



2022

BENEFITS

GUIDE

This publication contains important information about your benefit program.

Please read thoroughly.

The Dealer Tire Family of Companies



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Your 2022 Benefits Guide

The Dealer Tire Family of Companies offers 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 could be eligible for coverage as soon as the first of the month following date of hire. You must enroll in benefits within 30 days of your date of hire.

Annual Open Enrollment

Annual open 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.

Changing Your Benefits Mid-Year

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

Full-time associates who are actively working a minimum of 30 hours per week are eligible for coverage. Part-time associates who are regularly scheduled to work less than 30 hours per week can elect medical, dental and vision benefits; however, they will pay the full benefit premium (not reflected in this document).

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.

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.



Tools and Resources

Online Benefits Website

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

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.

- Interact with 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. Interact with ALEX to see how much the HSA eligible plan could save you.
- Benefits are more than just health insurance. Interact with ALEX to see everything that's available to you and your family.
- Interact with ALEX anytime and anywhere from your smartphone, tablet, or computer.
- Interact with ALEX to find out if you're saving enough money for retirement.
- Start today at <https://www.myalex.com/dtfamily/>

How to Enroll in Benefits

You must enroll through Benefit Educators. Visit www.dtfamily.mybenefits.pro to schedule your appointment today!

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 benefit related questions, and enroll or waive the benefits of your choice.
- 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 <https://www.myalex.com/dtfamily>
- Schedule a meeting today at <https://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.

Medical and Prescription Drugs

The Dealer Tire Family of Companies partners with Aetna to offer medical and prescription drug insurance.

Plan Highlights

You have the option of choosing one of four 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

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 plan network is the Aetna Choice POS II (Open Access) Network.

Important Insurance Terms

- **Deductible:** the amount of money you are responsible for paying upfront 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 prescription drugs covered by your plan; your Aetna plans accesses the Aetna Standard Open Formulary listing

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

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	90%	70%	80%	60%	70%	40%	80%	60%
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	Ded+30%	No cost	Ded+40%	No cost	Ded+60%	No cost	Ded+40%
Office Visits								
Primary Care	\$25 copay	Ded+30%	\$30 copay	Ded+40%	\$75 copay	Ded+60%	Ded+20%	Ded+40%
Specialists	\$35 copay	Ded+30%	\$40 copay	Ded+40%	\$100 copay	Ded+60%	Ded+20%	Ded+40%
Hospital Care								
Inpatient Coverage	Ded+10%	Ded+30%	Ded+20%	Ded+40%	Ded+30%	Ded+60%	Ded+20%	Ded+40%
Outpatient Surgery	Ded+10%	Ded+30%	Ded+20%	Ded+40%	Ded+30%	Ded+60%	Ded+20%	Ded+40%
Outpatient Short-Term Therapy (limited to 60 visits per year)								
Speech	\$35 copay	Ded+30%	\$40 copay	Ded+40%	Ded+30%	Ded+60%	Ded+20%	Ded+40%
Physical	\$35 copay	Ded+30%	\$40 copay	Ded+40%	Ded+30%	Ded+60%	Ded+20%	Ded+40%
Occupational	\$35 copay	Ded+30%	\$40 copay	Ded+40%	Ded+30%	Ded+60%	Ded+20%	Ded+40%
Mental Health Services								
Inpatient	Ded+10%	Ded+30%	Ded+20%	Ded+40%	Ded+30%	Ded+60%	Ded+20%	Ded+40%
Office Visits	\$35 copay	Ded+30%	\$40 copay	Ded+40%	\$100 copay	Ded+60%	Ded+20%	Ded+40%
Emergency Room								
	\$250 copay	\$250 copay	\$250 copay	\$250 copay	Ded+30%	Ded+60%	Ded+20%	Ded+20%
Urgent Care								
	\$50 copay	Ded+30%	\$75 copay	Ded+40%	\$150 copay	Ded+60%	Ded+20%	Ded+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	Ded+20%	Not covered
Tier 2	\$25 copay	Not covered	\$30 copay	Not covered	\$50 copay	Not covered	Ded+20%	Not covered
Tier 3	\$45 copay	Not covered	\$50 copay	Not covered	\$75 copay	Not covered	Ded+20%	Not covered
Tier 4	20% up to \$200	Not covered	20% up to \$200	Not covered			Ded+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	Ded+20%	Not covered
Tier 2	\$50 copay	Not covered	\$60 copay	Not covered	\$100 copay	Not covered	Ded+20%	Not covered
Tier 3	\$90 copay	Not covered	\$100 copay	Not covered	\$150 copay	Not covered	Ded+20%	Not covered
Tier 4	20% up to \$200	Not covered	20% up to \$200	Not covered			Ded+20%	Not covered

