



YOUR 2021 BENEFITS

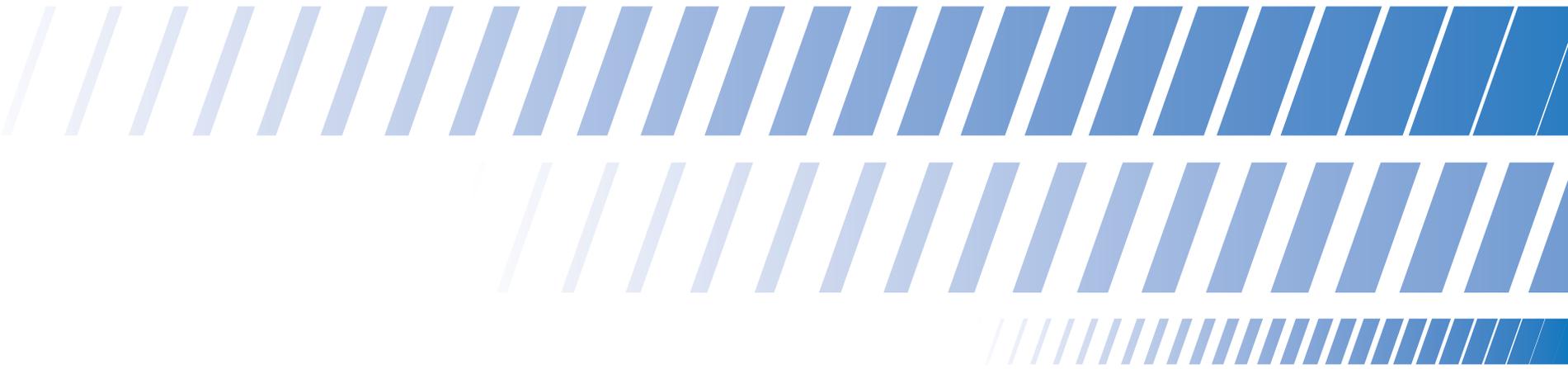


START YOUR ENGINES »



READY. SET.
ENROLL!

2021 BENEFITS GUIDE



NOTICE REGARDING THIS COMMUNICATION

This Guide provides only an overview of benefit changes and clarifications effective January 1, 2021. The respective plan documents govern your rights. You should rely on this information only as a general summary of some of the features of the plans. In the event of any difference between the information contained herein and the plan documents, the plan documents will supersede and control over this Guide. For specific plan details including eligibility requirements, enrollment rules, benefits and other program details, please refer to the [Summary Plan Description](#). The Partnership 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

Monday-Friday,

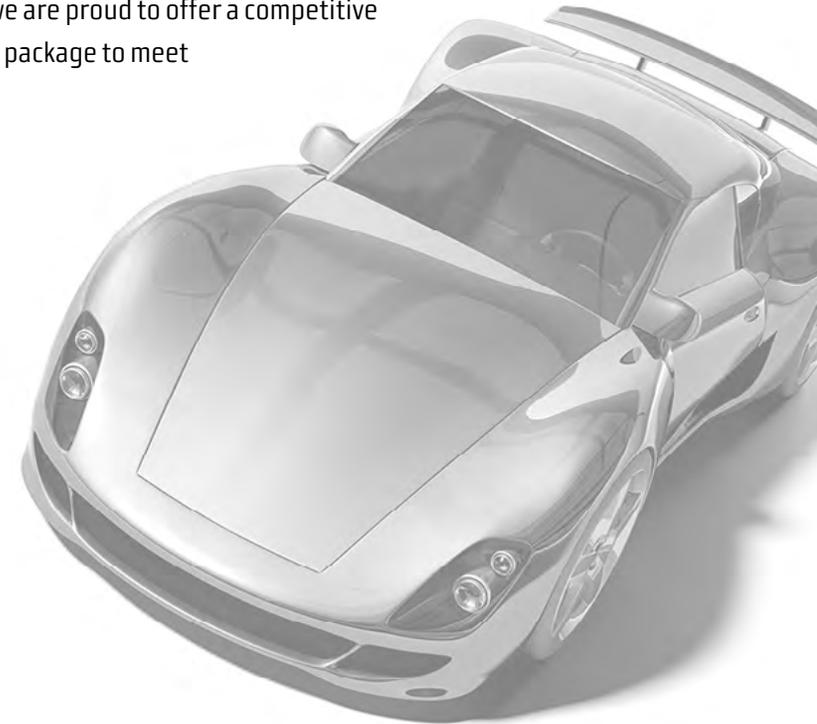
7:00 a.m. – 6:00 p.m. CT

bac.retailbenefits@ajg.com

RACING TOWARD A GREAT FUTURE!

