

New Hire Enrollment Guide



To enroll, call the Benefits Service Center at (770) 295-1100

or access www.jimellisbenefits.com.



2023 Plan Year







Jim Ellis Atlanta offers an extensive benefits portfolio for you and your family. Basic life insurance and an Employee Assistance Program are provided to you at no cost. You are eligible to elect medical, dental, vision, optional life insurance, short term disability, long term disability, critical illness, and accident coverage. Jim Ellis makes a financial contribution to your medical and dental premiums.

Additional information about your benefits is located on the benefits website at www.jimellisbenefits.com. The Benefits Service Center can also assist with benefits questions and enrollment. We encourage you to use these resources to maximize your benefits and understand your options.

We appreciate your service as a Jim Ellis employee.

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Pre-Tax Benefits

Your medical, dental, and vision premiums will be deducted on a pre-tax basis. Once you enroll in these plans, no changes are permitted during the plan year without 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 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 be effective.

Benefits Eligibility

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 call to enroll. Annual Open Enrollment is held in November, 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 have a qualifying life event.



Enrollment Information

Information Needed 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. (Required) Dependent children include your natural children, adopted children, step-children, and children whom you claim as dependents for Federal Income Tax purposes, or for whom you have legal guardianship.*
- Your spouse's name, date of birth, and Social Security Number, if applicable.*
- Your current address to ensure your ID cards and other important benefit information are sent to the correct address.
- The full name, address, and date of birth of your life insurance beneficiary (your beneficiary must be at least 18 years old).

Note: Collecting dependent Social Security Numbers is a legislative requirement for enrollment in the health, dental, and vision plans.

Two Ways to Enroll

Telephonic Enrollment: Should you wish to complete your elections by phone, please call the Benefits Service Center at (770) 295–1100. Benefits Service Center hours are Monday – Thursday from 8 a.m. to 6 p.m. and Friday from 8 a.m. to 5 p.m. The Benefits Specialists will explain your benefit choices and complete your enrollment.

On-line Enrollment: You may also enroll online. Access www.jimellisbenefits.com. Click on "Enrollment Portal."

- Step 1: Click on "Get Started Now." You will be prompted to enter your e-mail address, the last four digits of your Social Security Number, and your Date of Birth. The system will identify you by these credentials and allow you to create a password.
- Step 2: Once you have created your password, you can complete your enrollment. Complete your benefits elections by clicking "Begin Enrollment" and following the prompts. For future logins, your User ID will be your email address.

The Benefits Service Center is available to assist you with website navigation should you choose to enroll on-line.

Completing Your Enrollment

Once you have completed the new hire enrollment process, you will receive a confirmation statement. Please review this form carefully and contact the Benefits Service Center if you need to make changes.

Employee Portal Information

The Jim Ellis Employee Portal is your online resource for:

- 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...

Please direct questions about the Employee Portal to:

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

Portal Registration

- Please go to: https://workforcenow.adp.com
- · Click on the first bullet point: First-Time Users Register Here
- When asked for your Registration Code enter:
 JIMELLIS-ADPNET (registration code is case-sensitive)
- You must register with your full name as it appears on your pay check.
- Please read carefully and select your security questions.
- Enter your contact information accurately so you may receive emails from the company and your activation code for the portal from ADP.
- After your initial registration, you can access the Portal from anywhere at anytime, 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 inter-company communication!

Note: For email address inquires, please contact: training@jimellis.com.

Medical Coverage



Jim Ellis is pleased to offer a medical plan administered by Nova Healthcare Administrators (Nova) using the Cigna PPO network. The plan includes an integration with HealthJoy, a healthcare guidance app that improves your healthcare experience while helping you save both time and money. HealthJoy is free for you to use and provided by Jim Ellis. You get on-demand access to healthcare concierges, an employee benefits wallet, and more with HealthJoy.