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

This is a high-level summary of your benefit coverage. Full coverage details are available in your SBC, Summary of Benefits and Coverage documents. In the event there is a discrepancy between what is reflected in this guide and what is communicated in your Summary of Benefits and Coverage documents, the terms of your Summary of Benefits and Coverage document will prevail. The SBC, Summary of Benefits and Coverage are available at www.dtfamilybenefits.com.

Aetna Resources

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, a majority of services that are covered by your medical plan are provided at no cost!

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 online therapy that is convenient and effective in reducing pain, all from the comfort of your own home. For more information in how to enroll in this FREE program, contact Aetna.

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. Please note the \$0 cost only applies to General Medicine. You can also utilize Teladoc for Dermatology and Mental Health, with the cost varying.

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.

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.

Discounts

Did you know just for being an Aetna member, you have access to healthy lifestyle discounts? It's true! Aetna's partners provide 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.

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!

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. HSA elections do not rollover from year to year. An election will need to be made each year during Open Enrollment.

Dealer Tire Family of Companies will be contributing the following, incrementally per pay period:

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

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 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
- Cannot be enrolled in a healthcare FSA, your spouse also cannot have a healthcare FSA through his/her own employer

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

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.

HSA dollars will be available in your account once deposits have occurred. Employer and associate contributions are pulled each paycheck.

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. We offer two types of FSA programs through iSolved Benefit Services. FSA elections do not rollover from year to year. An election will need to be made each year during Open Enrollment.

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 \$2,850 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 \$570 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).

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. Your FSA funds via your payroll contributions. FSA funds are only available once they are deducted from your paycheck and credited to your FSA account.

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 \$570 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.

	Low PPO		High PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$50	\$75	\$50	\$50
Family	\$150	\$225	\$150	\$150
Calendar Year Maximum				
	\$1,000	\$1,000	\$1,500	\$1,500
Coinsurance				
Preventive	100%	90%	100%	100%
Basic	80%	60%	90%	80%
Major	50%	40%	60%	50%
Orthodontia—Child(ren) Eligible Only				
Coinsurance	N/A	N/A	60%	50%
Lifetime Maximum	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 Certificate of Insurance (COI). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your COI, the terms of your COI 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

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 **800.942.0854**. 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.

In-Network	
Copay	
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 Certificate of Insurance (COI). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your COI, the terms of your COI will prevail.

Associate Bi-Weekly Vision Contributions

Vision Plan-biweekly	
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; spouse rates are based on the associate's age
- Child birth to limiting age: \$2,000 increments to a maximum of \$10,000; child limiting age: 26

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.

What is Evidence of Insurability (EOI)?

If EOI 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 electing coverage as a new hire, you do not have to submit EOI. You will be required to submit EOI if you have previously waived this coverage, are a late entrant, or are increasing your amount by more than one level increment.

Short Term Disability (STD)

The company provides short term disability (STD) insurance to help provide financial security until you get back on your feet and return to work. After meeting the required eligibility period, the plan covers 100% for first 6 weeks; max \$2,500 per week; 60% for next 20 weeks; max \$1,500 per week. There is a 0-day waiting period for illnesses and accidents.

Carrier	MetLife
Payment % and Weekly Benefit	100% for first 6 weeks; max \$2,500 per week 60% for next 20 weeks; max \$1,500 per week
Elimination Period	
Accident	0 days
Illness	0 days
Benefit Duration	26 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 due to serious illness or non-work-related injury. The plan covers 60% of your pre-disability earnings.

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

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



Employee Assistance Program (EAP)

We partner with MetLife to provide an employee assistance program to help you and your family members 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 free 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://metlifeeap.lifeworks.com/>
- Username: metlifeeap 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.

