

Welcome to the
Phil Long Group of
Dealerships! This guide
provides an overview
of the comprehensive
and valuable benefits
we offer and reviews
other important
company information.
We encourage you
to keep this as
a resource.

Hire/Rehire Date:
Benefit Effective Date/Enrollment Deadline:

TOPICS COVERED IN THIS GUIDE

Eligibility • Enrollment Information	
Health Care Reform • Health Insurance Marketplace/Exchange • COBRA	
Centura Health • Urgent Care vs. Emergency Room Use	
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Centura Urgent Care and Emergency Room Centers	
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ELIGIBILITY

All Phil Long Dealerships full-time employees (must work an average of 30 or more hours per week) are eligible for benefits on the first of the month following 60 days of employment.

The following employee's family members are eligible for medical, dental, and vision coverage:

- Spouse
- Children from birth to the limiting age of 26 years regardless of marital status, student status, residency, or parental support

ENROLLMENT INFORMATION

All Employees Need to Enroll

ALL EMPLOYEES MUST EITHER ELECT OR DECLINE EACH BENEFIT. All elections or changes will be made online via the Employee Self-Service Portal (login information on page 30).

To access the Benefits portion of the Portal (after you have set up your user account), please refer to the Benefit Enrollment Instructions on page 32. It provides step-by step instructions on how to make your health care selections.

Before you go online to enroll, make sure you have your Benefits Guide (this booklet) available as well as your personal and dependent information, including Social Security numbers.

When to Enroll

All elections must be made **prior to** the effective date listed below.

HIRE DATE	ELIGIBILITY/ ENROLL BY DATE
April 3, 2017 - May 2, 2017	July 1, 2017
May 3, 2017 - June 2, 2017	August 1, 2017
June 3, 2017 – July 3, 2017	September 1, 2017
July 4, 2017 – August 2, 2017	October 1, 2017
August 3, 2017 – September 2, 2017	November1, 2017
September 3, 2017 - October 2, 2017	December 1, 2017
October 3, 2017 - November 2, 2017	January 1, 2018
November 3, 2017 - December 3, 2017	February 1, 2018
December 4, 2017 - December 31, 2017	March 1, 2018
January 1, 2018 - January 31, 2018	April 1, 2018
February 1, 2018 - March 2, 2018	May 1, 2018
March 3, 2018 - April 2, 2018	June 1, 2018
April 3, 2018 - May 2, 2018	July 1, 2018
May 3, 2018 - June 2, 2018	August 1, 2018
June 3, 2018 - July 3, 2018	September 1, 2018

ENROLLMENT INFORMATION

Important!

If you do not enroll while you are newly eligible, **you will not be able to enroll until our Annual Open Enrollment** in April/May 2018, with an effective date of June 1, 2018.

Qualified Status Change

Once you have made your benefit elections for the year, you **cannot** add or change coverage during that policy year unless you have a **Qualified Status Change.** Should you qualify for a change in status, please contact Human Resources for the appropriate forms. Notification must be made in writing to Human Resources within **31 days** of the qualifying event. Changes submitted after the **31**-day window will **not** be allowed.

Qualified changes in status include:

- Marriage, divorce, legal separation
- Birth or adoption of a child
- Commencement or termination of adoption proceedings
- Change in spouse's benefits or employment status
- Change in child's dependent status
- Death of spouse, child, or other eligible dependent
- Eligible for Medicare
- · Eligible for Medicaid
- Loss of COBRA or Medicaid benefits

NOTE: Reduction of hours (transitioning from full-time to part-time) may significantly impact your eligibility for benefits.

Pre-Tax Benefit Costs

When applicable, your benefit costs will be handled on a pre-tax basis through Section 125. For questions on Section 125, please contact Human Resources.

Questions?

If you have questions that cannot be answered on the Employee Self-Service Portal, contact Jennifer Ely, Benefits Specialist:

Email: jely@phillong.com

• Phone: 719-667-2991 (ext. 2991)

• Fax: 719-667-2993

HEALTH CARE REFORM

Effective January 1, 2014

- Employers offering health insurance must offer "adequate" and "affordable" health coverage to all full-time employees (work 30 or more hours per week) and their dependent children.
 - Employer coverage is considered to be **adequate** if the plan pays at least 60% of the allowable costs covered by the plan.
 - Employer coverage is considered to be **affordable** if the employee's required payment for **employee-only coverage** in at least one plan option offered by the employer does not exceed 9.5% of the employee's household income. This requirement does not apply to coverage for spouses or children.
- All U.S. citizens and legal residents are required to obtain qualifying health coverage. Those who
 do not obtain coverage will have to pay an annual tax penalty. The tax penalty will be the greater of
 either a flat dollar amount or a percentage of taxable income:
 - **2015.** \$325 for each adult and \$162.50 for each child (no more than \$975 total per family) or 2 percent of family's yearly taxable income.
 - **2016.** \$695 for each adult and \$347.50 for each child (no more than \$2,085 total per family) or 2.5 percent of family's yearly taxable income.
 - **2017 and Beyond.** \$695 for each adult and \$347.50 for each child plus a cost-of-living adjustment, or 2.5 percent of family's yearly taxable income, whichever is greater.

HEALTH INSURANCE MARKETPLACE/EXCHANGE

The Health Insurance Marketplace is where you can find information about private health insurance options, purchase health insurance, and obtain help with premiums and out-of-pocket costs if you are eligible.

The Phil Long Access Value Plan meets the Affordable Care Act standards (the cost of the Access Value Plan for Employee only coverage does not exceed 9.66% of a typical household income for the year and meets the "minimum value"). This means you are not eligible for a tax credit through the Marketplace.

COBRA

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). This coverage can become available to you when you would otherwise lose your group health coverage (i.e., voluntary or involuntary termination of a covered employee's employment; reduced hours of work for a covered employee; a covered employee becoming entitled to Medicare; divorce or legal separation of a covered employee; death of a covered employee; or loss of status as a "dependent child" under plan rules).

COBRA can also become available to other members of an employee's family covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description on the Employee Self-Service Portal or contact the Plan Administrator.

CENTURA HEALTH

Centura Health became our Preferred Hospital/Health Care Network effective June 1, 2015. By partnering with Centura, we can better control our health care costs. Centura strives to celebrate the value of each person's life as they seek to combine medical expertise with a compassionate touch to holistically care for a person's body, mind and spirit. Your health and wellness guide everything Centura does.

Centura Health is the region's largest health care network with 17 hospitals, 13 affiliate hospitals, 100+ physician practices, health neighborhoods, health at home, urgent care centers and emergency rooms, and clinics in Colorado and western Kansas. Centura can meet the wellness needs of more than a half million people each year. **Cofinity (www.cofinity.net) is the physician provider network.**

When in Colorado Springs area, you must use Penrose Hospital or St. Francis Medical Center. When outside Colorado Springs area, you will receive a lower discounted rate if you use a Centura facility; otherwise, make sure you use a facility in the Cofinity network.

NOTE: Any services, except emergency and sterilization, performed at Memorial Hospital are not eligible for any coverage, including out-of-network coverage. Employees will be responsible to pay the full bill.

URGENT CARE VS EMERGENCY ROOM

Urgent Care

Urgent care is for conditions that require attention but are not an immediate threat to your health or life (see examples below). An urgent care physician may determine that your condition warrants emergency evaluation and recommend you be transferred to the hospital's emergency room for further treatment.

- Minor injuries
- Minor cuts
- Eye redness or irritation
- Minor fractures
- Urinary symptoms
- · Coughs and colds

- Fever or flu
- Sore throat
- Skin rashes
- · Skin infections
- Sprains and strains

Emergency Room Care

Use the Emergency Room for sudden, unexpected medical conditions that would endanger a person's life or seriously harm the person's health if not treated immediately by a licensed medical professional. The following warning signs, provided by the American College of Emergency Physicians, indicate a medical emergency:

- Difficulty breathing, shortness of breath
- Chest or upper abdominal pain or pressure
- Fainting, sudden dizziness, weakness
- · Changes in vision
- Confusion or changes in mental status
- Any sudden or severe pain

- · Uncontrolled bleeding
- Severe or persistent vomiting or diarrhea
- · Coughing or vomiting blood
- · Suicidal feelings
- Difficulty speaking

Children

Children have unique medical problems and may display different symptoms than adults. Symptoms that are serious for a child may not be as serious for an adult. Children may also be unable to communicate their condition, which means an adult will have to interpret the behavior. Always get immediate medical attention if you think your child is having a medical emergency.

CENTURA HEALTH NETWORK HOSPITALS

Centura Health has a network of 15 hospitals across Colorado that provide award-winning care, resources, services, and peace of mind.

• Canon City - St. Thomas More Hospital and ER

Phone: 719-285-2000

• Castle Rock — Castle Rock Adventist Hospital and ER

Phone: 720-455-5000

Colorado Springs — Penrose Hospital and ER (Penrose-St. Francis Health Services)

Phone: 719-776-5000

Colorado Springs — St. Francis Medical Center and ER (Penrose-St. Francis Health Services)

Phone: 719-776-5000

• Denver — Porter Adventist Hospital and ER

Phone: 303-778-1955

• Durango - Mercy Regional Medical Center and ER

Phone: 970-247-4311

• Frisco — St. Anthony Summit Medical Center and ER

Phone: 970-668-3300

Lakewood — OrthoColorado Hospital and ER

Phone: 720-321-5000

• Lakewood - St. Anthony Hospital and ER

Phone: 720-321-0000

• Littleton — Littleton Adventist Hospital and ER

Phone: 303-730-8900

• Longmont - Longmont United Hospital and ER

Phone: 303-651-5111

• Louisville — Avista Adventist Hospital and ER

Phone: 303-673-1000

• Parker - Parker Adventist Hospital and ER

Phone: 303-269-4000

• Pueblo — St. Mary-Corwin Medical Center and ER

Phone: 800-228-4039

• Westminster - St. Anthony North Health Campus and ER

Phone: 720-627-0000

Affiliate Hospitals

• Alamosa — San Luis Valley Regional Medical Center and ER

Phone: 719-589-2511

• Del Norte - Rio Grande Hospital and ER

Phone: 719-657-2510

• **Granby** — Middle Park Medical Center and ER (Granby Campus)

Phone: 970-887-5800

• Hugo — Lincoln Community Hospital and ER

Phone: 719-743-2421

• Kremmling — Middle Park Medical Center and ER (Kremmling Campus)

Phone: 970-724-3442

• La Jara — Conejos County Hospital and ER

Phone: 719-274-5121

• Leadville— St. Vincent Hospital and ER

Phone: 719-486-0230

• Salida — Heart of the Rockies Regional Medical Center and ER

Phone: 719-530-2200

CENTURA URGENT CARE AND ER CENTERS

Below is a list of Urgent Care and Emergency Room Centers that are part of the Centura Health network. If in Colorado Springs area, you are required to use one of the Urgent Care or ER in the area. If outside Colorado Springs area, you will receive a lower discounted rate if you use one of the centers listed below.

