BENEFITS DESIGNED WITH YOU IN MIND

Believe in nice.

20
26

Employee Benefits Guide

Welcome
To Dick Hannah Dealerships' Benefits Overview

We're committed to delivering exceptional service to our customers to ensure their satisfaction and provide the very best for them and their families. As a valuable team member at Dick Hannah Dealerships, we extend this high level of care to you.

We offer an array of benefits to support you in protecting and caring for yourself and your loved ones. These benefits are designed to help you lead a healthy and stress-free life. We encourage you to thoroughly review the information in this guide to select the most suitable coverage for you and your family.

TABLE OF CONTENTS

Eligibility

You are eligible to participate in the Dick Hannah Dealerships' benefit plans on the first day of the month following 60 days of continuous employment if you are a regular, full-time employee working 30 hours or more per week.

Dependent Eligibility

Your eligible dependents have access to many of the benefits we offer. Eligible dependents include:

- Your spouse or domestic partner
- Dependent children who are:
    - Up to age 26 for all available coverage options
    - Any age for unmarried dependent children who are mentally or physically handicapped and meet certain requirements.

Making Changes During the Year

If you experience a qualified change in family status, you will have the opportunity to make mid-year changes to your benefit elections. **Changes must be made within 30 days of the event date.** Examples of a qualified change in family status include, but are not limited to, the following:

- Marriage or divorce
- Birth or adoption of a child
- Change in employment for you or your spouse that affects your benefit eligibility
- Loss of other health coverage
- Enrollment or ceasing to be enrolled in Medicare or Medicaid.

It is your responsibility to notify Dick Hannah Dealerships within 30 days after a qualifying event. Any benefit changes must be directly related to the qualified change in family status.

Enrolling in Your Benefits

You can enroll for coverage on the first of the month following 60 days of your hire date or during the annual Open Enrollment period. If you do not enroll for coverage within 30 days of your eligibility date or during Open Enrollment, you will not receive health coverage during the plan year, unless you experience a qualified change in family status (see Making Changes During the Year for details).

Enrollment Instructions

Prior to enrolling or making changes, it is best to verify you have the correct dependents and beneficiaries. Go to HOME > MYSELF > Personal Information > Dependents & Beneficiaries > +ADD or go to the ACTION arrow on the right.

You will begin enrollment/make changes in ADP. Login to ADP Workforce Now > MYSELF > Benefits > Enrollments > 2026 Open Enrollment (or 2026 New Hire) > Start.

For further directions and information, go to **www.dickhannah.com/enrollment**.

Medical Coverage for Guarding Your Greatest Wealth

Your health is not just important to you; it's important to us too. We believe you should always have access to the medical care you need. That's why we offer comprehensive medical coverage for you and your family through Kaiser Permanente. You can choose from a variety of health plans to fit your budget and your lifestyle. All of our medical plans come with free in-network preventive care to help you stay healthy and enjoy more out of life.

For more information on your medical plan options, visit the websites listed on **page 16**.

Connect with Your Doctor

When you have questions about your health, don't hesitate to reach out to a trusted health professional. Visit **www.kp.org** to manage your healthcare and email your doctor. Call the NurseLine at (800) 813-2000 when you need advice about a medical condition.

Health Tip: Don't Forget to Schedule Your Annual Preventive Care Visit!

Preventive care visits are critical to your overall health. Routine checkups and screenings can help you avoid serious health problems, work as a team with your doctor to manage your overall health and reach your health and wellness goals.

The beginning of the year is a great time to schedule your no-cost annual preventive care visit with your in-network provider. Preventive care visits include screenings, exams, tests and immunizations to identify health problems early. This enables you to take action and keep treatable health issues from becoming chronic conditions.

Telehealth

- Available 24 / 7 / 365
- Minor illnesses
- Minor infections
- Cold & flu
- Allergies
- After-hours care
- Via phone or web

Doctor's office

- Routine care
- Immunizations
- General health management
- Easy point of entry to health care
- Knows your health history
- No costs for preventive care

Convenience Care Clinic

- Non-urgent condition when your doctor is unavailable
- Common infections
- Flu shots
- Minor cuts
- Cold or sore throat
- Earaches
- Conveniently located at stores such as CVS, Target, HEB, Kroger & Walgreens

Urgent Care Clinic

- Minor illness or injury and your doctor is not available
- You need care quickly, but it's not an emergency
- Sprains
- Strains
- Minor broken bones
- Minor infections
- Minor burns
- Shorter wait time than emergency room
- Xray & Lab Services
- Open evenings & weekends

Emergency room

- Immediate treatment of a very serious or critical condition
- Uncontrolled bleeding
- Large wounds
- Chest pain
- Signs of heart attack
- Spinal injuries
- Severe head injury
- Difficulty breathing
- Possible stroke

Do not ignore an emergency. If a situation seems life-threatening, take action

Call 911

Benefit Terms & Definitions

Coinsurance – The percentage of eligible healthcare expense you pay after you meet any required annual deductible.