The medical plan provides 100% coverage after a copay for services, and the copays apply to the member out-of-pocket maximum. Although the plan includes out-of-network coverage, your costs are significantly reduced if you remain in the Cigna network. You may access Cigna PPO network information as follows:

- www.novahealthcare.com/member
- Find a Provider
- Click on the Cigna Provider directory, select PPO for the plan, and follow the search instructions or access https://hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC001 or call (855) 206-1040

You will provide your Nova Healthcare ID Card to your Cigna PPO doctor or hospital when you schedule medical care, and pay your copay at the time of service.

Quality Matters

All doctors are not the same. Your medical plan includes tools and resources to help you and your family find high-quality healthcare. Download the HealthJoy app to learn more.

The Edison Centers of Excellence program is mandatory for cancer, orthopedic, spine, and non-acute cardiac procedures. To receive coverage for one of these procedures, members are required to access the Edison Smart Care Centers network. The medical plan also includes access to Edison's Smart Care Centers for additional conditions on a voluntary basis (refer to Page 6).

2023 Medical Payroll Deductions

A	Under	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$100,000
Annual Earnings	\$14,999	- \$19,999	\$24,999	- \$29,999	- \$34,999	- \$39,999	- \$44,999	- \$49,999	- \$54,999	\$59,999	\$99,999	+
				Se	mi-Monthly	y Contribut	tions					
Employee Only	\$37.50	\$56.25	\$75.00	\$93.75	\$112.50	\$131.25	\$150.00	\$168.75	\$187.50	\$206.25	\$212.79	\$239.83
Employee + Spouse	\$420.06	\$438.81	\$457.56	\$476.31	\$495.06	\$513.81	\$532.56	\$551.31	\$570.07	\$588.82	\$595.35	\$622.39
Employee + Child(ren)	\$374.72	\$393.47	\$412.22	\$430.97	\$449.72	\$468.47	\$487.22	\$505.97	\$524.72	\$543.47	\$550.01	\$577.04
Family	\$707.27	\$726.02	\$744.77	\$763.52	\$782.27	\$801.02	\$819.77	\$838.52	\$857.27	\$876.02	\$882.56	\$909.59
					Weekly C	ontribution						
Employee Only	\$17.31	\$25.96	\$34.62	\$43.27	\$51.92	\$60.58	\$69.23	\$77.88	\$86.54	\$95.19	\$98.21	\$110.69
Employee + Spouse	\$193.87	\$202.53	\$211.18	\$219.84	\$228.49	\$237.14	\$245.80	\$254.45	\$263.11	\$271.76	\$274.78	\$287.25
Employee + Child(ren)	\$172.95	\$181.60	\$190.25	\$198.91	\$207.56	\$216.21	\$224.87	\$233.52	\$242.18	\$250.83	\$253.85	\$266.33
Family	\$326.43	\$335.08	\$343.74	\$352.39	\$361.05	\$369.70	\$378.35	\$387.01	\$395.66	\$404.32	\$407.33	\$419.81

Spousal Health Plan Coverage Requirements

- Employees covering spouses on the health plan will be required to provide proof of current marriage (marriage certificate and joint marital document, i.e. mortgage / bank statement, utility bill, etc.).
- Spouses with other employer-sponsored health coverage will not be eligible for the Jim Ellis health plan. An affidavit acknowledging no other employer-sponsored health coverage will be required.
- If you cover a spouse for health coverage, you will receive an email from the Benefits Service Center following enrollment explaining the
 documentation needed.

