RACING FORWARD
ENERGY TRANSFER

YOUR 2015 BENEFITS

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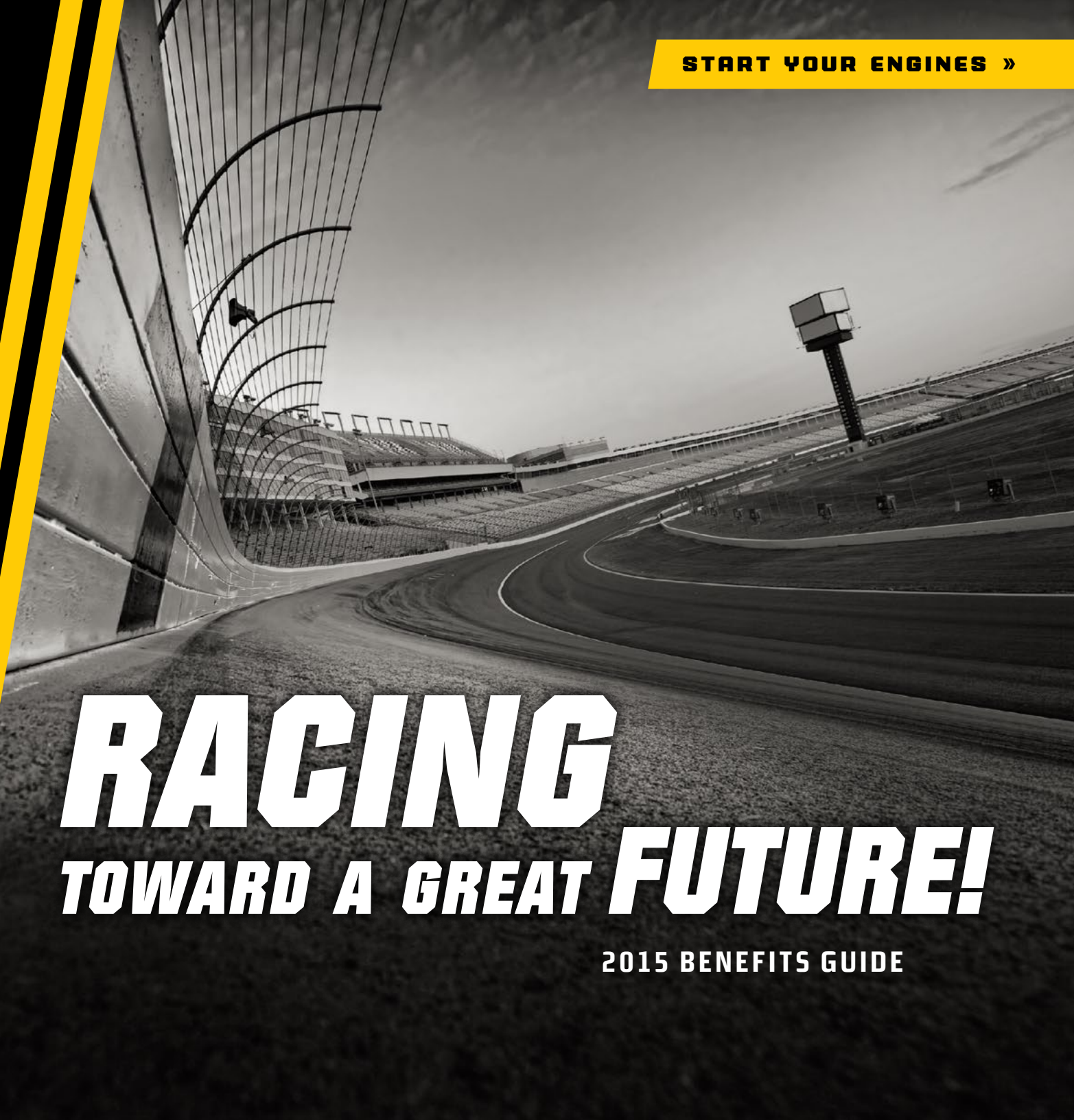

RACING TOWARD A GREAT FUTURE!

2015 BENEFITS GUIDE

NOTICE REGARDING THIS COMMUNICATION

This Guide provides only an overview of benefit changes and clarifications effective Jan. 1, 2015. The respective plan documents and policies govern your rights. You should rely on this information only as a general summary of some of the features of the plans and policies. In the event of any difference between the information contained herein and the plan documents and policies, the plan documents and polices will supersede and control over this Guide. Energy Transfer expressly reserves the right at any time and for any reason to amend, modify or terminate one or more of the plans or policies described in this Guide.

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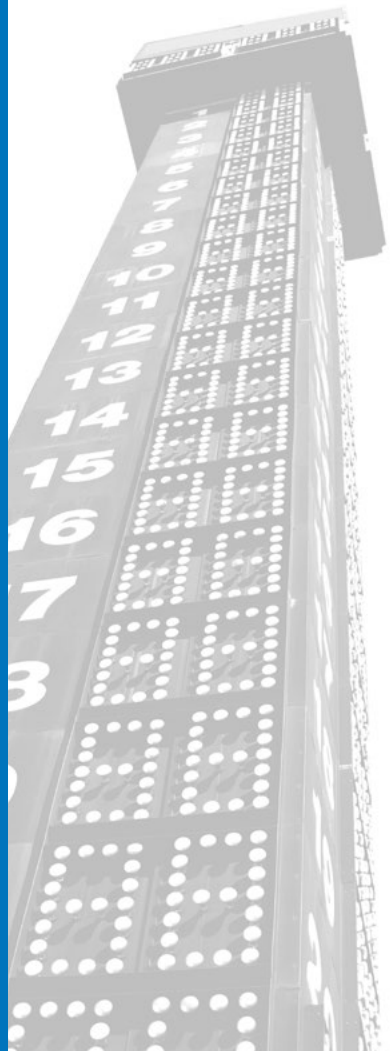
Retail Benefits Helpline
1-855-327-5910
Mondays – Fridays,
7:30 a.m. – 5:30 p.m. CST

