

2027



Employee Benefits



Table of Contents

Sun Auto is proud to support our employees' overall wellbeing with a variety of benefit options. This guide offers details on our 2027 offerings for you and your family. Contact the Human Resources department with any questions.

3	Welcome
4	2027 Open Enrollment Checklist
5	Eligibility and Enrollment
7	Medical Benefits
9	Pharmacy Benefits
11	Preventive Care
12	Telehealth/Virtual Medicine
13	Out-of-Pocket Costs
13	How to Pick a Plan
14	Meet Three Teammates
17	Where to Go for Care
20	Hinge Health
21	Health Savings Account
23	Flexible Spending Accounts
25	FSA vs HSA
26	Supplemental Health Benefits
29	Dental Benefits
31	Vision Benefits
32	Income Protection
33	Survivor Benefits
35	SmartConnect
36	Mental Health
37	Employee Assistance Program
38	Mental Health Resources
39	Glossary
41	Important Contacts
43	Required Notices



Scan for Your Plans!

Scan with your smartphone to access enrollment materials online anytime.

See page 43 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Sun Auto Tire & Service, Inc. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Welcome

Sun Auto appreciates the hard work and dedication you bring to our team every day. To do our part, we are committed to keeping your benefits affordable and beneficial for you and your eligible family members.

Sun Auto strives to provide benefits that:

- Meet your needs
- Are easy to understand and use
- Provide excellent value for affordable costs

To be your healthiest and help keep costs down, we ask that you take advantage of the provided wellness activities and preventive features.

This guide is designed to assist you and your family in making the best choices for your needs. It contains explanations of each benefit, contact information for benefits vendors, and costs you can expect for each benefit. Please review this guide in its entirety and keep as a resource throughout the year.

What's Changing This Year?

- Blue Cross Blue Shield of Arizona (AZ Blue), our medical provider, will be the pharmacy administrator in 2027.
- With the rising cost of healthcare, it was necessary to make plan design changes across all medical plans and increase the plan deductibles, copays and out-of-pocket expenses. If you enroll in the HDHP plan, virtual visits will be covered with a copay and you will not need to pay the deductible first.
- There are premium increases on the Base PPO and the Buy-Up PPO. For the HDHP/HSA plan, the rates will remain flat for all coverage tiers.
- We have some new partners for 2027, including the following primary vendors:
 - **Ameritas** will be our new partner for Dental benefits.
 - **Lincoln Financial Group (LFG)** will be providing the Voluntary Accident, Critical Illness and Hospital Indemnity benefits.
- Introducing **Hinge Health**
 - Hinge Health is available at no additional cost to teammates enrolled in the Sun Auto medical plan. The program offers virtual physical therapy, movement coaching, and support for back, joint, muscle, and chronic pain conditions.

Note

This booklet provides benefit details and costs. Please note that enrollments or changes to enrollments must be completed through Paycom (<https://paycomonline.com>). If you have any questions or need assistance, please contact Benefits@sun.auto

2027 Open Enrollment Checklist

Open Enrollment is your opportunity to choose the benefits that best fit your needs for 2027. Review your options, make your elections in Paycom, and submit your enrollment before the deadline.

Active Enrollment Required November 3 - 17, 2026

Every eligible teammate must log in to Paycom and complete enrollment for 2027. Your current benefit elections will NOT automatically roll over.

1

REVIEW.

Confirm your personal information, dependents, and beneficiaries, and update in Paycom if needed. If adding dependents or beneficiaries have their names, birth dates, and SSNs or ITINs ready to add to Paycom.

2

COMPARE.

Think about expected care, deductibles and out-of-pocket costs, prescriptions, and paycheck costs. Check that your providers are "In-Network" and medications are covered by the plan.

3

CONSIDER.

Decide whether an HSA or FSA could help you save for eligible expenses. Choose your contribution amount for 2027.

4

ELECT.

Log in to Paycom and enroll in or decline each benefit. Every eligible teammate must complete enrollment.

5

CONFIRM.

Sign, finalize, and submit your elections before the deadline. Review the confirmation statement and save a copy for your records.

DON'T FORGET

Review your beneficiaries

Make sure your life insurance beneficiary designations reflect your current wishes.

Use the guide as a resource

Plan details, costs, and carrier contacts are included throughout the guide.

Complete every step

Your elections are not complete until you sign, finalize, and submit them in Paycom.

Take time to review your options and choose the coverage that best supports you and your family in 2027.

Eligibility and Enrollment

Sun Auto's benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of Sun Auto who is regularly scheduled to work 30 hours or more per week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

If you are a new hire, please reference your offer letter or visit Paycom to confirm your effective date.

Coverage Dates

Your elections are effective on the first of the month following 30 days of employment. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

Dependents

Dependents eligible for coverage include:

- Your legal spouse or domestic partner* (same or opposite sex).
- Children under the age of 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

When enrolling dependents, be sure to include their Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) and their Date of Birth (DOB). Verification of dependent eligibility may be required upon enrollment.

***Domestic Partner Tax Information:** If your enrolled domestic partner is not your IRS-qualified tax dependent, the value of employer-provided coverage may be reported as taxable income (imputed income) and your share of the premium will generally be deducted on an after-tax basis. Please consult your tax advisor regarding your specific tax situation.

Active Enrollment

This is an **ACTIVE enrollment!** Every eligible employee needs to make elections in order to receive benefits. Current benefit elections will **NOT** roll over. Any elections you make will remain in place until the following enrollment period unless you experience a Qualifying Life Event.



When Can I Change My Benefits?

After Open Enrollment closes, you generally cannot change your benefit elections until next year's open enrollment period unless you experience a Qualifying Life Event (QLE) determined by the IRS.

When a Qualifying Life Event occurs, you have 31 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.



What Are Qualifying Life Events?

- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in your legal marital status (marriage, divorce, or legal separation)
- A change in a spouse's employment status (resulting in a loss or gain of coverage)
- Entitlement to Medicare or Medicaid
- Eligibility for coverage through the Marketplace ([Healthcare.gov](https://www.healthcare.gov))
- Changes in address or location that may affect coverage
- Turning 26 and losing coverage through a parent's plan
- A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

All QLE's must be reported in Paycom and supporting documentation must be provided within 31 days of the event. If you have questions regarding specific QLE's or your ability to change coverage, reach out to Sun Auto's benefits team. Don't miss out on a chance to update your benefits!

Medical Benefits

Medical benefits are provided through Blue Cross Blue Shield of Arizona (AZ Blue). Consider the physician networks, premiums, and out-of-pocket costs for each plan when making a selection. Keep in mind, your choice is effective for the entire 2027 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted on a biweekly, pre-tax basis. Your level of coverage determines your contributions. Domestic partners are not eligible for pre-tax contributions.

	BUY-UP PPO	BASE PPO	HIGH DEDUCTIBLE WITH HSA
BIWEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY	\$136.71	\$77.32	\$47.04
EMPLOYEE + SPOUSE	\$418.42	\$312.12	\$203.92
EMPLOYEE + CHILD(REN)	\$320.63	\$233.11	\$174.44
EMPLOYEE + FAMILY	\$616.03	\$460.86	\$351.00

How to Find a Provider

The tools on azblue.com/member will help you easily discover the doctors, healthcare professionals, hospitals, and facilities that are in-network for your plan.

