



MURGADO
AUTOMOTIVE GROUP

Benefits Summary

2024 - 2025



**Murgado
Automotive
Group**

Medical Insurance





Medical Insurance | Cigna

Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. You have a deductible to meet and once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. The types of medical services that accumulate towards your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). If you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible but they do accumulate towards your overall out-of-pocket maximum.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

This medical plan option is comprised of two components (1) a High Deductible Health Plan (HDHP) and (2) a tax-exempt savings account called a Health Savings Account (HSA).

The HDHP is a high deductible PPO plan that provides health care benefits after the deductible has been met. All medical services, with the exception of preventive care, are paid for by you at 100%, less carrier discounts, prior to meeting your entire annual deductible. This includes routine office visits, procedures, lab work, prescription drugs, etc.

The HSA is a bank account paired with your HDHP allowing you to set aside money on a tax-free basis to pay your out-of-pocket qualified medical, dental, and vision expenses throughout the year or in the future. You own the money in your HSA account and it is yours to keep – even when you change plans or retire. The funds roll over from year to year to be used when you really need them.

The tax-preferred status of your HSA contributions depend on a number of factors. For example, you must be enrolled in a qualified high deductible health plan. Also, residents of California and New Jersey are taxed on HSA contributions at the state level. State tax laws can change periodically, so you should consult with a tax advisor to confirm the tax treatment of HSA contributions in your state.

Choice of plan options:	Bronze HDHP - HSA Compliant	Silver HDHP - HSA Compliant	Gold	Platinum
Network	Choice Fund HSA OAP	Choice Fund HSA OAP	Open Access Plus	Open Access Plus
Deductible Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$6,500 \$13,000	\$2,500 / \$5,000 \$4,000 / \$8,000	\$4,000 / \$8,000 \$8,000 / \$16,000	\$1,000 / \$2,000 \$2,000 / \$4,000
Coinsurance In-Network / Out-of-Network	70%	70% / 50%	70% / 50%	70% / 50%
Out-of-Pocket Max Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network)	\$8,050 \$16,100 <i>Includes Deductible</i>	\$3,500 / \$7,000 \$7,000 / \$14,000 <i>Includes Deductible</i>	\$9,450 / \$18,900 \$18,900 / \$37,800 <i>Includes Deductible</i>	\$3,000 / \$6,000 \$6,000 / \$12,000 <i>Includes Deductible</i>
Physician Services (In-Network) Well Adult / Well Child Telemedicine (PCP / SPC) Physician Office / Specialist Visit X-Rays / Lab Diagnostics	100% Deductible then 70% Deductible then 70% Deductible then 70%	100% Deductible then 70% Deductible then 70% Deductible then 70%	100% \$50 copay / \$125 copay \$50 copay / \$125 copay Deductible then 70%	100% \$25 copay / \$40 copay \$25 copay / \$40 copay Deductible then 70%
Emergency Room	Deductible then 70%	Deductible then 70%	Deductible then 70%	\$200 copay
Urgent Care (In-Network)	Deductible then 70%	Deductible then 70%	Deductible then 70%	\$50 copay
Prescription Drugs (In-Network) Generic / Formulary / Non-Formulary	Deductible then 70%	Copays: Deductible then \$10 / \$25 / \$45 Specialty: Deductible then \$150	Copays: \$10 / \$60 / \$150 Specialty: \$300	Copays: \$10 / \$25 / \$45 Specialty: \$150



High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Although you have the flexibility to see any doctor or visit any hospital of your choice, you will pay significantly less money out of your pocket if you use a doctor or hospital that is in the network. Preventive care services are covered at 100% as long as your physician codes your visit as preventive and services fall under the allowable preventive services guidelines (www.healthcare.gov/coverage/preventive-care-benefits). For other services, including routine office visits, procedures, lab work, prescription drugs, etc., no benefits will be paid until your annual deductible has been met.