The Partnership is 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 an average number 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 Partnership benefits, eligible dependents are defined as:

- » Your legally married spouse, including common law spouses. You will be required to submit a Declaration of Marriage issued by the state of residence or, where not available, the Partnership's Affidavit of Common Law Marriage with supporting documentation requested.
- » Your child(ren) up to age 26
 - Biological 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 a court order
- » Disabled children of any age, if they are disabled prior to age 26, and not eligible for Medicare.

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

Benefits changes

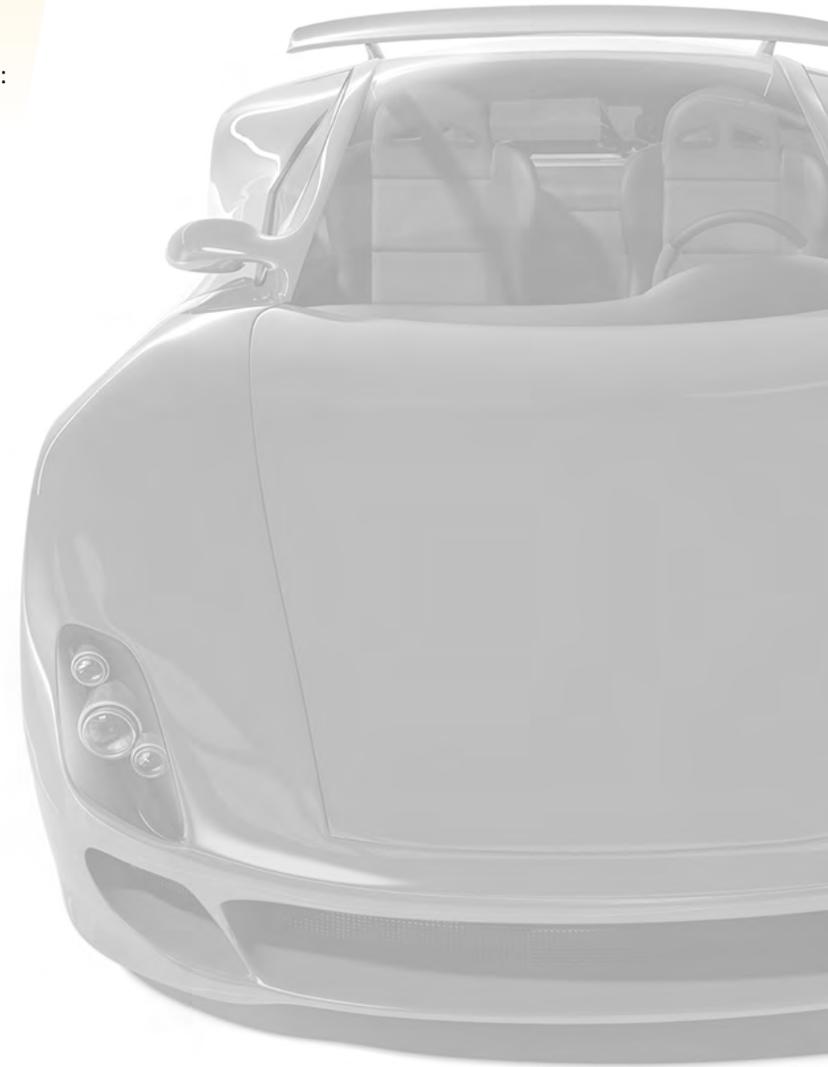
There are times when you will need to make a change to your benefits in the middle of the year. To make a change to your benefits outside of the Open Enrollment period, it must be a qualified change in status.

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 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, but no later than 31 days following the divorce, or you will be required to reimburse the plan for claims paid by the plan on behalf of your ex-spouse.

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 (including 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 Reimbursement Account (CDHP + HRA), 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 (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.

For specific plan details including eligibility requirements, enrollment rules, benefits and other program details, please refer to the **Benefits Booklet**. Some **services require pre-certification** before the service is rendered. If you do not receive pre-certification, your treatment may not be covered. Watch the **pre-certification** video for more details.