1. Sign up or log in to your member account at azblue.com/member.
2. Click Find Care at the top of the page and select Doctors by name, specialty, or facilities from the drop-down menu.
3. Enter or confirm your location at the top right-hand corner of the page. Search results will be listed in order of closest to farthest from that location.
4. Select one of the search options, or you can search all using a keyword.



Note

To get the most value out of your medical plan, be sure to visit in-network providers whenever possible.

Medical Plan Summary

This chart summarizes the 2027 medical coverage provided by Blue Cross Blue Shield of Arizona (AZ Blue). All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are available and subject to Reasonable and Customary (R&C) limitations. See the Summary of Benefit Coverage (SBC) or Summary Plan Description (SPD) for additional details on your plan.

	BUY-UP PPO	BASE PPO	HIGH DEDUCTIBLE WITH HSA
	IN-NETWORK ONLY**	IN-NETWORK ONLY**	IN-NETWORK ONLY**
ANNUAL DEDUCTIBLE			
INDIVIDUAL	\$1,000	\$2,000	\$4,000
FAMILY	\$2,000	\$4,000	\$8,000
COINSURANCE (EMPLOYEE PAYS)	15%*	20%*	25%*
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)			
INDIVIDUAL	\$5,000	\$6,500	\$7,000
FAMILY	\$10,000	\$13,000	\$14,000
COPAYS/COINSURANCE			
PREVENTIVE CARE	0% (plan pays 100%)	0% (plan pays 100%)	0% (plan pays 100%, deductible does not apply)
PRIMARY CARE	\$25	\$25	25%*
SPECIALIST SERVICES	\$50	\$50	25%*
NATUROPATHIC (MD) CARE	\$50	\$50	25%*
TELEHEALTH AZ Blue Providers	Medical \$10 Counseling or Psychiatry \$20	Medical \$10 Counseling or Psychiatry \$20	Medical \$10 Counseling or Psychiatry \$20
URGENT CARE	\$50	\$75	25%*
EMERGENCY ROOM	\$350 copay + ded/coins	\$400 copay + ded/coins	25%*

*After deductible
**See the SBC or plan certificate for out-of-network (OON) benefits.

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount. The same typically applies for the out-of-pocket maximum.



Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Blue Cross Blue Shield of Arizona (AZ Blue). You may find information on our benefits coverage and search for network pharmacies by calling the Customer Care number on your ID card or see Contact info on page 41. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

	BUY-UP PPO	BASE PPO	HIGH DEDUCTIBLE WITH HSA
	IN NETWORK ONLY **	IN NETWORK ONLY **	IN NETWORK ONLY **
RETAIL RX (30-DAY SUPPLY)			
GENERIC	\$10	\$15	25%*
PREFERRED BRAND	\$30	\$40	25%*
NON-PREFERRED BRAND	\$50	\$70	25%*
SPECIALTY	\$75	\$100	25%*
MAIL ORDER (90-DAY SUPPLY)			
GENERIC	\$20	\$30	25%*
PREFERRED BRAND	\$60	\$80	25%*
NON-PREFERRED BRAND	\$100	\$140	25%*
SPECIALTY	\$150	\$200	25%*

*After deductible
 ** See the SBC or plan certificate for out-of-network (OON) benefits

Note

Manage your pharmacy benefits, anywhere, anytime with the AZ Blue member digital tools. They're fast, convenient, and easy to use. Set up an online account, use the on-the-go app, or both.

Visit www.azblue.com/members



Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they are held to the same rigid FDA standards. But generic versions cost 80% to 85% less on average than the brand-name equivalent. **To find out if there is a generic equivalent for your brand name drug, visit www.azblue.com and link to the Pharmacy Benefits (separate login required).**

Lowering Medication Costs

How do prescription discount programs work? These discounts can't be combined with your benefit plan's coverage, so make sure to check the price against the cost of using your insurance's prescription drug benefit. Something else to consider: **If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription may not count toward your deductible or out-of-pocket maximum under the benefit plan.**

GoodRx is a web- and app-based platform that allows you to search for prescription drug coupons and compare pharmacy prices. The company claims a savings of up to 80% on generics. Another discount option is the **Amazon Prime Rx Savings** discount card, which is included with an Amazon Prime membership and is administered by Inside Rx. It provides discounts of up to 80% for generics and up to 40% for brand-name medication at participating pharmacies. **Cost Plus Drug Company** is a web-based pharmacy that claims to keep costs low by buying directly from the manufacturer. It currently only offers a certain selection of medications and accepts a handful of prescription insurance providers, but it may be worth checking the price difference between Cost Plus and your regular pharmacy.

Price Edge by AZ Blue

Price Edge is available at no cost and helps you save on covered and non-covered generic medications. It can even help you save money on over-the-counter (OTC) medication if you have a prescription.

How Price Edge Works:

- Simply show your ID Card and prescription from your doctor at any in-network pharmacy.
- Price Edge may lower copayment costs on certain medications. If your next fill qualifies, you will automatically receive a discount.
- If your plan does not cover a medication, Price Edge will offer a lower price at the pharmacy counter. Or you may ask your doctor if another covered medication is right for you.
- You may view the Price Edge discount on your pharmacy claim when you login to your MyBlue account at www.azblue.com and go to the Pharmacy tab to view your claims.



Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance. Some common covered services include:



**Wellness visits, physicals,
and standard immunizations**

**Screenings for blood pressure,
cancer, cholesterol, depression,
obesity, and diabetes**



**Pediatric screenings for
hearing, vision, obesity, and
developmental disorders**

**Anemia screenings, breastfeeding
support, and pumps for
pregnant and nursing women**



**Iron supplements (for infants
at risk for anemia)**

It's important to take advantage of these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What Vaccines Are Covered 100% Under Preventive Care?

Many vaccines are covered under preventive care when delivered by a doctor or provider in your plan's network. These include chickenpox, flu, shingles, and tetanus. For a full list, visit www.healthcare.gov/preventive-care-adults.

Telehealth/Virtual Medicine

When you're under the weather, there's no place like home, and if you're busy with work and family, scheduling an in-person doctor's appointment can be a pain. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

Sun Auto provides a virtual medicine benefit through AZ Blue Telehealth for you and your dependents. AZ Blue Telehealth offers on-demand access to board-certified doctors through online video, telephone, or secure email. If you enroll in a PPO plan, you pay a \$10 copay for virtual care. If you enroll in the HDHP plan, the deductible is waived and you pay \$10 for virtual care.

AZ Blue Telehealth doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine.

AZ Blue Telehealth doctors can treat many medical conditions, including:

- Cold and flu
- Allergies
- Bronchitis
- Bladder infection/
urinary tract infection
- Respiratory infection
- Pink eye
- Sore throat
- Stomachache
- Sinus problems

Sign Up to Get Started

Log in to azblue.com/member, click on **Find Care**, then select **Telehealth** to log in or sign up. Fill in your contact information. Set up your username and password. Add your insurance, doctor, health, and payment information. You're ready to use AZ Blue Telehealth.

Note

A virtual visit directly with your primary care physician (vs. AZ Blue Telehealth) might also be an option — and typically costs the same as an office visit.



