

BENEFITS ENROLLMENT 2023

Union Employees

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.





Hansel Auto Group strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits.

As a benefits eligible new hire employee, this is your opportunity to enroll in our benefits plans.

This guide will outline all of the different benefits offered, so you can identify which offerings are best for you and your family.

If you choose not to enroll at this initial eligibility period, your next opportunity to enroll or make changes to your elections will be during our Open Enrollment period which usually occurs in November for a January 1 effective date of the next calendar year. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

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WHO IS ELIGIBLE?

You are eligible to enroll in the benefits outlined in this guide if you are a Full-Time Employee at **Hansel Auto Group** working 30 or more hours per week. In addition, the following family members are eligible for medical, dental and vision coverage:

- ✓ Your Spouse (as defined by applicable state law)
- ✓ Your Registered domestic partner
- ✓ Your children up to age 26, or older if disabled and incapable of self-support
- ✓ Your natural or adopted children (including children placed in your custody for adoption)
- ✓ Your stepchildren
- ✓ Your foster children or other children you support and for whom you are the legal guardian; such as the children of your registered domestic partner
- ✓ Children for whom you are required to provide coverage as the result of a qualified medical child support order (QMCSO)

Note: Anyone enrolling dependents in a group medical plan will be asked to provide Dependent Verification within 30 days of enrollment.

How to enroll

Go to www.workforcenow.adp.com

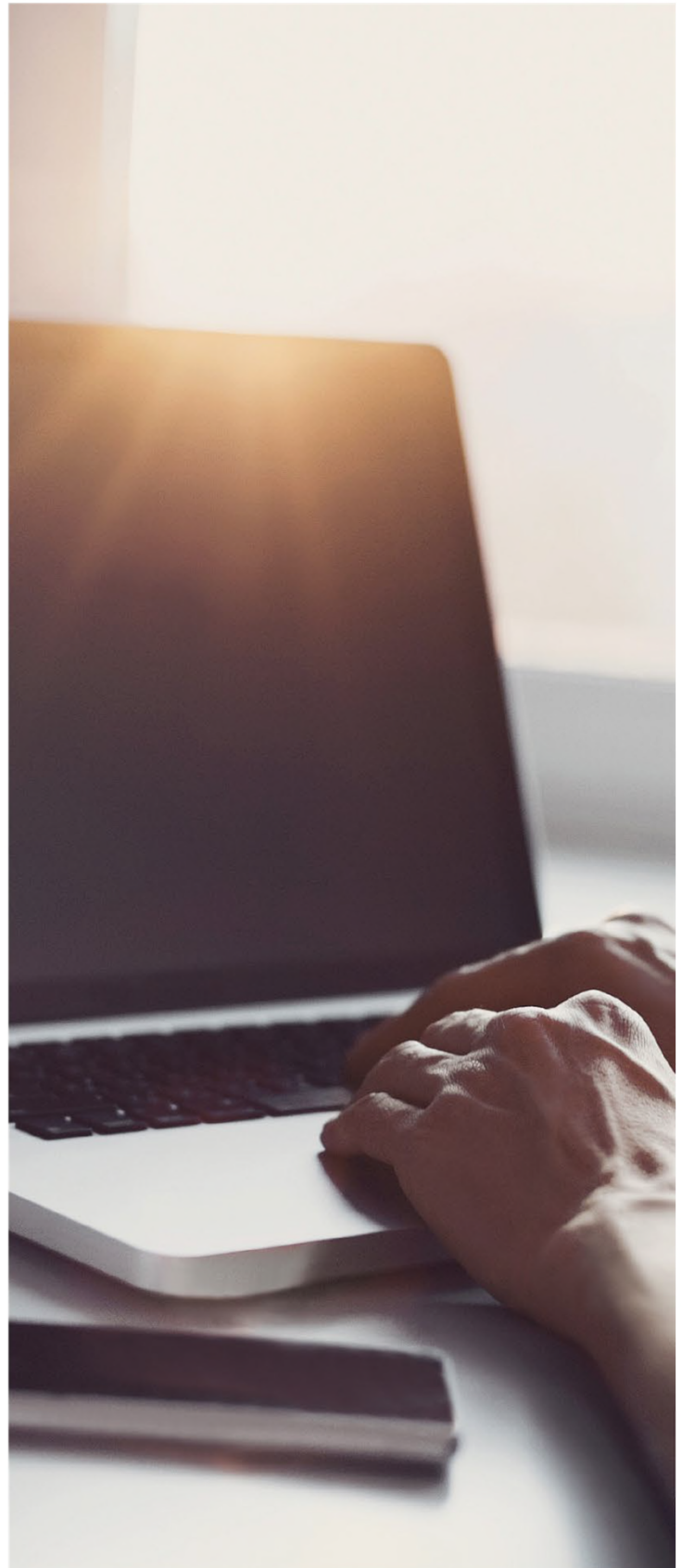
Effective Date

The benefits you choose during your initial eligibility period will become effective on the First of the Month Following 60 days from your Date of Hire, or your full-time employment.