Arvada — Arvada Neighborhood Health Center - ER and Urgent Care
 Phono: 303 035 4560

Phone: 303-925-4560

Arvada — Centura Health Emergency and Urgent Care

Phone: 303-925-4560

Aurora — Southlands Emergency Room

Phone: 303-649-3000

• Avon — Centura Health Emergency and Urgent Care

Phone: 970-668-7000

• Canon City — Centura Health Urgent Care Canon City

Phone: 719-285-2888

• Colorado Springs — Centura Health Urgent Care Broadmoor

Phone: 719-776-3330

• Colorado Springs — Penrose Community Urgent Care

Phone: 719-776-3216

• Cripple Creek — Penrose Urgent Care at Cripple Creek

Phone: 719-776-4300

• Durango — Mercy Urgent Care - Purgatory Resort

Phone: 970-259-4553

• Frederick — Centura Health Emergency and Urgent Care

Phone: 303-925-4840

• Golden — Centura Health Emergency and Urgent Care

Phone: 303-925-4360

• Golden — Golden Neighborhood Health Center - ER and Urgent Care

Phone: 303-925-4360

• Highlands Ranch — Centura Health Emergency and Urgent Care

Phone: 303-649-3620

• Monument — Centura Health Urgent Care Tri-Lakes

Phone: 719-571-7070

• Parker — Centura Health Emergency and Urgent Care (Meridian)

Phone: 303-925-4630

Westminster — Church Ranch Neighborhood Health Center - ER and Urgent Care

Phone: 303-925-4420

Westminster — 84th Avenue Neighborhood Health Center - ER and Urgent Care

Phone: 720-809-8921

• Woodland Park — Penrose Mountain Urgent Care

Phone: 719-686-0551

PLAN YEAR	ACCESS PLUS PI	LUS PLAN	ACCESS HDHP* (High Deductible Health Plan)	HDHP* e Health Plan)	ACCESS VALUE HRA PLAN	JE HRA PLAN
(June 1, 2017 - May 31, 2018)	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Employee Savings Account	Option	Optional: FSA	Required: HSA or HRA (\$600 employer contribution); Optional: FSA	RA (\$600 employer Optional: FSA	Automatic: HRA (\$600 employer contribution); Optional: FSA	employer contribution); al: FSA
Out-of-Pocket Maximum Single / Family	\$5,000 / \$10,000	\$7,500 / \$15,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$6,550 / \$13,100	Not Covered
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Not Covered
Deductible Single / Family	\$2,500 / \$5,000	\$5,000 / \$10,000	\$1,300 / \$2,600	\$5,000 / \$10,000	\$2,000 / \$4,000	Not Covered
Coinsurance	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	Not Covered
Preventative per ACA Guidelines	100%	50% after deductible	100%	50% after deductible	100%	Not Covered
Office Visits—Primary	\$35 copay 100%	50% after deductible	20% after deductible	50% after deductible	30% after deductible	Not Covered
Office Visits—Specialty	\$55 copay 100%	50% after deductible	20% after deductible	50% after deductible	30% after deductible	Not Covered
Urgent Care	\$55 copay 100%	50% after deductible	20% after deductible	50% after deductible	30% after deductible	Not Covered
Emergency Room	20% after deductible	20% after deductible	20% after deductible	20% after deductible	30% after deductible	30% after deductible
X-ray/Lab	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	Not Covered
MRI, CT, SPEC and Pet Scan	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	Not Covered
Inpatient/Outpatient/Ambulatory Hospital	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	Not Covered
Mental Disorders and Substance Abuse	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	Not Covered
Prenatal and Delivery (Prenatal Physician Care is considered part of the global delivery fee; some Prenatal is covered at 100%)	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	Not Covered
Durable Medical Equipment	20% after deductible	50% after deductible	20% after deductible	50% after deductible	30% after deductible	Not Covered

	ACCESS	ACCESS PLUS PLAN	ACCESS (High Deductib	ACCESS HDHP* (High Deductible Health Plan)	ACCESS VALUE HRA PLAN	JE HRA PLAN
PRESCRIPTION DRUGS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Generic—Retail	\$15	Not Covered	Satisfy deductible; then \$15 copay	Not Covered	30% after deductible	Not Covered
Generic Preventative (see approved list)	100%	Not Covered	100%	Not Covered	100%	Not Covered
Brand—Retail (Mandatory generic; if brand elected, must pay difference)	\$2O	Not Covered	Satisfy deductible; then \$50 copay	Not Covered	30% after deductible	Not Covered
Non Preferred—Retail	08\$	Not Covered	Satisfy deductible; then \$80 copay	Not Covered	30% after deductible	Not Covered
Specialty Drugs	\$250	Not Covered	Satisfy deductible; then \$250 copay	Not Covered	30% after deductible	Not Covered
Mail Order (90-day supply)	2 copays for 90-day supply	Not Covered	Satisfy deductible; then 2 copays for 90-day supply	Not Covered	30% after deductible	Not Covered
Available Employee Clinic(s)	CareHere Clinic (COS), Mt Carme Belmar (Denver) — office visit pa	CareHere Clinic (COS), Mt Carmel (Trinidad), Belmar (Denver) — office visit paid at 100%	CareHere Clinic (COS), Mt Carmel (Trinidad), Belmar (Denver) — office visit paid at 100%; HSA participants pay \$35 fee	CareHere Clinic (COS), Mt Carmel (Trinidad), Belmar (Denver) — office visit paid at 100%; HSA participants pay \$35 fee	CareHere Clinic (COS), Mt Carmel (Trinidad), Belmar (Denver) — office visit paid at 100%	Mt Carmel (Trinidad), ice visit paid at 100%

	ACCESS PLUS PLAN	LUS PLAN	ACCESS	ACCESS HDHP*	ACCESS VAL	ACCESS VALUE HRA PLAN
EMPLOYEE COVERAGE	Employee Semi-Monthly Cost	Employee Tobacco User Semi-Monthly Cost	Employee Semi-Monthly Cost	Employee Tobacco User Semi-Monthly Cost	Employee Tobacco User Semi-Monthly Cost	Tobacco User Semi-Monthly Cost
Employee Only	\$161.00	\$186.00	\$49.00	\$74.00	\$34.50	\$59.50
Employee + Spouse	\$346.50	\$371.50	\$248.50	\$273.50	\$200.00	\$225.00
Employee + Child(ren)	\$292.00	\$317.00	\$231.00	\$256.00	\$185.00	\$210.00
Employee + Family	\$552.00	\$577.00	\$297.00	\$322.00	\$241.00	\$266.00

^{*} With HSA Option: Either one person must satisfy the entire family deductible or the entire family must incur combined expenses totaling the entire family deductible amount before the Plan pays on behalf of any member of the family. When the maximum amount has been incurred by members of a Family Unit toward their Plan Year deductible, the deductible of all members of that Family Unit will be considered satisfied for that year.

individual reaches the single coverage out-of-pocket, the Plan will pay 100% of the remainder of Covered Charges for that individual for the rest of the Calendar Year unless stated otherwise. Once the Family out-of-pocket is reached, the Plan will pay 100% of the remainder of Covered Charges for the entire family for the rest of the Calendar Year unless stated otherwise. * With HRA Option: The Plan will pay the designated percentage of Covered Charges until out-of-pocket amounts are reached. The Family out-of-pocket includes an embedded out-of-pocket whereby once an

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account (HSA) works with a High Deductible Health Plan (HDHP). An HSA lets you set aside a portion of your paycheck—before taxes—into an account to help pay for your insurance deductible, medical expenses incurred before you reach your deductible, medical care/supplies like dentistry, ophthalmology, and prescription drugs, and expenses not covered by your plan. You must be enrolled in the Access HDHP insurance option to participate in the HSA.

Advantages of an HSA include:

- It's yours. Funds in your HSA stay with you, even if you change jobs. And, if you're no longer covered by a HDHP, your account stays active and you can use the remaining funds for medical expenses.
- **Reduces your taxable income.** The money is tax-free both when you put it in and when you take it out to cover qualified medical expenses.
- **Grows with you.** If you maintain a minimum balance of \$2,000, your additional funds may be invested in mutual funds yielding tax-free earnings.
- Helps you plan for the future. Until you turn 65, withdrawals used for eligible expenses are tax free.
 After you turn 65, or become disabled, your HSA becomes similar to an IRA. Withdrawals used for non-eligible expenses will be taxed at the regular income tax rate but won't incur additional penalties.

You can deposit money into your HSA up to an annual per person or family limit set by the IRS—currently \$3,400 for a single person or \$6,750 for a family. If you and/or your spouse will be age 55 or older by the end of the year, you also may be eligible to make an HSA catch-up contribution (up to \$1,000 for 2017).

When you complete your online enrollment and set up your TASC HSA investment accounts, you'll be given access to a secure, easy-to-use web portal where you can track your account balance, manage your investment accounts and submit a request for reimbursements. In addition, you'll be issued a debit card you can use at the point-of-sale to pay for approved medical expenses. You can request reimbursement distributions online for any purchases not made with your debit card. Payment will be made based on your available funds and may be sent via direct deposit, online bill pay, or check.

All your contributions are tax-deductible. Your HSA is similar to an IRA, but better. Withdrawals used for eligible medical expenses are always tax-free. If you receive distributions for other reasons, the amount you withdraw will be subject to income tax and may be subject to an additional 20% tax.

Important Considerations

- Eligibility. You are not eligible for an HSA if:
 - You are claimed as a dependent on someone else's taxes or are covered by any other health insurance policies that are not considered HDHPs, including Medicare and unlimited Flexible Spending Accounts.
 - You participate in an unlimited FSA or HRA through your employer or your spouse's employer.
 - You and your spouse can each have an HSA if you both have high deductible coverage. If you
 have family HDHP coverage, the maximum contribution is split equally unless you and your
 spouse agree on a different division.

Reimbursement

- You don't have to submit receipts to receive your reimbursement. However, you do need to keep receipts and documentation for each year's federal tax return (Form 8889 attached to Form 1040).
- You can make a withdrawal at any time. Reimbursements for qualified medical expenses are tax-free. If you are disabled or reach age 65, you can receive non-medical distributions without penalty, but you must report the distribution as taxable income. You may also use your funds for a spouse or dependent not covered under your HDHP.

Please reference IRS publication 969 on the Employee Self-Service Portal for family deductible requirements with a HSA.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

A Health Reimbursement Account (HRA) is an employer-funded account that reimburses an employee for certain medical expenses. Generally, an employer can only offer an HRA to employees with a group health plan, often a high deductible health plan (HDHP). The employer determines the amount of money available in the HRA, which is typically an amount less than your annual health plan deductible. PLD will contribute \$600 annually to an HRA. Newly hired employees will receive a pro-rated amount based on their effective date.

Is an HRA Right for You?

- An HRA can be advantageous for employees who don't want to reduce their take-home pay through a salary deferral to fund an employee savings account, such as an HSA and FSA. An HRA is entirely employer-funded, essentially boosting your salary with tax-free money for health care expenses.
- An HRA can be a great way to pay for out-of-pocket health care expenses while still working down your deductible, especially if you have an HDHP.
- An HRA gives you less flexibility than an HSA or FSA because you cannot determine the amount available in the fund. The employer determines the amount.
- An HRA can only be used for qualified medical expenses, including medical deductible, copay, coinsurance, and prescription expenses. Dental and vision expenses are not eligible.

Coverage	FSA (Flexible Spending Acct)	HSA (Health Savings Acct)	HRA (Health Reimbursement Acct)
Overview	Pre-tax account to reimburse employee for qualified medical expenses and dependent care expenses.	Tax-exempt account to pay for qualified medical expenses of employee and spouse/dependents.	Employer-funded account to reimburse employee for qualified expenses. Typically combined with high-deductible health plan.
Who is eligible?	Any qualifying employee	Qualifying employee enrolled in the Access HDHP	Qualifying employee enrolled in either the Access HDHP or Access Value Plan
Who can contribute?	Employee only	Employee only	Employer only
What are annual limits on contributions?	\$2,600 for medical expenses; \$5,000 for dependent care expenses	\$3,400 for individual account; \$6,750 for family account	\$600
How much of the balance carries over?	Up to \$500	Entire balance	Up to \$2,400
Is the account portable?	No, unused FSA balances are forfeited if an employee leaves or changes jobs	Yes, employee can take funds with them when they leave or change jobs	No, balance defers back to employer
Are there interest or investment earnings?	No	Yes, interest and investment income accrue tax free	No
What are the tax advantages?	Employee does not pay Federal, Social Security, or State taxes on FSA contributions	Employee does not pay Federal, Social Security, or State taxes on HSA contributions	Employer can deduct reimbursed employee medical expenses as business expense. Reimbursements are excluded from employee's gross income.
Are distributions or reimbursements taxable income for employee?	No	No, if made for qualified medical expenses; otherwise, subject to income tax and 20% penalty.	No
What expenses are eligible?	Expenses identified in IRS section 213(d)	Expenses identified in IRS section 213(d). Funds used for ineligible purposes are taxed as income and incur a penalty. No penalty after age 65.	Medical deductible, copay, coinsurance, and prescription expenses. Dental and vision expenses are not eligible.

2018 WELLNESS PROGRAM NOTICE

The 2018 Phil Long Wellness Program is a voluntary program available to all employees participating in the Phil Long insurance plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health and prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete an annual physical, provider-recommended annual fasting lab work, and preventive annual screenings recommended by your primary care physician in the next year (May 1, 2017 – April 30, 2018). You must also be a non-tobacco user or complete a certified tobacco cessation program as a reasonable alternative.

You are not required to complete any of these actions to receive medical insurance. However, employees that choose to participate in the wellness program and complete the above actions will receive the lower of two monthly insurance tiers offered in the 2018 health plan year (June 1, 2018–May 31, 2019). You are not required to complete the above actions, but only employees who do so will receive the lower monthly insurance tier.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may request a reasonable accommodation or an alternative standard. Recommendations from an individual's personal physician will be accommodated. To request a reasonable accommodation or an alternative standard, contact Jennifer Ely (jely@phillong.com), our Benefits Specialist.

