

BENNETT **Auto Supply**



2018 Employee Benefits Guide

If you have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please refer to the Medicare D notice in this benefits guide for more details.



WELCOME

Dear Bennett Auto Supply Team,

A strong company cannot exist without healthy employees. The everyday choices we make can help us live healthier, happier, and more fulfilling lives - both at work and at home. To that end, Bennett Auto Supply is proud to offer a unique tool as part of your medical insurance benefits package - Telemedicine; which is designed to improve your health, well-being, and productivity.

The goals of Telemedicine are to: 1) Provide you with a healthcare provider 24/7 2) Enable access to the healthcare provider from home, work, while on vacation, etc. 3) Manage your health care costs - by using this service there are no co-pays or deductibles to meet. The Telemedicine services for those employees that sign up for access to the Telemedicine program is only \$2.50 per month.

Your participation will benefit your lifestyle and may help you save money on health care costs in the future. Your participation in this effort is completely voluntary. The details of the Telemedicine service are outlined in this booklet. Please review this information carefully so you understand how it works and can take full advantage of the opportunities it offers to you. Each of us can take steps, even small ones, to improve our overall well-being. We hope you will join us by participating in this worthwhile service. We are thrilled to offer a service that will focus on the wellbeing of this company's most valuable asset - YOU.

If you should have any questions, please reach out to your manager or Human Resources Department (contact information is included in this guide).

Yours in health,

Harold Bennett

Barry Bennett



3141 S.W. 10th Street Pompano Beach, FL 33069

www.bennettauto.com

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CONTACT INFORMATION

Resource / Service Provider	Contact Source	Details
Florida Blue (Medical Insurance)	Member Services Website	(800) 352-2583 www.floridablue.com
Telemedicine (MD LIVE)	Member Services Website	(888) 995-9630 www.mdlive.com/ingoodhealth
Health Equity (HSA)	Member Services Website	(866) 346-5800 www.healthequity.com
Mutual of Omaha (Dental)	Member Services Website	(800) 769-7159 www.mutualofomaha.com/dental/
Superior Vision (Vision Insurance)	Member Services Website	(800) 507-3800 www.superiorvision.com
Mutual of Omaha (Employer Paid Basic Life & AD&D)	Member Services Website	(800) 877-5176 www.mutualofomaha.com
Mutual of Omaha (Short Term Disability– STD)	Member Services Website	(800) 877-5176 www.mutualofomaha.com
Trustmark (Voluntary Supplemental Policies)	Member Services Website	(800) 918-8877 ext. 35333 www.trustmarksolutions.com
Fidelity Investments (401 (k) Retirement Plan)	Member Services E-mail Address	(800) 835-5097 www.401k.com
Mutual of Omaha (Employee Assistance Program)	Member Services Website	(800) 316-2796 mutualofomaha.com/eap
Nationwide (Pet Insurance)	Member Services E-mail Address	(877) 738-7874 www.petsnationwide.com
Davinia Osorio Director of Human Resources	Phone Number E-mail Address	(954) 335-8728 dosorio@bennettauto.com



Introduction

Bennett Auto Supply understands that your benefits are important to you and your family. Helping you understand the benefits available to you is essential. This Benefits Guide provides a description of our company's benefit program.

This guide is not an employee/employer contract. It is not intended to cover all provisions of all plans, but rather a quick reference to help answer most of your questions. Please see the carrier benefit summaries or certificates of coverage for more details.

Included in this guide are summary explanations of the benefits, as well as contact information for each provider. It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you.

We encourage you to review each section and to discuss your benefits with your family members. Be sure to pay close attention to applicable copayments and deductibles, how to file claims, preauthorization requirements, participating networks and services that may be limited or not covered (exclusions). We hope this guide will give you an overview of your benefits and help you be better prepared for the enrollment process.

Benefits Eligibility

Employee Eligibility

Benefit eligible employees are provided an opportunity to participate in Bennett Auto Supply employer sponsored benefits program upon initial hire and annually during Open Enrollment. You are eligible for benefits after 60 days of employment if you are a full-time employee regularly scheduled to work 37 or more hours per week. New full-time managers working a minimum of 37 hours per week are eligible to enroll in benefits after 30 days of employment. Part-time employees that are eligible under the ACA that have worked an average of 120+ hrs. per month during the measurement period.

Dependent Eligibility– Medical & Vision

A dependent is defined as a covered employee's legal spouse, domestic partner, or dependent child. Dependent children will be covered up to age 26.

Dependent Eligibility– Dental Only

A dependent is defined as a covered employee's legal spouse, domestic partner, or dependent child. Dependent children will be covered until the end of the calendar year in which they turn 25

A dependent child is defined as:

- A natural child
- A step-child
- A legally adopted child
- A child placed for adoption
- A child for whom legal guardianship has been awarded to the covered employee or the employee's spouse or domestic partner
- Unmarried children of any age who become mentally or physically disabled before reaching the age limit.

FL Statute 627.6562 Dependent Coverage: Health insurance coverage is available for dependents ages 26 to 30. Please contact your Human Resources Department for more information.

OVERVIEW

Qualifying Event

Coverage elections made at Open Enrollment cannot be changed until the next annual Open Enrollment period. The only exception to this IRS Section 125 Rule is if you experience a “Qualifying Event.” A Qualifying Event allows you to make a change to your benefit elections within 30 days of the event.

Examples of Qualifying Events include, but not limited to:

- Marriage
- Divorce or legal separation
- Birth, adoption, or legal custody of a dependent child
- Involuntary loss of other group insurance coverage
- Death
- Spouse’s Open Enrollment

If you experience a Qualifying Event, contact Human Resources and submit all required documents within 30 days of the event.

Special Tax Rules for Domestic Partner Health Benefits

Federal tax law impacts Employees with Domestic Partners resulting in additional taxation. The value of Domestic Partner medical and dental benefits are taxable to the Employee as income unless all of the individuals being covered under Domestic Partner benefits are the Employee’s legal tax dependents. That value is determined by the amount that an individual would have to pay for the particular coverage. For example, if the cost of Employee coverage is \$100 per month and the cost of Employee plus one (Domestic Partner) is \$200 per month, \$100 per month would be “imputed” (additional) income to the Employee unless the Domestic Partner is a federal tax dependent.

Your Responsibility

Before you enroll, make sure you understand the plans and ask questions if you do not. After you enroll, you should always check your first paycheck stub to make sure that the correct amount is being deducted and all of the benefits you elected are included.

