Jim Ellis Expect the best Est. 1971 Automotive Group

2027

benefits service center

TEAM MEMBER BENEFITS ENROLLMENT GUIDE

For complete benefits information and enrollment details, access www.jimellisbenefits.com or contact the Benefits Service Center at (770) 295-1100.



INTRODUCTION

Overview

This guide provides a brief overview of your Jim Ellis Automotive Group team member benefits and the enrollment process. We encourage you to review this booklet carefully prior to completing your elections. Benefit plan documents contain complete plan details and can be requested through the Benefits Service Center or located on the benefits website at https://jimellisbenefits.com/.

Your benefit elections are valid for the entire 2027 plan year unless you experience a Qualifying Life Event, as described below.

Pre-Tax Benefits & Payroll Deductions

Our extensive benefits package provides financial protection and peace of mind for you and your family. Jim Ellis provides a significant financial contribution towards your medical and dental plan premiums. For the plans in which you have a contribution, your contribution will be payroll deducted.

Your medical, dental, and vision premiums, and your healthcare Flexible Spending Account (FSA) contributions will be deducted on a pre-tax basis. Enrollment changes for the pre-tax benefit plans are not permitted during the plan year unless you experience a **Qualifying Life Event**.

Common Qualifying Life Events that could result in changes to your benefit coverage include the following:

- Marriage or divorce
- Birth or adoption of a child
- Loss of a dependent
- Medicare entitlement
- A change in your spouse's employment that affects benefits
- Gain or loss of coverage



Should you have a Qualifying Life Event during the year, please notify the Benefits Service Center at (770) 295-1100. You must submit the necessary documentation to the Benefits Service Center **within 30 days** of the event for the change to become effective.

Benefits Service Center - Your Benefits Resource

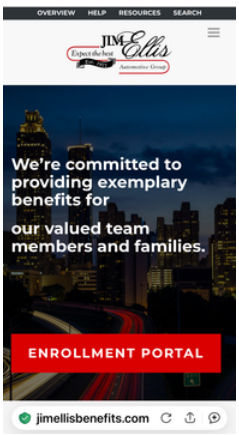
Jim Ellis is pleased to partner with the Benefits Service Center as an extension of your Human Resources Department. The Benefits Service Center manages all aspects of your benefits, and can help you with benefits questions, enrollments, claims issues, Qualifying Life Events, ID Cards, and life insurance beneficiary updates. The Benefits Service Center is here to support you all year long.

Connect with the Benefits Service Center

Phone: (770) 295-1100
Email: benefits@jimellisbenefits.com
Monday - Thursday: 8am - 6pm ET
Friday: 8am - 5pm ET

Benefits Website

As a Jim Ellis team member, you have access to a comprehensive benefits package designed to support you and your family. Access https://jimellisbenefits.com for complete benefits details.



Assistance with:

- Benefits questions
- Enrollments
- Finding a physician
- Qualifying Life Events
- Claims assistance
- Life insurance beneficiary updates
- And more

benefits service center

Benefits Eligibility & New Team Member Enrollment

You are eligible for benefits on the **first of the month following 60 days of your hire date**.

You must enroll in benefits by the 25th of the month before your effective date. Your voluntary benefits will be waived if you do not complete your elections by the deadline. **Even if you are waiving Jim Ellis voluntary benefits, you are required to complete an active new team member enrollment election to confirm your personal information and provide your life insurance beneficiary(ies).** Now is your opportunity to elect benefits for the 2027 year.

As a new hire, you may elect certain benefits without health questions, so take advantage of this special enrollment opportunity.

Eligible dependent spouses include legal spouses, including same-gender spouses. Spouses with an offer of other employer-sponsored health insurance coverage are not eligible for the Jim Ellis medical plan.

Eligible dependent children include natural children, adopted children, stepchildren, foster children, and children for whom the team member has legal guardianship. Dependent children note: Children are covered until the end of the month in which they turn age 26.

Benefits Upon Employment Termination
Your medical plan, life insurance, disability insurance, and Flexible Spending Account coverages will terminate on the same date as your employment termination. For all other benefits, the coverage end date is the end of the month in which the termination occurs.

Annual Open Enrollment

Annual Open Enrollment is typically held in early December, and the plan year begins on January 1. Should you wish to change your elections after your effective date, you must wait until the next Annual Open Enrollment unless you experience a Qualifying Life Event.

Team Member Portal Information

The **Jim Ellis team member portal** is your online resource for the following:

- Company events, news, and announcements (located on the Welcome page)
- Viewing and updating your personal information, such as address or dependent changes
- Viewing attendance, paid time off, and sick time
- Viewing and printing benefits forms
- Searching the Company Directory
- Accessing your Jim Ellis email
- And much more...

You can access the Portal from anywhere at any time, using a laptop, desktop, or mobile device.

If you do not have your own desktop, you can access your Jim Ellis email through the Portal. A link to the email login screen is located on the Welcome Page. You are encouraged to check your email regularly for intercompany communication!

Note: For email inquiries, please contact: **training@jimellis.com**.

Please direct questions about the team member portal to:

- **Mickey Patterson, Portal Administrator: (770) 225-4837 | mickeyr@jimellis.com**



Enrollment Information

Information You Need to Enroll

- Your name, date of birth, and Social Security Number.
- The name(s), date(s) of birth, and Social Security Number(s) of your dependent children up to age 26. Dependent children include your natural children, stepchildren, adopted children, foster children placed through a legal agency or court order, and children under legal guardianship.
- Your spouse's name, date of birth, and Social Security Number, if applicable.

Note: Dependent Social Security Numbers are required for enrollment in medical, dental, and vision plans.

Health Plan Coverage Requirements for Spouses

- Team members covering a spouse on the health plan are required to provide proof of current marriage (marriage certificate and joint marital document such as mortgage/bank statement, utility bill, etc.).
- **Spouses with other employer-sponsored health coverage available are not eligible for the Jim Ellis health plan.** During the enrollment process, any team members requesting coverage for a spouse are required to confirm that the spouse does not have an offer of employer-sponsored health coverage.
- If you are newly covering a spouse on the Jim Ellis medical plan, you will receive an email from the Benefits Service Center following your enrollment with instructions for documentation.

Medical Plan Tobacco Surcharge

- The tobacco/nicotine surcharge is $25 per month.
- You are required to confirm your tobacco status during the enrollment process.
- Jim Ellis offers a tobacco cessation program through Truth Initiative. The surcharge may be waived for the year for active Truth Initiative program participants.

How To Enroll

Online Enrollment

Step 1: Visit the benefits website at jimellisbenefits.com, review the plan options, and then click "Enroll Now!"

Step 2: If you have previously accessed the system, click on "Login" to begin. You will be prompted to enter the email address on file for you and your password. If you cannot remember your password, click on "Forgot your password?" to reset it.

If you have not yet created an account, click on "Click Here to Begin" then "Get Started Now." You will be prompted to enter your email address, last four digits of your Social Security Number, and date of birth. The system will identify you by these credentials and allow you to create a password.

Step 3: Once you have logged in, you will be able to complete your enrollment. You can complete your benefit elections by clicking "Begin Enrollment" and following the prompts.

Benefits Confirmation Statement

You will receive a Confirmation Statement via email at the conclusion of your online or telephonic enrollment. Please review and save this statement for your records.

Telephonic Enrollment

Call the Jim Ellis Benefits Service Center at **(770) 295-1100** to complete your benefits enrollment by phone. The Benefits Specialist will confirm your personal information, review your plan options, and complete your elections for 2027.

The **Benefits Service Center** is available to assist with online enrollment, website navigation inquiries, and benefits questions. Service Center hours are Monday – Thursday from 8am to 6pm and Friday from 8am to 5pm.

Reminder: You may call the Benefits Service Center during the year for help with all of your benefits needs.





Medical Coverage

About the PPO Low and PPO High Medical Plan Options

Jim Ellis offers two medical plan options, the PPO Low and PPO High plans. Both plans utilize the extensive Cigna PPO network of providers. Preventive care services obtained from in-network providers are covered in full for both plans. As a reminder, these services must be coded as preventive by your physician in order to be paid in full by the plan.

Both plan options cover in-network office visits at 100% after the applicable primary care physician or specialist copay. Prescription drugs, as well as in-network urgent care and emergency room visits, are also covered at 100% after a copay. Other services, such as outpatient surgery, complex imaging, and inpatient hospitalization, are subject to the deductible. Once the deductible is met, you pay coinsurance until you satisfy the out-of-pocket maximum. All copays, deductible expenses, and coinsurance expenses apply to the out-of-pocket maximum, and once the out-of-pocket maximum is met, the plan pays 100%.

Nova Healthcare is the medical plan administrator. Nova Healthcare manages the plan eligibility and processes your claims. **HealthJoy**, your healthcare guidance app, helps improve your healthcare experience while saving you time and money. HealthJoy provides access to a concierge for medical plan and claims questions, prescription drug information and cost estimates, telemedicine, and other resources to help you maximize your health and medical plan benefits. HealthJoy also includes recommendations to high-quality providers, for which reimbursement up to 50% of the medical out-of-pocket maximum may apply. We encourage all medical plan members to use the HealthJoy app before accessing medical services. The HealthJoy app is also available for team members who are not enrolled in the Jim Ellis medical plan, as described later in this booklet.