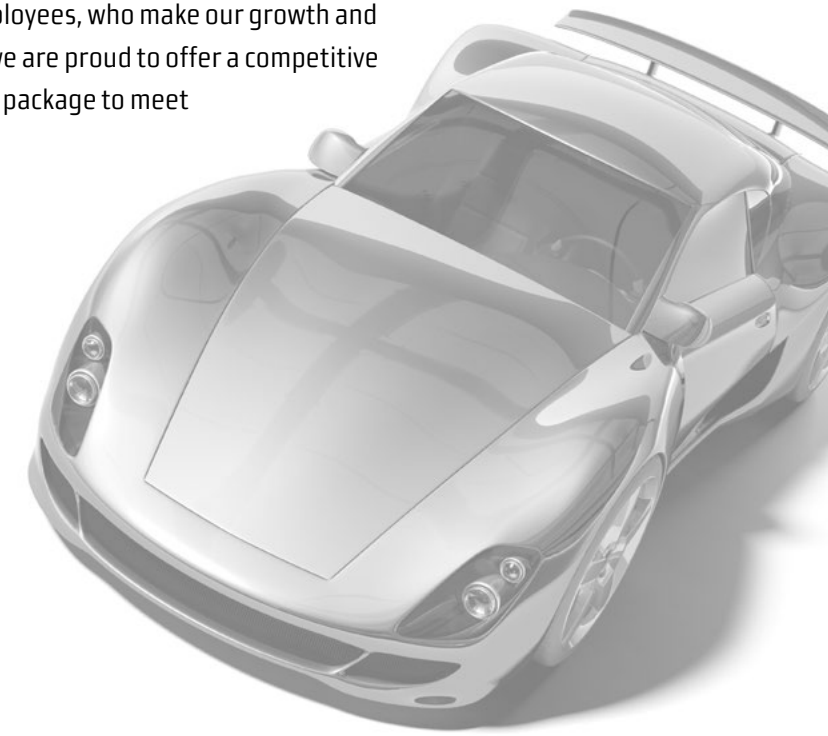
bac.retailbenefits@ajg.com

RACING TOWARD A GREAT FUTURE!



At Energy Transfer Partners (Energy Transfer), we are one big team, spread across the U.S., continually growing and changing. Together, we are racing toward a future filled with possibilities.

We value all of our employees, who make our growth and success possible, and we are proud to offer a competitive and affordable benefits package to meet your needs.



QUALIFYING ROUND

Benefits eligibility

You are required to work a certain amount of hours each week to qualify for benefits.

Let's see how many hours you need to qualify for benefits:

BENEFITS PLAN:	HOURS REQUIRED:
Medical, dental and vision	At least 30 hours per week
All other benefits	At least 35 hours per week

Covering your dependents

For purposes of Company benefits, eligible dependents are defined as:

- Your legally married spouse
- Your child(ren) up to age 26
  - Natural children
  - Adopted children
  - Stepchildren
  - Children for whom you have a Qualified Medical Child Support Order (QMCSO)
  - Children for whom you have proven legal guardianship as approved by the court
- Disabled children of any age, if they are disabled prior to age 26.

When you enroll your eligible dependent(s), you will need their legal name(s), Social Security number(s), and date(s) of birth.

Benefits changes

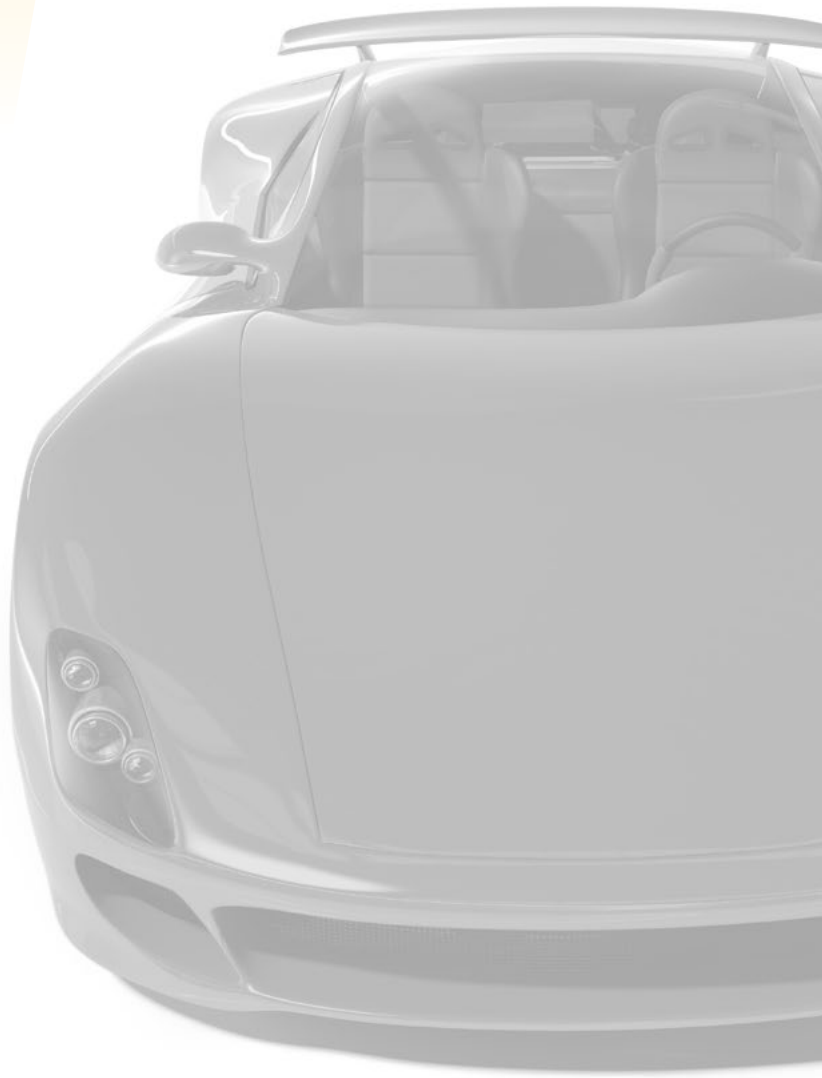
There are times when you'll need to make a change to your benefits in the middle of the year. To make a change to your benefits outside of the Open Enrollment period, it must be a qualified change in status.

