1,000
Confinement Benefit	15 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	Confinement	\$100	\$200
		ICU supplemental confinement (benefit paid concurrently with the confinement benefit when a covered person is admitted to ICU)	\$100	\$200
Confinement Benefit for Newborn Nursery Care	2 day(s) per confinement	Confinement benefit for newborn nursery care	\$25	\$50

Other Benefits

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Health Screening Benefit	1 time(s) per calendar year per covered person	Health screening	\$50	\$50

Contact Information



Medical

Aetna
Group # 170220
Pre-enrollment number: **866.979.0237**
Customer service: **866.979.0237**
www.Aetna.com



Prescription

Aetna
Group # 170220
Rx Member Services and Mail Order:
888.792.3862
Specialty Pharmacy: **866.782.2779**
www.Aetna.com



Health Savings Account (HSA)

HSA Bank
833.223.5601
www.alexhsa.com



Flexible Spending Account (FSA) and Dependent Care FSA

iSolved Benefit Services
866.370.3040
<https://www.isolvedbenefitservices.com>



Dental

MetLife
Group # 229596
800.942.0854
www.metlife.com



Vision

VSP
Group # 300100243
800.877.7195
www.vsp.com



Life and Disability

MetLife
Group # 229596
800.438.6388
www.metlife.com



Employee Assistance Program

Lifeworks through MetLife
Username: metlifeeap Password: eap
888.319.7819
<https://metlifeeap.lifeworks.com/>



Plan Decision Tool and Resource

ALEX
<https://www.myalex.com/dtfamily>



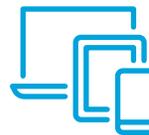
401(k)

Fidelity
800.835.5097
www.401k.com



Benefit Educators

<https://dtfamily.mybenefits.pro>



Benefits Resource Website

<https://dtfamilybenefits.com/>

Dent Wizard Benefits Office
benefits@dentwizard.com
314.592.1957

Notice of Availability of the Dealer Tire Employee Benefit Plan Notice of Privacy Practices –

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION. The Dealer Tire Employee Benefit Plan (the "Plan") provides health benefits to eligible employees of Dealer Tire, (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information.

To receive a copy of the Plan's Notice of Privacy Practices you should contact The Benefits Hotline 800-933-2537 (ext.6123) benefitshelpline@dealertire.com, who has been designated as the Plan's contact person for all issues regarding the Plan's privacy practices and covered individuals' privacy rights.

Newborns' and Mothers' Health Protection Act

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

Section 125 Information

This plan is available if an Associate opts to enroll in the health plan. A Section 125 Premium Pass Through Plan is a valuable benefit that offers Associates the opportunity to save tax dollars. Associates may choose this option when they enroll in the health plan. Associate contributions to the health plan will be deducted from their paycheck on a pre-tax basis unless they choose otherwise at enrollment. By electing pre-tax coverage in the health plan, Associates give Dealer Tire permission to deduct their premium contribution before tax. Once enrolled, changes can be made only on the plan's anniversary date (January 1) or as a result of a qualifying event. **In the event of a contradiction between the information in this Handbook and the Section 125 Premium Pass Through Plan Document, the Plan Document controls.**

Health-Contingent Wellness Program Model Reasonable Alternative Standard Notice

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Benefits Team and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

IMPORTANT NOTICE FROM DEALER TIRE, LLC 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 Dealer Tire, LLC and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

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. Dealer Tire, LLC has determined that the prescription drug coverage offered by the Dealer Tire, LLC Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to wait to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty). If after your initial Medicare Part D enrollment period you go 63 continuous days or longer without "creditable" prescription drug coverage (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. However, there are some important exceptions to the late enrollment penalty.

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are "special enrollment periods" that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes "creditable" prescription drug coverage, you will be eligible to join a Medicare drug plan at that time. In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage

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. See the Dealer Tire, LLC Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage With Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the Dealer Tire, LLC Plan due to your employment (or someone else's employment, such as a spouse or parent), your coverage under the Dealer Tire, LLC Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed below. If you do decide to join a Medicare drug plan and drop your Dealer Tire, LLC prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage. For More Information About This Notice or Your Current Prescription Drug Coverage... Contact the person listed below for further information, or call 2164327401. 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 Dealer Tire, LLC changes. You also may request a copy.

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 from Medicare. 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 available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (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 whether or not you are required to pay a higher premium (a penalty).

Date: September 25, 2020

Name of Entity/Sender: Kellye Khas

Contact—Position/Office: Senior Manager, Total Rewards

Address: 7012 Euclid Avenue

Cleveland, OH 44103

Phone Number: 2164327401

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

Dealer Tire, LLC Employee Health Care Plan is required by law to provide you with the following notice: The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for: • All stages of reconstruction of the breast on which the mastectomy was performed; • Surgery and reconstruction of the other breast to produce a symmetrical appearance; • Prostheses; and • Treatment of physical complications of the mastectomy, including lymphedema. The Dealer Tire, LLC Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please refer to your or contact your Plan Administrator at: Kellye Khas Senior Manager, Total Rewards 2164327401

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 60-day period applies to most special enrollments.

To request special enrollment or obtain more information, contact the Plan Administrator.

REQUIRED WARNING: GINA Warning for Wellness Program Materials Requesting Medical Information

In answering questions contained in the Health Risk Assessment (HRA) as part of Dealer Tire's wellness program, do not include any genetic information. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling or genetic diseases for which an individual may be at risk.

2022

BENEFITS GUIDE

The Dealer Tire Family of Companies



This benefits guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.