



Holm Automotive Center
2026
Benefit Guide



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If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 26 - 27 for more details.

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Summary of Benefits information

Holm Automotive Center is proud to offer a comprehensive benefits package to eligible, full-time employees who work at least 30 hours per week. All benefits are subject to specified waiting periods and employee status. The complete benefits package is briefly summarized in this booklet. Other benefits not listed below include a fitness membership, retirement, and legal/ID services. Please refer to each benefit plan policy and employee handbook for further details. Benefits listed in this booklet are subject to change and distribution of this information does not constitute a contract or offer of employment.

Paid Vacation

- 1 Week after 1 Year
- 2 Weeks after 2 Years
- 3 Weeks after 5 Years

6 Paid Holidays - must fall on a workday

- New Year's, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas (when holiday falls on your scheduled workday)

Company Anniversary Recognition

- Full-time employees will receive \$100 recognition on your company anniversary, however on every fifth-year anniversary, fulltime employees will receive a \$500 bonus check.

Paid Time Off - 1 day off every 4 months

- 3 Days per year

Bereavement Leave

- 2 Days of leave if immediate family member

Health / Dental / Vision Plans - 60 day waiting period then the first of the month active

- Medical coverage (Employee/Employer cost share)
- Dental coverage (Employee/Employer cost share)
- Vision coverage (Employee paid)
- See separate schedule for rates and coverage levels

Basic Life Insurance and AD&D (Advance Insurance Company of Kansas)

- Provides \$15,000 term life coverage
- Fully paid for by Holm Automotive

Voluntary Insurance Coverage (American Fidelity)

- Additional life insurance coverage
- Cancer, accident, critical illness, hospital indemnity, and disability
- Fully paid for by employee

Flexible Spending Account (Section 125 Plan)

- Allow employees to pay employees' share of policy costs on pre-tax basis
- Dependent care account
- Unreimbursed medical account

Employee Discounts

- New vehicle purchases at \$100 over factory invoice (exceptions may apply)
- 25% over the cost for parts purchase
- 15% off labor for service work

Eligibility

You and your dependents are eligible for Holm Automotive Center benefits on the first of the month following 60 days. Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Holm Automotive Center eligible dependents. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical and Dental	Blue Cross and Blue Shield of Kansas	800.432.3990	www.bcbsks.com
Medical	Freedom Claims Management, INC.	620-792-9151 or 866-792-9151	www.freedomclaimsinc.com
Voluntary Vision	Vision Care Direct of Kansas	877.488.8900	www.visioncaredirect.com
Accident, Cancer, Critical, Disability, Hospital, & Life	American Fidelity	918.902.7443	americanfidelity.com
Legal Services	LegalShield	866.470.1694	www.LegalShield.com
Identity Theft Protection	IDShield	855.995.1744	www.IDShield.com
Deb Foltz	Executive Assistant	785.200.9341	dfoltz@holmauto.com
Darwin Alderson	CFO	785.200.9341	dalderson@holmauto.com

Medical High-Deductible Plan (HDHP)

Insurance Carrier: Blue Cross and Blue Shield of Kansas

Provider Network: Blue Cross and Blue Shield of Kansas

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Holm Automotive Center.

Holm Automotive Center offers you two (2) medical plan options, a High-Deductible Health Plan (HDHP) and PPO plan.

	HDHP	
Benefits Information	In-Network	Out-of-Network
Calendar Year Deductible	\$6,350 single / \$12,700 family	\$6,350 single / \$12,700 family
Coinsurance	0%	0%
Calendar Year Out-of-Pocket Maximum	\$6,350 single / \$12,700 family	\$6,350 single / \$12,700 family
Primary Care Office Visit	0% after deductible	0% after deductible
Specialist Office Visit	0% after deductible	0% after deductible
Emergency Room	0% after deductible	0% after deductible
Urgent Care Facility	0% after deductible	0% after deductible
Preventive Care (ACA)	0%	0% after deductible
Prescription Drugs (30-day supply)		
Retail—Generic / Tier 1	0% after deductible	0% after deductible
Retail—Preferred Brand / Tier 2	0% after deductible	0% after deductible
Retail—Non-Preferred Brand / Tier 3	0% after deductible	0% after deductible
Retail—Preferred Specialty / Tier 4	0% after deductible	Not Covered
Retail—Non-Preferred Specialty	0% after deductible	Not Covered

Note: To find a provider, go to www.bcbsks.com.

