



 **Larry H Miller**
Automotive Group

2024 BENEFIT GUIDE



President & CEO's Message

Larry H. Miller Team Members:

We have had another tremendous year of growth, complete with extensive standardization across the company, but you persevered and focused on the guest experience. Of course, a big part of the culture is the benefits we provide our team members and how we contribute to their health and well-being. You, our team members, are the driving force of our company, and we strive to provide an industry-leading, comprehensive suite of benefits each year to support your needs.

Our benefits address the diverse needs of our team members, and we hope you find offerings to suit you and your family's requirements.

Before diving in, we have a few changes to coming in 2024 to address:

- Optional Dependent Care FSA, a pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare.
- Disability coverage will be moving from Mutual of Omaha to UNUM.
- A tobacco surcharge will now apply for team members who smoke. This will apply to the spouse if the spouse is on Asbury's plan.
- A wellness surcharge will apply to all plans. To prevent the surcharge, please take part in our wellness initiative.
- Supplemental insurance will be moving from AFLAC to Voya.
- UMR is changing to UHC.
- No spousal exclusion.
- Cigna and UHC High Deductible plans come with HSA Plan (Identical plans and pricing but different networks).

This year, we will have a semi-passive enrollment, which means your previous elections will remain as is, except for HSA and FSA. Therefore, if you want to participate in HSA or FSA in 2024, you must re-enroll.

All these changes are covered in detail within this guide; however, if you have any questions about your benefits, please reach out to the Asbury Benefits team and your local HR team members.

While we continue to grow as a company, the core of our business and our North Star stay constant. We strive to be the most guest-centric automotive retailer, and thanks to you, we get closer to that goal each day. We appreciate all you do, and I am excited to see what we will accomplish in 2024.

David Hult

President & Chief Executive Officer



ASBURY OFFERS A MENU OF BENEFIT OPTIONS, INCLUDING THESE BENEFITS THAT ARE FULLY PAID BY THE COMPANY.



Choose from a variety of benefits to care for your total health!



Welcome to Asbury's 2024 benefits!

FOR THE UPCOMING PLAN YEAR STARTING ON JANUARY 1, 2024, HERE ARE SOME IMPORTANT HIGHLIGHTS:

- You have six medical plan options available:
- You have three medical plan options available from UnitedHealthcare (UHC):
 - **UHC Economy**
 - **UHC Standard**
 - **UHC Premier HDHP**
- You have three medical plan options available from Cigna:
 - **Cigna Economy**
 - **Cigna Standard**
 - **Cigna Premier HDHP**
- See [page 4](#) for more information
- If you or your spouse are enrolled in a medical plan option and use tobacco, your medical premium will increase by \$15 each weekly.
- Health Savings Account (HSA), Flexible Spending Account (FSA), Flexible Spending Healthcare, and Dependent Care contributions must be set up annually. See [page 7](#) for more detailed information.
- We offer a second vision plan that covers prescription safety glasses. See [page 12](#) for plan details.



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ENROLLING

Eligibility Rules

ELIGIBILITY



Team Member/ Newly Hired Team Members in 2024

If you are a full-time team member, working a **minimum of 30 hours per week**, you are eligible to enroll in benefits. If you are a newly hired team member, benefits become effective on the first Sunday following 84 days of continuous employment.



Spouse

Non-working legal spouses are eligible to enroll in all benefits. Working legal spouses are eligible to enroll in all benefits with the exception of medical. Spouses offered medical coverage through their employer are not eligible to enroll for medical coverage or remain covered as a dependent if their spouse works for Asbury once they have satisfied the benefits waiting period.



Dependent Child(ren)

Dependent child(ren) **up to age 26** are eligible for coverage. A dependent child is defined as:

- A biological child
- A step-child
- A legally-adopted child
- A child placed for adoption
- A child for whom legal guardianship has been awarded to the covered TM or the TM's spouse
- Unmarried children of any age who become mentally or physically disabled before reaching the age of 26



Make changes to your benefits or upload any required Dependent Documentation to the Asbury Benefits website at www.asburybenefits.com.

Eligibility Rules

CHANGING BENEFITS DURING THE YEAR

Qualifying Life Events

The following Qualifying Life Events must be submitted within **31 days** of the effective event date:

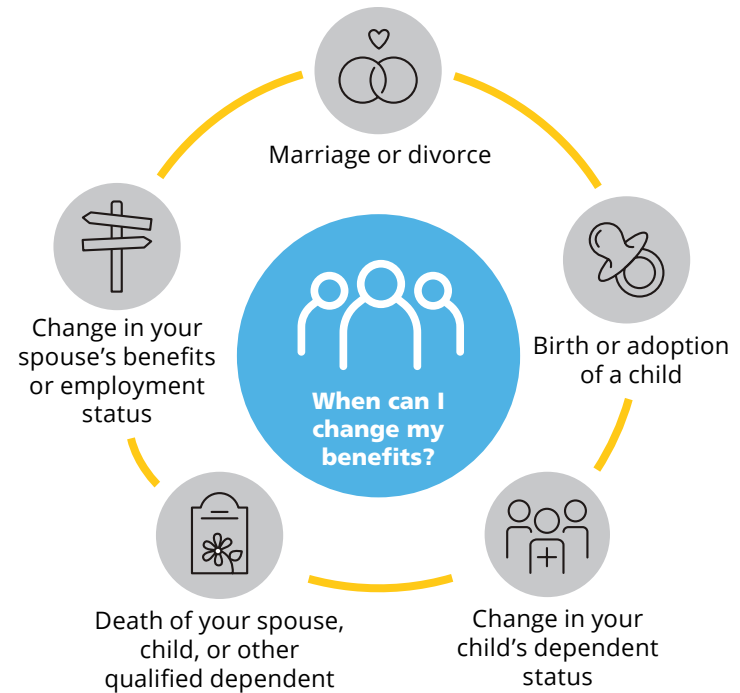
- Marriage or divorce
- Gain or loss of other group coverage (no exceptions made for loss of insurance due to non-payment)
- Death of a dependent

The following Qualifying Life Events must be submitted within **60 days** of the effective date:

- Birth or Adoption
- Loss or Gain of Medicaid or Children's Health Insurance Program (CHIP)

Most changes are effective the Sunday following the date of the event or the date documentation is received, whichever is later. For Birth, the effective date of coverage is the Date of Birth. If documentation is not received in time (i.e., 31 days or 60 days, depending on the event), no changes will be allowed.

To process your event, you can contact a benefit specialist at **877-815-1730** for assistance OR you can process the life event through self-service by logging on to the Asbury Benefits Website.



VERIFYING DEPENDENTS



Open Enrollment

Team members enrolling new dependents must provide the following documents **no later than 11:59pm EST on November 17, 2023**.

- Page 1 of your current IRS Form 1040, which lists all dependents (please blackline all financial information)
- Marriage Certificate for newly enrolled spouse
- Birth Certificate for newly enrolled dependent child



New Hires in 2024

Team members hired in 2024 must verify all dependents added to the Asbury plans. Asbury must receive any required documentation before your effective date of coverage which is the Sunday following 84 days of continuous employment.

How to Enroll

ENROLLING IN BENEFITS

Two Ways to Enroll



Schedule an appointment using the BOOK NOW icon on your OKTA page to enroll with a benefit specialist



Self-enroll through the Asbury Benefits website using the Asbury Benefits icon on your OKTA page or www.asburybenefits.com



FOR ASSISTANCE, PLEASE CONTACT THE ASBURY BENEFITS TEAM

Phone: **877-815-1730**

Email: asburybenefits@asburyauto.com

Monday - Friday 8 a.m. - 5 p.m. EST



**2024 Open Enrollment:
November 6 - 17**

DO YOU USE TOBACCO?

Be sure to declare your tobacco status during enrollment. Team members and spouses who use tobacco will each pay **\$15 per week** more for medical coverage unless they complete the UHC's Quit4Life tobacco cessation program during calendar year 2024. Visit myuhc.com under the "Health Resources" tab and choose the "Quit For Life" tile.

DOCUMENTATION

Asbury must receive any required documentation before your effective date of coverage which is the Sunday following 84 days of continuous employment.

84
DAYS

NEW HIRES DURING 2024

You may enroll any time during your 84 day waiting period and must complete your enrollment the Saturday prior to your effective date of coverage which is the Sunday following 84 days of continuous employment.

Cigna & UHC Medical Plan Comparison

Both the Cigna & UHC plans are identical, but use a different network.