About the Medical Plan Provider Network

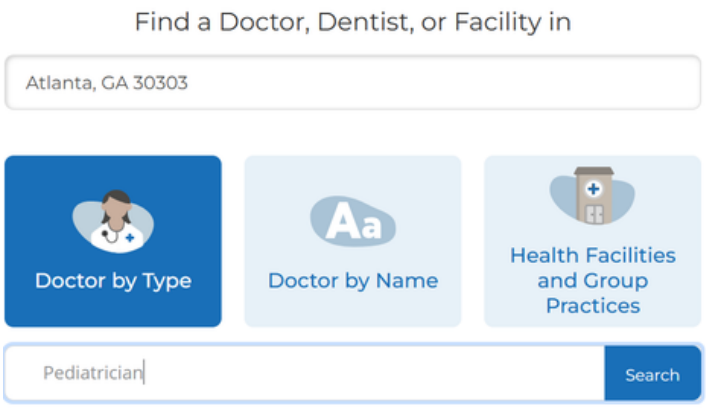
Although the plans include out-of-network coverage, your costs are significantly lower when you obtain medical services from a Cigna PPO network provider. You may access **Cigna PPO network information** by using the HealthJoy mobile app or on Nova's website, via the following steps:

- **www.novahealthcare.com/member**
- Click **Find a Provider**
- Click on the Cigna Provider directory, select **PPO** for the plan, and follow the search instructions.

You may also call (855) 206-1040 to obtain participating Cigna PPO network information.

It's Easy to Locate In-Network Providers

- Select Employer or School
- Select PPO for the plan, and continue with search instructions





In-Network Medical Benefit Summary

In-Network Coverage	PPO Low Plan	PPO High Plan
Deductible		
Individual	$3,500	$2,500
Family	$7,000	$5,000
Out-of-Pocket Maximum		
Individual	$10,500	$7,500
Family	$21,000	$15,000
Coinsurance		
Member Pays	30%	20%
Office Visits		
Preventive Care	$0 copay	$0 copay
Primary Care Physician	$35 copay	$25 copay
Specialist	$90 copay	$75 copay
Therapy: Physical/Occupational/Speech	$60 copay	$50 copay
Testing		
Routine Diagnostic Lab	30% (no Deductible)	20% (no Deductible)
Advanced Imaging (CT / MRI)	Deductible, then 30%	Deductible, then 20%
Outpatient Surgery		
Facility Fee & Physician Fee	Deductible, then 30%	Deductible, then 20%
Inpatient Hospitalization		
Facility Fee & Physician Fee	Deductible, then 30%	Deductible, then 20%
Emergency & Urgent Care		
Emergency Room	$750 copay	$500 copay
Urgent Care	$60 copay	$50 copay

Benefit Summary Notes

1. Out-of-network services have higher member out-of-pocket costs.
2. Refer to the Summaries of Benefits and Coverage (SBCs) at jimellisbenefits.com for additional plan details.

High-Quality Provider Incentive

Precept IQ by HealthJoy Quality Incentive Program: **Identify recommended high-quality providers in HealthJoy, visit those providers, and receive a financial reimbursement.**		
Precept IQ Financial Reimbursement	**PPO Low Plan**	**PPO High Plan**
Individual	**Up to $5,250**	**Up to $3,750**
Family	**Up to $10,500**	**Up to $7,500**

High-Quality Provider Incentive

HealthJoy

Jim Ellis is committed to helping team members and their families get high-quality healthcare. When you see a provider HealthJoy recommends, Jim Ellis pays you back for eligible out-of-pocket costs.

Precept IQ Financial Reimbursement	PPO Low Plan	PPO High Plan
Individual	Up to $5,250	Up to $3,750
Family	Up to $10,500	Up to $7,500

How it Works

1

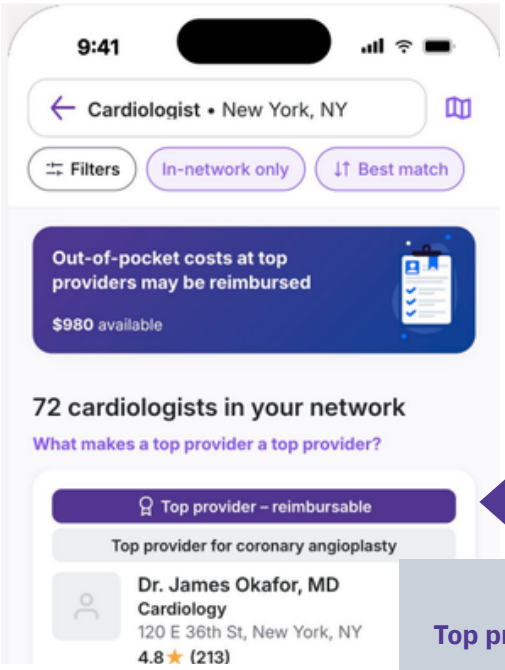
Pick a top provider.
Look for "Top provider" badge in Find Care or ask Joy. Then add them to your care team. Already have a doctor? Search to confirm they're a top provider.

2

Go to your visit.
Show your insurance card and pay your bill as usual.

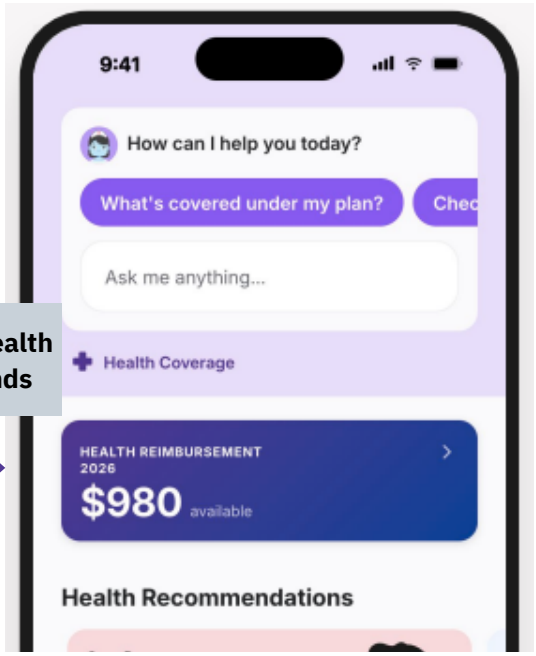
3

Get reimbursed.
Add your bank in the app. After your visit, we'll match your claim and pay you back for eligible costs. If we can't match your claim, you can upload your EOB.



Look for the Top provider- reimbursable badge

View your eligible Health Reimbursement funds



What qualifies

- Physician and specialist visits
- Scans and imaging, like an MRI or CT
- Procedures and surgeries you schedule ahead

What doesn't qualify

- Emergency room and urgent care
- Out-of-network care
- Prescriptions
- Durable medical equipment (e.g., crutches or a CPAP)
- Anesthesia and facility fees

You can still see any doctor you choose. To be paid back, search in HealthJoy before your visit, not after.

Add your doctor to your care team so it's easy to confirm they're still a top provider before each visit.

Prescription Drug Coverage

The pharmacy benefit uses a **SmartChoice / StandardChoice pharmacy network**. Most pharmacies can fill your prescriptions, but if you use a StandardChoice network pharmacy, your copay will be higher. The SmartChoice network includes most retail pharmacies, but CVS, Walgreens, and Target are excluded from this network. StandardChoice pharmacies include CVS, Walgreens, and Target.

VeracityRx is your pharmacy benefit provider. **VeracityRx** manages your prescription drug customer service and processes your prescription claims. The prescription drug benefit is included in the medical plan out-of-pocket maximum. **Please be sure to present your medical ID Card to the pharmacy to ensure your prescription drug claims are processed correctly.**

Retail Prescription Drug Benefits

You may obtain 30-day, 60-day, and 90-day supply scripts **at SmartChoice network pharmacies.** 60-day supply scripts are 1.5x the 30-day supply copay, and 90-day supply scripts are 2x the 30-day supply copay.

30-Day Retail Supply	PPO Low Plan		PPO High Plan	
	SmartChoice Network	StandardChoice Network	SmartChoice Network	StandardChoice Network
Tier 1: Generic	$5	$25	$5	$25
Tier 2: Preferred Brand	$35	$55	$25	$45
Tier 3: Non-Preferred Brand	$70	$90	$50	$70
Specialty Drugs	Not covered. **VeracityRx** may be able to work with the manufacturer to ensure continuity of care.			
60-Day and 90-Day Retail Supply	PPO Low Plan SmartChoice Network		PPO High Plan SmartChoice Network	
	60-Day Retail Supply	90-Day Retail Supply	60-Day Retail Supply	90-Day Retail Supply
Tier 1: Generic	$7.50	$10	$7.50	$10
Tier 2: Preferred Brand	$52.50	$70	$37.50	$50
Tier 3: Non-Preferred Brand	$105	$140	$75	$100
Specialty Drugs	Not covered. **VeracityRx** may be able to work with the manufacturer to ensure continuity of care.			

Brand vs. Generic Medications and Member Costs

If you or your physician requests a brand drug when a generic drug is available, you must pay the difference in cost between the generic drug and the brand drug in addition to the applicable brand drug copay.