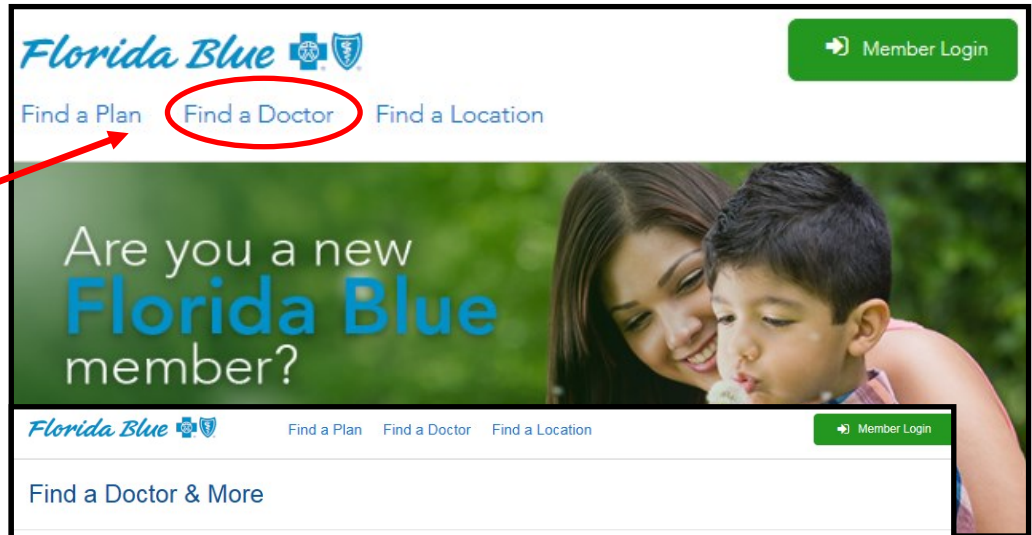


Florida Blue Provider Search

Finding a provider is easy. Go to www.floridablue.com and search for in-network physicians, hospitals and other healthcare services. On the front page, select “Find a Doctor”.

In addition to finding your provider online, it is a best practice to also verify that the provider is an “In-Network Provider” on the Florida Blue—Blue Options and BlueCare network when you call to set the appointment as well as when you arrive at your appointment.

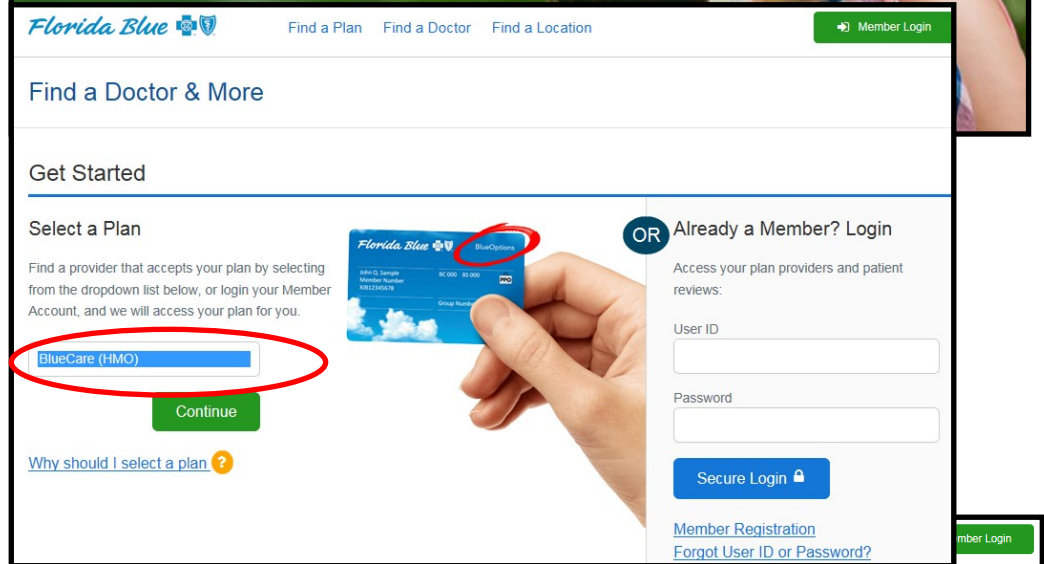
Click on “Find a Doctor.”



Under “Select a Plan” choose:

BlueCare for plan 126/127

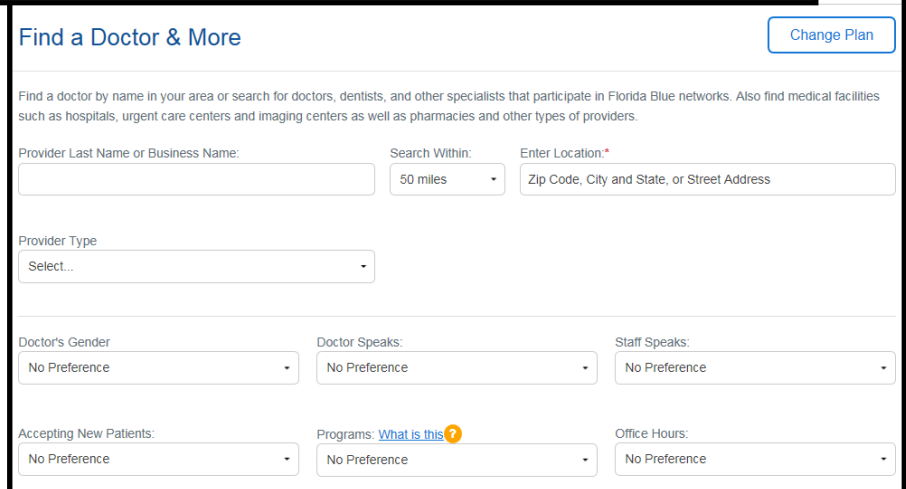
BlueOptions for plans 05194/05195 & 05904



You can search for a doctor’s name or business name. You may also select a provider type.

Complete your search by entering a location (zip code, city and state, or street address).

Click on “Search Now” at the bottom of the page.



HEALTH BENEFITS

Medical Insurance

Florida Blue is our exclusive medical healthcare provider. As an employee, you have the choice to enroll in one of three plans, BlueCare 126/127 (HSA Compatible), BlueOptions 05194/05195 (HSA Compatible), or BlueOptions 05904. You are required to select a Primary Care Physician (PCP) if you enroll in the BlueCare 126/127 (HSA Compatible) plan or the BlueOptions 05194/05195 (HSA Compatible) plan. In addition, the BlueCare 126/127 (HSA Compatible) plan provides In-Network coverage ONLY. Both the BlueCare 126/127 and BlueOptions 05194/05195 allow you to contribute towards a Health Savings Account (HSA). HSA funds can be used for deductible and coinsurance as well as vision, dental, etc. The BlueOptions 05904 plan provides both In and Out-of-Network coverage. It is recommended to try to remain In-Network as you will receive the most benefit by staying In-Network. Out-of-Network benefits are subject to balance billing for charges over the Florida Blue reimbursement schedule.

Before scheduling an appointment with a physician, you should confirm his/her current participation status with the Florida Blue network. You can locate a physician by contacting Florida Blue Member Services, or go to Florida Blue's website at www.floridablue.com. For employees who reside in Indian River County, the BlueCare 126/127 (HSA Compatible) compatible plan provides a network rider expanded to the BlueOptions network.

Benefit Details	BlueOptions 05914/05195 (HSA)	
Network Access	In-Network	Out-of-Network*
Calendar Year Deductibles (CYD)	Your Responsibility	Your Responsibility
Individual	\$3,000	\$5,000
Family	\$6,000	\$10,000
Coinsurance	30% after CYD	40% after CYD
Out-of-Pocket & Max. Benefit		
Individual Out-of-Pocket Max.	\$6,550	\$13,100
Family Out-of-Pocket Maximum	\$13,100	\$26,200
Lifetime Max. Benefit	Unlimited	Unlimited
Physician Office Services		
Preventive Care	No Charge	Limited Benefits
Primary Care Physician (PCP)	30% After CYD	40% After CYD
Specialist Office		
Urgent Care & Emergency Room		
Urgent Care Facility	30% After CYD	
Emergency Room Facility Services		
Diagnostic– Independent Facility		
Diagnostic Test (X-Ray, Blood Work) Imaging (CT/PET Scan, MRI)	30% After CYD	40% After CYD
Hospital / Facility Services		
Inpatient Hospitalization	30% / 35% After CYD	40% After CYD
Outpatient Hospitalization		
Outpatient Surgical Center		
Pharmacy		
Tier 1 / 2 / 3	\$10 / \$50 / \$80	50%
Specialty Drugs	Applicable Copay	
Mail Order Drugs	2.5 x Retail	

* Out-of-Network benefits are subject to balance billing for charges over the Florida Blue reimbursement schedule.