Copayments (copay) - The Fixed dollar amount you pay for certain services.

Deductible – The amount you must pay each year before your plan begins to pay for covered healthcare expenses.

Dependent – An individual who qualifies for benefits based on their relationship to someone else as opposed to their own employment status (e.g., a spouse, domestic partner, child, step-child, etc.).

Employer Contribution – The amount your employer pays toward your benefits package or health insurance premium.

Health Savings Account (HSA) – A tax free account that is established by the employee who is covered by a High Deductible Health Plan.

HMO – Health Maintenance Organization. Generally does not cover out-of-network providers.

In-Network Provider – A provider or facility contracted with a health plan to provide services at a negotiated discount.

Maximum Benefits – The total amount payable by a plan per plan year.

Out-of-Network Provider – A provider who does not have a contract with the health plan. Note: Some plans will not cover services performed by out-of-network providers.

Out-of-Pocket Maximum – The most you will pay for services in a year before your plan begins to pay 100% of eligible expenses. Note: Monthly insurance premiums are not included in this and must continue to be paid even after the Out-of-Pocket Maximum has been met.

POS – Point of Service.

PPO – Preferred Provider Organization.

Preventive Care – Measures taken for disease, prevention, as compared to disease management.

Primary Care Provider – Also referred to as a General Practitioner, provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions not limited by cause, organ system, or diagnosis.

Qualified High Deductible Health Plan (or HDHP) – A qualified plan as defined by the IRS. No first dollar benefits, all services are subject to the deductible before the plan will pay. The exception is preventive care, as defined by the IRS.

Kaiser POS Medical Plan

Plan Features	Kaiser QHDHP + HSA POS Basic Plan			Kaiser POS Platinum Plan		
	Select Providers	PPO Providers	Non-Participating Providers	Select Providers	PPO Providers	Non-Participating Providers
Calendar Year Deductible Individual/Family	$2,800 / $5,600	$3,600 / $7,200	$4,600 / $9,200	$2,000 /$6,000	$4,000 / $12,000	$6,000 / $16,800
Out-of-Pocket Maximum Individual/Family	$4,000 / $8,000	$5,000 / $10,000	$6,000 / $12,000	$5,500 / $11,000	$7,350 / $14,700	$9,000 / $18,000
Company Annual HSA Contribution Individual / Family		$2,000 / $4,000			N/A	
		You Pay:			**You Pay:**	
Preventive Care Visit	Covered in full	Covered in full	30% after ded.	Covered in full	Covered in full	40% after ded.
Telehealth Visit	$0 after ded.	$0 after ded.	30% after ded.	$0 copay	$0 copay	40% after ded.
Primary Care Visit	10% after ded.	20% after ded.	30% after ded.	$25 copay	$35 copay	40% after ded.
Specialist Visit	10% after ded.	20% after ded.	30% after ded.	$35 copay	$45 copay	40% after ded.
Lab & X-ray	10% after ded.	20% after ded.	30% after ded.	$25 copay	$35 copay	40% after ded.
Urgent Care	10% after ded.	20% after ded.	30% after ded.	$45 copay	$55 copay	40% after ded.
Emergency Room		10% after ded.			20% after deductible	
Outpatient & Inpatient Hospital Services	10% after ded.	20% after ded.	30% after ded.	20% after ded.	30% after ded.	40% after ded.
Outpatient Mental Health	10% after ded.	20% after ded.	30% after ded.	$25 copay	$35 copay	40% after ded.
Acupuncture (12 visits/year)	10% after ded.	20% after ded.	30% after ded.	$35 copay	$45 copay	40% after ded.
Chiropractic (12 visits/year)	10% after ded.	20% after ded.	30% after ded.	$35 copay	$45 copay	40% after ded.
Naturopathy	10% after ded.	20% after ded.	30% after ded.	$25 copay	$35 copay	40% after ded.
Prescription Drugs: Retail (up to a 30-day supply)						
Generic	$15 copay after ded.	At MedImpact Pharmacy: $20 copay after deductible		$15 copay	At MedImpact Pharmacy: $20 copay	
Preferred Brand	$30 copay after ded.	$40 copay after deductible		$30 copay	$40 copay	
Non-Preferred Brand	$50 copay after ded.	$60 copay after deductible		$50 copay	$60 copay	
Prescription Drugs: Mail Order (up to a 90-day supply)						
Generic	$30 copay after ded.	MedImpact Mail-Order call CVS Caremark 800-237-2767		$30 copay	MedImpact Mail-Order call CVS Caremark 800-237-2767	
Preferred Brand	$60 copay after ded.			$60 copay		
Non-Preferred Brand	$100 copay after ded.			$100 copay		