The results from your annual physical and lab work will be used to provide information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your primary care doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the Phil Long Wellness Program and Phil Long Dealerships, Inc. may use the aggregate information collected to design a program based on identified health risks in the workplace, the Phil Long Wellness Program will never disclose any of your personal information either publicly or to Phil Long Dealerships, Inc., except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing services to you as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) CareHere medical and wellness program staff or Centura Health staff in order to provide services to you under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separately from your personnel records. All information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provided in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Jennifer Ely (jely@phillong.com).

PREVENTATIVE CARE RECOMMENDATIONS

How often and what kind of preventative care services you need depends on your age, gender, health, and family history. Below is an example of some of the Preventative Care services recommended by the U.S. Preventative Services Task Force.

men and women women

		men and women women			
PREVENTATIVE SERVICE	age 21-39	age 40-49	age 50-64	age 65-74	age 75+
CARDIOVASCULAR HEALTH					
Advice on nutrition, healthy weight, and physical activity		Thro	oughout adult	hood	
Advice on avoiding tobacco (exposure and use)		Thro	oughout adult	hood	
Blood pressure measurement		А	t least annua	lly	
Cholesterol (lipid) profile blood test	Co	nsider as earl	y as age 20 if	at increased	risk
Diabetes screening			ency dependa actors for dia		
CANCER PREVENTION					
Breast cancer screening (mammogram) (optional between ages 40–49)		(may start of dependence)	ge 50-74 ever earlier and mor ling upon risks; nal risk with pr	e frequently discuss	
Colorectal cancer screening test (stool test, flexible sigmoidoscopy, colonoscopy) Frequency depends on type of test and risk factors		Start at age 50 (may start earlier if at risk)			
	Pap Test—age 21 every 3 years				
Cervical cancer screening	HPV + Pap Test— age 30 and older every 5 years				
Lung cancer screening	Current or former smokers		nokers		
OTHER					
Immunizations (vaccines)	see prevention guidelines at cdc.gov/vaccines/schedules			chedules	
Osteoporosis screening test (bone density)				Start at	age 50
Hepatitis C test (people born between 1945 and 1965)			Start a	t age 50	
Chlamydia test				sexually activ g upon risk as	
HIV screening	repea		nce for everyo depending up	ne; on risk asses	sment

Submission Process for Preventative Screenings

- Discuss annual preventative screenings/procedures with your primary care health provider during your annual physical.
- Complete the recommended preventive care screenings/procedures between May 1, 2017, and April 30, 2018.
- Return the completed 2018 Wellness Program Preventive Screening Form, signed by the rendering health care provider(s), to either the My Health and Wellness Center (CareHere clinic users), or to Centura Health by fax at 719-776-2084 (non-CareHere clinic users) to receive credit for the completion of the wellness program preventive care action.
- Preventive Screening Form must be received by April 30, 2018, and additional wellness program actions
 completed to earn the lower of the two monthly insurance tiers available for the 2018 health plan year
 (June 1, 2018 through May 31, 2019).

Preventive Screening Form is available on Employee Self-Service Portal under Benefits on far right side of home page.

COLORADO SPRINGS EMPLOYEE CLINIC

 My Health & Wellness Center—an on-site, state-ofthe-art health care clinic operated by CareHere provides employees enrolled in our health care plan, along with their family members, access to a higher level of health care, while reducing costs to the participants.

Available to employees participating in the Phil Long Healthcare Plan

The Center is available to all employees who participate in the Phil Long healthcare plan, along with their enrolled dependents over the age of 2.



• Provides high quality, personal health and wellness

The goal of the Center is to provide high quality, personal health and wellness to you and your family. You will be able to receive treatment for primary medical care, acute and chronic conditions, and one-on-one wellness coaching by working with the on-site doctors, nurses, and wellness coaches. **NOTE: The Center is not equipped to give immunizations.**

• Keeps healthcare costs low

The Center is committed to keeping your healthcare costs low, so there are no copays or deductibles. All treatment and medications provided at *My Health & Wellness Center* are free of charge, except for employees with an HSA (Health Savings Account). Employees enrolled in an HSA are required to pay a \$35 fee when using the clinic for non-preventive services. The IRS rules for an HSA do not allow for first-dollar coverage for non-preventive services.

Makes convenience a priority

We know how valuable your time is so convenience is a priority. The Center features 24/7 online appointment scheduling (see next page for scheduling instructions. **NOTE: All first-time patients must book at least two back-to-back appointments**), on-site lab work, and an on-site pharmacy. This means less time in the waiting room, more one-on-one time with the doctor, and the convenience of prescription medications dispensed on-site.

• Managed by CareHere

Phil Long has partnered with CareHere, who is managing the Center. CareHere manages on-site clinics across the country. Rest assured that **your personal information will be kept confidential and secure** at all times. Phil Long has also teamed up with Mt. Carmel Health and Wellness and Dr. Leo Bonfadini in Trinidad to provide wellness support.

Hires top-notch staff

The Center medical team is second to none! CareHere has hired the best staff to provide the best treatment for you and your family.

- **Dr. Rebecca Davis-Trujillo, MD:** is a graduate of Case Western Reserve University in Cleveland, Ohio, and did her residency in family medicine at University of New Mexico in Albuquerque.
- Laura Erickson-Bly, NP: completed her education at Malone University. Began nursing career at UN in Cleveland, and worked as a nurse practitioner at Wootton Clinic.
- Bonnie Morley, RN: worked as a charge nurse with Pikes Peak Hospice at Penrose Hospital before working at the clinic.

Location and Hours of Operation

My Health & Wellness Center is located at the Phil Long Collision Center (4045 Sinton Road, Colorado Springs, CO 80907) on the south side of the building.

- Tuesday 8am-12noon and 1pm-4pm
- Wednesday 8am-12noon
- Thursday 1:30pm-5:30pm

SCHEDULE APPOINTMENT AT COS CLINIC

Each employee on the Phil Long healthcare plan and each of their covered dependents MUST register with My Health & Wellness Center to create their own separate account. To register and schedule an appointment, follow the instructions below.

- 1. Go to www.carehere.com and select "MEMBER LOGIN" at the top of the screen
- 2. To create a CareHere account, select "I need to register for the first time with my Access Code."
- 3. On the Access Code screen, enter:
 - Access HDHP with HSA: PLHSA1
 - Access HDHP with HRA: PLHRA1
 - Access Plus: PLAE3
 - Access Value HDHP with HRA: PLHRA2

A screen confirming that you are registering as an active Phil Long employee will appear. Click "Go."



ABOUT US

SERVICES

- 4. Next you will go through a series of screens where you will be asked to create a username and password and enter health-related information for your CareHere health record.
- Once you are registered, return to www.carehere.com to schedule an appointment.
- 6. Enter your personal username and password on the Member Login page; click "Login." You will be directed to your CareHere home page.
- 7. Click "Appointments-SS" in the green navigation bar on the left side.
- 8. Click "Appointments (Classic View)" at the top of the page.
- 9. On the Appointment Calendar, select a date for your appointment. All available appointment slots will appear. Read the guidelines under the Clinic Schedule to see how much time you need to allow for your appointment.
- 10. Click "Make Appointment" on an available appointment time.







Logged In:

ı	<< April 2015 <u>>></u>						
ı	Sun	Mon	Tue	Wed	Thu	Fri	Sat
ı				1	2	3	4
ı	5	6	-	8	9	10	11
ı	12	1	14	15	16	17	18
ı	19	20	21	22	23	24	25
ı	26	27	28	29	30		
ı			Cli	ck a D	ate		

- 11. A pop-up screen will appear. Enter your symptoms, reason for appointment, or comments.
- 12. Click "Print" if you want a printed reminder of your appointment.
- 13. Click "Confirm Your Appointment" to save your appointment in the system. You may edit or delete your appointment any time prior to the appointment time. A separate appointment must be scheduled for each patient.
- 14. You will receive an email reminder of your appointment.

You may also call CareHere at 877-423-1330 to schedule an appointment.

DENVER EMPLOYEE HEALTH CLINIC

• Belmar Neighborhood Health Center

The Belmar Clinic is located on the second floor of Walgreens at 7551 W. Alameda Avenue, Lakewood, CO 80226. Same day service is available, but you must call first to make an appointment.

Available to employees participating in the Phil Long Healthcare Plan

The clinic is available to all employees who participate in the Phil Long healthcare plan, along with their enrolled dependents.

Services offered

- Pediatric, adult, and senior care
- Treatment of minor acute illness and injuries
- Immunizations
- Chronic condition management
- Medication refills/management

- Annual/routine physicals
- Well child exams
- Well woman exams
- Prenatal care

• Schedule an appointment

You must make an appointment before going to the clinic. To schedule an appointment, call (303) 925-4380. Bring your Health Plan Member ID card and a photo ID to your appointment.

Cost

There is no cost for an office visit unless you have an HSA (Health Saving Account); then the cost will be only \$35.

• Hours of operation — Monday to Friday, 8am-5pm

TRINIDAD/RATON EMPLOYEE HEALTH CLINIC

• Mt. Carmel Health & Wellness

The Mt. Carmel Health Clinic, an Integrated Family Care Center, is located at 911 Robinson Avenue, Trinidad, CO 81082. Same day service is available, but you should call first to make an appointment.

Available to employees participating in the Phil Long Healthcare Plan

The clinic is available to all employees who participate in the Phil Long healthcare plan, along with their enrolled dependents.

• Services offered

- Non-emergency treatments
- Health screenings, blood tests, and evaluations
- Immunizations/flu shots
- Management of chronic disease

- Annual/routine physicals
- Wellness exams for all ages
- Well woman exams
- Weight loss and nutrition

Schedule an appointment

You are encouraged to make an appointment before going to the clinic. To schedule an appointment, call (719) 845-4880, option 1. Bring your Health Plan Member ID card and a photo ID to your appointment. Walk-ins will be accommodated as scheduling allows.

Cost

There is no cost for an office visit unless you have an HSA (Health Saving Account); then the cost will be only \$35.

- Hours of operation Monday to Friday, 8am-7pm
- Se habla Espanol

VISION BENEFITS

EyeMed is available through thousands of provider locations participating on the EyeMed SELECT network. To see a list of participating providers near you, go to **www.eyemedvisioncare.com** and choose "SELECT" from the provider locator dropdown box. You can also call 866-299-1358 (toll-free).

EYEMED SERVICES*	MEMBER COST
Exam with Dilation as Necessary (once every 12 months)	\$10 copay
Exam Options	Standard Contact Lens Fit & Follow-Up — up to \$40 Premium Contact Lens Fit & Follow-Up — 10% off retail
Frames (once every 12 months) — Any available frame at provider location	\$0 copay; \$130 allowance; 20% off balance over \$130
Standard Plastic Lenses (once every 12 months)	Single Vision — \$15 copay Bifocal — \$15 copay Lenticular — \$15 copay Standard Progressive Lens — \$80 Premium Progressive Lens — \$80; 80% of charge less \$120 allowance
Lens Options	 UV Treatment – \$15 Standard Plastic Scratch Coating – \$15 Standard Anti-Reflective Coating – \$45 Other Add-Ons – 20% off retail price Tint (Solid & Gradient) – \$15 Standard Polycarbonate – \$40 Polarized – 20% off retail price
Contact Lenses	Conventional — \$0 copay; \$130 allowance; 15% off balance over \$130 Disposable — \$0 copay; \$130 allowance; balance over \$130 Medically Necessary — \$0 copay; paid-in-full
Laser Vision Correction (Lasik or PRK from U.S. Laser Network)	15% off retail price or 5% off promotional price
Additional Pairs Benefit	40% off complete pair eyeglasses purchases and 15% off conventional contact lenses once the funded benefit has been used.

^{*}Trinidad and Raton—Rocky Mountain Eye Center is the only EyeMed provider in the area.

EyeMed is accepted by the following providers:

- LensCrafters
- Pearle Vision
- Sears Optical
- Target Optical
- JCPenney Optical
- Private Practitioners (check with provider to see if they accept the plan)

VISION SEMI-MONTHLY RATES

EMPLOYEE COVERAGE	EYEMED PLAN
Employee	\$3.35
Employee + Spouse	\$6.37
Employee + Child(ren)	\$6.70
Family	\$9.85

^{*}Honda-Bauer Eyecare in Basalt, CO; or Eagle Valley Vision in Eagle, CO

DISCOUNT DENTAL PLANS

Two discount dental plans are available: Alpha Dental Plan and Blue Expert Dental Plan.