Personal Importation Program (PIP)

Certain medications can be obtained through the Personal Importation Program (PIP) with **$0 member cost**. If you choose to fill an eligible script at a retail pharmacy, not through the PIP program, your member cost is 50% of the medication cost and will not apply to the medical plan maximum out-of-pocket. Commonly prescribed PIP medications are listed on the following page.

Step-by-Step Guide for Personal Importation

1. Enrollment: After you complete your enrollment form at OneVeracity.com/rxmembers, you will receive an email with instructions for your provider.
2. Prescription processing: Your prescription is processed.
3. Preparing for the transition: If possible, you should refill your scripts under your current insurance before your VeracityRx plan begins.
4. Temporary local fill: If you need medication before your imported shipment is ready, you can fill it at your local retail pharmacy.
5. Ongoing support and shipments: The VeracityRx team monitors your shipments from start to delivery and tracks your refill timing so your next order arrives before you run out.

Questions?

Call VeracityRx at (888) 388-8228 or email Rxhelp@oneveracity.com

Personal Importation Program (PIP)

VeracityRx™

Get eligible meds for $0

With our Personal Importation Program, eligible medications can be safely imported from Canada helping to significantly reduce your prescription costs.

Through VeracityRx, you may be able to receive certain high-cost medications at no cost to you. This program is designed to make your medications more affordable without sacrificing quality or safety.

How it works

1. Review the list of eligible medications
2. Enroll If you or a covered family member takes one
3. A VeracityRx specialist will guide you through next steps

Important: If you choose not to participate, you will be responsible for 50% of the cost of the medication at your local retail pharmacy.

What to expect

- Dedicated support throughout the process
- Coordination with your provider and pharmacy
- Help ensuring your medication arrives on time
- Ongoing guidance if your needs change

How to enroll

Go to **OneVeracity.com/rxmembers** and complete the **VeracityRx Enrollment Form.** Once enrolled, a VeracityRx specialist will contact you to guide next steps.

Questions? *Start with us.*

We'll help you understand your options and find the lowest-cost path.

888-388-8228

Rxhelp@OneVeracity.com

Commonly prescribed Personal Importation medications

- Anoro Ellipta
- Arnuity Ellipta
- Atripla
- Basaglar KwikPen
- Biktarvy
- Brilinta
- Breo Ellipta
- Cabometyx
- Cimzia
- Combivent Respimat
- Descovy
- Dulera
- Eliquis
- Enbrel
- Farxiga
- Imbruvica
- Invokamet
- Isentress
- Janumet XR
- Januvia
- Jardiance
- Juluca
- Kesimpta
- Mekinist
- Myrbetriq
- Omnaris
- Orencia
- Otezla
- Ovar
- Ozempic
- Prezcobix
- Promacta
- Pulmozyme
- Rexulti
- Rinvoq
- Silenor
- Skyrizi
- Spiriva Respimat
- Tafinlar
- Tagrisso
- Tivicay
- Toujeo SoloStar
- Tradjenta
- Trelegy Ellipta
- Tremfya
- Trintellix
- Trulicity
- Victoza
- Xarelto
- Xeljanz

Note: This is a sample list and may change. Additional medications may be eligible.

Prescription Drug Coverage

VeracityRx™

How to Connect

- Contact **VeracityRx** for help with:
  - Locating a network pharmacy
  - Understanding your pharmacy benefits
  - Getting prior authorization information
  - Prescription denials
- **VeracityRx** Customer Service, weekdays 8am to 7pm ET
  - Call (888) 388-8228
  - Email rxhelp@oneveracity.com

Member Portal

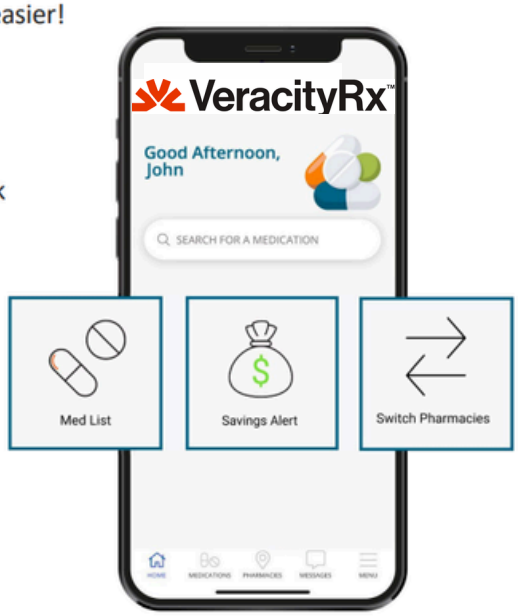
- Register for your member portal access
  - www.oneveracity.com/rxmembers
- Use your online account to:
  - Review your prescription claims details
  - Look up a drug to identify formulary status and preferred alternatives
  - Locate pharmacies within a zip code, city, or county

VeracityRx Mobile App

VeracityRx is excited to provide **The VeracityRx App**, your virtual pharmacist. The VeracityRx App helps you save money on prescriptions and make life easier!

Download The VeracityRx App to:

- View medications and real-time pricing anytime
- Switch medications and pharmacies with one-click
- Receive saving alerts
- And more!



To Get Started:

- Download VeracityRx
- Have your ID card handy
- Check your phone to activate your account

Need help using the app?
Call (866) 330-9414 or
email veracityrx@levrx.com

Pharmacy Network Information

Why go to a SmartChoice pharmacy?

- You pay a lower copay at a SmartChoice pharmacy.
- 60-day and 90-day fills are available at a SmartChoice pharmacy.

Which Pharmacies are in the SmartChoice pharmacy network?

- Grocery stores such as Kroger, Publix, Costco, Walmart, Sam's Club, and locally owned neighborhood pharmacies

Which Pharmacies are in the StandardChoice pharmacy network?

- CVS, Walgreens, and Target

Specialty Drugs

Although specialty drugs are excluded from your health plan, **VeracityRx** may be able to help you find the best price for your specialty medications. Contact **VeracityRx** for more information.

Edison Centers of Excellence

EDISON HEALTHCARE

BEFORE A BIG HEALTHCARE DECISION,

GET THE RIGHT OPINION

Because for a hard diagnosis or treatment decision, you already have access to the nation's top specialists, covered and ready when you need it.



ONE CARE COORDINATOR
One contact, start to finish

TRAVEL INCLUDED
For you and a companion*

NO ENROLLMENT NEEDED
Already part of your medical plan

WHAT'S COVERED

Second opinions, surgical consultations & treatment planning

CANCER
Second opinions & potential surgeries

SPINE
Spinal fusion, discectomy/microdiscectomy, cervical fusion, artificial disc replacement & laminectomy

HEART
Cardiac surgery

ORTHOPEDIC
Total joint replacement & sports medicine

TRANSPLANT
All transplant types

COMPLEX CARE
Non-chronic complex medical conditions & rare genetic conditions

Covers adults and some pediatric cases. Other conditions may also be eligible: each case is reviewed individually.

HOW IT WORKS

1 CONNECT & SHARE
A Care Coordinator submits a referral to a Center of Excellence and helps assist in gathering medical records.

2 CONSULTATION
Meet virtually or in-person with a top specialist.

3 REVIEW OPTIONS
Decide your next steps together.

VIRTUAL OPTION Spine, Orthopedic, Heart

IN-PERSON Cancer, Transplant, Complex Care

ONE CALL STARTS IT ALL

866.982.7988

Mon–Fri, 7 am–5 pm CT · EHC@EdisonHealthcare.com · EdisonHealthcare.com

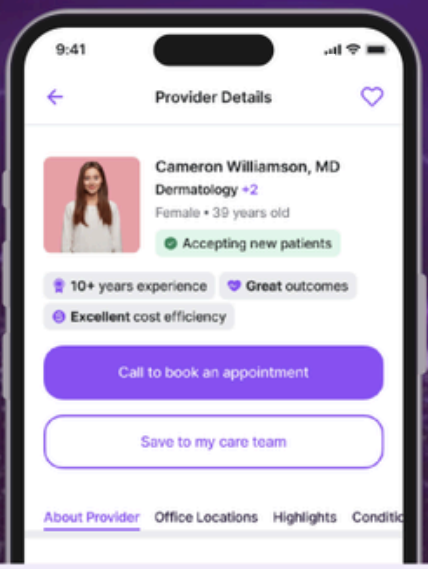
HealthJoy Member Portal

HealthJoy

HealthJoy

You Have Great Benefits. Let's Put Them to Work.

Healthcare is confusing. HealthJoy isn't. Ask a question, find care, or check what's covered — all in one app, all at no cost to you.



Why Members Keep Coming Back

$0
Free to You
Covered by your employer — no copays to use it.

24/7
Real People, Anytime
A concierge team you can message any day of the year.

94%
Member Satisfaction
Members rate their HealthJoy experience highly.

1M+
People Like You
Already using HealthJoy for everyday health questions.

What You Can Do Today

Open the app, ask a question, and see what happens. Most members find a benefit they didn't know they had.

Ask JoyAI Anything

- "What does this visit cost me?"
- Pull up your ID cards in seconds
- Hand off to a human concierge anytime

Find Care You Can Trust

- In-network doctors, ranked by quality and cost
- Know the price before you go
- See the programs your plan already includes

Stop Overpaying

- Cheaper options for the prescriptions you take
- Send us a confusing bill and we'll review it
- Lower-cost alternatives before you book

All you need to know is: go to HealthJoy.