Counseling and Work Life Services

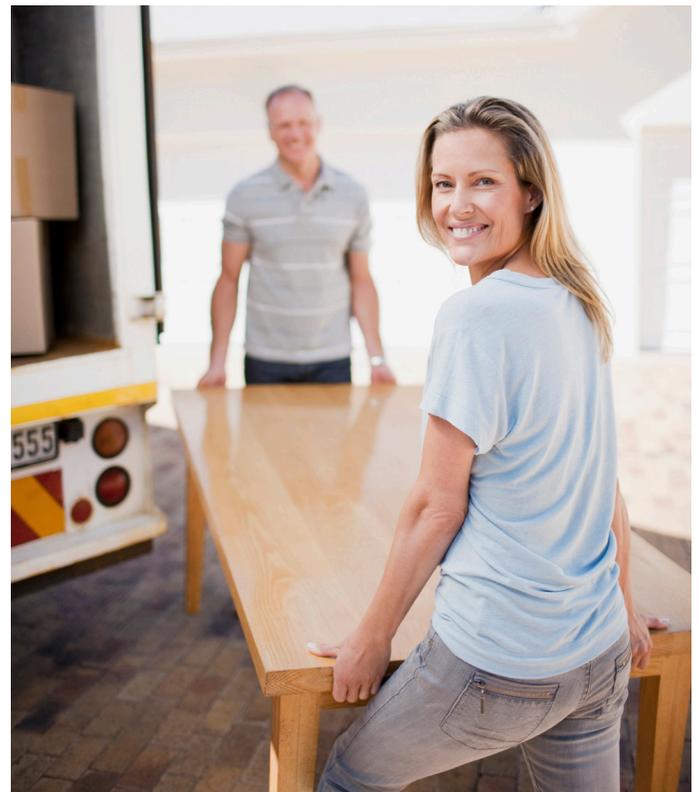
- Stress management
- Work and home relationships
- Depression and grief
- Alcohol and substance abuse
- Child, adult, and elder care
- Legal and financial consultations
- Identity theft

401(k) Savings Retirement Plan

Dealer Tire LLC offers a 401(k) Savings Plan with Fidelity Investments, which includes a Roth 401(k) option.

- The company match is \$0.50 on the dollar to a maximum of 7% of associate contributions.
- All associates, except for interns, are eligible to participate.
- All associates must opt out or make an election within the 30-day window or they will be auto enrolled in the plan at 3% upon hire.
- The associates deferral will automatically increase 1% on March 1 of every year (up to 10% maximum deferral). Associates may opt out of the auto-increase annually.

Years of Vesting Service	Vesting Percentage
Less Than 1 Year	0%
1 Year	0%
2 Years	50%
3 Years or More	100%



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 Category	Low Plan			High Plan		
	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	\$3.25	\$4.65
Associate and Spouse	\$6.42	\$9.15
Associate and Child(ren)	\$7.47	\$10.60
Family	\$9.13	\$12.96

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 associates and their family members (based on enrollment) who are admitted to a hospital or ICU for a covered sickness or injury.

Bi-Weekly Contributions

	Low Plan	High Plan
Associate Only	\$3.54	\$6.17
Associate and Spouse	\$9.42	\$16.93
Associate and Children	\$6.30	\$11.02
Associate and Spouse and Children	\$12.18	\$21.79

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



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
- Heart attack
- Organ Failure
- Stroke

Carrier	MetLife
Covered Condition	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 of the screening/prevention measures—\$50

Age	Bi-Weekly Rates Per \$1,000 of Coverage			
	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.

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



Healthcare 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 #30100243
800.877.7195
www.vsp.com



Life and Disability

MetLife
Group #229596
800.438.6388
www.metlife.com



Accident, Critical Illness & Hospital Indemnity

MetLife
Group #229596
800.438.6388
www.metlife.com



Employee Assistance Program

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



Plan Decision Tool and Resource

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



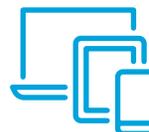
401(k)

Fidelity
Group #08723 **800.835.5097**
www.401k.com



Benefit Educators

<https://dtfamily.mybenefits.pro>



Benefits Resource Website

<https://dtfamilybenefits.com/>

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) benefitshotline@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 lymphedemas. 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.