



# Employee Benefits Guide



2024

Effective January through December



YOUR GUIDE TO OUR EMPLOYEE BENEFITS PROGRAM



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# Welcome to the team!

We at Wise Auto Group truly value the dedication that goes into your work every day. We're proud of our talented employees and understand that our success is because of you. That's why as a Wise Auto Group employee, you have access to a comprehensive, quality benefits package that offers flexibility and security.

We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family. Think about how you have used health care in the recent past, and what services or treatments you and your family might need in the year ahead. The choices you make can impact your health and wellbeing. This guide provides a summary of benefits available to you. For more detailed information please visit our employee benefits website at [mybenefits.cc/wiseautogroup](https://mybenefits.cc/wiseautogroup)

# F.A.Q.

1

## **WHO IS ELIGIBLE FOR BENEFITS?**

Full-time employees who work at least 30 hours per week are eligible to participate in our health benefits program.

2

## **WHEN DOES MY COVERAGE START?**

Coverage for new hires, or newly eligible employees, begins on the first of the month following 60 days. Coverage for elections made during our annual open enrollment period begins January 1.

3

## **WHO CAN I ENROLL ON MY PLANS?**

Qualified dependents include your spouse or domestic partner, children up to age 26, and disabled children over the age of 26.

4

## **CAN I MAKE CHANGES TO MY ELECTIONS?**

Outside of your initial eligibility window and the open enrollment period, you may only make changes to your elections if you experience a qualifying life event such as having a baby, getting married/divorced, or losing/gaining access to other coverage.

5

## **WHAT HAPPENS IF I HAVE A CHANGE IN STATUS?**

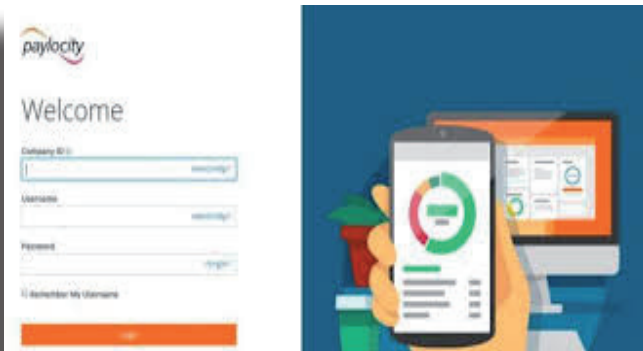
If you change to part-time status or leave the company, your medical, dental, and vision plans will terminate at the end of the month following your last day worked. Participation in the Flexible Spending Accounts and life insurance will end on your last day. You may be able to port or convert your life insurance coverage.





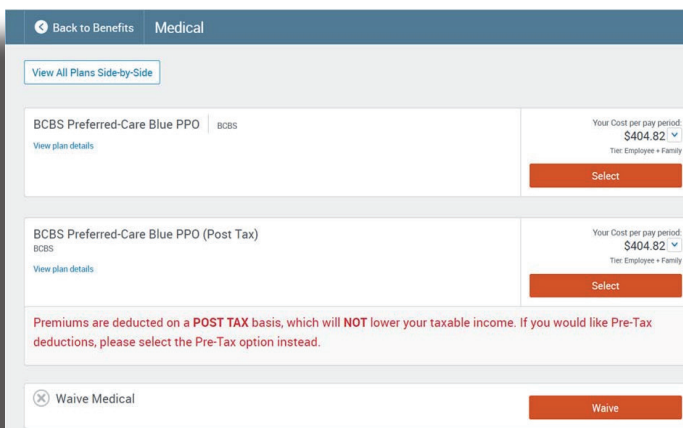
# Enrolling in benefits....

## Log in



Login to [Paylocity](#) to start your enrollment session.

## Review your benefits



Review your benefit options and make your selections. Remember, your choices will be locked until the end of the plan year unless you have a qualifying event. This rule applies even if you waived coverage.

# Paylocity - Online Enrollment

## Once You've Reviewed All Your Selections:

I understand that the choices I've made are in effect for one full benefit plan year and cannot be changed until the next enrollment period unless I have a qualified status change. If I do have a qualified family status change, I have 30 days from the date of the life event to make changes to my benefit plans, and that I may be required to furnish proof of the event and/or be asked to furnish evidence of insurability for my eligible dependents or myself. Finally, I authorize payroll deductions, if required, for my contributions in the cost of the coverage I have selected.

I agree, and I'm finished with my enrollment.



After you complete your enrollment selections and are ready to finalize your plans, read the agreement and check the acknowledgement statement.



## Your enrollment is complete!

 You may make changes to your elections until: **November 21, 2019**

You have completed your enrollment. Click the picture of a printer to create a printer friendly copy of your Confirmation Statement for your records or email yourself a copy of the Statement. If you would like to make changes to your enrollment, you are able to do so from returning to your home page. From your home page, while you are still within your enrollment window, you can click on the Enrollment Complete button to make any changes needed before your window closes.

Your Confirmation Statement is ready

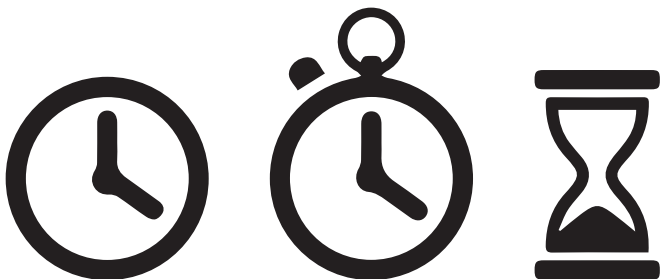
Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

 VIEW

 PRINT

Your enrollment is complete? Save or print your confirmation statement for your records.