You're eligible for a health savings account if:

- You are covered by a qualified high deductible health plan (HDHP)
- You are not covered by any other medical coverage that is not considered a qualified HDHP
- You are not enrolled in Medicare (Part A included)
- You are not claimed as a dependent on someone's tax return
- You are not enrolled in a Medical Flexible Spending Account (your own or your spouse's)

Advantages to having an HSA

- There's a triple tax savings benefit as contributions are not taxed going into the account, while they sit there earning interest or when they're taken out for a qualified medical expense
- You pay less in premium for this plan
- Unused funds rollover each year with no maximum on how much you can save and accumulate over time
- The account is portable so you never have to worry about losing the money in the account should you change between plans, retire or even seek employment elsewhere
- Your HSA can be viewed as a second means of savings for your retirement
- You control your healthcare spending and choose when to use your HSA dollars and when to save them
- You become a more informed participant in your healthcare and healthcare spending

Steps to using your HSA

1 Go to the doctor and present your carrier ID card

2 Your doctor submits your medical services to the carrier to be discounted

3 Your carrier adjusts the pricing to reflect the network discounted amount for your services

4 The carrier generates an Explanation of Benefits (EOB) and sends it to you

5 By now you've received an invoice from your doctor - make sure the EOB and invoice match

6 Pay your doctor directly with pre-tax dollars from your HSA or post-tax dollars from your pocket if funds are not available

Using your HSA on qualified expenses

You can use the money in your HSA to pay for qualified medical, dental and vision expenses permitted under federal tax law. Examples include, but are not limited to:

Medical Expenses

- Acupuncture
- Chiropractic care
- Fertility treatments
- Diagnostic services
- And more

Dental Expenses

- Crowns
- Dentures
- Orthodontia
- Teeth cleanings
- And more

Vision Expenses

- Vision exams
- Contacts / Eye glasses
- Laser eye surgery
- And more

For a full list of qualified medical expenses go to www.irs.gov and search Section 213d

Dental Insurance





Dental Insurance | UnitedHealthcare

Dental Health Maintenance Organization (DHMO)

These dental plans require you to choose one dentist or dental facility to coordinate all of your oral health needs. If you need to see a specialist, your primary care dentist will refer you; specialty care may require preauthorization.

A typical DHMO-type plan doesn't have any deductibles or maximums. Instead, when you receive a dental service, you pay a fixed dollar amount for the treatment based off of a pre-determined fee schedule between the carrier and your dentist. Often, diagnostic and preventive services have no fee. DHMOs offer in-network benefits only, so if you visit a dentist outside of the network, you likely will be responsible for the entire bill.

Preferred Provider Organization (PPO)

These dental plans allow the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

Preventive:

- Annual cleanings (2 per 12 months)
- X-rays
- And more

Basic:

- Fillings
- Simple extractions
- And more

Major:

- Implants
- Dentures/bridges/partials
- And more

Choice of plan options:	Dental Passive PPO (High Plan)	Dental Incentive PPO (Low Plan)	Dental HMO
	<i>In-Network / Out-of-Network</i>	<i>In-Network / Out-of-Network</i>	<i>In-Network Benefits Only</i>
Network Name	Options PPO 30	Options PPO 20	Exclusive Network
Individual Deductible	\$50 / \$50	\$50 / \$100	None
Family Deductible	\$150 / \$150	\$150 / \$300	
Office Visit Copay	None	None	None
Preventive Coinsurance	100% / 100%	100% / 90%	Scheduled Fee
Basic Coinsurance	80% / 80%	80% / 60%	Scheduled Fee
Major Coinsurance	50% / 50%	50% / 40%	Scheduled Fee
Annual Plan Maximum	\$2,000 / \$2,000	\$1,000 / \$1,000	Unlimited
Orthodontia Coinsurance	50% / 50%	Not Covered	Various copays apply
Orthodontia Lifetime Maximum	\$1,500 / \$1,500	Not Covered	Unlimited

Vision Insurance





Vision Insurance | UnitedHealthcare

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Eye-care providers include many independent optical shops and national chains.

United HealthCare Vision Plan T1040 (VU25)

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Network	Standard/Spectera Network		
Eye Exam	Every 12 months	\$10 copayment	\$40 max allowance
Lenses - Single vision - Bifocal - Trifocal - Lenticular	Every 12 months*	\$25 copayment	Allowance varies
Frames	Every 24 months*	\$130 allowance + 30% off balance***	\$45 max allowance
Elective Contacts	Every 12 months**	\$130 copayment	\$130 max allowance

*Vision benefit frequencies are based on the date of service within the policy year

** You cannot get contacts and glasses in the same calendar year

***At participating providers

Value Services

UnitedHealthcare has a series of perks to be aware of for being an enrolled member on the plan.