Medical Claims Administrator

AmeriBen is your one stop for your medical plan claims administration. To find an in-network doctor, track claims, review eligibility, and download replacement ID cards, visit MyAmeriBen.com. You can also download the convenient mobile app for your on-the-go medical information.



Even though you pay for care similarly with both, the plans are not exactly the same. The CDHP + HRA 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 + HRA and CDHP + HSA plans:

PLAN FEATURE	CDHP + HRA*	CDHP + HSA*
Partnership Contribution		
Employee only	\$250	\$750
All other coverage levels	\$500	\$1,500
Preventive care services	Plan pays 100%, no deductible or copay	
Deductible		
Employee only	\$4,000	\$2,000
All other coverage levels	\$8,000	\$4,000
Out-of-Pocket Maximum		
Employee only	\$6,250	\$4,000
All other coverage levels	\$12,500	\$6,550
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 (up to 18 visits per year)	Plan pays 70%, after deductible	Plan pays 90%, after deductible
Chiropractic services (up to 26 visits per year)	Plan pays 70%, after deductible	Plan pays 90%, after deductible

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

** Copays do not apply toward the deductible.

CDHP + HRA Only

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

The Partnership will also set aside an annual HRA credit with Discovery Benefits for you. Discovery will use the credit each time you receive care and present your Discovery Benefits membership identification card. You can easily review your claims using discoverybenefits.com.

Medical ID Cards – You will receive a medical ID card from AmeriBen. Employees with all other coverage levels will receive two ID cards with the employee’s information. Additional ID cards can be ordered online at MyAmeriBen.com or through Customer Care. You will also have the e-card available on the mobile app. You will receive a separate ID card to use at the pharmacy when filling a prescription.



Medical Matchup

[Click here](#) to see how the plans compare in real-life situations.



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 wellness exams, 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, regardless of whether you have met the deductible.

2 YOUR HRA OR HSA WILL HELP PAY YOUR DEDUCTIBLE.

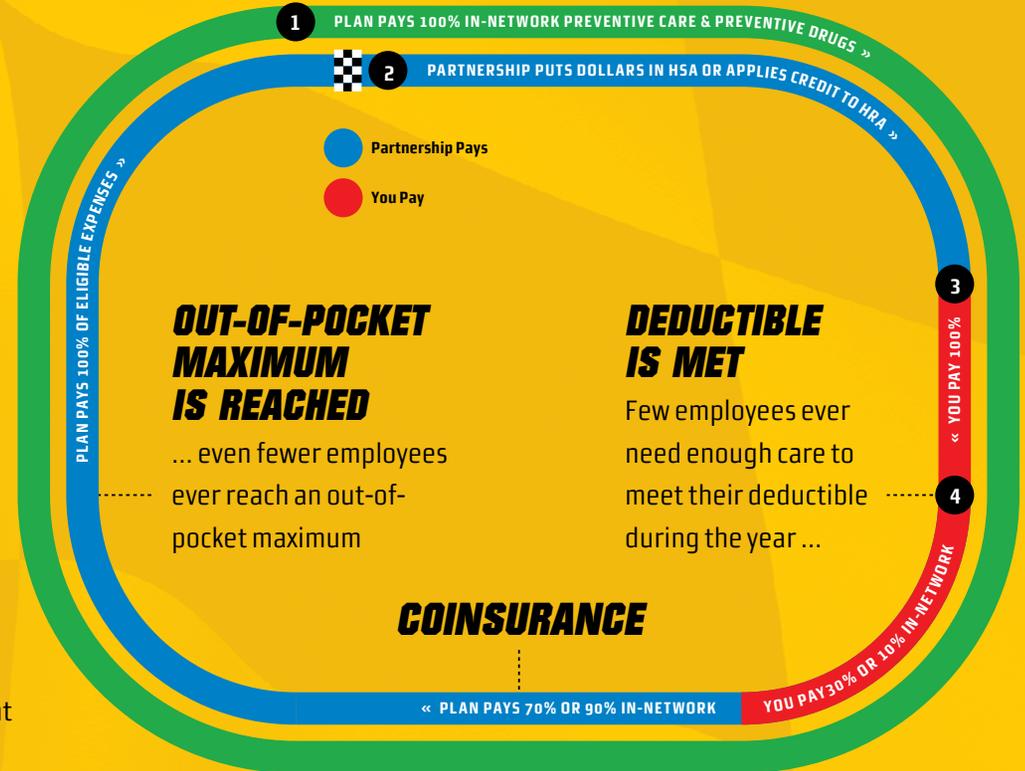
Both Medical Plan options come with some upfront dollars to help pay for some of your medical care.