## Submit your final elections



Make your elections by the 15th of the month before your coverage start date. If you submit your enrollment after this deadline, the processing of your elections and your receipt of corresponding plan ID cards may be delayed.



# MEDICAL

## Premier Level

### HIGHLIGHTS

- No deductible
- Fixed, predictable out-of-pocket costs
- Lowest copays
- Lowest out-of-pocket maximum
- No charge for certain services
- Free preventive care

### CHALLENGES

- Higher employee contribution whether you use the plan or not
- Locked into the plan until Open Enrollment or if you experience a mid-year qualifying life event

## Standard Level

### HIGHLIGHTS

- Fixed, predictable out-of-pocket costs for physician services
- Deductible doesn't apply to office visits with your doctor
- Lower copays
- Free preventive care

### CHALLENGES

- Deductible imposed for more costly services like hospital and outpatient treatment
- Out-of-pocket maximums are higher

## Value Level

### HIGHLIGHTS

- Fixed costs for most physician services
- Mid-level copays
- Lower employee contributions
- Free preventive care

### CHALLENGES

- Less predictability for hospital and outpatient services
- Higher out-of-pocket maximum levels

## HSA Level

### HIGHLIGHTS

- Lower employee contributions
- Free preventive care
- Tax-advantage savings account

### CHALLENGES

- Less predictability for hospital and outpatient services
- Higher out-of-pocket maximum levels



# Premier Level - Medical Plan Options

| SPECIFICATION                     | SUTTER HEALTH PLUS HMO   | WESTERN HEALTH ADVANTAGE HMO                             | KAISER HMO                           |
|-----------------------------------|--|--|--------------------------------------|
| Website                           | <a href="http://sutterhealthplus.org">sutterhealthplus.org</a> | <a href="http://westernhealth.com">westernhealth.com</a> | <a href="http://kp.org">kp.org</a>   |
| Member Services                   | 855-315-5800   | 888-563-2250   | 800-464-4000                         |
| Policy #                          | 311816   | 107927   | 605458                               |
| Benefits                          | Network Only   | Network Only   | Network Only                         |
| Deductible                        | None   | None   | None                                 |
| Out-of-Pocket Maximum             | \$1,500 Individual<br>\$3,000 Family                           | \$3,000 Individual<br>\$5,000 Family                     | \$2,000 Individual<br>\$4,000 Family |
| Preventive Routine Exam           | No charge  | No charge  | No charge                            |
| Office Visit - Primary/Specialist | \$20   | \$40   | \$20                                 |
| Urgent Care Visit                 | \$20   | \$50   | \$20                                 |
| Outpatient Mental Health          | \$20   | \$40   | \$20                                 |
| Diagnostic Lab / X-ray            | \$20   | No charge  | \$10                                 |
| Emergency Room Visit              | \$100  | \$100  | \$100                                |
| Hospitalization                   | \$250 per admit  | 30%  | \$250 per admit                      |
| Outpatient Services               | \$100  | 30%  | \$100                                |
| Generic Medication                | \$10   | \$10   | \$15                                 |
| Brand Medication                  | \$30   | \$30   | \$30                                 |
| Non-preferred Medication          | 60   | \$50   | Not applicable                       |
| COVERAGE LEVEL                    | EE MONTHLY CONTRIBUTION  | EE MONTHLY CONTRIBUTION                                  | EE MONTHLY CONTRIBUTION              |
| Employee Only                     | \$156.85   | \$172.65   | \$371.63                             |
| Employee + Spouse                 | \$810.62   | \$924.83   | \$1,358.07                           |
| Employee + Children               | \$592.69   | \$674.09   | \$1,029.24                           |
| Employee + Family                 | \$1,246.48   | \$1,426.26   | \$2,015.71                           |

The above is just a summary, please refer to the plan documents for details.