Medical Premiums

Premiums are deducted pre-tax, except for domestic partners which are deducted post-tax.

Plan Features	Kaiser QHDHP + HSA POS Basic Plan			Kaiser POS Platinum Plan		
	Tier 1 <$50,000	Tier 2 $50k – <$100,000	Tier 3 $100,000+	Tier 1 <$50,000	Tier 2 $50k – <$100,000	Tier 3 $100,000+
Employee Only	$271.99	$303.99	$336.99	$431.83	$463.83	$496.83
Employee + Spouse	$911.97	$943.97	$976.97	$1,193.66	$1,225.66	$1,258.66
Employee + Child(ren)	$783.85	$815.85	$848.85	$1,041.14	$1,073.14	$1,106.14
Employee + Family	$1,551.96	$1,583.96	$1,616.96	$1.955.48	$1,987.48	$2,020.48

Kaiser HMO Medical Plan Comparison

Plan Features	Kaiser QHDHP + HSA HMO Basic Plan	Kaiser HMO Platinum Plan
	In-Network Only	In-Network Only
Calendar Year Deductible Individual/Family	$4,000 / $8,000	$2,000 / $6,000
Out-of-Pocket Maximum Individual/Family	$6,650 / $13,300	$7,350 / $14,700
Company Annual HSA Contribution Individual / Family	$2,000 / $4,000	N/A
	You Pay:	**You Pay:**
Preventive Care Visit	Covered in full	Covered in full
Telehealth Visit	$0 after ded.	$0 copay
Primary Care Visit	30% after deductible	$30 copay
Specialist Visit	30% after deductible	$40 copay
Lab & X-ray	30% after deductible	$30 copay
Urgent Care	30% after deductible	$50 copay
Emergency Room	30% after deductible	20% after deductible
Outpatient & Inpatient Hospital Services	30% after deductible	20% after deductible
Outpatient Mental Health	30% after deductible	$30 copay
Acupuncture (12 visits/year)	30% after deductible	$40 copay
Chiropractic (12 visits/year)	30% after deductible	$40 copay
Naturopathy	30% after deductible	$30 copay
Prescription Drugs: Retail (up to a 30-day supply)		
Generic	$15 copay after deductible	$15 copay
Preferred Brand	$30 copay after deductible	$30 copay
Non-Preferred Brand	$50 copay after deductible	$50 copay
Prescription Drugs: Mail Order (up to a 90-day supply)		
Generic	$30 copay after deductible	$30 copay
Preferred Brand	$60 copay after deductible	$60 copay
Non-Preferred Brand	$100 copay after deductible	$100 copay

Medical Premiums

Premiums are deducted pre-tax, except for domestic partners which are deducted post-tax.

Plan Features	Kaiser QHDHP + HSA HMO Basic Plan			Kaiser HMO Platinum Plan		
	Tier 1 <$50,000	Tier 2 $50k – <$100,000	Tier 3 $100,000+	Tier 1 <$50,000	Tier 2 $50k – <$100,000	Tier 3 $100,000+
Employee Only	$113.20	$146.20	$178.20	$280.09	$313.09	$345.09
Employee + Spouse	$551.40	$584.40	$616.40	$885.18	$918.18	$950.18
Employee + Child(ren)	$463.67	$496.67	$528.67	$764.04	$797.04	$829.04
Employee + Family	$989.60	$1,022.60	$1,054.60	$1,490.27	$1,523.27	$1,555.27

How the Health Savings Account (HSA) Works

When you choose a Kaiser QHDHP with HSA plan, you are eligible for an HSA. You are responsible for the applicable deductible amounts as specified for each plan.