A qualified change in status includes life events that impact eligibility for you or your dependent(s), such as:

- Marriage
- Divorce, legal separation or annulment
- Birth, adoption, or court-ordered placement of a child
- Court-ordered removal of a child
- Death of your spouse or dependent
- Change in employment status for you, your spouse or your dependent(s)
- Loss of eligibility for dependent(s), a child turns age 26
- Change in Medicare status for you or your dependent(s)
- Spouse or dependent becomes covered by other group health or dental coverage
- You gain other group coverage during the plan year
- You or your dependent(s) lose other health coverage during the plan year

Please Note: You must notify the Retail Benefits Helpline of a divorce immediately or you will be required to reimburse the plan for claims paid.

To make a change to your benefits, you must contact the Retail Benefits Helpline at **1-855-327-5910** or send an email to **bac.retailbenefits@ajg.com** within 31 days of the date of the qualifying event (include the date of the event). You will need to provide proof of the event (like a marriage or birth certificate) and submit your request for change in writing. Any changes requested after 31 days of the event will not be processed.



MEDICAL

For medical coverage, you have a choice of two options:

- A Consumer-Directed Health Plan with a Health Care Account (CDHP + HCA), or
- A Consumer-Directed Health Plan with a Health Savings Account (CDHP + HSA)

Engine checks and tune-ups! The Medical Plans offer you and your **eligible dependents** comprehensive coverage for preventive care services, doctor's visits, urgent care and emergency services. Both plans use the same nationwide network of doctors and providers managed by Blue Cross Blue Shield of Texas (BCBS).

Before you jump behind the wheel and take the two Medical Plans for a spin, we have created an easy-to-use Medical Dictionary to help you.

TERM	DEFINITION
Coinsurance	The percentage of eligible expenses you and the plan share. The exact coinsurance level depends on whether your providers are in-network or out-of-network.
Copay (or copayment)	The fixed, up-front dollar amount you pay for certain covered expenses. Copays do not apply toward your deductible or coinsurance, but they do accumulate toward the out-of-pocket maximum.
Deductible	Initial amount you must pay each plan year for covered services before the plan begins to provide benefits (this does not include copays).
Out-of-pocket Maximum	The amount you pay out of your pocket for eligible health care expenses before the plan pays at 100% for any additional expenses. This is the maximum amount you will have to pay for your care in a given plan year. It includes deductible, coinsurance and copays.

Find a Doctor

To find a BCBS doctor, visit **BCBS**, use the Provider Finder® feature and select the Blue Choice PPO doctor network. Even though the plan choices are the CDHPs, you will use the Blue Choice PPO doctor network.

Even though you pay for care similarly with both, the plans aren't exactly the same. The CDHP + HCA has copays for primary care doctor's office visits and generic prescriptions — but there are other differences too. Let's take a look under the hood at a side-by-side comparison of the CDHP + HCA and CDHP + HSA plans:

PLAN FEATURE	CDHP + HCA*	CDHP + HSA*
Company Contribution		
Employee only	$250	$750
Family	$500	$1,500
Preventive care services	Plan pays 100%, no deductible or copay	
Deductible		
Employee only	$4,000	$2,000
Family	$8,000	$4,000
Out-of-Pocket Maximum		
Employee only	$6,250	$4,000
Family	$12,500	$8,000
Office Visits		
Primary Care Physician (PCP) doctor office visit	You pay $50 copay**	Plan pays 90%, after deductible
Specialist	Plan pays 70%, after deductible	Plan pays 90%, after deductible
Labs and X-rays	Plan pays 70%, after deductible	Plan pays 90%, after deductible
Inpatient Hospital services	Plan pays 70%, after deductible	Plan pays 90%, after deductible
Outpatient facility	Plan pays 70%, after deductible	Plan pays 90%, after deductible
Emergency care		
Emergency room	Plan pays 70%, after deductible	Plan pays 90%, after deductible
Urgent care	Plan pays 70%, after deductible	Plan pays 90%, after deductible
Mental health and substance abuse services		
Office visits	You pay $50 copay**	Plan pays 90%, after deductible
Inpatient	Plan pays 70%, after deductible	Plan pays 90%, after deductible
Outpatient facility	Plan pays 70%, after deductible	Plan pays 90%, after deductible
Physical therapy	Plan pays 70%, after deductible	Plan pays 90%, after deductible
Chiropractic services	Plan pays 70%, after deductible	Plan pays 90%, after deductible

**All coverage amounts assume you use BCBS network providers for your care.*

*** Copays do not apply toward the deductible.*

CDHP + HCA Only

You will pay a $50 copay to see a primary care or mental health doctor for an office visit and a $10 (retail) or $20 (mail-order) copay for generic prescription drugs. The deductible and coinsurance do not apply to these services under the CDHP + HCA Medical Plan option if you are using an in-network provider.

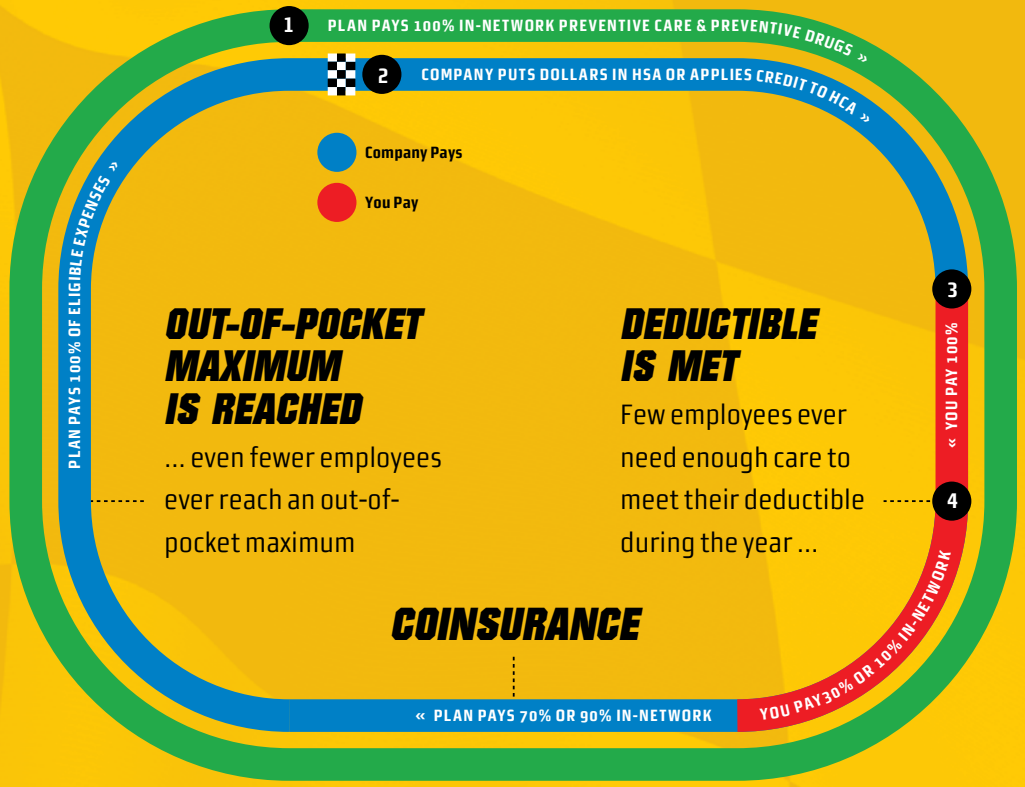
The Company will also set aside an annual HCA credit with BCBS for you. BCBS will use the credit each time you receive care and present your BCBS membership identification card. You can easily review your claims using the **Blue Access for Members (BAM) website**.

