

EMPLOYEE BENEFITS HANDBOOK INSURANCE | 2024-2025 PLAN YEAR



TABLE OF CONTENTS

HOW BENEFITS WORK

Benefits Package	.4
Benefits Eligibility	.4
Enrollment	.4
Changing Your Benefits During the Year	.4

HEALTH PLANS

Medical Insurance	5
Dental Insurance	9
Vision Insurance	10

OTHER BENEFIT PLANS

Voluntary Life and AD&D Insurance11	
Disability Insurance12	,
Employee Assistance Program12	,

ADDITIONAL INFORMATION

Benefit Plan Costs	13
Key Terms	14
Important Contact Information	16

THE EARNHARDT MANAGEMENT COMPANY BENEFITS PACKAGE

Earnhardt Management Company provides a comprehensive benefits package designed to offer protection for you and your family. We understand your employee benefits package is extremely important to you, and encourage you to evaluate and elect benefits that best suit your personal health care needs. Within this Employee Benefits Handbook, you will find important information on the benefits available to you and the costs associated with these benefits.

Please take the time to carefully review your plan options and enroll/make changes as needed. For current benefit-eligible employees, all benefit changes will be effective October 1, 2024. For new employees, benefits will be effective the first of the month following two months of employment.

For more information about your employee benefits, please access our benefits page at employeeconnects.com/earnhardt. On this site you will find electronic copies of the benefit summaries, summary plan descriptions, and helpful links to several of the benefit carrier websites.

BENEFITS PACKAGE

Earnhardt Management Company offers benefit plans and coverage levels for you and your family, including:

Voluntary life and accidental death and

Short- and long-term disability insurance

dismemberment insurance

- Medical, telemedicine, and prescription drug coverage
- Dental and vision coverage
- Employee assistance program (EAP)

BENEFITS ELIGIBILITY

If you are an active, full-time employee scheduled to work at least 30 hours per week, you are eligible for coverage under the Earnhardt Management Company benefit plans on the first day of the month following two months of employment.

Many of the plans offer coverage for eligible dependents, which include:

- Your legal spouse
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian), for the medical and dental plans.
- Your children to age 21 (or 25 if a full-time student) for vision and life insurance plans.
- Your dependent children of any age who are or become physically or mentally unable to care for themselves while covered by the Earnhardt Management Company benefits program.

ENROLLMENT

You can sign up for benefits or change your benefit elections at the following times:

- Within 30 days of your initial eligibility date (as a newly-hired employee).
- During the annual benefits open enrollment period.
- Within 30 days of experiencing a qualifying life event.

The choices you make at this time will remain the same through September 30, 2025. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

CHANGING YOUR BENEFITS DURING THE YEAR

Due to IRS regulations, once you have made your elections for the plan year, you cannot change your benefits until the next annual open enrollment period. The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Change in your spouse's work status that affects their benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

To request a benefits change, notify Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted.



How do you determine which plan is right for you and your family?

Each plan has a different employee cost, which is the amount you pay out of your paycheck. As you consider which plan makes the most sense for you, think about whether you prefer to pay more each paycheck but less when you need care, or less per paycheck but more when you need care.

BEFORE YOU CHOOSE A PLAN, CONSIDER THIS:



Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care? **Consider the Red Plan.**



Do you prefer to pay less for medical insurance out of your paycheck, but more when you need care? **Consider the Blue Plan.**



What planned medical services do you expect to need in the upcoming year?



Do you or any of your covered family members take any maintenance medications? Consider signing up for Mail Order pharmacy.

Earnhardt Management Company offers three medical plan options through Blue Cross Blue Shield of Arizona (BCBSAZ): the Red Plan, the White Plan, and the Blue Plan. The plans offer in- and out-ofnetwork benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate a network provider at **azblue.com**.