Out-of-Pocket Costs

These are the types of payments you're responsible for:



Copay

The fixed amount you pay for healthcare services at the time you receive them.



Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.



Coinsurance

Your percentage of the cost of a covered service. For example, if your MRI is \$300 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$60.



Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

How to Pick a Plan

What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How Does a PPO (Preferred Provider Organization) Work?

- You'll pay more in premiums, but perhaps less at the time of service.
- You can choose from a network of providers who offer a fixed copay for services.
- If you or your dependent(s) expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered.

How Does an HDHP (High Deductible Health Plan) Work?

- You'll pay less in premiums. (Think less money from your paycheck.)
- You'll pay for the full cost of non-preventive medical services until you reach your deductible.
- You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- If you expect to mostly use preventive care (which is covered), this plan could be for you.

Healthcare Cost Transparency

There are so many different providers and varying costs for healthcare services — how do you choose? Online services called healthcare cost transparency tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. Visit azblue.com/member to learn more.

Note

Keep healthcare costs down by seeing the right provider for your situation. See page 17 for more information.

Meet Three Teammates

Here is how the same math works for three made-up Sun Auto teammates, each with a different kind of year. Each one lands on a different plan. Every table shows the discounted price of the care and what the teammate would pay on each plan. The HDHP/HSA totals assume each teammate enrolls in the HSA and contributes, so they get Sun Auto's deposit.



Meet Dana

Covers just herself

Dana is healthy but takes a generic blood pressure medication every month. After her free yearly checkup, she breaks her foot and goes to the ER. Feeling overwhelmed, she sees an in-network counselor six times. Later, a sinus infection means one AZ Blue Telehealth visit and a generic antibiotic.

	DISCOUNTED PRICE	HDHP/HSA	BASE PPO	BUY-UP PPO
PREVENTIVE CHECKUP	\$200	\$0	\$0	\$0
BROKEN FOOT: ER VISIT AND FOLLOW-UP	\$3,500	\$3,500*	\$2,620	\$1,673
6 IN-NETWORK COUNSELING VISITS	\$1,500	\$750*	\$300	\$300
MONTHLY GENERIC BLOOD PRESSURE MEDICATION	\$300	\$75*	\$180	\$120
1 AZ BLUE TELEHEALTH VISIT	\$54	\$10	\$10	\$10
1 GENERIC ANTIBIOTIC	\$5	\$5*	\$5	\$5
WHAT SHE PAYS FOR CARE		\$4,340	\$3,115	\$2,108
FROM PAYCHECKS ALL YEAR		\$1,223	\$2,010	\$3,554
SUN AUTO HSA DEPOSIT		-\$400	None	None
TOTAL FOR THE YEAR		\$5,163	\$5,125	\$5,662

*Remember if enrolled in the HDHP, you must meet your deductible first and then coinsurance applies.

Best fit for Dana: Base PPO.

The HDHP/HSA is only about \$35 more once Sun Auto's \$400 deposit is counted. The Buy-Up PPO's lower costs for care do not make up for its higher paycheck cost.

These examples use estimated prices to show how the math works. Your real costs depend on the care you get, the doctors you see and who you cover.



Meet Marcus

Covers his spouse and two children

The family's yearly preventive checkups are free. Marcus takes his child to the ER, then does a follow-up visit through AZ Blue Telehealth. He sees a therapist 10 times and fills a generic anxiety medication every month. His spouse goes to urgent care and gets an antibiotic.

	DISCOUNTED PRICE	HDHP/HSA	BASE PPO	BUY-UP PPO
PREVENTIVE CHECKUPS FOR THE WHOLE FAMILY	\$1,000	\$0	\$0	\$0
CHILD'S ER VISIT	\$3,000	\$3,000*	\$2,520	\$1,598
10 THERAPY VISITS FOR MARCUS	\$2,500	\$2,500*	\$500	\$500
MONTHLY GENERIC ANXIETY MEDICATION	\$300	\$300*	\$180	\$120
CHILD'S AZ BLUE TELEHEALTH FOLLOW-UP	\$54	\$10	\$10	\$10
SPOUSE'S URGENT CARE VISIT	\$190	\$190*	\$75	\$50
GENERIC ANTIBIOTIC	\$5	\$5*	\$5	\$5
WHAT THE FAMILY PAYS FOR CARE		\$6,005	\$3,290	\$2,283
FROM PAYCHECKS ALL YEAR		\$9,126	\$11,982	\$16,017
SUN AUTO HSA DEPOSIT		-\$800	None	None
TOTAL FOR THE YEAR		\$14,331	\$15,272	\$18,300

*Remember if enrolled in the HDHP, you must meet your deductible first and then coinsurance applies.

Best fit for Marcus: HDHP/HSA.

It costs about \$940 less than the Base PPO. No one in the family reaches their own \$4,000 deductible, but by contributing to the HSA himself and receiving Sun Auto's \$800 HSA contribution, the lower paycheck cost and tax savings more than make up for it.

These examples use estimated prices to show how the math works. Your real costs depend on the care you get, the doctors you see and who you cover.



Meet David

Covers just himself

David manages a chronic condition with a specialty medication he fills every month. After his free yearly preventive checkup, he sees an orthopedic specialist four times and has planned outpatient knee surgery. Later in the year, he goes to urgent care for a bad cold.

	DISCOUNTED PRICE	HDHP/HSA	BASE PPO	BUY-UP PPO
PREVENTIVE CHECKUP	\$200	\$0	\$0	\$0
4 ORTHOPEDIC SPECIALIST VISITS	\$1,000	\$1,000*	\$200	\$200
PLANNED OUTPATIENT KNEE SURGERY	\$13,500	\$5,625*	\$4,300	\$2,875
MONTHLY SPECIALTY MEDICATION	\$18,000	\$375*	\$1,200	\$900
1 URGENT CARE VISIT	\$190	\$0*	\$75	\$50
WHAT HE PAYS FOR CARE		\$7,000	\$5,775	\$4,025
FROM PAYCHECKS ALL YEAR		\$1,223	\$2,010	\$3,554
SUN AUTO HSA DEPOSIT		-\$400	None	None
TOTAL FOR THE YEAR		\$7,823	\$7,785	\$7,579

*Remember if enrolled in the HDHP, you must meet your deductible first and then coinsurance applies.

Best fit for David: Buy-Up PPO.

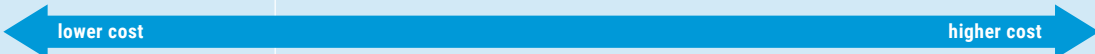
It costs about \$200 less than the Base PPO and \$240 less than the HDHP/HSA. On the HDHP/HSA he reaches the \$7,000 most-you-can-pay limit, so his urgent care visit is free. When you cover just yourself and know major care is coming, the Buy-Up PPO's lower deductible, coinsurance and copays can outweigh its higher paycheck cost.

These examples use estimated prices to show how the math works. Your real costs depend on the care you get, the doctors you see and who you cover.

Where to Go for Care

Ever wonder where to get the right care? Keep this chart handy to choose the right care when it matters most: every time you need it.

Note that you most likely won't pay for preventive services if you use providers in your plan's network. If you're not sure where to go for non-emergency healthcare, use our 24-hour Nurse On Call service at **1-866-422-2729**.