Medical ID Cards – You will receive a Medical ID card from BCBS for you and each covered dependent, if you enroll in a Medical Plan. You will use your Medical ID card at the doctor, urgent care and ER and at the pharmacy when filling a prescription.

How the CDHPs Work

Choosing the Medical Plan that fits you and your family's needs is an important decision. We want to help you make the right choice.

Let's start with the basics. The way you pay for care with each Medical Plan is very similar.



1 BOTH PLANS PROVIDE FREE PREVENTIVE CARE.
When you get in-network, preventive care during the year, like annual physicals, kids' check-ups, and immunizations, or buy qualified preventive drugs, like prenatal vitamins and smoking cessation drugs, the Plan will pay 100% of the cost.

2 YOUR HCA OR HSA WILL HELP PAY YOUR DEDUCTIBLE.
Both Medical Plan options come with some upfront dollars to help pay for some of your medical care.

3 YOU PAY THE DISCOUNTED MEDICAL OR PRESCRIPTION RATES UNTIL YOU MEET THE DEDUCTIBLE.
If you need to go to a primary care or specialist doctor's office visit, an urgent care clinic or even an ER that's in the BCBS network, with the HSA you will pay the full BCBS discounted cost of the visit. For example, if your doctor has negotiated a $90 office visit cost with BCBS, then you will pay $90 to go to the doctor. You will continue to pay for your care until you reach an annual deductible. With the HCA, you pay for care the same way with two exceptions. If you need to visit a primary care or mental health doctor or fill a generic prescription, with the HCA you will pay a $50 copay to see a primary care or mental health doctor and a $10 (retail) or $20 (mail-order) copay for generic prescription drugs, even if you haven't met the plan deductible yet.

4 AFTER YOU MEET THE DEDUCTIBLE, THE PLAN BEGINS TO PAY.
If you need a lot of care and you meet your deductible during the plan year, the Plan will start paying most of the cost for your care for the rest of the plan year until you hit an out-of-pocket maximum. This is true for both the HSA and HCA, except with the HCA you will continue paying copays for primary care doctor visits and generic prescription drugs, even after you've met the deductible. Few employees ever need enough care to meet their deductible during the year, and even fewer reach an out-of-pocket maximum.

HSA Details

If you choose the CDHP + HSA plan, the Company sets aside money in a separate bank account under your name. The Company dollars will be divided evenly, and a portion will be deposited into your HSA every pay period. You will receive a Visa debit card that you can use to pay for medical expenses from your account. You can easily manage your HSA online at **HSABank.com**.

YOU CAN CONTRIBUTE TOO

Contributing to your Health Savings Account (HSA) will also reduce your taxable income. When you make contributions to your HSA, the dollars come out of your paycheck before taxes, which lowers your taxable income. You can also deposit funds directly to your HSA, then deduct the contribution from your taxable income at year-end. Your account earns interest tax-free, and investment earnings on balances are tax-free. Given the tax-free benefits of an HSA, the IRS sets a limit on how much can go in your account each year. You can see how the IRS limit works below:

	2015 IRS LIMIT	2015 COMPANY CONTRIBUTION	LIMIT FOR YOUR CONTRIBUTIONS
Employee Only coverage	$3,350	$750	$2,600
All other coverage levels	$6,650	$1,500	$5,150

For 2015, if you are age 55 or over, IRS rules allow you to make additional "catch-up" contributions to HSAs in the amount of $1,000.

IRS HSA Rules

If you are enrolled in Medicare or in another plan that offers a Health Savings Account or Flexible Savings Account (i.e., through a spouse's plan), by law you are not allowed to contribute to a second Health Savings Account.

PRESCRIPTION DRUGS

When you choose either medical option, you also receive prescription drug coverage through Express Scripts. If you enroll in a Medical Plan, you will receive one ID card from BCBS that will include both your medical and Express Scripts pharmacy information.

The amount you pay for prescriptions is different with each Medical Plan. Let's look under the hood at the prescription drug coverage:

PLAN FEATURE	CDHP + HCA*	CDHP + HSA*
Retail prescriptions (30-day supply)		
Generic	You pay $10 copay	Plan pays 90%, after deductible
Brand Formulary	Plan pays 70%, after deductible	
Brand Non-Formulary		
Mail order prescriptions (90-day supply)		
Generic	You pay $20 copay	Plan pays 90%, after deductible
Brand Formulary	Plan pays 70%, after deductible	
Brand Non-Formulary		
Specialty drugs		

**All coverage amounts assume prescriptions are filled through Express Scripts network providers only.*

Visit Express Scripts for a list of brand formulary, non-formulary and specialty drugs.

Prescription Drug Programs

MANDATORY GENERIC DRUGS SAVE YOU MORE

If you choose to purchase a brand-name drug (formulary, non-formulary or specialty) instead of a generic alternative, you will be responsible for the difference in cost between the brand and the generic.