# Standard Level - Medical Plan Options

| SPECIFICATION                     | SUTTER HEALTH PLUS HMO   | WESTERN HEALTH ADVANTAGE HMO                             | KAISER HMO                            |
|-----------------------------------|--|--|---------------------------------------|
| Website                           | <a href="http://sutterhealthplus.org">sutterhealthplus.org</a> | <a href="http://westernhealth.com">westernhealth.com</a> | <a href="http://kp.org">kp.org</a>    |
| Member Services                   | 855-315-5800   | 888-563-2250   | 800-464-4000                          |
| Policy #                          | 311816   | 107927   | 605458                                |
| Benefits                          | Network Only   | Network Only   | Network Only                          |
| Deductible                        | \$1,000 Individual<br>\$2,000 Family                           | \$1,000 Individual<br>\$2,000 Family                     | \$1,000 Individual<br>\$2,000 Family  |
| Out-of-Pocket Maximum             | \$4,000 Individual<br>\$8,000 Family                           | \$4,000 Individual<br>\$8,000 Family                     | \$6,250 Individual<br>\$12,500 Family |
| Preventive Routine Exam           | No charge  | No charge  | No charge                             |
| Office Visit - Primary/Specialist | \$40   | \$40   | \$40                                  |
| Urgent Care Visit                 | \$40   | \$40   | \$40                                  |
| Outpatient Mental Health          | \$40   | \$40   | \$40                                  |
| Diagnostic Lab / X-ray            | \$40   | No charge  | \$30                                  |
| Emergency Room Visit              | \$100 after deductible   | \$100 after deductible                                   | 30% after deductible                  |
| Hospitalization                   | \$500 after deductible   | \$500 per day<br>after deductible                        | 30% after deductible                  |
| Outpatient Services               | \$250 after deductible   | \$250 after deductible                                   | 30% after deductible                  |
| Generic Medication                | \$10   | \$10   | \$25                                  |
| Brand Medication                  | \$30   | \$30   | \$50                                  |
| Non-preferred Medication          | \$60   | \$50   | Not applicable                        |
| COVERAGE LEVEL                    | EE MONTHLY CONTRIBUTION  | EE MONTHLY CONTRIBUTION                                  | EE MONTHLY CONTRIBUTION               |
| Employee Only                     | \$75.00  | \$115.48   | \$196.45                              |
| Employee + Spouse                 | \$613.64   | \$739.44   | \$972.69                              |
| Employee + Children               | \$431.47   | \$531.48   | \$713.95                              |
| Employee + Family                 | \$978.01   | \$1,155.41   | \$1,490.19                            |

The above is just a summary, please refer to the plan documents for details.

# Value Level - Medical Plan Options

| SPECIFICATION                     | SUTTER HEALTH PLUS HMO   | WESTERN HEALTH ADVANTAGE HMO                             | KAISER HMO                            |
|-----------------------------------|--|--|---------------------------------------|
| Website                           | <a href="http://sutterhealthplus.org">sutterhealthplus.org</a> | <a href="http://westernhealth.com">westernhealth.com</a> | <a href="http://kp.org">kp.org</a>    |
| Member Services                   | 855-315-5800   | 888-563-2250   | 800-464-4000                          |
| Policy #                          | 311816   | 107927   | 605458                                |
| Benefits                          | Network Only   | Network Only   | Network Only                          |
| Deductible                        | \$2,500 Individual<br>\$5,000 Family                           | \$2,500 Individual<br>\$5,000 Family                     | \$2,500 Individual<br>\$5,000 Family  |
| Out-of-Pocket Maximum             | \$5,000 Individual<br>\$10,000 Family                          | \$5,000 Individual<br>\$10,000 Family                    | \$5,000 Individual<br>\$10,000 Family |
| Preventive Routine Exam           | No charge  | No charge  | No charge                             |
| Office Visit - Primary/Specialist | \$20   | \$40   | \$40                                  |
| Urgent Care Visit                 | \$20   | \$40   | \$40                                  |
| Outpatient Mental Health          | \$20   | \$40   | \$40                                  |
| Diagnostic Lab / X-ray            | \$20   | No charge  | \$10 after deductible                 |
| Emergency Room Visit              | 20% after deductible   | \$100 after deductible                                   | 30% after deductible                  |
| Hospitalization                   | 20% after deductible   | \$500 per day<br>after deductible                        | 30% after deductible                  |
| Outpatient Services               | 20% after deductible   | \$250 after deductible                                   | 30% after deductible                  |
| Generic Medication                | \$10   | \$10   | \$10                                  |
| Brand Medication                  | \$30   | \$30   | \$30                                  |
| Non-preferred Medication          | \$60   | \$50   | Not applicable                        |
| COVERAGE LEVEL                    | EE MONTHLY CONTRIBUTION  | EE MONTHLY CONTRIBUTION                                  | EE MONTHLY CONTRIBUTION               |
| Employee Only                     | \$65.00  | \$104.92   | \$189.60                              |
| Employee + Spouse                 | \$560.00   | \$671.74   | \$934.79                              |
| Employee + Children               | \$393.75   | \$482.81   | \$686.40                              |
| Employee + Family                 | \$892.52   | \$1,049.63   | \$1,431.59                            |

The above is just a summary, please refer to the plan documents for details.