Scan the code or visit **healthjoy.com/download** to get the app.

HEALTHJOY.COM

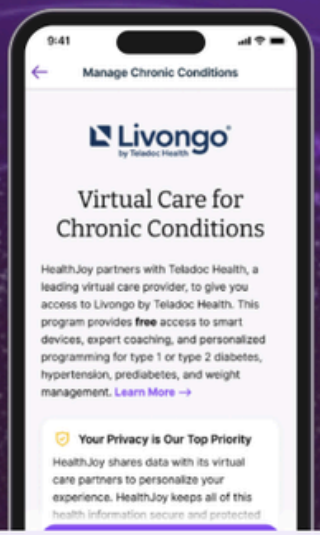
Chronic Care Management Program

HealthJoy

HealthJoy | Teladoc HEALTH

Support for Diabetes, Hypertension, and More at No Cost to You

Living with diabetes or high blood pressure, or at risk for diabetes? Get connected devices, supplies, and a personal health coach, all through HealthJoy and Livongo by Teladoc Health.



Support Built Around Your Condition

Every program includes a personal health coach who supports you based on your motivations and lifestyle, plus 24/7 support and shareable reports.

Type 1 or Type 2 Diabetes
A connected blood glucose meter, plus unlimited test strips and lancets delivered to your door.

High Blood Pressure
A connected blood pressure monitor delivered to your door, so you can track readings at home.

Prediabetes and Weight Management
A connected scale delivered to your door to help you build healthy habits and lower your risk.



How to Get Started

1. **Register in HealthJoy**
Tap Manage Chronic Conditions to create your Livongo by Teladoc Health account and answer a few health questions.

2. **Get Your Kit**
Receive a plan for your condition and a welcome kit with your devices by mail.

3. **Start Your Program**
Use your connected devices and work with your coach on a plan built around your goals.

Scan Me

Ready to get started?

Scan to open HealthJoy and enroll in Chronic Care.

Must be 13+ years old for diabetes program and 18+ years old for all other programs. Some programs require additional qualification criteria.

Components of Your Health Plan

Benefits Guidance App - HealthJoy

HealthJoy is your mobile resource for all of your Jim Ellis benefits, including benefit summaries and customer service information. For medical plan participants, HealthJoy includes a healthcare concierge to help you navigate your health plan and healthcare questions, and to identify lower-cost medications. The HealthJoy app also provides top provider recommendations for health reimbursement eligibility.
The Teladoc telemedicine benefit, for all Jim Ellis team members regardless of medical enrollment status, is accessed using your HealthJoy app.

(877) 500-3212
www.healthjoy.com

Medical Claims Administrator and Customer Service - Nova Healthcare

Nova is your contact for ID Card requests, prior authorizations, coverage questions, and claims issues. Cigna PPO is your provider network.

(855) 206-1040

www.novahealthcare.com/member

Pharmacy Benefit Provider - VeracityRx

VeracityRx, your pharmacy benefit partner, is your contact for prescription questions and assistance.

(888) 388-8228 Weekdays Mon-Fri 8am to 7pm ET; Email: rxhelp@oneveracity.com

www.oneveracity.com/rxmembers

Centers of Excellence - Edison Healthcare

Edison is your contact for second opinions for complex healthcare conditions and diagnoses including cancer, transplant, cardiac conditions, serious pediatric diagnoses, and complex care. The Edison Smart Care Centers provide the best possible care for the most complex conditions with no member costs.

(866) 982-7988
www.edisonhealthcare.com

Telemedicine via the HealthJoy App - Teladoc

Teladoc provides 24/7 convenient access to licensed physicians for non-complex issues like colds, sinus infections, minor injuries, and skin conditions. All Jim Ellis team members and medical plan members **access Teladoc through the HealthJoy benefit guidance app.**

(877) 500-3212
www.healthjoy.com

2027 PPO Low Plan Payroll Deductions

Annual Earnings	Under $15,000	$15,000 - $19,999	$20,000 - $24,999	$25,000 - $29,999	$30,000 - $34,999	$35,000 - $39,999	$40,000 - $44,999	$45,000 - $49,999	$50,000 - $54,999	$55,000 - $59,999	$60,000 - $99,999	$100,000 +
Semi-Monthly Contributions												
Team Member	$26.34	$39.51	$52.69	$65.86	$79.03	$92.20	$105.37	$118.54	$131.71	$144.88	$149.47	$168.46
Team Member + Spouse	$408.15	$426.37	$444.59	$462.81	$481.03	$499.25	$517.46	$535.68	$553.91	$572.12	$578.47	$604.74
Team Member + Child(ren)	$364.09	$382.31	$400.53	$418.75	$436.97	$455.18	$473.40	$491.62	$509.84	$528.06	$534.41	$560.68
Family	$687.22	$705.44	$723.66	$741.88	$760.10	$778.31	$796.53	$814.75	$832.97	$851.19	$857.54	$883.81
Weekly Contributions												
Team Member	$12.16	$18.24	$24.32	$30.39	$36.47	$42.55	$48.63	$54.71	$60.79	$66.87	$68.99	$77.75
Team Member + Spouse	$188.38	$196.79	$205.20	$213.60	$222.01	$230.42	$238.83	$247.24	$255.65	$264.06	$266.99	$279.11
Team Member + Child(ren)	$168.04	$176.45	$184.86	$193.27	$201.68	$210.08	$218.49	$226.90	$235.31	$243.72	$246.65	$258.77
Family	$317.18	$325.59	$333.99	$342.40	$350.81	$359.22	$367.63	$376.04	$384.45	$392.86	$395.79	$407.91

2027 PPO High Plan Payroll Deductions

Annual Earnings	Under $15,000	$15,000 - $19,999	$20,000 - $24,999	$25,000 - $29,999	$30,000 - $34,999	$35,000 - $39,999	$40,000 - $44,999	$45,000 - $49,999	$50,000 - $54,999	$55,000 - $59,999	$60,000 - $99,999	$100,000 +
Semi-Monthly Contributions												
Team Member	$33.16	$49.73	$66.31	$82.89	$99.47	$116.04	$132.62	$149.20	$165.78	$182.35	$188.14	$212.04
Team Member + Spouse	$464.80	$485.54	$506.30	$527.04	$547.79	$568.54	$589.28	$610.03	$630.78	$651.53	$658.76	$688.67
Team Member + Child(ren)	$414.62	$435.37	$456.12	$476.86	$497.61	$518.36	$539.10	$559.85	$580.60	$601.35	$608.58	$638.50
Family	$782.60	$803.35	$824.09	$844.84	$865.59	$886.34	$907.08	$927.83	$948.58	$950.00	$950.00	$950.00
Weekly Contributions												
Team Member	$15.30	$22.95	$30.60	$38.25	$45.91	$53.56	$61.21	$68.86	$76.51	$84.16	$86.83	$97.86
Team Member + Spouse	$214.52	$224.09	$233.67	$243.25	$252.82	$262.40	$271.98	$281.55	$291.13	$300.70	$304.04	$317.85
Team Member + Child(ren)	$191.36	$200.94	$210.51	$220.09	$229.67	$239.24	$248.82	$258.39	$267.97	$277.55	$280.88	$294.69
Family	$361.20	$370.77	$380.35	$389.93	$399.50	$409.08	$418.65	$428.23	$437.81	$438.46	$438.46	$438.46

2027 Medical ID Cards

You will provide your 2027 Nova Healthcare ID Card to your Cigna PPO doctor or hospital when you schedule medical care.

Look for your medical plan ID Cards in the mail to your home address following your enrollment.



HEALTHJOY APP FOR ALL TEAM MEMBERS

HealthJoy Mobile App

The HealthJoy app is available for all Jim Ellis team members, not just those enrolled in the health plan. It includes a summary of all of your Jim Ellis benefits, along with helpful tools and resources to maximize your health.

Use the HealthJoy app as follows:

- **Personalized benefits wallet:** You'll have access to all of your Jim Ellis benefits at your fingertips, including dental, vision, life insurance, disability, and more through the HealthJoy portal.
- **Teladoc access for you and your family members:** Teladoc provides zero-cost access to licensed physicians for non-complex illnesses and injuries. You and your family members can conveniently speak with a licensed physician for routine acute medical concerns.
- **24/7 healthcare concierge team**
  - Even if you are not enrolled in the Jim Ellis medical plan, HealthJoy provides several health-related resources for you.
  - **Find healthcare providers with the "Find Care" tool:** You can find participating primary care physicians and specialists through the convenient HealthJoy app.
  - **Pharmacy savings tool:** This tool helps you find lower-cost medication alternatives, saving you money.
  - **Health cost estimation:** HealthJoy provides cost and quality transparency to help with your medical care shopping needs.

Personalized Benefits Wallet

- The wallet includes easy access to your medical, dental, vision, Flexible Spending Account (FSA), life insurance, disability, critical illness, accident, identity theft, and pet insurance benefits.
  - Includes plan summaries, benefits descriptions, and plan contact information
  - Includes links to locate participating providers for dental and vision coverages.

Pharmacy Savings Tool

- Compare prices quickly and easily by searching local pharmacies for the best discounts.
- Get free coupons on your medications, saving you money. Simply present the coupon to your pharmacist to receive the discount at the time of purchase.