These plans are not insurance—they are network discount plans. You must use a provider in the discount network you select in order to receive the discounted rates. There is no out-of-network coverage or benefits on these plans.

All of the established fees have been pre-negotiated with each discount dental provider. At the time services are rendered, you simply pay the discounted amount directly to your dental provider.

Below are some of the advantages of the discount dental plans:

- No waiting on any services, including major and orthodontics
- No annual maximum—use as much as you like
- Very low out-of-pocket costs—significant savings
- Lower monthly cost
- Cosmetic dentistry included
- Orthodontics for children and adults
- No deductibles or claim forms
- No hidden costs or expenses

SERVICES	NORMAL FEE	ALPHA DENTAL	BLUE EXPERT DENTAL
Locate a dental provider*	-	www.betadental.com/alpha19/	www.betadental.com/blueexpert/
Calendar-Year Deductible	_	No annual deductible	No annual deductible
Annual Maximum	_	No annual maximum	No annual maximum
Waiting Period	_	No waiting period	No waiting period
Average savings on services	_	70%	50%
Office visit	\$35	\$5	_
1st comprehensive oral exam	\$102	\$13	\$46
Periodic oral exam	\$58	no cost	\$27
Prophylaxis (adult)	\$104	\$15	\$46
Bitewings x-ray (4 films)	\$74	no cost	\$36
Intraoral x-ray (complete set)	\$152	\$33	\$81
Resin-based composite (1 surface)	\$188	\$50	\$83
Crown—full cast high noble metal	\$1,329	\$422	\$657
Molar (excluding final restoration)	\$1,200	\$454	\$661
Periodontal Scaling/Root Planning	\$294	\$124	\$140
Complete denture-maxillary	\$2,000	\$593	\$905
Extraction erupted tooth	\$206	\$51	\$92

^{*}Trinidad and Raton—no providers in the area for either discount plan; Pueblo has the closest provider

DELTA DENTAL PLAN — GROUP #000130114

Delta Dental has two networks—PPO and Premier. All dental offices accept Delta Dental; however, to get the most benefit from this plan, make sure you use a PPO dentist. Premier dentists are considered out-of-network. To determine if your current dentist is a PPO or Premier dentist, visit **www.deltadentalco.com**.

SERVICES	PPO DENTIST	PREMIER DENTIST*	NON-PARTICIPATING DENTIST*		
Calendar-Year Deductible	\$50; Deductible applies to Basic and Major Services. Family deductible is three times the individual deductible or \$150.				
Annual Maximum	\$2,000 per member, p	oer calendar year			
Office Visit	No copay				
Prevention First		. Diagnostic and Preventiv gainst annual maximum b			
Orthodontics	0 0	19; \$1,000 lifetime maxim iod for anyone enrolling in the Discount Plan)			
Oral Exams and Cleanings (once each in 6-month period)	100%	90%	90%		
Sealants (once per tooth for permanent molars in children up to age 14)	100%	90%	90%		
Bitewing X-rays (once in 12-month period)	100%	90%	90%		
Full-mouth X-rays (once in 60-month period)	100%	90%	90%		
Fluoride (2x in 12-month period up to age 15)	100%	90%	90%		
Space Maintainers (children up to age 13)	100%	90%	90%		
Fillings (once per tooth in 24-month period; composite fillings on front teeth only)	80%	80%	80%		
Simple Extractions	80%	80%	80%		
Oral Surgery	80%	80%	80%		
Endodontics/Periodontics	80%	80%	80%		
Implants/Crowns (once per tooth in 60-month period)	50%	50%	50%		
Dentures/Bridges (only applies to replace a functioning, natural tooth that was extracted while patient was covered under this plan)	50%	50%	50%		

^{*}If you do not use a PPO dentist, and your dentist charges more than the PPO Allowable Fee, you will be responsible for the excess charges. If you use a Premier dentist, you will be responsible for the difference between the PPO Allowable Fee and the fee from the Premier Maximum Plan Allowance. If you use a non-participating dentist, you will be responsible for the difference between the PPO Allowable Fee and the full charges you are billed.

Delta Dental does not issue insurance cards. Be sure to provide our Group #000130114 to your dentist.

DENTAL SEMI-MONTHLY RATES

EMPLOYEE COVERAGE	ALPHA DENTAL	BLUE EXPERT DENTAL	DELTA DENTAL
Employee	\$5.50	\$5.50	\$18.14
Employee + Spouse	\$10.50	\$10.50	\$34.34
Employee + Child(ren)	\$13.18	\$13.18	\$40.16
Employee + Family	\$17.50	\$17.50	\$62.85

FLEXIBLE SPENDING ACCOUNT (FSA)

The Flexible Spending Account New Plan Year starts June 1, 2017, and runs through May 31, 2018. Enrollment will be each June, unless you are a new hire.

A Flexible Spending Account (FSA) allows you to **save up to 30**% on your eligible health care and/or dependent care expenses every year by using **pre-tax dollars**.

Consider how much you spend for healthcare and/or dependent care for you and your qualified dependents in one year, including: deductibles, co-insurance, prescription drugs/medications, copays for medical/dental office visits, eye exams and prescription glasses/lenses, vaccinations, and daycare tuition.

Why not reduce these expenses by using pre-tax dollars instead of after-tax dollars? With rising healthcare costs, every penny counts! By using pre-tax dollars, you are taxed on a lower gross wage, thereby saving money that would otherwise be spent on federal, state, and FICA taxes. That means you can **increase your take home pay!**

The FSA is administered by TASC FlexSystem. When you choose to enroll in a Healthcare FSA and/or Dependent Care FSA, you decide the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming plan year. The funds will be deducted pre-tax in equal amounts from each paycheck throughout the plan year. For every dollar you put into these accounts, the more money you save by paying less in taxes.

- Plan Year Limits for Healthcare FSA: \$2,600
- Plan Year Limits for Dependent Care FSA: \$5,000

As you incur eligible expenses, you submit a request for reimbursement to TASC to receive reimbursement from your FSA, up to the amount of your annual contribution. For additional convenience, you are provided with a TASC card to purchase eligible medical and dependent care expenses with your FSA funds at the point of purchase, which eliminates the need for reimbursement.

Effective June 1, 2014, the FSA plan will no longer have a grace period. Instead the plan will now have a carryover of FSA Healthcare funds (does not include Dependent Care Funds) up to \$500 from one plan year to the next, and you can still elect the full \$2,600 in the next plan year.

Pre-Tax Savings Example							
With Gross Monthly Pay:	out FSA \$3,500	<i>With FSA</i> \$3,500					
Pre-Tax Contributions Medical/Dental Premiums Medical Expenses Dependent Care Expenses TOTAL:	\$0 \$0 \$0 \$0	-\$300 -\$100 -\$400 -\$800					
Taxable Monthly Income	\$3,500	\$2,700					
Taxes (federal, state, FICA): Out-of-pocket Expenses: Monthly Take-home Pay:	-\$968 -\$800 \$1,732	-\$747 <u>\$0</u> \$1,953					
Net Increase in Take-Ho For illustration purposes only. Actu		Page 100 Control of Co					

USING HSA WITH FSA

As long as a Flexible Spending Account (FSA) is **limited to dental and/or vision care expenses only,** you can use an FSA with an HSA. This type of FSA is typically called a **Limited Purpose FSA**.

A Limited-Purpose FSA is a saving option for employees who are enrolled in a Health Savings Account (HSA). The Limited-Purpose FSA works the same way a traditional (or full coverage) FSA does by using pre-tax dollars to pay for qualified healthcare expenses incurred during the plan year.

• Plan Year Limits for Limited-Purpose FSA: \$2,600

When you or your spouse enroll in an HSA, you are no longer eligible to participate in a full coverage Healthcare FSA. The solution is to participate in a Limited-Purpose Healthcare FSA.

What is the Difference Between: Full Coverage and Limited Purpose?

A Limited Purpose FSA limits what healthcare expenses are eligible for reimbursement.

Full-Coverage Healthcare FSA Eligible Expenses covered:

- Co-pays and deductibles
- Prescription eyeglasses
- Orthodontia
- Vaccinations
- Dental expenses

This list is not all inclusive. Please refer to your FSA Summary Plan Description for expense eligibility.

Savings Example A

Jane elects to participate in the HSA for the 2010 plan year. She anticipates \$500 in medical and vision expenses for the 2010 plan year, of which \$200 is for new contacts. She will need to enroll into the Limited Scope Healthcare FSA to be reimbursed for her contacts. The other \$300 in medical expenses can be reimbursed through her HSA.

Savings Example B

John elects to participate in the traditional health plan for the 2010 plan year. He anticipates \$1000 in medical, dental and vision expenses for the 2010 plan year. He can enroll in the full coverage Healthcare FSA.

Limited Purpose Healthcare FSA Eligible Expenses covered:

- Dental expenses
 - Braces and orthodontia
 - Cleanings
 - Crowns
 - Fillings
 - Dentures
 - Co-payments and deductibles
- Vision expenses
 - Eye exams
 - Prescription eyeglasses and contacts
 - Contact lens solution
 - Prescription drugs/medications
 - Laser eye surgery; LASIK
 - Co-payments and deductibles

Note: Enrolling in a HSA does not affect participation in the Dependent Care FSA.

VOLUNTARY SHORT- & LONG-TERM DISABILITY

In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

BENEFITS	SHORT-TERM DISABILITY	LONG-TERM DISABILITY*	
Benefits Begin	On 8th day of injury or sickness	After 90 days of injury or sickness	
Benefits Payable	Weekly	Monthly	
Percentage of Income Replaced	Option $1-40\%$ of weekly earnings Option $2-60\%$ of weekly earnings	Option $1-40\%$ of monthly earnings Option $2-60\%$ of monthly earnings	
Maximum Benefit	\$1,250 a week	\$5,000 per month	

^{*}Covers on- and off-the-job injuries and disabilities.

What is a Pre-Existing Condition?

- You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the three months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Guaranteed Issue while newly eligible.

Life & Disability rates are on the Employee Self-Service Portal. If you are a new employee and we do not have a 12-month history of your earnings, you are responsible for proving the income you are enrolling for. Please be advised, should you have a STD or LTD claim before you have established 12 months of earnings history with Phil Long, you need to be able to prove the earnings you signed up for in order to receive the benefit election. You can do this by providing us with a prior year's W-2 or payroll records at the time of enrollment.

BASIC LIFE INSURANCE (Employer Paid)

Phil Long Dealerships, Inc. provides the following for full-time employees: \$15,000 group life and accidental death and dismemberment (AD&D) insurance; \$3,000 for a spouse; \$250 for dependent child 14 days to 6 months; and \$1,500 for dependent child 6 months to 19 years—and pays the full cost of this benefit. Designate your beneficiary via the Employee Self-Service Portal.

VOLUNTARY LIFE INSURANCE*

Employees who want to supplement their employer-paid group life insurance benefits may purchase additional coverage. When enrolling yourself and/or your dependents in this benefit, you will pay the full cost through semi-monthly payroll deductions. You can purchase coverage on yourself in \$10,000 increments. Employee minimum coverage is \$10,000 and maximum coverage is the lesser of 5 times annual earnings or \$500,000. You can purchase coverage on your spouse in \$5,000 increments, but minimum coverage is \$10,000 and maximum coverage is the lesser of 100% of the Employee Life amount or \$500,000. Dependent coverage of \$2,500, \$5,000, \$7,500, or \$10,000 can be purchased for dependents (6-months to 19 years).

*Guaranteed Issue while newly eligible up to \$120,000 for the employee and \$50,000 for the spouse. Opting for at least the minimum coverage of \$10,000 while newly eligible gives employee access to future buy-ups of coverage without having to go through underwriting.

IMPORTANT: Voluntary life insurance benefit reduces starting at age 70 for the employee. The amount of the spouse's life insurance will reduce by the same percentage and at the same time as the employee's life insurance reduces. For more information, see Policy details on Employee Self-Service Portal.

GROUP CRITICAL ILLNESS INSURANCE*

- Designed to help you offset the financial effects of a catastrophic illness with a lump sum benefit when you are diagnosed with a covered critical illness.
- Some of the covered conditions include (see policy for full list):
 - Cancer
 - Heart Attack
 - Stroke
 - Blindness
 - Benign Brain Tumor

- Occupational HIV
- End Stage Renal (Kidney) Failure
- Major Organ Failure
- Permanent Paralysis result of covered accident
- · Coma result of covered accident
- Each condition is payable once per lifetime.
- \$50 wellness benefit per insured per calendar year included.
- Employee coverage amounts \$5,000-\$50,000 in increments of \$5,000; guaranteed issue of \$20,000.
- Spouse coverage amounts of \$5,000-\$30,000 in increments of \$5,000; no guaranteed issue.
- Children automatically included at 25% of employee amount.