Medical Plan Comparison

Benefit Details	BlueCare 126/127 (HSA)	BlueOptions 05904	
Network Access	In-Network Only	In-Network	Out-of-Network*
Calendar Year Deductibles (CYD)	Your Responsibility	Your Responsibility	Your Responsibility
Individual	\$1,500	\$2,500	\$5,000
Family	\$3,000	\$7,500	\$15,000
Coinsurance	10% after CYD	20% after CYD	40% after CYD
Out-of-Pocket & Max. Benefit			
Individual Out-of-Pocket Max.	\$3,000	\$6,000	\$8,000
Family Out-of-Pocket Maximum	\$6,000	\$12,000	\$20,000
Lifetime Max. Benefit	Unlimited	Unlimited	Unlimited
Physician Office Services			
Preventive Care	No Charge	No Charge	Limited Benefits
Primary Care Physician (PCP)	10% After CYD	\$35 Copay	40% After CYD
Specialist Office		\$65 Copay	
Urgent Care & Emergency Room			
Urgent Care Facility	10% After CYD	\$70 Copay	40% after CYD
Emergency Room Facility Services		20% After CYD	20% After In-Network Ded
Diagnostic- Independent Facility			
Diagnostic Test (X-Ray, Blood Work) Imaging (CT/PET Scan, MRI)	10% After CYD	\$65 Copay \$450 Copay	40% After CYD
Hospital / Facility Services			
Inpatient Hospitalization	10% After CYD	20% After CYD	40% After CYD
Outpatient Hospitalization			
Outpatient Surgical Center			
Pharmacy	After Rx Deductible		
Tier 1 / 2 / 3	\$10 / \$50 / \$80	\$10 / \$50 / \$80	50%
Specialty Drugs	Applicable Copay	Applicable Copay	
Mail Order Drugs	2.5 x Retail	2.5 x Retail	

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., D/B/A Florida Blue. HMO coverage is offered by Health Options, Inc., D/B/A Florida Blue HMO, an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

HEALTH BENEFITS

MDLIVE

With MDLIVE, you can visit with a doctor 24/7 from your home, office or on the go. Our network of Board Certified doctors is available by phone or secure video to assist with non-emergency medical conditions.

Who are our doctors?

MDLIVE has the nation's largest network of telehealth doctors. On average, our doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine. Our doctors are committed to providing convenient, quality care and are always ready to take your call.

Are my children eligible?

Yes. MDLIVE has pediatricians on call 24/7/365. Please note, a parent or guardian must be present during any interactions involving minors. We ask parents to establish a child record under their account. Parents must be present on each call for children 18 or younger.



Common Conditions We Treat

- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Diarrhea
- Ear Infections
- Fever
- Headache
- Infections
- Insect Bites
- Joint Aches
- Rashes
- Respiratory Infections
- Sinus Infections
- Skin Infections
- Sore Throat
- Urinary Tract Infections
- And More!

Cost: \$2.50 per month

When should I use MDLIVE?

- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and even holidays
- If your primary care doctor is not available
- To request prescription refills (when appropriate)
- If traveling and in need of medical care

How much does it cost?

Signing up is free, you only pay per visit. If you're receiving MDLIVE as part of a group benefit, you may not be required to pay at all.

Costs per consult do vary. Sign up to find out your consult fee.



MDLIVE Download the App

Doctor visits are easier and more convenient with the MDLIVE App. Be prepared. Download today.



Health Savings Account (HSA) Administered by Health Equity

If you enroll in the **BlueOptions 05194/05195 (HSA Compatible) plan** or the **BlueCare 126/127 (HSA Compatible) plan** you have the option to set aside pre-tax money in an HSA to pay for eligible medical, dental, and vision expenses. An HSA is similar to a flexible spending account in that you can pay for certain health care expenses with pre-tax dollars. Any unused money in an HSA account is not forfeited at the end of the year and your HSA account is yours to keep which means that you can take it with you if you change jobs or retire. To be HSA-eligible, you must be enrolled in the Bennett Auto Supply HSA compatible medical plan, and cannot be covered by another non-HSA compatible plan (i.e. through a spouse).

WHAT IS A HEALTH SAVINGS ACCOUNT?

An HSA is an individual savings account that you can use to pay for qualified healthcare costs tax-free. Any unused funds roll over from year to year and continue to earn interest tax-free. Qualified healthcare expenses include expenses that are applied to your Calendar Year Deductible and coinsurance. Qualified medical expenses are outlined within IRS Section 213(d). In summary the IRS Section 213(d) states that “the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness.”

In addition to qualified medical expenses, the following insurance premiums may be reimbursed from an HSA:

- COBRA premiums
- Health insurance premiums while receiving unemployment benefits
- Qualified long-term care premiums*
- Any health insurance premiums paid, other than for a Medicare supplemental policy, by individuals ages 65 and over

For more detailed information on HSA's and a list of Section 213(d) eligible expenses log onto www.irs.gov and using the search feature in the upper right hand corner, type “HSA EXPENSES”.

WHAT ARE THE 2018 DEPOSIT LIMITS FOR AN HSA?

For 2018, the maximum annual HSA contribution for an eligible individual with employee only coverage is \$3,450 and \$6,900 for family coverage.

If you are age 55 or older and not enrolled in Medicare, you can contribute an additional amount up to \$1,000 in 2018. Please note that Medicare enrollees are not allowed to contribute to an HSA account.

Visit www.healthequity.com and click on “Product Demo.” Or click on “Consultant Call Examples” to hear our consultants in action. Or call us at 1-866-346-5800.

Talk to your employer about how to enroll today.



HEALTH BENEFITS

Dental Insurance

Mutual of Omaha is our exclusive dental provider. You have the choice of a DPPO plan. The DPPO plan provides coverage for both In-Network (contracted PPO dentist) and Out-of-Network (non-contracted dentist) coverage. You will maximize your benefits and minimize your out of pocket expenses when you seek care from a contracted dentist.