Ask a Health Concierge

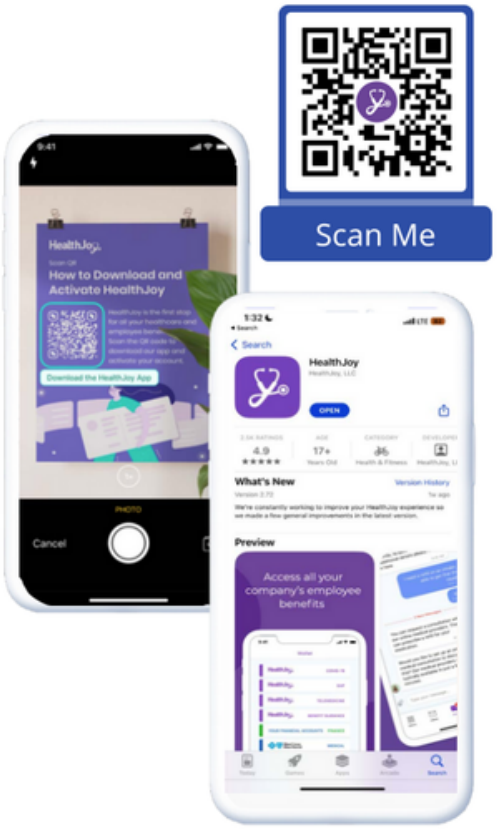
- Chat with Joy, your virtual Healthcare Concierge.
- Get provider, lab, and facility recommendations for a procedure.
- Ask general healthcare questions for guidance and assistance.

Teladoc

- Access the free Teladoc benefit through HealthJoy, regardless of medical enrollment status.
- Speak with a licensed physician for help with non-complex illnesses and injuries.

Find Healthcare Tool

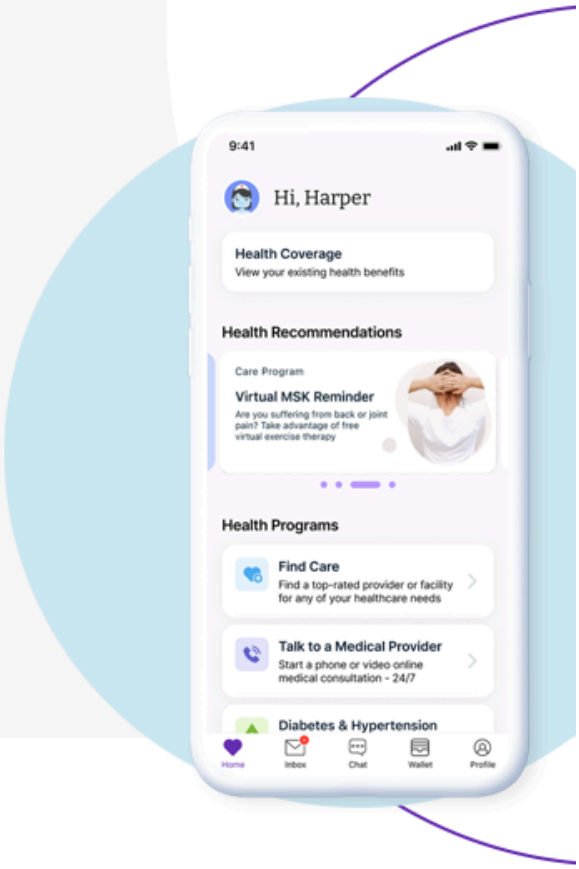
- Search for top-quality healthcare providers in your area.
- Access primary care physicians, including general practice, family practice, internal medicine, and pediatrician doctors.
- You may also access high-quality specialist recommendations through the Find Care tool.
- These recommended physicians have superior clinical outcomes and high scores for cost-effectiveness.



HealthJoy Mobile App

HealthJoy Makes it Easier to be Healthy and Well.

HealthJoy is the virtual access point for all your healthcare navigation and employee benefits needs. We're provided free by your employer to help you understand and make the most of your benefits. We connect you and your dependents with the right benefits at the right moment in your care journey, saving you time, money and frustration.



Help For Your Healthcare Journey.

With 24/7 access to our dedicated healthcare concierge team and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and 24/7 access to our virtual AI-assistant, JOY. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well.

Read on for a description of all the features and services you get with HealthJoy.

- PERSONALIZED BENEFITS WALLET
- HEALTHCARE CONCIERGE TEAM
- PRESCRIPTION SAVINGS REVIEW
- APPOINTMENT BOOKING
- PROVIDER & FACILITY RECOMMENDATIONS
- VIRTUAL HEALTHCARE



"It saved me the time I would have spent Googling results, calling specialists, and searching for an appointment. Instead, I just put in the request, and HealthJoy did the work. The app is like my little assistant!"

Veronica, AZ

Telemedicine for All Jim Ellis Team Members

The Teladoc telemedicine benefit is available for **all Jim Ellis team members** and your family members with a **$0 consultation fee**. Teladoc's telemedicine benefit provides 24-hour access to board-certified licensed physicians. This convenient benefit helps you and your family members get the care you need when you need it. Speak with a licensed physician for non-complex medical needs and advice. **Teladoc is accessed through the HealthJoy healthcare guidance app for all team members, regardless of medical enrollment status.**

You and your family members consult with a physician 24/7/365 by phone, online video, or mobile app from anywhere. You can get advice and treatment for non-emergency medical concerns. You can also use Teladoc for medical advice and care in the following situations:

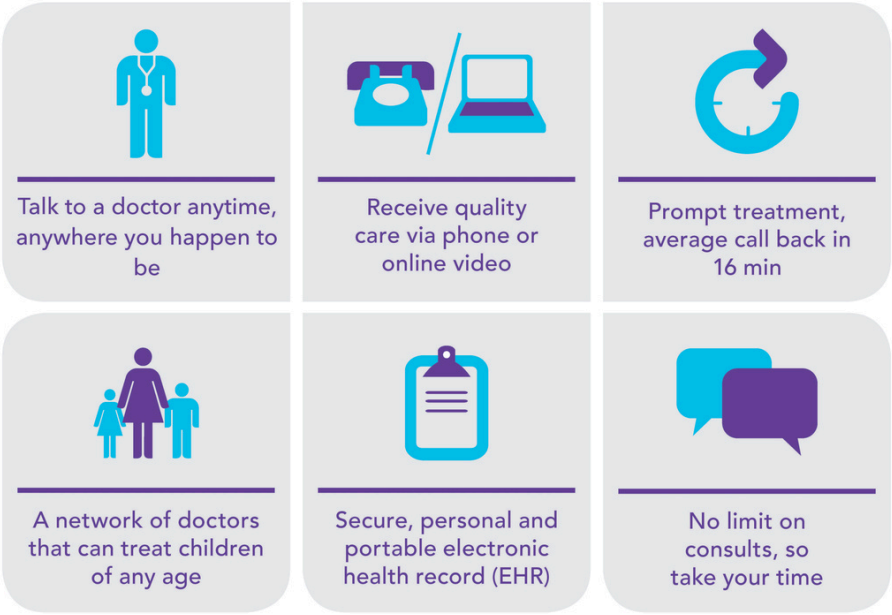
- When your primary care physician is not available or accessible.
- After normal business hours, nights, and weekends.
- When you are at home, traveling, or don't want to take time off from work for a doctor's appointment.
- When you need a prescription refill (not all scripts will be filled by your Teladoc physician).

Common Medical Conditions Treated

- Allergies
- Bronchitis
- Sinus issues
- Cold / flu
- Headaches / migraines
- Respiratory infections
- Stomachache and diarrhea
- Urinary tract infections
- And more

Benefits of Using Teladoc

- Save time and money
- Convenient access to care from home or work
- Choice of consultation method
- Easy access to prescriptions for acute minor illnesses



All Jim Ellis team members will access this benefit through HealthJoy.

Even if you are not enrolled in medical coverage, you'll access the zero-cost telemedicine benefit by downloading the HealthJoy app.

The HealthJoy app includes information regarding all of your Jim Ellis benefits.

Employee Assistance Program: All Team Members

What is SupportLinc?

SupportLinc offers expert guidance to help address and resolve everyday issues. This valuable benefit is available for all Jim Ellis team members.

Designed to help you manage life's challenges and balance home and work, SupportLinc is a no-cost, confidential program available to you and your benefit-eligible family members. Licensed counselors are available 24 hours a day, 365 days a year for support, guidance, and referrals to help you resolve a broad range of concerns, such as:

Up to 8 face-to-face or virtual sessions or 8 weeks of text therapy per issue per year

- Family problems
- Stress and anxiety
- Depression
- Substance abuse
- Grief and loss
- Legal services
- Child care referrals
- Financial planning
- Anger management
- Identity theft
- Elder and adult care referrals
- Marriage and relationship issues

Find Support When You Need It

SupportLinc Employee Assistance Program (EAP) is available whenever you need it most, to address anxiety, work-related pressures, relationships, home responsibilities, substance abuse, and much more.