	CIGNA & UHC ECONOMY	CIGNA & UHC STANDARD	CIGNA & UHC PREMIER HDHP
COVERAGE	IN NETWORK	IN NETWORK	IN NETWORK
PLAN YEAR DEDUCTIBLE (ALL DEDUCTIBLES ARE EMBEDDED)			
Individual	\$500	\$2,000	\$3,200
Family	\$1,000	\$4,000	\$6,400 (embedded)
COINSURANCE AFTER DEDUCTIBLE (MEMBER PAYS)			
Member Pays	After deductible, 30%	After deductible, 20%	After deductible, 30% unless otherwise noted
PLAN YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)			
Individual	\$7,350	\$7,150	\$6,900
Family	\$14,700	\$14,300	\$13,800
SERVICES COPAYMENTS AND/OR COINSURANCE AFTER DEDUCTIBLE			
Preventive Care Services	Covered in Full	Covered in Full	You pay \$0 for annual physicals and well child visits*
Primary Care Physician	\$20 copay	\$20 copay	After deductible, then \$45 copay
Specialist	\$40 copay	\$40 copay	After deductible, then \$90 copay
Urgent Care	After deductible, 30%	\$40 copay	After deductible, then \$90 copay
Hospital Admission	Outpatient: after deductible, 30% Inpatient: after deductible, 50% Maternity: after deductible, 50%	Outpatient: After deductible, 20% Inpatient: After deductible, 20% Maternity: After deductible, 20%	Inpatient: After deductible, 30%
Emergency Room	\$350 Co-pay, then 30% after deductible	\$350 copay, then 20% after deductible	After deductible, then \$300 copay and 30%
Diagnostic Lab & X-Ray Services	Minor: 30% Major: 30%	Minor: After deductible, 20% Major: After deductible, 20%	After deductible, 30%
Mental Health Services	Inpatient: after deductible, 50% Outpatient: 30% Outpatient office: \$20 copay	Inpatient: After deductible, 20% Outpatient: After deductible, 20% Outpatient office: \$20 copay	Inpatient: After deductible, 30% Outpatient: After deductible, then \$45 copay
Virtual Urgent Care	Covered 100%	Covered 100%	\$55 copay until after deductible, then \$35 copay

*These services are NOT subject to deductible.

2024 Cigna & UHC Weekly Medical Premiums

	SALARY BANDS								
CIGNA & UHC ECONOMY	<\$30K	\$30K-\$49,999	\$50K-\$74,999	\$75K-\$99,999	\$100K-\$149,999	\$150K-\$199,999	\$200K-\$349,999	\$350K-\$499,999	\$500K+
TM Only	\$9.71	\$10.71	\$11.97	\$13.84	\$18.93	\$20.65	\$39.00	\$75.11	\$115.43
TM + Child	\$77.12	\$84.86	\$94.27	\$108.70	\$123.70	\$138.31	\$197.71	\$257.19	\$277.02
TM + 2 Children	\$41.70	\$45.90	\$51.02	\$58.85	\$69.28	\$77.19	\$102.46	\$145.41	\$178.91
TM + 3 Children	\$44.40	\$48.87	\$54.31	\$62.59	\$73.68	\$82.13	\$109.02	\$154.73	\$242.39
TM + 4 or more Children	\$47.10	\$51.83	\$57.61	\$66.33	\$78.08	\$87.08	\$115.58	\$164.04	\$305.88
TM + Spouse	\$49.79	\$54.80	\$60.90	\$70.07	\$82.48	\$92.02	\$122.14	\$173.35	\$369.36
TM + Spouse + 1 Child	\$99.79	\$109.80	\$121.95	\$140.61	\$165.49	\$185.25	\$264.81	\$321.58	\$340.50
TM + Spouse + 2 Children	\$104.65	\$115.14	\$127.88	\$147.34	\$173.42	\$194.15	\$287.45	\$374.85	\$403.99
TM + Spouse + 3 Children	\$109.51	\$120.49	\$133.81	\$154.08	\$181.34	\$203.05	\$300.63	\$441.90	\$467.47
TM + Spouse + 4 or more Children	\$114.37	\$125.83	\$139.75	\$160.81	\$189.26	\$211.95	\$313.80	\$461.26	\$530.96
CIGNA & UHC STANDARD	<\$30K	\$30K-\$49,999	\$50K-\$74,999	\$75K-\$99,999	\$100K-\$149,999	\$150K-\$199,999	\$200K-\$349,999	\$350K-\$499,999	\$500K+
TM Only	\$19.23	\$21.18	\$23.58	\$27.23	\$37.32	\$41.30	\$67.46	\$119.68	\$128.62
TM + Child	\$100.20	\$110.25	\$122.45	\$141.18	\$160.64	\$179.81	\$238.67	\$291.19	\$308.70
TM + 2 Children	\$58.29	\$64.15	\$71.28	\$82.21	\$96.76	\$108.06	\$143.44	\$185.39	\$199.37
TM + 3 Children	\$60.99	\$67.12	\$74.58	\$85.93	\$101.14	\$112.98	\$149.97	\$212.84	\$270.11
TM + 4 or more Children	\$63.69	\$70.09	\$77.87	\$89.65	\$105.52	\$117.90	\$156.49	\$222.10	\$340.86
TM + Spouse	\$66.39	\$73.06	\$81.17	\$93.37	\$109.90	\$122.82	\$163.02	\$231.37	\$411.60
TM + Spouse + 1 Child	\$131.57	\$144.76	\$160.76	\$185.33	\$218.12	\$244.37	\$324.37	\$365.67	\$379.44
TM + Spouse + 2 Children	\$136.43	\$150.10	\$166.69	\$192.04	\$226.01	\$253.23	\$349.06	\$424.90	\$450.19
TM + Spouse + 3 Children	\$141.29	\$155.45	\$172.62	\$198.74	\$233.90	\$262.09	\$361.27	\$512.73	\$520.93
TM + Spouse + 4 or more Children	\$146.15	\$160.79	\$178.55	\$205.45	\$241.79	\$270.95	\$359.65	\$510.44	\$591.67
CIGNA & UHC PREMIER HDHP	<\$30K	\$30K-\$49,999	\$50K-\$74,999	\$75K-\$99,999	\$100K-\$149,999	\$150K-\$199,999	\$200K-\$349,999	\$350K-\$499,999	\$500K+
TM Only	\$18.08	\$19.91	\$22.17	\$25.60	\$35.08	\$38.82	\$63.42	\$112.50	\$120.91
TM + Child	\$94.19	\$103.63	\$115.10	\$132.71	\$151.00	\$169.02	\$224.35	\$273.72	\$290.18
TM + 2 Children	\$54.80	\$60.30	\$67.01	\$77.28	\$90.96	\$101.58	\$134.83	\$174.26	\$187.41
TM + 3 Children	\$57.33	\$63.10	\$70.10	\$80.77	\$95.07	\$106.20	\$140.97	\$200.07	\$253.91
TM + 4 or more Children	\$59.87	\$65.89	\$73.20	\$84.27	\$99.19	\$110.82	\$147.10	\$208.78	\$320.40
TM + Spouse	\$62.41	\$68.68	\$76.30	\$87.77	\$103.30	\$115.45	\$153.24	\$217.49	\$386.90
TM + Spouse + 1 Child	\$123.68	\$136.07	\$151.11	\$174.21	\$205.04	\$229.71	\$304.90	\$343.73	\$356.68
TM + Spouse + 2 Children	\$128.24	\$141.10	\$156.69	\$180.52	\$212.45	\$238.04	\$328.11	\$399.41	\$423.18
TM + Spouse + 3 Children	\$132.81	\$146.12	\$162.26	\$186.82	\$219.87	\$246.37	\$339.60	\$481.97	\$489.67
TM + Spouse + 4 or more Children	\$137.38	\$151.14	\$167.84	\$193.12	\$227.28	\$254.69	\$338.07	\$479.81	\$556.17

Pharmacy — Cigna & UHC

	CIGNA & UHC ECONOMY IN-NETWORK	CIGNA & UHC STANDARD IN-NETWORK	CIGNA & UHC PREMIER HDHP IN-NETWORK
Deductible (separate)	\$500 Per Individual	\$500 Per Individual	You pay \$0 (no deductible) for ACA preventive care class.
Pharmacy	Tier 1: \$10 Tier 2: 70% after pharmacy deductible Tier 3: 50% after pharmacy deductible Tier 4: 50% after pharmacy deductible	Tier 1: \$10 Tier 2: 70% (\$150 Max) after pharmacy deductible Tier 3: 50% (\$300 Max) after pharmacy deductible Tier 4: 50% (\$500 Max) after pharmacy deductible	Tier 1: After deductible, then \$10 copay Tier 2: After deductible, then 25% (\$40 min/\$60 max) Tier 3: After deductible, then 40% (\$60 min/\$100 max) Tier 4: After deductible, then 40% (\$60 min/\$500 max)
Maintenance Drugs or Mail Order	Tier 1: \$20 Tier 2: 70% after pharmacy deductible Tier 3: 50% after pharmacy deductible Tier 4: Not covered	Tier 1: \$20 Tier 2: 70% (\$450 Max) after pharmacy deductible Tier 3: 50% (\$900 Max) after pharmacy deductible Tier 4: Not covered	Tier 1: After deductible, then \$25 copay Tier 2: After deductible, then 25% (\$100 min/\$150 max) Tier 3: After deductible, then 40% (\$150 min/\$250 max) Tier 4: Not covered

Using your pharmacy benefits

OptumRx is your plan's pharmacy services manager and is committed to helping you find cost-effective ways to get your medications.