When you choose a dentist outside of the Mutual of Omaha PPO network, your out-of-pocket costs will be higher and you may be subject to "balance billing" for provider fees that exceed the contracted or Usual, Customary, and Reasonable Allowances (UCR) allowed by Mutual of Omaha's contract. You can locate participating (In-Network) dental providers by visiting Mutual of Omaha's website at www.mutualofomaha.com/dental/

Carrier	Mutual of Omaha	
Plan	PPO	
Network Access	In Network	Out of Network*
Calendar Year Maximum Benefit	\$2,000	
	Your Responsibility	Your Responsibility
Individual Calendar Year Deductible (CYD)	\$100	
Family Calendar Year Deductible (CYD)	\$300	
Dental Description	In Network	Out Of Network*
Preventive-Class I		
Routine Exams	0%	0%
Teeth Cleaning (2 times per year)	0%	0%
Full Mouth/Panoramic X-rays	10% After CYD	10% After CYD
Basic-Class II		
Fillings	10% After CYD	10% After CYD
Major-Class III		
Periodontal scaling	40% After CYD	40% After CYD
Extractions	40% After CYD	40% After CYD
Endodontics	40% After CYD	40% After CYD
Full or partial dentures	40% After CYD	40% After CYD
Crowns	40% After CYD	40% After CYD
Orthodontic Services - Child Only		
Lifetime Maximum Benefit	\$1,000	

* Out-of-Network benefits are subject to balance billing for charges over the Mutual of Omaha reimbursement schedule

MUTUAL of OMAHA



Vision Program

Superior Vision is our exclusive dental provider. Your vision coverage includes a routine eye exam, frames, and either eyeglass lenses or contact lenses. You have access to a network of over 30,000 doctors and more than 25,000 locations across the country, including convenient retail stores like LensCrafters®, Sears Optical, Target Optical®, and most Pearl Vision® stores. When you receive care from a Superior Vision participating provider, you can maximize your benefits and money-saving discounts. To find a participating provider visit www.superiorvision.com or call (800) 507-3800.

If you choose to, you may receive covered benefits outside of the Superior Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for your reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply.

Network Access	In-Network	*Out-of-Network
Eye Care Wellness		
Routine Eye Exam	\$10 Copay	\$33 Reimbursement
Frequency	12 Months	
Materials		
Lenses (Standard plastic)		
Single Vision	\$10 Copay	\$28 Reimbursement
Bifocals	\$10 Copay	\$40 Reimbursement
Trifocals	\$10 Copay	\$53 Reimbursement
Frequency	12 Months	
Frames		
Selected Frames	\$130 Allowance + 20% Off Balance	\$60 Reimbursement
Frequency	24 Months	
Contacts		
Elective Conventional Lenses	\$120 Allowance	\$100 Reimbursement
Medically Necessary Contacts	No Charge	\$210 Reimbursement
Frequency	12 Months	

* Out-of-Network benefits are subject to balance billing for charges over the Superior Vision reimbursement schedule



SUPERIOR VISION

See yourself healthy.



Basic Life Insurance & AD&D

Bennett Auto provides all eligible employees with basic life and accidental death & dismemberment (AD&D) insurance administered through Mutual of Omaha. Eligible employees are automatically enrolled for this benefit at no cost. The basic life and AD&D benefit amount is \$30,000. For employees with less than 5 years of service the benefit amount is \$10,000.

Here are some features of the plan:

- Living care/Accelerated Death Benefit is 75% of the amount of the life insurance benefit and is available to you if terminally ill, not to exceed \$250,000
- Waiver of premium - If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions
- In addition to basic life and AD&D benefits, you are protected by the following benefits: Home Alteration/Vehicle Modification, Felonious Assault, Common Carrier, Seat Belt, Airbag, Coma, Paralysis, Hospital Confinement
- The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles from home or outside the country
- The EAP Program provides you and your loved ones access to trained professionals and resources for assistance with personal and workplace issues

If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Employer benefits terminate at termination date; however, basic life insurance and AD&D can be converted to an individual policy.

Voluntary Supplemental Life Insurance and AD&D

You can purchase supplemental life insurance for yourself and your dependents through Mutual of Omaha. In order to elect coverage for your dependent spouse and/or child(ren), you must elect additional coverage for yourself. Employee and spouse rates vary depending on your age and benefit amount.

- Employee Coverage – As an employee, you can apply for additional life insurance in increments of \$10,000 up to a maximum of \$300,000 or 5x your salary, whichever is less. Amounts over \$100,000 will require additional underwriting
- Spouse Coverage – As an employee, you can apply for additional life insurance for your spouse in increments of \$10,000. The maximum amount you can elect is \$150,000. Amounts over \$30,000 will require additional underwriting. Spouse coverage will terminate when you attain the age of 70
- Child Coverage – As an employee, you can purchase life insurance for your child(ren) over 14 days old, up to age 21 (25 if a full-time student) in increments of \$10,000 up to a maximum of \$10,000

Note: Rates reduce beginning at the age of 65 and terminates at retirement

Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from Bennett Auto Supply. Please contact Bennett Auto Supply if you have questions prior to enrolling.

Coverage Selection and Premium Calculation

To select your coverage amount/benefit and calculate your bi-weekly premium, do the following:

- 1) Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000 (ex. \$30,000, \$40,000, or \$50,000). Refer to the Coverage Guidelines section for minimums and maximums, if needed
- 2) Find your age bracket in the far left column
- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect
- 4) Enter the benefit and premium and premium amounts into their respective areas in the Voluntary Life section of your enrollment form

If the benefit amount you want to select is greater than \$100,000, select the benefit amount from the top row that when multiplied by another number results in benefit amount you want to select. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

Employee Bi-Weekly Premium Table										
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 – 24	\$0.46	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62
25 – 29	\$0.46	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62
30 – 34	\$0.46	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62
35 – 39	\$0.69	\$1.38	\$2.08	\$2.77	\$3.46	\$4.15	\$4.85	\$5.54	\$6.23	\$6.92
40 – 44	\$1.11	\$2.22	\$3.32	\$4.43	\$5.54	\$6.65	\$7.75	\$8.86	\$9.97	\$11.08
45 – 49	\$1.85	\$3.69	\$5.54	\$7.38	\$9.23	\$11.08	\$12.92	\$14.77	\$16.62	\$18.46
50 – 54	\$2.72	\$5.45	\$8.17	\$10.89	\$13.62	\$16.34	\$19.06	\$21.78	\$24.51	\$27.23
55 – 59	\$4.06	\$8.12	\$12.18	\$16.25	\$20.31	\$24.37	\$28.43	\$32.49	\$36.55	\$40.62
60 – 64	\$6.78	\$13.57	\$20.35	\$27.14	\$33.92	\$40.71	\$47.49	\$54.28	\$61.06	\$67.85
65 – 69	\$12.18	\$24.37	\$36.55	\$48.74	\$60.92	\$73.11	\$85.29	\$97.48	\$109.66	\$121.85
70 – 74	\$17.26	\$34.52	\$51.78	\$69.05	\$86.31	\$103.57	\$120.83	\$138.09	\$155.35	\$172.62
75 – 79	\$37.20	\$74.40	\$111.60	\$148.80	\$186.00	\$223.20	\$260.40	\$297.60	\$334.80	\$372.00
80+	\$37.20	\$74.40	\$111.60	\$148.80	\$186.00	\$223.20	\$260.40	\$297.60	\$334.80	\$372.00

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your Spouse’s rate is based on your age, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse’s premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse’s benefit amount must be in an increment of \$10,000 (ex. \$10,000, \$20,000 or \$30,000). Refer to the Coverage Guidelines section for minimums and maximums, if needed.