PRIOR AUTHORIZATION AND QUANTITY LIMITS

Some newer, more expensive or frequently over-used drugs may require your provider to get advance approval. Also, if a prescription amount exceeds Express Scripts' criteria, your provider may need to provide documentation. This ensures that a safe and effective dosage of your drug is dispensed, while containing waste or deterring inappropriate use.

STEP THERAPY

Step therapy is all about getting the most effective medication for your health and money. That means using a quality medication that's proven safe and effective for your condition at the lowest possible cost to you and the Company.

New to Home Delivery?

Review the Prescription Drug FAQs to learn important tips on filling your prescriptions.

How does step therapy work?

Step therapy is designed for people who regularly take prescription drugs to treat ongoing medical conditions such as arthritis, asthma, or high blood pressure. Prescription medications are grouped into two categories:

- **Step 1 medications** are generic drugs that have been rigorously tested and approved by the FDA. Generics should be prescribed first because they can provide the same health benefits as higher-cost medications.
- **Step 2 medications** are brand name drugs such as those you see advertised on TV. They're recommended only if a Step 1 medication doesn't work for you. Step 2 medications almost always cost you and your plan sponsor more than Step 1 medications.

Ask your doctor if a generic (Step 1) medication may be right for you. Please share your formulary list — the list of prescription drugs covered by your plan — with your doctor. If your doctor prescribes a Step 2 medication, the pharmacy will not automatically change your prescription; your doctor must write a new prescription for you to change from a Step 2 medication to a Step 1 medication. If a Step 1 medication is not a good choice for you, then your doctor can request prior authorization to determine if a Step 2 medication will be covered by your plan.

MANDATORY HOME DELIVERY

If you take maintenance medications for conditions like diabetes or high blood pressure, you **are required** to fill your prescriptions through the Express Scripts Home Delivery Program. You may fill maintenance medications up to two times at your local retail pharmacy. But, after the second fill, you'll pay the entire cost of the drug if you continue filling it at your local retail pharmacy.

And the winner is! Home delivery is easy, and it has many advantages:

- Your prescription drugs are shipped directly to your home, with free standard shipping.
- You can receive up to a 90-day supply of your prescription drugs, saving you a monthly trip to the pharmacy.
- You can call an Express Scripts pharmacist 24 hours a day, every day of the year.
- Refills can be ordered by phone or online.
- Mail delivery saves you and the Company more money.

DENTAL

The Dental Plan offers you and your eligible dependents coverage for preventive, basic, and major services. The plan uses a nationwide network of dentists and facilities managed by Delta Dental.

If you enroll in the plan, you will receive two Delta Dental ID cards for you and your covered dependents. You will use your Delta Dental ID card when you visit the dentist.

Let's take a look under the hood at the Dental Plan coverage:

PLAN FEATURE*	COVERAGE AMOUNT*
Deductible (basic and major services)	$50
Annual benefits maximums (per person):	
Preventive, basic and major services	$1,000
Child Orthodontia**	$1,000 Lifetime
Preventive services	Plan covers 100%
Basic services (fillings, simple tooth extractions, root canals, gum treatment, and oral surgery)	Plan pays 80%, after deductible
Major services (crowns, inlays, cast restoration, bridges, dentures)	Plan pays 50%, after deductible
Orthodontia (child)	Plan pays 50%, after deductible

** Limitation may apply for some benefits. Some services may also be excluded from the plan. Reimbursement is based on Delta Dental maximum contract allowances. For information about coverage, cost of care or limitations, contact Delta Dental.*

*** All coverage amounts assume that you use Delta Dental providers for your care. Reimbursement is based on DPO contracted fees for DPO dentists and Premier contracted fees for Premier dentists.*

Find a dentist

Visit Delta Dental to see if your dentist is in the Delta Dental network or find a new provider. Remember, you can save money when you use a Delta Dental provider.

VISION

The Vision Plan is designed to meet your vision needs today and help protect your future eye health. The plan is managed by Vision Service Plan (VSP) and provides coverage for regular eye exams, glasses (lenses) and frames, and contact lenses for you and your eligible dependents.

If you enroll in the plan, you will not receive a Vision ID card. When you go to the eye doctor to receive vision services, your provider will ask for the employee's Social Security Number to verify coverage.

Let's take a look under the hood at the Vision Plan coverage:

PLAN FEATURE	COVERAGE AMOUNT*
Eye exam — one every 12 months	You pay $10 copay
Prescription glasses: » Lenses — one set every 12 months » Frames — one set every 24 months for adults, one set every 12 months for children	You pay $25 copay, then select lenses and frames** covered in full
Contact lenses — one set every 12 months in lieu of glasses	» Necessary — covered in full, after a $25 copay » Elective — contact lenses and fitting evaluation covered up to $150 every 12 months after $60 copay

** All coverage amounts assume that you use a VSP provider for your care.*

*** There are limits on glasses frames. Please see your VSP Summary for details.*

Find a doctor

Visit **VSP** to see if your eye doctor is in the Vision Service Plan network or find a new provider. Remember, you can save money when you use a VSP provider.

LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT

The Company provides a basic level of financial protection for you with Life & Accidental Death and Dismemberment (AD&D) Insurance benefits.

Basic Life and AD&D

Basic Life Insurance and AD&D pays a benefit if you die. AD&D Insurance pays a benefit if you die or suffer a serious injury due to an accident. The Company provides you with Basic Life and AD&D, in the amount of $5,000, at no cost to you.

Supplemental Life and AD&D

You can also purchase Supplemental Life and AD&D for yourself, your spouse, or your child(ren).

Let's take a look under the hood at the Life and AD&D coverage:

	YOU	SPOUSE	CHILD(REN)
Basic Life and AD&D (Company pays)	$5,000	Not available	Not available
Supplemental Life and AD&D (You pay)	Coverage in increments of $25,000 up to a $150,000 limit	Coverage in increments of $25,000 up to a $50,000 limit	Coverage in increments of $5,000 up to a $10,000 limit
	No Evidence of Insurability (EOI) Required, if you elect during Open Enrollment		

FOR STORE/GENERAL MANAGERS

Basic Life and AD&D

You receive $25,000 in Life and AD&D coverage for yourself, $10,000 in Life coverage for your spouse, and $5,000 in Life coverage for each covered child. The Company pays the full cost of this coverage.