GROUP ACCIDENT INSURANCE

- Designed to help you meet out-of-pocket expenses and extra bills that can follow an accidental injury, and are not covered by major medical insurance.
- Indemnity lump sum benefits are paid directly to YOU based on the schedule of benefits.
- Provides coverage for ON and OFF the job accidents.
- Family coverage options available for Employees, spouse and children.

Employee Semi-Monthly Deductions

EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
\$9.93	\$15.93	\$17.20	\$23.21

GROUP HOSPITAL INDEMNITY INSURANCE*

- Hospital Admission: \$500 per insured per calendar year
- \$100 each day of your covered hospital stay, up to 15 days.
- \$150 emergency room treatment for an accident or sickness (once per year)
- \$100 for ambulance or \$500 for air ambulance transportation related to a covered accident or sickness (once per year).
- Product offered to individual, spouses & dependent children
- Benefit payments may be used for anything—benefits are paid directly to the employee on an indemnity basis (not on a reimbursement basis).
- Benefit paid regardless of other coverage—no offsets for other benefits
- Affordable premiums that are conveniently deducted from your paycheck

Employee Semi-Monthly Deductions

AGE	EMPLOYEE ONLY EMPLOYEE & SPOUSE		EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
17-49	\$4.06	\$7.32	\$6.78	\$10.04
50-59	\$4.84	\$9.58	\$7.56	\$12.30
60-64	\$6.49	\$13.43	\$9.21	\$16.15
65+	\$8.68	\$17.95	\$11.40	\$20.67

^{*}Benefits for a pre-existing condition (defined as a sickness or injury, or symptoms of a sickness or injury, whether diagnosed or not, for which you received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine, or had been prescribed drugs or medicine to be taken in the 6 months just prior to your effective date) will not be paid during the first 6 months the policy in force.

401(k) BENEFITS

Overview

At Phil Long Dealerships, Inc., we believe in offering a strong benefits program. Together with Fidelity, we provide a level of service and commitment to help you prepare for retirement. There are many great benefits to being a participant in the Phil Long Dealerships, Inc. 401(k) Profit Sharing Plan. Among those benefits is exceptional customer service, online or by phone. In fact, you can count on Phil Long and Fidelity to help support you every step of the way.

A 401(k) Plan is a long-term savings and investment plan that allows you to save before-tax dollars for your long-term retirement and financial security.

401(k) stands for a section of the IRS tax code. It allows employers to offer their employees a retirement savings plan where individuals can set aside money out of their checks before they are taxed on their wages. The money is invested and the principle and "interest," or earnings, on the investments are not taxed until the money is withdrawn.

Funds withdrawn (not borrowed) before age $59\frac{1}{2}$ are subject to taxes and penalties by the IRS. These taxes and penalties can amount to approximately 30%.

Eligibility Requirements

- Employed for 6 months
- Must be at least 18 years of age
- Both full-time and part-time employees are eligible.
- Entry dates are January 1, April 1, July 1, and October 1 of each year.
- If you do nothing upon reaching your eligibility date, you will be automatically enrolled in the 401(k) Plan at 5% of your gross pay.

Annual Auto Increase

The Automatic Contribution Program increases your contribution rate over time so you don't have to think about your savings rate every year. Unless you opt out of the auto increase, every January 1 your retirement plan contribution will automatically increase by 1%, up to a maximum limit of 7%.

Best Practices To Consider

- The impact of an early start. Your decision to start today could give you quite a bit more at retirement than starting five years from now.
- Contribute as much as you can. That amount can take you a long way toward reaching your financial goals.
- Do what you can afford. Start at a number that feels comfortable to you. You can always change
 it later. The important thing is to invest what you can afford and start right away.
- Invest more in your plan, pay less in taxes. Your pretax contributions come out of your pay before income taxes are taken out. You can actually lower your current taxes by investing in the plan today.

Note to Rehires

If you have been **rehired** at Phil Long Dealerships and have previously been eligible to participate in Phil Long Dealerships, Inc. 401(k) Plan, you may be eligible to waive the 6-month waiting period. You will receive a notice of eligibility letter. If you do nothing within 30 days, you will be automatically enrolled in the 401(k) Plan at 5% of your gross pay.

TRADITIONAL VS. ROTH 401(k) OPTIONS

Your retirement plan offers two savings options: traditional pretax 401(k) and Roth 401(k).

- This option in your retirement plan determines how you're taxed on contributions and withdrawals.
- When you expect your tax rate to be the greater in retirement than it is now, the Roth 401(k) may be advantageous to you.
- When you expect your tax rate to be the greater now than in retirement, the traditional 401(k) may be advantageous to you.
- When you expect your tax rates to be the same now and in retirement, there is no clear advantage to either account.

Taxation — Roth 401(k) vs. Traditional 401(k)

	ROTH 401(k)	TRADITIONAL 401(k)
Contributions	Made after tax; no current tax benefit	Made pretax; no tax paid on contribution amount
Withdrawals	Received tax free* (if IRS requirements are met)	Taxed as ordinary income

^{*}Distribution of earnings are eligible for tax-free treatment if made after five years following January 1st of the year of the first Roth 401(k) contribution, and on account of death, disability, or attainment of age 59½.

Withdrawal Requirements

- With traditional 401(k), withdrawal is subject to tax at time of withdrawal only if:
 - You are 59 ½ or older
- With Roth 401(k), withdrawal is tax free only if:
 - Money is withdrawn after 5 years following January 1st of the year of the first Roth contribution
 - You are 59 ½ or older
- Exceptions to age 59½ rule death or disability
- If rules are not met, earnings are taxed and there is a possible penalty.

Roth 401(k) vs. Traditional 401(k) — Factors to Consider

- Your current age
- Your expected retirement age
- Your current annual contribution

- Your current tax bracket
- Your expected tax bracket in retirement
- Your ability to pay tax now on contributions



WHY FIDELITY?

With more than 65 years of financial services experience, Fidelity can help you put a plan in place that balances the needs of your life today with your retirement vision for tomorrow.

EMPLOYEE ASSISTANCE FUND (EAF)

A Phil Long Dealerships Employee Assistance Fund (EAF) was established effective January 1, 2013. The purpose of the EAF is to provide financial assistance to employees who are experiencing severe financial distress as a result of an extraordinary emergency or catastrophic event.

Below are examples of what may qualify for assistance from the Fund:

- Death in the immediate family
- Medical expenses in the immediate family
- Expenses due to a natural event (i.e., flooding, fire, hail, etc.)
- Unforeseeable event equivalent to the urgency of above events



Assistance will not be provided to employees whose situation is clearly the result of financial and/or personal responsibility.

All employees are eligible to apply for a distribution from the Fund. The applicant must be employed by a Phil Long dealership at the time of any approved grant distribution. Employees may apply for assistance once in a 12-month period. Payment and the amounts of all distributions are subject to the availability of funds. The maximum distribution in any 12-month period is as follows:

- \$1,000 for employees with less than 1 year of service
- \$2,000 for employees with more than 1 year of service

The Fund is administered by an Employee Assistance Fund Committee, comprised of representatives from each of our dealerships. The Benefits Coordinator serves as the Committee Chair. The EAF Committee has the sole discretion to determine whether an employee receives assistance and the distribution amount, based on their circumstances and the amount available in the Fund.

An EAF application can be found on the Employee Self-Service Portal. The completed application and all supporting documentation should be submitted to the Benefits Coordinator. The Committee will meet to review the application and will either approve or decline the request.

The EAF is a program for the employees funded by the employees. Employees may contribute to the Fund by cash, credit card, personal check, cashier check, or money order. Contributions can also be made through semi-monthly payroll deductions via the Employee Self-Service Portal

A complete Plan Document of the Phil Long Dealerships Employee Assistance Fund, which describes the Fund in detail, including eligibility and procedures, is available from the Benefits Coordinator. Questions about the EAF can be directed to the Benefits Coordinator (jely@phillong.com).

IDENTITY THEFT RECOVERY SERVICE

Every employee can receive online access to identity theft education and protection tools! Call 1-877-33-THEFT or go online at **www.idadvocates.com**. Be sure to identify yourself as a Phil Long Dealerships employee.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Problems are a part of life.

Phil Long recognizes that at any time you or your family members may experience personal difficulties that may seriously affect your life. If these difficulties go unresolved, they are likely to impair your ability to cope effectively at home and on the job. That is why Phil Long pays for and provides a **confidential Employee Assistance Program** (EAP) for employees and their families.

All employees and their family members qualify for the EAP benefit, even if they are not enrolled in our health care plan. **EAP provides professional counseling services, legal, financial, and other resources** to assist your emotional and mental well-being and bring balance to your life. Be assured that your use of EAP is not reported to Phil Long.

EAP benefits include five **free** sessions per person, per problem, per year. Licensed, professional counselors are available to help employees find solutions and balance for the everyday challenges of work and home, as well as for more serious issues involving emotional and physical well-being.

- Relationship issues
- · Family problems
- Grief
- Stress, depression, or anxiety

- Substance abuse
- Workplace difficulties
- Legal problems not related to employment
- Financial information

Achieving goals can be empowering and exciting!

Are you ready to:

- Find your motivation and maintain it?
- Prepare for lifestyle behavior changes?
- Build upon strengths?
- Overcome challenges?
- Be the best you can be?

Penrose-St. Francis Health Services is offering a unique, **free** opportunity to employees and their spouses. The program uses experts in behavioral health and wellness coaching to assist you in reaching your personal goals. You will meet one-on-one with your dedicated coach who will provide the support you need to be successful in many areas of life. The coach will help you build an action plan toward being healthier and happier.

Getting help is simple!

You can schedule an appointment by calling EAP (see contact info below). Offices are open 8:00 a.m. to 5:30 p.m., Monday through Thursday, and 8:00 a.m. to 4:00 p.m. on Friday. A counselor is available 24/7 for crisis assistance.

• Toll Free: 800-645-6571

Colorado Springs: 719-634-1825

Denver: 303-765-6363Pueblo: 719-560-0612

www.profileeap.org (username: PHIL; password: 3700)



PAID TIME OFF (PTO)

Paid Time Off (PTO) is an all-purpose time-off plan for eligible employees to use for vacation, illness, injury, family sickness or activities, and personal business. It combines traditional vacation and sick leave plans into one flexible, paid-time-off program. Employees are encouraged to schedule sufficient time off in order to promote employee wellness.

Responsibilities

Human Resources is responsible for gathering and entering valid service dates for accurate PTO accrual and responding to employee PTO inquiries. Employees, managers, and supervisors are responsible for managing an employee's PTO schedule. PTO days should be scheduled in advance whenever possible. When scheduling PTO, employees should request advance approval from their supervisors. Requests are reviewed based on a number of factors, including business needs and staffing requirements. If a designated holiday falls within an employee's PTO period, that day will not be counted against the employee's PTO, unless they are a commissioned employee (e.g., Sales, Service Advisors).

PTO Calculation

Upon date of hire, eligible employees begin to earn PTO according to the schedule below:

PTO Earning Schedule						
Years of Service	Maximum Accrual Allowed					
0 through 1 year	64 hours (8 days)	2.67 hours	64 hours			
1 year to 4 years	104 hours (13 days)	4.33 hours	156 hours			
4 years to 14 years	144 hours (18 days)	6.00 hours	216 hours			
14 years or more	160 hours (20 days)	6.67 hours	240 hours			

Eligibility

Employees become eligible for the higher accrual rate on the first day of the pay period in which the employee's anniversary date falls. Part-time employees accrue pro-rated PTO based on scheduled hours worked. For part-time employees, the previous accrual schedule and provisions will apply, but with a modification for part-time status.

Example: A part-time employee has worked for the company for seven years and their scheduled hours are 24 per week (60% of 40 hours). The employee will accrue 60% of 6.00 hours semi-monthly. $[0.6 \times 6.00 \text{ hours}] = 3.6 \text{ per pay period } [x24]$ for a total of 86.4 per year.

The maximum amount of PTO that can be accrued at any given time is 1.5 times the total annual PTO that can be earned. The employee does not earn additional PTO hours until he or she has reduced the accrued bank below the maximum. The employee then resumes earning PTO benefits during each subsequent pay period until the maximum is again reached.