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 rate of the visit. For example, if your doctor has negotiated a \$90 office visit rate 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 HRA, 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 HRA 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 HRA, except with the HRA you will continue paying copays for primary care doctor visits and generic prescription drugs, even after you have 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 Partnership sets aside money in a separate bank account under your name. The Partnership 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 access your account to pay for medical expenses. You can easily manage your HSA online at [HSABank.com](https://www.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, if any, are tax-free. Given the tax-free benefits of an HSA, the IRS sets a limit on how much can be deposited to your account each year. You can see how the IRS limit works below:

	2021 IRS LIMIT	2021 PARTNERSHIP CONTRIBUTION	LIMIT FOR YOUR CONTRIBUTIONS
Employee Only coverage	\$3,600	\$750	\$2,850
All other coverage levels	\$7,200	\$1,500	\$5,700

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 have filed an application for Social Security retirement benefits or participate in Medicare Part A or Parts A and B, you are not eligible to contribute to a Health Savings Account. Also, If you are enrolled in another plan that offers a Health Savings Account or Flexible Spending Account (i.e. through a spouse’s plan), 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 CVS/caremark. If you are currently enrolled in a Medical Plan, you can continue to use your CVS ID card. If you are a new enrollee, you will receive a separate ID card with your 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 + HRA*	CDHP + HSA*
Preventive prescriptions (retail, mail order, specialty)	The plan pays 100%, no deductible applies	
Retail prescriptions (30-day supply)		
Generic	\$10 copay	The plan pays 90% after deductible
Preferred brand	The plan pays 70% after deductible	
Non-preferred brand		
Mail order prescriptions (90-day supply)		
Generic	\$20 copay	The plan pays 90% after deductible
Preferred brand	The plan pays 70% after deductible	
Non-preferred brand		
Specialty prescriptions		
Generic	The plan pays 70% after deductible	The plan pays 90% after deductible
Preferred brand		
Non-preferred brand		

* All coverage amounts assume prescriptions are filled through a CVS/caremark network provider.



Login to your individual account at [caremark.com](https://www.caremark.com) to view the most up-to-date drug list and check the cost of your drug.



Prescription Drug Programs

MANDATORY GENERIC DRUGS SAVE YOU MORE

If you choose to purchase a brand-name drug (preferred brand, non-preferred brand or specialty) instead of a generic alternative, you will be responsible for the difference in cost between the brand and the generic. The cost difference will not apply to the deductible or maximum out of pocket.

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 quantity exceeds CVS/caremark's 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 Partnership.



Questions about 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 are recommended only if a Step 1 medication does not 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 preferred brand 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.

MAINTENANCE CHOICE



Getting a 90-day supply of maintenance prescription drugs is easier than ever. Choose convenient home delivery or pick up at a local CVS/pharmacy. You are in control with two ways to fill your prescription:

CVS/pharmacy

- » Pick up your prescription on your schedule.
- » Enjoy same-day pick up.
- » Talk with a pharmacist in person.

CVS/caremark Home Delivery Service

- » Easy delivery to your home.
- » Prescription drugs arrive in private, tamper resistant, and when needed, temperature controlled packaging.
- » Automatic refill options help you stay on track.
- » Manage your prescriptions and track orders 24/7 at [caremark.com](https://www.caremark.com).

If you have questions about your prescriptions the CVS/caremark Customer Care team is available 24 hours, seven days a week, call 800-837-4092.

CVS SPECIALTY DRUGS

Specialty drugs must be filled through CVS Specialty. You will still have access to the same convenient services like online ordering, CVS pharmacy in-store pickup or home delivery, and more. For additional information, visit [cvsspecialty.com](https://www.cvsspecialty.com) or call 800-237-2767 to speak to a CVS Specialty Care Team support member.



TRIA HEALTH

Save Money on Your Medications



Tria Health provides one-on-one, confidential telephonic counseling with a pharmacist to make sure your medications are working as intended and you can afford them. Tria Health's pharmacists are your personal medication experts and will work with you and your doctor(s) to make sure your conditions are properly controlled without the risk of medication-related problems.

Who Should Participate?

