

Benefit Enrollment Guide

2025

beWell



ATD

AMERICAN TIRE DISTRIBUTORS

Note: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 27 for more information.

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NOW IS THE TIME TO FOCUS ON YOUR WHOLE PERSON WELL-BEING.

Our success is the direct result of the talent, passion, determination, and vision of our associates. That's why offering a comprehensive Health & Wellness Program that focuses on supporting your behavioral, physical, and financial well-being is so important. Our health and wellness programs are designed to give you the choice and flexibility you need.



BEHAVIORAL WELL-BEING
is successfully managing stress, change, and situations that are often out of our control.

PHYSICAL WELL-BEING
is taking care of our bodies and control of our health.

FINANCIAL WELL-BEING
is meeting current and future financial obligations.

The ATD Health & Wellness Program brings these three avenues together to support you throughout the different stages of your life. These programs emphasize prevention and health maintenance, seeking support when you need it, and taking action to ensure your financial security and stability, while recognizing the diverse needs of our associates.

2025 BENEFIT ENROLLMENT RESOURCES

American Tire Distributors Open Enrollment for 2025 benefits is **October 28 - November 8, 2024**. Don't miss your opportunity to elect or waive health and wellness benefits coverage for the upcoming plan year. Benefits elected during this enrollment period become effective January 1, 2025.

Open Enrollment is your only opportunity to elect benefits during the year, unless you experience a Qualifying Life Event such as marriage, divorce, or the birth of a child. Please review the options presented in this guide and enroll in one of the following ways:



Enroll Online via Workday – Benefits enrollment will be completed in Workday and is available 24/7 during Open Enrollment period.



Enroll by Phone with a Benefits Counselor– Ask questions and enroll one-on-one with a Benefits Counselor by calling **1-855-252-0703** weekdays from 9:00 a.m. to 6:00 p.m. (ET).



ALEX – Need help choosing a benefit plan? ALEX® is an easy-to-use and fun online tool that will help you select the best-fit benefit plans for you and your family. ALEX will ask you a few questions about your health care needs (your answers remain anonymous) and recommend a plan that fits your personal situation.

Visit ALEX at <https://start.myalex.com/atd>.

Benefits Website — Visit www.benefitsgo.com/atd to watch videos explaining the different plans, read FAQs, and more.

Need additional help? – Please open a case in Workday Help.

BENEFIT HIGHLIGHTS FOR 2025

OPEN ENROLLMENT IS OCTOBER 28 -
NOVEMBER 8, 2024.

- ✓ **Same Medical Plan Choices** – ATD will continue to offer the same three medical plans through Cigna for 2025:
 - Healthy Saver HSA Plan remains our qualified High Deductible Health Plan (HDHP).
 - The Select Plan is our high plan that covers the most benefits.
 - The Core Plan is our value plan with budget friendly copays for some services and the lowest per paycheck premium cost.
 - The convenience of Cigna's MDLive virtual care now at a lower cost! Cigna MDLive copay reduced to \$0 copay for both Core and Select medical plans and \$0 after deductible for Healthy Saver HSA Plan.
 - Dario options are going away for 2025, including Dario MSK/Move. Cigna members can now access virtual physical therapy through Airrosti, via the Cigna network. Pay for only 4 visits and your treatment plan is covered for 12 months.
 - Airrosti Remote Recovery includes virtual orthopedic evaluation, diagnosis, a personalized recovery plan and on-going support.
- ✓ **Health Savings Account (HSA)** – ATD will maintain current contribution rates (\$500 individual /\$1,000 family) with a portion seeded by ATD and a portion to be earned by the associate as part of wellness incentives for 2025.
- ✓ **New Well-being Provider** – As part of our focus on wellness, ATD is proud to announce our new partnership with Personify Health for 2025 Well-being services. More information to come at the end of the 2024.
- ✓ **CVS Pharmacy Enhancement:**
 - Introduction of High Deductible Health Plan (HDHP) – Health Savings Account (HSA) Preventive Drug List. Now Healthy Saver HSA Plan members can keep drug costs affordable on medications you take every day (such as diabetes, high blood pressure or asthma medication). The HDHP deductible will be waived for brand and generic medications on the list, then your regular pharmacy benefits apply.
- ✓ **New EAP Vendor** – SupportLinc (through Curalinc) is the new EAP Vendor for 2025. See page 20 for more information.
- ✓ **Voluntary Benefits*** – Review and enroll in Voluntary Benefits.
 - LegalEase Legal Insurance provides guidance in legal matters, including court representation, additional attorney hours, and document drafting.
 - Supplemental Health Benefits (i.e., Critical Illness, Hospital Care Coverage, and Accident Injury) offered through Cigna.
 - Identity Theft Protection offered through Norton Lifelock.

* These insurance benefits are not sponsored or endorsed by ATD and are voluntary benefits that are not subject to ERISA (Employee Retirement Income Security Act).



HOW TO OPEN A CASE IN WORKDAY HELP:

Log in to Workday.

Navigate to the **Help** app from the **Menu** button in the upper left corner of the screen.

Search our **Knowledge Articles** for immediate answers to your questions.

If you're unable to find what you need in a Knowledge Article, select **Create a Case** and submit your questions.

YOUR RESPONSIBILITY

We strongly encourage you to review your current benefit elections to decide if you have the right coverage for 2025. If you don't enroll by the deadline, your 2024 elections, except for Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA), will continue for 2025 including voluntary and supplemental benefits.

ELIGIBILITY

WHO IS ELIGIBLE?

Associates are eligible for benefits the first of the month after their date of hire.

Full-Time Associates	Part-Time Associates
Associates who are full-time and work 30 hours per week or more are eligible for the benefits described in this guide.	Part-Time associates who work at least 16 hours per week or more are eligible for all ATD benefits except for Basic Life, AD&D, Short-Term Disability, and Long-Term Disability.



COVERING YOUR DEPENDENTS

You can enroll your eligible dependents for Medical, Vision and/or Dental coverage, as well as other voluntary and supplemental benefits.

Current Associates

If you're adding your spouse and/or your dependents during open enrollment, you must provide documentation to verify their eligibility by November 11, or they will not be covered in 2025. Please keep a copy of your documentation.

New Associates

If you are a new associate adding your spouse and/or your dependents to your coverage, you must provide documentation to verify their eligibility before your benefits begin.

Covering your child(ren)

- Your children up to age 26, (children may include, biological, adopted, step-children and children for who you have legal custody), regardless of student or marital status
- You are required to provide health care coverage under a Qualified Medical Child Support Order
- Child(ren) of any age who fulfill the requirements above and are incapable of supporting themselves because of a disability or illness

Note: You will be required to provide documentation for a newly added dependent. Documentation may also be required when you remove a dependent from your plan.

DEPENDENT VERIFICATION GUIDELINES

You must submit proof that your dependents are eligible to be covered on our plan before we can complete your election or change request. The following supporting documents are required for any dependent.

For Spouse	A copy of your state or county-issued marriage certificate.
For Children	A copy of the child's birth certificate naming you as the child's parent, hospital discharge paperwork (must provide newborn's date of birth and name), or an appropriate court order/adoption decree naming you as the child's legal guardian.
For Step-Children	A copy of the child's birth certificate, naming your spouse as the child's parent, or an appropriate court order/adoption decree naming your spouse as the child's legal guardian and a copy of your state or county-issued marriage certificate.