Set up your online account

Once registered on myuhc.com, access the pharmacy section to:

- Manage your home delivery medications
- Set up email or text message reminders
- Check your order status

Use the UnitedHealthcare app

Manage your prescription benefit and home delivery orders with the UnitedHealthcare app on your smartphone or tablet.

Use a network pharmacy

Be sure to fill your prescriptions at a network pharmacy, otherwise they may not be covered or you may pay more. Finding a network pharmacy is easy:

- Log in to myuhc.com
- Or use the UnitedHealthcare app
- Or call the number on your health plan ID card

Home delivery from OptumRx

Use OptumRx® home delivery to help manage the medications you take regularly. Home delivery is reliable and offers the following advantages:

- Cost savings
 - You may pay less for your medication with a 3-month supply through OptumRx®.
- Convenience
 - Get free standard shipping.
 - 24/7 access and reminders
 - Speak to a pharmacist any time, any day. Set up medication reminders.

You may be able to refill your home delivery prescriptions automatically through the Automatic Refill program.

If you need your medication right away, ask your doctor for a 1-month prescription to fill at a local pharmacy and a 3-month prescription you can use to set up home delivery.

CHOOSE HOME DELIVERY

BY GOING ONLINE:

Visit myuhc.com, register and follow the simple step-by-step instructions.

BY PHONE:

Call the member phone number on the back of your plan ID card. It's helpful to have your plan ID card and medication bottle available.

BY EPREScribe:

Your doctor can send an electronic prescription to OptumRx. Prescriptions for controlled substances, such as opioids, can only be ordered by ePrescribe.

Health Savings Account

HEALTH SAVINGS ACCOUNT

The HSA not only allows you to set aside pre-tax dollars out of your paycheck to help pay for your insurance deductible and out-of-pocket medical expenses, but it also offers a **triple tax savings!**

Your contributions...



Are deducted from your paycheck on a pre-tax basis



Grow tax deferred while in your account



Are not taxed upon withdrawal, as long as they are used to pay qualifying medical expenses

The funds you save can help cover your immediate medical expenses and can be used to cover your expenses long term even after you retire. In addition, **your HSA is not a use-it or lose-it account. You can keep your money in the account for as long as you want, and your account is portable** — it goes with you if you ever leave the company.

Also, if your HSA balance is above \$1,000, you have the ability to **invest your money** so it grows even more!

Your Eligibility

There are specific requirements to open and contribute to an HSA. It's important to identify your HSA eligibility status during your enrollment. You are eligible for an HSA if:

- **You are enrolled in a high deductible health plan** (including the HDHP) and have no other health coverage.
- You or your covered spouse do **not** participate in a Healthcare Flexible Spending Account.
- You are **not** enrolled in Medicare.
- You are **not claimed as a dependent** on someone else's tax return.

Eligible Expenses

Some common eligible expenses may include:

- Deductibles, coinsurance, copayments
- Dental and vision care expenses
- Additional orthodontia expenses not covered by a dental plan
- Prescription drug costs
- Over-the-counter medications prescribed by a physician (for example, insulin)
- Procedures or expenses that are medically necessary
- Doctor-prescribed weight loss programs

Visit IRS Publication 502 for more details on eligible expenses:

<https://www.irs.gov/publications/p969>.

2024 HSA LIMITS

The IRS limits HSA contributions on a yearly basis. The 2024 limits are:

- **Individual** - \$4,150
- **Family** - \$8,300
- **Age 55 and older** - an additional \$1,000 per year for catch-up contributions

CHANGING YOUR CONTRIBUTION

Changes to your HSA contributions may be made anytime during the year online through the Asbury Benefits website or by calling **877-815-1730**.

YOU ENROLLED – NOW WHAT?

Upon election, the HSA bank account is opened in the team member's name with Optum Bank. All funds are 'owned' by the participant once deposited in the account. If the account is not approved by Optum Bank, the team member's funds will be refunded and any future HSA contributions will be stopped. A debit card will be provided for you to use. You can use your debit card to pay for your qualified out-of-pocket expenses.

Healthcare Flexible Spending Account

A Healthcare FSA and Dependent Care FSA allows you to set aside pretax dollars to pay for eligible healthcare expenses. The annual maximum is \$3,050 for the Healthcare FSA and \$5,000 for Dependent Care. You do not have to be enrolled in any of Asbury's benefits to participate in the FSA plan.

Eligible healthcare expenses include medical, pharmacy, dental, and vision out-of-pocket expenses. Your contributions should be budgeted expenses that you know you will incur. If you don't use all of your funds, you will lose them at the end of the year. This is called the "Use it or lose it" rule. So be sure to **use all of your annual FSA contributions or incur eligible expenses by December 31, 2024, and request reimbursement by March 31, 2025**, or you will forfeit the monies you contributed during 2024.

Eligible Expense examples:

- Deductibles, coinsurance, and copays under your medical, dental, and vision plans
- LASIK or other vision correction surgery
- Hearing aids
- Psychiatric and psychological counseling
- Certain over-the-counter medications if accompanied by a prescription

For a complete listing of eligible healthcare expenses that qualify for reimbursement, please refer to www.irs.gov, Publication 502, Medical and Dental Expenses.

Auto Submission

If you go to the doctor and forget to use the debit card dollars directly for a copay that has to be paid at the time of service, you will receive a reimbursement from any available FSA dollars.

If you go to the doctor and don't have to pay anything upfront, any billed expense (such as a deductible) that is not paid using your debit card will be reimbursed to you from any available FSA dollars. You can then use that reimbursement to pay the provider.

Orthodontia

If using FSA for child orthodontia treatment, please contact UHC at **844-562-6294** to inquire about payment procedures before you elect the amount to contribute in 2024.



USE IT OR LOSE IT

DECEMBER 31, 2024

Services must be performed by December 31, 2024, to be eligible for reimbursement.



MARCH 31, 2025

You must submit reimbursement claims by March 31, 2025. If you do not request reimbursement by that date, you will forfeit the unused money contributed during 2024.

HSA vs. FSA

	HEALTH SAVINGS ACCOUNT	HEALTHCARE FSA	DEPENDENT CARE FSA
Can I be enrolled in the High Deductible Health Plan (HDHP)?	Yes (but you cannot have both an FSA and HSA)	Yes (but you cannot have both an FSA and HSA)	Yes (but you cannot have both an FSA and HSA)
Can I be enrolled a Non-HSA Plan?	No	Yes	Yes
Do I have to be enrolled in an eligible medical plan through Asbury?	Yes. You must be enrolled in the HDHP 5500 or the Premier HDHP option to have the HSA.	No. You don't have to be enrolled in medical through Asbury.	No. You don't have to be enrolled in medical through Asbury.
What healthcare expenses can this be used for?	Deductibles, copays, coinsurance, dental expenses, vision expenses, prescription drugs, and more. See a full list at https://www.irs.gov/publications/p969 .	Deductibles, copays, coinsurance, dental expenses, vision expenses, prescription drugs, over-the-counter medications accompanied by a doctor's prescription, and more. See a full list at https://www.irs.gov/publications/p502 .	Childcare for dependents, age 12 or younger. Including daycare, preschool, and summer day camp. You can also pay for adult care for a spouse or a dependent who is incapable of self-care, including elder care and in-home aids. See a full list at https://www.irs.gov/publications/p502 .
What are the annual IRS limits?	\$4,150 for a single and \$8,300 for a family. Additional \$1,000 of catch up contributions if you are age 55+.	The annual minimum is \$260 and the annual maximum is \$3,050.	The annual limit is \$5,000.
Do the funds roll over year after year?	Yes. You own the account and the money rolls over to the next year.	No. You will lose these funds at the end of the year if you do not use them.	No. You will lose these funds at the end of the year if you do not use them.
Are there investment options?	Yes, for balances over \$1,000.	No.	No.