Tria Health is recommended for members who have the following conditions and/or take multiple medications:

- » Diabetes
- » High Cholesterol
- » Specialty Conditions
- » Mental Health
- » Osteoporosis
- » Heart Disease
- » High Blood Pressure
- » Chronic Pain
- » Asthma/COPD
- » Migraines

ACTIVE PARTICIPANTS CAN RECEIVE UP TO \$150

You will receive a \$50 Tria Health Visa Rewards Card by attending pharmacist consultation(s). You can qualify to receive up to \$150 by attending three consultations within a 12-month period.

If you have diabetes, you will have free access to a wireless blood glucose meter, testing strips and mobile app designed to help better manage your diabetes!

Why Participate?

Pharmacists are the experts in how medications work and can provide valuable feedback to you and your doctor(s). Your Tria Health pharmacist can help:

- » Make sure your medications are working as intended
- » Help save you money
- » Answer any questions you have about your health

Ready to Get Started?

To schedule your first appointment of the phone, call 1-888-799-TRIA (8742) or visit www.triahealth.com.

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%, no deductible
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: <ul style="list-style-type: none"> » 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	<ul style="list-style-type: none"> » 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 Partnership provides a basic level of financial protection for you and your family 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 Partnership 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 (Partnership 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 initial enrollment. If you are adding or making changes after initial enrollment, EOI will be required.			



Age Reduction Information

Basic and Supplemental Life benefits are reduced from the original amount by 35% at age 65; by 55% at age 70; and by 70% at age 75.

FOR MANAGERS & MANAGERS IN TRAINING

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 Partnership 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 (Partnership 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 initial enrollment. If you are adding or making changes after initial enrollment, EOI will be required.			

DISABILITY FOR HOURLY EMPLOYEES

Short Term Disability

The Partnership provides Short Term Disability coverage, at no cost to you, through Unum. 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. You must be employed by the Partnership for at least one year (365 days) and, 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 COMPLETED SERVICE	SCHEDULE OF BENEFITS*
1 - less than 3 years	10 work days at 75% of pre-disability earnings reduced by other income
3 - less than 5 years	15 work days at 75% of pre-disability earnings reduced by other income
5 or more years	20 work days at 75% of pre-disability earnings reduced by other income

*Payments begin after elimination period. Available sick days and accrued vacation must be used for elimination period.

FOR MANAGERS & MANAGERS IN TRAINING

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 Partnership for at least 6 months (180 days) and be regularly scheduled to work 35 or more hours per week to be eligible for this benefit.

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

YEARS OF COMPLETED SERVICE	SCHEDULE OF BENEFITS*
Less than 6 years	3 weeks at 100%, 9 weeks at 80% of pre-disability earnings reduced by other income
6-10 years	6 weeks at 100%, 6 weeks at 80% of pre-disability earnings reduced by other income
11 or more years	12 weeks at 100% of pre-disability earnings reduced by other income

*Payments begin after elimination period. Available sick days and accrued vacation must be used for elimination period.

Long Term Disability

The Partnership offers you the option to purchase Long Term Disability, provided by **Unum**. The benefit replaces 60% of your monthly pay, up to a limit of \$10,000 per month, after a 6 month (180 day) eligibility waiting period. The Partnership pays 80% of the cost of this benefit.

No Evidence of Insurability required if you elect during initial enrollment. If you are adding or making changes after initial enrollment, EOI will be required.

GROUP CRITICAL ILLNESS INSURANCE

Group critical illness insurance is available to you and your eligible dependents through Allstate Benefits.

Critical illness coverage offers 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 Partnership 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 or open enrollment. 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.