	Primary Care Provider (PCP)	Telehealth (from AZ Blue)	Urgent Care	Emergency Room (ER)
When to go	Routine, non-emergency care or help managing a chronic condition. • Colds and flus • Headaches • Sinus, eye, or ear infections • Diarrhea or vomiting • Rashes • Sprains • High fever • Vaccines and health screenings	Non-emergency care. Visit with a physician from a smartphone, tablet, or computer. • Colds and flus • Headaches • Sinus, eye, or ear infections • Diarrhea or vomiting • Rashes • Sprains Counseling and psychiatry¹	Non-life-threatening medical issues when your PCP or Telehealth is not available. • Colds and flus • Headaches • High fever • Rashes • Minor cuts and burns • Sprains • Minor fractures	Serious medical conditions that could be life-threatening. • Severe chest pain • Difficulty breathing • Major trauma or injury • Severe diarrhea • Uncontrolled bleeding or vomiting • Seizures
Wait time	Minimal —Scheduled appointments with wait times, depending on the office.	Immediate —Get access to a provider.	Shorter than ER —Plus some clinics let you sign in online.	Varies —Critical cases are seen first.
How to get care	Call your doctor to make an appointment. Don't have a PCP? Find one at azblue.com .	Sign into your member account at azblue.com/member , click Find Care , and select Telehealth .	Sign in to your AZ Blue member account at azblue.com/member to find care.	In an emergency, call 911 or have someone drive you to the nearest location.
Cost				

Learn other ways to save money and more

Log in to your account at azblue.com/member, click **Find Care**, and use the **Costs for Procedures** tool to get estimates on various treatments such as eye exams, mental health services, and more.

Your health plan covers preventive services such as flu shots, vaccinations, blood pressure checks, and screening tests.



Call 911 in an emergency. Call 988 for a mental health emergency.

¹Counseling and psychiatry appointments may take up to 14 days to schedule.

Apple and App Store are trademarks of Apple Inc., registered in the U.S. and other countries. Google Play is a trademark of Google Inc. Blue Cross Blue Shield of Arizona members should always consult with their healthcare provider about medical care or treatment. Recommendations, advice, services, or online resources are not a substitute for the advice, opinion, or recommendation of a healthcare provider. Services or treatment options may not be covered under your benefit plan. ©2026 Blue Cross Blue Shield of Arizona, Inc. All rights reserved. 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.

Services or treatment options may not be covered under all AZ Blue benefit plans. AZ Blue members should always consult with their healthcare provider about medical care or treatment. Recommendations, advice, services, or online resources are not a substitute for the advice, opinion, or recommendation of a member's healthcare provider. Members under age 18 will need parental consent to use the Nurse On Call service.

CARE MANAGEMENT AND SUPPORT



An Independent Licensee of the Blue Cross Blue Shield Association

Get the right care at the right time

As an AZ Blue member, you get access to help and clinical support at every stage of your health journey, from early diagnosis to managing a complex or serious condition. Care Managers are here to help you; these are clinical professionals that vary from nurses, social workers, dietitians, etc. Our care management and support services are available at no additional cost to you.



Health management and support for a new diagnosis

It's not always easy to be in charge of your health. That's why your health plan offers extra support for chronic health conditions, like:

- Asthma
- Chronic Kidney Disease (CKD)
- Chronic Obstructive Pulmonary Disorder (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes

You want to know your options so you can be in charge of your health. We can help.

QUESTIONS?

Call **1-877-475-8449**

or visit azblue.com/health-management

OUR HEALTH MANAGEMENT PROGRAMS WERE DESIGNED SO THAT YOU CAN:

- Work with a Care Manager to learn all about your condition
- Be supported through personalized education to help you manage your condition
- Get tips on how to prevent health problems related to your condition
- Set health goals and stay on track to meet those goals
- Engage with a Care Manager through a phone call, text, or video chat



Interested in Health Management?
Scan here to find out more.



Care management and support for chronic conditions

If you're living with a long-lasting or complex condition, our care managers are here to help you understand and implement changes to slow or prevent disease progression and complications. If needed, a Care Manager will be assigned to you – at no cost – so you have support when you need it.

QUESTIONS?

Call **1-877-475-8449**

or visit azblue.com/health-management

CARE MANAGERS WILL HELP YOU:

- Coordinate care with your providers
- Understand your health issues and work to increase your self-management skills
- Find in-network providers, facilities, and equipment
- Meet your healthcare goals



Nutrition counseling and support

Nutrition counseling, or Medical Nutrition Therapy, may be included in your benefits if you are living with a qualified health condition.¹ This service allows you to work one-on-one with a Registered Dietitian Nutritionist and create an individualized nutrition plan to manage your health conditions and promote your overall health and well-being. You may need a referral from your doctor or healthcare provider to verify your diagnosed health condition(s) prior to seeing a Registered Dietitian Nutritionist.

QUESTIONS?

Call the number on your ID card.

FIND A DIETITIAN

- 1 Log on to your member portal at azblue.com/member
- 2 Click on **Find Care** and **Doctors by name or specialty or facility**
- 3 Search for **Registered Dietitian**
- 4 Select a provider in your plan's network and call for an appointment



Help after a hospital stay

When returning home from a hospital stay, it is not uncommon to run into some obstacles. We are here to work with you and the hospital when you are discharged from an acute care setting. Our goal is to support your health post discharge and prevent any readmissions.

A Care Manager will call you if you have been discharged from a hospital or facility.

QUESTIONS?

Call the number on your ID card.

CARE MANAGERS WILL HELP YOU:

- Follow the doctor's discharge plans
- Understand your medications and take them as directed
- Schedule follow-up visits with your doctor or other providers
- Get post-hospital services, if recommended (e.g., home health, physical therapy, etc.)
- Find other in-network providers, if needed
- Eliminate barriers to your transition

¹Limitations and exclusions may apply. Some health plans cover spouse and dependents for nutritional counseling for these diagnoses, check with your plan administrator for more information.
You should always consult with your healthcare providers regarding medical care or treatment, as recommendations, services, or resources are not a substitute for the advice or recommendation of your doctor or healthcare provider.