CHANGING BENEFITS DURING THE YEAR

Choose your benefits carefully. IRS regulations state that you cannot change your pre-tax benefit elections (medical, dental, vision, and flexible spending accounts) during the year unless you have a qualifying life event.

Qualifying life events include:













- Marriage or divorce
- Death of your spouse or dependent
- Birth or adoption of a child
- Your spouse terminating or gaining employment (that affects eligibility for coverage)
- You or your spouse switching employment status from full-time to part-time or vice versa
- Significant cost or coverage changes
- Your dependent no longer qualifies as an eligible dependent

You have 30 days from the date of the qualifying event to submit your change request in Workday and provide appropriate documentation to change your benefits otherwise requests will not be accepted. Please visit Workday Help to find knowledge articles on this topic.

MEDICAL INSURANCE - CIGNA

Health care needs are different for everyone. That’s why our medical plans offer options so that you can choose the coverage level best-suited to your needs and budget.

WE OFFER THREE MEDICAL PLANS THAT OFFER COMPREHENSIVE HEALTH CARE BENEFITS.

Plan	Premium	Out-of-Pocket Expenses	Health FSA Eligible	HSA Eligible
The Select Plan Designed for those who are high users of health care and require ongoing care throughout the year.				
Healthy Saver HSA Plan Designed for those who want the choice to use a tax-friendly HSA to pay for current or future health care needs.				
Core Plan Designed for those who do not need to use health care very often.				

Each plan gives you access to the same network of high quality medical providers. The difference is that each plan carries different premium and out-of-pocket costs.

Deductible: This is the amount you need to pay before your plan starts paying benefits.

Out-of-Pocket (OOP) Maximum: This is a dollar amount that equals the most you’ll pay out of your pocket during the year for covered expenses.

What plan should you choose?

Select Plan Lisa was recently diagnosed with diabetes and high cholesterol. Because of her recent medical diagnoses, she visits her physician regularly and sees a specialist a few times a year. She enrolls in the Select Plan , as she prefers to pay higher premiums upfront and spend less out-of-pocket on medical services as she receives them.
Healthy Saver HSA Plan Erin recently moved off her parent's insurance and enrolled in her own coverage. She is healthy and expects to spend little on medical services, so she takes advantage of the upfront premium savings by enrolling in the Healthy Saver HSA Plan . This plan allows her to open a Health Savings Account where she can leverage HSA contributions for out-of-pocket health care expenses now and grow her savings for the future.
Core Plan Kashif is single and in good overall health. He sees the doctor annually for his wellness visit, has minimal health care needs in a normal year, and saves money by making sure his providers are in-network. Kashif enrolls in the Core Plan to keep his premium costs low.

Still need help deciding? Go to page 2 to review the support options ATD has for you.

YOUR 2025 MEDICAL PLAN SUMMARY



DOWNLOAD
THE CIGNA APP



The chart below indicates the amount you pay for health care services.

	SELECT PLAN		HEALTHY SAVER HSA PLAN		CORE PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,500 / \$5,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$8,000 / \$16,000
Out-of-Pocket Maximum (Individual/Family)	\$4,000 / \$8,000	\$8,000 / \$16,000	\$7,500 / \$15,000	\$15,000 / \$30,000	\$8,000 / \$16,000	\$16,000 / \$32,000
Coinsurance (The percent you pay after you meet your deductible)	20%	35%	20%	40%	30%	50%
Company HSA Contribution* (Individual/Family)	NA	NA	\$500 / \$1,000	\$500 / \$1,000	NA	NA
Preventive Care	100% covered	35%	100% covered	40%	100% covered	50%
Primary Care Physician	\$40 copay	35%	20%	40%	\$60 copay	50%
Specialist	\$80 copay	35%	20%	40%	30%	50%
Psychiatry	\$40 copay	35%	20%	40%	30%	50%
Outpatient Rehabilitative Therapy	\$80 copay	35%	20%	40%	30%	50%
Chiropractic	\$80 copay	35%	20%	40%	30%	50%
Ambulance	20%	20%	20%	20%	30%	30%
Hospital Inpatient	\$300 copay then 20%	\$600 copay then 35%	20%	40%	30%	50%
Outpatient Surgery	20%	35%	20%	40%	30%	50%
Urgent Care	\$80 copay	\$80 copay	20%	40%	\$125 copay	\$125 copay
Emergency Room	\$300 copay then 20%	\$300 copay then 20%	20%	20%	30%	30%

*ATD contribution will be funded at start of year and mid-year, plus \$400 of the ATD contribution is tied to completing wellness incentives.

If you live in Massachusetts and participate in the MA Core, MA Select, or MA Healthy Saver HSA Plan, please review the 2025 Cigna Summary of Benefits and Coverage (SBCs) and Summary Plan Descriptions (SPDs) for medical plan details for your state in Workday as they may differ from the above medical overview.



FIND CARE AND COSTS

On your mycigna.com dashboard, select “Find Care and Costs” tab to search by Doctor, Facility, or Reason (procedure). Results are ranked by quality and affordability with helpful physician reviews. View “Show Math” to see your total estimated out-of-pocket costs taking your deductible status into account. Download the Cigna app for additional resources.

PRESCRIPTION PLAN - CVS CAREMARK



DOWNLOAD THE
CVS/CAREMARK APP



Prescription coverage is included in your medical plan choice. Your prescription plan details are as follows:

	SELECT PLAN		HEALTHY SAVER HSA PLAN*		CORE PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Retail: 30-day supply						
Generic	20% of the cost (\$10 min / \$25 max)	Not covered	20%	Not covered	30% of the cost (\$20 min / \$40 max)	Not covered
Formulary	30% of the cost (\$25 min / \$50 max)	Not covered	20%	Not covered	40% of the cost (\$80 min / \$160 max)	Not covered
Non-Formulary	45% of the cost (\$50 min / \$100 max)	Not covered	20%	Not covered	50% of the cost (\$160 min / \$240 max)	Not covered
Specialty	30% coinsurance (\$0 if PrudentRx)	Not covered	20% (\$0 if PrudentRx after satisfying HDHP deductible)	Not covered	30% coinsurance (\$0 if PrudentRx)	Not covered
Mail Order: 90-day supply						
Generic	20% of the cost (\$20 min / \$50 max)	Not covered	20%	Not covered	30% of the cost (\$40 min / \$80 max)	Not covered
Formulary	30% of the cost (\$50 min / \$100 max)	Not covered	20%	Not covered	40% of the cost (\$160 min / \$320 max)	Not covered
Non-Formulary	45% of the cost (\$100 min / \$200 max)	Not covered	20%	Not covered	50% of the cost (\$320 min / \$480 max)	Not covered
Specialty	30% coinsurance (\$0 if PrudentRx)	Not covered	20% (\$0 if PrudentRx after satisfying HDHP deductible)	Not covered	30% coinsurance (\$0 if PrudentRx)	Not covered

* Medical plan deductible applies for HDHP drugs, unless on Preventive Drug List.