GROUP CANCER INSURANCE

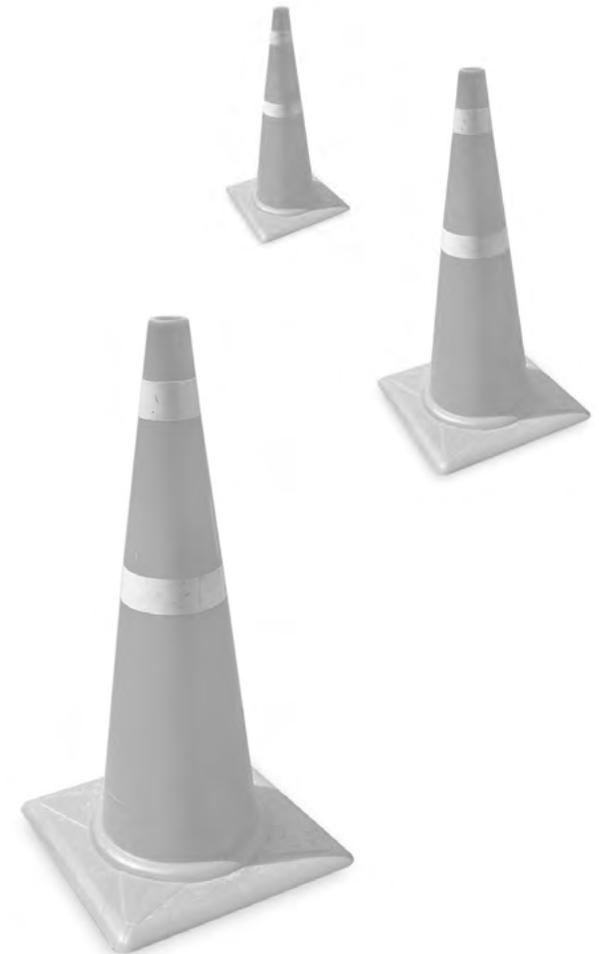
Group cancer insurance is available to you and your eligible dependents through Allstate Benefits.

Optional cancer insurance offers peace of mind if you receive a cancer 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 Partnership in the future.

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

PLAN FEATURE	LOW OPTION	HIGH OPTION
CANCER CARE/SERVICE/FACILITY		
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.



GROUP CANCER INSURANCE (CONTINUED)

PLAN FEATURE	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)		\$2,000
Wellness		\$100/year
Intensive Care	Not available	
» Hospital confinement		» \$200 / day
» Step-down confinement		» \$100 / day
» Air/surface ambulance		» 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 or open enrollment. 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.



SUPPLEMENTAL BENEFITS

Employee Assistance Program (EAP)

Managing life can seem overwhelming, Unum is here to provide help when you need it most. For no additional cost you, your spouse, dependent children, parents and parents-in-law have 24/7 access to License Professional Counselors who can help you with:

- » Stress, depress, anxiety
- » Relationship issues
- » Anger, grief and loss
- » Job stress
- » Family and parenting problems
- » Alcohol and drug abuse

You can also access Work/Life Specialists who can help balance work and life issues by answering your questions and helping you find resources in your community for:

- » Child or elder care
- » Legal questions
- » Identity theft
- » Finance and debit management
- » Reducing your medical/dental bills
- » Time management

Getting care is easy

You can get unlimited, 24/7 confidential support on the phone, **1-800-854-1446**, or online at unum.com/lifebalance.

You can get up to 3 in-person visits with a Licensed Professional Counselor as part of the program. Your counselor may refer you to other resources in your community for on-going support.



SUPPLEMENTAL BENEFITS (CONTINUED)

Travel Assistance

Even the most well-planned travel can have unexpected problems. When trouble strikes, Assist America is here to help. When you are traveling 100 miles or more away from home, Assist America can help you with emergency medical assistance and evacuation, short-term prescription replacement, personal services, passport replacement, and more. They can even help with pre-trip information and country guidelines.

When you are far away from home, Assist America is just a call away at **1-800-872-1414**.

Reference Number: 01-AA-UN-762490

Life Planning

When a loved one is terminally ill or passes away, you may need help with the personal, financial, and legal decisions that need to be made. Unum Life Planning Financial & Legal Resources will be there to help.

When a life insurance claim is submitted to Unum, a care consultant will reach out to you to provide assistance. Master's-level consultants are available 24/7 to help you deal with the emotional challenges of loss. Life Planning care consultants can even provide financial and legal support for estate settlement to help you create a customized financial plan. They will work hand-in-hand with your family attorney or accountant and will not try to sell you any additional product or service.

For more information, visit members.healthadvocate.com. Enter: Unum-Life Planning.



Download today!

Don't wait for trouble to strike, download and active the app to plan and prepare for your trip.

[Apple App Store](#)

[Google Play Store](#)



HOLIDAYS

We all need to pull over and recharge every now and then, so the Partnership provides you with six holidays. If the holiday falls on a weekend, the day of observance may vary.

Below are the Partnership holidays:

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

VACATION

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

YEARS OF COMPLETED SERVICE	VACATION DAYS/HOURS
Under 1 year	2 weeks prorated, based on date of hire
1-4 years	10 days /80 hours
5 or more years	15 days /120 hours

Vacation is accrued on a monthly basis. On January 1st, time starts to prorate all over. Can carry over 40 hours of unused vacation to the following year. Look back report is used to determine eligibility of 35 hours. New hires hired at 35 hours will be eligible immediately at the proration rate.