Open Enrollment

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period which usually occurs in November for the next plan year starting 1/1. Qualifying events such as the following:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan





HEALTH INSURANCE

You have 3 medical plan options, Anthem PPO Copay Plan, Anthem PPO HRA Plan (with employer funding) or Kaiser Permanente HMO Copay Plan.

HMO vs. PPO?	
HMO:	PPO:
Covers services performed solely by in-network providers. Tends to be a lower cost system, but is more restrictive than a PPO plan.	Has a network of providers, but also allows for the use of providers outside the plan's network. It is more flexible than an HMO.

In Network benefits displayed below. PPO plans also allow you to see Out of Network providers but you will pay more for these services because Non-Network providers have not signed contracts agreeing to accept a specific charge for a specific service which the In Network providers do. Please see the Summary of Benefits & Coverages (SBC) for full plan details which includes In Network and Out of Network providers.

	Anthem Copay PPO	Anthem HRA PPO	Kaiser Copay HMO
Services		All services apply to the deductible first	
Hansel Funding (per year)	N/A	\$1000 Single/\$2,000 Family	N/A
Physician/Specialist Visit Copay	\$35/\$55	20% after deductible	\$25/\$25
Deductible - (Individual/Family)	\$1,000/\$3,000	\$2,500/\$5,000	\$750/\$1,500
Hospitalization	20% after deductible	20% after deductible	20% after deductible
Preventive Care	Covered at 100%, you pay \$0	Covered at 100%, you pay \$0	Covered at 100%, you pay \$0
Diagnostic Lab & X-ray Complex Imaging	20% after deductible 20% after deductible	20% after deductible 20% after deductible	\$10 copay aft deductible \$150 copay aft deductible
Emergency Room Copay	20% after \$150 copay (copay waived if admitted)	20% after deductible	20% after deductible
Urgent Care Copay	\$35	20% after deductible	\$25
Out-of-pocket Maximum (Individual/Family)	\$5,000/\$10,000 (includes deductible)	\$5,000/\$10,000 (includes deductible)	\$3,000/\$6,000 (includes deductible)
Prescription Drugs Retail/Mail Order (MO)	<i>Retail: 30 day; MO: 90 day</i>	<i>Retail: 30 day; MO: 90 day</i>	<i>Retail: 30 day; MO: 100 day</i>
Generic 1a/1b Formulary	\$5/\$20; MO \$12.50/\$50 \$30; MO \$90	\$5/\$12.50; MO \$15/\$37.50 \$40; MO \$120	\$10; MO \$20 \$30; MO \$60
Non-Formulary Specialty (MO 30 day)	\$50; MO \$150 30%, \$250 max/fill	\$60; MO \$180 30%, \$250 max/fill	N/A 20%, \$250 max/fill

See the benefit summaries & SBCs for complete plan details. <https://myhanselnet.com/employee-benefits/>