Your responsibility

To help you pay for your annual deductible, the company contributes up to $2,000 (individual) or $4,000 (family) per year. Contributions are made per paycheck.

Company HSA Contribution

Once your deductible is met, your plan pays for a portion of your eligible medical expenses (coinsurance), up to the out-of-pocket maximum.

Plan pays majority

You pay what's left

After you reach the out-of-pocket maximum, your plan pays 100% of all eligible medical and prescription drug costs for the remainder of the year.

Plan pays 100%

FAQs

If I have family coverage, can I use the HSA?

Absolutely. You can contribute up to the family IRS maximum and use your funds to pay healthcare expenses for you and your covered dependents.

How do I get reimbursed?

When you enroll in the HSA, you'll receive an HSA Bank debit card to use to pay for eligible expenses, or you can submit your claim online through your account at **www.hsabank.com**.

What happens if I leave Dick Hannah?

Your HSA is yours to keep if you retire or leave the company. If you're considering retirement, HSAs are a great retirement savings account. You can contribute up to the annual maximum (including the age 55+ catch-up contribution) with pre-tax dollars to pay for healthcare after you retire.

Health Savings Account (HSA) Frequently Asked Questions

If you enroll in a Kaiser QHDHP with an HSA plan, you may be eligible to open a Health Savings Account through HSA Bank to help pay for eligible healthcare expenses not covered under your medical, dental, or vision plans. An HSA makes it easy to pay current healthcare costs and save for future healthcare needs in retirement.

What are the benefits of an HSA?

- The company contributes FREE money to your account!
- You can set aside pre-tax money to pay for additional out-of-pocket healthcare expenses via payroll deduction.
- The HSA is your bank account, and the funds never expire. This account will stay with you if you leave the company or switch to a traditional PPO or POS plan in the future, you just won't be able to continue contributing to it.
- All unused funds roll over from year to year.
- Investment options are available. Learn more at **www.hsabank.com.**
- HSAs make a great retirement savings account for healthcare.

How are contributions made to an HSA?

If you enroll in the HSA effective January 1, the company contributions will be automatically deposited into your account according to the following schedule:

1. **January (1 payment)**
   - Employee = $185
   - Employee + Dependent(s) = $370
2. **February - December (11 monthly payments)**
   - Employee = $165
   - Employee + Dependent(s) = $330

If you are a newly eligible plan participant after January 1, the company HSA contributions will be made on a monthly basis based on the contributions for February through December.

You can also contribute pre-tax dollars from your paycheck up to the annual IRS maximums to pay for eligible healthcare expenses. When you enroll in an HSA, you will receive an HSA Bank debit card. You can also submit claims online through your account at **www.hsabank.com**. HSA Bank charges a small monthly fee to service the account. HSA contributions cannot exceed the annual IRS maximums listed below:

Coverage Type	2026 IRS Maximum Contribution Limit	2026 Dick Hannah HSA Contribution	2026 Maximum Employee Contribution
Individual Coverage	$4,400	$2,000	$2,400
Family Coverage	$8,750	$4,000	$4,750
Age 55+ Catch-up Contribution	Additional $1,000		

How can you benefit from tax savings?

An HSA provides triple tax savings:

- Contributions to your HSA can be made with pre-tax dollars and any after-tax contributions. you make are tax deductible
- HSA funds earn interest and investment earnings are tax-free.
- When used for IRS-qualified medical expenses, distributions are tax-free.

What about the fine print?

An HSA provides triple tax savings:

- You must be enrolled in a qualified High Deductible Health Plan (HDHP) (the Basic with HSA plan).
- You cannot be covered under another non-qualified health plan, including Dick Hannah's Platinum Plan or your spouse's Healthcare Flexible Spending Account.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.

Questions? Refer to IRS Publication 969 for complete HSA rules.

Flexible Spending Accounts (FSAs)
Maximize Savings, Minimize Taxes

Healthcare Expense Account

The healthcare expense account allows you to fund your out-of-pocket medical, dental and vision expenses, such as copays and deductibles, with pre-tax dollars. By paying for out-of-pocket medical expenses with pre-tax dollars, you will save a minimum of $.23 per dollar because you do not pay Federal Income Tax or FICA tax on your contributions. Dick Hannah Dealerships allows a voluntary contribution of up to $3,400 per plan year into your healthcare expense account.