# HSA Medical Plan Options

| SPECIFICATION                     | SUTTER HEALTH PLUSE HSA HMO                                    | WESTERN HEALTH HSA HMO                                   | KAISER HSA HMO                        |
|-----------------------------------|--|--|---------------------------------------|
| Website                           | <a href="http://sutterhealthplus.org">sutterhealthplus.org</a> | <a href="http://westernhealth.com">westernhealth.com</a> | <a href="http://kp.org">kp.org</a>    |
| Member Services                   | 855-315-5800   | 888-563-2250   | 800-464-4000                          |
| Policy #                          | 311816   | 107927   | 605458                                |
| Benefits                          | Network Only   | Network Only   | Network Only                          |
| Deductible                        | \$4,000 Individual<br>\$8,000 Family                           | \$4,000 Individual<br>\$8,000 Family                     | \$3,500 Individual<br>\$7,000 Family  |
| Out-of-Pocket Maximum             | \$6,500 Individual<br>\$13,000 Family                          | \$6,350 Individual<br>\$12,700 Family                    | \$6,000 Individual<br>\$12,000 Family |
| Preventive Routine Exam           | No charge  | No charge  | No charge                             |
| Office Visit - Primary/Specialist | \$40 after deductible  | 40% after deductible                                     | \$30 / \$50 after deductible          |
| Urgent Care Visit                 | \$40 after deductible  | 40% after deductible                                     | \$30 after deductible                 |
| Outpatient Mental Health          | \$40 after deductible  | 40% after deductible                                     | \$30 after deductible                 |
| Diagnostic Lab / X-ray            | \$40 / \$15 after deductible                                   | 40% after deductible                                     | \$10 after deductible                 |
| Emergency Room Visit              | \$150 after deductible   | 40% after deductible                                     | 30% after deductible                  |
| Hospitalization                   | \$500 after deductible   | 40% after deductible                                     | 30% after deductible                  |
| Outpatient Services               | \$40 after deductible  | 40% after deductible                                     | 30% after deductible                  |
| Generic Medication                | \$10 after deductible  | 40% after deductible                                     | \$15 after deductible                 |
| Brand Medication                  | \$30 after deductible  | 40% after deductible                                     | \$35 after deductible                 |
| Non-preferred Medication          | \$60 after deductible  | 40% after deductible                                     | Not applicable                        |
| COVERAGE LEVEL                    | EE MONTHLY CONTRIBUTION  | EE MONTHLY CONTRIBUTION                                  | EE MONTHLY CONTRIBUTION               |
| Employee Only                     | \$0.00   | \$0.00   | \$91.64                               |
| Employee + Spouse                 | \$404.74   | \$390.48   | \$719.28                              |
| Employee + Children               | \$266.78   | \$252.69   | \$510.07                              |
| Employee + Family                 | \$680.90   | \$666.09   | \$1,137.70                            |

The above is just a summary, please refer to the plan documents for details.

# What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is a tax-advantaged personal bank account that you own and manage. It's designed to allow you to set aside money through pre-federal tax payroll deductions to pay for eligible medical expenses with tax-free dollars. If you are enrolled in an HSA compatible medical plan, you may be eligible for a HSA.

## Who is eligible for a HSA / who can make contributions into a HSA?

- You must be enrolled in a HSA compatible medical plan, such as those offered here, to make contributions into an HSA.
- You cannot be enrolled or covered in another non-qualified health plan, including your spouse's non-HSA compatible medical plan or a Health Care FSA.
- You cannot be enrolled in Medicare, Tricare, or VA Benefits.
- You cannot be claimed as a dependent on someone else's tax return.

Once contributions are made into your HSA the funds are yours to use or keep, regardless of your employment status with the company or your medical plan enrollment. The funds can then be used for eligible medical expenses tax-free. Eligible medical expenses are expenses that are considered "medically necessary" and not covered by your medical plan (or dental & vision plans).

## What are some examples of eligible medical expenses to use HSA funds on?

- Plan deductibles, coinsurance and copays
- Prescription drugs or drug copayments
- Dental and orthodontia expenses
- Prescription glasses, contact lenses, or Laser vision correction

Eligible expenses do not include cosmetic procedures, treatments not supervised by a qualified health care professional, premiums for employer-provided health care plans, or other expenses that are not medically necessary. Please refer to IRS guidelines available from their website: [www.irs.gov](http://www.irs.gov) for more details on what are eligible expenses.

| 2024 HSA CONTRIBUTION LIMITS | SELF COVERAGE IN HSA MEDICAL PLAN | FAMILY COVERAGE IN HSA MEDICAL PLAN |
|------------------------------|-----------------------------------|-------------------------------------|
| Total Annual Contributions   | \$4,150                           | \$8,300                             |

If you are age 55 or older and not enrolled in Medicare you may contribute up to an additional \$1,000 in a catch-up contribution.

Contact **Bank Of America** for more information or to setup your own HSA.

- CONNECTING**
- Website: [Login\(bankofamerica.com\)](http://Login(bankofamerica.com))
  - Member Services: **800-992-3200**



# DENTAL

## Principal Dental

Our dental program through Principal offers coverage that can help you maintain proper oral health.

We offer two plan levels for dental coverage -- the Base plan and the Buy-up Plan. Both are PPO plan designs that give you the freedom to receive dental care from any licensed dentist of your choice. Keep in mind, you'll receive the highest level of benefits if you select an in-network dentist versus a non-network dentist who has not agreed to provide services at negotiated member rates.

| SPECIFICATION  | STANDARD PPO            |                      | PREMIER PPO             |                      |
|--|-------------------------|----------------------|-------------------------|----------------------|
|  | NETWORK                 | NON-NETWORK          | NETWORK                 | NON-NETWORK          |
| Deductible   | \$50                    | \$50                 | \$25                    | \$25                 |
| Benefit Maximum<br>Per covered person/year                 | \$2,000                 | \$1,500              | \$2,500                 | \$2,000              |
| Preventive Services<br>Exam, cleanings, x-ray              | No charge               | Excess charges       | No charge               | Excess charges       |
| Basic Services<br>Fillings, periodontics,<br>endodontics   | 20%                     | 20% + excess charges | 20%                     | 20% + excess charges |
| Major Services<br>Crowns, bridges, implants                | 50%                     | 50% + excess charges | 50%                     | 50% + excess charges |
| Orthodontia Lifetime Maximum<br>*Child only - up to age 19 | 50% up to \$1,500       | 50% up to \$1,500    | 50% up to \$1,500       | 50% up to \$1,500    |
| COVERAGE LEVEL   | EE MONTHLY CONTRIBUTION |                      | EE MONTHLY CONTRIBUTION |                      |
| Employee Only  | \$0.00                  |                      | \$12.58                 |                      |
| Employee + Spouse  | \$35.35                 |                      | \$60.89                 |                      |
| Employee + Children  | \$67.01                 |                      | \$86.88                 |                      |
| Employee + Family  | \$113.33                |                      | \$146.29                |                      |

### CONNECTING

- Website: [principal.com/dentist](http://principal.com/dentist)
- Member Services: **800-247-4695**
- Policy #**1145555**





# VISION

## Principal VSP

Eye health is another key component of living healthy. Like oral exams, eye exams can help identify early signs of serious health conditions such as diabetes and high blood pressure. Proper eye care can also lead to the early detection and treatment of vision-related complications like glaucoma and cataracts.