Spouse Bi-Weekly Premium Table										
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 – 24	\$0.46	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62
25 – 29	\$0.46	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62
30 – 34	\$0.46	\$0.92	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62
35 – 39	\$0.69	\$1.38	\$2.08	\$2.77	\$3.46	\$4.15	\$4.85	\$5.54	\$6.23	\$6.92
40 – 44	\$1.11	\$2.22	\$3.32	\$4.43	\$5.54	\$6.65	\$7.75	\$8.86	\$9.97	\$11.08
45 – 49	\$1.85	\$3.69	\$5.54	\$7.38	\$9.23	\$11.08	\$12.92	\$14.77	\$16.62	\$18.46
50 – 54	\$2.72	\$5.45	\$8.17	\$10.89	\$13.62	\$16.34	\$19.06	\$21.78	\$24.51	\$27.23
55 – 59	\$4.06	\$8.12	\$12.18	\$16.25	\$20.31	\$24.37	\$28.43	\$32.49	\$36.55	\$40.62
60 – 64	\$6.78	\$13.57	\$20.35	\$27.14	\$33.92	\$40.71	\$47.49	\$54.28	\$61.06	\$67.85
65 – 69	\$12.18	\$24.37	\$36.55	\$48.74	\$60.92	\$73.11	\$85.29	\$97.48	\$109.66	\$121.85

FINANCIAL BENEFITS

Coverage Selection and Premium Calculation– continued

All Children Bi-Weekly Premium Table*	
	\$10,000
Rate	\$0.92

If you would like to calculate the total premium for your Voluntary Term Life benefits (for your own information), enter the appropriate premium amounts below and add them to obtain a total.

_____ + _____ + _____ = _____
Employee Premium Spouse Premium Child(ren) Premium Total Bi-Weekly Premium

Voluntary Short-Term Disability (STD) Benefits

Short Term Disability (STD)

You can purchase Short Term Disability (STD) insurance for yourself through after-tax payroll deductions. In the event you become disabled due to either illness or off-the-job injury and are unable to perform the duties of your job, STD benefits provide income that supplements your lost wages. After 8 calendar days of your inability to work due to sickness or injury, the plan will reimburse you up to 60% of your weekly earnings up to \$1,000 per week. The maximum benefit period is 26 weeks.



Voluntary Benefits Administered by Trustmark

Disability Income Insurance

Disability Income insurance replaces part of your paycheck when you are disabled and unable to work. It can help you meet financial obligations when you don't have a paycheck coming in.

What's covered?

Total disability due to:

- Non-occupational sickness
- Non-occupational injury
- Pregnancy (10 months after effective date)
- Complications of pregnancy

Benefit payment is subject to terms and conditions of coverage. Pre-existing conditions may apply. Please see Trustmark summary for more details.

Accident Insurance

Trustmark Accident insurance is designed to cover unexpected expenses that result from all kinds of accidents, even sports-related and household ones. It provides cash benefits to cover things your health insurance doesn't.

What's covered?

- Initial Care Benefits: Physician visit, ambulance, emergency room treatment, hospital benefits, lodging, blood, surgery, emergency dental
- Injury Benefits: Burn; concussion; dislocation; eye injury; fracture; herniated disc; laceration; loss of finger, toe, hand, foot, sight; tendon, ligament, rotator cuff injury; torn knee cartilage
- Follow-up Care Benefits: Physical therapy, appliances, prosthetic device, artificial limb, skin graft, transportation

Universal LifeEvents Insurance

LifeEvents combines two important benefits into one affordable product. With LifeEvents, your benefits may be paid under the Accelerated Death Benefit Insurance Rider, under the Long-Term Care Insurance Rider, or as a combination of both.

Accelerated Death Benefit Insurance Rider

Most people buy life insurance for the financial security of the death benefit. And it's easy to see why. A death benefit puts money in your family's hands quickly when they need it most. It's money they may use any way they want help cover short- and long-term expenses such as: Funeral costs, Rent or mortgage payments, College tuition, Debt, Retirement & more.

Long-Term Care Insurance Rider

This benefit makes it easy to accelerate the death benefit to help pay for home healthcare, assisted living, nursing care and adult day care services when you are chronically ill, should you or your covered spouse ever need them.



FINANCIAL BENEFITS

401(k) Plan - Fidelity Investments

Save for retirement through Bennett Auto Supply 401(k) Savings Plan easily, regularly, and automatically.

What is a 401(k)? A 401(k) is a retirement savings plan offered by Bennett Auto Supply which allows an employee to save for retirement by investing a set amount of his or her wages each paycheck, set aside in a separate account for his or her benefit until retirement.

How it works: You choose what percentage of your pre-tax wages to be taken from your paycheck. Each week, this amount is placed into an account for you and Bennett Auto Supply matches a portion of what you placed into your account as a bonus. The match is calculated as follows: Bennett Auto Supply will deposit 100% of the amount you place into the plan on the first 3% you contribute. Bennett Auto Supply will also match 50% on the next 2% you place into the plan. For example, if you earn \$500 per week before taxes and you were to contribute 5% of your gross income you would receive your contribution of \$25.00 and Bennett Auto Supply would give you \$20.00 Now for the best part, you don't have to pay taxes on the \$45.00 that was just placed into your account until you withdraw it after age 59 1/2.



When am I eligible for the Plan?

You are eligible to participate in the Plan if:

- you complete 6 months of service
- you are at least 21 years old
- and you are not:
 - covered by a collective bargaining agreement (unless the agreement specifically provides for you to be covered by the plan)
 - a nonresident alien who does not receive any earned income from your Employer

Fidelity resources to help you manage your retirement savings account:



Visit www.401k.com



Call the Fidelity Retirement Benefits Line at 1-800-835-5097 to use the automated voice response system.



Contact Fidelity Representatives at 1-800-835-5097 who are available to assist you.

- The 2018 annual maximum contribution is \$18,000. Employees that are 50 years of age or older may contribute an additional \$6,000 as a catch up contribution.
- Enrollment begins January 1, 2018. New hires must complete a 6 month waiting period before contributing to this plan. Employees must be 21 years of age or older to contribute.

*Neither Bennett Auto Supply nor Arthur J. Gallagher is acting in the role of a financial advisor. The choice to enroll in a 401(k) is solely at the discretion of the employee. Bennett Auto Supply and Arthur J. Gallagher do not guarantee the performance of your 401(k) account. Each individual employee will have different results based on multiple factors.

Employee Assistance Program (EAP) Administered by Mutual of Omaha

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

We're here to help

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions

EAP Benefits

- Unlimited telephone access to EAP professionals 24 hours a day, seven days a week
- Telephone assistance and referral
- Service for employees and eligible dependents
- Legal assistance and financial services
 - Online will preparation
 - Legal library & online forms
 - Telephonic financial consultation
- Resources for:
 - Financial tools and resources
 - Substance abuse and other addictions
 - Dependent and elder care assistance & referral services
- Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap

What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. If additional services are needed, your EAP will help locate appropriate resources in your area.

Don't delay if you need help. Visit mutualofomaha.com/eap or call 800-316-2796 for confidential consultation and resource services.




LIFESTYLE BENEFITS


Pet Insurance - Nationwide

Choose a pet health plan to fit your needs. Enroll now to receive your discount.


Prices include
5% discount!**



Major Medical Plan comprehensive™
Pet Wellness Plan Plus® everyday care™
Starting at
\$47/month*



Major Medical Plan comprehensive™
Starting at
\$29/month*



Pet Wellness Plan Plus® everyday care™
Starting at
\$21/month*

Use any vet	✓	✓	✓
Accidents, including poisonings, cuts and broken bones	✓	✓	
Common illnesses, including ear infections, rashes, vomiting and diarrhea	✓	✓	
Serious/chronic illnesses*, including cancer, diabetes and allergies	✓	✓	
Hereditary conditions†	✓	✓	
Procedures/services, including surgeries, Rx meds and hospitalization	✓	✓	
Wellness services, including exams, vaccinations and flea/heartworm preventives	✓		✓
Annual deductible	\$250 for medical claims \$0 for wellness claims	\$250	\$0



Call 877-738-7874 or visit www.petsnationwide.com

Employee Auto Parts Discount Program

Bennett Auto Supply offers employee discounts up to 25%* off auto parts for your own personal vehicle.