SIDE BY SIDE MEDICAL PLAN COMPARISON

Medical Plans Comparison 2023

Schedule of Benefits	Kaiser HMO XD (8808)	Anthem Blue Cross Classic PPO 1000/35/55/20		Anthem Blue Cross Mod HRA 2500	
		PPO	Non-PPO	PPO	Non-PPO
Calendar-Year Deductible				HRA Allocation: \$1,000/\$2,000 (indv/family)	
Individual / Ind in a Family	\$750/\$750	\$1000/\$1000	\$3,000/\$3,000	\$2,500/\$2,500	\$3,500/\$3,500
Family	\$1,500	\$3,000	\$9,000	\$5,000	\$7,000
		Embedded		Embedded	
Coinsurance (you pay after deductible)	20%	20%	40%	20%	50%
Hospitalization	20%	20%	40%	20%	50% (\$1,000/day max)
Most Diagnostic Lab & X-ray	\$10 copay after deductible	20%	40%	20%	50%
MRI/CT/PET:	\$150 copay after deductible	20%	40%	20%	50% (\$800/procedure max)
Outpatient Surgery	20%	20%	40%	20%	50% (\$350/adm max)
Office Visits:					
Primary Care	\$25 copay	\$35 copay	40%	20%	50%
Specialist	\$25 copay	\$55 copay	40%	20%	50%
Preventive Care	\$0 copay	\$0 copay	40%	\$0 copay	50%
Emergency Room Copay	20%	20% after \$150 copay copay waived if admitted		20%	
Urgent Care	\$25 copay	\$35 copay	40%	20%	50%
Calendar-Yr Out-of-Pocket Max:					
Individual / Ind in a Family	\$3,000/\$3,000	\$5,000/\$5,000	\$15,000/\$15,000	\$5,000/\$5,000	\$10,000/\$10,000
Family	\$6,000 (includes deductible)	\$10,000 (includes deductible)	\$30,000 (includes deductible)	\$10,000 (includes deductible)	\$20,000 (includes deductible)
Prescription Drugs:				Subject to Medical Deductible	
Rx Deductible	None	None		Subject to Medical Deductible	
Generic - Tier 1 a/b	\$10 copay	\$5/\$20 copay	50%, \$250 max fill	\$5/\$12.50 copay	50%, \$250 max fill
Formulary Brand - Tier 2	\$30 copay	\$30 copay	50%, \$250 max fill	\$40 copay	50%, \$250 max fill
Non-Formulary - Tier 3	N/A	\$50 copay	50%, \$250 max fill	\$60 copay	50%, \$250 max fill
Specialty - Tier 4	20%; \$250 max/fill	30%; \$250 max/fill	50%, \$250 max fill	30%; \$250 max/fill	50%, \$250 max fill

** Embedded Deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving benefits.

Aggregate Deductible: For Family coverage, the entire Family Annual Deductible must be met before co-pay or coinsurance is applied for any individual family member.

Please note: This is a basic overview of the Medical plan highlights and should be used for comparison purposes only. Please refer to the benefit summary & Evidence of Coverage for full benefit descriptions.



Hansel HRA funding for the Anthem Blue Cross 2500 HRA medical plan

**If you are enrolled in the Anthem HRA medical plan
Hansel will fund your Single or Family account as follows...**

Single coverage:

\$1,000 per year, maximum funding not to exceed \$2,000 at any given time*.

Family coverage:

\$2,000 per year, maximum funding not to exceed \$4,000 at any given time*.

If you are a new hire funding is pro-rated to the month in which you are enrolled in the HRA medical plan (see below).

Effective Date of Coverage	% of funding	Month	Total amount funded by Hansel for year.	
			Single coverage	Family coverage
January	12/12	12	\$1,000	\$2,000
February	11/12	11	\$917	\$1,833
March	10/12	10	\$833	\$1,667
April	9/12	9	\$750	\$1,500
May	8/12	8	\$667	\$1,333
June	7/12	7	\$583	\$1,167
July	6/12	6	\$500	\$1,000
August	5/12	5	\$417	\$833
September	4/12	4	\$333	\$667
October	3/12	3	\$250	\$500
November	2/12	2	\$167	\$333
December	1/12	1	\$83	\$167

*Employees may earn additional credits to the HRA fund by completing Healthy Rewards programs (see the Wellbeing Solutions Flyer for more details).



YOUR COST

Monthly Employee Contribution for your plan election, shown below.

Employee contributions are taken on a pre-tax basis, which will offset the amount deducted by lowering the taxes applied, as allowed by law.

NO TOBACCO RATES – MEDICAL MONTHLY DEDUCTIONS			
	Anthem PPO Copay	Anthem HRA PPO	Kaiser HMO Copay
Employee Only	\$165.00	\$110.00	\$198.00
Employee & Spouse	\$759.00	\$462.00	\$957.00
Employee & 1 Child	\$440.00	\$253.00	\$550.00
Employee & Children	\$616.00	\$374.00	\$792.00
Employee & Family	\$1,078.00	\$649.00	\$1,419.00

TOBACCO RATES – MEDICAL MONTHLY DEDUCTIONS			
	Anthem PPO Copay	Anthem HRA PPO	Kaiser HMO Copay
Employee Only	\$247.00	\$165.00	\$297.00
Employee & Spouse	\$1,138.00	\$693.00	\$1,435.00
Employee & 1 Child	\$660.00	\$379.00	\$825.00
Employee & Children	\$924.00	\$561.00	\$1,188.00
Employee & Family	\$1,617.00	\$973.00	\$2,128.00

Tobacco rates apply if you or your covered dependents have used any form of “tobacco” products including e-cigs within the prior 6 months.



