

MORGAN

AUTO GROUP



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2015 – 2016

New Hire Overview

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November 1, 2015 – October 31, 2016

This is an overview of the coverage available. It is not a Summary of Benefits & Coverage (SBC) as prescribed by the Patient Protection and Affordable Care Act. Official plan and insurance documents govern your rights and benefits, including covered benefits, exclusions and limitations. You can access the SBC's by requesting through the HR Department at HR@morganautogroup.com. Summary Plan Descriptions (SPD)'s and Summary of Benefits & Coverage (SBC)'s will be available within 30 days of the start of the plan year and will be available in printable format upon request. If any discrepancy exists between this guide or the SBC and the official SPD documents, the official documents will prevail.



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Our Commitment

Our goal at Morgan Auto Group is to meet the needs of our employees by providing a great place to work and a robust benefits package that is ahead of our industry. Our programs are designed to meet your benefit needs and also provide you with financial security.

We offer a complete benefits package to all full time eligible employees including:

- Medical
- Healthcare Savings Account (HSA)
- Dental
- Vision
- Basic Life and AD&D
- Voluntary Life and AD&D
- Short Term Disability
- Long Term Disability
- Worksite / Supplemental
- 401(k) Retirement Savings Plans

We are pleased to offer multiple coverage options for you, giving you the opportunity to select the plans that best suit your needs and the needs of your family.

Additional details of the plans are included in this handout and the accompanying materials.

What do you need to do as a newly eligible employee?

Now is the time to make elections for your employee benefits package without needing a qualifying event.

- Please complete your enrollment elections via the self-service portal: See instructions on page 21.
- Complete your online enrollment by : **At least 1 week prior to your effective date.**

Important to Know

- Medical coverage is offered through Aetna.
- Dental coverage is offered through Aetna.
- Vision coverage is offered through Aetna.
- Basic Life & AD&D Insurance is offered through Aetna.
- Voluntary Life & AD&D Insurance is offered through Aetna.
- Disability Insurance is offered through Aetna.
- Worksite Benefits are offered by American Public Life (APL) Hospital Plan, Trustmark for Critical Illness and Accident Plan

Benefit Annual Enrollment



This is your opportunity to review and select the plans available to you as an employee of Morgan Auto Group. The benefit plan year runs from November 1st, 2015 through October 31st, 2016 (please note the Medical deductibles and out of pockets are on a calendar year basis: January 1st, 2015 through December 31st, 2015). If you do not elect to enroll at this time you will not be eligible to enroll until the next annual enrollment period in 2016, unless you experience a qualifying life event.

Eligibility

You are eligible for benefits as a regular full-time employee working at least 30 hours per week and have satisfied the waiting period of 1st of the month following 60 days from the date of hire. In some circumstances you may also elect coverage for your dependents. Eligible dependents may include the following:

- Your legal spouse or domestic partner (affidavit required)
- Dependent child(ren)



Medical Coverage:

- Child(ren) up to the age of 26 regardless of financial dependency, residency, student status, employment or marital status. Coverage ends the day before the child's 26th birthday.
- Dependent child who is supported primarily by you, and who is incapable of self-sustaining employment by reason of mental or physical handicap (proof of their condition and dependence must be submitted)
- Beyond age 26, the dependent must be unmarried and not have any dependents of his or her own; be a resident of Florida, or a Student, AND not have coverage as a named subscriber, insured, enrollee or covered person under any other group, blanket or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Medicare. Coverage will be extended until the 30th birthday

Dental

- Dependent Child less than age 26. Coverage ends the day before the child's 26th birthday.

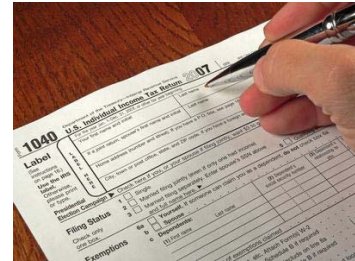
Vision and Life Coverage:

- Dependent child less than 26 years old. The coverage continues to the end of the calendar year in which the dependent turns 26.

Pre-Tax Benefits

Our Medical, Dental, Vision and Health Savings Account contributions are covered under an IRS Section 125 plan. This plan allows your premium contributions to be taken out of your paycheck before taxes are applied. This results in greater take home pay for you.

Because your share of the costs for these benefits are taken from your paycheck on a pre-tax basis, the IRS requires that you may only change your elections when a family status change takes place or during open enrollment.



Examples of family status changes include: *marriage, adoption, birth, divorce, or your spouse obtaining/losing other group coverage (through his/her employer). See CHIP special enrollment rights in Legal Section.*

If you would like to make a plan change due to one of these listed reasons, you must notify Human Resources Administration within 30 days of the event. Otherwise, no changes will be allowed until the next annual open enrollment. Remember, if you change your benefit elections, your benefit premium contributions will also change.

