



Employee Benefits Guide

2026

Effective January through December

YOUR GUIDE TO OUR EMPLOYEE BENEFITS PROGRAM



TABLE OF CONTENTS

WELCOME	<u>4</u>
FAQ	<u>5</u>
ENROLLING IN BENEFITS	<u>6</u>
PAYLOCITY	<u>7</u>
MEDICAL	<u>8</u>
MEDICAL - PREMIER LEVEL PLAN OPTIONS	<u>9</u>
MEDICAL - STANDARD LEVEL PLAN OPTIONS	<u>11</u>
MEDICAL - VALUE LEVEL PLAN OPTIONS	<u>13</u>
MEDICAL - HSA PLAN OPTIONS	<u>15</u>
WHAT IS A HSA?	<u>17</u>
DENTAL	<u>18</u>
VISION	<u>19</u>
LIFE & DISABILITY	<u>20</u>
SUPPLEMENTAL PLANS	<u>21</u>
FLEXIBLE SPENDING ACCOUNTS	<u>24</u>
PET INSURANCE	<u>25</u>
FINANCIAL EDUCATION	<u>26</u>
401K	<u>27</u>
BENEFITS HELP	<u>28</u>

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

FAQ

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

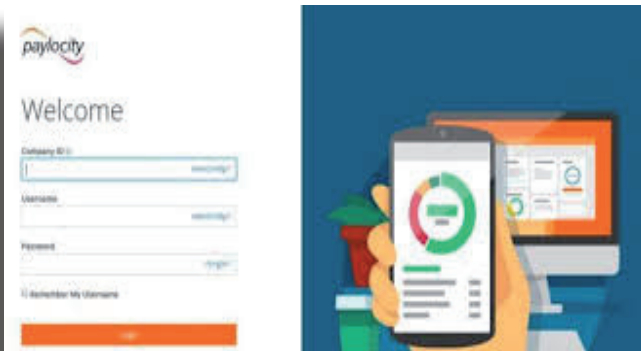
WHAT HAPPENS IF I HAVE A CHANGE IN STATUS?

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

The screenshot shows the 'Medical' section of the benefits review page. It includes a 'Back to Benefits' link and a 'View All Plans Side-by-Side' button. Two plan options are listed:

Plan Name	Cost	Action
BCBS Preferred-Care Blue PPO	Your Cost per pay period: \$404.82	Select
BCBS Preferred-Care Blue PPO (Post Tax)	Your Cost per pay period: \$404.82	Select

A note states: 'Premiums are deducted on a POST TAX basis, which will NOT lower your taxable income. If you would like Pre-Tax deductions, please select the Pre-Tax option instead.'

At the bottom, there is a 'Waive Medical' option with a 'Waive' button.

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

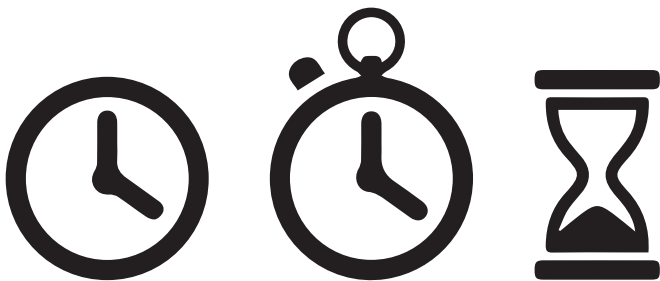
Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

 [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

- Lowest 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 PLAN HMO	KAISER HMO
Website	sutterhealthplan.org	kp.org
Member Services	855-315-5800	800-464-4000
Policy #	311816	605458
Benefits	Network Only	Network Only
Deductible	\$500 Individual \$1,000 Family	\$750 Individual \$1,500 Family
Out-of-Pocket Maximum	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Preventive Routine Exam	No charge	No charge
Office Visit Primary / Specialist	\$20 / \$40	\$30 / \$40
Urgent Care Visit	\$40	\$30
Outpatient Mental Health	\$20	\$30
Diagnostic Lab / X-ray	\$20 / \$10	\$15
Emergency Room Visit	10% after deductible	20% after deductible
Hospitalization	10% after deductible	20% after deductible
Outpatient Services	10% after deductible	20% after deductible
Tier 1 (i.e. Generic Medication)	\$10	\$15
Tier 2 (i.e. Brand Medication)	\$30	\$35
Tier 3 (i.e. Non-preferred Meds)	\$75	Not applicable
COVERAGE LEVEL	EE MONTHLY CONTRIBUTION	EE MONTHLY CONTRIBUTION
Employee Only	\$171.28	\$445.79
Employee + Spouse	\$885.20	\$1,572.93
Employee + Children	\$647.22	\$1,197.22
Employee + Family	\$1,361.16	\$2,324.36

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

Premier Level - Medical Plan Options (cont.)