If a former employee with less than one year of prior service is rehired, the employee will be considered a new employee with no prior service recognition for PTO accrual purposes. If a former employee with less than a two-year break in service is rehired, the employee's seniority for PTO accruals will be based on the most recent rehire date prior to the current rehire date. For employees with multiple rehire dates, the look-back period will not be based on each break in service; only the most recent rehire date will be used. If a former employee with more than a two year break-in-service is rehired, the employee will be considered a new employee and will not be eligible for prior service recognition for PTO accrual purposes.

PAID TIME OFF (PTO) (cont.)

Use of PTO

When possible, PTO should be scheduled in advance, and may be taken at a minimum of half-day increments. Employees who are absent from work less than a half day may choose to make up a maximum of four (4) hours within the same work week that the absence occurred, with management approval. Any applicable law or regulation that dictates otherwise will be followed, where appropriate.

To schedule PTO, employees must request approval from their supervisors through the Employee Self-Service Portal. Requests will be reviewed based on a number of factors, including business needs and staffing requirements. Employees who have an unexpected need to be absent from work must notify their supervisor before the scheduled start of their workday, whenever possible. The supervisor must be contacted on each additional day of unexpected absence. Each employee is responsible for accurately tracking and recording his or her own personal time electronically through the Employee Self-Service Portal. Failure to comply with this procedure may result in disciplinary action.

PTO is paid at the employee's base pay rate or average annual earnings at the time of absence. It does not include overtime pay. An employee's pay for a period of PTO is the same as the employee's base pay or average annual earnings as of the payroll period immediately prior to the PTO period. Employees who have given notice of termination or retirement are eligible to use their accrued PTO. However, employees cannot use PTO to extend their termination date.

PTO may be taken on an "as accrued" basis. Employees must use all PTO before taking time off without pay unless on USERRA leave. PTO will continue to accrue while on an approved leave. Use of PTO will run concurrent with FMLA or other mandated leave where applicable and as allowed by law. Employees on approved Workers' Compensation leave continue to accrue PTO. Employees receiving Extended Sick Leave Benefits (STD) continue to accrue PTO, but are unable to supplement their STD benefits. PTO will not continue to accrue while on an unpaid leave of absence.

Cash Out of PTO

After one year of service, employees may apply to cash out PTO **based on hardship only, subject to approval.** The Hardship Cash Out application is located in the Paylocity portal. Examples of qualifying hardships are listed on the application. PTO balances up to 40 hours may be eligible for cash out at the employee's base pay rate or based on the rolling 12-month average earnings at the time of cash out. If the Hardship Cash Out request is approved, the benefit will be paid in the next regular pay cycle.

Employees who cash out their PTO and then terminate employment within a 60 day period of receiving the payout will be subject to the 50% termination provision for the cash out they received. Any adjustment will be deducted from their final check.

PTO Pay upon Termination

Accrual of PTO ceases on the day an employee's employment ends for any reason. Upon termination of employment, employees will be paid 50% of their unused PTO that has accrued through their last day of work.

SELF-SERVICE PORTAL LOGIN INSTRUCTIONS

- Access Web Pay at https://login.paylocity.com.
 Be sure to bookmark (save) Web Pay as one of your favorite sites.
- 2. From the Login screen, click "Register New User Account" link near the bottom of the dialog box to access the Register New User Account Wizard.
- 3. Enter the Image Text in the dialog box. Click "Next."
- Enter Paylocity assigned Company ID.
 Enter your Last Name.
 Enter your 9-digit Social Security number.
 Confirm your Social Security number.
 Enter your Home Zip Code.
 Click "Next."
- 5. Create and enter your User Name.
 - User Names are not case sensitive.
 - User Names must be 3-20 characters in length.
 - User Names may not contain special characters other than "." and "_".
- 6. Create and enter your Password.
 - Passwords are case sensitive.
 - Passwords must be 7-20 characters in length.
 - Passwords must contain 3 of the following 4 rules:
 - 1 or more numbers
 - 1 or more uppercase letters
 - 1 or more lowercase letters
 - 1 or more non-alphanumeric characters

COMPANY ID NUMBERS AdPro.....10585 Audi B3962 Collision Repair Centers...... B3955 Daniels Long Chevrolet B3952 Ford Chapel Hills B3951 Ford Denver B3958 Ford Lincoln Motor City...... B3957 Ford Raton B3959 Honda Glenwood Springs35336 Hyundai Chapel Hills B3960 Hyundai Motor City...... B3961 Kia Colorado Springs..... B3963 Mercedes Benz..... B3953 Phil Long Dealerships B3956 Toyota Trinidad B3954

ValuCar (all locations)11721

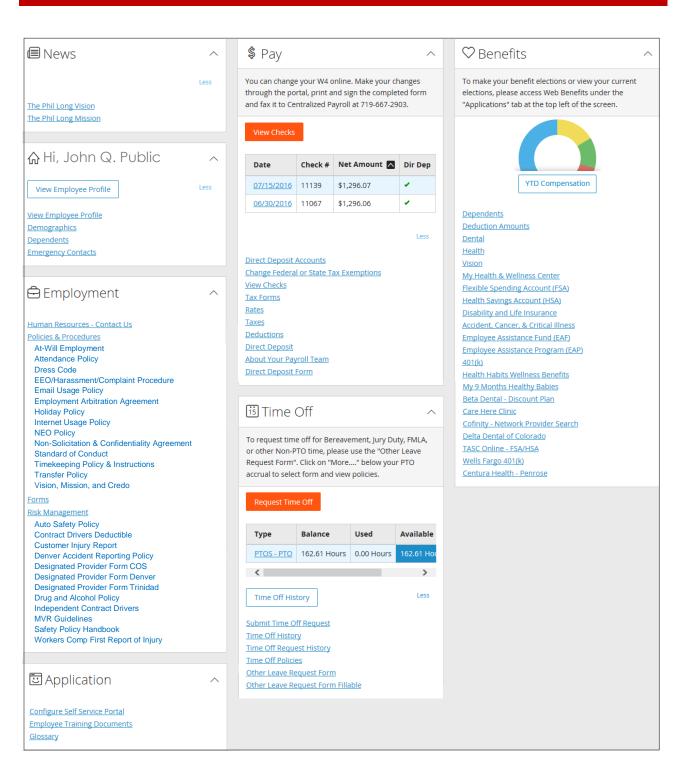
- 7. Enter the Password a second time in the "Confirm Password" field. Click "Next."
- 8. Select a "Login Challenge Question" from each of the drop downs for Question 1, Question 2, and Question 3. Enter corresponding responses in Answer 1, Answer 2, and Answer 3 fields.
- 9. Select an image from the "Select Security Image" drop down <u>or</u> enter a personal "Security Phrase" (128 character limit). You do not have to use both options. These will appear on your login screen.
- 10. Verify that information is correct. Click "Finish" to create your new user account and enter Web Pay.

INFORMATION AVAILABLE ON PORTAL

The Employee Self-Service Portal will provide all of your frequently requested information at a glance while allowing you to easily make changes to your employee information.

- Change Personal Information such as your name, address, personal phone, and email.
- Update Dependent and Emergency Contact information.
- Display current and past checks and W-2 forms (starting with 2013).
- Change Direct Deposit Accounts and view YTD Compensation including employer-paid taxes.
- Access the Check Calculator to see how various changes would affect your net pay.
- View used and available *Paid-Time-Off (PTO) Accruals*. Contact Centralized Payroll **(payroll@phillong.com)** with questions or discrepancies.
- View important company policies and procedures as well as the Phil Long Standard of Conduct.
- Access the Benefit Portal to view benefit information and make your Benefit Elections.

EMPLOYEE SELF-SERVICE PORTAL



BENEFIT ENROLLMENT INSTRUCTIONS

The enrollment process consists of 4 steps: 1) Employee (Personal Information); 2) Family (Family Information); 3) Enroll; 4) Confirm. You will be taken through each tab to make changes or confirm your information on file and choose your benefits.

During the enrollment process, click "View plan details" next to a plan to find more information about that particular plan.

DO NOT USE THE "BACK" BUTTON in your internet browser, as this will automatically log you out of the site. To navigate through the site, use the navigation bar located on the left hand side of the screen.

1. Log in to your account on the Employee Self-Service Portal

- Click the "Employees" tab; then select "Employee Info."
- Verify your information (e.g., address, date of birth, etc.) and make any changes.
- Be sure to include an e-mail address so you can receive an email confirming your benefit selection.
- When your personal information is correct, click "Save."

2. Access the Web Benefits site

- On the home page, click "Web Pay" tab on the menu bar at top of screen.
- Select "Enterprise Web Benefits" from the dropdown menu. A separate window will open.

3. Click the blue "ENROLL NOW" button from the Home Page

- Check the "I agree" box and click "Continue" to confirm your personal information.
- 4. Verify your Family Information will need a Social Security number and date of birth for each dependent.
 - Add all dependents, even those who will not be on your insurance coverage. To do this, click "Add Dependents."
 - Make any changes. When your family information is correct, check the "I agree" box; click "Continue."

5. Make Benefit Elections

- Click the first benefit, and select who (you and/or dependents) should be covered under the benefit. Click "Continue."
- Select the benefit plan option you want or click "Waive Coverage" on the first benefit selection.
- You will automatically return to the main enrollment page. Proceed to the next benefit election.
- Click "I don't want this benefit (waive)" or "View Plan Options," which will take you to the page where you can view the plan options and make your selection.
- Repeat the same process for the other benefit elections.
- To review or change your elections at any time, simply select the benefit you want to change.

6. Make Health Savings Account (HSA) Election

- If you **elected** the Access HDHP with HSA Plan, select the HSA Plan and enter your **annual** contribution amount in the box provided. Web Benefits will calculate your cost per pay check.
- If you did not elect the Access HDHP with HSA Plan, the HSA Plan will automatically be waived.

7. Make Flexible Spending Account (FSA) Election

- Select or waive the FSA Health and/or FSA Dependent Care options.
- Enter your *annual* contribution amount in the box provided, and Web Benefits will figure your cost per pay check.

8. Make your beneficiary assignments for company-paid Life Insurance

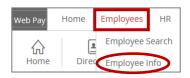
- Each of your dependents on file will automatically be listed as possible beneficiaries.
- To add another beneficiary, click "Add Beneficiary," and provide the requested information.
- Designate the percentage for each beneficiary to total 100 %. When done, click "Continue."

9. Review and confirm your benefit elections

- When you have selected or waived all the available benefits, review your benefit elections and covered dependents and make any changes.
- When you are satisfied, check the "I agree, and I'm finished with my enrollment" box; click "Complete Enrollment."
- 10. Complete an Evidence of Insurability form, if applicable.

11. Print Confirmation

- On the Election Statement, check the "Include pending costs" box under the total to show the actual costs per pay period.
- Click "Print" to have a copy of your benefit selections for your records.
- 12. Click the Log Out icon in the upper right-hand corner of the enrollment site to log off.





PHIL LONG TIMEKEEPING SYSTEM

As an employer in Colorado, we are required to keep accurate logs of the hours worked by each of our employees. That means, except for Managers, <u>all</u> **Phil Long employees are <u>required</u> to clock in and out each day.**

- Employees must clock in at the beginning of the day and punch out at when they leave for the day.
- Employees must also punch out when they leave for lunch each day and clock back in when they return from lunch.
- If an employee forgets to punch in and/or out, they need to let their store payroll contact know.

CLOCK IN/OUT INSTRUCTIONS

- Click the ADP Drive logo on your computer desktop.
- Your login ID and password will be the same: clock_____ (your store code).

Example: Ford of Chapel Hills
User ID: clock 103
Password: clock 103

• Click the Launch Function Tab on the far right side of your screen.

- Enter the **Function TCE** (all caps) for the time clock entry.
- Enter your Employee ID #.
- Enter the appropriate **Company Code** (see below):
 - 1 = Hourly employees
 - 2 = Salary employees
 - 3 = Service Technicians
 - **4** = Sales Consultants and other commission personnel
- Enter your PIN last 4 numbers of your Social Security #
- Next screen make sure the Clock In/Clock Out circle is checked and then click OK.
 - You only have a few seconds to complete this screen or the system will time out. Just start over if it times out before you are finished.
 - To see your **hours worked** for the week or to check if you have **missing punches**, select the **TimeCard** option on this screen.