Key Health Insurance Terminology

- **COPAY:** An arrangement where an individual pays a specified amount for various health care services and the health plan or insurance company pays the remainder. Usually a set dollar amount (for example, a \$25 per office visit), rather than a percentage of the charge.
- **DEDUCTIBLE:** A set dollar amount that a person pays before the plan payment begins. When using an in-network provider, you will receive your health insurance carrier's negotiated rate. The negotiated rate will be applied towards your deductible.
- **OUT OF POCKET MAXIMUM:** The total amount paid each year by the member for medical services. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges for covered services the rest of that calendar year. Copays apply to the out of pocket maximum.
- **COINSURANCE:** This is the percent of cost that you and your health insurance carrier will share once the deductible has been met.
- **NEGOTIATED RATE:** Instead of you or the health insurance carrier paying the retail cost of medical services and prescriptions, you or the health insurance carrier will pay a negotiated rate. This is a discounted rate that your insurance carrier has negotiated with that provider for that service. The Negotiated Rate varies by both Doctor and Procedure. You can call your Doctor prior to an Office Visit and/or a Scheduled Procedure to determine approximately what your Negotiated Rate may be for your service.



Medical Coverage

Morgan Auto Group offers Medical coverage through Aetna. Aetna is an extremely reputable carrier and has a strong network of providers nationwide. There are 4 plan options available to you through Aetna. Each plan was designed to meet the specific needs of our employees and their dependents.



Aetna®	Core Medical Base	LOW HDHP	MID	HIGH
		Eligible for H.S.A		
In Network Benefits				
Deductible				
Individual	\$5,500 (EE only)	\$3,000 (EE only)	\$2,500	\$1,500
Family	\$11,000 (EE+1 or more)	\$6,000 (EE+1 or more)	\$4,500	\$3,000
Coinsurance	60%	80%	80%	100%
Out of Pocket				
Individual	\$6,350 (EE only)	\$4,000 (EE only)	\$4,500	\$1,500
Family	\$12,700 (EE+1 or more)	\$8,000 (EE+1 or more)	\$9,000	\$3,000
OOP Maximum Includes	Ded, Coinsurance & Copay, Incl. Rx Copays			
Hospital Services				
Inpatient Hospital Services	40% after Ded	20% after Ded	20% after Ded	0% after Ded + \$500 Per occ
Outpatient Surgery	40% after Ded	20% after Ded	20% after Ded	0% after Ded
Emergency Room	\$300	20% after Ded	\$300	\$300
Urgent Care Center	\$150	20% after Ded	\$75	\$75
Physician Services				
Preventive Care	100% covered	100% covered	100% covered	100% covered
Primary Care Physician	\$40	20% after Ded	\$35	\$25
Specialist	\$75	20% after Ded	\$70	\$50
PCP Required?	No	No	No	No
Diagnostic				
X-Rays and Diagnostic Lab	\$0- Lab / 40% after Ded - Xray	20% after Ded	\$0- Lab / 20% after Ded - Xray	0% after Ded
Advanced Imaging	40% after Ded	20% after Ded	20% after Ded	0% after Ded
Prescriptions	\$200 Ded EE \$600 Ded Fam	Copays Apply after Ded		
Tier 1 (Generic)	\$10	\$10	\$10	\$10
Tier 2 (Brand)	\$35	\$35	\$40	\$40
Tier 3 (Non-Preferred)	\$60	\$60	\$70	\$70
Mail Order Rx (90 days)	2.5 x Rx Copay	2.5 x Rx Copay	2.5 x Rx Copay	2.5 x Rx Copay
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Out of Network Benefits	Emergency Only	\$5,000 / \$10,000 60% \$6,000 / \$12,000	Emergency Only	Emergency Only

Note- if you elect dependent coverage on the base and low plans the full family deductible/out of pocket maximum must be satisfied before benefits are payable. Either one individual or family can collectively meet the deductible/out of pocket maximum. On all other plans each individual has their own separate accumulators.

Please Note: This guide is designed to provide an overview of the coverages available. It is not a Summary Plan Description (SPD). Official plan and insurance documents govern your rights and benefits, including covered benefits, exclusions and limitations. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

Health Savings Account (HSA)

An HSA is a financial account that you can use to accumulate tax-free funds to pay for qualified health care expenses as defined by the Internal Revenue Service (IRS). The account acts like a regular checking account with a debit card that accrues interest. All money in the account is owned by you and is fully vested as soon as it is deposited. Funds can accumulate over time and the account is portable. When you use the funds for qualified health care expenses, you will not pay taxes. If you use the money for other expenses, you will pay taxes and a penalty fee. Any unused monies left in your Health Savings Account at the end of the calendar year will roll over to the next year for you to use.



If you elect the High Deductible Health Plan (HDHP), you are eligible to participate in the Health Savings Account (HSA). Paired with a qualified high deductible health plan (HDHP), a Health Savings Account is a powerful financial tool that empowers you to be more actively involved in your health care decisions.

Contributions to the Health Savings Account (HSA) can be made by both you and your employer. **Morgan Auto Group makes a contribution to your account on your behalf if you contribute towards your Health Savings Account. Morgan Auto Group will match 20% of your contribution to a maximum of \$500 a year.** The maximum annual combined contribution changes annually. The monies in your Health Savings Account allow you to pay for out of pocket, non-reimbursed health expenses for you and your qualified dependents, even those not enrolled in the plan. This account is owned by you and is portable, which means that you keep the funds even if you leave Morgan Auto Group. Better yet, there is no use it or lose it provision.