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor. Keep in mind, you'll maximize your benefits by accessing care through a network provider. If you access care outside of the network you may file for reimbursements based on a moderate schedule.

| SPECIFICATION                       | NETWORK                 | FREQUENCY       |
|-------------------------------------|-------------------------|-----------------|
| Exams                               | \$10                    | Every 12 months |
| Prescription glasses (lenses)       | \$25                    | Every 12 months |
| Frames                              | Up to \$150 allowance   | Every 24 months |
| Lens enhancements                   | Up to 25% discount      | Every 12 months |
| Contact lenses (instead of glasses) | Up to \$150 allowance   | Every 12 months |
| Contact lens fitting and exam       | \$60                    | Every 12 months |
| COVERAGE LEVEL                      | EE MONTHLY CONTRIBUTION |                 |
| Employee Only                       | \$0.00                  |                 |
| Employee + Spouse                   | \$8.11                  |                 |
| Employee + Children                 | \$9.11                  |                 |
| Employee + Family                   | \$19.04                 |                 |

### CONNECTING

- Website: [vsp.com](http://vsp.com)
- Member Services: **800-877-7195**
- Policy # **1145555**



# LIFE & DISABILITY

## Principal Financial

The basic life and accidental death & dismemberment (AD&D) plans provide benefits in the event of your death or certain serious injuries. You are automatically enrolled in this plan after you satisfy the eligibility waiting period. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries. **Be sure to**

**complete your beneficiary designation information and check it regularly in case you need to make updates at any time.**

| COVERAGE                         | BENEFIT <sup>1</sup> |
|----------------------------------|----------------------|
| Basic Life                       | \$10,000             |
| Accidental Death & Dismemberment | \$10,000             |

<sup>1</sup>Benefits are reduced per following schedule:

- At age 65, coverage reduces to 65%
- At age 70, coverage reduces to 50%

You also have the option to buy additional life insurance for you and your family. You must elect coverage for yourself in order for your spouse and children to apply.

| ADDITIONAL COVERAGE | BENEFIT <sup>1</sup>              | GUARANTEE ISSUE <sup>2</sup> |
|---------------------|-----------------------------------|------------------------------|
| You                 | \$10,000 to \$500,000             | \$200,000                    |
| Spouse              | \$5,000 to \$100,000 <sup>3</sup> | \$40,000                     |
| Child(ren)          | \$10,000                          | \$10,000                     |

### CONNECTING

- Website: [principal.com](http://principal.com)
- Member Services: **800-245-1522**

<sup>1</sup>Please refer to the Certificate of Coverage for benefit reduction schedule.

<sup>2</sup>Guarante issue is the amount of coverage you can buy without providing health information at the time of hire.

<sup>3</sup>Your spouse's coverage cannot exceed 100% of your coverage amount.

## OneAmerica Voluntary Short & Long Term Disability

Wise Auto offers Voluntary Short & Long Term Disability that you can purchase through convenient payroll deductions. These plans replace part of your monthly income if you can't work because of a covered injury, illness or childbirth. How long you receive benefits will depend on your plan and how long you're disabled.

|                                   |  |
|-----------------------------------|--|
| BENEFIT AMOUNT                    | Increments of \$100 per week, not to exceed 60% of covered weekly earnings, to a maximum of \$1,500 per week   |
| ELIMINATION PERIOD                | 7 days   |
| MAX BENEFIT DURATION OPTIONS      | Option 1 = 12 weeks; Option 2 = 25 weeks   |
| PRE-EXISTING CONDITION LIMITATION | Benefits will not be paid if the disability begins in the first 12 months of coverage, and the disability was caused by a condition treated, diagnosed or misdiagnosed in the 3 months preceding |

### CONNECTING

- Website: [oneamerica.com](http://oneamerica.com)
- Member Services: **800-553-5318**

**PLEASE NOTE - Your disability benefits will be reduced by other income benefits such as California SDI.**

|                                   |  |
|-----------------------------------|--|
| BENEFIT AMOUNT                    | Increments of \$100 per month, not to exceed 60% of covered monthly earnings, to a maximum of \$6,000 per month  |
| ELIMINATION PERIOD OPTIONS        | Options 1 & 2 = 90 days; Options 3 & 4 = 180 days  |
| MAX BENEFIT DURATION OPTIONS      | Options 1 & 3 = 5 years; Options 2 & 4 = Social Security Full Retirement Age   |
| PRE-EXISTING CONDITION LIMITATION | Benefits will not be paid if the disability begins in the first 12 months of coverage, and the disability was caused by a condition treated, diagnosed or misdiagnosed in the 3 months preceding |



# SUPPLEMENTAL PLANS

## American Fidelity

Wise Auto offers Supplemental Insurance coverage for Accident, Cancer, Hospital, Critical Illness, Term Life and Whole Life that you can purchase for yourself and your dependents through American Fidelity.