THE HSA AND FSA

The IRS does **not** permit a participant to contribute to both an HSA and a Healthcare FSA at the same time. Also, if you are enrolled in Medicare, you are not eligible to contribute to an HSA.





DENTAL & VISION

Dental

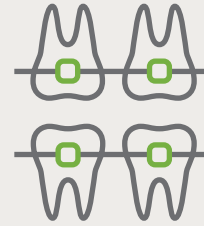
Through Cigna Healthcare, you have a choice of two PPO Dental options: Basic or Plus. Both options utilize the same in-network dentists and provide coverage for both in-network (contracted PPO dentist) and out-of-network (non-contracted dentist) providers. You will maximize your benefits and minimize your out-of-pocket expenses when you seek care from a contracted in-network dentist. Note: The deductible is waived for preventive and diagnostic services for both options. Orthodontia is available only on the Dental Plus plan option and is provided for both adults and children.

DENTAL COVERAGE COMPARISON		
	PPO Dental Basic Plan (Both In- and Out-of-Network)*	PPO Dental Plus Plan (Both In- and Out-of-Network)*
Deductible (Single)	\$75	\$50
Deductible (Family)	\$225	\$150
Annual Plan Maximum (per person)	\$1,000	\$5,000
	Your Responsibility	Your Responsibility
Class I: Diagnostic and Preventive	Covered at 100% (No deductible)	Covered at 100% (No deductible)
Class II: Basic Services	20% after deductible	20% after deductible
Class III: Major Services	50% after deductible	50% after deductible
Class IV: Orthodontia Services for Adult & Children	N/A	50% after deductible to \$1,500 lifetime maximum
Class IX: Implants	50% after deductible	50% after deductible
DENTAL WEEKLY PREMIUMS		
Coverage Level	Basic Dental	Plus Dental
TM Only	\$2.54	\$7.62
TM + Spouse	\$7.62	\$12.69
TM + Child(ren)	\$6.35	\$12.69
Family	\$12.18	\$20.05

* Basic and Plus PPO: All Out-of-Network Class Services subject to balance billing

Out-of-network dentists may charge more than the Usual Customary & Reasonable (UCR) fees in the Cigna contract. You may locate participating (in-network) dental providers by logging on to www.mycigna.com or by calling Cigna directly at **800-244-6224**.

The reimbursement for out-of-network services is 90% of the Maximum Allowable Charge (MAC) for the Basic Plan and Reasonable and Customary (R&C) for the Plus Plan. This means that the Plus Plan provides a higher reimbursement than the Basic Plan if you go out of network.



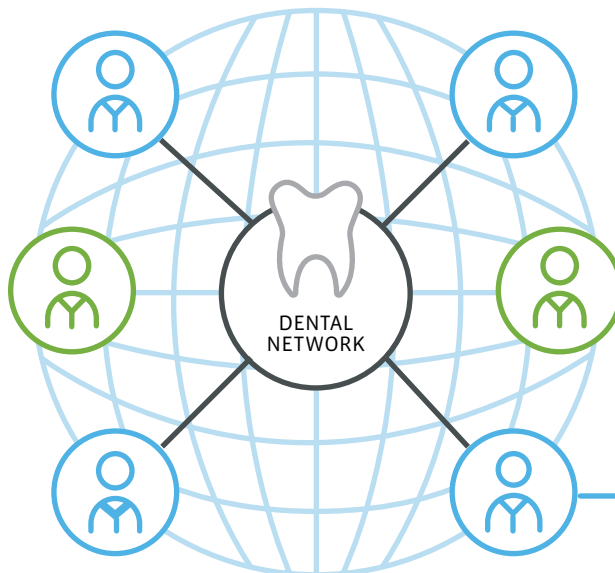
MEDICAL FSA REIMBURSEMENT PERTAINING TO ORTHODONTIA

Your child's Orthodontia will not be eligible for a full FSA reimbursement if paid in full up front prior to the expected completion of monthly services. Expenses are reimbursed periodically when submitted under a contract and as the periodic services are incurred. Please contact UHC at **844-562-6294** for eligibility and procedures.



IMPORTANT:

LATE ENTRANTS WHO ENROLL AFTER THEIR INITIAL ENROLLMENT PERIOD AS A NEW HIRE HAVE BENEFIT LIMITATIONS APPLY TO CLASS I FOR 12 MONTHS.



WHAT DOES A BALANCE BILL AMOUNT LOOK LIKE?

For example, Cigna covers \$600 for a crown.

Out-of-network dentist

An out-of-network dentist charges \$750 for a crown. If you go to that dentist, more than likely you will have to cover the additional \$150 difference on top of your coinsurance.

In-network dentist

An in-network dentist charges \$600. When you go in-network, you're covered because the provider agreed to Cigna's negotiated rate for crowns.

Vision

UnitedHealthcare is Asbury's Vision administrator. You will receive the maximum level of benefits when you obtain care from an in-network provider.

You may log on to www.myuhcvision.com and print a vision benefit reference card.

VISION COVERAGE - UHC BASIC VISION		
Eye Exams	In Network	Out of Network Reimbursement
Eye Care Wellness - Eye Exam Office Visit	\$10	Up to \$40
MATERIALS		
Lenses		
- Single Vision	\$10	Up to \$40
- Lined Bifocals	\$10	Up to \$60
- Lined Trifocals	\$10	Up to \$80
FRAMES		
Selected Frames	\$130 retail allowance	Up to \$45
CONTACTS		
Elective Contact Lenses (in lieu of lenses and frames)	Formulary disposable contacts: up to 4 boxes. Non Formulary Contacts: \$125 allowance	Up to \$125
Medically Necessary Contacts	Covered in full, after \$10 material copay.	Up to \$210
RETINAL SCREENING		
Retinal screening	\$0 - diabetic members \$39 - non-diabetic members	N/A

VISION COVERAGE - UHC SAFETY EYEWEAR		
	In Network	Out of Network Reimbursement
All covered services in the Basic UHC Vision plan	See chart to the left	
SPECIFICS FOR SAFETY GLASSES		
Materials (single vision, lined bifocal, and lined trifocal polycarbonate)	\$10	Not covered
Frames (with side shields)	\$60 allowance	Not covered

FREQUENCY	
	Covered Time
Eye exams	Once every 12 months
Materials	
Frames	
Contacts	

VISION WEEKLY PREMIUMS		
Coverage Level	Basic	Safety Eyewear
TM Only	\$1.20	\$1.40
TM + Spouse	\$2.22	\$2.42
TM + Child(ren)	\$2.78	\$2.97
Family	\$3.88	\$4.08

RETINAL SCREENINGS

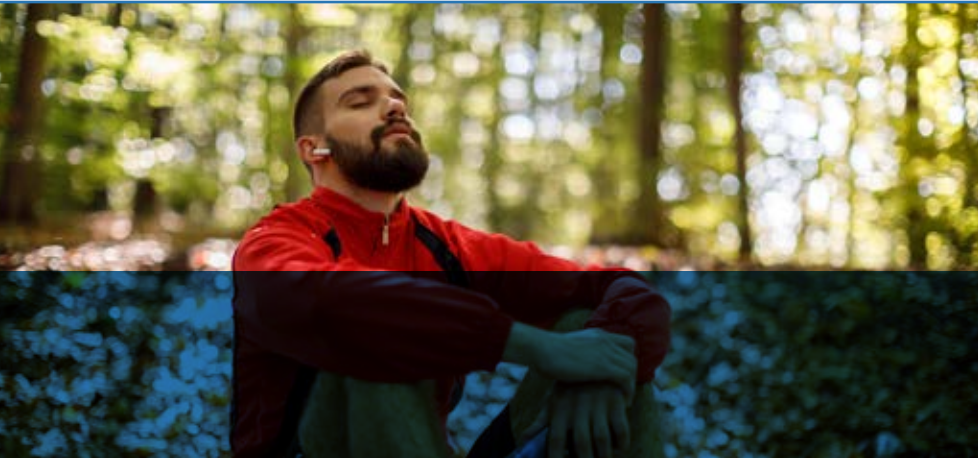
In addition to helping detect diseases early, the images produced during retinal screenings provide a permanent and historical record of changes in your eyes. **The UHC Vision plan covers in-network retinal screenings.** If you have diabetes, you pay \$0. Non-diabetic members pay \$39.