The Health Savings Account (HSA) banking arrangement is through USAmeriBank. To set up an account you can contact USAmeriBank at (727) 584 – 1100.

Type of Coverage	2016 HSA Contribution Limits	Catch Up Contribution
Individual	\$3,350	\$1,000
Family	\$6,750	\$1,000

Catch up contributions increase the annual limits and can be made during the year in which the participant turns 55.

Examples of qualified healthcare expenses “include but are not limited to” co-pays, deductibles, Rx copays, dental services, orthodontia, glasses and contacts.

For a complete listing of IRS Qualified Healthcare Expenses, visit <http://www.irs.gov/publications/p502>. Effective January 1, 2011 over the counter medications are an eligible expense only with a prescription.

HOW IT WORKS

On the High Deductible Health (HDHP) Plan, you will not have a copay for services. Instead you are responsible for the negotiated rate until you have satisfied your deductible. If you elect Employee Only coverage, you are responsible for the first \$3,000 of In-network claims during the calendar year. If you elect to cover a dependent on the plan, then you are responsible for the first \$6,000 of in network claims for the calendar year. After the deductible, you will be responsible for 20% and medical carrier will pay 80% of your in-network health coverage. Once you have met your out-of-pocket maximum, the medical carrier will pay 100% of your in network medical claims.

The one exception to this rule is **Preventive Care**. Because preventive care is important, all preventive care services such as an annual physical or for women an annual visit to the OBGYN, would be 100% paid for by your medical carrier (prior to the deductible being satisfied) with no cost to you.



Since you have this first dollar responsibility, it is highly recommended you put money aside each month in the event you or a dependent incur a claim. You can put this money aside in your own personal account, or you can take advantage of the Health Savings Account available to you.

Examples**:

- John Doe has had the flu for several days and schedules an appointment to see his provider, Dr. Smith. If John had NO insurance, Dr. Smith would charge him \$110.00 for the office visit. Instead, as a member of the plan, John is going to receive the negotiated rate of \$65 for the office visit. John would be responsible to pay Dr. Smith \$65 for his visit. This \$65 would be applied to his Calendar Year Deductible.
- Jane Doe has to have Knee Replacement Surgery. This surgery would cost Jane \$17,000 if she did NOT have insurance. Because Jane is on the group plan, she receives the negotiated rate. Jane's cost for this surgery would be \$600. This \$600 would be applied to her Calendar Year Deductible.
- Betty Joe has diabetes. She needs to go to the doctor for her three month insulin check up. Betty Joe's doctor charges \$85.00 for an office visit and the lab work total is \$200.00. These services are not considered preventative and will be billed as a medical diagnosis claim. Because Betty Joe used a participating provider, negotiated rates will be applied to the office visit and lab work. The negotiated rate will apply to Betty Joe's deductible and out of pocket and Betty Joe will be responsible to pay that negotiated rate to the provider and lab until her annual out of pocket is met.

**Note: The Examples above are included for illustrative purposes and may not reflect your actual coverage. See your Certificate of Coverage for all covered services.

Supplemental Benefits

Morgan Auto Group offers you the opportunity to purchase supplemental benefits through American Public Life (APL) and Trustmark. These plans are designed to **compliment** the group medical coverage.

Hospital Confinement (APL) – Even if you have coverage that helps with most of the expenses, you may still have to deal with deductibles, co-payments and coinsurance. Not to mention all the other bills you already pay each month – mortgage, groceries, electricity and gasoline. This benefit is payable when you are hospitalized due to an injury or illness.

Critical Illness (Trustmark) – A serious medical event such as cancer, heart attack or stroke could leave you in a period of financial difficulty even if you have major medical coverage. This benefit will pay a lump sum benefit if you are diagnosed and treated for certain critical illnesses.

Accident (Trustmark) – Because accidents can happen at any time and any place, often time's individuals are not prepared for the repercussions, particularly the cost. This benefit helps pay for unexpected healthcare expenses due to accidents. It provides benefits, payable direct to you, to cover initial care, durable medical equipment and follow up visits.



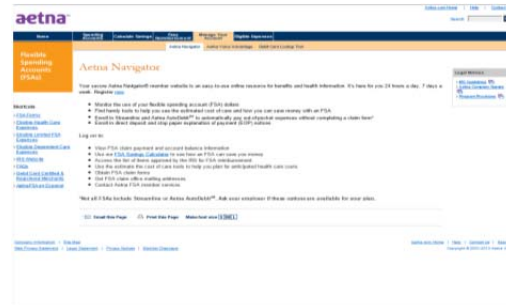
Aetna Tools & Wellness

As an Aetna member you have access to additional tools that allow you to determine the cost of care before you receive services, have your medical related questions answered 24/7 and secure member website that allows you to track claims, check your coverage and even print up Temporary ID cards. These products and services offer a variety of discounts at no additional cost to you and your dependents on the plan.