SICK PAY

All store employees working 35 or more hours per week receive 3 days of sick pay per calendar year. Where state or local laws offer more protections or benefits to employees, the protections or benefits provided by such law will apply.

COMMUTER BENEFIT

For employees living in New Jersey, the Partnership offers employees the option to set aside pre-tax dollars, up to \$270 per month, for commuter expenses, which includes vanpooling and transit passes. Visit [Discovery Benefits](#) for additional details.

EDUCATION BENEFIT

Good drivers hone their skills and learn new techniques. So the Partnership 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.



Holiday Pay

Store hourly 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.





VICTORY LAP

401(k) PLAN

To help you round the bend to your victory lap, the Partnership sponsors a 401(k) plan, administered by Principal Financial Group. The 401(k) plan is a great way to plan for your future; you control how much you save and how you invest your funds.

ELIGIBILITY

If you are an employee, you are eligible to join the first of the month following one year of service. Contractors, students, and interns are not eligible to participate.

YOUR CONTRIBUTIONS

Newly hired employees will be automatically enrolled at a 3% salary deferral rate. You can change your deferral percentage at any time by contacting The Principal. You may contribute 1% to 75% of your eligible base pay up to the IRS limits. You can make contributions on a pre-tax and a Roth after-tax basis.

VESTING

Employer contributions have a three-year vesting schedule.

3 YEAR VESTING SCHEDULE	
YEARS OF SERVICE	VESTING PERCENTAGE
0	0%
1	0%
2	0%
3	100%

Drive forward into your future.

Contact Principal Financial Group at [principal.com](https://www.principal.com) to access your account and update your beneficiary information.

1-800-547-7754



IRS CONTRIBUTION LIMITS	
Salary Deferral	Catch-up Contributions*
\$19,000	\$6,500

* Must be age 50 or over



RACING ENTRY FEES

Bi-weekly Paycheck Costs

MEDICAL

PLAN	BI-WEEKLY CONTRIBUTIONS	
	NON-TOBACCO USER	TOBACCO USER
CDHP + HRA		
Employee Only	\$34.62	\$54.92
Employee + Spouse	\$161.54	\$204.46
Employee + Child(ren)	\$146.16	\$184.92
Employee + Family	\$230.77	\$291.69
CDHP + HSA		
Employee Only	\$57.69	\$78.00
Employee + Spouse	\$210.00	\$252.92
Employee + Child(ren)	\$190.00	\$228.77
Employee + Family	\$300.00	\$360.92

DENTAL & VISION

PLAN	BI-WEEKLY CONTRIBUTIONS
Delta Dental	
Employee Only	\$5.04
Employee + Spouse	\$10.59
Employee + Child(ren)	\$9.59
Employee + Family	\$15.13
VSP Vision	
Employee Only	\$1.83
Employee + Spouse	\$3.85
Employee + Child(ren)	\$3.48
Employee + Family	\$5.50



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 is time to kick the habit and/or encourage your family member(s) to do the same.

Need help kicking the habit?

The Tria Health Stop Tobacco use by Optimizing Pharmacists (S.T.O.P.) Program makes quitting tobacco easy as 1,2,3.

1. Build a quit plan with your Tria pharmacist phone coach.
2. Receive on-going support with follow-up appointments with your Tria pharmacist.
3. Graduate once you are tobacco free for 90 days.

Visit [Tria Health online](#) to or call 1-888-799-(TRIA) 8742 to get started.



Bi-weekly Paycheck Costs

FOR MANAGERS AND MANAGERS IN TRAINING

LONG TERM DISABILITY

Use the rates below to calculate the bi-weekly cost for Long Term Disability coverage.