CVS ADVANCED CONTROL FORMULARY

ATD's drug formulary is CVS's Advanced Control Formulary. This drug list is reviewed quarterly for products that show enhanced clinical efficacy and/or provide more convenient dosage forms. The latest list can be found in Workday under Suggested Links in the Benefits and Pay Hub. If you are impacted by a tier change or drug exclusion, CVS will send you a letter 60 days prior to the change outlining your alternatives. There is a medical necessity process for drug exclusions (e.g. allergic to dye) to apply for prior authorization.

NEW! HDHP – HSA PREVENTIVE DRUG LIST

If you enroll in the Healthy Saver HSA Plan, you'll pay your plan's applicable copay or coinsurance for medications (generic and brands) on the Preventive Drug List – even if you haven't met your plan deductible yet. The Preventive Drug List is part of your plan and helps keep your everyday medications affordable.

Simply present your CVS Caremark® member ID card at the pharmacy when you fill your prescriptions. Your pharmacy will then automatically charge you your plan's applicable copay or coinsurance when you fill any medication on this list. If a medication you take regularly is not on the list, just ask your doctor if a listed medication might be right for you.

PRUDENTRX SPECIALTY DRUG PROGRAM

Plan participants pay a \$0 copay for specialty medications as long as you are enrolled in the PrudentRx Specialty Drug Program. Due to IRS rules, Healthy Saver HSA plan members must fully satisfy the HDHP deductible before qualifying for \$0 copay. These medications are required to be filled through CVS Specialty Pharmacy. Specialty Drugs are generally used to treat complex and rare diseases such as cancer or hemophilia. Members that deny enrollment in the PrudentRx program will pay applicable coinsurance for all specialty medications. You will receive information directly if you are eligible for the program.

DEDUCTIBLES & OUT-OF-POCKET MAXIMUMS

Deductibles and out-of-pocket maximums do not always work the same. Be sure to review the differences below in order to make the best plan choice.

EMBEDDED VS. AGGREGATE DEDUCTIBLES

Embedded Deductible (Core/Select plans)

Expenses for each covered family member are based on the individual amount. When one person meets the individual deductible, the health plan begins paying 80% of eligible expenses for just that family member. When several different family members have each paid enough in individual deductibles when, added together, the family deductible is met, the plan begins paying its share of the health care expenses for the entire family.

For example, if you have a \$500/\$1,500 (single/family) embedded deductible, here's how your plan would work:



Subscriber:
\$500 in services

Subscriber deductible is met.
Subscriber pays copays/coinsurance toward out-of-pocket maximum.

Spouse: \$100 in services
Child 1: \$500 in services
Child 2: \$0 in services

Spouse and child deductibles are not met. These members need another \$400 in services to meet the \$1,500 family deductible before the plan begins paying 80% of eligible expenses for the entire family.

Aggregate Deductible (HDHPs)

The combined total of the family's expenses must be met before the health plan begins paying 80% of eligible expenses for the entire family. If one member of the family has health care expenses high enough to meet the family's aggregate deductible, the plan will pay its share of expenses for the entire family even though only one family member met the deductible.

For example, if you have a \$1,600/\$3,200 (single/family) aggregate deductible, here's how your plan would work:



Subscriber:
\$3200 in services

Family deductible is met.
Family pays copays/coinsurance toward out-of-pocket maximum. Health plan pays balance.

Spouse: \$0 in services
Child 1: \$0 in services
Child 2: \$0 in services

TOBACCO SURCHARGE

If you use tobacco products, you will pay a tobacco surcharge of \$180 per month. During enrollment, you must certify your tobacco status.



CIGNA TOBACCO CESSATION PROGRAM

The Cigna Tobacco Cessation Program is FREE for all associates (and their covered dependents) who are enrolled in an ATD medical plan. If you use tobacco products, and you complete the Cigna Tobacco Cessation Program, you will be eligible for the non-tobacco rate.

The Cigna Tobacco Cessation Program includes up to five one-on-one coaching phone calls. You'll receive access to a member website, quit guide, and nicotine replacement therapy as part of the program.

If you think you're unable to complete the tobacco cessation program, you might qualify for an opportunity to have the surcharge waived by different means. You may need to submit additional paperwork, such as a Physician-Recommended Alternative and Waiver Form, in order to utilize a different reasonable alternative standard recommended by your physician.

To get started, call **1-855-246-1873** or go to **www.mycigna.com**.

HEALTH SAVINGS ACCOUNT (HSA) – CIGNA



DOWNLOAD
THE CIGNA APP



WHY AN HSA MATTERS

A Health Savings Account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You can use the money in your HSA to pay for qualifying medical expenses, such as towards your deductible. You must be enrolled in our Healthy Saver HSA Plan to open an HSA. An HSA rolls over from year-to-year, pays interest, can be invested, and is owned by you – even if you leave ATD. **New for 2025: ATD will maintain current contribution rates (\$500 individual/\$1000 family) with a portion seeded by ATD and a \$400 portion to be earned as part of wellness incentives.** More details on how to earn wellness incentives will be shared at the beginning of 2025.

You can make changes and stop your HSA contribution at any time throughout the year. To do so, visit Workday >type "Change Benefits" in search bar > click "Change Benefits" task > select "Change Reason" from dropdown menu.

Please see ALEX for more information on the Healthy Saver HSA Plan.

Visit www.mycigna.com or download the Cigna app for more information and resources.

KEYS TO GROWING YOUR HSA:

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone so they can grow for future needs.
- Consider electing supplemental medical plans to cover big ticket expenses from unexpected serious injuries or accidents and ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds earn interest through investments. Make sure your money is growing at an acceptable and safe pace.

HOW MUCH CAN YOU CONTRIBUTE?	ANNUAL IRS CONTRIBUTION LIMIT	ANNUAL ATD CONTRIBUTION*	YOUR MAXIMUM CONTRIBUTION AMOUNT
Individual Coverage	\$4,300**	\$500	\$3,800
Family Coverage	\$8,550**	\$1,000	\$7,550

**This is the full annual contribution. ATD will fund HSAs twice a year, and associates will receive the company's contribution for the period of time enrolled in the plan, as applicable. Amounts assume no other HSA contributions outside of employment with ATD.*

***Total IRS contribution limits for 2025 are cumulative of ATD funding. Individuals age 55 or older can make an additional \$1,000 in "catch up" contributions.*



HSAs DELIVER TRIPLE TAX SAVINGS

1. You don't pay federal income tax on the money you contribute.
2. You don't pay taxes on the interest you earn in your account.
3. You don't pay taxes when you use the money to pay for qualified medical services.

FLEXIBLE SPENDING ACCOUNTS (FSAs) – WEX



DOWNLOAD
THE WEX APP



SAVE ON EXPENSES WITH A FSA

Flexible Spending Accounts (FSAs) allow you to put aside money for important expenses and help reduce your income taxes at the same time. ATD offers two types of FSAs — a Health Care Flexible Spending Account and a Dependent Care Flexible Spending Account. **You are not eligible for a Health Care FSA if you are enrolled in the Healthy Saver HSA Plan.**

HEALTH CARE FSA

Covers deductibles, copays, prescription and over-the-counter drugs, medical equipment, etc.



DEPENDENT CARE FSA

Covers babysitters, daycare, day camp, home nursing care, etc.