Aetna Navigator®

Aetna Navigator is a one-stop employee self-service Web Site that provides convenient online services such as:

- Check the status of a claim
- View benefits and eligibility
- Find a physician
- Participate in live, interactive discussions with leading medical experts
- Order prescription drugs through the Online Pharmacy
- Order & print a Member ID card



Aetna Informed Health Line

This toll free number is available 24/7 and staffed by nurses who can help you get information on a wide range of topics, find out more about medical procedures, and make smarter healthcare decisions. You can also access audio tapes and pamphlets on subjects ranging from diet and nutrition to sports injuries. CALL: 800-556-1555

Real Time Cost Estimator

Through Aetna Navigator you have access to a real time costs estimator so that way you can know before you go. This is personalized to the plan you enroll gives you access to the costs of hundreds of commonly used services and takes into consideration your specific copays, deductibles and coinsurance payments. Which allows you to prepare financially in advance of any services or procedures you might have.

Simple Steps To A Healthier Life® Program

Yes, you can leave those unhealthy habits behind for good. The trick is to find a way that works for you. Try Simple Steps To A Healthier Life. You'll get online wellness coaching programs that are included with your health benefits and insurance plan — so it won't cost you a penny. And you'll learn strategies to fit healthy living into your busy life in simple steps, at your own pace.


- Manage your weight: Reach your goal weight, and boost how active you are with Balance™.
- Deal with stress: Find out where your tension comes from, and get proven strategies to stay calm under pressure with Relax™.
- Eat healthier: Learn better eating habits for life with Nourish™.
- Quit smoking: Get a quit plan that uses your strengths to help you get past old roadblocks with Breathe™.



Dental Coverage

Morgan Auto Group offers dental coverage through Aetna. Your annual election gives you the opportunity to enroll in one of 3 plans. The Low and High PPO plans offer the choice of using either in or out-of-network providers.



	Core- DHMO	Low – PPO	High - PPO
	In Network Only		
In Network Benefits			
Primary Dentist Requirement	Yes	No	No
Deductible			
Individual	NA	\$50	\$50
Family	NA	\$150	\$150
Calendar Year Maximum	NA	\$1,000	\$1,500
Preventive Care			
Cleanings & X-rays	See Copay Schedule	0%	0%
Deductible Waived?		Yes	Yes
Other Services			
Basic Services	See Copay Schedule	20% after Ded	20% after Ded
Major Services		50% after Ded	50% after Ded
Endodontics / Periodontics		20% after Ded	20% after Ded
Orthodontia			
Coverage	See Copay Schedule	Child Only	Child Only
Maximum Lifetime Benefit		50% to \$1,000	50% to \$1,000
Reimbursement	Fee Schedule	Negotiated Rate	Negotiated Rate
Out of Network Benefits			
Deductible per Calendar Year	None	\$50/\$150	\$50/\$150
Preventive Care		0% after Ded	0% after Ded
Basic Services		50% after Ded	20% after Ded
Major Services		30% after Ded	50% after Ded
Reimbursement		MAC	85% URC
Calendar Year Maximum		\$1,000	\$1,000

Note: In regards to Out-of-Network benefits under the PPO plans, any amounts in excess of the fee schedule or customary charges are your responsibility which could result in balance billing and a higher out of pocket expense.


You are only required to satisfy your deductible one time per calendar year.

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Vision Coverage

Morgan Auto Group offers vision coverage through Aetna. There is 1 plan to choose from. This plan gives you the freedom to go to any licensed vision provider, but you will receive better benefits if you use an in-network provider.



	Core PPO	
	In Network	Out of Network
Frequency of Services		
Eye Exam	Once every 12 months	
Lenses	Once every 12 months	
Frame	Once every 24 months	
Contact Lenses (in lieu of glasses)	Yes – Once Every 12 Months	
Exam	\$10	Reimbursed up to \$40
Materials	\$25	
Covered Lenses by Type		
Single Vision	\$25	Reimbursed up to \$20
Bifocal	\$25	Reimbursed up to \$40
Trifocal	\$25	Reimbursed up to \$60
Lenticular	\$25	Reimbursed up to \$100
Standard Progressive	\$90	Reimbursed up to \$40
Covered Frames by Type		
If you select a frame outside of the covered in-full section, you will receive	\$150 Allowance after copay	Reimbursed up to \$70
Contact Lenses (in lieu of		
For medically necessary contacts (determined at the provider's discretion)	Covered in Full	Reimbursed up to \$250
If elective (in lieu of glasses), coverage outside of the covered-in-full section	\$150 Allowance After Copay	Reimbursed up to \$80
Laser Vision Correction	Discount Pricing	No Reimbursement

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How to Locate In-Network Providers

- **MEDICAL – Aetna**

To look up a provider using the website:

1. Go to www.Aetna.com
2. Click on the Find a Doctor
3. It will take you to a log in page. Register as a member or select the link “Search a Public Directory”
4. Select, A plan offered by my Employer
5. Enter search criteria and run search
6. When prompted to select Network choose Aetna Health Network Only (Open Access)

You may also print a provider directory from this website.