The table below summarizes the key features of the medical plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of	Red Plan		White Plan		Blue Plan	
Covered Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible						
Individual/Family	\$1,600/\$3,200	\$3,200/\$6,400	\$3,250/\$6,500	\$6,500/\$13,000	\$6,000/\$12,000	\$12,000/\$24,000
Out-of-Pocket Max Includes deductible						
Individual/Family	\$5,500/\$11,000	\$8,000/\$16,000	\$6,000/\$12,000	\$8,000/\$16,000	\$8,000/\$16,000	\$16,000/\$32,000
Physician Services						
Primary Care Physician Clinic Visit Telehealth Visit Specialist Annual Eye Exam Urgent Care Testing Mammogram Preventive Colonoscopy/ Sigmoidoscopy Non-Hospital Lab Services Basic Radiology	\$25 copay \$0 copay \$25 copay \$55 copay \$25 copay \$55 copay	50% after ded. N/A N/A 50% after ded. 50% after ded. 50% after ded.	\$30 copay \$0 copay \$25 copay \$55 copay \$55 copay \$55 copay	50% after ded. N/A N/A 50% after ded. 50% after ded. 50% after ded.	\$35 copay \$0 copay \$25 copay \$50 copay \$25 copay \$50 copay	50% after ded. N/A 50% after ded. 50% after ded. 50% after ded.
Lab/X-Ray Diagnostic Lab/X-Ray ¹ High-Tech Services (MRI, CT, PET)	Plan pays 100% 25%	50% after ded. 50% after ded.	Plan pays 100% 30%	50% after ded. 50% after ded.	Plan pays 100% 35%	50% after ded. 50% after ded.
Hospital Services						
Inpatient/Outpatient	25% after ded.		30% after ded.	50% after ded.		
Emergency Room	\$250 copay		\$250 copay		\$250 copay	
Prescription Drugs Tier 1 Tier 2 Tier 3 Mail Order (Up to a 90-day supply)	\$10 copay \$45 copay \$90 copay 2x retail copay	Copay + balance bill N/A	\$10 copay \$45 copay \$90 copay 2x retail copay	Copay + balance bill N/A	\$10 copay \$40 copay \$75 copay 2x retail copay	Copay + balance bill N/A

(1) Depending on place of service, office visit copay may apply.

Note: Prior notification is required for certain services, including clinical trials, dental (accident only), home health care, inpatient hospital stay, outpatient rehab services, skilled nursing facility/inpatient rehab facility services, certain specialty or self-injectable medications, and transplantation services. See coverage booklet for more details.

TELEMEDICINE

Earnhardt provides all employees enrolled in a BCBSAZ medical plan (and their dependents) with access to telemedicine services through BlueCare Anywhere. This program saves you time and money by allowing you to seek information, advice, and treatment without having to face waiting lines at your doctor's office or an urgent care center. In many cases, you can even request prescriptions or refills without an office visit.

Members will pay a \$25 copay for medical services or a \$15 copay for counseling and psychiatry services received through BlueCare Anywhere.

Enroll at **bluecareanywhereaz.com** or download the BlueCare Anywhere mobile app.

MEDICAL CLINIC-HEALTHCARE SOLUTIONS CENTERS, LLC

Free on-site health care available to all Earnhardt employees and dependents covered by an Earnhardt BCBSAZ medical plan.

Clinic Hours

- Mondays:
 - » Gilbert Dodge: 8 a.m.-4 p.m.
 - » Chandler Ford: 8 a.m.-4 p.m.
- Tuesdays:
 - » Avondale Honda: 8 a.m.–2 p.m.
 - » Camelback Clinic: 9 a.m.-3 p.m.
 - » Mesa Toyota: 8 a.m.-4 p.m.
- Wednesdays:
 - » Gilbert Dodge: 8 a.m.-4 p.m.
 - » North Scottsdale Hyundai: 9 a.m.–3 p.m.
 - » Chandler Ford: 8 a.m.-4 p.m.
- Thursdays:
 - » Avondale Honda: 9 a.m.–3 p.m.
 - » Mesa Toyota: 8 a.m.-4 p.m.

- Fridays:
 - » Gilbert Dodge: 8 a.m.–12:30 p.m.
 - » Camelback Clinic: 9 a.m.–3 p.m.

Phlebotomy On-Site

- Avondale Honda:
 - » Fourth Wednesday of the month: 8–10 a.m.
- Chandler Ford:
 - » First Friday of the month: 7:30–9:30 a.m.
- Gilbert Dodge:
 - » Second and fourth Tuesday of the month: 7:30–9:30 a.m.
- Camelback Clinic:
 - » Monday through Friday: 8:30 a.m.-3:30 p.m.

Clinic hours can also be found at **home.earnhardt.com**.