Laser Vision Discount - UHC is proud to add value to your vision care program by offering access to discounted laser vision correction procedures through QualSight LASIK, the largest LASIK manager in the United States. Member savings represent up to 35% off the national average price of LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. Visit myuhcvision.com for more information.

Blue Light Protection Eyesafe Discount - UHC Vision has collaborated with Eyesafe® to provide members with a 20% discount off the retail price on blue-light screen filters for their devices. Members can receive the discount by visiting myuhcvision.com and clicking on the Eyesafe link.

Additional Benefits





Basic Life and AD&D Insurance

Basic Life Insurance helps ease your loved ones' financial burden. Your designated beneficiary will receive a benefit if you pass away from a covered accident or illness. In addition, Accidental Death and Dismemberment (AD&D) provides a benefit to your beneficiary if you pass on or become dismembered due to a specifically covered accident. Always make sure your beneficiaries are updated. The cost of the benefit is 100% paid for by the company.

Basic Life/Accidental Death & Dismemberment	
Benefit Amount	\$25,000 per employee - Life \$25,000 per employee - AD&D



Voluntary Term Life and AD&D Insurance

Voluntary Term Life/AD&D allows you to purchase additional coverage at your own financial expense to ease your loved ones' financial burden if something should happen to you. Costs are determined on group discounted rates. Always make sure your beneficiary information is updated.

An employee's maximum benefit election cannot exceed 5x their basic annual earnings. A spouse's maximum election cannot exceed 100% of what the employee takes out on themselves.

	Employee	Spouse	Child(ren)
Coverage Increments	\$10,000	\$5,000	\$10,000
Maximum Benefit Amount	\$500,000	\$250,000	\$10,000
Guaranteed Issue Amount*	\$200,000	\$50,000	\$10,000

* Guarantee issue applies to new hires only

The cost of the benefit is 100% paid for by you. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will go up as you age. See your plan documents for more detail.



Short & Long-Term Disability

If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time.

Disability Coverage	Voluntary Short-Term	Voluntary Long-Term	
		Excluding Execs	Executives
Waiting Period	Begins on the 8th day of continuous injury or illness	Begins on the 181st day of continuous injury or illness (Or until end of STD max period)	
Benefit Amount	60% of weekly earnings	60% of monthly earnings	
Maximum Benefit	\$1,000 per week	\$6,000 per month	\$15,000 per month
Length of Payment Period	25 weeks	RBD with SSNRA	
Premium Contribution	Employee paid	Employee paid	Company paid



Flexible Spending Account (FSA)

Flexible Spending Accounts (FSA) allow you to save money on a pre-tax basis to pay for qualified medical expenses and/or dependent care expenses you may incur throughout the year. The money you put into your FSA is done so on a pre-tax basis. This means you are lowering your taxable income and also not paying taxes when the money is used for qualified expenses.

Health Care FSA - You may contribute up to \$3,200 per plan year to pay for qualified medical, dental and vision expenses for yourself and eligible family members. Funds in this account can be used to cover all eligible expenses on your tax dependents even if they are not enrolled under your health care plan. Eligible reimbursable expenses include medical and dental plan deductibles and copays (if applicable), orthodontia expenses not covered by your dental plan, prescription drugs, prescription eye glasses and contact lenses, Lasik eye surgery and much more.

Limited Purpose FSA - If you enroll in the HDHP/HSA plan and open a health savings account, you are not able to enroll in the Health Care FSA, since you're already putting tax-free dollars aside to pay for qualified expenses. You are, however, able to enroll in the Limited Purpose FSA, which allows you to pay for eligible out-of-pocket dental and vision expenses. You are able to put up to \$3,200 into your Limited Purpose FSA for 2024.

Dependent Care FSA - You may contribute up to \$5,000 per plan year to pay for qualified eligible dependent care expenses. Funds in this account are saved on a tax-free basis.

FSAs do have a use-it-or-lose-it provision, so be conservative when electing how much to contribute. You are eligible to rollover up to \$640 to the next year.*

* Rollover applies to Health Care FSA and Limited Purpose FSA only



Supplemental Medical (GAP)

TransConnect Supplemental Medical Expense Insurance can pay for Out-Of-Pocket expenses like deductibles, coinsurance, and copayments. Note that GAP plans have two separate reserves of money for Inpatient (Hospital stays & procedures) and Outpatient (Advanced Diagnostics & Procedures) benefits. As a full-time employee, you have the choice of Three GAP plan offerings.