**BlueCross
BlueShield
Arizona**

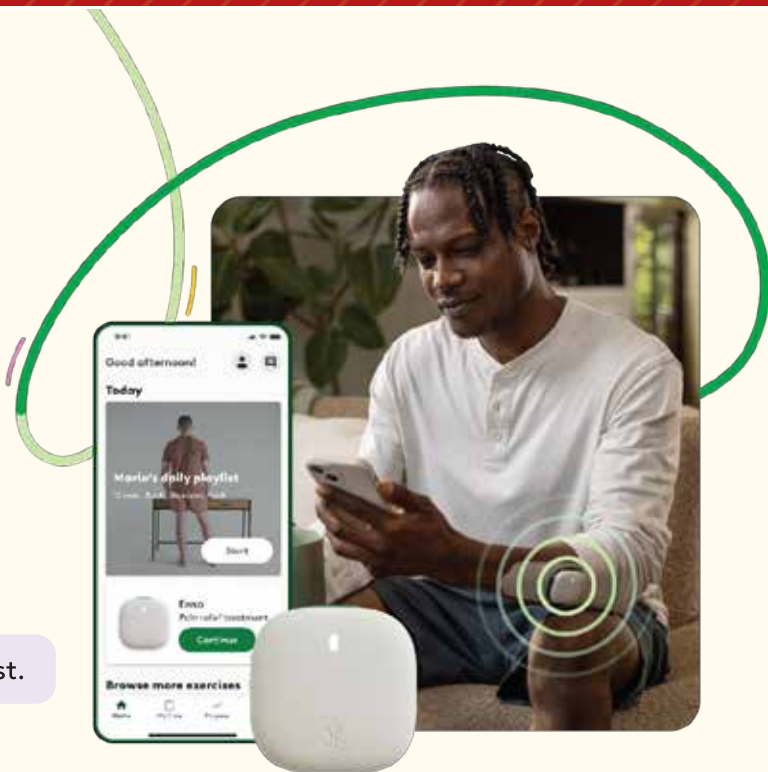
An Independent Licensee of the Blue Cross Blue Shield Association



A complete path to pain relief

When you're in pain, relief can't come fast enough. That's why your Hinge Health program includes Enso, a device designed to reduce pain in just a few minutes.*

Covered by your employer at no additional cost.



WHAT'S INCLUDED

Access to physical therapy and more

Using Enso can help you get the most out of your Hinge Health program, which includes:

- ✓ Convenient exercises you can do from home
- ✓ Access to a physical therapist and health coach
- ✓ A personalized program tailored to your needs

2.8x

Enso users were 2.8x more likely to reduce pain than exercise therapy alone.¹

¹After 4 weeks, among users who consistently used their devices. Hong M, et al. Effectiveness of HFIT Compared to Traditional TENS in Patients with Chronic Low Back and Knee Pain. J Pain Res. 2024.



Scan the QR code to get started with Hinge Health
Or visit hinge.health/getenso

Please use the default camera on your device to scan the QR code, not a third party application.
If you are directed to a site other than the URL listed above, do not proceed.

*Eligibility to receive Hinge Health Enso is based on the program in which you are placed, fulfillment of clinical eligibility criteria, and completion of a qualifying number of exercise sessions.
Members and dependents 18+ enrolled in the company-sponsored medical plan to be eligible.

Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) with Lively is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in an HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in an HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

If this is your first time enrolling, Lively will email you instructions to activate your account and mail you a debit card. You must activate your account before you can use your debit card. Once activated, the card provides direct access to your account balance for qualified medical expenses — no reimbursement requests required.

If you currently have an HSA card and it is not expired, then you will not receive a new debit card. Your new election amount will be loaded onto your existing card each payroll.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's or parent's non-HDHP.
- You do not or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)



Pre-tax Paycheck Contributions



Employer Pre-tax Contributions



HSA



Tax-free Payments
(for qualified medical expenses)



Unused Funds Roll Over Annually

You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

How to Enroll

To enroll in Sun Auto's HSA, you must elect the HDHP with Sun Auto. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. Lively will establish the account but each participating member must activate their account. Sun Auto will send payroll deductions on your behalf to Lively.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with Lively. The money in your HSA (including interest and investment earnings, if any) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds. Refer to IRS rules for HSA eligibility, contributions and potential tax penalties.

*State income taxes are also waived on HSA contributions in almost all states.

Note

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2027, contributions (which include any employer contribution) are limited to the following:

2027 ANNUAL HSA FUNDING LIMITS

EMPLOYEE	\$4,500
FAMILY	\$9,000
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

Sun Auto provides HSA employer contributions that will be deposited on a per payroll basis.

2027 ANNUAL EMPLOYER HSA CONTRIBUTION

EMPLOYEE	\$400
FAMILY	\$800

HSA contributions over the IRS annual contribution limits (\$4,500 for individual coverage and \$9,000 for family coverage for 2027) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year, consider contributing less than the annual limit to your HSA.

The Sun Auto HSA is established with Lively. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit livelyme.com.



Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

With a Lively Healthcare FSA, you can contribute up to \$3,400 annually (subject to change in 2027) for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.



Note

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to \$7,500 to pay for child or elder care expenses on a pre-tax basis.
- **Eligible dependents include children under 13 and a spouse or qualified tax dependent who is physically or mentally incapable of self-care and lives with the employee for more than half the year.**
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent daycare expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or daycare provider
- Before- and after-school care
- Day camp
- In-house dependent daycare

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

If you do not use your FSA debit card at the time of transaction, you can submit a claim form along with the required documentation. Contact Lively with reimbursement questions. If you need to submit a receipt, Lively will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

If this is your first time enrolling in a Medical or Dependent Care FSA, you will receive an activation email from Lively. You must activate your account before you can use your debit card. If you enrolled in an FSA in prior years and your debit card has not expired, you will not receive a new card. Your new election amount will be loaded onto your existing card.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2027 plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You must “use it or lose it” — any unused funds will be forfeited.
- Up to \$680 (subject to change in 2027) may be rolled over to the next plan year at the end of 2027 for Healthcare FSAs.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.
- Those considered highly compensated employees may be subject to additional IRS rules that could affect their FSA election. Visit www.irs.gov for more info.



FSA vs HSA

	FLEXIBLE SPENDING ACCOUNTS	HEALTH SAVINGS ACCOUNT
OWNERSHIP	Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.
ELIGIBILITY & ENROLLMENT	You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.
TAXATION	FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.	HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.
CONTRIBUTIONS	You can contribute up to \$3,400 (subject to change in 2027) to an FSA. This amount may be increased annually by the IRS.	Both you and your employer can contribute, up to \$4,500 in 2027 (up to \$9,000 for families). Ages 55+ can make an annual \$1,000 "catch-up" HSA contribution.
PAYMENT	Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.
ROLLOVER OR GRACE PERIOD	Any unclaimed funds at the end of the year are forfeited. Exceptions might include an allowed rollover amount.	HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.
QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov .	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov .
OTHER TYPES	Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care).	There is only one type of HSA.

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

Supplemental Health Benefits

Sun Auto offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

Accident insurance through Lincoln Financial Group provides you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. This plan complements your health insurance by providing benefits to help cover direct or indirect costs that can arise with a serious or minor injury that occurs off the job. You may end up paying out of your own pocket for things like deductibles, copays, transportation, over-the-counter medicine, daycare or sitters, and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

Highlights

- You will receive a cash benefit for covered injuries and related services for accidents that occur outside of work.
- Benefits are paid on a schedule of benefits regardless of any other coverage you have, and you may spend it any way you choose.
- Accident coverage is especially helpful for families with young children and those who are active.

ACCIDENT COVERAGE

BRIEF SUMMARY OF BENEFITS*

INITIAL CARE (ER/UC/PCP)	\$200
HOSPITAL ADMISSION/CONFINEMENT	\$1,500
ICU ADMISSION/CONFINEMENT	\$3,000
OPEN FRACTURES	Up to \$9,000
OPEN DISLOCATIONS	Up to \$8,000
AMBULANCE (AIR/GROUND)	\$2,400/\$400
WELLNESS BENEFIT (payable once per year for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	\$50/person

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

BIWEEKLY CONTRIBUTIONS

EMPLOYEE ONLY	\$3.45
EMPLOYEE + SPOUSE	\$5.41
EMPLOYEE + CHILD(REN)	\$6.66
EMPLOYEE + FAMILY	\$10.20



Critical Illness Coverage

No one knows what lies ahead on the road through life. Will you be diagnosed with cancer? Will you suffer a stroke or the complete loss of hearing? The signs pointing to a critical illness are not always clear and may not be preventable, but critical illness coverage helps offer financial protection in the event you are diagnosed. Critical illness insurance through Lincoln Financial Group pays you cash to use in any way you need if you are diagnosed with a covered condition.