CLINIC LOCATIONS

Gilbert Dodge 1521 E. Drivers Way Gilbert, AZ 85257

Chandler Ford 7300 W. Orchid Ln. Chandler, AZ 85226

Avondale Honda 10151 W. Papago Fwy. Avondale, AZ 85323 **North Scottsdale Hyundai** 8445 E. Frank Lloyd Wright Blvd. Scottsdale, AZ 85260

Camelback Clinic 4831 N. 11th St. Phoenix, AZ 85014

Mesa Toyota 6136 E. Auto Loop Ave. Mesa, AZ 85206

MEDICAL CLINIC-HEALTHCARE SOLUTIONS CENTERS, LLC

Benefits of using Healthcare Solutions:

- 100% HIPAA and HITECH compliant
- Completely confidential and voluntary
- Free to visit—no copay or deductible
- Same day appointments
- Assess, diagnosis, and treatment at same visit
- Established patient's telemedicine
- Prescriptions, lab orders, and radiology orders on-site

Examples of services offered:

- Physical exams and DOT exams
- Wellness and preventive care
- Sports physicals
- Treatment of acute infections (i.e. ear, tonsils, colds, flu)
- Order and interpret lab tests and x-rays
- Prescribe and manage medications
- Diagnosis and treatment of chronic health conditions (i.e. asthma, diabetes, arthritis, hypertension, depression)
- Treat sexually transmitted disease and provide counseling

For more information or to book an appointment, visit hcsonsite.com.

Use the "appointment request" link and select your appointment type (existing or new patient). Next, select a clinic location or calendar and choose an available date and time. Fill out all of the requested information and click "submit." Once we receive your request, Healthcare Solutions Center will contact you as soon as possible to confirm your appointment.

Please bring your insurance ID card with you to your first appointment. If you have any questions, please send an email to **info@hcsonsite.com** or call 602-424-2101.

DENTAL INSURANCE

Earnhardt Management Company offers two dental plans through Sun Life—the prepaid dental plan and the PPO dental plan.

The prepaid dental plan only provides benefits when you see your primary care dentist or a specialist that your primary care dentist refers you to. To find a network provider, visit **sunlife.com/findadentist** and select Arizona under the "DHMO or Prepaid Dental Plan." Then click "Heritage Series." Available network dentists and specialists vary based on location. This plan is only available in Arizona.

The PPO dental plan allows you the flexibility to select any dentist you choose. However, you will maximize your benefits and pay less out of your pocket when you select an in-network dentist. Locate a network provider at **sunlife.com/findadentist** and select "Sun Life Dental Network" under "PPO Plan."

The table below summarizes the key features of the dental plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Prepaid Dental Plan (AZ only)	PPO Dental Plan		
	DHMO Network	In Network	Out of Network	
Plan Year Deductible				
Individual	None	\$5	50	
Plan Year Benefit Maximum	Unlimited	\$1,	500	
Rollover Maximum	N/A	Up to \$1,250		
Preventive Care Oral exams, cleanings, x-rays		Plan pays 100%	Plan pays 100%	
Basic Services Periodontal services, endodontic services, oral surgery, fillings	Refer to fee schedule	10% after ded.	20% after ded.	
Major Services Bridges, crowns (inlays/onlays), dentures (full/partial)		40% after ded.	50% after ded.	
Orthodontia Services	Discounts available	e Not covered		
Out of Network Reimbursement	N/A	N/A	90th percentile	

SUN LIFE PREVENTIVE REWARDS (PPO DENTAL PLAN ONLY)

Get rewarded for receiving preventive treatments while increasing your annual benefit plan maximum to use for future dental treatments.

How does Preventive Rewards work?

You have a \$1,500 plan year benefit maximum plus Preventive Rewards on your plan. When you pay claims for preventive services in a plan year, you can roll over the amount of those paid claims, up to \$1,250, to use for future years.

TIPS FOR MANAGING YOUR DENTAL COSTS



- See your dentist regularly for cleanings and oral examinations—preventive care is covered at 100%.¹
- Prior to scheduling an appointment with your dentist, make sure he/she is a participating provider so that you receive in-network benefits and minimize your out-of-pocket expenses.

(1) Subject to reasonable & customary (R&C) charges for out-of-network providers.



VISION INSURANCE

Earnhardt Management Company offers a vision insurance plan through EyeMed. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate an EyeMed network provider at **eyemed.com**.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summany of Covered Penefite	Vision Plan			
Summary of Covered Benefits	In Network	Out of Network		
Eye Exam (Every 12 months)	\$10 copay	Reimbursement up to \$35		
Standard Plastic Lenses (Every 12 months) Single/Bifocal/Trifocal	\$25 copay	Reimbursement up to \$25/\$40/\$60		
Frames (Every 24 months)	\$130 allowance + 20% off balance	Reimbursement up to \$65		
Contact Lenses (Every 12 months in lieu of standard plastic lenses) Elective Medically Necessary	\$135 allowance + 15% off balance Plan pays 100%	Reimbursement up to \$95 Reimbursement up to \$300		

EXTRA VISION DISCOUNTS AND SAVINGS AT NETWORK PROVIDERS

Glasses, Sunglasses, and Contacts



- Members save 40% on a full pair of glasses and 15% on contact purchases if your benefit for the year has already been used.
- 20% off items not covered by the plan.