HOW FLEXIBLE SPENDING ACCOUNTS WORK

1. You decide how much to set aside for health care and/or dependent care expenses. Your full contribution amount will be available for use on your benefit effective date except Dependent Care FSAs where only the contributions you've already made are available. Your contributions are then deducted as you use the funds to pay for qualified expenses.
2. Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year.
3. As you incur health care or dependent care expenses throughout the year, use your FSA card to pay for eligible expenses at the point of sale, or submit a claim form for reimbursement if necessary.

Go to www.wexinc.com/insights/benefits-toolkit/eligible-expenses for a complete list of covered expenses.

ANNUAL MAXIMUM CONTRIBUTION

Health Care Flexible Spending Account (deductibles, copays, prescriptions, etc.)	\$3,200
Dependent Care Flexible Spending Account (babysitters, daycare, nursing home, etc.)	\$5,000 (\$2,500 if married and filing separate tax returns)

Please note that these accounts are separate. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.



USE IT OR LOSE IT

Be sure to calculate your FSA contributions carefully. The funds won't roll over from year-to-year, and you will have to actively re-enroll on a yearly basis. You are not automatically re-enrolled. You can only change contributions during Open Enrollment or a qualifying life event (i.e. marriage).

FSA GRACE PERIOD

You must incur expenses on the Dependent Health Care FSA by December 31, 2025.

The Health Care FSA can incur expenses through March 15, 2026 and you must submit them by March 31, 2026.

WELLNESS INCENTIVE PROGRAM - PERSONIFY



beWell with Personify Health – Coming Soon!

With Personify Health you can make small, everyday changes for your well-being and focus on the areas you want to improve the most. You'll have the opportunity to build healthy habits and engage with tools on the platform to improve everyday lifestyle choices, like nutrition, physical activity, and social relationships.

By engaging with Personify, you'll learn easy ways to become more active and achieve your well-being goals all while earning rewards.

Ready to experience the lifelong rewards of better health and well-being? More details to come in 2025!

WELLNESS PROGRAM ENGAGEMENT

Getting and staying healthy is important. At ATD, it's also rewarding! We're continuing to provide wellness incentives that can result in you paying less than you are today. If you're enrolled in the Core or Select plan you can earn up to a \$400 reduction in your ATD medical payroll premiums for active engagement in your own health. If you're enrolled in the Healthy Saver HSA plan, the \$400 will be earned as part of ATD's contribution to your HSA account. More details on how to earn the wellness incentives will be shared at the beginning of 2025.



CIGNA RESOURCES

The following programs are available through Cigna for all who enroll in an ATD plan.



MDLIVE FOR CIGNA

There are 2 easy ways to connect to MDLIVE:

- Call MDLIVE at **1-888-726-3171**.
- Log into [myCigna.com](https://mycigna.com) and click on "Talk to a doctor" to see your cost of care and start your visit.

MDLIVE is available for these types of care:

- Urgent Care
- Wellness Screening
- Routine Care
- Psychiatry
- Therapy
- Dermatology

Wait times vary for depending on the type of appointment.
Go online to schedule your appointment today!

CIGNA PATHWELL BONE AND JOINT FOR MSK

Cigna provides a program to help you manage bone & joint conditions anytime, anywhere. Whether this is your first time experiencing muscle or joint pain or you are considering surgery, a dedicated Care Advocate will help connect you to the appropriate resources and care.

This program addresses spine, knee, hip and shoulder pain. If you need surgery, you may qualify for the zero or low cost Cigna Pathwell Bone & Joint surgery benefit. Assistance can include help with locating a designated provider, preparing for surgery, and navigating the process.

To get started, call **1-877-505-5875** or visit the website www.CignaPathwellBoneandJoint.com.

Visit www.mycigna.com or download the Cigna app for more information and resources about these programs.

CIGNA ONE GUIDE

Cigna One Guide service provides you with one-on-one support to help you:

- Know your coverage and how it works
- Find in-network providers
- Stay on track with appointments and preventive care
- Take advantage of dedicated one-on-one support for complex health situations
- Get cost estimates and service comparisons to avoid surprise

Learn more by downloading the myCigna app or calling **1-800-Cigna24 (244-6224)**.

CIGNA HEALTH MATTERS CARE MANAGEMENT

Cigna Care Management helps you access the right care, at the right time, in the right setting. With precertification, you find out in advance if a service is covered, which can help you lower costs and avoid unnecessary procedures. Our case managers have nursing experience and support you as you recover after a hospital stay or outpatient procedure to help you get back to better health.

Visit www.mycigna.com or call the number on your Cigna ID card.

CIGNA WEIGHT MANAGEMENT PROGRAM

Reach your goal of maintaining a healthy weight. Create a personal healthy-living plan that will help you build your confidence, be more active and eat healthier. Learn more at www.mycigna.com.

CIGNA HEALTHY PREGNANCIES, HEALTHY BABIES PROGRAM

This program is designed to help you and your baby stay healthy during your pregnancy and in the days and weeks after your baby's birth. Visit www.mycigna.com for tools to help you track your pregnancy week by week, prepare for delivery and care for your baby.

Cigna Healthy Pregnancies, Healthy Babies is part of an incentive awards program. When you complete the program, you'll be eligible to receive eligible to receive a hard copy check. Gift cards are no longer available. Enroll today by calling **1-800-615-2906**.

DENTAL PLANS - CIGNA



**DOWNLOAD
THE CIGNA APP**



Choose from two Dental Insurance plans through Cigna Dental Preferred Provider Organization (DPPPO).

On your mycigna.com dashboard, select “Find Care and Costs” tab to search by Dentist, Facility, or Reason (procedure). Results are ranked by quality and affordability. View “Show Math” to see your total estimated out-of-pocket costs taking your deductible status into account. Download the Cigna app for additional resources.

	CORE	SELECT
	In-Network	In-Network
Calendar Year Maximum	\$1,500	\$2,500
Annual Deductible (Individual/Family)	\$100 / \$300	\$50 / \$150
Preventive Services Exams, Cleanings, X-rays	100% coverage 2 cleanings per year	100% coverage 2 cleanings per year
Basic Services Fillings, Extractions, Oral Surgery	80% coverage after deductible	80% coverage after deductible
Major Restorative Services Crowns, Bridgework, Dentures	15% coverage after deductible	50% coverage after deductible
Orthodontia (Dependents under age 19)	no coverage	50% coverage up to the annual limit
Orthodontia Lifetime Maximum	no coverage	\$2,000

WHAT DOES PREVENTIVE DENTAL CARE TYPICALLY COVER?

Preventive care can save you money later on procedures that are more urgent, complex, and costly.

Routine dental checkups and cleanings should be scheduled every six months. Your dentist may recommend more frequent or fewer visits, depending on your dental health history.

Professional fluoride treatments can be a key defense against cavities. Professional fluoride treatments have significantly more fluoride than tap water or toothpaste and take only minutes to apply.



Dental sealants go a step beyond fluoride by providing a thin coating to the surface of your teeth. Most dental plans cover sealants as preventive care for children under 18 on their first and second molars.

X-ray images of your mouth may be taken to better evaluate your oral health. These images provide a more detailed look inside your teeth and gums.

VISION PLANS - CIGNA



DOWNLOAD
THE VSP APP



Enroll in vision coverage through VSP, which includes covered annual eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction.

To find an in-network private practice provider or participating retail location go to www.vsp.com or download the VSP app.