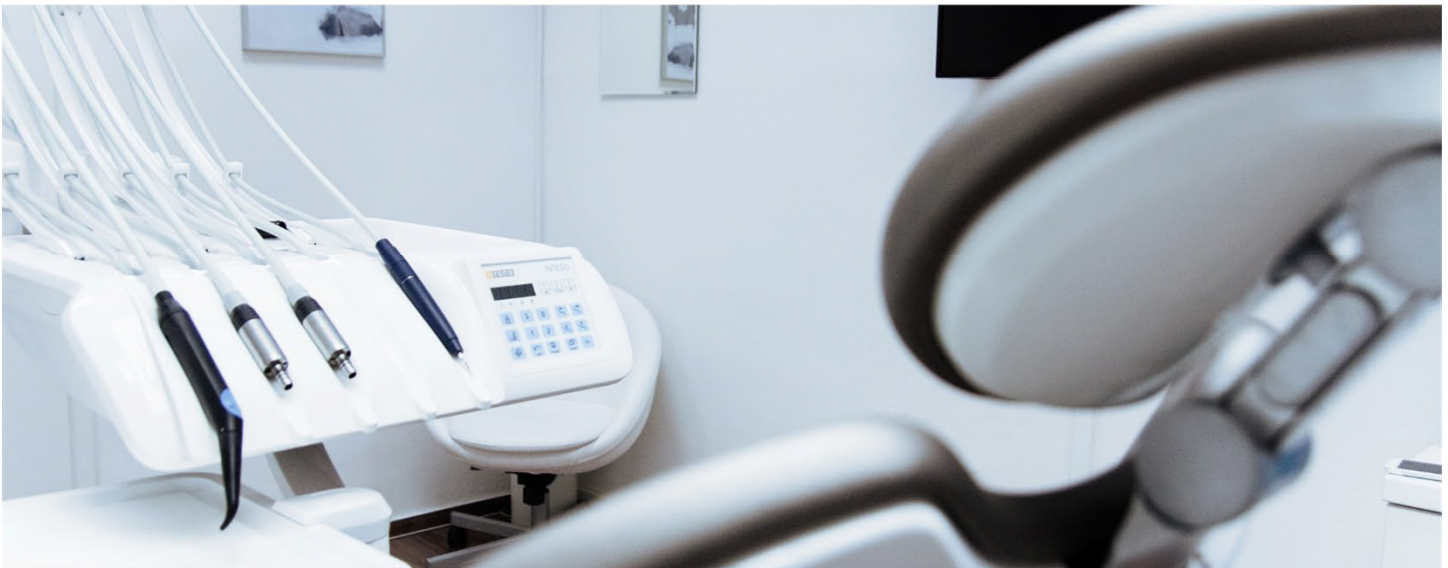
DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. (Costs are normally lower when you choose an In Network provider.)

The following chart outlines the dental benefits we offer.

TYPE OF SERVICE	AMOUNT YOU PAY
Preventive Services	Exams, cleanings, X-rays— 100% covered
Deductible	Applies to basic and major services only— You pay \$50 per Individual; Family maximum 3X Individual (\$150)
Basic Services	Fillings, simple extractions—you pay 20% coinsurance
Major Services	Oral surgery, root canal, crowns—you pay 50% coinsurance
Annual Maximum	\$1,500 Per insured person
Dental Monthly Payroll Deductions	Employee only—\$10.00 Employee & spouse—\$20.00 Employee & 1 child—\$20.00 Employee & children (2 or more children)—\$30.00 Employee & Family—\$30.00

See the plan summary for complete benefit details <https://myhanselnet.com/employee-benefits/>





Voluntary VISION INSURANCE

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Hansel Auto Group's vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of a provider listed in our Preferred Provider directory, your benefits include the following:

Every 12 months

- Routine vision exams - \$10 copay.
- One pair of standard plastic prescription lenses - \$10 copay (Single vision, Bifocal or Trifocal lenses).