Highlights

- Critical illness provides you a lump-sum benefit upon diagnosis of a covered illness.
- You have the choice of electing a benefit of \$15,000 or \$30,000, both guaranteed issue. Coverage is also available for your spouse and children, but their coverage amount must match your own coverage level.
- Rates are age-banded. Please refer to the benefit summary for a full rate table.
- Pre-existing conditions are waived!
- A \$50 Health Screening wellness benefit is payable each year for enrollees and their covered dependents for receiving a qualifying preventive screening.

CRITICAL ILLNESS COVERAGE

PLAN BENEFITS*

ALZHEIMER'S	100%
BENIGN BRAIN TUMOR	100%
CANCER (INVASIVE)	100%
CANCER (NON-INVASIVE)	25%
CHILDHOOD CONDITIONS	25%
COMA	100%
ARTERIAL / VASCULAR DISEASE	25%
HEART ATTACK	100%
LOSS OF HEARING/SIGHT/SPEECH	100%
LOU GEHRIG'S DISEASE/ALS	100%
MAJOR ORGAN FAILURE (OR TRANSPLANT)	100%
PARALYSIS	100%
PARKINSON'S	100%
STROKE	100%
WELLNESS BENEFIT (payable once per year for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	\$50

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

BIWEEKLY OPTION 1: EE \$15,000 / SP \$15,000 / CH \$15,000

AGE RANGE	EMPLOYEE ONLY	SPOUSE ONLY*
<25	\$1.59	\$1.25
25-29	\$2.01	\$1.80
30-34	\$2.49	\$2.28
35-39	\$3.25	\$3.05
40-44	\$5.05	\$4.36
45-49	\$8.17	\$6.30
50-54	\$11.77	\$8.38
55-59	\$16.06	\$10.73
60-64	\$23.47	\$14.75
65+	\$30.88	\$21.25

BIWEEKLY OPTION 2: EE \$30,000 / SP \$30,000 / CH \$30,000

Multiply above rates by 2

*The spouse rate is based on Employee's Age as of January 1, 2027.

BIWEEKLY: CHILD RATE \$15,000

\$0.42



Hospital Indemnity Coverage

You already know the importance of living well and staying well. But life is unpredictable — expenses associated with a hospital stay can be financially difficult if you are not prepared. Hospital indemnity insurance through Lincoln Financial Group pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU).

Highlights

- Hospital indemnity pays a cash benefit for hospital admissions due to a covered accident, illness, or pregnancy.
- Popular with those planning to have children, who are older or have conditions that subject them to a higher risk of hospitalization, and/or are covered by an HDHP.
- Pre-existing conditions are waived!

HOSPITAL INDEMNITY COVERAGE

BRIEF SUMMARY OF BENEFITS*

HOSPITAL ADMISSION	\$1,000 (1 day/plan year)
HOSPITAL CONFINEMENT	\$200 (up to 364/plan year)
HOSPITAL ICU ADMISSION	\$1,000 (1 day/plan year)
HOSPITAL ICU CONFINEMENT	\$600 (up to 364 days/plan year)

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

BIWEEKLY CONTRIBUTIONS

EMPLOYEE ONLY	\$3.30
EMPLOYEE + SPOUSE	\$11.06
EMPLOYEE + CHILD(REN)	\$8.02
EMPLOYEE + FAMILY	\$16.87

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Sun Auto offers affordable plan options from Ameritas for routine care and beyond.

Stay in Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges over the Maximum Allowable Cost. To find a network dentist, visit Ameritas at <https://dentalnetwork.ameritas.com/>. Search providers in the PPO Plus Network.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium. Domestic partners are not eligible for pre-tax contributions.

Dental Plan Summary

This chart summarizes the dental coverage provided by Ameritas for 2027.

		LOW PLAN		HIGH PLAN	
BIWEEKLY CONTRIBUTIONS					
	EMPLOYEE ONLY	\$8.25		\$13.96	
	EMPLOYEE + SPOUSE	\$16.49		\$27.90	
	EMPLOYEE + CHILD(REN)	\$17.00		\$31.37	
	EMPLOYEE + FAMILY	\$24.11		\$45.53	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE					
	INDIVIDUAL	\$50	\$50	\$50	\$50
	FAMILY	\$150	\$150	\$150	\$150
MAXIMUM					
	PER PERSON	\$1,500	\$1,500	\$2,250	\$2,250
COVERED SERVICES					
PREVENTIVE SERVICES	Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	100%	100%*	100%	100%
	BASIC SERVICES	80%*	80%*	90%*	90%*
MAJOR SERVICES	Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	80%*	80%*	90%*	90%*
	Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	50%*	50%*	60%*	60%*
ORTHODONTICS	Dependent Child(ren) Only (up to age 19)	N/A		50%	
ORTHODONTIC LIFETIME MAXIMUM		N/A		\$2,000	

*After deductible

Note

According to the CDC, untreated cavities can lead to abscess (a severe infection) under the gums which can spread to other parts of the body and have serious, and in rare cases fatal, results.



Easily Manage Your Dental Benefits

Here's what you can do now to get the most from your plan.

Member account registration

After your benefit effective date:

- 1** Go to ameritas.com/sign-in and select Member Sign In under Dental, Vision & Hearing.
- 2** Choose your account type, validate your identity, and follow the prompts to create your account.

Need help registering?

Follow this step-by-step [registration guide](#).



Learn more about the features available in your member account.



Getting started in your account:

- Print or save your **ID card** to your smartphone.
- Review your **plan details** including maximum benefit, deductible amounts and your remaining benefits.
- Check if your current provider is part of the **Ameritas Dental Network**.
- See how **benefits** are calculated and payments are processed in the claims tab.
- Go **paperless** and sign up to receive your explanation of benefits (EOB) statements online.

Additional plan benefits in your member account

Save more with Ameritas

Ameritas offers money-saving discounts to help with hearing, prescription and eyewear expenses. These savings arrangements are not insurance and are available to Ameritas plan members at no additional cost to the plan premium. Access savings cards using the QR code or through your account at ameritas.com.



Worldwide support

AXA Assistance helps find a provider and schedule an appointment if you have a dental or vision emergency while traveling outside the U.S.

Save these numbers:

866-662-2731 (toll free)
and 312-935-3727 (collect)

Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through EyeMed.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium. Domestic partners are not eligible for pre-tax contributions.

Vision Plan Summary

This chart summarizes the vision coverage provided by EyeMed for 2027.