Supplemental Life and AD&D

You can also purchase Supplemental Life and AD&D for yourself and Supplemental Life for your spouse and your child(ren).

Let's take a look under the hood at the Life and AD&D coverage:

	YOU	SPOUSE	CHILD(REN)
Basic Life and AD&D (Company pays)	$25,000 (Life and AD&D)	$10,000 (Life only)	$5,000 (Life only)
Supplemental Life and AD&D (You pay)	Coverage in increments of $25,000 up to a $150,000 limit	Coverage in increments of $25,000 up to a $50,000 limit	Coverage in increments of $5,000 up to a $10,000 limit
	No Evidence of Insurability (EOI) Required, if you elect during Open Enrollment.		

DISABILITY

The Company provides Short Term Disability (STD) coverage, at no cost to you, through The Hartford. Short Term Disability coverage provides you with income replacement if you miss seven or more consecutive days of work due to an illness or non-work related injury. The amount you will receive is based on your completed years of service. Once eligible, you must regularly work 35 or more hours per week.

Let's take a look under the hood at the Short Term Disability coverage:

YEARS OF SERVICE COMPLETED	AMOUNT OF COVERAGE*
1 year	5 work days at 75% of weekly pay
2 years	10 work days at 75% of weekly pay
3-4 years	15 work days at 75% of weekly pay
5 or more years	20 work days at 75% of weekly pay

**All illnesses/hospitalizations are subject to seven-day elimination period. Payments begin after elimination period. Available sick days must be used for elimination period.*

FOR STORE/GENERAL MANAGERS

Short Term Disability

Short Term Disability provides you with income replacement if you miss seven or more consecutive days of work due to an illness or injury. You must have been employed by the Company for at least 90 days and be regularly scheduled to work 35 or more hours per week to be eligible for this coverage.

Let's take a look under the hood at the Short Term Disability coverage:

YEARS OF SERVICE COMPLETED	AMOUNT OF COVERAGE*
Less than 6 years	3 weeks at 100%, 9 weeks at 80% of weekly pay
6-10 years	6 weeks at 100%, 6 weeks at 80% of weekly pay
11 or more years	12 weeks at 100% of weekly pay

**All illnesses/hospitalizations are subject to seven-day elimination period. Payments begin after elimination period. Available sick days must be used for elimination period.*

Long Term Disability

The Company offers you the option to purchase Long Term Disability, provided by The Hartford. The benefit replaces 60% of your monthly pay, up to a limit of $10,000 per month, after a 90-day waiting period. The Company pays 80% of the cost of this coverage.

CRITICAL ILLNESS INSURANCE

The Company offers you and your eligible dependents critical illness insurance through Allstate Benefits.

Critical illness coverage offers you peace of mind if you receive a critical illness diagnosis — like cancer or heart disease. The coverage provides lump-sum cash benefits, in addition to your medical benefits, to help you cover out-of-pocket expenses for the treatment of your illness. If elected, you will pay the full cost of this additional coverage. The benefit is also portable, so you can take it with you if you leave the Company in the future.

Let's take a look under the hood at the two critical illness coverage options:

CRITICAL ILLNESS (PER OCCURRENCE)	LOW OPTION*	HIGH OPTION*
Heart Attack	$10,000	$20,000
Stroke	$10,000	$20,000
Coronary Artery By-Pass Surgery	$2,500	$5,000
Major Organ Transplant (heart, lung, liver, pancreas or kidney)	$10,000	$20,000
End Stage Renal Failure (peritoneal dialysis or hemodialysis)	$10,000	$20,000
Waiver of premium (employee only)	Yes	Yes
Cancer Critical Illness Benefits		
Invasive Cancer (includes Leukemia and Lymphoma)	$10,000	$20,000
Carcinoma in Situ	$2,500	$5,000
Additional Benefits		
Wellness benefit	$50	$50

** Covered dependents enrolled in this benefit will receive 50% of the amounts shown for his/her diagnosis.*

Evidence of Insurability (EOI)

EOI is not required for initial enrollment. However, if you enroll after the initial enrollment period or make changes to your original elections, EOI will be required. If your EOI is not approved or you fail to submit the requested information within 90 days, your request for coverage will be canceled. Visit **Allstate Benefits** for more information.

Critical Illness benefits are supplemental and do not replace your Medical Plan benefits. Pre-existing limitation may apply.

Please see the Allstate Benefits Brochure for more details.

CANCER INSURANCE

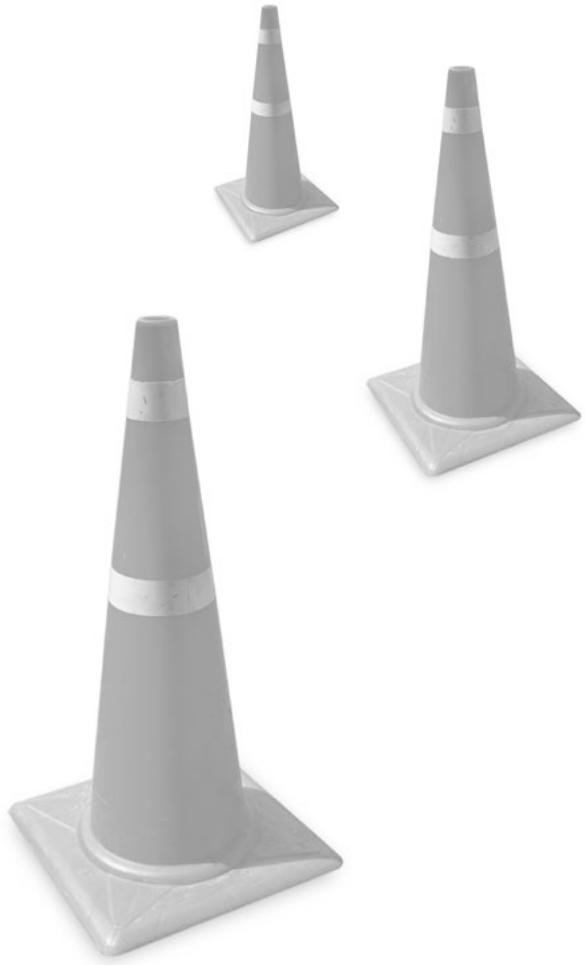
The Company offers you and your eligible dependents cancer insurance through Allstate Benefits.