	CORE	SELECT	OUT-OF-NETWORK
	In-Network	In-Network	
Eye Examination Copay (every 12 months)	\$20 copay	\$20 copay	maximum reimbursement \$50
Single Vision Lenses (every 12 months)	100% covered (single, bifocal, trifocal, and standard progressive)	100% covered (single, bifocal, trifocal, and standard progressive) extra options included at no additional cost	Single vision: \$50 allowance Bifocal: \$75 allowance Trifocal: \$100 allowance
Frames (every 24 months)	\$120 allowance with \$20 copay \$65 allowance at Walmart, Sam's Club, or Costco	\$150 allowance with \$20 copay \$80 allowance at Walmart, Sam's Club, or Costco	maximum reimbursement \$70
Contact Lenses (every 12 months, instead of glasses)	100% covered up to \$120	100% covered up to \$150	100% covered up to \$105

5 TIPS FOR A LIFETIME OF HEALTHY VISION

1. Schedule yearly eye exams.

Visiting your eye doctor regularly helps you see your best, protect your sight, and even detect serious health conditions such as diabetes.

2. Protect your eyes against UV rays.

No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.

3. Give your eyes a break from digital devices.

Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.

4. Quit smoking.

Smoking increases your risk of developing macular degeneration, optic nerve damage, and cataracts.

5. Practice safe wear and care of contact lenses.

Keep them clean and follow the recommendations for use and wear.



CRITICAL ILLNESS INSURANCE - CIGNA



DOWNLOAD
THE CIGNA APP







Even the most generous medical plan doesn't cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness. The benefit is paid in addition to any other insurance coverage you may have.

You can choose to elect \$10,000, \$20,000, \$30,000, or \$40,000 in coverage.

COVERED ILLNESSES INCLUDE:

- Heart Attack
- Stroke
- Cancer
- Major Organ Transplant
- End Stage Renal (Kidney) Failure
- Parkinson's Disease
- Alzheimer's Disease
- COVID-19*

PLAN FEATURES:

-  **Guaranteed Issue:** There are no health questions or physical exams required.
-  **Family Coverage:** Spouse and children can elect 50% of the employee selection.
-  **Health Screening Benefit:** The plan provides a **\$100 benefit** per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, COVID immunization and more.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.

**Cigna pays \$3,000 for inpatient hospitalization due to COVID-19.*

The policy/certificate of coverage or its provisions, as well as covered illnesses, may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.

These voluntary insurance benefits are not sponsored by ATD, are not endorsed by ATD and are voluntary benefits that are not subject to ERISA.

This plan is not a replacement for medical insurance.



CIGNA SUPPLEMENTAL COVERAGE FAQs

Can I make changes to my supplemental coverage any time during the year?

Critical Illness, Accident and Hospital Insurance can be canceled at any time. However, you cannot make other changes unless you have a qualifying life event.

How do I file a claim?

Visit [MyCigna.com](https://www.mycigna.com), download the Mobile App, call **1-800-754-3207 Mon-Fri 8:00 am to 8:00 pm ET**, or email SuppHealthClaims@Cigna.com to initiate your claim. To file a claim for your Health Screening Benefit you will need to provide the date of service, type of visit, name of doctor, location address, and phone number.

ACCIDENT INJURY INSURANCE - CIGNA




DOWNLOAD
THE CIGNA APP




Accidental Injury Insurance pays lump sum benefits directly to you if you suffer a range of covered injuries such as a fracture, burn, ligament damage, or major concussion. Benefits are paid even if you have other coverage.


- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation
- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)


PLAN FEATURES

 **Guaranteed Issue:** There are no health questions or physical exams required.

 **Family Coverage:** You can elect to cover your spouse and children.

 **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job.

 **Portable Coverage:** You can take your policy with you if you change jobs or retire.

 **Health Screening Benefit:** The plan provides a **\$100 benefit** per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

Visit www.MyCigna.com or download the app for more information and resources.

These insurance benefits are not sponsored or endorsed by ATD and are voluntary benefits that are not subject to ERISA.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.

This plan is not a replacement for medical insurance.



HOW ACCIDENTAL INJURY INSURANCE WORKS

This is an example of what you could receive should you tear a knee ligament and need treatment and rehab:

HOW SAM'S ACCIDENT BENEFIT WAS CALCULATED:

Medical Service	Benefit
Emergency Room	\$ 200
Ligament Surgery	\$ 1,000
Anesthesia	\$ 100
Physician Follow Up Visit (\$200 per visit)	\$ 400
Physical Therapy (\$100 up to 10 visits)	\$ 1,000

TOTAL BENEFIT	\$ 2,500
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This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of an Accidental Injury Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

HOSPITAL CARE COVERAGE - CIGNA



DOWNLOAD
THE CIGNA APP



If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Care Coverage pays lump sum benefits directly to you if you are admitted into a hospital for care due to an illness or injury. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit.

PLAN FEATURES

- Guaranteed Acceptance:** There are no health questions or physical exams required.
- Family Coverage:** You can elect to cover your spouse and children.
- Portable Coverage:** You can take your policy with you if you change jobs or retire.
- Health Screening Benefit:** The plan provides a **\$75 benefit** per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

Includes substance abuse facility care up to 30 days and mental illness/nervous order facility care (both benefits pay \$50 per day, for a maximum of 30 days).

Visit www.MyCigna.com or download the app for more information and resources.

These insurance benefits are not sponsored or endorsed by ATD and are voluntary benefits that are not subject to ERISA.

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable.

This plan is not a replacement for medical insurance.



HOW HOSPITAL CARE COVERAGE WORKS

This is an example of what you could receive should you have a four day hospital stay:

HOW CINDY'S HOSPITAL CARE BENEFIT WAS CALCULATED:

Medical Service	Benefit	Total
Hospital Admission	\$1,000 per admission	\$ 200
Four-day Hospital Stay	\$100 per day for 4 days	\$ 400
In-Patient Rehab	\$50 per day for 3 days	\$ 150

TOTAL BENEFIT **\$ 1,550**

This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Care Coverage plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

LIFE INSURANCE - NEW YORK LIFE

Part-time associates are not eligible for Life and AD&D Insurance.

BASIC TERM LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

ATD provides eligible associates with Basic Term Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you and enrollment is automatic the first of the month after your date of hire.

- **BASIC TERM LIFE:** The benefit is equal to 2x your annual earnings* rounded to the next higher \$1,000 (not to exceed \$1,000,000)
- **ACCIDENTAL DEATH AND DISMEMBERMENT:** If you are seriously injured or lose your life in an accident, you will be eligible for a benefit equal to 1x your annual earnings up to a \$500,000 maximum rounded to the next higher \$1,000

NOTE: ATD withholds Social Security and Medicare taxes on the taxable value which is based on your insurance amount and age. Additionally, state taxes may be withheld, if required by your state.

SUPPLEMENTAL LIFE INSURANCE

You may purchase Supplemental Life Insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions. Those newly eligible or applying during Open Enrollment are eligible for Guarantee Issue amounts of Supplemental Life coverage as indicated below.