AGE (AS OF JAN. 1)	RATE PER \$100
Under 25	\$0.011
25-29	\$0.012
30-34	\$0.019
35-39	\$0.038
40-44	\$0.054
45-49	\$0.077
50-54	\$0.103
55-59	\$0.114
60-64	\$0.101
65+	\$0.084

SUPPLEMENTAL LIFE AND AD&D

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

AGE (YOU AND YOUR SPOUSE AS OF JAN. 1 ¹)	AGE BASED LIFE AND AD&D RATES (BI-WEEKLY FOR \$1000 OF COVERAGE)
Under 25	\$0.040
25-29	\$0.040
30-34	\$0.043
35-39	\$0.056
40-44	\$0.078
45-49	\$0.118
50-54	\$0.187
55-59	\$0.292
60-64	\$0.388
65-69*	\$0.660
70-74*	\$1.038
75+*	\$1.809
AGE (CHILDREN ²)	
Unmarried Child(ren) up to age 26	\$0.035 (Cost is same, regardless of the number of children you cover)

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

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

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

Bi-weekly Paycheck Costs

CRITICAL ILLNESS INSURANCE

PLAN	AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
LOW PLAN					
Non-tobacco user	18-35	\$3.39	\$5.15	\$3.39	\$5.15
	36-50	\$7.55	\$11.38	\$7.55	\$11.38
	51-60	\$15.48	\$23.28	\$15.48	\$23.28
	61-63	\$23.98	\$36.02	\$23.98	\$36.02
	64+	\$35.01	\$52.57	\$35.01	\$52.57
Tobacco user	18-35	\$5.28	\$7.98	\$5.28	\$7.98
	36-50	\$12.76	\$19.20	\$12.76	\$19.20
	51-60	\$26.33	\$39.55	\$26.33	\$39.55
	61-63	\$37.73	\$56.65	\$37.73	\$56.65
	64+	\$55.41	\$83.17	\$55.41	\$83.17

PLAN	AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
HIGH PLAN					
Non-tobacco user	18-35	\$5.75	\$8.68	\$5.75	\$8.68
	36-50	\$14.06	\$21.14	\$14.06	\$21.14
	51-60	\$29.94	\$44.96	\$29.94	\$44.96
	61-63	\$46.92	\$70.43	\$46.92	\$70.43
	64+	\$68.98	\$103.52	\$68.98	\$103.52
Tobacco user	18-35	\$9.53	\$14.35	\$9.53	\$14.35
	36-50	\$24.48	\$36.78	\$24.48	\$36.78
	51-60	\$51.63	\$77.50	\$51.63	\$77.50
	61-63	\$74.44	\$111.70	\$74.44	\$111.70
	64+	\$109.78	\$164.73	\$109.78	\$164.73

CANCER INSURANCE

PLAN	BI-WEEKLY CONTRIBUTIONS
Low Plan	
Employee Only	\$4.47
Employee + Spouse	\$6.73
Employee + Child(ren)	\$6.47
Employee + Family	\$8.72
High Plan	
Employee Only	\$7.20
Employee + Spouse	\$11.49
Employee + Child(ren)	\$9.90
Employee + Family	\$14.18

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 7:00 a.m. to 6:00 p.m., Central time.

PLAN ADMINISTRATION

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



The Partnership is committed to protecting the privacy of your health information and complying with laws governing employee benefits. We believe it is important to keep you informed. Please take a few moments to review our [legal notices](#).



BENEFIT	ADMINISTRATOR	PHONE	WEBSITE
Medical	AmeriBen	1-866-215-0976	myameriben.com
Prescription Drugs	CVS/caremark	1-800-837-4092	caremark.com
Prescription Drugs - Specialty	CVS/caremark	1-800-237-2767	cvsspecialty.com
Prescription Management	Tria Health	1-888-799-TRIA (8742)	www.triahealth.com
Dental	Delta Dental	1-800-471-4920	deltadentalins.com
Vision	Vision Service Plan	1-800-877-7195	vsp.com
Health Reimbursement Account (HRA)	Discovery Benefits	1-866-451-3399	discoverybenefits.com
Health Savings Account (HSA)	HSA Bank	1-800-357-6246	hsabank.com
Critical Illness & Cancer	Allstate Benefits	1-866-828-8501	allstateatwork.com
Employee Assistance Program	Unum	1-800-854-1446	unum.com/lifebalance
Life, AD&D	Unum	1-800-445-0402	unum.com
Disability	Unum	1-877-463-2028	unum.com Policy: 882077
Travel Assistance (Assist America)	Unum	1-800-872-1414	assistamerica.com Reference No: 01-AA-UN-762490
Life Planning Financial & Legal Resources	Unum		members.healthadvocate.com Enter: Unum - Life Planning
Commuter Benefit (NJ resides only)	Discovery Benefit	1-866-451-3399	discoverybenefits.com
401(k)	Principal Financial Group	1-800-547-7754	principal.com