In-Network Medical Benefit Summary

In-Network Plan Design	PPO Plan
Preventive Care	\$0 copay
Primary Care Physician	\$25
Mental Health / Substance Abuse Office Visit	\$75
Specialist Office Visit	\$75
Emergency Room Visit	\$750 (waived if admitted)
Ambulance Services	\$500
Urgent Care Facility	\$75
Diagnostic Labs and Radiology	\$150
Advanced Imaging (MRI, CT, PET)	Ambulatory, Surgical Center: \$450 Facility: \$750
Outpatient Surgery (Ambulatory, Surgical Center)	\$1,500
Outpatient Therapy (PT, OT, Speech) - 20 visit maximum	\$75
Inpatient Hospitalization	\$4,500
Outpatient Hospitalization	\$2,500
Allergy Testing & Injections	\$75
Chiropractic Care - 20 visit maximum	\$75
Durable Medical Equipment	\$200
Home Healthcare - 50 visit maximum	\$75
Hospice	\$465
Skilled Nursing Facility - 160 visit maximum	\$4,500
Maternity	
Initial Office Visit	\$75
Preventive & Pre-Natal Care	No charge
Delivery and Postnatal Care	\$4,500
Retail Prescriptions	
Tier 1 - Generics	\$10
Tier 2 - Preferred Brand	\$60
Tier 3 - Non-Preferred Brand	\$80
Tier 4 - Specialty	Not covered under the pharmacy benefit
Out-of-Pocket Maximums	
Individual	\$9,100
Family	\$18,200

Benefit Summary Notes:

- 1. Higher out-of-pocket costs for out-of-network services
- 2. Refer to the benefits summary on the benefits website for additional details

Prescription Drug Coverage



Your Jim Ellis medical plan includes retail and mail order prescription drug benefits administered by Pharmacy Benefit Dimensions. The prescription drug benefit is included in the medical plan out-of-pocket.

Retail Pharmacy Benefit

The retail pharmacy network includes an extensive listing of retail stores, grocery store pharmacies, and independent pharmacies. To help manage the cost of prescriptions for both our employees and for Jim Ellis, the pharmacy network includes CVS but does not include Walgreens. We encourage employees to obtain prescriptions from grocery store pharmacies such as Kroger and Publix to reduce your cost and the plan's cost.

90-Day Supply Pharmacy Benefit

Your plan includes the following options for a 90-day supply:

- <u>Mail order</u>: Mail order is a cost-effective way to receive your maintenance medications. Once enrolled in the plan, you can request mail order drugs by phone or online, or your provider may send the 90-day script to the mail order vendor.
- 90 day supply retail benefit: Certain medications are accessible at your retail pharmacy in a 90-day supply if the script is written for 90 days. Although not all medications are available for a 90-day supply via the retail benefit, this is another convenient way to access your maintenance medications.

Prescription Tier	Retail Copay	Mail Order Copay	90-Day Retail Copay
Generics - Tier 1	\$10	\$20	\$20
Preferred Brand - Tier 2	\$60	\$120	\$120
Non-Preferred Brand - Tier 3	\$80	\$160	\$160
Specialty Drugs	Not Covered	Not Covered	Not Covered

Specialty Medication Exclusion

Specialty medications are not covered on the medical plan.

Pharmacy Benefit Formulary

Access the https://www.jimellisbenefits.com website or contact the Benefits Service Center to obtain the 2023 prescription drug formulary. Please review the formulary list to understand how your current medications are covered on the health plan.

Online Access to Your Prescription Drug Benefit

Access www.pbdrx.com for general and member-specific information including:

- Access to your claims information and out-of-pocket costs (member login required)
- · Medication look-up tool which provides out-of-pocket costs for medications at various pharmacies
- FDA updates, and more

Edison Centers of Excellence



The Edison program is mandatory for orthopedic, spine, cancer, and non-acute cardiac procedures and conditions. For these conditions to be covered on the health plan, medical plan members must engage with Edison and visit a Smart Care Center for care. In certain situations, medical plan members who are currently obtaining treatment for an orthopedic, spine, cancer, or non-acute cardiac condition may continue with their care outside of Edison if desired.

Distance and cost should never hinder you from receiving the best possible medical care. Our employees who are enrolled in medical will have full access to Edison's Smart Care Network. All possible barriers have been removed for the best care and all travel expenses will be covered for you and a companion. All employees, spouses, and dependent children enrolled in the medical plan are eligible. This is ZERO COST HEALTHCARE at AMERICA'S BEST MEDICAL CENTERS for the diagnosis types listed below.