For your convenience, you may pay for your parts via payroll deduction.

All employee purchases are required to be processed by management.

*Discounts on parts vary by part and product lines.

**Contact the HR Department for a parts payroll deduction form.



Employee Referral Program

Employee Referral Bonus:

The corporation will pay a referral bonus to any employee who refers an applicant to our corporation who is ultimately hired by the corporation to a position. The bonus is payable after 30 days the referring employee will receive \$50.00, after 6 months the referring employee will receive another \$50.00. The referring employee must still be employed with the corporation at the time the bonus is to be given. Employee referrals must be directed to the HR Department.



Auto Repair Discount

Discounts offered by our Customer Service Center (CSC) for Bennett Auto Supply employees and their family members. You can find a CSC location, forms, and benefits on the HR Portal.



GM Supplier Discount Program

To use the GM Supplier Discount Program, go to, www.gmsupplierdiscount.com. When asked for a code, please use **900000**. You will then be asked to establish a user ID. Just follow the directions.

Supplier DISCOUNT

FAQs Contact Us Find a Dealer Create an Account Sign In

About Vehicles Offers Shopping Tools Promote **Get Authorization Number**

Overview Employee Eligibility Company Eligibility FAQs Rules & Guidelines

About the GM Supplier Discount

Discover something special for the supplier in you. As an eligible employee of a GM supplier company, you have "supplier" status that gives you more. Now, enjoy special supplier pricing below MSRP on eligible, new Chevrolet, Buick, GMC and Cadillac vehicles. Combine your discount with most current offers to save even more.

Check your eligibility
Make sure you qualify for special supplier savings.

Questions answered here
Look here first for the info you need on how to save more.

Program Rules and Guidelines
Get all the details about your exclusive discount.

See Who's Eligible **Read FAQs** **Rules & Guidelines**

LIFESTYLE BENEFITS

Verizon Discount

Save big on the best network. To register for the employee discount or to validate your employment if you're already enrolled in the program, please follow the instructions below.

Employees Discount
up to **18%**

Register your lines for a 15% discount and receive a 3% bonus discount by enrolling in My Verizon and paperless billing. Discount applies to most voice and data plans with a monthly access fee of \$34.99 or higher. Monthly Line Access Fees are not eligible for discounts. Features \$24.99 or higher may be eligible for discounts. See plan details for more information.

Two ways to validate:

By email address:

1. Visit verizonwireless.com/discounts.
2. Enter your mobile phone number or **My Verizon** User ID in the **Existing Verizon Customer** field.
3. Click **Login** and **Validate by Email** with your work email.



By paystub:

1. Visit verizonwireless.com/discounts.
2. Enter your mobile phone number or **My Verizon** User ID in the **Existing Verizon Customer** field.
3. Click Login and Validate by Paystub and follow the instructions to upload your paystub.

Dell Member Purchase Program

Enjoy perks & savings on the latest Dell products and select electronics and accessories.



Your benefits include:

- Best prices on consumer Windows PCs & tablets.
- Up to 30% off select PCs and tablets.
- 5% off select electronics and accessories.*

Get 5%
back
in rewards.*

Shop. Save. Enjoy the rewards.

Join Dell Advantage for free and enjoy:

- 5% back in rewards on your purchases*
- Free second business day shipping*
- Exclusive access to special offers and presale events

www.dell.com/mpp/autobennettsupplyadvantage

Start shopping today using your member benefits:

www.dell.com/mpp/autobennettsupply

Email: Brittani_Samuels@Dell.com

Member ID: GS131619846

Skechers

SKECHERS USA is pleased to team up with Bennett Auto Supply and welcome you to the SKECHERS Direct– which is our Corporate Shoe Program where you can enjoy 30% Discount on select SKECHERS styles throughout the year!

Shop online at:
www.skechersdirect.com/company/SQ7Vwr
(URL is case sensitive)

Show this flyer when shopping at our SKECHERS
retail stores or mention RETAIL CODE: B8

You'll also enjoy Quarterly Friends and Family Events with SKECHERS Direct! Look forward to exclusive discounts throughout the year on more than 3,000 SKECHERS styles for men, women and kids– from SKECHERS Performance footwear to lifestyle casuals, fashion styles and more!

If you have any questions regarding this program, please contact SKECHERS Direct Customer Service at (855) 759-7463 or email us at info@skechersdirect.com



Ford/Lincoln Partner Recognition

Whether you decide to purchase or lease, Partner Recognition pricing is available on virtually all new Ford or Lincoln vehicles. Certain vehicles may be excluded. For more information, visit the Partner Recognition website www.fordpartner.com.

If you're interested in taking advantage of this opportunity, first you will need the FAD/BOD Partner Code, which is **FADCO**.

Next, follow these simple steps:

1. Log on to www.fordpartner.com or call 1-877-XPLAN-00 (US) or 1-877-294-7554 (Canada).
2. To obtain a Personal Identification Number (PIN), provide our Partner Code, Social Security Number, name, address, city, state and zip code.
3. Visit a participating dealer with your Social Security Number and PIN to confirm your eligibility.
4. Select an eligible vehicle.
5. Provide proof of employment through recent pay stub, company ID badge or W-2.



LIFESTYLE BENEFITS

TicketsatWork

Bennett Auto Supply is pleased to announce our new partnership with TicketsatWork. Now you'll have access to exclusive savings on movie tickets, theme parks, hotels, tours, Broadway and Vegas shows & more. Be sure to visit often as new products and discounts are constantly being added!

Company Code: BENNETTAUTO



HOW TO SIGN UP!

- 1 Go to TicketsatWork.com
- 2 Click on "Become a Member"
- 3 You will then be prompted to create an account with your email address and company code

Once enrolled you will have access to discounts on hundreds of offers on theme parks, shows, hotels, attractions and more!

We Florida Financial—Your Credit Union

New members receive a CASH BONUS! To open an account or apply for a loan: Call us at 954-745-2400 or 800-230-0200 or visit www.wefloridafinancial.com



To receive your bonus, mention code BD50 or enter it in the Promotional Code field when you open an account online.



Bi-Weekly Deductions

Medical Coverage	\$8.50- \$13.50 per hour			\$13.51 + per hour		
Florida Blue Plan	BlueOptions 05194/05195 (HSA Compatible)	BlueCare 126/127 (HSA Compatible)	BlueOptions 05904	BlueOptions 05194/05195 (HSA Compatible)	BlueCare 126/127 (HSA Compatible)	BlueOptions 05904
Employee Only	\$ 40.38	\$ 60.00	\$ 70.00	\$ 50.00	\$ 60.00	\$ 70.00
Employee + Spouse	\$280.00	\$320.00	\$360.00	\$280.00	\$320.00	\$360.00
Employee + Child(ren)	\$186.50	\$236.36	\$269.97	\$186.50	\$236.36	\$269.97
Employee + Family	\$405.00	\$465.00	\$475.00	\$405.00	\$465.00	\$475.00

Medical Coverage	Exempt Employees		
Florida Blue Plan	BlueOptions 05194/05195 (HSA Compatible)	BlueCare 126/127 (HSA Compatible)	BlueOptions 05904
Employee Only	\$ 56.00	\$ 60.00	\$ 75.00
Employee + Spouse	\$280.00	\$320.00	\$360.00
Employee + Child(ren)	\$186.50	\$236.36	\$269.97
Employee + Family	\$434.61	\$465.00	\$475.00

Dental Coverage	Mutual of Omaha Voluntary PPO Dental Plan
Employee Only	\$12.00
Employee + Spouse	\$24.92
Employee + Child(ren)	\$28.62
Employee+ Family	\$45.69

Vision Coverage	Superior Vision
Employee Only	\$2.98
Employee + Spouse	\$5.50
Employee + Child(ren)	\$5.75
Employee+ Family	\$8.62



CODE OF ETHICS

To the Bennett Auto Supply Team:

Bennett Auto Supply believes that conducting business ethically and striving to do the right thing are vital to the success of the company.