STORE CODES AUDI..... clock106 CLN CTR clock119 DAN clock125 FCH..... clock103 FDV clock104 FMC/LIN..... clock101 HCH clock110 HMC..... clock115 HON clock 131 KIA clock126 MB clock107 PLD clock108 RAT clock111 TOY clock117 VAL..... clock129

SAMPLE OF PAYCHECK

Phil Long Dealerships Inc

1212A Motor City Drive Colorado Springs, CO 80905 Direct Deposit Advice

Check Date	Voucher Number
July 15, 2016	23456

		Direct Deposits Type	Account	Amount
DIRECT DEPOSIT VOUCHER		MOUNTAIN S	***1234	400.00
		AMERICA		
		CRE		
B1234 XX-USEDV-USEDVS 123456 23456	B1234	WELLS C	***5678	6,254.92
John Q. Public		FARGO		
1234 W. Main Street		BANK NA		
Townton, CO 81234		Total Direct Deposits		6,654.92

Non Negotiable - This is not a check - Non Negotiable

Phil Long Dealerships Inc

John Q. Public Earnings Statem						
Employee ID 12345 Location XX-USEDV-USA Salary \$2,000.0	S Fed Filing Status	10,138.31 M-7 M-7	Check Date Period Beginning Period Ending	July 15, 2016 June 21, 2016 July 5, 2016	Voucher Number Net Pay	23456 6,654.92

Dai migs	ixate	110413	Amount		111
COMMISSI		0.00	11,465.04		60,319.56
DRAWS					24,500.00
HOURS M		86.67			0.00
PTO MEM					0.00
SUBVENTI		0.00	75.00		975.00
Gross Earnings		86.67	11,540.04		85,794.56
Taxes				Amount	YTD
CO				200.00	2 200 00

Taxes	Amount	YTD
CO	399.00	2,388.00
FITW	1,864.91	9,325.26
MED	155.37	1,098.48
SS	664.34	4,697.06
Taxes	3,089.37	17,549.05

For more information on understanding your paycheck, follow these steps on the Self-Service Portal:

- Select "Employee Training Documents" in the "Application" section
- Select "Self-Service" on the left-hand side
- Select "Anatomy of a Paycheck" under "Guides" on the right-hand side

Deductions	Amount	YTD
401K	577.00	4,289.71
ACCDT	22.95	298.35
AR		1,000.00
CANCER POLICY	29.63	88.89
Critical Illness	18.30	54.90
DENTAL PPO	63.25	822.25
Emp Assist Fund	20.00	164.12
Employee Paid Medica	297.00	3,696.00
FSA Limited	106.25	1,381.25
Health Savings Acct	281.25	3,614.55
LONG TERM DISABILITY	31.25	406.25
SHORT TERM DIS	28.67	372.71
SUPLF	9.00	117.00
Supp Life Child	0.84	10.92
Supp Life Spouse	9.00	117.00
Deductions	1,799.50	19,125.45

Direct Deposits Type	Account	Amount
WELLS C	***5678	6,254.92
FARGO BANK		
MOUNTAIN S	***1234	400.00
AMERICA	1257	400.00
CREDIT		
Total Direct Deposits		6,654.92
_		

Time Off	Available	Used	Benefits	Amount	YTD
PTO	147.00		Basic Life	1.50	19.50
			Dep Life -	0.24	3.12
			EAP	0.92	11.96
			ER Paid Me	366.50	4.929.50

MISCELLANEOUS PAYCHECK INFO

Changes to Tax Withholdings

Login to the Employee Self-Service Portal (https://login.paylocity.com). Select the "Pay" heading, and make your tax withholding changes. Be sure to print out a hardcopy of the W-4 form, fill it out, sign it, and send it to Payroll. If Payroll does not receive a signed W-4 form from you, the changes will not be made to your tax withholdings.

Employer-Paid Benefits

If/when you are eligible, you will see these benefits listed on your check stub:

- **EAP**—Employee Assistance Program
- **ER PD MEDI**—employer-paid portion of your medical premium
- BASIC LIFE—company-paid employee life insurance
- DEP LIFE—company-paid life insurance for qualified dependents

PAY PERIODS AND PAY DATES

PAY PERIOD	PAY DATE	PAY PERIOD	PAY DATE	PAY PERIOD	PAY DATE
6/21/17-7/5/17	7/14/17	10/21/17-11/5/17	11/15/17	2/21/18-3/5/18	3/15/18
7/6/17-7/20/17	7/31/17	11/6/17-11/20/17	11/30/17	3/6/18-3/20/18	3/30/18
7/21/17-8/5/17	8/15/17	11/21/17-12/5/17	12/15/17	3/21/18-4/5/18	4/14/18
8/6/17-8/20/17	8/30/17	12/6/17-12/20/17	12/29/17	4/6/18-4/20/18	4/30/18
8/21/17-9/5/17	9/15/17	12/21/17-1/5/18	1/19/18	4/21/18-5/5/18	5/15/18
9/6/17-9/20/17	9/29/17	1/6/18-1/20/18	1/30/18	5/6/18-5/20/18	5/30/18
9/21/17-10/5/17	10/16/17	1/21/18-2/5/18	2/15/18	5/21/18-6/5/18	6/15/18
10/6/17-10/20/17	10/30/17	2/6/18-2/20/18	2/28/18	6/6/18-6/20/18	6/29/18

STORE PAYROLL CONTACTS

STORE	PAYROLL CONTACTS	STORE	PAYROLL CONTACTS
AdPro	Christy Ahrens (x3045)	Honda Glenwood Springs	Johnna Cloninger (x3603)
Audi	Brenda Tillman (x7827)	Hyundai Chapel Hills	Robbi Brown (x2381) Samie Heney (x2275)
Collision Center	Rachel Atencio (x2980) Barb Crosby (x2966)	Hyundai Motor City	Shauna Falsetto (x7662) Rhonda Greenberg (x7371)
Daniels Long Chevrolet	Fawn Steadman (x3590)	Kia Colorado Springs	Natasha Martinez (x7386) Rhonda Greenberg (x7371)
Ford Chapel Hills	Robbi Brown (x2381) Samie Heney (x2275)	Mercedes Benz	Lori Henderson (x7985)
Ford Denver	Terri Anderson (x5636)	PLD (corporate employees)	Bobie Froman (x7434)
Ford/Lincoln Motor City	Linda Ciarla (x2927) Agnes Patrick (x7418) Val Schaeffer (x7161)	Toyota Trinidad	Cindy Naccarato (x6982)
Ford Raton	Cindy Naccarato (x6982)	ValuCar (all locations)	Linda Ciarla (x2927) Val Schaeffer (x7161)

CENTRALIZED PAYROLL

If your store contact is not available, you may call or email **(payroll@phillong.com)** your designated payroll person in Centralized Payroll (see below).

Cheryl Westendorf (x2913), Payroll Manager

- AdPro
- Ford/Lincoln Motor City
- Ford Raton
- Honda
- Mercedes Benz
- PLD (corporate employees)
- Toyota Trinidad
- ValuCar (all locations)

Laura Hughes (x2901), Payroll Specialist

- Audi
- Collision Center
- Daniels Long Chevrolet
- Ford Chapel Hills
- Ford Denver
- Hyundai Chapel Hills
- Hyundai Motor City
- Kia Colorado Springs

HEALTHY HABITS PROGRAM

Healthy Habits is a wellness program designed to promote employee/family participation using Health Risk Assessments (HRA) and onsite medical and fitness centers. Participants are encouraged to get involved in fun and exciting health promotions that generate healthier lifestyles which in turn help to manage health care costs and boost morale.





• Behavior Change Programs

- Fitness Development
- Dietary Changes in Eating Habits
- Weight Management
- Tobacco Cessation

- Stress Management
- Time Management
- Health Coaching
- Fit Factory Programs (onsite fitness centers with state-of-the-art equipment)
 - Personal Fitness Training
 - · Seminars on Wellness
 - Fitness Challenges

- Circuit Training
- 12-Week Weight Loss Challenge
- Yoga and Massage Therapy

• Risk Reduction Programs

- Heart Disease & Stroke
- Diabetes
- High Cholesterol & Triglycerides
- Hypertension
- Obesity
- Metabolic Syndrome

• Lunch and Learn Lectures

Local Wellness professionals will be sharing their knowledge during this 50-minute program. It is open to all employees, and lunch will be provided to the first 20 attendees. Topics scheduled so far include: Naturopathic Medicine, Community Gardening, Stress Management, Insomnia and Sleep issues, Heart Health, Avoiding Diabetes, G.I. issues, and Acid Reflux.

For more information or to join Healthy Habits, contact Scott Uhalt, PhD, Wellness Director (phone: 719-575-7468 or email: suhalt@phillong.com).

PARTICIPATION IN HEALTHY HABITS

- FREE to all Phil Long employees
- Behavior change support and Health Coaching
- State-of-the-art fitness equipment
- Nutritional analysis and diet support
- Individual or group fitness instructions
- Convenient locations and easy access
- Confidentiality assured
- Easily programmed cardiovascular equipment
- 15 health promotion programs available to prevent chronic disease
- Much improved **QUALITY OF LIFE**
- Onsite showers at Fit Factory locations in Denver and Chapel Hills

BENEFITS OF BEING HEALTHY

- Slows the aging process.
- Enhances your cardiovascular system and improves performance.
- Helps your immune system fight off infection.
- Reduces your risk of chronic diseases, such as heart disease, diabetes, and cancer.
- Eliminates obesity.
- Improves your confidence to be mobile and self-sustaining.
- Greatly enhances your self-image and self-confidence.
- Increases your personal MOJO.
- ... and much, much more!

TOBACCO CESSATION

Our company tobacco policy has been very successful and is being renewed for 2017–2018. All employees on the Phil Long health care plan will be tested for tobacco use. Non-tobacco users will qualify for lower health benefit premiums. Tobacco users who participate in our company health care plan will pay a higher premium for coverage (see rates on page 9).

Employees and family members who use tobacco and would like to quit can participate in our free Tobacco Cessation Program any time during the year.

- The program provides reimbursement for Rx medications (if needed), personalized program development, and experienced behavioral change support.
- Once the Cessation Program is complete, an employee can qualify for the lower premium on the company health care plan as long as the employee remains tobacco free.
- Contact Scott Uhalt, PhD, Wellness Director (719-575-7468), if you are interested in the Cessation Program.

DIRECTOR'S PROFILE

J. Scott Uhalt, PhD, is the Healthy Habits and Fit Factory manager and has been deeply involved with athletics or health and wellness since 1977.

After graduating from high school and then from the USAFA Prep School in 1984, Scott continued his education at Colorado State University, earning a B.S. degree in Exercise and Sport Science. He earned an M.S. degree in Health Education at Baylor University and a Ph.D. in Health Education at Texas A & M. Additionally, he has been a member of the American College of Sports Medicine and a Certified Health Education Specialist since 1991.

Scott's ambition is to develop the Healthy Habits Wellness Program and Fit Factory into a state-of-the-art health promotion resource so that all Phil Long employees and family members who want to improve their health may do so. As a result, being well will improve the health status of our company, stabilize health insurance rates, and promote camaraderie and personal well-being among participating members.

For more information or to join Healthy Habits, contact Scott Uhalt:

- Phone: 719-575-7468 (office) or 719-491-4180 (cell)
- Email: suhalt@phillong.com

PURPOSE OF RISK MANAGEMENT

Phil Long Dealerships is committed to providing a safe working environment for all employees.

- Prevent losses within the business
- Enforce compliance by performing facility inspections and instilling best practices from our Safety Handbook
- Perform accident and injury investigations
- Mitigate losses when they occur
- Protect the assets of the company people, profit, reputation

WORKERS' COMPENSATION CLAIMS

- Must be reported in writing within four days
- Choice of medical provider
- · Drug screening
- Return to work
- Protect and prevent

COMPLETED OPERATIONS

- Search for open recall campaigns on every vehicle that comes in for service
- Document when work is declined by the customer

AUTO ACCIDENTS

- Causes
 - Lack of preparation seats, mirrors
 - Driving too quickly
 - Clearances
 - · Distracted driving

Prevention

- Investigate every loss to prevent recurrence
- Follow established test drive routes
- MVRs and guidelines

At-Fault Auto Accident

- Refer to Vehicle Accident Wallet card.
- For the first incident, you will be given a warning and training on how to prevent accidents.
- For the second and third incidents, a property damage fee (\$250/\$500) may be imposed.
- Drug screening may be required immediately following the accident.

MISSION OF IT/ECOMMERCE

Our mission is to increase sales by being a best in class IT support and Ecommerce organization for Phil Long Dealerships. We do this by developing productivity enhancing processes and systems, as well as, best in class websites and lead generators that allow employees to perform technology and Internet sales tasks autonomously and effectively. We strive for 99.9% efficiency in business systems uptime, providing and maintaining critical information and ensuring IT scalability within a secure environment.