Please note: You cannot elect GAP coverage if you make or receive contributions into a Health Savings Account

\$2,000 Plan

\$3,000 Plan

\$5,000 Plan



Employee Assistance Program (EAP)

EAP service offers caring and professional assistance for a broad range of concerns including stress management, depression and anxiety, relationship or family conflicts, workplace conflicts, legal or financial difficulties, and drug or alcohol abuse. Services are confidential - neither your employer nor co-workers have knowledge of your request for help. EAP services are available 24 hours a day, seven days a week for you and your eligible dependents. There is no cost, it's just there for you when you need it.

Possible reasons to call can include:

- Stress and depression
- Life transitions
- Grief and loss
- Parenting and child care
- Elder care referrals
- Domestic violence
- Workplace conflict
- Work/life balance
- Addiction and recovery
- Financial issues
- Legal assistance
- And more



401(k) Program

The 401(k) Plan is an employer sponsored retirement plan that allows employees to save and invest for the purpose of building savings for retirement. Saving through a 401(k) Plan is an easy way to set aside money for your future.

When Can I Enroll? You may be enrolled in the plan on the first day of the month following 90 days of employment.

How much can I contribute to the plan? You may make pretax contributions of 1% to 20% of your salary. Contributions are made through payroll deduction.

Pre-Tax or Post-Tax? You may make your contributions either before or after tax. If you make your contributions pre-tax, you will save some current taxes. However, all your withdrawals will be subject to tax in retirement. If you make your contributions after-tax, then all the money you withdraw in retirement will be tax-free, both your contributions and earnings. All the company contributions will be taxable when withdrawn.

When can I receive money from my account? 1) At retirement 2) At termination of employment, regardless of age 3) Death or disability 4) If you are age 59 1/2 and still employed with Murgado Automotive Group, you may withdraw money from your account.



Voluntary Worksite | MetLife

Accident Coverage – Accident coverage pays cash to help with out-of-pocket expenses when an accident occurs. Your designated beneficiary will receive a benefit to help ease their financial burden if you become deceased from a covered accident or illness. Accidental Death and Dismemberment (AD&D) pays an additional benefit if you become deceased or dismembered due to a specifically covered accident. *Coverage is available to employees and their families. Employees pay 100% of the premium.*

Critical Illness Coverage – Critical illness coverage offers the protection you need when a critical illness is diagnosed. A maximum benefit of \$30,000 is available for employees to help with treatment and recovery (available in increments of \$10,000); the benefit is 100% of the employee election for spouses, and 50% of the employee election for children if electing to cover them.

Group Hospital Indemnity Coverage – Murgado's group hospital indemnity insurance plan, offers a customizable and flexible plan design that will help supplement your major medical plan offering. This coverage provides benefits that employees can use to offset deductibles, co-pays, and out-of-pocket medical and non-medical expenses related to covered events that cause financial exposure, such as hospital confinement.

Employees pay 100% of the premium. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer.



FAQ's

Q: How many hours do I need to work to be eligible for insurance?

A: You must be a full-time employee working a minimum of 30 hours a week.

Q: Will I receive a new ID card?

A: Yes, you will receive new cards reflecting your benefits. Please note that neither Cigna (medical) nor United Healthcare (dental and vision) provides hard copies of ID cards. You may obtain your digital ID cards via the respective carrier portals.

Q: Does the deductible run on a calendar year or policy year basis?

A: Deductibles run on a calendar year basis from Jan. 1st - Dec. 31st.

Q: How long can I cover my dependent children for?

A: Dependent children are eligible up to the end of the month in which they turn 30 for medical, dental, and vision, and age 26 for all other benefits.

Q: I just got hired. When will my benefits become effective?