PRESCRIPTION SAFETY GLASSES

If you need to wear prescription safety glasses, be sure to enroll in the UHC Safety Eyewear Vision Plan! Only enrolled team members are eligible for covered safety glasses.





WELLNESS

Save Money on Health Premiums

It's easier than ever to complete your wellness requirements and avoid an increased medical premium.

BIOMETRIC SCREENING

Four ways to complete a screening:



Onsite Screenings

Onsite screenings are in some locations this **October**. Make an appointment on Vitality > Employer Rewards > Quest.



Quest Diagnostics Patient Service Center

Make an appointment online at your local lab at Vitality > Employer Rewards > Quest.



Your Physician

(physical results from July 1, 2023 forward accepted)

Download the Provider/Physician form online (Vitality > Employer Rewards > Quest) and take it with you to your appointment. Upload the form to the Quest website.



Qcard At-Home Test

Request a kit online. Kits **MUST** be received by **November 17** to get credit.

If you or your spouse choose not to complete these requirements, your weekly medical premium will increase \$15 (you or your spouse) or \$30 (you and your spouse).

HEALTH SURVEY

Every year, you must complete a new health survey. Complete this step no later than **November 17, 2023**.



YOU ONLY NEED ONE WEBSITE

There's no need to visit multiple websites. You just need to visit the Vitality website to schedule a screening and complete the health survey.

Go to the Vitality site or mobile app and register.

FOR DIRECT LOGIN ACCESS TO VITALITY:

www.powerofvitality.com

PREFER MOBILE?

Download the Vitality Today mobile app from the [App Store](#) or [Google Play](#).



App Store



Google Play

UHC Free Resources and Programs

ADVOCATE4ME

With Advocate4Me, each employee and their covered family members can easily connect with an advocate to help them find solutions centered on:

- Benefits and claims
- Emotional health
- Provider search
- Clinical support
- Pharmacy
- Complex healthcare support
- Finances
- And more!
- Well-being



- To connect by phone, call the member number listed on your health plan ID card.



- You can also chat online by logging on to myuhc.com and clicking the “Call or Chat” button.
- Monday through Friday 8 a.m. to 8 p.m.

MATERNITY SUPPORT PROGRAM

When you enroll in our Maternity Support Program, a registered nurse will consult with you, via the telephone, to help you determine what, if any, risks or complications could arise during your pregnancy. UHC can help you learn and practice healthy pregnancy habits and protect the well-being of your baby.

At uhc.com/member-resources/health-care-programs/maternity-support, you can access a full range of articles covering nutrition, exercise, childbirth preparation, tips for partners, and more.

After you enroll in the program, you can call UHC’s maternity nurses 24 hours a day to ask questions or talk over your concerns. Call **877-201-5328** toll-free whenever you choose.

QUIT FOR LIFE® TOBACCO CESSATION PROGRAM

The Quit For Life program is available at no charge to help you stop using tobacco. You can get the support you need to quit in the way that works best for you:

- **Online support:** get access to a website with an Action Plan and Quit Guide
- **Mobile app:** 24/7 on-the-go support
- **Medication:** you may be eligible for medications to help quit, if you qualify
- **Live Tobacco-Free course:** online course you take at your own pace
- **Quit Coach® support:** talk with a coach to create a realistic quit plan (you must complete the program in current plan year to receive a refund)
- **Text2QuitSM messages:** get daily tips, encouragement, and reminders texted to you

Enroll at myuhc.com. Visit the “Health Resources” tab and choose the “Quit For Life” tile.

DOWNLOAD THE UHC MOBILE APP!

A simple, convenient connection to the information you need.

- An on-the-go version of myuhc.com – your source for important health plan information.
- Quick access to customer service, whenever and wherever you need it.
- Convenient access to claims information and coverage details.
- HealthNotes reminders for members who may need to take preventive care measures.



Don't have your ID card? You can pull up your ID on the mobile app! (You can also print one from myuhc.com.)

Voya Voluntary Benefits

CRITICAL ILLNESS INSURANCE

If you were diagnosed with a Critical Illness today, would your finances be there tomorrow? Statistics show that over our lifetime the chances of being diagnosed with a critical illness are high. To protect your family and finances, Critical Illness Insurance is available through Voya.

Critical Illness Insurance will pay you a tax-free, lump-sum cash benefit if diagnosed with a covered Critical Illness. The coverage does not replace your medical benefits but is designed to help meet expenses that are not normally covered under traditional health insurance. Team member, spouse, and child(ren) coverage is available.

- **Yourself:** \$10,000, \$20,000 or \$30,000
- **Spouse:** \$5,000, \$10,000 or \$15,000
- **Child(ren):** \$5,000 or \$10,000 for each covered child

Covered Illness and Conditions Examples:

- | | |
|------------------------------------|---------------------------|
| • Heart attack | • Benign brain tumor |
| • Major organ failure | • Occupational HIV |
| • Stroke | • Deafness |
| • Permanent paralysis | • Blindness |
| • Coronary artery bypass (25%) | • Cancer |
| • End stage renal (kidney) failure | • Carcinoma in situ (25%) |
| • Coma | • Skin cancer (10%) |

Plan Features:

- Coverage is portable. You can take your policy with you if you change jobs or retire.
- You must enroll yourself in coverage before you elect coverage for your spouse or child(ren).
- You are eligible for guaranteed issue, which means no medical questions or tests are required to enroll in this coverage.
- You and your covered spouse receive a \$50 wellness credit for completing a covered health screening, such as a pap test, serum cholesterol, mammogram, colonoscopy, stress test, or biometric screening during the year. Covered children receive a \$25 credit (up to four annual child wellness benefits).

How Critical Illness Insurance Coverage Works



Meet Mike

Mike lives a somewhat healthy lifestyle but suffered an unexpected heart attack just three months after his 42nd birthday. Here is how the Critical Illness plan helped him with his expenses.

Expenses incurred over two months:

- \$5,000** Out-of-pocket medical expenses
- \$2,800** Mortgage
- \$1,500** Food and utilities
- \$800** Car payment
- \$150** Car insurance
- \$500** Other living expenses
- \$10,750 Total out-of-pocket expenses**

\$30,000 Maximum Critical Illness Benefit paid under Mike's policy

What can he use it for?

Mike can use the benefit to help pay for medical expenses, monthly bills, or however we would like. Mike chooses how to use the money paid through his benefit.

The amounts shown are for illustrative purposes only. Actual costs/results may vary. The benefit amount assumes a Maximum Critical Illness Benefit of \$30,000 of base coverage.



CRITICAL ILLNESS INSURANCE PREMIUMS:
Log on to the Asbury Benefits website to see your individual rates.

Voya Voluntary Benefits

ACCIDENT INSURANCE

The Accident Insurance plan provides benefits to help cover the unexpected costs associated with an accidental injury. Most people don't plan or budget for accidents. When a covered accident occurs off-the-job, the last thing anyone wants to worry about is covering the expenses that may pile up while you're not at work. Those costs can add up quickly.

If a covered accident occurs, the Accident plan pays benefits regardless of any other insurance you have. Voya will automatically send you a check for covered injuries and let you decide the best way to spend it.

Advantages of the Plan

- Coverage is available to all eligible team members who are actively at work.
- You can buy coverage for your spouse and dependent children, only if you have purchased coverage for yourself as well.
- No health questions to answer.
- This pays an additional sum if a covered individual has a serious injury, such as loss of sight, hearing, or a limb.



VOYA TRAVEL ASSISTANCE

If you enroll in any of the three voluntary benefits through Voya, **you have access to Voya Travel Assistance.** **When traveling more than 100 miles from home,** This assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance, and emergency transportation services.