	ELECTION OPTIONS / MAXIMUMS	GUARANTEED ISSUE (Newly Eligible & Open Enrollment Only)
Employee	Units of \$10,000 up to the lesser of 7x your annual earnings* or \$750,000	Guaranteed Issue lesser of 5x your annual earnings or \$200,000
Spouse	Units of \$10,000 up to \$250,000, not to exceed 50% of your Life Insurance benefit	Guaranteed Issue of \$50,000
Children	\$3,000 benefit for children under the age of 26	All amounts are Guaranteed Issue



Guaranteed Issue refers to the amount of insurance you may buy without the insurance company requiring you to provide Evidence Of Insurability (EOI) or a Statement of Health. Amounts above the Guarantee Issue level will require submission of EOI for review and approval by New York Life.



REVIEWING YOUR BENEFICIARIES

To check your Life Insurance beneficiaries:

Log in to Workday > View Profile > Benefits > My Beneficiaries.

***Annual Compensation for Life Insurance:** An associate's annual wage or salary as reported by the Employer for work performed for the Employer as of the date the covered loss occurs. It includes earnings received as commissions, but not bonuses, overtime pay or other extra compensation. Annual Compensation is determined initially on the date an associate applies for coverage. A change in the amount of Annual Compensation is effective on the Policy Anniversary following the change, if the Employer gives the Insurance Company written notice of the change and the required premium is paid. Commissions will be averaged for the 12 months just prior to the date the covered loss occurs, or the months employed, if less than 12 months.

DISABILITY INSURANCE – NEW YORK LIFE

A disabling injury or illness that keeps you out of work could have a devastating impact on your income, jeopardizing your ability to cover normal household expenses. Disability Insurance protects a portion of your income, relieving you of the anxiety of depleting your savings to pay your bills.

SHORT-TERM DISABILITY	LONG-TERM DISABILITY	BUY-UP LONG-TERM DISABILITY
PLAN FEATURES		
<p>Short-Term Disability Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time.</p> <p>ATD provides basic Short-Term Disability coverage at no cost to you and enrollment is automatic after 6 months of service.</p>	<p>ATD also provides Long-Term Disability (LTD) Insurance to protect your finances when your disability continues beyond the period covered by the Short-Term Disability plan.</p> <p>This benefit is also fully paid for by the company.</p>	<p>Depending on your household budget, you may need additional disability coverage.</p> <p>To help you increase your disability protection, ATD has negotiated a special rate that allows eligible associates to purchase additional Long-Term coverage at an affordable cost.</p>
WAITING PERIOD		
7 Days	6 Months - LTD benefits may begin after six months of continuous disability.	6 Months - LTD benefits may begin after six months of continuous disability.
COVERAGE		
After you are out of work for seven continuous days and declared disabled, you will receive 60% of your weekly base pay as defined in the plan, for up to 26 weeks.	LTD insurance provides benefits of up to 50% of your monthly base pay as defined in the plan, until you are no longer disabled or until you reach the Social Security normal retirement age.	Buy-Up LTD provides benefits of up to 60% of your average monthly base pay until you are no longer disabled or until you reach the Social Security normal retirement age.
MAXIMUMS		
The maximum weekly payment is up to \$3,000.	The maximum monthly payment is \$10,000.	The maximum monthly payment is \$15,000.



EMPLOYEE ASSISTANCE PROGRAM - SUPPORTLINC

The goal of ATD's health and wellness program is to educate, inspire, and empower our associates to achieve healthy minds and bodies by creating a healthy work environment. The health and wellness of our associates are at the cornerstone of ATD's culture and values.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The **NEW** Employee Assistance Program with SupportLinc (through Curalinc) is available to all associates and is designed to provide professional help in dealing with personal concerns impacting you and your family at home or at work. SupportLinc provides confidential, professional referrals and up to six (6) sessions of face-to-face counseling sessions at no cost. SupportLinc is available 24/7/365 for assistance with concerns such as marital conflict, depression, drug and alcohol abuse, grief, children's problems, family budgeting, and legal problems.



In-the-moment

Support by phone from a licensed clinician 24/7/365



Live chat

Available on the web portal or mobile app



Email

Send a question to support@curalinc.com



Short code

Text 'support' to 51230



Video counseling

Schedule a virtual session by mobile or desktop



Textcoach®

Personalized coaching on desktop or mobile



Animo

Self-directed modules on desktop or mobile



In-person counseling

Call for a referral to a local counselor

To learn more about all the emotional well-being and work-life balance resources, visit www.supportlinc.com or call **1-888-881-LINC***.

** Phone number and website will be available to use as of 1/1/2025.*

MENTAL HEALTH PROGRAMS - CIGNA

The following programs are available through Cigna for all who enroll in an ATD medical plan.

CIGNA STRESS MANAGEMENT

Medical plan participants can get help learning what causes stress in your life and developing a personal stress management plan.

To find out more about Weight or Stress Management, call **1-855-246-1873** or visit www.mycigna.com.

CIGNA TELEHEALTH FOR MENTAL HEALTH AND SUBSTANCE ABUSE

Available to you and your covered dependents who are enrolled in an ATD medical plan. Take advantage of Telehealth to get personal and confidential mental health and/or substance abuse care via video. Find out more at www.mycigna.com.

GINGER

Ginger offers confidential behavioral health care right from your smartphone when you need it. Access in-network licensed clinicians such as a therapist or psychiatrist. Available to you and your covered dependents who are enrolled in an ATD medical plan. Find out more at ginger.com/cigna.

CIGNA HEALTH AND WELLNESS DISCOUNTS

If you are enrolled in a Cigna medical plan, you are eligible to use Cigna's Healthy Rewards® program. Show your medical ID card with the Cigna network logo to participating vendors to get discounts on things like weight management and nutrition, fitness, vision and hearing care, alternative medicine, dental care products, and more. Find out more at www.mycigna.com.

FAMILY PLANNING / RESOURCES

FERTILITY - CIGNA

Cigna Medical \$15,000 per member Lifetime Maximum Fertility Benefit includes:

- Testing and treatment performed in connection with the underlying medical condition
- Testing performed specifically to determine the cause of infertility
- Treatment and/or procedures performed specifically to restore fertility
- Artificial Insemination, In-vitro, GIFT, ZIFT, and more

CVS Pharmacy \$10,000 per member Infertility Prescription Lifetime Maximum Benefit includes:

- Applies to covered oral and injectable infertility medications
- Once limit has been reached, participants are responsible for 100% of the cost



ADOPTION ASSISTANCE PROGRAM

ATD provides an adoption expense reimbursement benefit in the amount of \$7,500.

PARENTAL LEAVE - NEW YORK LIFE

ATD offers a paid parental leave benefit that supports a family-friendly culture. Parental leave may be used for the birth of your child or the placement of an adopted child within your home. Associates become eligible after one year of employment with ATD.

Associates may take up to five weeks of parental leave. Parental leave must be taken within six months after the birth or adoption and must be taken in one continuous block of leave. Any unused paid parental leave will be forfeited at the end of the six-month time frame.

An associate who is requesting parental leave must also file a request for leave with New York Life . Call **1-888-842-4462** or visit www.mynylgbs.com.



RETIREMENT PLAN – JOHN HANCOCK

ATD RETIREMENT SAVINGS PLAN

Putting money aside for your retirement is easy with our 401(k) plan. With contributions deducted before federal taxes are calculated, it's less painful to your take home pay than you might think.