Laser Vision Correction

- Average of 15% off the regular price or 5% off the promotional price from contracted facilities.
- Call 800-988-4221 or visit eyemedlasik.com for locations and discount authorization.



VOLUNTARY LIFE AND AD&D INSURANCE

Earnhardt Management Company provides you the option to purchase voluntary life and AD&D insurance for yourself, your spouse, and your dependent children through Sun Life Financial. You must purchase voluntary coverage for yourself in order to purchase coverage for your spouse and/or dependents.

BENEFICIARY DESIGNATIONS

Please be sure to keep your beneficiary designations up to date.

If you elect coverage when first eligible, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage over one increment (\$10,000). Coverage will not take effect until approved by Sun Life Financial.

- Employee: \$10,000 increments up to \$500,000 or 5x annual salary, whichever is less; guarantee issue: \$200,000
- **Spouse:** \$10,000 increments up to 100% of the employee's election or \$250,000, whichever is less; guarantee issue: \$50,000
- Dependent children: \$10,000; guarantee issue: \$10,000

Note: Voluntary life rates are based on your age and the amount of coverage you elect. The cost for coverage is subject to change annually based on your age bracket as of October 1. Refer to the Sun Life Financial enrollment packet for additional details.

DISABILITY INSURANCE

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Earnhardt Management Company provides you the option to purchase short-term disability (STD) insurance through Sun Life Financial. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated STD plans. Please note that pre-existing condition limitations may apply.

- Benefit: 60% of base weekly pay up to \$1,300
- Elimination period: 14 days
- Benefit duration: Up to 24 weeks

Note: The cost for coverage is subject to change annually based on your age bracket and income. Refer to the Sun Life Financial enrollment packet for additional details.

VOLUNTARY LONG-TERM DISABILITY INSURANCE

Earnhardt Management Company provides you the option to purchase long-term disability (LTD) insurance through Sun Life Financial. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period. Please note that pre-existing condition limitations may apply.

- Benefit: 60% of base monthly pay up to \$7,500
- Elimination period: 180 days
- Benefit duration: Social security normal retirement age

Note: The cost for coverage is subject to change annually based on your age bracket and income. Refer to the Sun Life Financial enrollment packet for additional details.

EMPLOYEE ASSISTANCE PROGRAM

Earnhardt Management Company provides an employee assistance program (EAP) to all benefits-eligible employees and their family members **at no cost** through Sun Life Financial. The EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to three free face-to-face visits per person, per issue, per year with a licensed counselor.

The free EAP can help you with:

- Stress and depression
- Work-life solutions
- Financial issues
- Family and relationship issues
- Legal guidance
- Grief issues
- Other personal concerns

Access your EAP by calling 877-595-5281 or visiting guidanceresources.com (Web ID: EAPBusiness).

BENEFIT PLAN COSTS

MEDICAL, DENTAL, AND VISION INSURANCE

Listed below are the per pay period costs for medical, dental, and vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Coverage Lovel	If you DO NOT take the HRA			Net Premiu	um with HRA We	Ilness Spiff
Coverage Level	Red Plan	White Plan	Blue Plan	Red Plan	White Plan	Blue Plan
Employee Only	\$136.50	\$97.50	\$71.50	\$126.50	\$87.50	\$61.50
Employee + Spouse	\$537.50	\$449.00	\$376.50	\$527.50	\$439.00	\$366.50
Employee + Child(ren)	\$445.00	\$343.50	\$275.00	\$435.00	\$333.50	\$265.00
Employee + Family	\$771.50	\$582.50	\$485.00	\$761.50	\$572.50	\$475.00

Note: Employees who complete the Health Risk Assessment (HRA)/RealAge Test through Sharecare will qualify for a \$10 per pay period wellness reward to offset medical premium cost.

Before you can take the HRA/RealAge Test, you must first register for Sharecare through BCBSAZ.

- Register at azblue.sharecare.com*
 - » Enter your member ID (letters not necessary-digits only).
 - » Once you are registered, download the Sharecare app.*
- Complete your biometric screening
 - » Screenings can be completed onsite at one of our health fairs in September, by seeing your doctor, or going to a participating lab.
 - » Biometrics are not required to complete the RealAge test, however, your results will be more accurate with them.
- Take the RealAge test
 - » Once completed, you will receive your RealAge results and a personalized report with tips and tricks on how to become your healthiest self.
 - » After you have completed the RealAge test, you will have access to the RealAge Program—a behavior change program that addresses four major lifestyle risks: stress, sleep, nutrition, and activity.