Please refer to the final Schedule of Benefits and the Summary Plan Description for all other eligible or ineligible expenses which supersede this handout. Please also refer to the certificate of coverage from Current Carrier for actual details on cost share amounts. This is not a legal document.

Benefit Plan	Cost Per Pay Period
Medical/Rx HI80A DT022 (HDHP)	
Employee	\$87.00
Employee + Spouse	\$283.00
Employee + Child(ren)	\$266.00
Family	\$418.00

Medical PPO Plan | BCBS + Freedom Claims

Tier 1 Claims Administrator: Freedom Claims Management, Inc.

Tier 1 Financial Program: Medical Expense Reimbursement Plan

Tier 2 Insurance Carrier: BCBS of Kansas

Provider Network: BCBS of Kansas

ID CARDS: You will have two ID Cards. Present both to your providers and pharmacies.

BCBS will review the claim first and apply the PPO discount. Freedom Claims Management, Inc. will coordinate your reimbursement as secondary payor.

TIER 1	PPO	
Benefits Information	In-Network	Out-of-Network
Calendar Year Deductible	\$1,500 single / \$3,000 family	\$6,350 single / \$12,700 family
Coinsurance	25%	20%
Calendar Year Out-of-Pocket Maximum	\$2,600 single / \$5,200 family	\$8,350 single / \$16,700 family
Primary Care Office Visit	\$25 copay	20% after deductible
Specialist Office Visit	\$50 copay	20% after deductible
Emergency Room	\$250 copay per visit then 25% after deductible	20% after deductible
Urgent Care Facility	\$50 copay	20% after deductible
Preventive Care (ACA)	0%	20% after deductible
Prescription Drugs (30-day supply)		
Retail—Preferred Generic / Tier 1	\$15 copay	\$15 copay
Retail—Preferred Brand / Tier 2	\$50 copay	\$50 copay
Retail—Non-Preferred Brand / Tier 3	\$75 copay	\$75 copay
Retail—Preferred Specialty / Tier 4	25% after deductible	Not Covered
TIER 2 (applies to claims exceeding \$6000)		
Employee costs after Tier 2 level is reached	Copays Continue	20%
Tier 2 Max Out-of-Pocket	\$6,350 single / \$12,700 family	\$8,350 single / \$16,700 family

Note: To find a provider, go to www.bcbsks.com.

Other questions may be directed to Freedom Claims Management, Inc. at 620.792.9151.

Please refer to the final Schedule of Benefits and the Summary Plan Description for all other eligible or ineligible expenses which supersede this handout. Please also refer to the certificate of coverage from Current Carrier for actual details on cost share amounts. This is not a legal document.

Benefit Plan	Cost Per Pay Period
Medical/Rx PPO	
Employee	\$188.00
Employee + Spouse	\$376.00
Employee + Child(ren)	\$385.00
Family	\$563.00

How the Plans Work

Both plans use the BCBS of Kansas network and cover 100% of the cost for preventive care services like calendar year physicals and routine immunizations. The way you pay for care is different with each plan.

With the **HDHP**, you pay the full negotiated cost for medical services and prescription drugs until you meet your calendar year deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the calendar year out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. **Your paycheck deductions for this plan are lower than the PPO plan.**

The **PPO plan** has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your calendar year out-of-pocket maximum. This plan has higher paycheck deductions than the HDHP.

	PPO	HDHP
Per-paycheck Cost for Coverage	Highest	Lowest
Calendar Year Deductible	Lowest	Highest
Calendar Year Out-of-pocket-Maximum	Lowest	Highest
Using the Plan	Pay more with each paycheck and less when you need care	Pay less with each paycheck and more when you need care

PPO Plan—How to use your Medical and Prescription Cards

ID Cards:

1) You will have **two (2) ID cards.**

2) **Present both ID cards to your PROVIDERS and PHARMACY:**

- Current Carrier will review the claim first; apply the PPO discount and High deductible.
- Freedom Claims Management, Inc will coordinate your reimbursement as secondary payor.