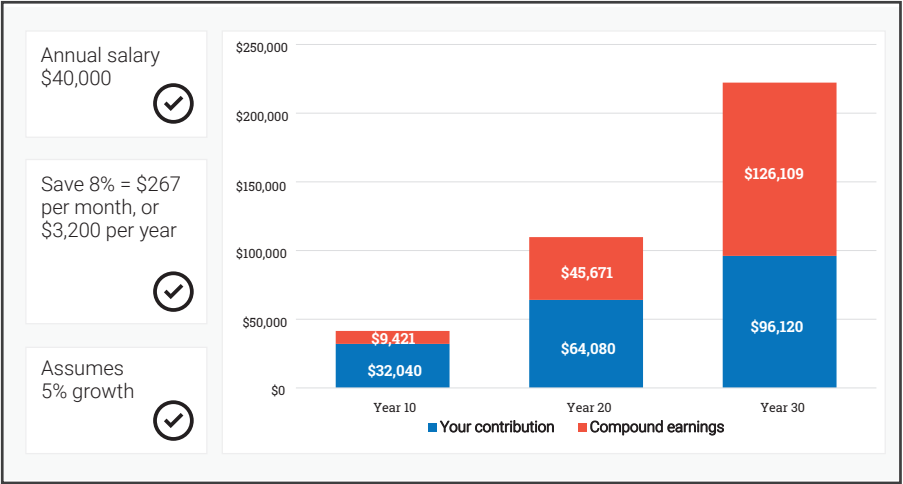
PLAN FEATURES

- Eligibility:** You can begin to contribute to your retirement account the first of the month following 30 days of employment. If no election is made within that timeframe, you will be automatically enrolled at a 4% deferral rate the first of the month following 90 days. Your account will be invested in the appropriate target retirement date fund. To make an election or opt out of the auto enroll feature, contact John Hancock at **1-800-294-3575**, download the John Hancock app, or visit www.myplan.johnhancock.com for additional resources.

- Match:** ATD matches 50% of your contributions up to 6%. Matching contributions are made every pay period and begin when your employee contributions are deducted from pay.

IRS employee contribution limits for 2024 is \$23,000. If you are age 50 or over you can make an additional \$7,500 in catch-up contributions.

COMPOUND EARNINGS ADD UP



REVIEWING YOUR BENEFICIARIES

Keep your 401(k) Savings Plan and Life Insurance beneficiary designations up to date. To check or change your 401k Savings Plan beneficiaries, please log into your John Hancock account.

This hypothetical example is for illustrative purposes only. Figures assume a beginning balance of \$0, a \$267 monthly contribution, 5% annual rate of return, and 10, 20, and 30 years of savings. Individual circumstances may vary. There is no guarantee that the results shown will be achieved or maintained over any time period. This example assumes no withdrawals; does not take into account fees associated with investing, which, if included, would reduce the account balance; and assumes reinvestment of earnings. Taxes are due on withdrawal.

VOLUNTARY BENEFITS

LEGAL INSURANCE WITH LEGALEASE*

Life events can lead to unexpected legal concerns that are difficult to handle alone. Enrolling in a legal benefits plan reduces the stress of finding and paying for an attorney when it matters most.

LegalEASE offers a legal benefits plan that provides support and protection for unexpected personal legal issues. What you get with a LegalEASE benefits plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In and out-of-network coverage
- Concierge help navigating common individual or family legal issues

As a member, you have access to a national network of over 20,300 attorneys who are matched to your specific legal needs. Being a LegalEASE benefits member also saves you time and costly legal fees. It gives you confidence and provides coverage for:

- Home and consumer (Buying, selling, foreclosure and tenant disputes)
- Financial (Debt collection, collections, contracts)
- Auto and traffic (Traffic matters and license suspensions)
- Family (Adoption, name change)
- Estate planning and wills (Will, living will, health care power of attorney)

The LegalEASE Plan is \$17.52 monthly, via payroll deduction.

To learn more about your legal benefits plan, visit <https://www.legaleaseplan.com/atd> or call **1(800) 248-9000**.

Be prepared and fully confident with a LegalEASE benefits plan. Get the peace of mind you want and the protection you need with LegalEASE.

PET INSURANCE*

My Pet Protection® from Nationwide® helps you provide your pets with the best care possible by reimbursing you for vet bills. You can get cash back for accidents, illnesses, hereditary conditions, and more. Choose 70% or 50% reimbursement for the level of coverage that fits your needs.¹ **Pets can be covered at any age, there are no age limits.**

You can use any vet. There are additional benefits for emergency boarding, lost pet advertising, and more. The 24/7 vethelpline® is available as a free service to all pet insurance members (\$150 value) for live help with any pet health concern, including identifying urgent care needs.

Pet Insurance can be added, canceled, or changed at any time at www.PetsNationwide.com or by calling **1-877-738-7874**. You can enroll directly with Nationwide; this is not an election made in Workday. To file a claim, you pay for vet bill then submit your claim online at my.petinsurance.com.

¹Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions. Reimbursement options may not be available in all states.

IDENTITY THEFT PROTECTION*

LifeLock® with Norton® Benefit Plans help protect your digital life by combining leading identity theft protection, device security, and more, in an always-connected world. These plans are enhanced and exclusive, with features and pricing only available through ATD. Enroll yourself for \$7.99 per month, or cover the whole family for \$14.98 per month. Learn more at www.MyNorton.com.

ID Theft Protection can be added, canceled or changed at any time during the year. To make changes, visit Workday >type "Change Benefits" in search bar > click "Change Benefits" task > select "Change Reason" from dropdown menu.

Once you are enrolled, if you suspect you've been the victim of identity theft, call **1-800-607-9174** and a Resolution Specialist will assist you.

Have an existing LifeLock membership? Don't forget to cancel your existing membership just prior to your benefit effective date by calling **800-607-9174**.

*These insurance benefits are not sponsored or endorsed by ATD and are voluntary benefits that are not subject to ERISA.

2025 RATES

MEDICAL COVERAGE

	BI-WEEKLY SALARY RATES			WEEKLY SALARY RATES (FOR NY ONLY)		
	Salary Bands			Salary Bands		
	< \$50,000	\$50,000 – \$99,999	\$100,000 +	< \$50,000	\$50,000 – \$99,999	\$100,000 +
Select Plan						
Employee	\$109.82	\$139.09	\$164.44	\$54.91	\$69.55	\$82.22
Employee + Spouse	\$313.45	\$360.16	\$401.75	\$156.73	\$180.08	\$200.87
Employee + Child(ren)	\$197.10	\$233.70	\$265.80	\$98.55	\$116.85	\$132.90
Employee + Family	\$407.49	\$472.35	\$521.98	\$203.74	\$236.17	\$260.99
Healthy Saver HSA Plan						
Employee	\$54.30	\$71.52	\$94.61	\$27.15	\$35.76	\$47.30
Employee + Spouse	\$196.62	\$238.19	\$275.15	\$98.31	\$119.09	\$137.58
Employee + Child(ren)	\$117.13	\$149.79	\$179.64	\$58.56	\$74.90	\$89.82
Employee + Family	\$256.46	\$323.34	\$367.06	\$128.23	\$161.67	\$183.53
Core / OOA Plan						
Employee	\$43.24	\$61.57	\$83.84	\$21.62	\$30.78	\$41.92
Employee + Spouse	\$156.73	\$192.74	\$210.99	\$78.36	\$96.37	\$105.50
Employee + Child(ren)	\$92.92	\$120.51	\$138.53	\$46.46	\$60.26	\$69.27
Employee + Family	\$205.17	\$262.35	\$293.65	\$102.58	\$131.18	\$146.82