EDISON HEALTHCARE

SMART CARE CENTER NETWORK



Second Opinions

A thorough medical review is provided before traveling to an Edison's Smart Care Center.

Travel with Fase

Edison will coordinate your travel, cover all costs, and provide a prepaid card for your food and incidentals. Traveling for care has never been this easy!

Why are Edison's medical centers considered the best of the best?

- Medical centers that are recognized as the top in the world based on risk-adjusted quality outcomes.
- · Multi-disciplinary teams who deliver a fully vetted diagnosis, the best possible treatment, and extraordinary surgical outcomes.
- Team-based diagnosis and treatment plan with doctors who are paid a salary rather than paid by procedure.

Get to know Edison

We encourage you to reach out and learn how Edison can help you and your family today. We understand how frightening a new diagnosis can be, which is why we have partnered with Edison to give you the best resources and care possible!

Phone: (866) 982-7988

Email: ehc@edisonhealthcare.com

Mandatory for certain conditions:

Orthopedic, spine, cancer, and non-acute cardiac procedures and conditions

HealthJoy Member Portal

HealthJoy

HealthJoy Helps You and Your Family

HealthJoy connects you with the right care and support throughout the year, making it easier to be healthy and well.





Meet Emily, a busy customer service representative who's expecting her first baby this year.

Cost Estimation

Before she gives birth, Emily asks a healthcare concierge to estimate out-of-pocket costs.

Rx Savings Review

Her husband requests a review and finds a lower-cost prescription for his allergies.

Medical Plan Details

Emily uses her benefits wallet to track out-of-pocket and deductible spending.

Provider Search

Emily uses the provider search feature to find a pediatrician for her new baby.

Accounts for Spouses and Dependents

Emily's husband can download HealthJoy for his phone to have access to the same information.

How will HealthJoy help YOU this year?

Click the Download and Activate link in your email or visit go.healthjoy.com/activate to get started



HealthJoy Member Portal

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 understand and make the most of your benefits. We connect you and your family 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, visits, and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and navigate your benefits. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well.







RENEFITS

WALLET









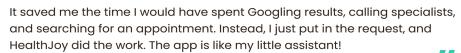
HEALTHCARE CONCIERGE

RX SAVINGS

APPOINTMENT BOOKING

PROVIDER RECOMMENDATIONS





Veronica, AZ



Chat with us today by logging into the HealthJoy app or call (877) 500-3212



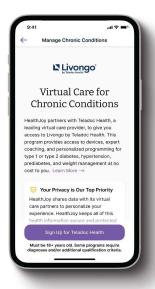




Chronic Care

Chronic Care

Livongo's Chronic Care Management programs support management of individual member chronic health conditions. The programs help to minimize healthcare costs with less visits to the ER among individual members diagnosed with diabetes or hypertension, or at risk of developing diabetes by addressing multiple conditions in a unified experience, including underlying lifestyle and behavioral drivers.





Connected glucometers, scales and blood pressure monitors provide real-time feedback and personalized calls to action

Health coaches offer ongoing support based on individual conditions, motivations and lifestyles and provide 24/7 remote monitoring with emergency outreach









Coaches interpret health metrics, social determinants, preferences, clinical needs and more to trigger timely, actionable feedback that drives behavior change

Empowers members simplifying and lightening the burden of self management



Who can join?

To enroll in Chronic Care for Diabetes, you must have a diagnosis of type 1 or type 2 diabetes. To enroll in Chronic Care for Hypertension, you must have high blood pressure. To enroll in Diabetes Prevention/Weight Management, you cannot have diabetes; cannot be pregnant; must meet body mass index (BMI) threshold.