Eligible healthcare expenses include out-of-pocket costs associated with medical, dental, and vision expenses. This also includes most over-the-counter (OTC) drugs, medicines and supplies. For a complete description you may review Publication 502 from the IRS.

Please note: If you are enrolled in a Health Savings Account, you are not eligible to participate in the healthcare expense account.

Tax Dependents

The IRS allows eligible expenses for non-tax dependent children who are 26 or younger as of December 31 to be run through the FSA plan.

IRS regulations do not allow domestic partner claims to be submitted for reimbursement through the FSA unless they qualify as a tax dependent under Code Section 152.

What are the Risks of FSAs?

FSAs should only be considered for anticipated expenses. You should be conservative when estimating the amount to contribute to the account. If you have an unspent balance of $680 or less left in your FSA as of December 31, this will roll over and can be used for 2027 expenses. If you overestimate your expenses and have money left in the account at the end of the year, any amount over $680 will be forfeited. For a small percentage of participants, Social Security retirement benefits may be affected by participating in FSAs. Participation in this plan reduces your W-2 income, on which retirement benefits are based.

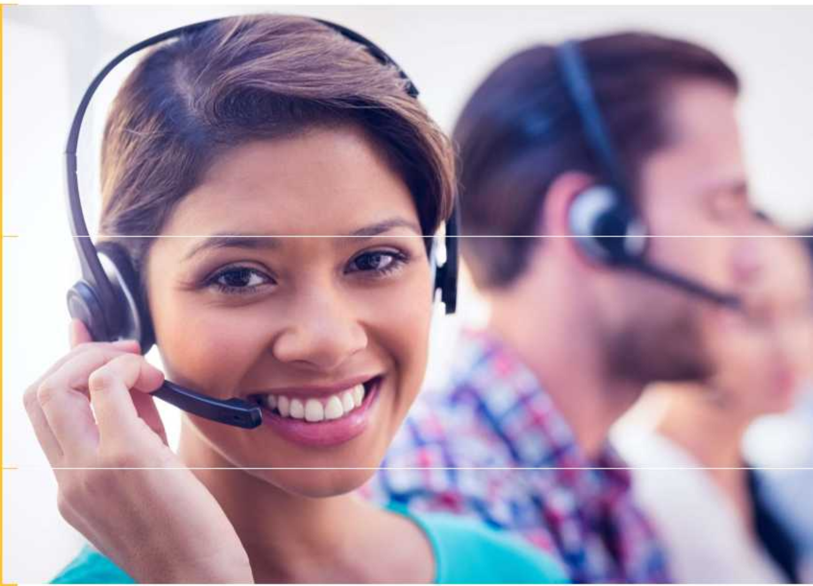
What Happens if You Terminate Employment?

If your employment terminates prior to the end of the plan year, the remaining balance will not be eligible for carryover into the following plan year. You will have 30 days to file claims for expenses incurred before your termination date. Any funds remaining in your account after the 30-day filing deadline will be forfeited. Upon termination, you may choose to elect COBRA continuation for your spending account benefit.

Contact Info

Member Services – (888) 882-1498 ext. 2
Customer Service – flex@accrueCMS.com
Claims – Claims@AccrueCMS.com
Website – cobramanagement.com/fsa
Mailing Address
PO Box 53525, Bellevue, WA 98015

Mobile App
Google – https://bit.ly/33H3aPA
Apple – https://Apple.co/2jbgemZ



Dental Coverage

To keep your smile healthy and bright, Dick Hannah Dealerships offers two dental plans through MetLife. With preventive services fully covered, having a winning smile has never been so easy. Regular dental checkups can help find early warning signs of certain health problems, which means you get the care you need. Your dental coverage also includes basic and major services to fix any problems as soon as they occur. You are free to choose any dentist at the time you need care. Plan benefits are highest when you use an in-network dentist.

Dental Plan Features	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	You Pay:		You Pay:	
Annual Deductible	$25 individual $75 family	$50 individual $150 family	$25 individual $75 family	$50 individual $150 family
Maximum Annual Benefit	**$1,000 per person**		**$2,000 per person**	
Preventive Services (Exams, x-rays, cleanings)	Covered in full	20% after deductible	Covered in full	20% after deductible
Basic Services (Fillings, endodontics, Periodontics, Oral Surgery)	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Major Services (Crowns, bridges, dentures)	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia	Not covered	Not covered	50% up to $1,500 per person per lifetime Ortho applies to adults and children (up to dependent age limit)	

Dental Premiums

Premiums are deducted pre-tax, except for domestic partners which are deducted post-tax.