Please Note – If you are Medicare eligible, please present your Medicare card prior to presenting your Freedom Claims card.

PRIMARY



SECONDARY



Places to present both cards:

- Doctor's office
- Hospital
- ER / Urgent Care
- Pharmacy
- Any other medical related visit



Enroll in a disease or wellness management program today

Personalized support

At [Blue Cross and Blue Shield of Kansas](#), we have telephone-based disease and wellness management programs designed to help you improve your quality of life and overall health. When you enroll in one of the following programs, we will provide **one-on-one support, coaching and education** through regular telephone calls.

- Asthma¹
- COPD
- Diabetes¹
- Heart disease
- High blood pressure
- High cholesterol
- Maternity²
- Stress management
- Tobacco cessation²
- Weight loss

Our registered nurses can help you:

- Better understand your health risks and possible complications
- Make healthy lifestyle choices
- Improve communications with your healthcare team (doctors, nurses and others)
- Make informed health decisions

¹ Ages 5+

² No age restrictions

Health education

Knowledge is power! During routine calls, registered nurses will gather your health information and send you educational materials that will help you take an active role in your health and healthcare.

No additional cost

Our programs are provided at no additional cost to your existing health plan and will not affect your benefits. You can participate if you are an enrolled member and have Blue Cross and Blue Shield of Kansas as your primary health insurance carrier.



Enroll today!

Visit bcbsks.com/Enroll
or call **800-520-3137**

Participation in the program is completely voluntary. You may choose to discontinue participation in the program at any time. Participation in the program will not affect any health insurance benefits. **State of Kansas, Stormont Vail Health and Spirit AeroSystems employees should inquire about disease management program opportunities with their employer.** For additional program details refer to the Member Rights & Responsibilities located at the bottom of bcbsks.com/DM.

Visit us at bcbsks.com



15-428 01/21



BlueCross BlueShield
Kansas

1133 SW Topoka Blvd, Topeka, KS 66629

Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association.



Find Your Feel-Good

Navigate your way toward better well-being with **Strive**, powered by WebMD ONE.



Blue Cross and Blue Shield of Kansas is an independent licensee of the Blue Cross Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Blue Cross and Blue Shield of Kansas serves all Kansas counties except Johnson and Wyandotte. Strive, powered by WebMD ONE, is our health and wellness platform that provides a personalized experience to help our members build daily habits, achieve their health goals and thrive at work and life. WebMD ONE is our contracted vendor for this platform and is not affiliated with Blue Cross and Blue Shield of Kansas.

Discover health and happiness

Strive can help guide you toward your healthy place. Whether you'd like to spend more time in nature, in the comfort of your home or in the company of loved ones, we offer exciting tools and resources that can help you enjoy better well-being and experience more feel-good moments in your life.

Map your way toward well-being with proven resources:

- Health Assessment—Receive a personalized report on your health along with steps to help you improve it.
- Daily Habits—Set and track health goals through a personalized, mobile-first experience.
- Health Coaching—Work one-on-one with a trained health professional for free.
- Media Library—Watch videos and listen to podcasts on well-being topics.
- Device and App Connection Center—Connect a fitness device or app to automatically upload your activity.
- Personal Health Record—View all of your health information in one place.

Strive Text

Free text messaging program that can help you maintain a healthy lifestyle, manage stress or cope with a chronic condition. Login to your **BlueAccess** account to enroll.

Download our mobile app, Wellness At Your Side

1. Scan the QR code to download the Wellness At Your Side app.
2. Open the app and enter your connection code: **BCBSKS**.
3. Sign-in using your BlueAccess username and password.



bcbsks.com/strive



Dental Benefits

Administered by Blue Cross and Blue Shield of Kansas

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Holm Automotive Center dental benefit plan.