Quick Reference Guide for Medical Plan Members



Benefits Guidance App - Health Joy

Provides access to all of your Jim Ellis benefits, including benefit summaries and contact information. Use HealthJoy to find providers, obtain medical and prescription cost estimates, and access medical plan details including tracking your out-of-pocket. Use HealthJoy to access Teledoc for 24/7 convenient access to licensed physicians for non-complex issues like colds, sinus infections, minor injuries, and skin conditions.

(877) 500-3212

www.healthjoy.com



Medical Claims Administrator - Nova Healthcare

Your contact for ID Card requests, prior authorizations for treatment, coverage questions, and claims issues.

(855) 206-1040

www.novahealthcare.com/member



Pharmacy Manager - Pharmacy Benefit Dimensions

Your contact for prescription questions and inquiries.

(888) 878-9172

www.pbdrx.com



Centers of Excellence - Edison Healthcare

Your contact for complex healthcare conditions including cancer, cardiac, spine, orthopedic, transplant, regenerative medicine, and complex pediatric conditions and diagnoses. Unsure if your serious condition is a good fit for Edison? Contact Edison to learn more. Note: the Edison Healthcare Centers of Excellence Program is mandatory for spine, ortho, cancer, and non-acute cardiac conditions. If you have one of these conditions, contact Edison today. Edison provides the best possible care for the most complex conditions with no member costs.

(866) 982-7988

www.edisonhealthcare.com



Telemedicine - Teladoc

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

(877) 500-3212

www.healthjoy.com



Telemedicine for All Jim Ellis Employees

The Teladoc telemedicine benefit is available for all benefits-eligible Jim Ellis employees and your family members. Teledoc'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 access is conveniently accessible through the HealthJoy healthcare guidance app.

Teladoc members can 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:

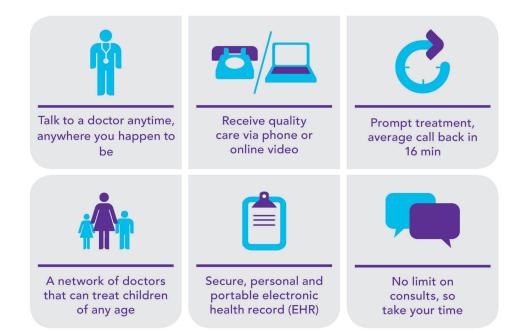
- · When your primary care physician is not available or accessible.
- After normal business hours, nights, and weekends.
- When you are at home, traveling, or don't want to take time off work for a doctor's appointment.
- When you need a prescription refill (not all scripts will be filled by your Teledoc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

Common Medical Conditions Treated

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

Benefits of Using Teladoc

- Quicker recovery
- Save time and money
- Choice of consultation method
- Convenient prescription



Medical Plan Participants

Access Teladoc through the HealthJoy portal

Benefits-Eligible Employees and Dependents Not Enrolled in Medical

Access Teladoc through <u>www.teladoc.com/mobile</u> or by calling (800) Teladoc (835-2362)

SupportLinc



Employee Assistance Program

Jim Ellis offers employee assistance through the SupportLinc Employee Assistance Program. SupportLinc offers expert guidance to help address and resolve everyday issues for all Jim Ellis employees.

What Is SupportLinc?

Designed to help you manage life's challenges as well as 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:

- 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, <u>www.supportlinc.com</u>, to learn more about video coaching, text therapy, and self-guided resources
- Use Live Chat on desktop or mobile
- Email a question to <u>support@curalinc.com</u>
- 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 Coverage

Anthem

Anthem Dental Plan

Anthem provides comprehensive dental coverage with an extensive network.

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. Select the "Dental Complete" network and follow the search instructions from the "Find a Doctor" menu.