- **DENTAL – Aetna**

To look up a provider using the website:

1. Go to www.Aetna.com
2. Follow the same prompts as above
3. Once at the provider search home page select Dental as an option
4. When prompted to select Network for the PPO choose DentalPPO/PDN w/PPO II and for the DHMO option you would select Dental Maintenance Organization
5. Enter Criteria and run search

You may also print a provider directory from this website.

- **VISION – Aetna**

To look up a provider using the website:

1. Go to www.AetnaVision.com
2. Once on the site select the top option under locate a provider, Locate Provider on the Aetna Vision Preferred Network.
3. Enter Zip Code and run search.

You may also print a provider directory from this website.



Basic Life and Accidental Death & Dismemberment (AD&D) Insurance



All full-time eligible employees are provided with \$20,000 of Basic Life and AD&D coverage. **This benefit is 100% paid for by Morgan Auto Group.** This coverage is offered through Aetna. It is your responsibility to notify Human Resources as to whom should be listed as your beneficiary(ies). You may change your designated beneficiary at any time. **Please note that after age 65, a reduction schedule is applied to this benefit.**

Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance

This is a benefit offered through Aetna in addition to your company sponsored Basic Life Insurance. You may elect to purchase additional Life Insurance with a matching amount of AD&D coverage in increments of \$10,000 to a maximum of 5 times your annual salary or \$500,000, whichever is less. **Aetna has agreed to allow for a True Open Enrollment this year and anyone may elect up to Guarantee issue of \$150,000 without completing an Evidence of Insurability form.** If you elect more than the Guarantee Issue or choose to elect in the future, Aetna will require you to meet certain requirements to prove good health before coverage will become effective. See your Summary Plan Description for more details.



If you purchase coverage for yourself, you are also eligible to purchase coverage for your spouse and dependent children.

- For your spouse, you may elect life insurance in increments of \$5,000 to a maximum of \$250,000 not to exceed 50% of the employee's elected amount (up to age 70). **The Guarantee Issue for spousal coverage is \$25,000.** If you elect an amount that exceeds the Guarantee Issue for your spouse they will need to provide evidence of good health that is satisfactory to Aetna before the excess can become effective. Rates and premiums for your spouse's Voluntary Life election are based on your age and not your spouse's age.
- Children between the ages of 14 days to 21 years (25 years if full-time student) are covered in increments of \$1,000 up to a benefit of \$10,000 without exceeding 50% of the amount elected by the employee.

Voluntary Life and AD&D Rates

To select your benefit amount and calculate your premium, do the following:

1. Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000 (Ex. \$10,000, \$20,000, or \$50,000). Refer to the coverage guidelines section for the minimums and maximums, if needed.
2. Find your age bracket in the far left column.
3. Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.

If the benefit amount you want to select is great than \$100,000, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3

Employee Premium Table (26 Payroll Deductions Per Year)										
	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.32	\$0.64	\$0.96	\$1.30	\$1.62	\$1.94	\$2.26	\$2.58	\$2.90	\$3.24
30 - 34	\$0.42	\$0.84	\$1.24	\$1.66	\$2.08	\$2.50	\$2.90	\$3.32	\$3.74	\$4.16
35 - 39	\$0.70	\$1.38	\$2.08	\$2.76	\$3.46	\$4.16	\$4.84	\$5.54	\$6.24	\$6.92
40 - 44	\$1.02	\$2.04	\$3.04	\$4.06	\$5.08	\$6.10	\$7.10	\$8.12	\$9.14	\$10.16
45 - 49	\$1.62	\$3.24	\$4.84	\$6.46	\$8.08	\$9.70	\$11.30	\$12.92	\$14.54	\$16.16
50 - 54	\$2.58	\$5.16	\$7.76	\$10.34	\$12.92	\$15.50	\$18.10	\$20.68	\$23.26	\$25.84
55 - 59	\$3.96	\$7.94	\$11.90	\$15.88	\$19.84	\$23.82	\$27.78	\$31.76	\$35.72	\$39.70
60 - 64	\$6.10	\$12.18	\$18.28	\$24.36	\$30.46	\$36.56	\$42.64	\$48.74	\$54.84	\$60.92
65 - 69	\$10.80	\$21.60	\$32.40	\$43.20	\$54.00	\$64.80	\$75.60	\$86.40	\$97.20	\$108.00
70 - 74	\$19.24	\$38.50	\$57.74	\$76.98	\$96.24	\$115.48	\$134.72	\$153.96	\$173.22	\$192.46

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far right column of the spouse premium table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000 (ex. \$20,000, \$25,000 or \$30,000). Refer to the coverage guidelines section for minimums and maximums.