Services	In-Network
Calendar Year Deductible	\$25 per person; \$75 family limit
Calendar Year Benefit Maximum	\$1,500
Preventive Dental Services <i>(Oral examinations, Dental imaging services required to treat or diagnose diseases or abnormalities of the teeth, surrounding tissue and cavity detection, Fluoride (under age of 21) , Prophylaxis, including cleaning, scaling and polishing, Space maintainers, Sealants limited to one application per tooth per lifetime per eligible insured between 5 and 17 years of age inclusive, and limited to permanent molars and bicuspids (20 teeth).)</i>	100%
Basic Dental Services <i>(Inlays, Simple extractions, Repair of dentures, Fillings (except gold), Emergency treatment for pain, Endodontics, General anesthesia when the dental treatment is covered, Periodontics, non-surgical, Non-surgical care of acute oral infection and oral lesions, Oral surgery, consisting of diagnosis and treatment of fractures, dislocations, cysts and abscesses; and surgical extractions (including impacted teeth).)</i>	50% after deductible
Major Dental Services <i>(Periodontal surgery, Surgery of the bony structure supporting the teeth, Bridges, Onlays (not part of a bridge), Crowns (not part of a bridge), Dentures, full or partial, Dental implant services (\$1,000 lifetime max per insured, per arch).)</i>	50% after deductible
Orthodontia Services	Under age 21, maximum 3-year benefit of \$1,500



Benefit Plan	Cost Per Pay Period
Dental Rates	
Employee	\$13.00
Employee + Spouse	\$25.00
Employee + Child(ren)	\$28.00
Family	\$40.00

Voluntary Vision Benefits

Administered by [Vision Care Direct of Kansas](#)

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

In-Network Benefits*	Exam Only	Gold Materials Only 130	Silver Complete 130	Gold Complete 130
Eye Exam — once every 12 months	\$15 copay	N/A	\$15 copay	\$15 copay
Glasses				
Single / Bifocal / Trifocal Lenses—once every 12 months	N/A	\$15 copay	\$15 copay	\$15 copay
Standard Progressive Lenses	N/A	\$15 copay	\$15 copay	\$15 copay
Frames	N/A	\$130 allowance—once every 12 months	\$130 allowance—once every 24 months	\$130 allowance—once every 12 months
Contact Lenses (in lieu of glasses)				
Elective (includes fitting fees)	N/A	\$130 allowance	\$130 allowance	\$130 allowance
Medically Necessary	N/A	\$750 allowance	\$750 allowance	\$750 allowance

Cost Per Pay Period	Exam Only	Gold Materials 130	Silver Complete 130	Gold Complete 130
Voluntary Vision Rates				
Employee	\$2.15	\$5.73	\$6.54	\$7.88
Employee + 1	\$3.44	\$9.17	\$10.46	\$12.61
Employee + Child(ren)	\$4.52	\$12.03	\$13.73	\$16.55
Family	\$6.45	\$17.19	\$19.62	\$23.64

*In-Network benefits apply at any VCD Standard and VCD PLUS provider.

ADDITIONAL SAVINGS:

Flexible Exam Benefit: If a member has an eye exam included with another plan, Vision Care Direct allows you to use your exam benefit for other services or materials. A \$65 credit will be applied to your bill at time of service toward non-covered items.

Lasik Vision Correction: Get \$200 toward your Lasik procedure through your VCD materials benefit. Lasik is in lieu of glasses and contacts. To file for your Lasik reimbursement, go to members.visioncaredirect.com/lasik.



Fitness Membership Benefit

At Holm Automotive Center, we recognize the significant health benefits of regular exercise, including improved cardiovascular health, lower blood pressure, enhanced flexibility and joint mobility, increased bone density, and effective weight management.

We are pleased to offer our employees a discounted gym membership at Impact Sports and Fitness in Abilene, Kansas.

How to Enroll:

Employees of the dealership will need to visit Impact Sports & Fitness in Abilene, to sign up for membership. Let them know you are a Holm Automotive employee. Impact Sports & Fitness will notify our HR department once you have enrolled.

Membership Details:

- 50% of your membership fee is paid by Holm Automotive Center and the remaining cost will be conveniently deducted from your paycheck.
- You have the flexibility to choose between a single or family membership.
- You can cancel your membership at any time without being locked into a contract.

We encourage you to take advantage of this fantastic opportunity to enhance your health and wellbeing. Join today and start your journey towards a healthier you!