### Accident

Accidents happen, and American Fidelity's Accident Plan can help prepare for unexpected medical costs. Below are some examples of the benefits.

| SAMPLE BENEFITS          | BASIC             | ENHANCED | ENHANCED+ |
|--------------------------|-------------------|----------|-----------|
| Emergency Treatment      | \$150             | \$200    | \$250     |
| Ambulance                | \$300             | \$300    | \$300     |
| MRI, CT, CAT             | \$200             | \$200    | \$200     |
| X-Rays                   | \$50              | \$100    | \$150     |
| Fractures & Dislocations | \$25 to \$3,000   |          |           |
| 2nd & 3rd Degree Burns   | \$100 to \$10,000 |          |           |
| Wellness Benefit         | \$50              | \$75     | \$75      |

For more information on what the plan covers and how it works please visit: [americanfidelity.com/info/accident](http://americanfidelity.com/info/accident)

### Cancer

A Cancer diagnosis may be both a physical and financial drain. American Fidelity's Cancer Plan can help pay for the costs of Cancer treatment.

| CANCER SCREENING BENEFIT   |                 |                 |                 |
|--|-----------------|-----------------|-----------------|
| Receive a benefit for your annual Internal Cancer Screening test, including but not limited to pap, prostate-specific antigen blood test (PSA), chest x-ray and colonoscopy. |                 |                 |                 |
| DIAGNOSTIC & PREVENTION BENEFIT (1 PER CALENDAR YEAR)  |                 |                 |                 |
|  | BASIC           | ENHANCED        | ENHANCED+       |
| Various Screenings   | \$45            | \$60            | \$75            |
| Mammogram  | \$150           | \$150           | \$150           |
| SAMPLE BENEFITS  | BASIC           | ENHANCED        | ENHANCED+       |
| Radiation  | up to \$10k     | up to \$15k     | Up to \$20k     |
| Chemotherapy   | up to \$10k     | up to \$15k     | Up to \$20k     |
| Hospital Confinement   | \$100-\$200/day | \$200-\$400/day | \$300-\$600/day |

For more information on what the plan covers and how it works please visit: [americanfidelity.com/info/cancer](http://americanfidelity.com/info/cancer)

# SUPPLEMENTAL PLANS CONTINUED

## Critical Illness

American Fidelity's Critical Illness plan is designed to pay a lump sum benefit to help pay for the direct and indirect costs associated with a covered critical illness.

| WELLNESS SCREENING BENEFIT  |                         |
|---|-------------------------|
| This benefit covered several qualified tests, including but not limited to: Stress Test, EKG, Echo-cardiogram, Blood Glucose Testing, etc.. |                         |
| HEALTH SCREENING BENEFIT (1 PER CALENDAR YEAR)  |                         |
| \$50  |                         |
| BENEFIT AMOUNTS AVAILABLE UP TO \$30,000. IF ELECTED, SPOUSAL BENEFIT AMOUNTS WILL BE 50% OF EMPLOYEE BENEFIT.                              |                         |
| Heart Attack  | Coronary Artery Bypass  |
| Stroke  | End Stage Renal Failure |
| Major Organ Failure   | Paralysis               |

For more information on what the plan covers and how it works please visit: [americanfidelity.com/info/critical-illness](http://americanfidelity.com/info/critical-illness)

## Hospital Indemnity

Hospital Indemnity Insurance is designed to help pay for eligible out-of-pocket expenses like a hospital stay.

| SAMPLE BENEFITS                         | BASIC | ENHANCED | ENHANCED+ |
|---|-------|----------|-----------|
| Routine Screening (1 per calendar year) | \$50  | \$50     | \$50      |
| Hospital Admission                      | \$500 | \$500    | \$500     |
| Hospital Confinement (up to 30 days)    | \$150 | \$150    | \$150     |
| ICU                                     | \$300 | \$300    | \$300     |
| Rehab Facility (up to 10 days)          | \$75  | \$75     | \$75      |

For more info on what the plan covers and how it works please visit: [americanfidelity.com/info/hospital-indemnity](http://americanfidelity.com/info/hospital-indemnity)

### CONNECTING

- Website: [americanfidelity.com](http://americanfidelity.com)
- Member Services: **800-662-1113**

## Term Life Insurance

American Fidelity offers multiple Term Life Insurance options. Rates are based on Issue Age and Tobacco Status.

|  |  |
|--|--|
| <b>TERM OPTIONS</b>                    | 10 year, 20 year, 30 year                              |
| <b>EMPLOYEE ISSUE MAX (AGES 17-49)</b> | \$200,000  |
| <b>EMPLOYEE ISSUE MAX (AGES 50-65)</b> | \$100,000  |
| <b>SPOUSE ISSUE MAX (AGES 17-49)</b>   | \$50,000   |
| <b>SPOUSE ISSUE MAX (AGES 50-65)</b>   | \$25,000   |
| <b>RENEWABLE</b>                       | To age 90  |
| <b>CONVERTIBLE</b>                     | You may convert to a Whole Life Policy prior to age 70 |

\* Issuance of policy dependent on answers to (3) health questions, no need for medical exam.