Our Code of Integrity and Ethics reinforce this purpose. They represent our commitment to our employees that we understand the confidence that they place in us to deliver quality and excellence in everything we do.

Every day each of us are faced with challenging and difficult choices. It's the integrity and professionalism that we bring to these challenges that defines our reputation.

When faced with an ethical issue, each of us has the responsibility to respond in a manner that reflects our values.

We encourage all of our employees to report all types of issues or concerns they may have using the appropriate method. While most issues can be resolved by your immediate supervisor, we have made available to you the Ethics Line.

You can submit your issue or concern via the website <https://bennett.ethicaladvocate.com/> or call 844-379-4451. **Either way, you will remain anonymous.**

You play a key role here at Bennett Auto Supply in protecting and enhancing our reputation and we would like to thank you for your commitment to helping us build a better work environment.

Yours truly,

Davinia Osorio
Director of Human Resources



3141 S.W. 10th Street, Pompano Beach, FL 33069
www.bennettauto.com

Medical Plan Eligibility Based on Results of Measurement Periods

Part-time employees may be eligible to participate in the Medical Plan after completion of a look-back measurement period.

A part-time employee is an employee that Bennett Auto Supply reasonably expects to work, on average, less than 30 hours per week.

All part-time employees will have their hours tracked and may qualify for eligibility to participate in the Medical Plan based on hours worked over a twelve (12) month period of time called a “measurement period”. Employees’ hours during the measurement period will determine the employee’s eligibility to participate and obtain coverage under the Medical Plan.

If the part-time employee is determined to have worked, on average, thirty (30) or more hours per week during the entire measurement period, then the employee will be offered coverage under the Medical Plan for the next plan year called a “stability period”. If instead, the employee is determined to have not worked, on average, thirty (30) or more hours per week during the entire measurement period, then that employee will not be eligible for coverage during the stability period.

Part-time employees’ hours will be tracked each year, and these employees’ eligibility to participate in the Medical Plan will be based on each year’s measurement period. This means that a part-time employee may be covered under the Medical Plan during one stability period, but not the next stability period if that employee did not work, on average, at least thirty (30) hours or more per week during the last measurement period.

If the part-time employee is determined to be eligible for coverage during the stability period, the employee will be notified of their eligibility for Medical Plan coverage after their measurement period and will be allowed time to review and enroll in the Medical Plan during the Medical Plan’s “administrative period”.

Bennett Auto Supply’s Part-time Employee Measurement Periods:

Periods and Definitions	Durations
<u>Measurement Period</u> : the period of time during which hours are tracked to determine part-time employees’ eligibility in the Medical Plan.	12 months
<u>Stability Period</u> : the period of time in which coverage is offered or not offered due to the results of the measurement period.	12 months
<u>Administrative Period</u> : the period of time in which part-time employees who are offered enrollment in the Medical Plan can review and make elections.	Up to 90 days

If you have any questions about health care benefits offered, please contact the HR Department.

DISCLOSURES

Dependent Eligibility –Medical Plans

New legislation has changed some of the eligibility requirements for dependent coverage on **Medical insurance plans**. It is important for everyone to understand what constitutes eligibility and what the implications could be for not following the eligibility guidelines.

Examples of Eligible dependents include:

- Spouse
- Dependent children up to age 26 (per new legislation)

Healthcare reform legislation restricts a plan or issuer from denying coverage for a child under age 26 based on any of the following factors:

- Financial dependence on the employee
- Residency with the employee
- Student status
- Marital status
- Employment status

The adult child's spouse and children are not subject to coverage. For adult children age 26 and older, the State of Florida has adopted legislation allowing for extended coverage up to age 30, but under more limited conditions such as the child must reside in Florida or be a part time or full time student and must be unmarried with no dependent child(ren) of his/her own. In addition, they cannot be covered under another group or franchise plan, student or individual plan, or be Medicare eligible.

Domestic Partnership Policy

A Bennett Auto Supply (BAS) employee's registered domestic partner and dependents may receive company insurance benefits provide that both the employee and their registered domestic partner satisfy the following requirements.

- 18 years old or older
- competent to contract
- legally unmarried
- each other's sole domestic partner; must not be related by blood or in any manner that would prohibit a legal marriage
- share a permanent residence for three (3) years or longer
- submit proof of mutual residence*
- sign the provided affidavit

Submitting one (1) of the following documents may satisfy proof of mutual residence:

- current residential mortgage that names both applicants as mortgagors for past three (3) years;
- deed for residential property stating that both applicants share title to the premises for past three (3) years;
- valid photo identification for both applicants with the same home address for past three (3) years.

The affidavit that an employee must complete in order to cover a domestic partner states under penalty of perjury that both the employee and their domestic partner share the same residence for the past three (3) years. If either party perjured themselves, benefits could be cancelled for the domestic partner. The employee acknowledges that in the event they no longer meet the above requirements, they will no longer be considered Domestic

Partners and will immediately file a Termination of Domestic Partnership with BAS by contacting the HR department. The partner, and their dependents, will thereafter become ineligible for benefits, however, may apply to continue benefits under COBRA.

By providing false or misleading information to BAS, could subject BAS to file financial responsibility for the benefits provided to the partner and dependents against the employee. In addition, could lead to disciplinary action up to and including termination.

Dependent Verification of Eligibility

When you first enroll, and/or if you change coverage midyear due to a qualifying event, you will be asked to provide the applicable documents from the following list:

- Spouse Verification Documentation: Marriage Certificate
- Child Verification Documentation: Birth Certificate, court document awarding custody or requiring coverage

Mid-Year Enrollment Changes –Section 125 Cafeteria Plan

Employees may take advantage of, at no cost to them, the tax benefits of a 125 Cafeteria Plan. This plan allows you to pay for your employee benefits on a pre-tax basis to be deducted from your paycheck. When you elect to pay for these authorized benefits pre-tax, you save because you are paying less in taxes...you do not pay Federal Income or Social Security taxes on these designated benefit dollars. Therefore, you lower your taxable income. This will allow you to take home more of your paycheck, decreasing the net cost of the benefit you are purchasing.