Term Life & Accidental Death and Dismemberment (AD&D)

By Advance Insurance Company of Kansas

Term Life and AD&D insurance protects against future loss and helps eligible employees develop a plan for a secure future, providing piece of mind for themselves and their families. Term Life and AD&D is fully paid for by Holm Automotive Center.





Reviewed your benefits lately?

Enrolling in the same plans as last year may seem like the easiest way to go. But things change. The right benefits can help you be more financially stable and reviewing them regularly ensures you have the coverage you need.

Your American Fidelity account manager can help you pick the best options to meet your needs.



Limited Benefit Accident Only Insurance

- Helps with out-of-pocket expenses for the treatment of covered accidental injuries.
- Provides benefit payments directly to you.
- Some covered accidents include burns, a sprained ankle or spider bites.

Learn more: americanfidelity.com/accident



Disability Income Insurance

- Helps protect your finances in case of a covered injury or illness.
- Provides a benefit to help cover costs while you are unable to work.
- Select from custom coverage options.

Learn more: americanfidelity.com/disability



Limited Benefit Cancer Insurance

- May help protect you financially if you are diagnosed with a covered cancer so you can focus on recovery.
- Provides benefit payments directly to you.
- May cover expenses like travel and lodging, experimental treatments and second opinions.

Learn more: americanfidelity.com/cancer



Limited Benefit Critical Illness Insurance

- Pays a lump sum benefit upon diagnosis of certain covered life-altering illnesses.
- Helps with costs not covered by medical insurance.
- Some eligible conditions include heart attack, organ failure and more.

Learn more: americanfidelity.com/critical-illness



Learn more about your benefits.

<https://enroll.americanfidelity.com/B78D5B36>

AMERICAN
FIDELITY 
a different opinion



Limited Benefit Hospital Indemnity Insurance

- Helps pay for out-of-pocket costs associated with a covered inpatient stay or treatment.
- Compatible with Health Savings Accounts allowing for tax benefits and potential savings.
- Benefits are paid directly to you.

Learn more: americanfidelity.com/hospital-indemnity



Life Insurance

- May help financially protect your family if you were to pass away.
- Several plans available to select the coverage that best fits you and your family.
- Provides immediate coverage.

Learn more: americanfidelity.com/life

Did your salary increase?

If your salary has increased since your last enrollment, it's important that you review your **Disability Income Insurance** coverage.

Help protect more of your paycheck and your lifestyle by ensuring you have the coverage you need.

americanfidelity.com/disability-increase

Healthcare Flexible Spending Accounts

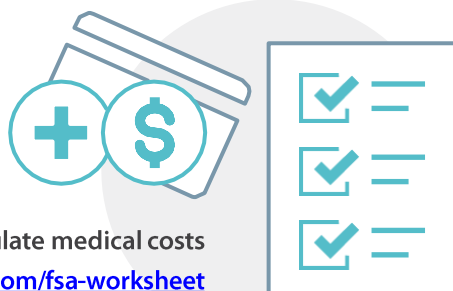
Save money on eligible medical expenses.

Healthcare Flexible Spending Accounts (HCFSA) allow you to save part of your paycheck, before taxes, to pay for eligible medical costs throughout the year.

Features:

- Funds available at the beginning of your plan year
- Reduce your taxable income
- Contribute as much, or as little, as you want (up to the annual limit)

Learn more at americanfidelity.com/fsa



Calculate medical costs

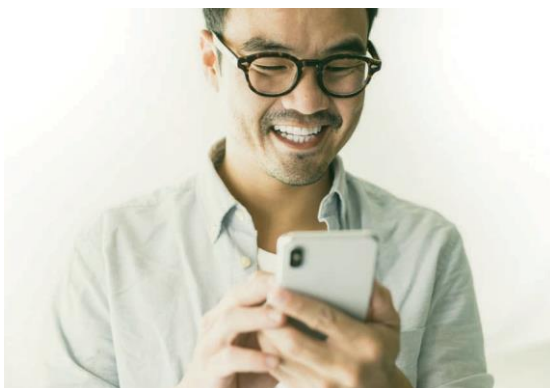
americanfidelity.com/fsa-worksheet

Examples of Eligible Expenses

- Asthma treatments
- Chiropractic care
- Contact lenses
- Copays
- Dental services
- Eye exam/eyeglasses
- Fertility treatments
- Laser eye surgery
- Over-the-counter medications
- First aid kits
- Physical therapy
- Prescriptions
- Prenatal care
- Sunscreen with 15 SPF or higher
- Breast pumps and supplies

americanfidelity.com/eligible-expenses

Help protect the ones you **love.**



24/7 Access to Your Benefits

With AFmobile®, you can manage your [reimbursement accounts](#) and insurance benefits from the palm of your hand.