Optional cancer insurance offers you peace of mind if you receive a cancer or specified disease diagnosis. The plan provides cash you can use to cover financial needs — medical and non-medical — related to dealing with cancer. If elected, you will pay the full cost of this additional coverage. Premiums are waived if you are totally disabled and unable to work for 90 days due to a cancer diagnosis. The benefit is also portable, so you can take it with you if you leave the Company in the future.

Let's take a look under the hood at the two cancer insurance coverage options:

PLAN FEATURE CANCER CARE/SERVICE/FACILITY:	LOW OPTION	HIGH OPTION
Continuous hospital confinement; government or charity hospital; private duty nursing service, extended care facility; at home nursing, or hospice	$100/day	
Radiation, chemotherapy and related benefits		
Radiation/chemotherapy for cancer, blood, plasma, and platelets	$5,000/year*	
Medical imaging	$250/year*	
Hematological drugs	$100/year*	
Surgery and related benefits		
Surgery	$1,500*	
Anesthesia	25% of surgery	
Ambulatory Surgical Center	$250/day	
Second opinion	$200	
Bone Marrow or Stem Cell transplant (payable once/covered person/calendar year)	» $500 » $1,250 » $2,500	

** Benefits pay for charges/costs up to the amount listed.*



CANCER INSURANCE (CONTINUED)

PLAN FEATURE CANCER CARE/SERVICE/FACILITY:	LOW OPTION	HIGH OPTION
Miscellaneous Benefits		
Inpatient drugs and medication	$25/day	
Physician's attendance	$50/day	
Ambulance (per confinement)	$100/confinement	
Non-local transportation	Coach fare or $0.40/mile	
Outpatient lodging ($2,000 limit /year)	$50/day	
Family member lodging and transportation	$50/day* Coach fare or $0.40/mile	
Physical or speech therapy	$50/day	
New or experimental treatment	$5,000*	
Prosthesis (per amputation)	$2,000*	
Hair prosthesis	$25/every 2 years	
Nonsurgical external breast prosthesis	$50*	
Anti-nausea benefit	$200/year*	
Waiver of premium (employee only)	Yes	
Additional Benefits		
Cancer initial diagnosis (one-time benefit)	Not available	$2,000
Wellness		$100/year
Intensive Care » Hospital confinement » Step-down confinement » Air/surface ambulance		 » $200 / day » $100 / day » 100% of actual charges/ once per confinement

** Benefits pay for charges/costs up to the amount listed.*

Evidence of Insurability (EOI)

EOI is not required for initial enrollment. However, if you enroll after the initial enrollment period or make changes to your original elections, EOI will be required. If your EOI is not approved or you fail to submit the requested information within 90 days, your request for coverage will be canceled. Visit **Allstate Benefits** for more information.

Cancer benefits are supplemental and do not replace your Medical Plan benefits. Pre-existing condition limitation may apply. Please see the Allstate Benefits Brochure for more details.

HOLIDAYS

We all need to pull over and recharge every now and then, so the Company provides you with six holidays.

Below are the 2015 Company holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Holiday Pay

Store employees are paid time and one-half for all holiday hours worked. For example, if an employee makes $8 an hour, he or she would make $12 per hour on a holiday.

VACATION

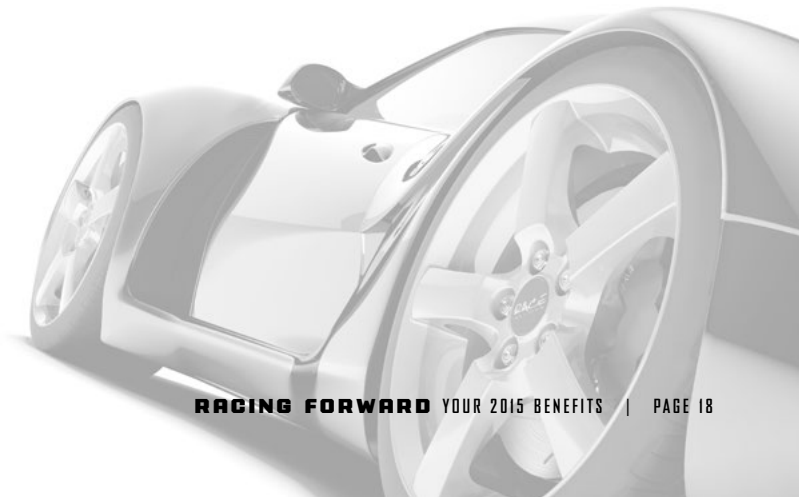
Now, let's take a look under the hood at the vacation benefit schedule and see what you've earned based on your completed years of service. You must work 35 or more hours per week to receive vacation benefits.

YEARS OF SERVICE COMPLETED:	VACATION DAYS/HOURS:
Under 1 year	none
1-4 years	10 days/80 hours
5 or more years	15 days/120 hours

**Full bank accrued on anniversary date.*

SICK PAY

All store employees working 35 or more hours per week receive 3 days of sick pay per calendar year.



EDUCATION BENEFIT

Good drivers hone their skills and learn new techniques. So the Company wants to support your education and help expand your future by providing tuition reimbursement.

- All employees working less than 35 hours per week receive up to $1,000 per year for qualifying tuition expenses.
- All employees working 35 or more hours per week receive up to $2,000 per year for qualifying tuition expenses.

