



Benefits Plan Overview 2017-2018

WELCOME

Pohanka Automotive Group takes pride in offering a comprehensive and competitive benefits package to its employees. Pohanka Automotive Group, through all of its benefit partners, offers you a benefit program that allows choice and flexibility. Through this program you can choose the benefits that are best for you and your family.



Please take the time to review all of the plan options available to you prior to making your selections.

Consider each benefit and the associated cost carefully and choose the benefits package that will best meet you and your family's needs throughout the year.

Options selected during open enrollment remain in place for the full plan year. Options selected upon hire remain in place through the end of the plan year in which you are hired.

The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan once a year at open enrollment. Benefit elections are binding through May 31st of each year. The following circumstances are some of the events that permit you to change your benefits during the year:

Marriage	Death of a Spouse
Divorce	Death of a Dependent
Birth & Adoption	Loss of Dependent Status
Loss of Spouse's job where coverage is maintained through a spouse's plan	

These special circumstances, often referred to as life event changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform your HR department within 30 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

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Medical Benefits

Pohanka Automotive Group's medical benefits are designed to provide you and your family with access to high quality healthcare. The medical benefits are offered through Meritain.

The medical PPO plan covers a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. The plan offers both In-Network and Out-of-Network benefits.



The cost for services will differ when it comes to how the plan shares costs with you depending on whether you use an In-Network or Out-of-Network provider

We recommend utilizing In-Network providers when possible as this will minimize your out of pocket costs.

A complete provider directory can be accessed online at www.meritain.com and selecting the "Aetna" Network.

This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this brochure and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Pohanka Automotive Group.

Medical Benefits Description



Benefits Description	PREFERRED - PLAN	
	In-Network	Out-Of-Network
Deductible Single Family	\$0 \$0	\$100 \$300
Medical Out-of-Pocket Maximum Single Family	\$3,000 \$9,000	\$3,000 \$9,000
Total Overall Medical & Prescription Out of Pocket Maximum Single Family	\$6,600 \$13,200	\$6,600 \$13,200
Coinsurance	100%	70%
Office Visits Preventive Care Primary Care Physician Specialist	100% \$20 copay \$35 copay	Not Covered 30% after Deductible 30% after Deductible
Hospitalization Inpatient Outpatient Emergency Room (waived if admitted) Urgent Care	100% \$35 copay \$25 copay	30% after Deductible 30% after Deductible \$50 copay 30% after Deductible

Prescription Drug Coverage



Pharmacy Description	Pharmacy Benefit	
	In-Network	Out-Of-Network
Prescription Drug Out-of-Pocket Maximum Single Family		\$3,600 \$4,200
Retail Pharmacy Generic Formulary Non-Formulary		\$20 Copay \$35 Copay \$55 Copay
Specialty Pharmacy Generic Formulary Non-Formulary		20%, up to \$85 maximum 25%, up to \$150 maximum 30%, up to \$300 maximum
Mail Order Generic Formulary Non-Formulary		\$40 Copay \$70 Copay \$110 Copay

Mandatory Mail Order Program

This Plan allows for 2 refills of a maintenance drug at a retail pharmacy. All refills for maintenance drugs after 2 refills at a retail pharmacy will be required to be filled through the mail order program.

Mandatory Generic Program

The Plan requires that pharmacies dispense Generic Drugs when available. Should a Covered Person choose a Formulary or Non-Formulary Drug rather than the Generic equivalent, the Covered Person will also be responsible for the cost difference between the Generic and Formulary or Non-Formulary Drug, even if a DAW (Dispense As Written) is written by the prescribing Physician. The cost difference is not covered by the Plan and will not accumulate toward your Out-of-Pocket Maximum.



Teledoc

Your Teladoc® program ... On-demand medical advice from qualified physicians

This **FREE** service allows you to contact board-certified, licensed doctors by phone or email, 24 hours a day!

Sometimes you need to speak with a doctor when it's not possible to attend an office visit. That's why the Teladoc program is available to you and your family, and can be used in a variety of ways:

- During weekends, holidays or after business hours, when general practitioners don't typically schedule appointments.
- When you can't attend a medical appointment, such as when traveling or at work.
- If you need a prescription medication or refill for a common condition.

Contact a Teladoc physician at 1.800.362.2667, or by logging in at www.meritain.com for advice on commonly treated conditions.

Some of these services include:

- Headaches/migraines
- Stomach ache/diarrhea
- Respiratory infections
- Urinary tract infections
- Prescription refills
- Many other conditions



Dental Benefits

The United Concordia Preferred PPO dental plan provides affordable coverage based on the type of services obtained – **Preventive, Basic or Major** – whether or not you obtain services from a network or non-network provider. We recommend using network providers when possible to minimize costs to you.



Members who see a dentist in the Concordia's Advantage Plus Network Providers (*Participating Dental Provider*) will see reduced or eliminated out-of-pocket expenses. If an out-of-network is used, reimbursement is based on United Concordia's usual and customary reasonable charge. This will typically result in higher out pocket costs for the member.

A complete provider directory can be accessed online at www.unitedconcordia.com and by selecting the "Advantage Plus" network.