- Call **(888) 881-LINC (5462) for in-the-moment support from a licensed clinician 24/7/365**
- Visit the web portal, www.supportlinc.com, to learn more about video coaching, text therapy, and self-guided resources
- Use Live Chat on desktop or mobile app
- Email a question to support@curalinc.com
- **Up to 8 face-to-face or virtual sessions per issue per year including clinical and coaching**
- **Text therapy: up to 8 weeks per issue per year**

In-the-moment support
Reach a licensed clinician by phone 24/7/365 for immediate assistance.

Financial expertise
Planning and consultation with a licensed financial counselor.

Legal consultation
By phone or in-person with a local attorney.

Short-term counseling
Access in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work-related pressures, or substance abuse.

Convenience resources
Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.

Confidentiality
SupportLinc ensures no one will know you have accessed the program without your written permission except as required by law.



Your web portal and mobile app
- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

Convenient, on-the-go support
- Textcoach®
  Personalized coaching with a licensed counselor on mobile or desktop
- Animo
  Self-guided resources to improve focus, wellbeing and emotional fitness
- Virtual Support Connect
  Moderated group therapy sessions on an anonymous, chat-based platform

Dental Plan

Anthem provides comprehensive dental coverage with an extensive network of dental providers.

Going In-Network Saves You and the Plan Money

Although the plan includes out-of-network coverage, we recommend you review participating Anthem dental provider information at www.anthem.com/find-care. Click "Basic search as a guest", then select the **"Dental Complete" network**.

What is Balance Billing?

Balance billing happens when a dentist who isn't in your plan's network charges more than your plan pays. This is a risk you take when you receive services from an out-of-network dentist.

Unique Dental Plan Features

- Accidental Injury Benefit: 100% coverage up to the annual maximum with no deductible or coinsurance.
- Online resources: "Ask a Dental Hygienist" and Cost Estimator tool.
- Additional Benefits for Members with Certain Health Conditions: Extra cleanings, gum maintenance, fluoride, sealants, and more.
- International Emergency Dental Program: 100% coverage for emergency dental services while traveling abroad.

Anthem Dental Summary of Benefits	
Calendar Year Deductible	$50 Individual / $150 Family Does not apply to preventive care or orthodontic care
Calendar Year Maximum	$5,000
Orthodontia	50% – Children to age 19 only – $1,000 Lifetime Maximum Benefit
Preventive Care	**100% – no deductible** • Exams and Cleanings – 2 per 12 months • Fluoride – 2 per 12 months (children under age 16) • Bitewing x-rays – once per calendar year • Full mouth x-rays – once per 5 years
Basic Services	**80% - after deductible** • Sealants – once per tooth per 3 years (children under 16) • Space maintainers – once per 5 years (to age 16) • Fillings – once per tooth per 2 years
Major Services	**50% - after deductible** • Root canal • Periodontal maintenance and surgery • Scaling and root planing • Crowns • Oral surgery – simple & surgical • Dentures • Fixed bridges • Inlays/onlays • Implant services

Please refer to the Certificate of Coverage for complete plan details.

Dental Payroll Deduction	Weekly	Semi-Monthly
Team Member	$4.18	$9.06
Team Member + Spouse	$12.88	$27.90
Team Member + Child(ren)	$16.91	$36.64
Family	$27.33	$59.22



Vision Plan



Frequency Limitations
The exam, lens, and frame benefits are once per calendar year. Either the eyeglass benefit or the contact benefit may be used in the same benefit period.

Anthem

The Anthem vision plan includes benefits for an eye exam and frames or contacts. We encourage you to access in-network providers and participating retail locations in order to maximize your vision plan benefits. When you go in-network, the claim is processed at the time of service, avoiding claims filing and reimbursements.

The Anthem vision network includes national and regional retail locations such as Target Optical, Thomas Eye Group, America's Best, For Eyes Optical, LensCrafters, and more, as well as independent vision providers. Locate participating providers using the following instructions:

- Access www.anthem.com/find-care
- Click "Basic search as a guest"
- Select **"Blue View Vision"** plan/network and follow search instructions.

The Importance of Preventive Care

Preventive vision care is important. During an exam, Anthem vision care doctors are able to see signs of a number of eye and other health conditions. This can lead to early detection of major health problems before they become more serious.

Anthem In-Network Vision Summary of Benefits	
Eye Examination Standard	 $20 copay
Eyeglass Lenses (instead of contact lenses) Single / Bifocal / Trifocal / Lenticular	 $20 copay
Lens Options Transitions (children to age 19) Standard Polycarbonate (children to age 19) Factory Scratch Coating Standard Progressive UV Coating Standard Polycarbonate (adults)	 $0 copay $0 copay $0 copay $65 copay $0 copay $40 copay
Eyeglass Frames	Plan pays $250 allowance, then 20% off remaining balance Additional pairs: 40% discount
Contact Lenses Conventional & Disposable Medically Necessary (covered in full)	 Plan pays $250 allowance, then 15% off remaining balance Covered in full



Vision Payroll Deduction	Weekly	Semi-Monthly
Team Member	$1.86	$4.03
Team Member + Spouse	$3.72	$8.05
Team Member + Child(ren)	$3.81	$8.25
Family	$5.67	$12.28

Flexible Spending Accounts (FSA)

A Healthcare Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for eligible healthcare expenses, saving you money. Your contributions go into your FSA account before federal income or Social Security taxes are withheld. You pay less in taxes, leaving you more disposable income. The Healthcare FSA is available for all benefits-eligible team members, including those not enrolled in our health plan. You can use the account for eligible expenses for yourself and your tax dependents.

The Healthcare FSA allows you to contribute up to the IRS maximum on a pre-tax basis into a special account for reimbursement of qualifying out-of-pocket expenses. You can elect this benefit upon initial new hire eligibility, at Open Enrollment, or if you experience a Qualifying Life Event. In order to retain this benefit for next year, an active enrollment election is required at Open Enrollment.

Tax Savings Example

Below is an example of the Healthcare FSA tax savings for a team member with a $65,000 annual salary.

Annual Salary	$65,000
Tax Bracket	22%
Annual Healthcare FSA Election	$2,400
Semi-Monthly Payroll Deduction	$100
Annual Tax Savings	$528

2027 Contribution Maximum
$3,500

2027 Rollover Amount
$700

Qualifying Expenses

Qualifying expenses include insurance copays and deductibles, prescription drugs, dental and vision expenses, certain over-the-counter medications and supplies, as described in IRS Publication 502. There is an extensive list of over-the-counter items and supplies, including items such as sunscreen, teeth aligners, sleep and CPAP treatment items, and menopause treatment items. Access https://medcombenefits.com/resources/for-employees and click “FSA Store” or “FSA Eligible Expenses” for eligible Healthcare FSA products.

Use It or Lose It IRS Regulation

The FSA plan is governed by the IRS, and special rules apply in exchange for the tax savings. Claims must be incurred by December 31, the last day of the plan year, to be eligible for reimbursement. The IRS requires that any unused money in your account at the end of the plan year be retained by your employer and forfeited by the team member. However, the IRS allows **Healthcare FSA** plan members to roll over a specified amount of unused funds for future use.

IRS regulations require appropriate documentation to ensure your claims are valid expenses. You will be asked to provide receipts as documentation for most expenses. Retain receipts and provide them promptly upon request.

FSA Debit Card

FSA plan participants receive a debit card for your convenience. The card may be used where accepted to avoid paying up front and submitting claims for reimbursement.



Your FSA Mobile App

- Check your balance
- Submit claims
- Provide documentation
- and more



Employer-Paid Basic Life & AD&D Insurance

Jim Ellis provides Basic Term Life Insurance and Accidental Death and Dismemberment (AD&D) coverage at no cost to you. The Basic Term Life benefit includes Accidental Death and Dismemberment, which is an additional benefit paid for loss of life, limbs, speech, and hearing caused by an accident (see certificate for details). Anthem/Greater Georgia Life Insurance is now Standard Insurance Company.

Voluntary Life Insurance

Voluntary term life insurance provides the opportunity to supplement the basic coverage provided by Jim Ellis. Now is your opportunity to elect additional life insurance coverage for yourself and family members.

Special Enrollment Opportunity for New Team Members: If you are a new team member, you may elect up to $200,000 for yourself and $50,000 for your spouse, as well as child life insurance coverage with no health questions.

Voluntary life insurance elections and increases for team member, spouse, and child coverage after the initial new hire eligibility window require medical underwriting. If you elect coverage that requires health questions, this will be noted on your Confirmation Statement. You may obtain an Evidence of Insurability (EOI) form from the Benefits Service Center or jimellisbenefits.com and submit it to the insurance company for review. You will not be deducted for your pending insurance amount unless/until you are approved by Standard Insurance Company.

Voluntary Life Insurance Options	Team Member	Spouse	Child(ren) Age 15 days to 26 years
Benefit Amount	Up to 5x annual income in $10,000 increments	Up to 50% of team member's benefit in $5,000 increments	$10,000 Not to exceed 50% of team member's benefit
Benefit Maximum	$500,000 or 5x annual income, whichever is less	$100,000 or 50% of team member's benefit, whichever is less	

Benefits reduce by 35% at age 65 and by 50% at age 70 for you and your spouse.

Voluntary Life Insurance Payroll Deductions

Your specific costs will be based on your age and desired benefit level.