Every 24 months

- \$140 Frame Allowance (20% discount off any remaining balance).
- Contact Lenses (instead of eyeglass lenses)
 - \$155 Allowance, then 15% off any remaining balance or
 - Elective disposable, \$155 Allowance (no additional discount) or
 - Non-elective (medically necessary) Covered in Full.

See the plan summary for complete benefit details.

<https://myhanselnet.com/employee-benefits/>

Voluntary Vision Monthly Payroll Deductions	Employee only—\$6.08
	Employee & spouse—\$11.50
	Employee & 1 child—\$11.50
	Employee & 2 or more children—\$16.90
	Employee & Family—\$16.90





BASIC LIFE INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you.

Non-Union

Hansel Auto Group provides full-time Non- Union employees with 1 x annual earnings plus \$5,000 up to \$50,000 maximum in group life and accidental death and dismemberment (AD&D) insurance. (35% reduction at age 65; 50% reduction at age 70.)

Union

Hansel Auto Group provides full-time Union employees with \$5,000 in group life and accidental death and dismemberment (AD&D) insurance. (No age reduction)

Hansel Auto Group pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums.

Voluntary Life Insurance

While **Hansel Auto Group** offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through biweekly payroll deductions. You can purchase coverage for yourself or for your spouse in \$10,000 increments. The minimum coverage level is \$10,000 and the maximum is \$300,000. The chart below outlines the monthly costs of purchasing additional coverage.

You may purchase voluntary life coverage to the lesser of 5 times your **base salary** to a maximum of \$300,000.

Monthly Cost for Every \$1,000 of Employee and Spouse Life Insurance Coverage												
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	Over 74
Life	\$.099	\$.088	\$.099	\$.133	\$.216	\$.327	\$.514	\$.826	\$1.190	\$2.054	\$4.580	\$9.568
AD&D	\$.041	\$.041	\$.041	\$.041	\$.041	\$.041	\$.041	\$.041	\$.041	\$.041	\$.041	\$.041
Dependent Children	\$10,000 maximum coverage \$.207 per \$1,000 (\$2.07 monthly)											



FLEXIBLE SPENDING ACCOUNTS

Paying for health care can be stressful. That's why **Hansel Auto Group** offers an employer-sponsored flexible spending account (FSA).

WHAT ARE THE BENEFITS OF AN FSA?

There are a variety of different benefits of using an FSA, including the following:

- It saves you money. Allows you to put aside money tax-free that can be used for qualified health care expenses. **2023 Maximum is \$3,050; Rollover Maximum is \$610**
- It's a tax-saver. Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- It is flexible. You can use your FSA funds at any time, even if it's the beginning of the year.

You cannot stockpile money in your FSA. If you do not use it, you lose it. You should only contribute the amount of money you expect to pay out of pocket that year. The Rollover Provision allows you to carryover a limited amount of unused benefit to the next plan year.

WHAT IS A DEPENDENT CARE FSA?

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately); to cover work-related dependent care expenses for qualified dependents, or if you are married, while you and your spouse work or your spouse attends school full-time.

HOW AND WHEN DO I ENROLL?

You must re-enroll every year for this benefit www.workforcenow.ADP.

FSA CASE STUDY

FSAs provide you with an important tax advantage that can help you pay for health care and/or dependent care expenses on a pre-tax basis. Due to the personal tax savings you incur, your spendable income will increase. The example that follows illustrates how an FSA can save money.

Bob and Jane live in Texas and have a combined annual gross income of \$45,000. They are married and file their income taxes jointly. Since Bob and Jane expect to spend \$3,000 in eligible medical expenses in the next plan year, they decide to direct a total of \$2,600 (the maximum allowed amount per individual, for that taxable year) into their FSAs. The table demonstrates their savings.

	Without FSA	With FSA
Gross income	\$45,000	\$45,000
FSA contributions	\$0	(-\$2,650)
Gross income	\$45,000	\$42,350
Estimated taxes	(-\$5,532)*	(-\$4,999)*
After-tax earnings	\$39,468	\$37,351
Eligible out-of-pocket expenses	(-\$3,000)	(-\$400)
Remaining spendable income	\$36,468	\$36,951
Spendable income increase	--	\$483

For more information on the FSA benefits go to: <https://myhanselnet.com/employee-benefits/>





ADDITIONAL BENEFIT OFFERINGS

You are also eligible to enroll or participate in the following voluntary programs:

Unum Voluntary Critical Illness – Lump sum benefit if diagnosed with an illness. Cover yourself and your spouse and/or children. **Rates vary by Age & Benefit Amount.**

Coverage Options: \$10,000, 20,000 or \$30,000

Covered Conditions: Coronary Artery Disease Major; End Stage Renal Failure; Heart Attack; Major Organ Failure Requiring Transplant; Stroke; Invasive Cancer including Breast; Non-Invasive Cancer; Skin Cancer; Benign Brain Tumor; Coma; Loss of Hearing, Sight or Speech; Infectious Disease; Permanent Paralysis; Amyotrophic Lateral Sclerosis (ALS); Dementia including Alzheimer's; Multiple Sclerosis; Parkinson's Disease. **Children Covered Condition:** Cerebral palsy; Cleft lip or palate; Cystic fibrosis; Down Syndrome; Spina bifida

Unum Voluntary Accident – Pays a set benefit amount based on type of injury you have and the type of treatment you need. Cover yourself and your spouse and/or children. **Monthly Premiums: Employee \$7.92; Employee & Spouse \$13.99; Employee & Children \$23.04; Family \$29.11**

Pays benefits for 50+ covered injuries/treatments, including: ER visits; Broken bones; Burns; Knee Ligament; Follow up visits; Dislocations; Emergency dental; Physical therapy

Unum Voluntary Hospital – You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth. Cover yourself and your spouse and/or children. **Monthly Premiums: Employee \$18.41; Employee & Spouse \$42.31; Employee & Children \$28.92; Family \$52.82**

Benefit Coverages:

- **Hospital admission** – \$1,000 per insured, paid once a year
- **Daily hospital confinement** - \$150 per day to a maximum of 365 days per year
- **ICU Admission** - \$1,000 per insured, paid once a year, and ICU Daily Stay - \$150, are additive to the basic benefits.
- **Short Stay** - \$500 once per year
- **Wellness benefits** available for employees and their families, including the Be Well and Well Child benefit.

Unum Voluntary Short-Term Disability – If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover up to 24 weeks. **Rates vary by Age & Benefit Amount.**

Benefit Highlights:

- **Maximum weekly benefit:** 20% of your weekly income up to \$1,000
- **Benefit Duration:** 24 weeks
- **Definition of disability:** CA Partial
- **Elimination Period Injury/Sickness:** 14/14 days
- **Pre-existing condition limitation:** 3/12

For more information on these voluntary benefits go to: <https://myhanselnet.com/employee-benefits/>

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ADDITIONAL BENEFIT OFFERINGS

As a **Hansel Auto Group** employee, we are proud to offer you the following benefits paid for by the company:

MHN Employee Assistance Program (EAP)

- Face to Face sessions
- Phone or web-video consultations
- Work and life services
 - Childcare and eldercare assistance
 - Financial services
 - Identity theft recovery services
 - Daily living services
- Member website
- Health and wellness resources

For more information on this benefit go to: <https://myhanselnet.com/employee-benefits/>

Anthem Travel Assistance

When traveling more than 100 miles or more from home whether for business or travel.

Services:

- Medical referrals and medical monitoring
- Medical evacuation/return home
- Repatriation of remains
- Traveling companion assistance
- Help with dependent children
- Visit by family member/friend
- Return your vehicle in a medical emergency
- Return your pet in a medical emergency
- Medication and eyeglasses replacement
- Emergency messages
- Emergency travel arrangements
- Emergency cash
- Legal help/bail
- Interpretation/translation
- Finding lost items
- Help before you travel

For more information on this benefit go to: <https://myhanselnet.com/employee-benefits/>

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ADDITIONAL INFORMATION & CONTACTS

Other Information to note

- New elections must be made each year in order to continue participating in an FSA.
- Life/AD&D Beneficiary Designations can be changed at any time.

Contacts

Carriers			
Anthem	www.anthem.com/ca	1-855-817-5785	Medical, Dental & Vision
Kaiser	www.kp.org	1-800-464-4000	Medical
MHN	www.members.mhn.com	1-800-327-0556	Employee Assistance Program
TASC	www.tasconline.com	1-800-422-4661	Flexible Spending Account
Unum	www.unum.com	1-800-635-5597 1-800-858-6843	Voluntary Benefits -Accident, Critical Illness, Hospital -Short Term Disability

Hansel Benefit Intranet site:
<https://myhanselnet.com/employee-benefits/>