Dental Benefits Description	United Concordia Dental	
	In-Network	Out-of-Network
Annual Maximum (per covered individual)	\$1,000	
Deductible (waived for Class I) Individual Family	\$50 \$150	
Preventive (Class I)	90%	80%
Basic (Class II)	70%	60%
Major (Class III)	50%	40%
Orthodontia (Class IV)	50%	40%
Orthodontia Lifetime Maximum (per covered individual)	\$1,000	

The plan descriptions notated throughout this overview are for illustrative purposes only and do not include all benefit details. Please refer to the actual benefit summaries/Summary Plan Description (SPD) for detailed information. In the event there is a discrepancy in benefits, the carrier benefit summary/SPD will always govern.

Basic Life and Accidental Death & Dismemberment Insurance



Pohanka Automotive provides a Basic Life and Accidental Death and Dismemberment Benefit, through Voya, for all active, full time employees. The benefit amount is equal to your annual earnings, rounded up to the nearest thousand (base salary, overtime, commissions and bonuses), to a maximum of \$50,000. These benefits are paid for by Pohanka Automotive Group.



Voluntary Life

Employees may elect to purchase additional life insurance coverage. Employees can elect for themselves 1 - 5 times earnings; max of \$500,000; during open enrollment, the guaranteed issue amount is lesser of 2 times earnings or \$200,000. For spouses there are 3 options; \$10,000, \$25,000, or \$50,000. For dependent children, a benefit of \$10,000 is available.

Disability Benefits

Your short-term (STD) and long-term (LTD) disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. Pohanka Automotive provides both STD and LTD benefits to all eligible, full time employees at no cost to the employee.

Your STD benefit equals 60% of your weekly earnings, to a maximum of \$400/week. Your benefit will begin on the 8th day of an accident/illness. The STD benefit duration is up to 26 weeks. This benefit is administered by Meritain.

Your LTD benefit equals 50% of your monthly base earnings to a maximum benefit of \$10,000 per month. The LTD benefit will begin after 180 days of disability. Age at disability determines benefit period; see Summary Plan Description for details. This benefit is administered by Voya.



For more information on the above benefits, please contact your Human Resources Department. Please refer to the actual benefit summaries/Summary Plan Description (SPD) for detailed information. In the event there is a discrepancy in benefits, the carrier benefit summary/SPD will always govern.

Pohanka Automotive is proud to offer a new Health Advocate service to employees, at no cost to you! Health Advocate is a 24/7 service that provides confidential, unlimited access to a Personal Health Advocate to assist with and help resolve insurance related issues and questions pertaining to you and your covered dependents.

HealthAdvocate[™]

Help is Only a Phone Call Away

Your Own Personal Health Advocate

We've all been there—spent endless time researching medical treatments, hunting down the right specialist, or interpreting medical bills. Now, you can turn over these issues to a Personal Health Advocate who knows the ins and outs of the system.

Save time, money and worry

Personal Health Advocates, typically registered nurses, supported by medical directors and benefits and claims specialists, are industry experts who can help you get to the bottom of a wide variety of healthcare and insurance-related issues.

Help for the whole family

You, your spouse, dependent children, parents and parents-in-law can all use the service.



Just Call!

24/7 Support 866.695.8622

Or visit online at

<http://healthadvocate.com/members>

How we can help

- ✔ Find the right doctors, hospitals and other providers
- ✔ Clarify benefits and get approvals for covered services
- ✔ Schedule appointments, transfer medical records
- ✔ Find options for non-covered services
- ✔ Explain conditions and research latest treatments
- ✔ Estimate costs for medical procedures and negotiate payments
- ✔ Resolve billing and insurance claims issues
- ✔ Locate eldercare services
- ✔ Secure second opinions

Plus . . . Help Shopping for Healthcare

Save money on your healthcare expenses by comparing prices for medical procedures right in your area. Our Health Cost Estimator+ and pricing support will:

- Get pricing estimates for doctors, hospitals and other facilities nationwide
- Compare costs for hundreds of medical services by ZIP Code
- View provider quality and safety scores
- Read patient reviews

Three easy ways to get help:

Online | Mobile | Call



Insurance Definitions

Annual Out-of-Pocket Limit - Once this amount is satisfied, the plan will pay 100% of covered services.

Co-pay - The amount you pay at the time of service for each office visit or trip to the pharmacy.

Coinsurance - After you satisfy any applicable deductible, you share the cost of coverage (coinsurance) with the insurance company, until you reach your Annual Out-of-Pocket Limit.

Deductible - The amount of out-of-pocket expenses that you must pay for health services before the insurance company will pay.

PCP (Primary Care Physician) - A health care professional who is responsible for monitoring and providing your overall health care needs.

In-Network - Typically refers to physicians, hospitals, or other health care providers who contract with an insurance plan to provide services to members. Coverage for services are typically greater when received from in-network providers.

Out-of-Network - Typically refers to physicians, hospitals or other health care providers who do not contract with the insurance plan to provide services to its members. Coverage for services are typically less than it would be or in-network providers, or not covered at all.

Allowable Charges - When services are provided out of network, the amount payable to the provider by the insurance company is limited to the provider allowance amount, or the industry standard, for the charges in that providers given geographic region. Out-of-network providers may balance bill you for charges in excess of the allowable charges that are not payable by your insurance. To avoid this, consider utilizing in-network providers.



Notes

- Log onto the ADP portal to make your benefit elections

- If you get sick or need medical advice, you can speak to a doctor directly using the Teledoc service by calling 1.800.362.2667. **Remember this is a FREE service to you!**

- If you have questions about your benefits, billing issues, or need help locating a provider, contact Health Advocate by calling 1.866.695.8622! **Remember this is a FREE service to you!**

DEALER SUPERSTAR

POHANKA

Automotive Group