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 Plan Features

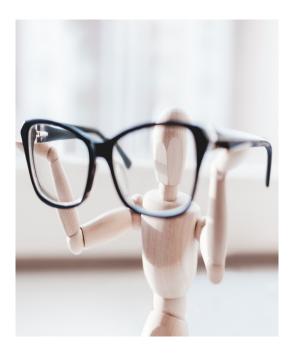
- Accidental Injury Benefit coverage at 100%, no deductible or coinsurance up to the dental plan annual maximum.
- Online resources: "Ask a Dental Hygienist" and Cost Estimator tool
- Benefits such as extra cleanings, gum maintenance, fluoride, sealants, and more for members with certain health conditions.
- 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 ortho	\$50 Individual / \$150 Family Does not apply to preventive care or orthodontic care		
Calendar Year Maximum	\$5,000	\$5,000		
Orthodontia	50% - Children to age 19 only - \$1,000 Be	50% - Children to age 19 only - \$1,000 Benefit Lifetime Maximum		
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		 Sealants – once per tooth per 3 years (children under 16) Space maintainers – once per 5 years (to age 16) 		
Major Services	 50% after deductible Root canal Periodontal maintenance and surgery Scaling and root planing Crowns Oral surgery – simple & surgical * 	DenturesFixed bridgesInlays/OnlaysImplant services		

Dental Payroll Deductions	Weekly	Semi-Monthly		
Employee Only	\$3.75	\$8.13		
Employee + Spouse	\$11.55	\$25.03		
Employee + Child(ren)	\$15.17	\$32.87		
Family	\$24.51	\$53.12		
Dependent children are eligible up to age 26.				

Vision Coverage





The Anthem vision plan includes benefits for an eye exam and frames or contacts. We encourage you to access in-network providers and retail locations for the best benefits. Plus, when you go in-network, the claim is processed at the time of service with no claims to file for reimbursement.

The Anthem vision network is extensive, including large retail locations such as LensCrafters, Pearle Vision, Target Optical, JC Penney, and more along with independent vision providers. Below are online instructions to locate participating Anthem vision providers:

- Access <u>www.anthem.com</u>
- Click "Find Care" and select "Vision" in the drop-down for the type of care.
- Select "Blue View Vision" for the plan/network and follow the search instructions.

Preventive vision care is important. Anthem vision care doctors can see signs of many eye and other health conditions during an exam. This can lead to early detection of major health problems before they become more serious.

Frequency Limitations: The exam, lens, and frame benefits are once per calendar year.

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

Vision Payroll Deductions	Weekly	Semi-Monthly		
Employee Only	\$1.86	\$4.03		
Employee + Spouse	\$3.72	\$8.05		
Employee + Children	\$3.81	\$8.25		
Family	\$5.67	\$12.28		
Dependent children are eligible up to age 26.				

Life Insurance Coverage



Anthem 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.)



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

You may elect up to \$200,000 for yourself and \$50,000 for your spouse at this time with no health questions. Additional coverage amounts require medical underwriting. Please obtain an Evidence of Insurability (EOI) form from the Benefits Service Center if you wish to enroll in coverage above these amounts. This form will need to be completed and submitted to Greater Georgia Life for review before coverage can be confirmed.

If you terminate employment at Jim Ellis, you may be able to continue your life insurance by paying your premiums directly to Anthem as long as you apply within 31 days of your termination date. See certificate for details.

Voluntary Life Summary of Benefits	Employee	Spouse			
Benefit Amount	Up to 5x annual income in \$10,000 increments	Up to 50% of employee's benefit in \$5,000 increments			
Benefit Maximum	\$500,000 or 5x annual income (whichever is less)	\$100,000 or 50% of employee's benefit (whichever is less)			
Child					
Age 15 days to 26 years \$10,000 (not to exceed 50% of employee's benefit)					
Benefits reduce by 35 % at age 65 and	by 50% at age 70.				

Voluntary Life Payroll Deductions

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

Empleyee	We	ekly	Semi-Monthly		
Employee	\$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	We	ekly	Semi-Monthly		
(Based on spouse age)	\$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		
Chilia(reh)	\$10,000	\$10,000		
15 days to Age 26	\$0.28	\$0.60		
*Rate 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 75% of your life insurance benefit up to \$250,000 prior to your death. See certificate for details.