Coverage Level	Low Plan $1,000 Maximum	High Plan $2,000 Maximum
Employee Only	$15.19	$28.42
Employee + Spouse/Domestic Partner	$50.63	$75.49
Employee + Child(ren)	$48.77	$76.48
Employee + Family	$84.42	$123.29

Voluntary Vision Coverage

The vision plan includes benefits for eye exams, eyeglasses, and contact lenses through MetLife. You may visit a doctor within the network and take advantage of higher benefits coverage or visit an out-of-network provider of your choice for a reduced benefit.

Vision Plan Features	Vision Care		
	Frequency	In-Network	Out-of-Network Allowance
Routine Eye Exam	Once every 12 months	$10 copay	Up to $45
Materials Copay		$25 copay	See below:
Lenses	Once every 12 months	Covered in full after $25 copay	Single Vision: Up to $30 Bifocal: Up to $50 Trifocal: Up to $65 Progressive: Up to $50
Frames	Once every 24 months	$130 allowance after $25 copay Costco: $70 allowance after $25 copay	Up to $70
Contacts	In lieu of glasses Once every 12 months	Contact fitting and evaluation: Covered with a discount Elective Lenses: $130 allowance Medically necessary: Covered in full after $25 copay	Elective lenses: Up to $105 Medically necessary: Up to $210

Vision Premiums

Premiums are deducted pre-tax, except for domestic partners which are deducted post-tax.

Coverage Level	MetLife Vision
Employee Only	$6.95
Employee + Spouse/Domestic Partner	$13.94
Employee + Child(ren)	$11.80
Employee + Family	$19.46

Disability Coverage for Financial Stability

Voluntary Short-Term Disability (STD)

Short-Term Disability provides partial income replacement if you are disabled and unable to work due to an illness or injury. You have the opportunity to purchase Voluntary STD coverage through MetLife for a minimal cost out of your paycheck. Benefits will begin after a 7-day waiting period and will cover 60% of your pre-disability earnings up to a maximum of $1,000 per week up to 26 weeks.

Voluntary Long-Term Disability (LTD)

You also have the opportunity to purchase additional income replacement protection with the Voluntary Long-Term Disability plan through MetLife. When you meet the definition of disability as outlined in the plan documents, benefits will begin after a 180-day waiting period. The LTD plan will replace 60% of your pre-disability monthly earnings to a maximum of $5,000 per month.

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

Basic Life and AD&D Insurance

As an important part of your personal financial planning, Dick Hannah Dealerships offers you Basic Life and AD&D insurance. Basic Life pays a benefit to your named beneficiary in the event of your death. AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. For both Basic Life and AD&D insurance, you receive a benefit of $10,000. You must choose a beneficiary to receive the benefits in the event of your death.

Voluntary Life and AD&D Insurance

You also have the opportunity to purchase additional life insurance for yourself, your spouse, and children at group rates through MetLife. The chart describes the amounts of additional voluntary insurance you may purchase. Evidence of Insurability (EOI) will be required if you add or increase your elections outside of your initial enrollment period.

	Voluntary Life and AD&D Insurance		
	Employee	**Spouse**	**Child**
Increments	$10,000 increments	$5,000 increments	Flat $1,000, $2,000, $4,000, $5,000, or $10,000
Maximum	5x annual salary up to $500,000	50% of employee amount, up to $100,000	*Note: For children under 6 months of age, the benefit is limited to $1,000.*
Guarantee Issue* (Available during initial enrollment only, no EOI)	$100,000	$50,000	$10,000

*Guarantee Issue is the amount of coverage you are able to choose without Evidence of Insurability (EOI).

Time Off: Every Hero Deserves a Break

Paid Time Off (PTO)

We believe a healthy work life balance is crucial to an individual's success, which is why we are proud to offer some of the most competitive PTO compensation in the industry. All new, regular full-time employees begin accruing 4 hours of PTO per pay period and that time increases after your first year. Part-time employees will accrue PTO at an hourly rate of .046 regardless of tenure.

Full-Time Employees (30 hours or more per work week): PTO accruals are based on your length of continuous service as an employee with the Company as shown below.