RACING ENTRY FEES

Monthly Paycheck Costs

MEDICAL

PLAN	MONTHLY CONTRIBUTIONS NON-TOBACCO USER	TOBACCO USER
CDHP + HCA		
Employee Only	$75.00	$119.00
Employee + Spouse	$350.00	$443.00
Employee + Child(ren)	$316.67	$400.67
Employee + Family	$500.00	$632.00
CDHP + HSA		
Employee Only	$125.00	$169.00
Employee + Spouse	$455.00	$548.00
Employee + Child(ren)	$411.67	$495.67
Employee + Family	$650.00	$782.00

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program, like the non-tobacco user incentive, are available to all employees. If you think you might be unable to meet the standard for the non-tobacco user incentive, you might qualify for an opportunity to earn the incentive by enrolling in and completing a smoking cessation program. Contact your Human Resources representative and we will work with you (and if you wish with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

DENTAL & VISION

PLAN	MONTHLY CONTRIBUTIONS
Delta Dental	
Employee Only	$10.93
Employee + Spouse	$22.95
Employee + Child(ren)	$20.77
Employee + Family	$32.79
VSP Vision	
Employee Only	$3.97
Employee + Spouse	$8.34
Employee + Child(ren)	$7.55
Employee + Family	$11.92

LOWER MEDICAL COST FOR NON-TOBACCO USERS!

If you or any of your covered family members over the age of 18 use tobacco, you will pay more for medical coverage in both options. So if you want to avoid paying more, it's time to kick the habit and/or encourage your family member(s) to do the same.

Need help kicking the habit?

In 2015, BCBS offers you a Tobacco Cessation Program that provides you with resources and tools like:

- Personal Telephone Wellness Coaching — for help meeting tobacco cessation goals
- Self-Directed Courses — which allow you to work at your own pace to meet your goals

Visit BCBS in 2015 to learn more!

Monthly Paycheck Costs

FOR STORE/ GENERAL MANAGERS

LONG TERM DISABILITY

Use the rates below to calculate the monthly cost for Long Term Disability coverage.

AGE (YOUR AGE AS OF JAN. 1, 2015)	RATE PER $100
Under 25	$0.108
25-29	$0.117
30-34	$0.189
35-39	$0.369
40-44	$0.531
45-49	$0.747
50-54	$1.017
55-59	$1.125
60-64	$0.99
65+	$0.819
Rate Guarantee: 3 years	

SUPPLEMENTAL LIFE AND AD&D

Use the rates below to calculate your monthly cost for Supplemental Employee Life & AD&D Insurance.

AGE (YOU AND SPOUSE[1])	AGE BASED LIFE AND AD&D RATES (PER MONTH FOR $1000 OF COVERAGE)
Under 25	$0.086
25-29	$0.086
30-34	$0.093
35-39	$0.121
40-44	$0.170
45-49	$0.256
50-54	$0.406
55-59	$0.632
60-64	$0.840
65-69*	$1.430
70-74*	$2.250
75+*	$3.920
AGE (CHILDREN[2])	
Unmarried child(ren) up to age 26	$0.075 (Cost is same, regardless of the number of children you cover)

[1] Per the plan provisions, if your spouse is employed by the Company and is benefits eligible, you cannot elect coverage for your spouse in this plan.

[2] Per the plan provisions, if you and your spouse are employed by the Company, only one of you can cover your child(ren) in this plan. Also, if your child is employed by the Company and is benefits eligible, you cannot elect coverage for that child under this plan.

** When the employee or spouse reaches age 65, the coverage amount show in this chart may be reduced. Please see the Supplemental Life and AD&D Policy for details.*

Monthly Paycheck Costs

CRITICAL ILLNESS INSURANCE

PLAN	AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
LOW PLAN					
Non-tobacco user	18-35	$7.35	$11.15	$7.35	$11.15
	36-50	$16.35	$24.65	$16.35	$24.65
	51-60	$33.55	$50.45	$33.55	$50.45
	61-63	$51.95	$78.05	$51.95	$78.05
	64+	$75.85	$113.90	$75.85	$113.90
Tobacco user	18-35	$11.45	$17.30	$11.45	$17.30
	36-50	$27.65	$41.60	$27.65	$41.60
	51-60	$57.05	$85.70	$57.05	$85.70
	61-63	$81.75	$122.75	$81.75	$122.75
	64+	$120.05	$180.20	$120.05	$180.20

PLAN	AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
HIGH PLAN					
Non-tobacco user	18-35	$12.45	$18.80	$12.45	$18.80
	36-50	$30.46	$45.81	$30.46	$45.81
	51-60	$64.86	$97.41	$64.86	$97.41
	61-63	$101.65	$152.60	$101.65	$152.60
	64+	$149.45	$224.30	$149.45	$224.30
Tobacco user	18-35	$20.64	$31.09	$20.64	$31.09
	36-50	$53.04	$79.69	$53.04	$79.69
	51-60	$111.86	$167.91	$111.86	$167.91
	61-63	$161.26	$242.01	$161.26	$242.01
	64+	$237.86	$356.91	$237.86	$356.91

CANCER INSURANCE

PLAN	MONTHLY CONTRIBUTIONS
Low Plan	
Employee Only	$9.68
Employee + Spouse	$14.59
Employee + Child(ren)	$14.02
Employee + Family	$18.90
High Plan	
Employee Only	$15.61
Employee + Spouse	$24.90
Employee + Child(ren)	$21.46
Employee + Family	$30.72

TEAM ROSTER

Contacts

HELP IS A PHONE CALL AWAY

Just like every racer needs a spotter to help get through traffic on the track, you may need some help understanding the new benefits program. The Retail Benefits Helpline has answers to your questions. Call toll-free to **1-855-327-5910** or send an email to **bac.retailbenefits@ajg.com**. The Benefits Helpline is available weekdays, from 7:30 a.m. to 5:30 p.m., Central time.

PLAN ADMINISTRATION

You can also contact one of your plan administrators to find network doctors or ask questions about claims:

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE
Medical	Blue Cross Blue Shield of Texas (BCBS)	**1-800-795-6570**	bcbstx.com
Prescription Drugs	Express Scripts	**1-877-859-6984**	express-scripts.com
Employee Assistance Program (ComPsych® GuidanceResources®)	The Hartford	**1-800-327-1850**	guidanceresources.com Web ID: HLF902
Dental	Delta Dental	**1-800-471-4920**	deltadentalins.com
Vision	Vision Service Plan	**1-800-877-7195**	vsp.com
Health Savings Account (HSA)	HSA Bank	**1-800-357-6246**	hsabank.com
Life, AD&D	The Hartford	**1-888-563-1124**	thehartfordatwork.com
Disability	The Hartford	**1-877-822-3183**	thehartfordatwork.com
Critical Illness & Cancer	Allstate Benefits	**1-866-828-8501**	allstateatwork.com