EXAMPLES OF COVERED BENEFITS	
	Benefit Level
Fractures	Up to \$5,600
Dislocations	Up to \$6,400
Tendons / Ligaments	\$350 to \$1,000
Burns	Up to \$12,500 depending on severity
Lacerations	\$25-\$400 depending upon size
Urgent Care or Emergency Room Treatment	\$200
Hospital Admission Benefit	\$1,125 per accident
Hospital Confinement	\$350 per day for up to 365 days
Miscellaneous Service Benefits	Air Ambulance - \$1,250 Ground Ambulance - \$300 Physical Therapy - \$40 / up to 6 per accident Transportation - \$650 per trip (up to 3 per accident) Family Lodging - \$150 / Day (30 Days Max)
Paralysis	\$13,500 to \$20,000
Coma	\$14,500 (duration of 14 or more days)
Ruptured Discs	\$650
Accidental Death	TM: \$50,000 / Spouse: \$20,000 / Child: \$10,000
Accident Follow-up Doctor Visits	\$75
Coverage Level	Weekly Premiums
TM Only	\$2.28
TM + Spouse	\$3.70
TM + Child(ren)	\$4.37
Family	\$5.79

Voya Voluntary Benefits

HOSPITAL INDEMNITY

With an average cost of \$10,000 per hospital stay in the US, it's easy to see why having hospital insurance coverage may make good financial sense. If you are admitted or confined to a hospital due to an accident or illness, Hospital Indemnity insurance benefits **can help pay for out-of-pocket costs such as health insurance deductibles and copayments**—or for anything that you see fit.

You have the opportunity to enroll in Hospital Indemnity insurance without answering any health questions.

The benefit amount for each hospital stay is determined by the length of your stay as well and the type of facility in which you are confined:

- **Initial Hospital Admission** (20 hours minimum stay)—\$1,000
- **Daily Hospital Confinement**—\$100 per day up to 30 days (payable once per calendar year per covered individual to a max of 4)
- **Daily Critical Care Unit (CCU)**—\$200 per day for up to 15 days
- **Daily Rehabilitation Facility**—\$50 per day for up to 30 days

HOSPITAL INDEMNITY WEEKLY PREMIUMS	
Coverage Level	Premium
TM Only	\$2.78
TM + Spouse	\$6.39
TM + Child(ren)	\$4.69
Family	\$8.30



WHOLE LIFE INSURANCE PREMIUMS
To learn more about Whole Life Insurance,
call your Benefit Communication
Specialists at 877-815-1730.

WHOLE LIFE INSURANCE

Whether you are starting a new life with your spouse, buying your first home, changing diapers, or a single parent, you want to know that your life insurance will be there to help provide for your family if something were to happen to you. The good news is that's what Whole Life insurance can do. **It does not expire and can earn additional cash value. Most of all, it can be there to help give your loved ones some financial security**, even if you cannot.

Whole Life insurance through Voya is designed to last your lifetime as long as you pay your premiums. Upon your death, your beneficiaries receive a lump-sum payment known as the death benefit. It can be used to help cover expenses or to ensure loved ones are able to help continue their lifestyle and reach the goals you had always hoped for them.

Coverage amounts:

- **Yourself:** \$5,000 - \$500,000
- **Spouse:** \$5,000 - \$500,000
- **Child** (at least 15 days old through age 24): \$12,500, \$15,000, \$20,000, or \$25,000

Important Features:

- Designed to offer lifetime protection
- Death benefit and premium/cost will remain the same for the life of the policy, as long as you continue to pay your premiums
- Cash value accumulates tax-deferred
- Access to cash value in case you need it
- Accidental Death Benefit pays an additional benefit if death occurs from an accident
- Accelerated Death Benefit for Terminal Illness or Condition provides an advance on death benefit



FINANCIAL PROTECTION

Life Insurance

BASIC LIFE AND AD&D

Full-time eligible team members are automatically enrolled into Asbury’s Basic Life Insurance and Accidental Death & Dismemberment (AD&D) insurance **at no cost to you**. Your Basic Life insurance benefit is \$30,000 and the AD&D benefit is up to an additional \$30,000. While the company has automatically enrolled you in Basic Life Insurance, you must designate a beneficiary on the Asbury Benefits website.

SUPPLEMENTAL LIFE INSURANCE

If you are currently enrolled in Supplemental Life insurance, you are allowed a five-level increase (\$50,000) if your election stays under the \$350,000 guaranteed issue amount. If it exceeds \$350,000 in total coverage, **you will have to provide Proof of Good Health**. If you are a newly hired team member, you may elect up to \$350,000 without providing Proof of Good Health. The coverage you elect when first eligible is guaranteed up to \$350,000. \$1,000,000 of coverage is available to all but any amount over \$350,000 is subject to approval after submitting Proof of Good Health. New Team Members age 65 or older are **not** eligible to enroll in supplemental life insurance.

Spouse Supplemental Life Insurance

If you are currently enrolled in Spouse Supplemental Life, you may increase coverage by \$10,000, guaranteed. If your increase exceeds \$10,000 or total coverage exceeds \$50,000, approval will be required based on Proof of Good Health. If you are a newly hired team member, you may elect any amount up to \$50,000 and coverage is guaranteed. \$130,000 in coverage is available to all but the amount above \$50,000 is subject to approval based on Proof of Good Health. Spouse Supplemental Life coverage cannot exceed 50% of your supplemental life coverage.

Child(ren) Supplemental Life Insurance

If you have purchased Supplemental Life insurance for yourself, you are eligible to purchase \$10,000 supplemental coverage for your child(ren). This benefit covers all dependent children regardless of the number of children. Coverage is guaranteed. No medical condition restrictions.

COMPANY PAID LIFE INSURANCE	
Company Paid Life	\$30,000
Company Paid Spouse	\$5,000
Company Paid Child	\$5,000

** For Company Paid Spouse and Child life you must have your spouse and children added to Asbury Benefits with a marriage certificate and birth certificate(s).*

WHAT HAPPENS TO MY LIFE INSURANCE
IF I LEAVE THE COMPANY?

Unum will provide you with portability/conversion information within 14 days of your termination from the company.

LIFE BENEFIT AGE REDUCTION

The January after you turn age 65, **your Basic and Supplemental Life with AD&D insurance will be reduced to 65% of the original amount of coverage.** The January after you turn age 70, your coverage will be reduced to 40% of the original amount of coverage. The January after you turn age 75, benefits further reduce to 25% of the original amount. The benefit system will reflect the reduced coverage amount. The age reduction rule may impact Spouse Life coverage amount if the ratio results in greater than 50% of the Team Member coverage.



HOW TO CALCULATE YOUR RATE

You may purchase Supplemental Life and AD&D for yourself and your spouse in increments of \$10,000. Use the formula below to calculate your cost for the coverage amount you want to elect:

Amount of coverage ÷ 1,000 × rate from table below = **Your weekly rate**

For example, your weekly cost if you are 32 years of age and you elect \$20,000 in supplemental coverage, will be \$0.40, as shown below:

$\$20,000 \div 1,000 \times .02 = \0.40



BASED ON AGE AS OF 1/1/2024	SUPPLEMENTAL LIFE WITH AD&D WEEKLY RATE PER \$1,000 OF COVERAGE		
	Team member	Spouse	Child
0 - 24	\$0.017	\$0.017	\$0.064
25 - 29	\$0.018	\$0.019	
30 - 34	\$0.023	\$0.024	
35 - 39	\$0.026	\$0.026	
40 - 44	\$0.039	\$0.029	
45 - 49	\$0.064	\$0.040	
50 - 54	\$0.094	\$0.058	
55 - 59	\$0.156	\$0.104	
60 - 64	\$0.175	\$0.157	
65 - 69	\$0.324	\$0.296	
70 - 74	\$0.515	\$0.477	
75+	\$1.684	\$0.477	

Disability Insurance

If you are a newly hired team member, you are eligible to enroll in Short Term Disability (STD) and/or Long Term Disability (LTD) and coverage is guaranteed. During Annual Enrollment, all new elections for STD and LTD are subject to approval by Unum based on Proof of Good Health.

SHORT TERM DISABILITY (STD)

In the event you become disabled due to an off-the-job illness or injury, STD insurance will supplement your lost wages. Benefits are payable up to a maximum of 12 weeks of disability, after 14 days of absence due to a medically certified illness or injury.

The benefit pays 40% or 60% of eligible weekly earnings up to a maximum of \$1,500 per week.

SHORT TERM DISABILITY	
Age on 1/1/2024	Weekly Rate Per \$10 of Benefit
<40	\$0.034
40-44	\$0.039
45-49	\$0.047
50-54	\$0.060
55-59	\$0.071
60-64	\$0.083
65-69	\$0.092
70+	\$0.150

You can purchase STD insurance to replace 60% of your actual 12 months earnings prior to your disability up to a maximum weekly benefit of \$1,500. After age 62, benefit period restrictions apply.