SPECIFICATION	UNITEDHEALTHCARE PREMIER PPO	
Website	myuhc.com	
Member Services	866-633-2446	
Policy #	936835	
Benefits	Network (Select Plus)	Non-network*
Deductible	\$1,000 Individual \$2,000 Family	\$3,000 Individual \$6,000 Family
Out-of-Pocket Maximum	\$5,000 Individual \$10,000 Family	\$15,000 Individual \$30,000 Family
Preventive Routine Exam	No charge	Not covered
Office Visit Primary / Specialist	\$25 / \$50	50% after deductible
Urgent Care Visit	\$50	50% after deductible
Outpatient Mental Health	\$25	50% after deductible
Diagnostic Lab / X-ray	30%	50% after deductible
Emergency Room Visit	30% after deductible	30% after deductible
Hospitalization	30% after deductible	50% after deductible
Outpatient Services	30% after deductible	50% after deductible
Tier 1 (i.e. Generic Medication)	\$5	\$5
Tier 2 (i.e. Brand Medication)	\$35	\$35
Tier 3 (i.e. Non-preferred Meds)	\$75	\$75
COVERAGE LEVEL	EE MONTHLY CONTRIBUTION	
Employee Only	\$237.76	
Employee + Spouse	\$1,368.46	
Employee + Children	\$717.41	
Employee + Family	\$1,492.97	

The above is just a summary, please refer to the plan documents for details. *Non-Network providers may balance bill.

Standard Level - Medical Plan Options

SPECIFICATION	SUTTER HEALTH PLAN HMO	KAISER HMO
Website	sutterhealthplan.org	kp.org
Member Services	855-315-5800	800-464-4000
Policy #	311816	605458
Benefits	Network Only	Network Only
Deductible	\$1,000 Individual \$2,000 Family	\$1,500 Individual \$3,000 Family
Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Family	\$4,000 Individual \$8,000 Family
Preventive Routine Exam	No charge	No charge
Office Visit Primary / Specialist	\$40 / \$80	\$40 / \$50
Urgent Care Visit	\$80	\$40
Outpatient Mental Health	\$40	\$40
Diagnostic Lab / X-ray	\$40 / No Charge	\$15 after deductible
Emergency Room Visit	\$200 after deductible	30% after deductible
Hospitalization	\$250/day max 5 after deductible	30% after deductible
Outpatient Services	\$250 after deductible	30% after deductible
Tier 1 (i.e. Generic Medication)	\$10	\$15
Tier 2 (i.e. Brand Medication)	\$30	\$35
Tier 3 (i.e. Non-preferred Meds)	\$75	Not applicable
COVERAGE LEVEL	EE MONTHLY CONTRIBUTION	EE MONTHLY CONTRIBUTION
Employee Only	\$81.90	\$246.37
Employee + Spouse	\$670.10	\$1,134.22
Employee + Children	\$471.16	\$838.28
Employee + Family	\$1,067.99	\$1,726.13

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

Standard Level - Medical Plan Options (cont.)

SPECIFICATION	UNITEDHEALTHCARE STANDARD PPO	
Website	myuhc.com	
Member Services	866-633-2446	
Policy #	936835	
Benefits	Network (Select Plus)	Non-network*
Deductible	\$3,000 Individual \$6,000 Family	\$10,000 Individual \$20,000 Family
Out-of-Pocket Maximum	\$7,150 Individual \$14,300 Family	\$20,000 Individual \$40,000 Family
Preventive Routine Exam	No charge	Not covered
Office Visit Primary / Specialist	\$35 / \$70	50% after deductible
Urgent Care Visit	\$50	50% after deductible
Outpatient Mental Health	\$35	50% after deductible
Diagnostic Lab / X-ray	20% after deductible	50% after deductible
Emergency Room Visit	\$350 copay + 20% after deductible	\$350 copay + 20% after deductible
Hospitalization	\$350 copay + 20% after deductible	\$350 copay + 50% after deductible
Outpatient Services	\$350 copay + 20% after deductible	\$350 copay + 50% after deductible
Tier 1 (i.e. Generic Medication)	\$5	\$5
Tier 2 (i.e. Brand Medication)	\$35	\$35
Tier 3 (i.e. Non-preferred Meds)	\$75	\$75
COVERAGE LEVEL	EE MONTHLY CONTRIBUTION	
Employee Only	\$148.86	
Employee + Spouse	\$1,115.33	
Employee + Children	\$558.83	
Employee + Family	\$1,221.75	

The above is just a summary, please refer to the plan documents for details. *Non-Network providers may balance bill.