Download AFmobile today.

americanfidelity.com/afmobile



*These products may contain limitations, exclusions, and waiting periods. The following statements only apply if the product is displayed on this document. **These products are not appropriate for people who are eligible for Medicaid coverage: Accident Only, Cancer, Critical Illness, Hospital Indemnity, Hospital GAP PLAN® and Hospital GAP Plan Choice® Insurance.** HSA contributions are not subject to federal and most states' income tax. State income tax may apply in California and New Jersey. Please consult a tax advisor for your state's specific rules. HRAs are not part of a Section 125 Plan. Contributions made by employer not employee.*

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American Fidelity Assurance Company
americanfidelity.com



Have You Ever...

- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?
- Worried about being a victim of identity theft?

- Been concerned about your child's identity?
- Had social media accounts? (Facebook, Instagram, Twitter, LinkedIn, Youtube)

The LegalShield Membership Includes:

- Dedicated Law Firm Direct access, no call center
- Advice and Consultation (Personal) Phone consultations with your law firm for any personal legal matter, even pre-existing matters
- Letters/Phone Calls (Personal) Made on your behalf
- Document Review (Personal) Your provider law firm will review personal documents (up to 15 pages each)
- Residential Loan Document Assistance For the purchase of your primary residence, once per membership year
- Will Preparation - Living Will, Health Care Power of Attorney, Financial Power of Attorney
- Speeding Ticket Assistance With non-criminal, moving traffic matters when driving with a license and proper registration
- Income Tax Audit Services Receive representation if audited by the IRS on your personal tax return (50 hours)
- Trial Defense (Civil) When named defendant in a covered civil lawsuit
- Uncontested Divorce, Separation, Adoption and/or Name Change Representation Available 90 consecutive days from the effective date of your plan
- 25% Preferred Member Discount - For additional legal services
- Provides 24/7/365 emergency legal access for covered emergencies

The IDShield Membership Includes:

- Security Monitoring - Financial account number monitoring, check, saving, 401K, Health Saving Your name, SSN, date of birth, email address, phone numbers, Driver's license, passport and medical ID numbers.
- Social Media Monitoring
- Continuous Credit Monitoring
- Financial Threshold Account Monitoring
- Court Records, Address Change, Telecom Account, Public Records
- Privacy Management, Reputation Management and Score
- Unlimited Consultation - Receive consultation on any identity-related issue.
- \$3 Million Identity Fraud Protection Plan
If you incur expenses as a result of a stolen identity event, this policy covers lost wages, elder and child care, travel, legal defense fees and stolen funds via electronic transfers.
- Unlimited Service Guarantee
We don't give up until your identity is restored. Our industry-leading Licensed Private Investigators will do whatever it takes for as long as it takes to help recover and restore your identity to its pre-theft status.
- Credit Score Tracker, In-Depth Fraud Investigation, 24/7 Emergency Assistance, Exclusive Identity Insights and Tips, Reduce Solicitations. Lost/Stolen Wallet Support, IDShield Plus Mobile App
- Live Member Support — 7 a.m. to 7 m. CT, Monday-Friday



Put your law firm and identity theft protection in the palm of your hand with the LegalShield and IDShield mobile apps!