Spouse Premium Table (26 Payroll Deductions Per Year)										
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.16	\$0.32	\$0.48	\$0.64	\$0.80	\$0.96	\$1.14	\$1.30	\$1.46	\$1.62
30 - 34	\$0.20	\$0.42	\$0.62	\$0.84	\$1.04	\$1.24	\$1.46	\$1.66	\$1.86	\$2.08
35 - 39	\$0.34	\$0.70	\$1.04	\$1.38	\$1.74	\$2.08	\$2.42	\$2.76	\$3.12	\$3.46
40 - 44	\$0.50	\$1.02	\$1.52	\$2.04	\$2.54	\$3.04	\$3.56	\$4.06	\$4.56	\$5.08
45 - 49	\$0.80	\$1.62	\$2.42	\$3.24	\$4.04	\$4.84	\$5.66	\$6.46	\$7.26	\$8.08
50 - 54	\$1.30	\$2.58	\$3.88	\$5.16	\$6.46	\$7.76	\$9.04	\$10.34	\$11.64	\$12.92
55 - 59	\$1.98	\$3.96	\$5.96	\$7.94	\$9.92	\$11.90	\$13.90	\$15.88	\$17.86	\$19.84
60 - 64	\$3.04	\$6.10	\$9.14	\$12.18	\$15.24	\$18.28	\$21.32	\$24.36	\$27.42	\$30.46
65 - 69	\$5.40	\$10.80	\$16.20	\$21.60	\$27.00	\$32.40	\$37.80	\$43.20	\$48.60	\$54.00

All Children Premium Table (26 Payroll Deductions Per Year)										
	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
	\$.10	\$.22	\$.32	\$.42	\$.52	\$.64	\$.74	\$.84	\$.96	\$1.06

*Regardless of how many children you have, they are included in the 'All Children' premium listed in the table.

Voluntary Short Term Disability Benefits



Disability coverage is insurance for your paycheck. The income that you receive while you are out on disability can be used to pay your household bills and medical expenses.

You have the option of purchasing disability coverage offered through Aetna. This benefit provides for short term income continuation if you become disabled from a covered accidental bodily injury, sickness or pregnancy.

Benefits begin on the 15th day after the onset of the disability. **The benefit is 60% of your weekly earnings up to a maximum of \$2,000 per week. You will receive a weekly benefit for a maximum of 26 weeks.**

Note – the disability policy does have a 3 month look back period. If you have been treated for an illness/injury 3 months prior to the effective date of the plan, benefits will not be payable until 6 months after coverage begins.

The pricing for Short Term Disability will be on the Enrollment Web Portal.

Voluntary Long Term Disability Benefits



Disability coverage is insurance for your paycheck. The income that you receive while you are out on disability can be used to pay your household bills and medical expenses.

You have the option of purchasing long term disability coverage offered through Aetna. This benefit provides for Long term income continuation if you become disabled from a covered accidental bodily injury, sickness or pregnancy.

Benefits begin on the 181st day after the onset of the disability. **The benefit is 50% of your weekly earnings up to a maximum of \$8,000 a month. You will receive a weekly benefit up to Social Security Normal Retirement Age as long as you continue to meet the plans guidelines.**


Note – the disability policy does have a 3 month look back period. If you have been treated for an illness/injury 3 months prior to the effective date of the plan, benefits will not be payable until 12 months after coverage begins.


The pricing for Long Term Disability will be on the Enrollment Web Portal.


Employee Per Paycheck Deductions (26)

Your premium responsibility for each paycheck is based on your coverage election. To determine your cost per pay period use the table below.

Please note that if you falsify the required attestation during your enrollment, you are violating Morgan Auto Group's Code of Conduct and committing fraud. Further, please understand that Morgan Auto Group reserves the right to take disciplinary action if you falsify the Attestation, including, but not limited to, removing the non-tobacco use discount from your medical premiums, discontinuing your coverage under Morgan Auto Group's medical plan, and/or taking disciplinary action up to and including termination of employment. The attestation will include myself and all covered dependents that are covered on the medical policy.

	MEDICAL			
	Base	HDHP	MID	HIGH
Tier				
Non Tobacco Employee Only	\$14.00	\$51.80	\$144.62	\$199.76
Non Tobacco Employee + Spouse	\$266.22	\$342.64	\$465.50	\$573.92
Non Tobacco Employee + Child(ren)	\$238.84	\$297.46	\$409.04	\$507.58
Non Tobacco Employee + Family	\$518.84	\$605.64	\$811.58	\$960.40
Tobacco Employee Only	\$17.50	\$64.76	\$180.78	\$249.70
Tobacco Employee + Spouse	\$332.78	\$428.30	\$581.88	\$717.40
Tobacco Employee + Child(ren)	\$298.56	\$371.82	\$511.30	\$634.48
Tobacco Employee + Family	\$648.54	\$755.64	\$961.58	\$1,110.40

	DENTAL		
	DHMO	LOW PPO	HIGH PPO
Tier			
Employee Only	\$5.12	\$8.82	\$15.56
Employee + Spouse	\$8.64	\$19.50	\$34.74
Employee + Child(ren)	\$11.52	\$27.36	\$44.26
Employee + Family	\$15.50	\$38.08	\$63.44

	VISION
	PPO
Tier	
Employee Only	\$3.26
Employee + Spouse	\$6.52
Employee + Child(ren)	\$6.20
Employee + Family	\$10.64



Florida Quit Program – Tobacco Free Florida



The goal of our healthcare program is to provide you and your insured family members with access to services that promote healthier lifestyles.