Value Level - Medical Plan Options

SPECIFICATION	SUTTER HEALTH PLAN HMO	KAISER HMO
Website	sutterhealthplan.org	kp.org
Member Services	855-315-5800	800-464-4000
Policy #	311816	605458
Benefits	Network Only	Network Only
Deductible	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
Out-of-Pocket Maximum	\$6,000 Individual \$12,000 Family	\$6,000 Individual \$12,000 Family
Preventive Routine Exam	No charge	No charge
Office Visit Primary / Specialist	\$20 / \$40	\$40 / \$50
Urgent Care Visit	\$40	\$40
Outpatient Mental Health	\$20	\$40
Diagnostic Lab / X-ray	\$20 / \$10	\$15 after deductible
Emergency Room Visit	30% after deductible	30% after deductible
Hospitalization	30% after deductible	30% after deductible
Outpatient Services	30% after deductible	30% after deductible
Tier 1 (i.e. Generic Medication)	\$10	\$15
Tier 2 (i.e. Brand Medication)	\$30	\$35
Tier 3 (i.e. Non-preferred Meds)	\$75	Not applicable
COVERAGE LEVEL	EE MONTHLY CONTRIBUTION	EE MONTHLY CONTRIBUTION
Employee Only	\$70.98	\$230.01
Employee + Spouse	\$611.52	\$1,079.33
Employee + Children	\$429.97	\$796.22
Employee + Family	\$974.63	\$1,645.53

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

Value Level - Medical Plan Options (cont.)

SPECIFICATION	UNITEDHEALTHCARE VALUE PPO	
Website	myuhc.com	
Member Services	866-633-2446	
Policy #	936835	
Benefits	Network (Select Plus)	Non-network*
Deductible	\$6,000 Individual \$12,000 Family	\$18,000 Individual \$36,000 Family
Out-of-Pocket Maximum	\$8,550 Individual \$17,100 Family	\$25,600 Individual \$51,200 Family
Preventive Routine Exam	No charge	Not covered
Office Visit Primary / Specialist	\$35 / \$70	50% after deductible
Urgent Care Visit	\$50	50% after deductible
Outpatient Mental Health	\$35	50% after deductible
Diagnostic Lab / X-ray	30% after deductible	50% after deductible
Emergency Room Visit	30% after deductible	30% after deductible
Hospitalization	30% after deductible	50% after deductible
Outpatient Services	30% after deductible	50% after deductible
Tier 1 (i.e. Generic Medication)	\$5	\$5
Tier 2 (i.e. Brand Medication)	\$35	\$35
Tier 3 (i.e. Non-preferred Meds)	\$75	\$75
COVERAGE LEVEL	EE MONTHLY CONTRIBUTION	
Employee Only	\$62.87	
Employee + Spouse	\$931.41	
Employee + Children	\$431.31	
Employee + Family	\$1,027.05	

The above is just a summary, please refer to the plan documents for details. *Non-Network providers may balance bill.



HSA Medical Plan Options

SPECIFICATION	SUTTER HEALTH PLAN HSA HMO	KAISER HSA HMO
Website	sutterhealthplan.org	kp.org
Member Services	855-315-5800	800-464-4000
Policy #	311816	605458
Benefits	Network Only	Network Only
Deductible	\$4,000 Individual \$8,000 Family	\$4,500 Individual \$9,000 Family
Out-of-Pocket Maximum	\$6,500 Individual \$13,000 Family	\$6,250 Individual \$12,500 Family
Preventive Routine Exam	No charge	No charge
Office Visit Primary / Specialist	\$40 after ded / \$80 after ded	\$40 after ded / \$50 after ded
Urgent Care Visit	\$80 after deductible	\$40 after deductible
Outpatient Mental Health	\$40 after deductible	\$40 after deductible
Diagnostic Lab / X-ray	\$40 after ded / \$15 after ded	40% after deductible
Emergency Room Visit	\$300 after deductible	\$250 after deductible
Hospitalization	\$500/day max 5 after deductible	40% after deductible
Outpatient Services	\$250 after deductible	40% after deductible
Tier 1 (i.e. Generic Medication)	\$10 after deductible	\$15 after deductible
Tier 2 (i.e. Brand Medication)	\$30 after deductible	\$35 after deductible
Tier 3 (i.e. Non-preferred Meds)	\$75 after deductible	Not applicable
COVERAGE LEVEL	EE MONTHLY CONTRIBUTION	EE MONTHLY CONTRIBUTION
Employee Only	\$0.00	\$119.11
Employee + Spouse	\$441.97	\$829.06
Employee + Children	\$291.32	\$592.41
Employee + Family	\$743.55	\$1,302.35

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

HSA Medical Plan Options (cont.)