For more information on what the plan covers and how it works please visit: [americanfidelity.com/info/term-life](http://americanfidelity.com/info/term-life)

## Whole Life Insurance

A Whole Life Policy provides protection for your entire life and gives you the flexibility to adjust benefits when needed.

|  |  |
|--|--|
| <b>CASH SURRENDER</b>                  | You can end your policy and receive a check in the amount of your plan's current cash value. |
| <b>PARTIAL SURRENDER</b>               | You can withdraw a small portion of your policy's cash value in the form of cash.            |
| <b>LOANS</b>                           | You can borrow against your cash value at a competitive 8% interest rate.                    |
| <b>EMPLOYEE ISSUE MAX (AGES 17-49)</b> | \$200,000  |
| <b>EMPLOYEE ISSUE MAX (AGES 50-65)</b> | \$100,000  |
| <b>SPOUSE ISSUE MAX (AGES 17-49)</b>   | \$50,000   |
| <b>SPOUSE ISSUE MAX (AGES 50-65)</b>   | \$25,000   |

\* Issuance of policy dependent on answers to (3) health questions, no need for medical exam.

For more information on what the plan covers and how it works please visit: [americanfidelity.com/info/whole-life](http://americanfidelity.com/info/whole-life)



# FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) can help you pay for health or dependent care expenses while saving on your income taxes. This is because when you participate in one or both plans, you contribute funds into the account from your paycheck with pre-tax dollars.

## Health Care FSA

### MAXIMUM ELECTION AMOUNT

- \$3,200 per year

The Health Care FSA plan helps you set aside pre-tax funds to pay for a wide variety of qualified health care expenses for you and your dependents. You receive a debit card to use at the point of service, or to pay a bill. Be sure to keep track of your plan because you will lose any remaining balance in your account in excess of \$640 after the end of the plan year.

Please note, if you select an HSA medical plan option you are not eligible for this benefit since the HSA program provides similar benefits. Please see the Limited Purpose Health Care FSA below.

Qualified health care expenses include:

- Copays for health services
- Prescriptions
- Hospital services
- Drug addiction charges
- Chiropractic care
- Acupuncture treatment
- Prescription eyeglasses
- Contact lenses
- Dental deductible
- Orthodontia
- Fertility treatment
- Immunizations

## Limited Purpose Health Care FSA

### MAXIMUM ELECTION AMOUNT

- \$3,200 per year

The Limited Purpose Health Care FSA works the same as the Health Care FSA except the Limited Purpose FSA is only for those who are also enrolled in an HSA, discussed earlier in this guide. The funds in a Limited Purpose Health Care FSA can only be used for non-medical qualified health care expenses, such as dental and vision expenses.

## Dependent Care FSA

### MAXIMUM ELECTION AMOUNT

- \$5,000 per year

The Dependent Care FSA plan allows you set aside tax-free dollars to help pay for the care of qualified dependents while you work or seek work. Qualified persons include your children under age 13, and parents who are your legal tax dependents. Unused money at the end of the plan year will be automatically forfeited. Qualified expenses include:

- Before and after school programs
- Care in your home or someone else's home (as long as the care giver is not your spouse or dependent and is age 19 or older)
- Licensed child care center
- Nursery school or pre-school
- Summer day care (not overnight)

### **CONNECTING**

- Email: [batinfo@paylocity.com](mailto:batinfo@paylocity.com)
- Member Services: **800-631-3539**



# & OTHER BENEFITS

## FIGO

### Pet Insurance

Quality, affordable pet insurance can help pay for unexpected veterinary bills. As a Wise Auto Group employee, you are eligible to receive a discount on plans through Figo Pet Insurance that you can purchase directly from their website.

With FIGO Pet Insurance, if your pet becomes sick or injured, seek treatment from any licensed veterinarian in the world. Then submit your bill for reimbursement.

What does FIGO cover?

- Emergency & Hospitalization
- Surgeries
- Veterinary Specialists
- Hereditary & Congenital Conditions
- Chronic Conditions
- Dental Illness and Injury
- Prescriptions
- Imaging
- Knee Conditions
- Prosthetics & Orthotics
- Hip Dysplasia

Visit [bit.ly/3S0xKvp](https://bit.ly/3S0xKvp) to get a custom quote.

#### CONNECTING

- Email: [support@insurefigo.com](mailto:support@insurefigo.com)
- Member Services: **844-738-3446**

**Mention you're with Wise Auto Group for enrollment assistance.**

## LegalShield

### Legal Assistance

\$21.95/month

Wise Auto offers legal assistance and identity theft protection coverage to you, as well as your family members, through LegalShield and convenient payroll deductions. Visit [vimeo.com/630260832](https://vimeo.com/630260832) for more information, and enroll in Paylocity.

#### Benefits include:

- Legal Consultation and Advice
- Dedicated Provider Law Firm
- Court Representation
- Legal Document Preparation and Review
- Letters and Phone Calls Made on Your Behalf
- Traffic Ticket Consultation
- Will Preparation
- 24/7 Emergency Legal Access
- Access to free legal forms

#### Benefits include:

- Continuous Credit Monitoring
- Privacy Management
- Reputation Management
- \$3 Million Protection Policy
- Unlimited Service Guarantee
- Full-Service Restoration
- NEW! Trend Micro Maximum Security
- NEW! VPN Proxy One
- NEW! Password Manager

#### CONNECTING

- Website: [legalshield.com](https://legalshield.com)
- Member Services: **800-654-7757**

## ID Theft Protection

Employee: \$12.95/month  
Family: \$22.95/month



# FINANCIAL EDUCATION

## Bank of America

### Financial Education Seminars

Coming soon!