WHAT ARE MY DISABILITY RATES?

When you log onto the Asbury Benefit website, **you will see your individual cost for STD and LTD insurance** based on your actual previous 12 months earnings. This amount is updated monthly during the year and may impact your cost and benefit coverage level.

LONG TERM DISABILITY (LTD)

There is a 90 day elimination period before LTD insurance will start paying you for lost income. The Base LTD insurance provides up to 50% of your earnings up to \$5,000 per month. The Buy-up LTD provides up to 60% of your earnings up to \$10,000 per month. This benefit will be provided up to the Social Security Normal Retirement Age (SSNRA).

LTD insurance provides a benefit if the disability is related to an on-the-job or off-the-job injury, or from an illness. If your disability is due to an on-the-job injury, workers' compensation might pay a disability benefit as well. Your LTD benefit would be reduced by the amount of benefit you receive from workers' compensation.

LONG TERM DISABILITY	
Per \$100 of Covered Payroll	\$0.034

You can purchase LTD insurance to replace 60% of your actual 12 months earnings prior to your disability up to a maximum monthly benefit of \$15,000. After age 62, benefit period restrictions apply.

401(k) Plan

YOUR 401(K) PLAN:

All full-time and part-time team members are eligible to participate in the Asbury Retirement Savings Plan. If you would like to participate, please contact Fidelity at **800-835-5095** by phone or at www.401k.com online to activate your account, set your deferral rate and choose your investments. Frequently asked questions are available at fidelity.com.

Plan Highlights

- Team members are eligible to contribute from **1-75%** of your gross earnings to your 401(k).
- After-tax Roth 401(k) option also available.
- You are automatically 100% vested in your deferral contributions.
- The IRS 401(k) contribution limit for 2024 is \$23,000 (2024 limits not released at time of publication) combined for the traditional 401(k) and the Roth 401(k).
- Asbury contributes a 50% match per pay period on the first 6% of your pre-tax and/or post-tax Roth contribution following 12 months of employment.
- If you are age 50 or older, you may contribute an additional \$6,500.
- Following the completion of two years of employment, team members are vested in the employer match as follows:
 - 2 years - 33%
 - 3 years - 67%
 - 4+ years of service - 100%

ROTH 401(K) OPTION

A Roth contribution to your retirement savings plan allows you to make **after-tax contributions and take any associated earnings completely tax free at retirement** – as long as the distribution is a qualified one. A qualified distribution, in this case, is one that is taken **at least five tax years after your first Roth contribution** and after you have attained age 59½, or become disabled or die. Through automatic payroll deduction, you can contribute between 1% and 75% of your eligible pay as designated Roth contributions, up to the annual IRS dollar limits. Find more information online at www.401k.com within the **Library** section of NetBenefits®.

PLEASE REMEMBER TO COMPLETE A BENEFICIARY FORM

To complete a beneficiary form online, log on to www.401k.com and click on your **profile** at the top of the page. Select the **About You** section, and then click **Beneficiaries**. If you prefer to complete your beneficiary form on paper, call Fidelity at **(800) 835-5095** to request the beneficiary form. You can change your beneficiary at any time and for any reason. If you are married and your spouse is not the designated beneficiary, spousal consent or a spousal consent form is required.



Asbury contributes a 50% match per pay period on the first 6% of your pre-tax and/or after-tax Roth contribution following 12 months of employment.

Aura Identity Guard

Identity and privacy protection to keep you and your family safe from online harm with Aura Identity Guard’s Ultimate Plan.

Safeguarding you, your family, and your finances with identity protection, financial tracking, and online security. Aura Identity Guard protects you and your family against cybercrime.

COMPREHENSIVE IDENTITY PROTECTION

- \$1M in insurance protection from financial losses and legal fees
- 24/7 expert guidance, if a threat is detected
- Protect your loved ones for one low price with our family plan

FASTEST SPEED AND LARGEST BREADTH OF ALERTS

- Around-the-clock scan of billions of online resources
- Reduce exposure to cybertheft
- Receive an alert within seconds of possible cyberthreats

POWERFUL FINANCIAL TOOLS

- Keep an eye on your spending and get alerted to suspicious transactions
- Access to your credit report and real-time alerts to changes that impact your credit
- Complete protection and monitoring of online accounts and passwords

Contact the Customer Service Concierge team at customercare@identityguard.com or call 855-443-7748.

AURA IDENTITY GUARD	
Tier	Weekly Rate
Team member	\$2.20
Family	\$3.86

Identity Theft Insurance underwritten by insurance company subsidiaries or affiliates of American International Group, Inc. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions, and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Examples of the features that are included in the Aura Identity Guard Ultimate Plan:

Anti-ad ware	✓
Anti-virus	✓
Bank account transaction monitoring	✓
Credit card monitoring	✓
Criminal record monitoring	✓
Cyberbullying monitoring	✓
Dark web monitoring	✓
Debit card monitoring	✓
Email solicitation/junk mail prevention	✓
Robo-call/robo-text protection	✓
Safe browsing extension	✓
Safe browsing: anti-ransomware & anti-malware	✓
Social media monitoring	✓
Social security and ID authentication monitoring	✓
VPN / WiFi security	✓

Asbury Holiday Savings Program

HOLIDAY MATCH

Full-time and part-time team members may elect to **defer one percent of earnings** up to a maximum of \$1,000 and Asbury will match the deferral dollar for dollar up to the maximum of \$1,000. Team members **will receive their deferral plus company match around Thanksgiving.**

Example:	Weekly gross wages	\$980.00
	1% deferral beginning 1/1/24	\$9.80
	Company match	\$9.80
	Your total deferral	\$450.80
	Total company match	\$450.80
		<hr/>
	Amount received on or after Thanksgiving	\$901.60
	(1/1/2024 through 11/17/2024 - 46 weeks)	

You can enroll online through the OKTA Asbury Benefits icons. From the home page, select the blue link “Enroll in Voluntary Benefits” and then “Holiday Match.” You can also call the Asbury Benefits line at **877-815-1730** for assistance.

In the event a team member leaves employment or disenrolls prior to the match distribution date, the company match is not considered to be earned and will be forfeited.

Note: VPs and above including GMs and MMDs are not eligible to participate.





OTHER BENEFITS & RESOURCES

Employee Assistance Program

Everyone grapples with personal and work-related issues from time to time. Don't do it alone. Take advantage of your Employee Assistance Program and WorkLife Services through Optum which are included free of charge.

GET HELP WITH:

Personal, family, and work issues

- Stress, anxiety, and depression
- Relationship issues, divorce
- Family and parenting problems
- Anger, grief, and loss
- Addiction, eating disorders, mental illness
- And more

Work/life balance issues

- Adult and child support services
- Car and home repair and maintenance
- Pet services
- Adoption resources, community programs for teens, summer and day camp resources
- Financial and legal issues
- And much more

A WorkLife advisor will conduct a search based on your needs using our extensive database. You'll then get a list of options detailing the services offered, costs, professional credentials, and contact information. Instead of spending hours searching for the information yourself, just make one call!

LIVEANDWORKWELL.COM ACCESS CODE: ASBURY

You can create an account or select "Browse as a guest with a company access code." On the site, you'll get access 24/7 by visiting the website. The number of free tools and resources is endless. Be sure to check back often for updated information and webinars.

WHAT'S INCLUDED

Unlimited help over the phone

Talk to a Licensed Professional Counselor or WorkLife Specialist over the phone. Compassionate professionals are there to listen, help you define your issues, and put you in touch with expert resources in your community for additional support. Just call **866-374-6061**.

Other valuable benefits

- Monthly webinars
- Educational materials
- Provider search tool

Three free in-person counseling sessions

When phone support isn't enough, you can take advantage of three in-person visits with a Licensed Professional Counselor, included at no additional charge with your EAP. Your counselor will provide short-term support and advice and help you find local resources for ongoing care, if necessary.

Who's covered

- You
- Your spouse
- Your dependent children
- Your parents and parents-in-law (if they live in your household)

Types of Leave

PAID PREGNANCY DISABILITY LEAVE

We are pleased to offer our team members with Paid Pregnancy Disability Leave (PPDL). There are certain criteria that must be met to be eligible:

- Must be a full-time team member.
- Must have completed one year of continuous employment preceding the start date of the leave.