Disability Coverage



Anthem Voluntary Disability

Disability coverage provides an income replacement benefit if you cannot work due to an illness or accident and become disabled. Just over 1 in 5 of today's 20 year olds will become disabled before they retire, and over 56 million Americans are classified as disabled (about 19% of the population).

- 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 you an income benefit every month up to age 65 as long as you remain disabled. The benefit amount for LTD coverage is also 60% of your earnings, and begins on day 91 of disability.

You may elect Short Term Disability and/or Long Term Disability coverage at this time with no health questions. If you do not enroll during your new employee enrollment period, you will be required to complete Evidence of Insurability (EOI) for Long Term Disability should you wish to enroll at a future date and coverage is not guaranteed. There is no EOI requirement for future enrollment in the Short Term Disability plan.

Pre-Existing Conditions

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. 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 inju 8th day due to illn			

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 an employee with:

- An Annual Income of \$50,000
- A Weekly Income of \$961.54
- A Weekly Benefit of \$576.92 (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 earning		
Maximum Monthly Benefit \$5,000 (tax-free)		
Maximum Benefit Period To age 65 or Social Secu		
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 an employee 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	\$1.44	\$2.40	\$4.62	\$9.81
Semi-Monthly	\$3.13	\$5.21	\$10.00	\$21.25

Critical Illness Coverage

Jim Ellis offers voluntary critical illness coverage which provides a flat dollar benefit in the event of a diagnosis of a covered illness. The critical illness plan is insured by Voya Financial.

Benefit Options			
Employees From \$5,000 to \$30,000			
Spouses (must be below age 70 to elect coverage)	From \$5,000 to \$15,000		
Children	\$1,000 \$2,500 \$5,000 \$10,000		
Benefit Reduction at Age 70	Employee and spouse benefits reduce at age 70		

^{*}Employee must have coverage in order to elect spouse and child coverage.

Covered Diagnoses

- Cancer (see certificate)
- Carcinoma in situ (25%)
- Heart attack
- Stroke
- Major organ failure
- End stage renal (kidney) failure
- Paralysis

- Coma (see certificate)
- Coronary artery bypass surgery (25%)
- Deafness, blindness
- · Benign brain tumor
- Occupational HIV

Wellness Benefit Included

The voluntary critical illness plan includes a wellness benefit for preventive screenings: chest x-ray, mammogram, hemocult, colonoscopy, CA 125 and CEA blood tests, prostate-specific antigen testing, and pap smear.

Wellness Benefit Amount:

Employee: \$50Spouse: \$50

• Child(ren): \$25 (maximum of \$100 for all covered children)

How to File a Claim

- Go to voya.com/claims.
- Scroll down to the "Have a Wellness Benefit Claim?" section and click the "Submit your claim" button.
- Select Critical Illness Insurance.
- Click "Continue" and follow the screen prompts. Once all questions are answered, click "Submit".
- Your Group Name and Number are: Jim Ellis Automotive Group | 70271-4



Critical Illness Payroll Deductions

Employee Payroll Deductions				
	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 Payroll Deductions				
	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	



Accident Coverage



The Jim Ellis voluntary accident plan provides financial protection in the event of an unexpected accident. The accident plan is insured by Voya Financial. The plan provides a benefit based on the schedule below. Please refer to the Summary of Benefits or certificate of coverage for complete details.