If you are a tobacco user, you already know that one of the best things you can do for your health is to quit smoking. Morgan Auto Group supports those efforts and has a program in place to help you take action.

Did you know that quitting smoking improves your health immediately?

- Your blood pressure lowers 20 minutes after your last cigarette.
- Your risk of heart attack decreases after 24 hours.

- You may experience fewer colds and flues and fewer attacks if you have conditions like asthma.
- You are less likely to develop
 - Asthma
 - COPD (including bronchitis and emphysema)
 - Heart disease
 - Diabetes

The best thing is these benefits increase the longer you stay tobacco free. Aside from the health benefits you gain from quitting tobacco, you can also benefit your wallet.

The average smoker spends more than **\$1,800** per year on tobacco. For an employee making \$30,000 per year, quitting smoking is like getting a 6 percent pay increase.

Did you know?

Nearly 70% of smokers want to quit according to the CDC. 25% have attempted quitting, and 4% to 7% are able to quit smoking without medication or

- Smoking cessation programs **have successful quit rates ranging from 10% to 30%.**
Join Morgan Auto Groups

Smoking Cessation Program!



Tobacco Free Florida – Florida Quit Program

Employees can call the toll-free Florida Quit Line at **1-877-U-CAN-NOW** (1-877-822-6669) to speak with a trained and certified Quit Coach who will help assess their addiction and help them create a personalized quit plan. They will receive proactive coaching sessions, self-help materials, and quit aids like nicotine replacement therapy (PATCHES – 2 weeks).

These services are available at no cost to tobacco users who are ready to make a quit attempt.

Highlights of the program include

- Proactive coaching sessions
- Self-help materials
- Free nicotine replacement therapy
- Counseling and materials in English, Spanish and Haitian Creole; translation services for all other languages and TDD service for the hearing-impaired.
- Personalized quit plan
- Access to dedicated coach

Call and sign up for your smoking cessation program today. If you participate in this program and become smoke free, you will be able to enjoy a **decrease in your monthly medical rates.**



Go online to www.quitnow.net/florida

or call **1-877-U-CAN-NOW (1-877-822-6669)**

to quit today.

TIPS ON HOW TO QUIT SMOKING

There are many ways to quit smoking. There are also resources to help you. Family members, friends, and co-workers may be supportive. But to be successful, you must really want to quit.

Most people who have quit smoking were unsuccessful at least once in the past. Try not to view past attempts to quit as failures. See them as learning experiences.

It is hard to stop smoking or using smokeless tobacco. But anyone can do it.

Know the symptoms to expect when you stop. Common symptoms include:

- An intense craving for nicotine
- Anxiety, tension, restlessness, frustration, or impatience
- Difficulty concentrating
- Drowsiness or trouble sleeping
- Headaches
- Increased appetite and weight gain
- Irritability or depression

How bad your symptoms are depends on how long you smoked. How many cigarettes you smoked each day also plays a role.

Feel Ready to Quit?

- First, set a quit date. Quit completely on that day. Before your quit date, you may begin reducing your cigarette use. But remember, there is no safe level of cigarette smoking.
- List the reasons why you want to quit. Include both short- and long-term benefits.
- Identify the times you are most likely to smoke. For example, do you tend to smoke when feeling stressed or down? When out at night with friends? While drinking coffee or alcohol? When bored? While driving? Right after a meal? During a work break? While watching TV or playing cards? When you are with other smokers?
- Let your friends, family, and co-workers know of your plan to stop smoking. Tell them your quit date. It can be helpful if they know what you are going through, especially when you are grumpy.
- Get rid of all your cigarettes just before the quit date. Clean out anything that smells like smoke, such as clothes and furniture.

Make a Plan

- Make a plan about what you will do instead of smoking at those times when you are most likely to smoke.
- Be as specific as possible. For example, drink tea instead of coffee. Tea may not trigger the desire for a cigarette. Or, take a walk when you feel stressed.
- Remove ashtrays and cigarettes from the car. Put pretzels or hard candies there instead. Pretend-smoke with a straw.
- Find activities that focus your hands and mind. But make sure they are not taxing or fattening. Computer games, solitaire, knitting, sewing, and crossword puzzles may help.

Change Your Lifestyle

- Make other changes in your lifestyle. Change your daily schedule and habits. Eat at different times, or eat several small meals instead of three large ones. Sit in a different chair or even a different room.
- Satisfy your oral habits in other ways. Eat celery or another low-calorie snack. Chew sugarless gum. Suck on a cinnamon stick.
- Go to public places and restaurants where smoking is prohibited or restricted.
- Eat regular meals, and don't eat too much candy or sweet things.
- Get more exercise. Take walks or ride a bike. Exercise helps relieve the urge to smoke.

Set Some Goals

- Set short-term quitting goals and reward yourself when you meet them. Every day, put the money you normally spend on cigarettes in a jar. Later, buy something you like.
- Try not to think about all the days ahead you will need to avoid smoking. Take it one day at a time.
- Even one puff or one cigarette will make your desire for more cigarettes even stronger. However, it is normal to make mistakes. So even if you have one cigarette, you don't need to take the next one.