DENTAL COVERAGE

Coverage Level	BI-WEEKLY SALARY RATES	WEEKLY SALARY RATES (FOR NY ONLY)
Core Plan		
Employee	\$3.28	\$1.64
Employee + Spouse	\$18.43	\$9.21
Employee + Child(ren)	\$13.60	\$6.80
Employee + Family	\$23.66	\$11.83
Select Plan		
Employee	\$4.06	\$2.03
Employee + Spouse	\$22.60	\$11.30
Employee + Child(ren)	\$16.63	\$8.32
Employee + Family	\$29.04	\$14.52

VISION COVERAGE

Coverage Level	BI-WEEKLY SALARY RATES	WEEKLY SALARY RATES (FOR NY ONLY)
Core Plan		
Employee	\$1.67	\$0.84
Employee + Spouse	\$5.88	\$2.94
Employee + Child(ren)	\$4.34	\$2.17
Employee + Family	\$7.55	\$3.78
Select Plan		
Employee	\$2.78	\$1.39
Employee + Spouse	\$9.70	\$4.85
Employee + Child(ren)	\$7.14	\$3.57
Employee + Family	\$12.47	\$6.24

Tobacco Surcharge: Tobacco use will add \$180 per month (\$83.08 bi-weekly / \$41.54 weekly). Please see page 8 for more information related to Cigna's Tobacco Cessation Program.

2025 RATES

SUPPLEMENTAL LIFE

EMPLOYEE & SPOUSE MONTHLY RATES PER \$1,000 OF COVERAGE										
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Employee Rates	\$0.08	\$0.08	\$0.09	\$0.11	\$0.19	\$0.32	\$0.53	\$0.83	\$1.27	\$2.16
Spouse Rates	\$0.08	\$0.08	\$0.09	\$0.11	\$0.19	\$0.32	\$0.53	\$0.83	\$1.27	\$2.16

CHILD(REN) MONTHLY RATES	
Child(ren) Rates	\$0.24 per \$1,000 regardless of the number of eligible children covered

VOLUNTARY DISABILITY INSURANCE

LONG-TERM DISABILITY MONTHLY RATES PER \$100 OF COVERAGE	
Employee Rates	\$0.215 per \$100 of monthly covered payroll

LONG-TERM DISABILITY INSURANCE MONTHLY RATES SUMMARY			
Coverage	Monthly Covered Payroll	Monthly Rate per \$100 of Monthly Covered Payroll	Monthly Premium
Buy-Up	\$6,000	\$0.215	\$7.74

ACCIDENT INSURANCE

RATES (EE ONLY)	WEEKLY	BI-WEEKLY
Employee Only	\$2.84	\$5.68
Employee + Spouse	\$5.52	\$11.04
Employee + Child(ren)	\$6.35	\$12.70
Family	\$7.77	\$15.54

HOSPITAL INDEMNITY INSURANCE

RATES	WEEKLY	BI-WEEKLY
Employee Only	\$2.73	\$5.46
Employee + Spouse	\$7.54	\$15.08
Employee + Child(ren)	\$4.76	\$9.52
Family	\$9.57	\$19.14

CRITICAL ILLNESS INSURANCE

WEEKLY AND BI-WEEKLY RATES
Rates are calculated based on age, tobacco use, amount of coverage elected, and other such factors, and will be provided at the time of enrollment.

IDENTITY THEFT PROTECTION

MONTHLY RATES	
Employee Only	\$7.99
Employee + Family	\$14.98

IMPORTANT CONTACTS

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE/APP
Medical	Cigna	1-800-244-6224	www.mycigna.com (or the myCigna app)
Prescription Drug	CVS Caremark	1-866-305-8859	www.caremark.com (or the CVS Caremark app)
Dental	Cigna	1-800-244-6224	www.mycigna.com (or the myCigna app)
Vision	VSP	1-800-877-7195	www.vsp.com (or the VSP Vision Care app)
MDLIVE	Cigna	1-888-726-3171	www.mdliveforcigna.com
Health Information Line (Cigna's 24/7 Nurseline)	Cigna	1-800-244-6224	www.mycigna.com (or the myCigna app)
Travel Assistance Services	Cigna	1-888-226-4567 (U.S.) 1-202-331-7635 (Outside U.S.)	www.mycigna.com (or the myCigna app)
Tobacco Cessation	Cigna	1-855-246-1873	www.mycigna.com (or the myCigna app)
Health Savings Account (HSA)	Cigna	1-800-244-6224	www.mycigna.com (or the myCigna app)
Flexible Spending Accounts (Health Care & Dependent Care FSAs)	WEX	1-866-451-3399	www.wexinc.com (or the WEX HSA app)
Life, Disability and Leave Management	New York Life Group Benefit Solutions	1-888-842-4462 (to file a claim)	www.mynylgbs.com
Retirement	John Hancock	1-800-294-3575	www.myplan.johnhancock.com (or the John Hancock Retirement app)
Employee Assistance Program (EAP)	Dario (until 12/31/2024)	1-833-646-1525	https://about.dariohealth.com/eap/atd
NEW Employee Assistance Program (EAP)	SupportLinc	1-888-881-LINC	https://www.supportlinc.com/
NEW Well-being Vendor	Personify Health	Coming Soon	Coming Soon
Critical Illness, Accidental Injury and Hospital Care Coverage	Cigna	1-800-754-3207	www.MyCigna.com SuppHealthClaims@Cigna.com
Pet Insurance	Nationwide	1-877-738-7874	www.petsnationwide.com
ID Theft Protection	Norton LifeLock	1-800-607-9174	www.my.norton.com
Legal Insurance	LegalEase	1-800-248-9000	www.legaleaseplan.com/atd

NEED HELP?

Contact the Benefits team by opening a case in **Workday Help**.



QUESTIONS?

For more information, visit www.benefitsgo.com/atd

NEED HELP CHOOSING A BENEFIT PLAN?

Visit **ALEX** at <https://start.myalex.com/atd>

REQUIRED NOTICES

REMINDER OF AVAILABILITY OF PRIVACY NOTICE

This is to remind plan participants and beneficiaries of the ATD Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the ATD Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

ATD, Human Resources
12200 Herbert Wayne Court, Suite 150
Huntersville, NC 28078

If you have any questions, please contact the ATD Human Resources Office at 1-704-992-2000.

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.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT DISCLOSURE

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

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Your Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with ATD 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. ATD has determined that the prescription drug coverage offered by the ATD Medical Plan through Cigna 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 through 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 ATD coverage will not be affected. Your current ATD-sponsored coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current

health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. 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 ATD 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 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through ATD 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 for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.

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: 1-800-772-1213 (TTY: 1-800-325-0778)

Date: October 14, 2022

Name of Entity/Sender: ATD

Contact: Plan Sponsor

ATD

Address: 12200 Herbert Wayne Court, Suite 150; Huntersville, NC 28078

Phone Number: 1-704-992-2000

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

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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



AMERICAN TIRE DISTRIBUTORS

NOTE: Actual plan provisions for American Tire Distributors ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.