Plan	Family	Individual
LegalShield	\$18.95	\$18.95
IDShield	\$18.95	\$8.95
Dual Plan	\$33.90	\$27.90

Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield") provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. Trial defense is not available in all states. See a legal plan contract for specific state of residence for complete terms, coverage, amounts and conditions. IDShield is a product of LegalShield. LegalShield provides access to identity theft protection and restoration services. IDShield plans are available at individual or family rates. A family plan covers the named member, named member's spouse or domestic partner and up to 10 dependent children under the age of 18. Certain benefits are only available with a 3Bureau Plan. For complete terms, coverage, and conditions, please see an identity theft plan. All Licensed Private Investigators are licensed in the state of Oklahoma. An Identity Fraud Protection Plan ("Plan") is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. This covers certain identity fraud expenses and legal costs as a result of a covered identity fraud event, with the amount of coverage dependent on the type of identity theft plan. See a Plan for complete terms, coverage, conditions, limitations, and family members who are eligible under the Plan.

FOR MORE INFORMATION PLEASE CONTACT AN INDEPENDENT ASSOCIATE:



Morgan Sharp
316-842-4848 or 785-632-6413
MorganSharp.com@LegalShieldSVC.com

Retirement Savings Plan

Holm Automotive Center offers a 401k plan with a generous employer match and wide variety of investment options to help you prepare for retirement.

Holm Automotive will match 50% of the first 6% of eligible earnings, eligibility includes the following:

- 19 years of age
- completed 12 months of service
- completed at least 1,000 hours of service



You're in

- Matching contributions allow you to take your savings to the next level, if you are eligible.*
- Save up to \$24,500 in 2026, and even more with catch-up contributions if you're age 50+.
- A Roth option allows you to make after-tax contributions that may grow tax-free.**

Automatic enrollment makes it easy

- 4% of your paycheck will automatically be deducted and added to your plan account.
- Your contribution rate will increase 1% annually until you reach 10%.
- Your contributions will be automatically invested in the plan's default investment option.
- You can change your contribution rate or how your account is invested or opt out at any time.

*Please refer to the Contributions section of your Plan's SPD or the Plan document for additional information regarding your eligibility to receive matching or other employer contributions.

HOLM AUTOMOTIVE CENTER, INC. 401(K) PLAN



Here's how to register your account

Log in to your account at

NADA401k.com.

- 1 Go to your plan website and select *Register*.
- 2 Choose the *I do not have a PIN* tab.
- 3 Follow the prompts to create your username and password.

Call **844-401-6232** if you have questions or need help.



EMPOWER
P.O. BOX 173764
DENVER, CO 80217-3764

**Subject to requirement: Roth contributions must be in your account for at least five years and the money withdrawn after age 59 1/2, death or disability.

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Legal Notices

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1 : HDHP (Individual: 0% coinsurance and \$6,350 deductible; Family: 0% coinsurance and \$12,700 deductible)

Plan 2 : PPO (Individual: 25% coinsurance and \$1,500 deductible; Family: 25% coinsurance and \$3,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 785.200.9341 or dalderson@holmauto.com.

Newborns' And Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/

VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA Special Enrollment Rights

Holm Automotive Center Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Holm Automotive Center Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Darwin Alderson – CFO at 785.200.9341 or dalderson@holmauto.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice Of Creditable Coverage

Important Notice from Holm Automotive Center

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Holm Automotive Center and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Holm Automotive Center has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Holm Automotive Center coverage will not be affected. You can keep this coverage if you elect part D; however, prescription drug coverage under the plan does not pay secondary to any other coverage. If you do decide to join a Medicare drug plan and drop your current Holm Automotive Center coverage, be aware that you and your dependents will be able to get this coverage back under an annual open enrollment or through a special enrollment right you may have due to a qualifying event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Holm Automotive Center and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Holm Automotive Center changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 01, 2026
Name of Entity/Sender: Holm Automotive Center
Contact—Position/Office: Darwin Alderson – CFO
Office Address: 2005 N Buckeye Ave
Abilene, Kansas 67410
United States
Phone Number: 785.200.9341

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Darwin Alderson.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov/.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Holm Automotive Center
Darwin Alderson – CFO
2005 N Buckeye Ave
Abilene, Kansas 67410
United States
785.200.9341

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

Marketplace Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1 2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution - as well as your employee contribution to employment-based coverage - is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by [HealthCare.gov](https://www.healthcare.gov) and either- submit a new application or update an existing application on [HealthCare.gov](https://www.healthcare.gov) between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact Darwin Alderson.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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