A: Your benefits will commence 1st of the month following 60 days of employment for all full time employees. Page | 12

Carrier Information





Carrier Information

Medical

Carrier	Cigna
Website	www.myCigna.com

HSA

Carrier	HSA Bank with Cigna
Website	www.myCigna.com

Dental PPO (High & Low Plan)

Carrier	UnitedHealthcare
Website	www.uhc.com
Phone Number	800-445-9090
Policy Number	935322

Dental HMO

Carrier	UnitedHealthcare
Website	www.uhc.com
Phone Number	800-368-1019
Policy Number	935322

Vision

Carrier	UnitedHealthcare
Website	www.uhc.com
Phone Number	800-638-3120
Policy Number	935322

Human Resources Contact Information

Contact	Diana Reales Dianne Acquaviva
Email Address	Diana.Reales@MurgadoAutoGroup.com Dacquaviva@motorwerks.com
Phone Number	305-856-3000 847-381-8900

Basic Life AD&D Insurance Voluntary Term Life and AD&D Insurance

Carrier	MetLife
Website	www.metlife.com
Phone Number	866-492-6983

Short & Long-Term Disability Insurance

Carrier	MetLife
Website	www.metlife.com
Phone Number	800-300-4296

Voluntary Benefits

Carrier	MetLife
Website	www.metlife.com
Phone Number	800-438-6388

Employee Assistance Program

Carrier	MetLife (TELUS Health)
Website	one.telushealth.com
Phone Number	888-319-7819
Username	metlifeeap
Password	eap

Supplemental Medical (GAP)

Carrier	AmWins Administrator (Transamerica)
Website	www.amwins.com
Phone Number	888-763-7474

Flexible Spending Account

Carrier	Diversified Administration
Website	www.div125.com
Phone Number	954-983-9970

401K

Carrier	Nationwide
Website	www.nationwide.com
Phone Number	877-669-6877

Tips, Tricks & Tools





Cigna Value Added Benefits

Cigna Healthy Babies Program

Call 800-615-2906 to register and work with a nurse who can assist with your healthy pregnancy

Disease Management Program

Cigna's Disease Management Program can provide personal attention and one-on-one support to individuals who live with a chronic condition or are coping with a serious illness.

Cigna Healthy Rewards® - 800.870.3470

Special discounts on programs and services designed to help your health and wellness. Offers include Jenny Craig®, Pearle Vision®, Curves®, drugstore™ and more.

myCigna

Cigna's member portal provides access to in-network doctors with reviews and recommendations from Cigna Healthcare patients. In addition, you can connect with virtual care providers 24/7 and attain cost estimates for medical visits and procedures. myCigna dashboard houses digital ID cards as well as details on the mobile app with access to support 24/7/365.

As a Cigna member, you have access to additional tools and resources through the member login website www.mycigna.com:

Cigna Health Assessment

The Health Assessment tool leads you through a series of questions covering height, weight, exercise, diet habits and clinical test results. Your answers provide a snapshot of where your health is today and are a good starting place for measuring progress.

My Health Assistant

My Health Assistant offers 11 online interactive classes such as; weight management, stress management, tobacco cessations, asthma or any other health concerns.

Cigna's Drug Price Quote Tool

The Drug Price Quote Tool allows you to get a personalized estimate for your prescription drug costs and compare costs of brand name and generic drugs



Tips to Save Money

Preventive/Wellness Exams Covered at 100%

- Preventive care is equal to one physical exam per year per enrolled member
- Females get an annual well-woman exam covered at 100% in addition to their annual exam
- No deductible expenses apply—the exam is completely no cost to you provided it's coded as preventive

Prescription Drugs

- Ask your doctor if there's a generic version of the medication they're prescribing or you're already taking
- Take advantage of the Generic Prescription Savings Programs at major retailers
- Ask about free samples from your doctor and/or manufacturer rebates

High Cost Scans, X-Rays & Tests

- MRI, PET scans, CT scans, etc. are nearly 2/3 less costly at free-standing, in-network imaging centers than at hospitals
- Finding an in-network, free-standing imaging center can save you a substantial amount of money

Accessing Medical Care

The ER is a costly experience for issues that aren't true emergencies. There are alternatives that can offer you quick care at a much more affordable cost. The key is finding these alternatives today when you're happy and healthy.

- Doctor's office: for symptoms that aren't extreme, call and let them know your symptoms require immediate attention
- Convenient Care Clinics: use when you don't have a primary doctor or can't get an appointment. Good for fever, sore throat/strep, coughs/congestion, sports physicals, UTIs, etc. Visit cvs.com or walgreens.com to find a clinic near you
- Urgent Care (UC): less costly than the ER; can treat sprains/strains, minor breaks, mild asthma, minor infections, rashes, small cuts, burns, etc.



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.