Providing financial education through in-person presentations is an important part of our commitment to make the financial lives of our employees better. Bank of America and Merrill offer educational workshops on a broad range of financial topics designed to give you the confidence to make personal financial decisions.

#### **New Retirement Realities**

A discussion of the Seven Life Priorities for pre-retirees and what steps you can take to prepare for them.

#### **Financial Tips for your 50s and 60s**

Learn about key challenges and strategies as you prepare to transition from a regular pay check to retirement income.

#### **Plan for the Retirement You Want**

Covers the ways to prepare for retirement.

#### **Financial Fundamentals**

Designed to help you budget, manage debt and set goals.

#### **Financial Tips for your 20s and 30s**

Guidance for savings, emergency fund, renting vs buying, debt management, credit and future planning.

#### **Education Planning**

Overview of higher education costs, funding options (borrow or save) and tax-advantaged account types such as Section 529 plans and UTMA/UGMA accounts.

#### **Financial Tips for your 30s and 40s**

Strategies to manage some of the most common life priorities including home, family (children and caregiving) and retirement.

#### **Investing Basics**

This workshop provides a basic introduction to the world of investing, discussing goals and risk tolerance, differences between stocks, bonds and mutual funds and the importance of diversification.

#### **Home Ownership**

Learn more about home ownership and the home loan offers available through Bank of America.

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## Mortgages

Don Hinton, Senior Wealth Management Lending Officer is available to help families finance their homes. If you're thinking about buying a home, refinancing your current one, or applying for a home equity line of credit, Don can help you explore your options. Don't hesitate to contact him if you have any questions or want to get the process started.

### Don Hinton

Senior Wealth Management Lending Officer

Vice President NMLS ID: 455106

(925) 678-5549



# 401K

## Transamerica

Wise Auto offers a 401k plan through Transamerica to help you manage your retirement goals.

### 401k

Planning for your retirement doesn't have to be complicated. Transamerica makes it easy to set up your account and stay on track with your retirement savings goals.

| ELIGIBILITY & ENTRY  | REQUIREMENTS FOR ALL CONTRIBUTIONS |
|----------------------|------------------------------------|
| Age                  | 21 years old                       |
| Service              | 12 months of Service               |
| Hours of Service     | 1,000                              |
| Entry Service Period | Not Applicable                     |
| Entry Date           | Monthly                            |

| DEFERRALS AND EMPLOYEE CONTRIBUTIONS |  |  |
|--------------------------------------|--|--|
| When deferrals can be change         | Monthly  |  |
| When deferrals can be stopped        | Any date   |  |
| Auto Enrollment and features         | Yes  |  |
|                                      | Contribution arrangement   | Qualified automatic contribution arrangement (QACA)                        |
|                                      | Auto Enrollment percent  | 6% of Eligible Pay<br>Applied when participants enter or re-enter the plan |
| Rollovers                            | Allowed  |  |
| Matching Contributions               | Allowed  |  |
|                                      | The safe harbor matching contribution will be a 100% matching contribution on all Salary Deferrals you make to the Plan up to 3.5% of compensation. The safe harbor matching contribution is based on Salary Deferrals you make during each payroll period during the Plan year. |  |

For more details such as Loans, Withdrawals, Retirement and Other benefits about the 401k plan please visit our benefits website at: [mybenefits.cc/wiseautogroup](http://mybenefits.cc/wiseautogroup)

### CONNECTING

- Website: [transamerica.com](http://transamerica.com)
- Member Services: **800-755-5801**

# Benefits Help



HAVE A GENERAL QUESTION ABOUT BENEFITS?  
...CALL A TEAM MEMBER WITH OUR INSURANCE BROKER, ACRISURE:  
JULIE WEAVER, 916-235-4114  
KIRK ENNEY, 916-235-4115



EMAIL THE ACRISURE TEAM AT: [WISEAUTOBENEFITS@FILICE.COM](mailto:WISEAUTOBENEFITS@FILICE.COM)  
EMAIL THE WISE HR TEAM AT: [HRD@WISEAUTOGROUP.COM](mailto:HRD@WISEAUTOGROUP.COM)  
EMAIL THE WISE PAYROLL TEAM AT: [PAYROLL@WISEAUTOGROUP.COM](mailto:PAYROLL@WISEAUTOGROUP.COM)



REVIEW YOUR BENEFIT OPTIONS AND MAKE YOUR SELECTIONS. REMEMBER, YOUR CHOICES WILL BE LOCKED UNTIL THE END OF THE PLAN YEAR UNLESS YOU HAVE A QUALIFYING EVENT. THIS RULE APPLIES EVEN IF YOU WAIVED COVERAGE.

FOR MORE DETAILED INFORMATION REGARDING OUR BENEFITS PLEASE VISIT OUR EMPLOYEE BENEFITS WEBSITE AT:  
[MYBENEFITS.CC/WISEAUTOGROUP](http://MYBENEFITS.CC/WISEAUTOGROUP)