DEPARTMENT RESPONSIBILITIES

- E-Commerce Websites, Lead Providers, SEM/SEO, Social Media
- Computers
- Printers
- Network
- Database/Reporting System
- Phone System
- Phil Long Radio
- User Security
- Merchant Terminals

WHAT TO EXPECT

- New Employee
 - Manager submits a helpdesk ticket
 - Email, usernames, and passwords provided
- Ongoing Support
 - Immediate support for system and network outages
 - Afterhours cell phone
 - Maximum 5-day turnaround on everyday issues user security, moves/adds/changes, etc.

DEPARTMENT STAFF

- Shawn Flynn Chief Technology Officer
- Andy Froehlich IT Director
- Alex Rounds Product Manager
- Craig Schutz Systems Administrator
- Dre Barnes IT Tech/Field Tech

Contact Information

- Email: helpdesk@phillong.com
- Phone: 719-550-3000 (ext. 3000), Option 2
- Help Desk: phillonghelpdesk.com (login using your windows credentials)

MT. CARMEL INSURANCE AGENCY

Mt. Carmel Insurance Agency is an independent insurance brokerage firm located in Colorado Springs, Colorado. Our mission is to provide expert advice and peace of mind by offering financial security and personalized customer service. We make sure that you are properly protected at the most competitive rates possible and provide written options so you can make the best decision for you and your family.

Since our agency has no allegiance to any particular insurance company, you can be assured our brokers are working for the greatest benefit to you, our customer. Whether it be Auto, Home, Life, or Business, your needs will always be first and foremost. Our experienced professionals supply fully disclosed quotes and plan designs. With access to more than 20 insurance companies, our brokers provide the best value in rates and coverage in the market today.



Let Mt. Carmel Insurance Agency set you up with the most competitive insurance products on the market. You may switch because of the price, but you will stay because of our service.

WHAT IS AN INSURANCE BROKER?

At Mt. Carmel Insurance Agency we are insurance brokers in the truest sense of the word! Our brokers represent the best interests of our customers and have no allegiances to any insurance provider.

There is a difference between insurance "agents" and insurance "brokers." Captive agents work directly for an insurance company and can only sell products offered by that specific carrier. Agents represent the interests of the insurance company they work for, not their clients. Brokers





















can shop around for quotes from numerous insurance carriers to provide their customers with as many competitive options as possible. As brokers, we represent the interests of our customers, not the insurance companies.

If someone is claiming to be a broker, ask to see all of the quotes they received on your behalf. Don't settle for agents who research only the few companies that they have an alliance with and then tell you what the best option is. The market is always changing. A broker knows how to maneuver around it to give you the best products at the best price.

CONTACT INFORMATION

To get an insurance quote, please contact our licensed agents:

- Lisa Mayberry, principal agent Email: lmayberry@phillong.com
- Michelle Harbaugh, insurance agent Email: mharbaugh@phillong.com

1212 Motor City Drive Colorado Springs, CO 80905

Phone: 719-444-4545 Fax: 719.444.4503 www.mtcarmelinsure.com

FREQUENTLY ASKED QUESTIONS

1. When do I need to make my benefit elections?

Benefit elections need to be made prior to your effective date. Once you have an employee number, you will have access to the Employee Self-Service Portal (see pg. 30 and pg. 32).

2. What happens if I wait until the end of my eligibility period to make my benefit elections?

You can still enroll, but you will owe for missed premiums, which will be deducted from your next check.

3. After I have made my benefit elections, how soon will I get my insurance cards?

- Benefit elections are processed every Tuesday.
- Health insurance cards should arrive 7-10 business days after the enrollment is processed.
- Dental cards are not mailed out because they are not required to render service.
 - Alpha Discount Plan: You can request a card by calling 800-807-0706.
 - Delta Dental Plan: You can create an account online and print a card from their site (www.deltadentalco.com).
- EyeMed cards are not mailed out because they are not required to render service. You can create an online account and print a card from their site (www.eyemedvisioncare.com).

4. When will I receive a copy of my policies?

Policies and certificates of coverage are available on the Employee Self-Service Portal.

5. How can I find out what doctors are in our Cofinity network?

You can find a list of providers on the Cofinity website (www.cofinity.net) or call Cofinity (800-850-2249).

6. How do I cancel an appointment at the Employee Clinic (My Health and Wellness Center)?

- To cancel an appointment, you can log into www.CareHere.com and select the "Delete" link next to your appointment, or you can call (877-423-1330).
- If you need to cancel your scheduled appointment, you must do so at least 24 hours prior to your appointment time. If you cancel your appointment less than 24 hours in advance, you will be considered a "no show."
- If you miss an appointment or do not cancel your appointment at least 24 hours in advance or fail to keep a scheduled appointment, you will incur a fee of \$25.00 which be billed to your Account Receivable (A/R) and deducted from your next paycheck. The first "no show" appointment will come with a warning and you will not be charged a fee.

7. If I am injured on the job, can I go to the Employee Clinic for care?

No. My Health and Wellness Center is not licensed for Workers' Compensation claims. You must report your injury in writing within four days to your manager and Risk Management. You will be given a list of providers that you can go to for medical care.

8. Does Phil Long have a maternity/paternity leave policy?

No. If you are eligible for Family Medical Leave (FMLA), you can take up to 12 weeks of unpaid leave for the birth/adoption of a child. You will be required to use any available PTO you have accrued.

9. I need to take a Family Medical Leave (FMLA) due to a serious health condition. Is FMLA paid time off?

- Employees eligible for FMLA must have worked here for at least 12 months and qualify under one of the following reasons:
 - A serious health condition that makes you unable to perform your job
 - Incapacity due to pregnancy, prenatal medical care, or child birth
 - To care for your child after birth, or placement for adoption or foster care
 - To care for your spouse, son, daughter, or parent who has a serious health condition
- You can take up to 12 weeks of unpaid leave. You will be required to use any available PTO you have accrued.
- Be sure to contact HR as soon as possible if you are in need of FMLA.

10. I received two cards from TASC. Which one is which?

- Your FSA card will have a series of numbers underneath your name in the lower left corner of the card.
 This is your TASC ID number.
- Your HRA card will just have your name in the lower left corner of the card, no series of numbers.

BENEFIT PROVIDER CONTACTS

MEDICAL INSURANCE PROVIDERS

- HealthComp: plan administrator that processes all medical and prescription claims; provides
 customer service to you and your providers; approves pre-authorization and pre-service review;
 available to answer questions regarding your Health Plan.
 - Group Number: D85/D86
 - 800-442-7247 (7:00 a.m. to 5:30 p.m. MST)
- Centura Health: our Hospital/Health Care Network
 - http://www.centura.org/home/
- Cofinity (name of insurance provider): preferred provider network (PPO)
 - 800-850-2249 (7:30 a.m. to 5:00 p.m. M-F)
 - · www.cofinity.net
- **ClearScript:** prescription drug program/Pharmacy Network
 - Customer Service: 855-816-6389
 - Mail Order: 866-377-6245; Specialty Medication: 800-595-7140
 - www.clearscript.org

OTHER PROVIDERS

- Beta Health Association: administrator of Alpha Discount Plan
 - 800-807-0706
 - www.betadental.com
- **Delta Dental of Colorado:** preferred provider network (PPO)
 - Group Number: 000130114
 - 800-610-0201
 - www.deltaldentalco.com
- EyeMed: administrator of vision plan
 - 866-723-0514
 - www.eyemedvisioncare.com
- TASC FlexSystem: administrator of FSA, HSA, and HRA
 - Flexible Spending Account: 800-422-4661
 - Health Savings Account: 800-350-3778
 - Health Reimbursement Account: 800-422-4661
 - www.tasconline.com
- Unum: administrator of short-term and long-term disability and life insurance
 - 800-858-6843
 - www.unum.com
- Unum: administrator of critical illness, accident, and hospital indemnity insurance
 - 800-635-5597
 - www.unum.com
- Fidelity: PLD 401(k) Profit Sharing Plan
 - 800-835-5097
 - www.401k.com

COMPANY CONTACTS

Human Resources

- Adam Audi, Collision Center, Ford Lincoln Motor City, Ford Raton, Honda, Kia, Toyota, ValuCar
 - 719-667-2916 (ext. 2916)
 - acavender@phillong.com
- Donna Daniels Long Chevrolet, Ford Chapel Hills, Ford Denver, Hyundai Chapel Hills, Hyundai Motor City, Mercedes, PLD
 - 719-667-2954 (ext. 2954)
 - dmiller@phillong.com
- Carmen employee relations
 - 719-667-2988 (ext. 2988)
 - ceburch@phillong.com

Centralized Payroll

- Cheryl AdPro, Ford Lincoln Motor City, Ford Raton, Honda, Mercedes, PLD, Toyota, ValuCar
 - 719-667-2913 (ext. 2913)
 - cwestendorf@phillong.com
- Laura Audi, Collision Center, Daniels Long Chevrolet, Ford Chapel Hills, Ford Denver, Hyundai Chapel Hills, Hyundai Motor City, Kia
 - 719-667-2901 (ext. 2901)
 - Ihughes@phillong.com

Benefits

- Jennifer medical, FSA/HSA/HRA, dental, vision, life, short-term/long-term disability, EAF, 401(k)
 - 719-667-2991 (ext. 2991)
 - jely@phillong.com

Healthy Habits

- Scott wellness, Fit Factory, tobacco cessation
 - 719-575-7468 (ext. 7568)
 - suhalt@phillong.com

Risk Management

- Cathi Audi, Daniels Long Chevrolet, Ford Lincoln Motor City, Ford Raton, Hyundai Motor City, Kia Colorado Springs, Mercedes Benz, Toyota
 - 719-667-2992 (ext. 2992)
 - ctrippe@phillong.com
- Tony Collision Center, Ford Chapel Hills, Ford Denver, Honda, Hyundai Chapel Hills, ValuCar
 - 719-572-2384 (ext. 2384)
 - tgarza@phillong.com

Mt. Carmel Insurance Agency

- Lisa auto, homeowner, renter, motorcycle, business
 - 719-444-4545
 - www.mtcarmelinsure.com

IT Department

- ext. 3000
- helpdesk@phillong.com

BENEFIT ENROLLMENT CHECK LIST

ALL EMPLOYEES MUST EITHER ELECT OR DECLINE EACH BENEFIT.

All Phil Long Dealerships full-time employees (must work an average of 30 or more hours per week) are eligible for benefits on the first of the month following 60 days of employment. The choices you make are fixed for the PLAN YEAR (June 1, 2017–May 31, 2018) and can't be changed unless you experience a qualifying life event.

PLAN YEAR: June 1, 2017 - May 31, 2018
REVIEW: NEO Guide and additional materials in your bag
CONSIDER COSTS: All premiums in the NEO Guide are per paycheck.
VERIFY: Confirm/update your personal information on the home screen of the Employee Self-Service Portal prior to going to the Web Benefit Portal. Changes will update overnight.
MEDICAL: If you enroll in the Access High Deductible Health Plan, be sure to select the correct option—either an HRA (employer contribution) or HSA (employee contribution).
HEALTH SAVINGS ACCOUNT (HSA): HSA contributions are only for employees enrolled in the Access High Deductible Health Plan with the HSA option.
HEALTH REIMBURSEMENT ACCOUNT (HRA): If you enroll in the Access Value HRA Plan or in the Access High Deductible Health Plan with an HRA, you will be automatically enrolled in an HRA.
DENTAL: If you want to enroll in the Alpha Dental Discount Plan, you must select a dentist during the enrollment process. Enter the provider's 3 digit number when prompted.
☐ VISION
LIFE INSURANCE/BENEFICIARIES: Enter your beneficiaries for the company-paid Life Insurance or the Voluntary Life Insurance. You will be prompted to do this at the end of the enrollment process.
EVIDENCE OF INSURABILITY: If you are enrolling in Life for more than \$120,000, you will need to complete an Evidence of Insurability form.
■ VOLUNTARY SHORT-TERM/LONG-TERM DISABILITY
SUPPLEMENTAL: Critical Illness coverage
FLEXIBLE SPENDING ACCOUNT (FSA)
EMPLOYEE ASSISTANCE FUND (EAF)
SUPPLEMENTAL: Accident and/or Hospital Indemnity coverage
REVIEW AND CONFIRM YOUR BENEFIT ELECTIONS
PRINT: Print or email your confirmation statement after you enroll. Check the "Include pending costs" box under the total to show the actual costs per pay period.

The information in this NEO Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.