SPECIFICATION	UNITEDHEALTHCARE HSA PPO	
Website	myuhc.com	
Member Services	866-314-0335	
Policy #	936835	
Benefits	Network (Select Plus)	Non-network*
Deductible	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
Out-of-Pocket Maximum	\$6,500 Individual \$13,000 Family	\$13,000 Individual \$26,000 Family
Preventive Routine Exam	No charge	Not covered
Office Visit Primary / Specialist	30% after deductible	50% after deductible
Urgent Care Visit	30% after deductible	50% after deductible
Outpatient Mental Health	30% after deductible	50% after deductible
Diagnostic Lab / X-ray	30% after deductible	50% after deductible
Emergency Room Visit	30% after deductible	30% after deductible
Hospitalization	30% after deductible	50% after deductible
Outpatient Services	30% after deductible	50% after deductible
Tier 1 (i.e. Generic Medication)	\$15 after deductible	\$15 after deductible
Tier 2 (i.e. Brand Medication)	\$35 after deductible	\$35 after deductible
Tier 3 (i.e. Non-preferred Meds)	\$75 after deductible	\$75 after deductible
COVERAGE LEVEL	EE MONTHLY CONTRIBUTION	
Employee Only	\$40.22	
Employee + Spouse	\$835.04	
Employee + Children	\$377.38	
Employee + Family	\$922.55	

The above is just a summary, please refer to the plan documents for details. *Non-Network providers may balance bill.

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 one of our HSA compatible medical plans, you may be eligible for a HSA bank account, and a \$25 per month contribution into your HSA bank account.

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 for more details on what are eligible expenses.

2026 HSA CONTRIBUTION LIMITS	SELF COVERAGE IN HSA MEDICAL PLAN	FAMILY COVERAGE IN HSA MEDICAL PLAN
Total Annual Contributions	\$4,400	\$8,750

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 \(bankofamerica.com\)](https://www.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 Per covered person/year	\$2,000	\$1,500	\$2,500	\$2,000
Preventive Services Exam, cleanings, x-ray	No charge	Excess charges	No charge	Excess charges
Basic Services Fillings, periodontics, endodontics	20%	20% + excess charges	20%	20% + excess charges
Major Services Crowns, bridges, implants	50%	50% + excess charges	50%	50% + excess charges
Orthodontia Lifetime Maximum *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
- 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
- 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 ¹
Basic Life	\$10,000
Accidental Death & Dismemberment	\$10,000

¹Benefits 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 ¹	GUARANTEE ISSUE ²
You	\$10,000 to \$500,000	\$200,000
Spouse	\$5,000 to \$100,000 ³	\$40,000
Child(ren)	\$10,000	\$10,000

CONNECTING

- Website: principal.com
- Member Services: **800-245-1522**

¹Please refer to the Certificate of Coverage for benefit reduction schedule.

²Guarantee issue is the amount of coverage you can buy without providing health information at the time of hire.

³Your 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
- 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

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

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

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

CONNECTING

- Website: 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.

TERM OPTIONS	10 year, 20 year, 30 year
EMPLOYEE ISSUE MAX (AGES 17-49)	\$200,000
EMPLOYEE ISSUE MAX (AGES 50-65)	\$100,000
SPOUSE ISSUE MAX (AGES 17-49)	\$50,000
SPOUSE ISSUE MAX (AGES 50-65)	\$25,000
RENEWABLE	To age 90
CONVERTIBLE	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

Whole Life Insurance

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

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



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

- \$3,400 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 \$680 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

- \$3,400 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

- \$7,500 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
- Member Services: **800-631-3539**

& OTHER BENEFITS



CONNECTING

- Email: support@insurefigo.com
- Member Services: **844-738-3446**

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

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 to get a custom quote.



FINANCIAL EDUCATION

Bank of America

Financial Education Seminars

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.

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 401k

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

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 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

CONNECTING

- Website: 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, ACCOUNT MANAGER, 916-235-4114
KIRK ENNEY, SR. ACCOUNT MANAGER, 916-235-4115



EMAIL THE ACRISURE TEAM AT: WISEAUTOBENEFITS@ACRISURE.COM
EMAIL THE WISE HR TEAM AT: HRD@WISEAUTOGROUP.COM
EMAIL THE WISE PAYROLL TEAM AT: 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