Team Member	Weekly		Semi-Monthly	
	$100,000	$200,000	$100,000	$200,000
Age 20	$2.31	$4.62	$5.00	$10.00
Age 30	$2.77	$5.54	$6.00	$12.00
Age 40	$5.77	$11.54	$12.50	$25.00
Age 50	$17.08	$34.15	$37.00	$74.00
Age 60	$36.46	$72.92	$79.00	$158.00

Spouse (spouse age)	Weekly		Semi-Monthly	
	$25,000	$50,000	$25,000	$50,000
Age 20	$0.35	$0.69	$0.75	$1.50
Age 30	$0.40	$0.81	$0.88	$1.75
Age 40	$0.75	$1.50	$1.63	$3.25
Age 50	$2.13	$4.27	$4.63	$9.25
Age 60	$5.31	$10.62	$11.50	$23.00

Child(ren)	Weekly	Semi-Monthly
	$10,000	$10,000
15 days to Age 26	$0.28	$0.60
**The rate indicated above covers all children in the family.*		

If you are below age 60 and diagnosed with a terminal illness with a life expectancy of less than 12 months, you may collect up to 75% of your life insurance benefit up to $250,000, prior to your death. See certificate for details.

Disability Coverage

Disability coverage provides an income replacement benefit in the event you are unable to work due to an illness or accident and become disabled. Up to 1 in 4 adults in the U.S. have some type of disability.

- **Short Term Disability (STD)** provides a benefit to replace a portion of your income for a short period of time. The benefit amount is 60% of your earnings and the duration is 13 weeks.
- **Long Term Disability (LTD)** pays a monthly income benefit up to Social Security Normal Retirement Age as long as you remain disabled. The benefit amount for LTD coverage is also 60% of your earnings to a maximum monthly benefit of $7,500 and begins on day 91 of disability.

Special Enrollment Opportunity for New Team Members: New team members may elect Short Term Disability at this time with no health questions. Should you wish to elect Long Term Disability (LTD) coverage at a future Annual Open Enrollment, medical underwriting will apply at that time.

Pre-Existing Conditions Exclusion

The plans exclude coverage for disabilities caused by pre-existing conditions. A pre-existing condition is one for which you have been treated or diagnosed during the 12 months prior to your disability effective date. For Short Term Disability, the exclusion does not apply if your disability begins after you've been insured for at least 12 months. For Long Term Disability, the exclusion does not apply if your disability begins after you've been insured for at least 24 months. Please refer to the certificates of coverage for details.

Short Term Disability

Short Term Disability Summary of Benefits	
Benefit Amount	60% of weekly earnings
Maximum Weekly Benefit	$500 (tax-free)
Maximum Benefit Period	13 weeks
Benefits Begin	1st day due to injury 8th day due to illness

Sample Payroll Deductions

Below are sample payroll deductions for STD coverage. Your specific cost will be calculated during your enrollment based on your age and annual income.

The post-tax payroll deductions below are for a team member with:

- An Annual Income of $50,000
- A Weekly Income of $961.54
- A Weekly Benefit of $500 (tax-free)

Deduction	Age 25	Age 35	Age 45	Age 55
Weekly	$2.00	$2.66	$4.13	$6.79
Semi-Monthly	$4.33	$5.77	$8.94	$14.71

Long Term Disability

Long Term Disability Summary of Benefits	
Benefit Amount	60% of monthly earnings
Maximum Monthly Benefit	$7,500 (tax-free)
Maximum Benefit Period	To Social Security Normal Retirement Age
Benefits Begin	91st day of disability

Sample Payroll Deductions

Below are sample payroll deductions for LTD coverage. Your specific cost will be calculated during your enrollment based on your age and annual income.

The post-tax payroll deductions below are for a team member with:

- An Annual Income of $50,000
- A Monthly Income of $4,166.67
- A Monthly Benefit of $2,500 (tax-free)

Deduction	Age 25	Age 35	Age 45	Age 55
Weekly	$1.55	$2.57	$4.94	$10.49
Semi-Monthly	$3.35	$5.58	$10.71	$22.73

Critical Illness

Jim Ellis offers voluntary critical illness coverage, insured by Voya Financial, which provides a **flat dollar benefit in the event of an initial diagnosis of a covered illness**.

Benefit Options	
Team Members	From $5,000 to $30,000
Spouses *	From $5,000 to $15,000
Children *	$1,000 $2,500 $5,000 $10,000

**Team member must have coverage in order to elect spouse and/or child(ren) coverage.*

Covered Illnesses **

- Heart attack
- Cancer
- Stroke
- Sudden cardiac arrest
- Major organ transplant
- Coronary artery bypass
- Carcinoma in situ (50%)
- Type 1 Diabetes
- Transient ischemic attacks (10%)
- Ruptured or dissecting aneurysm (10%)
- Severe burns
- Pacemaker placement (10%)
- Benign brain tumor
- Skin cancer (10%)
- Coma
- Bone marrow and stem cell transplant (50%)
- Permanent paralysis
- Loss of sight, speech, or hearing
- ALS
- Parkinson's Disease
- Advanced Dementia
- Muscular dystrophy
- Infectious disease (hospital requirement) (25%)
- Occupational HIV
- Occupational Hepatitis B or C
- Child conditions such as Cerebral Palsy, Cystic Fibrosis, Down Syndrome, and more

***Refer to the certificate for complete coverage details.*

Wellness Benefit

The critical illness plan includes a wellness benefit for preventive screenings. The list of covered preventive screenings is extensive and includes but is not limited to chest x-rays, mammograms, routine eye exams, dental exams, colonoscopies, CA 125 and CEA blood tests, prostate-specific antigen testing, annual well-woman exams, and more.

Wellness Benefit Amount: $75 per insured

Critical Illness Payroll Deductions

Team Member	Weekly		Semi-Monthly	
Age	**$5,000**	**$10,000**	**$5,000**	**$10,000**
Under 30	$0.44	$0.88	$0.95	$1.90
30-39	$0.65	$1.29	$1.40	$2.80
40-49	$1.21	$2.42	$2.63	$5.25
50-59	$2.83	$5.65	$6.13	$12.25
60-64	$7.10	$14.19	$15.38	$30.75
65-69	$7.67	$15.35	$16.63	$33.25
70+	$9.90	$19.80	$21.45	$42.90

Spouse	Weekly		Semi-Monthly	
Age	**$5,000**	**$10,000**	**$5,000**	**$10,000**
Under 30	$0.60	$1.20	$1.30	$2.60
30-39	$0.68	$1.36	$1.48	$2.95
40-49	$1.30	$2.61	$2.83	$5.65
50-59	$2.48	$4.96	$5.38	$10.75
60-64	$3.55	$7.11	$7.70	$15.40
65-69	$5.40	$10.80	$11.70	$23.40
70+	$8.15	$16.29	$17.65	$35.30

Child Payroll Deductions		
Benefit	**Weekly**	**Semi-Monthly**
$1,000	$0.06	$0.14
$2,500	$0.16	$0.34
$5,000	$0.31	$0.68
$10,000	$0.62	$1.35



Voya Financial Voluntary Accident

The Jim Ellis voluntary accident plan provides financial protection for medically necessary treatment as a result of a covered unexpected accident. The Voya Financial accident plan provides a benefit based on the schedule below. Accidents resulting from organized sports activities receive an additional 25% benefit.

Below is a summary of the accident plan benefits. Please refer to the Summary of Benefits or certificate of coverage for complete details.

Hospital Care	
• Surgery - Open abdominal, thoracic	$1,200
• Blood	$600
• Admission	$1,500
• Confinement per day up to 365/year	$350
• Transportation per trip up to 3/accident	$750
• Lodging per day up to 30 days	$180
Accident Care	
• Initial doctor visit	$100
• Urgent care	$225
• Follow-up doctor treatment	$100
• Medical equipment	$200
• Speech & physical therapy up to 6/accident	$50
• X-ray	$75
Common Injuries	
• Burns - 2nd and 3rd degree	$1,250 - $15,000
• ER dental work	$90 - $350
• Eye injury	$100 - $350
• Torn knee cartilage	$225 - $800
• Lacerations	$30 - $480
• Tendon, ligament, rotator cuff	$425 - $1,225
• Concussion	$300
• Paraplegia	$16,000 - $24,000
Dislocations	Non-Surgical / Surgical
• Hip Joint	$3,850 / $7,700
• Knee	$2,400 / $4,800
• Ankle or foot bones (other than toes)	$1,500 / $3,000
• Shoulder	$1,600 / $3,200
• Elbow, Wrist	$1,100 / $2,200
• Finger/Toe	$275 / $550
• Hand bone(s) other than fingers	$1,100 / $2,200
• Lower jaw, collarbone	$1,100 / $2,200
• Partial dislocations	25% of the non-surgical benefit
Fractures	Non-Surgical / Surgical
• Hip	$3,000 / $6,000
• Leg	$2,500 / $5,000
• Ankle, Hand, Wrist	$1,800 / $3,600
• Collarbone	$1,440 / $2,880
• Rib(s)	$400 / $800
• Shoulder	$1,800 / $3,600
Sports Accident Benefit Covers accidents as a result of an organized sporting activity	Pays an additional 25% of the Hospital Care, Accident Care, or Common Injuries benefit to a maximum of $1,000

Accident Payroll Deductions Weekly	
Team Member	$1.32
Team Member + Spouse	$2.18
Team Member + Child(ren)	$2.84
Family	$3.70

Accident Payroll Deductions Semi-Monthly	
Team Member	$2.85
Team Member + Spouse	$4.73
Team Member + Child(ren)	$6.15
Family	$8.03

How to File a Claim

- Go to voya.com/claims.
- Select “Get Started.”
- Click the button beside “Policyholder,” and then select who the claim is for.
- Click “Continue” and enter the required information.
- Your Group Name and Number are:
  Jim Ellis Automotive Group | 70271-4



Allstate Identity Theft

Every 2 seconds, thieves steal another identity. Your identity includes more than your Social Security Number and bank accounts. The Allstate Identity Protection Pro Plus Plan does more than monitor your credit reports and scores. It safeguards your personal information and the data you share.