STANDARD VISION PLAN

		IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS				
	COPAY	\$10	Up to \$40	Once every plan year
LENSES				
	SINGLE VISION	\$25 copay	Up to \$30 copay	Once every plan year
	BIFOCAL	\$25 copay	Up to \$50 copay	
	TRIFOCAL	\$25 copay	Up to \$70 copay	
	LENTICULAR	\$25 copay	Up to \$70 copay	
CONTACTS (IN LIEU OF LENSES AND FRAMES)				
	FITTING AND EVALUATION*	\$0 copay, \$150 allowance + 15% off balance	Up to \$105	Once every plan year
	ELECTIVE	\$0 copay, \$150 allowance	Up to \$105	
	MEDICALLY NECESSARY	\$0 copay; paid in full	Up to \$300	
FRAMES				
	COPAY	\$0 copay, \$150 allowance + 20% off balance	Up to \$105	Once every plan year
	ALLOWANCE	\$0 copay, \$200 allowance + 20% off balance	Up to \$105	

*Fitting and Evaluation fee applied to contact lens allowance.

ADD ON SAFETY GLASSES PLAN - EMPLOYEES ONLY

	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY	BIWEEKLY CONTRIBUTION
COPAY	\$0 copay, \$100 allowance + 20% off balance	Up to \$50	Once every other plan year	\$0.80 Employee Only



STANDARD VISION PLAN

BIWEEKLY CONTRIBUTIONS

EMPLOYEE ONLY	\$2.50
EMPLOYEE + SPOUSE	\$4.75
EMPLOYEE + CHILD(REN)	\$5.01
EMPLOYEE + FAMILY	\$7.36

Income Protection

You and your loved ones depend on your regular income. That's why Sun Auto offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

Basic Short-Term Disability (STD) Insurance

STD benefits are available at no cost. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	\$500
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	13 weeks

Buy-Up Short-Term Disability (STD) Insurance

STD benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	\$2,000
ELIMINATION PERIOD	7 days
MAXIMUM BENEFIT PERIOD	13 weeks

Voluntary Long-Term Disability (LTD) Insurance

LTD benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	\$9,000
ELIMINATION PERIOD	91 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

VOLUNTARY DISABILITY INSURANCE

	COMPOSITE BIWEEKLY RATE
BUY-UP STD	\$0.115 per \$10 of Covered Benefit (weekly)
VOLUNTARY LTD	\$0.245 per \$100 of Covered Payroll (monthly salary)



Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Sun Auto provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Lincoln Financial Group, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is \$35,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Lincoln Financial Group insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.



Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

BASIC EMPLOYEE LIFE/AD&D

COVERAGE AMOUNT	\$35,000
WHO PAYS	Sun Auto

VOLUNTARY EMPLOYEE LIFE/AD&D

COVERAGE AMOUNT	Increments of \$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	\$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For amounts over \$150,000 (Ages 65-70: Over \$50,000; ages 70+: Over \$10,000)

VOLUNTARY SPOUSE LIFE

COVERAGE AMOUNT	Increments of \$5,000
WHO PAYS	Employee
MAXIMUM BENEFIT	Up to 50% of Employee amount
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For amounts over \$25,000 (Ages 65-70: Over \$10,000; ages 70+: Over \$0)

VOLUNTARY CHILD LIFE

COVERAGE AMOUNT	Increments of \$1,000 (under 14 days \$0 benefit), up to \$10,000
WHO PAYS	Employee

Note: If you waive coverage as a new hire, EOI will be required to enroll or increase your coverage during a subsequent enrollment period. EOI must be completed on the LFG portal within 31 days of request to be considered. Log in to [LincolnFinancial.com](https://lincolnfinancial.com) or the **Lincoln Mobile App**. First time users? Register using company code **Sun Auto**. Once you have verified your information, select **Complete Evidence of Insurability**. Find out more [here!](#)

VOLUNTARY LIFE/AD&D INSURANCE

RATES/\$1,000 (BIWEEKLY)

AGE (AS OF JANUARY 1, 2027)	EMPLOYEE	AGE (AS OF JANUARY 1, 2027)*	SPOUSE*
Under 29	\$0.061	Under 29	\$0.061
30-34	\$0.084	30-34	\$0.084
35-39	\$0.103	35-39	\$0.103
40-44	\$0.112	40-44	\$0.112
45-49	\$0.163	45-49	\$0.163
50-54	\$0.274	50-54	\$0.274
55-59	\$0.449	55-59	\$0.449
60-64	\$0.671	60-64	\$0.671
65-69	\$0.883	65-69	\$0.883
70-74	\$1.548	70-74	\$1.548
75+	\$1.548	75+	\$1.548

Note: Benefits subject to age reduction schedule

*The spouse rate is based on Employee's Age as of January 1, 2027.

VOLUNTARY LIFE/AD&D INSURANCE FOR CHILD(REN)

PREMIUM RATES - \$1,000

\$0.131

[Download the Lincoln Financial Mobile app today.](#)

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

\$	÷ 1,000 =	\$	x Age Based Rate =	\$
Benefit Elected				Biweekly Premium



Medicare Confidence with SmartConnect

Why SmartConnect?

SmartConnect is an exclusive service for you and your family members to explore all that Medicare has to offer, including great benefits and potential savings. This no-cost service is available 365 days a year with no obligation to enroll in a plan. You can move to Medicare at any time! Even if you are enrolled in group coverage, you can still explore and enroll in a Medicare plan with no penalty.

Here are a few ways SmartConnect's licensed insurance agents will help determine the right decision for your needs:

- Compare the costs of your current health care coverage to a variety of Medicare plans
- Answer all of your questions
- Help you transition to Medicare if you find a plan you like

Here is how to connect:

⇒ Call: (833) 799-3696

⇒ Schedule a Consultation:
smartconnectplan.com/schedule

Schedule a Medicare Consultation



Mental Health

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Employee Assistance Program

We're here for you when you need help. **All our employees have access to the Employee Assistance Program (EAP) even if you are not enrolled in the benefits.** The EAP helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the *EmployeeConnect* EAP services, you have access to mental health assistance and legal and financial help from professionals. With *EmployeeConnect*, you and your family get in-person help for short-term issues (up to 5 sessions with a counselor per person, per issue, per year). You also have 24-hour access to helpful resources by phone and a designated number of face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Sun Auto. You may access information, benefits, educational materials, and more by phone at 888-628-4824 or online at [GuidanceResources.com](https://www.GuidanceResources.com). You can also download the GuidanceNow mobile app.



The Program provides referrals to help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

Mental Health and Your Medical Plan

When your covered EAP services run out, the medical plan covers behavioral and mental health services. Via video or telephone, you can receive confidential 1-on-1 counseling from the privacy and convenience of your home. Your licensed virtual therapist may provide a diagnosis, treatment, and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship. **See plan documents for specifics on coverage for inpatient and outpatient services.** Scan the QR code to access behavioral health resources from BCBSAZ.

Get started today!
Scan the QR code



Employee Assistance Program



Employee Assistance Program

The resources
you need to meet
life's challenges



*EmployeeConnect*SM offers professional, confidential services to help you and your loved ones improve your quality of life.