Full-Time Employees (Exempt, Non-Exempt)					
PTO Bank		Estimated PTO earned			
Tenure	Per Pay Period Hours Worked	Per Month (hours)	Per Year (hours)*	Per Year (days)	Per Year (weeks)
0 – 2 **	4	8	96	12	2.4
2 – 5	6	12	144	18	3.8
5 – 10	7	14	168	21	4.2
10 – 20	8	16	192	24	4.8
20+	9	18	216	27	5.4

** Carryover of your PTO Bank is capped at annual rate based on tenure, see Table at Carryover in the PTO Policy, in Compli.*

***0-2 years = 1st day through 1st year, 2-5 years = 2nd year through 4th year, etc.*

Prepare for the Future with a 401(k) Savings Plan

Saving money for your retirement is an important part of your financial planning. To assist you in meeting your financial goals, Dick Hannah Dealerships sponsors a 401(k) plan through ADP.

Employees age 18 and above who have completed one year of employment are eligible to enroll in either a Roth IRA or regular plan. Dick Hannah Dealerships matches 25% of up to your first 6% you contribute, and you are vested 100% immediately. You may elect to contribute up to the IRS maximum contribution each year plus catch-up contributions if you are at least 50 before the end of the year.

All newly eligible employees are auto enrolled in Dick Hannah Dealerships 401(k) at 3%, employees can opt out if they do not want to participate.

Employee Assistance Program (EAP) - Confidential Assistance

Life does not always go smoothly. All of us experience times when a personal problem or crisis affects the way we function at work or home. Your **Canopy Employee Assistance Program (EAP)** is a problem-solving resource available to you and your household members.

This program is free for all employees and household members. Your EAP has been set up with Canopy's outside counseling resources to ensure your confidentiality. You and your household members can contact clinicians 24/7 over the phone.

Confidential Counseling

- Up to 6 in-person or virtual sessions with a counselor per issue/incident.

Resources for Life

Contact Canopy for assistance with locating resources and information related to childcare, eldercare, caregiving, and anything else you may need.

Financial and Legal Services

- Access to a certified financial coach who will work with you to understand your current financial situation and set goals to work toward financial wellness.
- Contact Canopy for a free 30-minute legal consultation. A 25% discount from the attorney's/mediator's normal rate thereafter.

Identity Theft

Up to a 60-minute free consultation with a highly trained Fraud Resolution Specialist (FRS) who will help to restore identity, good credit, and dispute fraudulent debts.

Home Ownership Program

This exclusive program will make the decision to purchase, sell or refinance your home easier and less expensive. Canopy partners with Advantage Home Plus to give you access to a network of prescreened, mortgage and real estate professionals to receive significant discounts.

Coaching and Wellbeing Tools

Meet with a coach to support goal setting, healthy habits, and personal development. Access fertility health support, wellness and gym discounts, online legal tools and a will kit questionnaire online.

Virtual Care Navigator

Just answer a few questions to receive your personal 'My Plan' recommendations and fast connections to:

- Counseling and coaching
- Financial, legal, and family resources
- Digital tools and training

Get Started with Canopy Today

Call: 1 (800) 433-2320

Visit: my.canopywell.com

Access Code: Dick Hannah Dealerships

Ready to Assist

Benefit	Contact	Policy Number	Phone	Website
Medical & Prescription Drug	Kaiser Permanente NurseLine	10720	(800) 813-2000	www.kp.org
Health Savings Account (HSA)	HSA Bank	N/A	(800) 357-6246	www.hsabank.com
Dental	MetLife	238355	(800) 438-6388	www.metlife.com/mybenefits
Vision	MetLife	238355	(800) 438-6388	www.metlife.com/mybenefits
Basic & Supplemental Life and AD&D	MetLife	238355	(800) 438-6388	www.metlife.com/mybenefits
Disability	MetLife	238355	(800) 438-6388	www.metlife.com/mybenefits
Flexible Spending Accounts (FSAs)	Accrue CMS	N/A	(888) 882-1498 ext. 2	www.accruecms.com
401(k)	ADP	421126 421159	(866) 695-7526	www.mykplan.com
Employee Assistance Plan	Canopy	N/A	(800) 433-2320 Text: (503) 850-7721	My.canopywell.com

USI Benefit Resource Center

The USI Benefit Resource Center (BRC) is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the BRC are available Monday through Friday 8:00am to 5:00pm, Pacific Time. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Phone: (866) 468-7272

E-mail: BRCWest@usi.com

Dick Hannah DEALERSHIPS

Believe in nice.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.