Allstate Identity Protection gives you the tools and protection to monitor activity, stop identity theft early, and resolve it quickly. Most victims only discover they have a problem when they are denied credit or receive bills for items never ordered. We encourage you to consider this benefit as a proactive step to help protect your personal information.

The Allstate Identity Protection plan has extensive protection for you and your family. Benefits include but are not limited to:

- Proactive Credit Monitoring
- Credit Score Tracking
- Social Media & Dark Web Monitoring
- Student Loan Activity Alerts
- Lost Wallet Protection
- Data Breach Notifications
- Credit Freeze & Dispute Assistance
- Stolen Fund Reimbursement up to $1M
- IP Address Monitoring
- Robocall and ad blocker
- Mental health support, with free access to Talkspace Go for family members
- Family digital safety tools

Comprehensive Monitoring and Alerts

- Allstate scam protection
- Protection features for children
- Dark web monitoring
- Financial transaction and high-risk monitoring
- Social media account takeover monitoring
- Credit monitoring and alerts
- and more

Identity Theft Deductions		
Coverage Level	**Weekly**	**Semi-Monthly**
Team Member	$2.30	$4.98
Family	$4.14	$8.98

With Allstate Identity Protection Pro+, get new and enhanced features designed to help you defend yourself from today's risks*

- See and control your personal data with privacy insights and privacy management in our unique tool, Allstate Digital Footprint℠
- Learn more about your risk potential by checking your Identity Health Status
- Receive personalized threat insights to help you protect yourself against the latest trends in scams and fraud
- Protect yourself and your loved ones with a family plan that includes senior family coverage for parents, in-laws, and grandparents over the age of 65 (everyone "under your roof and wallet")
- Get reimbursed for many of your out-of-pocket costs, with additional coverage for:
  - Home title fraud expense reimbursement up to $1 million†
  - Professional fraud expense reimbursement up to $2 million†
  - Stolen wallet emergency cash up to $500†

You'll also be able to:

- Monitor social media accounts for questionable content and signs of account takeover
- View and manage alerts in real time
- Catch fraud early with tri-bureau monitoring and an annual tri-bureau credit report and score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- See if your IP addresses have been compromised
- Receive alerts for cash withdrawals, balance transfers, and large purchases
- Get reimbursed for fraud-related losses, like stolen 401(k) & HSA funds, with our identity theft expense coverage†

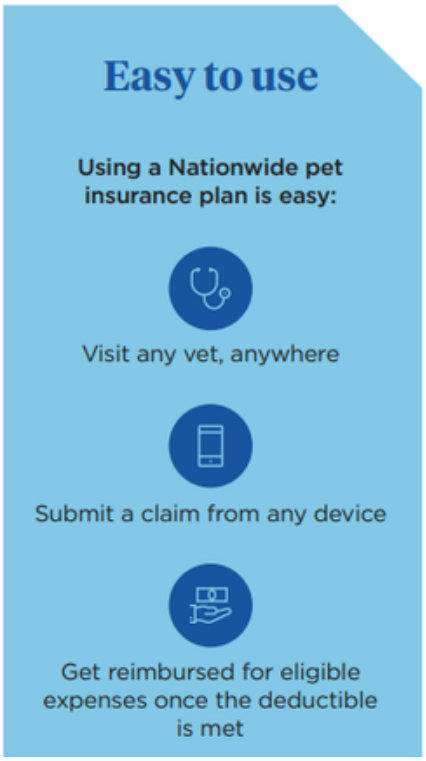
Nationwide Pet Insurance

Jim Ellis offers a pet insurance benefit through Nationwide to help care for these special family members! Pet insurance is enrolled with Nationwide, and the premiums are remitted directly to Nationwide. Plus, since this benefit is offered through your employer, premiums are discounted.

The plan includes the flexibility to **use any vet** for your pet's services, and **no pre-certifications or pre-approvals** are required. You can get cash back for accidents, illnesses, prescriptions, and wellness services. There's never been a better time to protect your pet, and plans are available for dogs, cats, birds, and exotic pets. Claims can easily be filed online for reimbursement.

Plan Features

- Coverage available for accidents, illnesses, and wellness
- Use any licensed veterinarian, including emergency and specialty providers
- Unlimited 24/7 pet telehealth support with Nationwide VetHelpline
- Effortless, low-cost pet prescriptions with Nationwide PetRxExpress
- Savings on veterinary care at Petco Veterinarian Services clinics



What's Covered

- Accidents and injuries
- Common illnesses (upset stomach, allergies, etc.)
- Serious illnesses (cancer, diabetes, etc.)
- Surgeries and hospitalizations
- Diagnostic tests (X-rays, MRIs, CT scans)
- Prescription medications, chemotherapy, and therapeutic diets
  - Included for all plan options
  - Use any vet or vendor (for example Chewy)
  - Use PetRxExpress for automated reimbursements
- Free, 24/7 access to VetHelpline for guidance on any pet health concern
- Lost pet (due to theft) benefit
- Mortality benefit up to $1,000
- Optional preventive wellness coverage
- Multi-pet discounts available

Get a Quote

Your cost varies according to the My Pet Protection Choice plan, additional benefits, species, and zip code.

For a quote, visit https://partnersolutions.nationwide.com/pet/jimellis or call (877) 738-7874

Choose Your Coverage Level

- Deductible options of $100, $250, or $500
- Reimbursement levels of 50%, 70%, or 80%
- Annual maximum coverage of $2,500 or $5,000
- Optional wellness coverage of $450 or $800

Pre-Existing Conditions Exclusion

- The plan excludes coverage for pre-existing conditions. A pre-existing condition is one which was incurred up to 12 months prior to the effective date of the policy.



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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

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

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**ILLINOIS - Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: mhfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

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

LOUISIANA – Medicaid	MAINE – Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: https://dss.mo.gov/mhd/hipp Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/individuals-families/familycare/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

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

NORTH DAKOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

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

WEST VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: https://bms.wv.gov/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 5/31/2029)

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

The Jim Ellis Benefits Service Center - 770-295-1100 or benefits@jimellisbenefits.com

_____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Jim Ellis Atlanta, Inc.		4. Employer Identification Number (EIN) 58-1500444	
5. Employer address 5855 Peachtree Boulevard		6. Employer phone number 770-454-8200	
7.City Atlanta	8. State GA	9. ZIP code 30341	
10. Who can we contact about employee health coverage at this job? Jim Ellis Benefits Service Center			
11. Phone number (if different from above) 770-295-1100	12. Email address benefits@jimellisbenefits.com		

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are:

    Employees working 30 or more hours per week are eligible
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    Legal spouses, Natural born children, Adopted children, Stepchildren, Foster children, Children for whom the team member has legal guardianship, Disabled dependents over the age of 26, with a corresponding physician statement
  - ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $ _____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $ _____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

BENEFIT CONTACT INFORMATION

Medical

Nova Healthcare
Claims Administrator
& Customer Service
(855) 206-1040
www.novahealthcare.com/member

Medical / Prescription Drug

VeracityRx
(888) 388-8228
www.oneveracity.com/rxmembers

HealthJoy: All Team Members

Healthcare Guidance App
Benefits Wallet
Teladoc Access
(877) 500-3212
www.healthjoy.com/members

Flexible Spending Accounts

Medcom
(800) 523-7542
www.medcombenefits.com

Dental

Anthem
(877) 604-2158
www.anthem.com/mydental

Vision

Anthem
(866) 723-0515
www.anthem.com/vision

Employee Assistance Program

SupportLinc
(888) 881-LINC (5462)
www.supportlinc.com
group code: jimellisautomotivegroup

Life Insurance

Standard Insurance Company
(800) 552-2137
www.standard.com

Disability

Standard Insurance Company
(800) 232-0113
www.standard.com

Critical Illness & Accident

Voya Financial
(877) 236-7564
www.voya.com

Pet Insurance

Nationwide
(877) 738-7874
https://partnersolutions.nationwide.com/pet/jimellis

Identity Theft

Allstate Identity Protection
(800) 789-2720
www.allstateidentityprotection.com

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Benefits Service Center

(770) 295-1100

Benefits Website

www.jimellisbenefits.com

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If you would like to receive a paper copy of your plan documents, please contact the Jim Ellis Benefits Service Center at (770) 295-1100. Benefit plan documents can be found at www.jimellisbenefits.com.



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Please note that this guide is a general summary of your benefits. For specific details, you may refer to the applicable summary plan description or certificate of coverage. Every effort has been made to ensure that this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this booklet and the terms in the plan document, the plan document will prevail.