\$1,000 \$500 \$1,125 \$350 \$650 \$150
\$75 \$200 \$75 \$100 \$40
\$1,125 - \$12,500 \$75 - \$300 \$80-\$275 \$175-\$650 \$25-\$400 \$350-\$1,000 \$175 \$13,500 - \$20,000
Non-Surgical / Surgical
\$3,200 / \$6,400 \$2,000 / \$4,000 \$1,200 / \$2,400 \$1,500 / \$3,000 \$900 / \$1,800 \$250 / \$ 500 \$900 / \$1,800 \$900 / \$1,800 25% of the non-surgical benefit
Non-Surgical / Surgical
\$2,500 / \$5,000 \$1,800 / \$3,600 \$1,500 / \$3,000 \$1,200 / \$2,400 \$350 / \$700 \$1,500 / \$3,000
Pays an additional 25% of the Hospital Care, Accident Care, or Common Injuries benefit to a maximum of \$1,000

Accident Payroll Deductions Weekly		
Employee \$1.32		
Employee + Spouse \$2.18		
Employee + Child(ren) \$2.84		
Family \$3.70		
Note: Spouses age 70 and older are not eligible to		

Note: Spouses age 70 and older are not eligible to enroll. Employees are eligible regardless of age.

Accident Payroll Deductions Semi-Monthly		
Employee \$2.85		
Employee + Spouse \$4.73		
Employee + Child(ren) \$6.15		
Family \$8.03		
Notes Consumer 70 and older are not alimible to		

Note: Spouses age 70 and older are not eligible to enroll.

Employees are eligible regardless of age.

How to File a Claim

- Go to voya.com/claims.
- Select "Get Started" under "Start a Claim" section and click the "Continue."
- Select Accident Insurance.
- Click "Continue" and follow the screen prompts. Once all questions are answered, click "Submit".
- Your Group Name and Number are: Jim Ellis Automotive Group | 70271-4



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
- IP Address Monitoring
- Deceased Dependent Protection
- 24 / 7 Remediation Support

ID Theft Deductions				
Coverage Level Weekly Semi-Monthly				
Employee Only	\$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 $^{\rm SM}$



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[†]



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved OMB No. 1210-0149 (expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution —as well as your employee contribution to employer—offered coverage— is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after—tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact

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.

¹ 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.

Important Legal Notice

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 are eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can 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, you can contact your state Medicaid or CHIP office or dial (877) KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free (866) 444–EBSA (3272).

If you live in Georgia, you may be eligible for assistance paying your employer health plan premiums. For additional information, please use below contact information:

Website: https://medicaid.georgia.gov/programs/third-party-liability/health-insurance-premium-payment-program-hipp Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: (678) 564-1162, Press 1



For additional information on special enrollment rights, you can contact:

U.S. Department of Labor

Employee Benefits Security Administration www.dol.gov/ebsa (866) 444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services www.cms.hhs.gov (877) 267-2323, Menu Option 4, Ext. 61565



Carrier Contact Information

Medical

Nova Healthcare

(855) 206-1040

www.novahealthcare.com/member

Prescription Drug

Pharmacy Benefit Dimensions

(888) 878-9172

www.pbdrx.com

HealthJoy

Healthcare Guidance App & Benefits

Wallet

(877) 500-3212

www.healthjoy.com/members

Dental

Anthem

(877) 604-2158

www.bcbsga.com/mydental

Vision

Anthem

(866) 723-0515

www.anthem.com

Basic Life & Voluntary Life

Anthem

(800) 851-8544

www.anthem.com/employer/life-and-disability/

Disability

Anthem

(800) 232-0113

www.anthem.com/employer/life-and-disability/

Critical Illness & Accident

Voya Financial

(877) 236-7564

www.voya.com

Identity Theft

Allstate Identity Protection

(800) 789-2720

www.allstateidentityprotection.com

Employee Assistance Program

Supportline

(888) 881-LINC (5462)

www.supportlinc.com



Benefits Service Center

(770) 295-1100

Benefits Website

www.jimellisbenefits.com



ERISA Disclosure

If you want 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.

Enrollment Deadline

Please complete enrollment elections by the 25th of the month before your effective date or your voluntary benefits, including health insurance, will be waived.



Please note that this guide is a general summary of your benefits. You may refer to each carrier's summary plan description for specific details. Every effort has been made to ensure this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this booklet and in the plan document, the plan document will prevail.