*Before you download the mobile app, you will need to register at **azblue.sharecare.com** using a web browser on your computer or mobile device. Registering first is the only way to get the added benefits from your employer.

DENTAL INSURANCE

Coverage Level	Prepaid DHMO Dental Plan	PPO Dental Plan
Employee Only	\$6.92	\$18.35
Employee + Spouse	\$11.27	\$35.89
Employee + Child(ren)	\$15.28	\$41.78
Employee + Family	\$17.93	\$63.06

VISION INSURANCE

Coverage Level	Vision Plan
Employee Only	\$2.84
Employee + Spouse	\$5.38
Employee + Child(ren)	\$5.66
Employee + Family	\$8.32

KEY TERMS

The following terms may be helpful to review as you read this guide.

Term	Definition
Annual Deductible	The amount you are required to pay each calendar year before certain benefits are payable by the plan. Once the deductible has been met, expenses are shared between the plan and the member in a coinsurance arrangement.
Annual Out-of-Pocket Maximum	The most you pay in a calendar year for covered services that are subject to coinsurance/ copays. The deductible is included in this amount. If you reach the annual out-of-pocket maximum, the plan pays 100% of covered in-network eligible expenses for the remainder of the plan year. Office visits and prescription copays are not included in the annual out-of-pocket maximum.
Balance Billing	When you are billed for the difference between the provider's actual charge and the amount reimbursed under the medical or dental plan. This occurs when services are received out of the preferred provider network.
Coinsurance	The percentage you pay for covered expenses.
Copays	The flat dollar amount you pay for certain in-network services.
Explanation of Benefits (EOB)	An EOB provides information about how your claim was processed by the insurer. The EOB outlines what portion of the claim was paid by the insurance plan and what portion is your responsibility.
Guarantee Issue	Guarantee issue amounts refer to the amount of coverage that you can be approved for without completing a health questionnaire. Guarantee issue amounts only apply during your initial eligibility period. Employees must elect coverage within 30 days after meeting the first of the month following two months waiting period. If you wish to enroll in the plan or increase your coverage after this initial eligibility period, you will be required to complete the Evidence of Insurability (EOI) form for elections or increases over one increment (\$10,000). Coverage is contingent upon carrier approval.
In Network	A group of doctors, hospitals, and other health care providers that contract with a health plan vendor to provide quality health care services at favorable rates.
Preferred Provider Organization (PPO)	A health care arrangement designed to provide health care services at a discounted cost for members who use designated providers (the network), but which also provides coverage (at a lower level) for services received from providers who are not part of the network.
Reasonable & Customary (R&C) Charges	R&C charges are determined by your health plan vendor and are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive in-network care, R&C charges do not apply. You are responsible for amounts over the R&C charges for out-of network care.

NOTES

IMPORTANT CONTACT INFORMATION

If you have any questions regarding your benefits eligibility, please contact the Human Resources Department by calling 480-813-9009. Visit **employeeconnects.com/earnhardt** for additional benefit resources.

Provider/Plan	Contact Information	
	Contact Number	Website
Medical—	Claims and Benefits 602-864-4400 800-232-2345	
Blue Cross Blue Shield of Arizona (BCBSAZ)	Pharmacy Benefits 866-325-1794	azblue.com
	24/7 Nurse Line 866-422-2729	
Telemedicine—BlueCare Anywhere	N/A	bluecareanywhereaz.com
Healthcare Solutions Center— Onsite Clinic	602-424-2101	info@hcsonsite.com
Dental— Sun Life	Prepaid Dental 800-443-2995 PPO Dental 800-442-7742	sunlife.com/account
Vision—EyeMed	866-299-1358	eyemed.com
Life and Disability Insurance— Sun Life Financial	Life Claims 800-247-6875 Disability Claims	sunlife.com/account
	800-247-6875	
Employee Assistance Program— Sun Life Financial	877-595-5281	guidanceresources.com (Web ID: EAPBusiness)
Employee Benefits Help Line— Lockton Companies	602-735-8923	earnhardt@lockton.com

Earnhardt Management Company health plan notices are available at **employeeconnects.com/earnhardt**. Please take time to read through these notices.

This summary of benefits is not intended to be a complete description of the terms and Earnhardt Management Company insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Earnhardt Management Company maintains its benefit plans on an ongoing basis, Earnhardt Management Company reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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