Your PPDL benefits:

- Begin on the date of disability.
- Can be started up to two weeks pre-birth.
- Maximum total duration up to 12 weeks (8 weeks additional 4 weeks, if medically supported).
- Continuous leave only – intermittent PPDL is not allowed.
- 100% compensation replacement based on actual previous 12 months earnings (same definition for STD/LTD annualized earnings).
- Offsets will be applied when an active STD claim is running concurrently (Asbury is paying 40% of the salary, while STD is paying 60%).
- Cannot take PTO concurrent with PPDL.
- FMLA will run concurrent with PPDL.

This leave is administered by Unum.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

The Family and Medical Leave Act of 1993 (or FMLA) provides unpaid, job-protected leave to eligible team members for certain family and medical reasons, without loss of health insurance benefits. Eligible team members:

- Must have been employed for a total of 12 months, worked at least 1,250 hours during the 12-month period prior to taking leave, and work at an eligible facility.
- May take FMLA leave for up to 12 weeks of unpaid leave for one or more of the following reasons: the birth of your child; placement of a child with you for adoption or foster care; to care for your child, spouse, or parent who has a serious health condition; your own serious health condition that makes you unable to perform the functions of your job; or if you need to take leave due to your spouse, child, or parent experiencing a qualifying transfer or deployment.
- May take a total of up to 12 work weeks of unpaid leave during a rolling 12 month period measured backward from the date you previously used FMLA time.

For more information on FMLA leave please contact your HR Manager.

This leave is administered by Unum.



If you are pregnant and need to take leave, please reach out to your Leave Administrator at AsburyFMLA@asburyauto.com for information on how to initiate your leave.

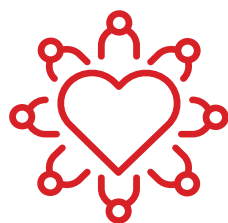
Types of Leave

PAID PARENTAL LEAVE

We are pleased to offer our team members with Paid Parental Leave. You will be given one week (40 hours) of paid leave time for the birth or adoption of a child. There are certain criteria that must be met to be eligible:

- Must be a full-time team member.
- Must have completed one year of continuous employment preceding the date of the child's birth or finalized date of adoption.
- Begin on the date of birth.
- Begin on the finalized date of adoption.
- 100% compensation replacement at your PTO rate.
- Cannot take PTO concurrent with Paid Parental Leave.
- FMLA will run concurrent with Paid Parental Leave.
- Eligible for Paid Parental leave **and** Paid Pregnancy disability leave.

This leave is administered by Asbury Benefits.



PERSONAL LEAVE OF ABSENCE

Asbury Automotive Group is committed to meeting your needs as a team member and meeting the needs of your family. If you need to miss work due to illness, a family illness, or personal issue Asbury may be able to offer you a 30 day unpaid personal leave of absence. To qualify for an unpaid personal leave of absence there are certain criteria that must be met.

- Team member must have successfully completed their introductory period.
- Team member can take up to 30 days.
- Personal Leave of Absence (PLOA) is limited to one per calendar year.

This leave is administered by Asbury Benefits.



Notice Regarding Wellness Program

Asbury Automotive Groups' Wellness Program is a voluntary wellness program available to all team members. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve team member health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health survey that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

You will also be asked to complete a biometric screening, which will include a blood test for cholesterol and glucose. You are not required to complete the health survey or to participate in the blood test or other medical examinations.

However, team members or spouses who do not complete the biometric screening and health survey will pay a higher weekly medical premium of \$15 (team member or spouse) or \$30 (team member and spouse).

Team members or spouses that attest to using tobacco products will pay an additional \$15 per week for medical coverage unless they complete the free smoking cessation program offered through UHC during the 2024 plan year. If they complete the program, the additional monies collected will be returned.

Additional incentives may be available for team members who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health

outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Asbury Automotive Group Benefits Department at asburybenefits@asburyauto.com.

The information from your health survey and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the UHC / Vitality wellness program. You are also encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a

condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is a nurse in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. UHC / Vitality does not provide Asbury Automotive Group with any individual medical information obtained about our team members.

Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Asbury Automotive Benefits Department at asburybenefits@asburyauto.com.

Annual Benefit Compensation Policy

PURPOSE

To establish procedures for setting the annual compensation used to calculate weekly premiums for any elected medical coverage or voluntary disability coverage. The compensation amount used for medical elections will be fixed for the duration of the current plan year and the method of calculation is described below. For enrollments in the voluntary disability benefits, Short Term Disability (STD) and Long Term Disability (LTD), the benefit volume amounts and weekly premiums will be adjusted monthly to reflect actual earnings.

SCOPE

This Policy applies to all full-time Team Members of Asbury Automotive Group, Inc.

METHOD OF CALCULATION FOR ANNUAL MEDICAL PREMIUMS

New Team Members or Team Members with less than 26 Active Pay Periods

- Hourly Team Member medical premiums will be based on their hourly rate multiplied by 2080 (standard full time hours in a year)
- Salary Team Member medical premiums will be based on their annual salary
- Manager & Assistant Manager positions with a weekly draw or salary will pay the average earnings of those in the same position for the previous 12 months
- Non-manager positions with a weekly draw will have their medical premiums calculated based on the greater of \$30,000 or their annualized draw
- Body Shop & Service Technicians paid on flagged hours will have their medical premiums calculated based on their flat rate multiplied by 2080 (standard full time hours in a year)

- Technicians receiving "Group Pay" will have their medical premiums based on the greater of their flat rate multiplied by 2080 or \$30,000
- Anyone in the sales earnings group including Sales Advisors & Service Advisors will have their medical premiums calculated based on the greater of \$30,000 or their annualized rate

TEAM MEMBERS WITH 26+ ACTIVE PAY PERIODS ON AUGUST 31 OF THE CURRENT PLAN YEAR

Medical Premiums will be based on the Annualized earnings between 6/1 and 8/31 of 2023. Actual earnings for Team Members with at least 26 active pay periods but less than 52 will be annualized by dividing total earnings by the actual number of pay periods to determine the average weekly rate and then multiplied by 52 (pay periods in a year).

Earnings included in the calculation include Hourly Wages, Draw, Salary, Bonuses, PTO, Commissions, Spiffs, Holiday, Overtime, Bereavement, Jury Duty, Guarantees, and Tool Allowances. Does not include stock-based comp, sign on bonus, and relocation. (This list is not exhaustive and subject to change.) DSC MIP Bonus calculated at 100% of target, regardless of actual payout.



Resources and Contacts

BENEFIT	CONTACT SOURCE	PHONE	WEBSITE
Asbury Benefits Team	Monday - Friday 8 a.m. - 6 p.m. EST	(877) 815-1730 Phone (770) 418-8297 Fax	email: asburybenefits@asburyauto.com
401(k) Plan (Fidelity)	Plan Number: 74456	(800) 835-5095	www.401k.com
Dental (Cigna)	Group Number: 3337315	(800) 244-6224	www.mycigna.com
Disability & Leaves (Unum)	STD, LTD, FMLA, Paid Pregnancy Disability Leave Group Number: 952987	(866) 779-1054	www.unum.com
Life Insurance Claims (Unum)	Group Number: 952986	(866) 220-8460	
Employee Assistance Program (Optum)	Available for all team members and dependents	(866) 374-6061	www.liveandworkwell.com Access code: asbury
Healthcare Flexible Spending Account and Dependent Care Flexible Spending Account (UnitedHealthcare)	Policy Number: 918920	(844) 562-6294	www.myuhc.com
Health Savings Account (Optum Bank)	For Premier HDHP Medical Plan		
Medical (UnitedHealthcare)	Group Number: 915152		
Pharmacy (OptumRx)			
Medical (Cigna)	Group Number: 3344790	800.244.6224	mycigna.com
Vision (UnitedHealthcare)	Group Number: 915152	(844) 562-6294	www.myuhcvision.com
Voluntary Benefits (Voya)	Critical Illness, Accident, Hospital Indemnity, Whole Life	(888) 740-4367	presents.voya.com/EBRC/AsburyAuto
COBRA (Businessolver)	Monday - Friday 8 a.m. - 5 p.m. EST	(888) 259-0984	

ASBURY
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The information in this guide is a summary of the benefits available to you and should not be intended to take the place of the official carriers' Member Certificates or our plan's Summary Plan Descriptions (SPD). This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as a full-time TM. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail.

Asbury reserves the right, in its sole and absolute discretion, to amend, modify, or terminate, in whole or in part, any or all of the provisions of the benefit plans.