Sample of Savings using pre-tax Deductions:

	Pre-Tax Contributions	Post-Tax Contributions
Employee Gross Pay	\$35,000	\$35,000
Pre-Tax Premium	\$417	-
Taxable Income	\$34,583	\$35,000
Assumed Tax Rate¹	25.65%	25.65%
Net Pay	\$25,712	\$26,023
After Tax Premium	-	\$417
Take Home Pay	\$25,712	\$25,605

Assumed Tax Rate of 18% Federal Income Tax and 7.65% FICA (Social Security and Medicare)

Current IRS regulations state that benefit choices cannot be changed in the middle of a plan year unless you experience a qualifying life event. Changes must be reported within 30 days of the actual event. Some common qualifying events may include:

- Marriage, divorce, or legal separation.
- Birth, adoption, or change in custody of a child.
- Change in the employment status of either you or a spouse which affects benefits.

Please note: the IRS does not consider financial hardship a qualifying event to drop coverage

Continuation of Coverage- Federal COBRA

Your benefits will continue until the last day of employment or end of the month of the last date of employment.

The Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) provides insured employees and their qualified beneficiaries the opportunity to continue health, prescription, dental, vision, and EAP insurance coverage when a qualifying event would normally result in the loss of coverage eligibility. Common qualifying events include resignation or termination of employment, the death of an employee, a reduction in employee's hours, an employee's divorce, and dependent child lost dependent status. Under COBRA, the employee or dependent pays the full cost of coverage at the current group rates, plus an administrative fee of 2%.

Family Medical Leave Act (FMLA)

Employees eligible for continuation of benefits while on an approved qualifying leave are still responsible to pay the same portion of premiums paid prior to leave. You may pay your portion of premiums due before starting your leave or you may pay monthly during leave. Payment is due on the first of the month. Failure to make payments in a timely manner will result in the termination of your coverage. You should contact Human Resources to make payment arrangements prior to your leave.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

In addition to protecting the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service USERRA also provides protections regarding health insurance coverage.

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.

- Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (such as pre-existing condition limitations) except for service connected illnesses or injuries.

Health Insurance Marketplace

The healthcare reform law creates a new Marketplace for purchasing health insurance coverage, also called an exchange. Federal subsidies for eligible individuals will be available through the Marketplace. Eligibility is determined based on many factors, including income as well as access to other coverage. You will not be eligible for subsidies if you are offered coverage through your employer that is deemed "affordable" and provides "minimum value" in accordance with regulations. To ensure that taxpayers receive the right amount of subsidies, Marketplaces report certain information to the IRS. At the end of the year, the subsidy amount will be recalculated using the taxpayer's household income as reported on his or her tax return, and any difference in the amounts will be reconciled. If the taxpayer's income has increased from the amount that he or she reported to the Marketplace, and as a result received a larger subsidy than he or she was entitled to, that individual may have to repay part of their subsidy.

The Marketplace open enrollment period may or may not correspond with your employer's open enrollment period. Purchasing coverage through the Marketplace may or may not be a qualifying event to change or drop your coverage through your employer. Please check with Human Resources for further details.

Certain events may allow you to enroll in the Marketplace after the open enrollment period. These events include but are not limited to: loss of minimum essential coverage, marriage, birth, or placement for adoption, employer coverage is non-qualifying, gaining citizenship or qualifying immigration status.

More information on the health care reform law and the Marketplaces is available at www.healthcare.gov.

Individual Shared Responsibility

Under healthcare reform, individuals without minimum essential health coverage could be assessed a penalty starting in 2014 unless an exemption is applicable. Employer sponsored coverage is generally minimum essential coverage.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rights

Federal law requires that health plan protect the confidentiality of your private health information. A complete description of your rights under HIPAA can be found in the Plan's privacy notice, which is available to you from the Human Resources Department.

ANNUAL DISCLOSURES

HIPAA Special Enrollment Rights – If you are declining enrollment for yourself and your dependents (including your spouse) because of other health insurance or group health coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the health coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.

Michelle's Law – The law allows for continued coverage for dependent children who are covered under your group health plan as a student if they lose their student status because of a medically necessary leave of absence from school. This law applies to medically necessary leaves of absence that begin on or after January 1, 2010.

If your child is no longer a student, as defined in your Certificate of Coverage, because he or she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applies if your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions).

Your employer will require a written certification from the child's physician that states that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

Section 111 – Effective January 1, 2009 Group Health Plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help establish who pays first. The mandate requires Group Health Plans to collect additional information, more specifically Social Security Numbers for all enrollees, including dependents six months of age or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

Women's Health and Cancer Rights Act of 1998 – If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). 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
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

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

Patient Protection: If the Group Health Plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility.

ANNUAL DISCLOSURES

ALABAMA - Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA - Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS - Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711

FLORIDA - Medicaid

Website: <http://www.flmedicaidprecovery.com/hipp>
Phone: 1-877-357-3268

GEORGIA - Medicaid

Website: <http://dch.georgia.gov/medicaid>
Click on Health Insurance Premium Payment (HIPP)
Phone: 1-404-656-4507

INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <http://www.indianamedicaid.com>
Phone 1-800-403-0864

IOWA - Medicaid

Website: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
Phone: 1-888-346-9562

KANSAS - Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512

KENTUCKY - Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA - Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE - Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-862-4840

MINNESOTA - Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>
Phone: 1-800-657-3739

MISSOURI - Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA - Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA - Medicaid

Website: <http://www.AccessNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA - Medicaid

Medicaid Website: <http://dwss.nv.gov/>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE - Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
Phone: 603-271-5218

NEW JERSEY - Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK - Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA - Medicaid

Website: <https://dma.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA - Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
 Phone: 1-844-854-4825

OKLAHOMA - Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
 Phone: 1-888-365-3742

OREGON - Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
 Phone: 1-800-699-9075

PENNSYLVANIA - Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>
 Phone: 1-800-692-7462

RHODE ISLAND- Medicaid

Website: <http://www.eohhs.ri.gov/>
 Phone: 855-697-4347

SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>
 Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
 Phone: 1-888-828-0059

TEXAS - Medicaid

Website: <http://gethipptexas.com/>
 Phone: 1-800-440-0493

UTAH - Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
 CHIP Website: <http://health.utah.gov/chip>
 Phone: 1-877-543-7669

VERMONT - Medicaid

Website: <http://www.greenmountaincare.org/>
 Phone: 1-800-250-8427

VIRGINIA - Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
 Medicaid Phone: 1-800-432-5924
 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
 CHIP Phone: 1-855-242-8282

WASHINGTON - Medicaid

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>
 Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA - Medicaid

Website: <http://mywvhpp.com/>
 Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN - Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
 Phone: 1-800-362-3002

WYOMING - Medicaid

Website: <https://wyequalitycare.acs-inc.com/>
 Phone: 307-777-7531

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

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

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

MEDICARE D NOTICE (Creditable)

Important Notice from Bennett Auto Supply 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 Bennett Auto Supply and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Bennett Auto Supply coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Bennett Auto Supply coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

Important Notice from Bennett Auto Supply About Your Prescription Drug Coverage and Medicare (continued)

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

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

Contact the person listed below for further information.

NOTE: You will 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 Bennett Auto Supply changes. You may also request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year 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, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January, 1 2018
Name of Entity /Sender: Bennett Auto Supply
Contact--Position/Office: Davinia Osorio / Director of Human Resources
Address: 3141 SW 10th Street
Pompano Beach, FL 33069
Phone Number: (954) 335-8728



The information in this guide is a summary of the benefits available to you and should not be intended to take the place of the official carriers' Member Certificates or our plan's Summary Plan Descriptions (SPD). This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as a full time employee. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail. Bennett Auto Supply reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans.

**This Benefits Guide is a Presentation
Prepared by**



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