In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and **25% off** subsequent meetings



Unlimited 24/7 assistance

You and your family can access the following services any time – online, on the mobile app, or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning, and more
- Legal information and referrals for family law, estate planning, and consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning



Online resources

EmployeeConnect offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit **GuidanceResources.com** or download the **GuidanceNow**SM mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets, and more

*EmployeeConnect*SM

EMPLOYEE ASSISTANCE PROGRAM SERVICES

Confidential help 24 hours a day, seven days a week for employees and their family members. Get help with:

- Family
- Parenting
- Addictions
- Emotional
- Legal
- Financial
- Relationships
- Stress



Mental Health Resources

The Big Five of Emotional Wellness

An important aspect of your overall wellbeing is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.



Practice mindfulness.

Practice deep breathing, take a walk, enjoy nature, and stay present in each moment.



Strengthen social connections.

Reach out to a friend or family member daily — even if it's just a call or text.



Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.



Improve your outlook.

Treat people with kindness, including yourself.



Deal with your stress in healthy ways.

Think positively, exercise regularly, and set priorities.

Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.



988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.



Crisis Text Line

Text "HOME" to 741741.

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



War Vet Call Center

Veterans and their families can call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

Note

According to the National Institute of Mental Health, it is estimated that more than one in five U.S. adults live with a mental illness.



Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you've paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in an HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.





Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs** – Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs** – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered. These medications are usually required to be filled at a specific pharmacy.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Important Contacts

BENEFIT	CARRIER	CARRIER CONTACT	QR CODE
Medical	Blue Cross Blue Shield Arizona Policy # 101674	800-232-2345 www.AZBlue.com	
Pharmacy	Blue Cross Blue Shield Arizona BIN: 603017 PCN: BAZ	866-325-1794 www.AZBlue.com	
Telehealth / Virtual Visits	Blue Cross Blue Shield Arizona	844-606-1612 www.AZBlue.com	
Virtual Physical Therapy	Hinge Health	www.hingehealth.com	
Dental	Ameritas Policy # 10-351321	800-487-5553 www.ameritas.com	
Vision	EyeMed Base Plan Policy # 1052895 Safety Plan Policy # 1052897	866-939-3633 www.eyemed.com	
Health Savings Account Flexible Spending Account	Lively	888-576-4837 support.livelyme.com	
Life / AD&D / Disability (STD and LTD)	Lincoln Financial Group Policy # 90-LF1168	888-408-7300 www.MyLincolnPortal.com	
Supplemental Health - Accident - Hospital Indemnity - Critical Illness	Lincoln Financial Group Group ID: 957824	800-423-2765 www.Lincolnfinancial.com	

BENEFIT	CARRIER	CARRIER CONTACT	QR CODE
Employee Assistance Program	Lincoln Financial / Guidance Resources	888-628-4824 www.GuidanceResources.com Username: LFGSupport Password: LFGSupport	
Travel Connect	Lincoln Financial Group ID: LFGTravel123	866-525-1955 (U.S. or Canada) 603-328-1955 (Worldwide) MyOnCallPortal.com	
Medicare Support	Smart Connect	833-799-3696 www.smartmatch.com/connect/SunAuto	
Sun Auto Human Resources	1201 S. Alma School Rd, Suite 14000 Mesa, AZ 85210	844-728-7457 option 2, option 6 for employee benefits Email: Benefits@sun.auto	

Required Notices

Important Notice From Sun Auto Tire & Service, Inc. About Your Prescription Drug Coverage and Medicare Under the Blue Cross Blue Shield of Arizona: Buy-Up PPO, Base PPO, High Deductible with HSA Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sun Auto Tire & Service, Inc. 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. Sun Auto Tire & Service, Inc. has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Arizona: Buy-Up PPO, Base PPO, High Deductible with HSA plan(s) 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 Sun Auto Tire & Service, Inc. coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Sun Auto Tire & Service, Inc. 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 at the end of these notices 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 Sun Auto Tire & Service, Inc. 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 Medicare Part D 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 1, 2027
Name of Entity/Sender:	Sun Auto Tire & Service, Inc.
Contact—Position/Office:	Human Resources
Address:	1201 S. Alma School Rd., Ste. 14000 Mesa, AZ 85210
Phone Number:	844-728-7457, option 2, option 6

Women's Health and 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 this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 844-728-7457, option 2, option 6.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 844-728-7457, option 2, option 6.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later 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 towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, 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 dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 844-728-7457, option 2, option 6.

Illinois Essential Health Benefit (EHB) Listing

Employer Name: Sun Auto Tire & Service, Inc.

Employer State of Situs: Arizona

Name of Issuer: Blue Cross Blue Shield of Arizona

Plan Marketing Name: Buy-Up PPO, Base PPO, HDHP with HSA

Plan Year: 2027

Ten (10) Essential Health Benefit (EHB) Categories:

- » Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- » Emergency services
- » Hospitalization (like surgery and overnight stays)
- » Laboratory services
- » Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- » Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- » Pregnancy, maternity, and newborn care (both before and after birth)
- » Prescription drugs
- » Preventive and wellness services and chronic disease management
- » Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	Yes
2	Allergy Injections and Testing		Pg. 11	Yes
3	Bone Anchored Hearing Aids		Pgs. 17 & 35	Yes
4	Durable Medical Equipment		Pg. 13	Yes
5	Hospice		Pg. 28	Yes
6	Infertility (Fertility) Treatment		Pgs. 23 - 24	Yes
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		Pg. 21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)		Pgs. 15 - 16	Yes
9	Private-Duty Nursing		Pgs. 17 & 34	Yes
10	Prosthetics/Orthotics		Pg. 13	Yes
11	Sterilization (Vasectomy Men)		Pg. 10	Yes
12	Temporomandibular Joint Disorder (TMJ)		Pgs. 13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency Services	Pg. 7	Yes
14	Emergency Transportation/Ambulance		Pgs. 4 & 17	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes
16	Breast Reconstruction After Mastectomy		Pgs. 24 – 25	Yes
17	Reconstructive Surgery		Pgs. 25 – 26, & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)		Pg. 15	Yes
19	Skilled Nursing Facility		Pg. 21	Yes
20	Transplants – Human Organ Transplants (Including Transportation & Lodging)		Pgs. 18 & 31	Yes

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit?
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	
21	Diagnostic Services	Laboratory Services	Pgs. 6 & 12	Yes
22	Intranasal Opioid Reversal Agent Associated with Opioid Prescriptions	MH/SUD	Pg. 32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)		Pgs. 8 – 9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)		Pg. 21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)		Pgs. 9 & 21	Yes
26	Tele-Psychiatry		Pg. 11	Yes
27	Topical Anti-Inflammatory Acute and Chronic Pain Medication		Pg. 32	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See All Kids Pediatric Dental Document	Yes
29	Pediatric Vision Coverage		Pgs. 26 – 27	Yes
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31	Outpatient Prescription Drugs	Prescription Drugs	Pgs. 29 – 34	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33	Contraceptive/Birth Control Services		Pgs. 13 & 16	Yes
34	Diabetes Self-Management Training and Education		Pgs. 11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes		Pgs. 31– 32	Yes
36	Mammography – Screening		Pgs. 12, 15, & 24	Yes
37	Osteoporosis – Bone Mass Measurement		Pgs. 12 & 16	Yes
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test		Pg. 16	Yes
39	Preventive Care Services		Pg. 18	Yes
40	Sterilization (Women)		Pgs. 10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 – 13	Yes
42	Habilitative and Rehabilitative Services		Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.