Other Tips

- Hospitals, health departments, community centers, and work sites often offer programs. Learn about self-hypnosis or other techniques.
- Ask your health care provider about [medications that can help you quit nicotine and tobacco](#) and keep you from starting again.
- Find out about [nicotine patches, gum, and sprays](#).
- The American Cancer Society's web site, www.cancer.org, is an excellent resource for smokers who are trying to quit. The Great American Smokeout can also help some smokers kick the habit.

Above all, don't get discouraged if you aren't able to quit smoking the first time. Nicotine addiction is a hard habit to break. Try something different next time. Develop new strategies, and try again. Many people take several attempts to finally kick the habit.

Employee Assistance Program (EAP)

When it is difficult to cope with problems, we often turn to family or friends for support. Unfortunately, sometimes that is not enough. Sometimes we need the ear of an experienced professional, one who will keep our concerns confidential and help guide us in the right direction.

Kids, job, bills, health, world events ... Life — it happens to all of us

Some days it can be tough to manage the competing priorities in our lives, and keep it all running smoothly. If you are enrolled in an Aetna Long-Term Disability plan and need help with an everyday issue that's becoming a little hard to handle, your Employee Assistance Program (EAP) is here for you.

Aetna Resources For Living, our comprehensive Employee Assistance Program, is there for you when you need it. This confidential and round-the-clock service offers support and resources, whether your issues are parenting, work situations, a troubled relationship, substance abuse or even just a desire for self-improvement. And, this program is available to you and others in your household as an Aetna Long-Term Disability plan member.

Everyone needs a little help sometimes

Your Aetna Long-Term Disability insurance policy includes three face-to-face counseling sessions a year with an EAP network provider. That's up to three visits a year for you and also for members of your household.

Just a call or click away, we can confidentially discuss your situation and help you get information and education, as well as referrals to local counselors if you want face-to-face visits.

Common issues:

- Mental health and well-being
- Personal and professional relationships
- Substance abuse
- Family life
- Daily stress

Online worklife resources: there when you need them

Visit www.mylifevalues.com for free webinars; online child care, eldercare, education searches; concierge database; and discount programs. You'll also have access to thousands of articles, videos, and tools on worklife and behavioral health topics.

Ready when you are

We're available whenever you are. We're here 24 hours a day, 7 days a week, either by phone or online. If it's not convenient to call, you can find resources and self-help tools for your personal, family and work-related concerns on the EAP website.

There is no charge to you or your family for using the program. However, if you choose to use any referrals to additional resources, their charges, if any, would be your responsibility. Check your company benefits plan for coverage of those additional services.

Contact the Aetna EAP anytime,
toll-free **1-855-283-1915**.
Or visit **www.mylifevalues.com**,
(Log in user name and password:
RESOURCES)

Call: **1-855-283-1915**
Or visit: **www.mylifevalues.com**
(Log in user name and password:
RESOURCES)

Aetna is the brand name used for products and services offered through the Aetna group of subsidiary companies. The EAP is administered by Aetna Behavioral Health, LLC.

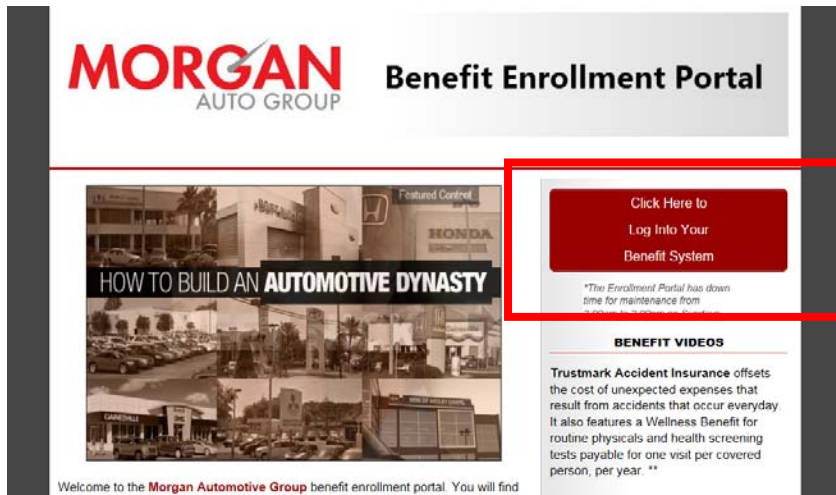
Aetna Resources For LivingSM is the brand name used for products and services offered through the Aetna group of subsidiary companies. The EAP is administered by Aetna Behavioral Health, LLC.

All EAP calls are confidential, except as required by law (i.e., when a person's emotional condition is a threat to himself/herself or others, or there is suspected child, spousal or elder abuse, or abuse to people with disabilities). This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of programs and services and does not constitute a contract. EAP instructors, educators and network participating providers are independent contractors and are neither agents nor employees of Aetna. Aetna does not direct, manage, oversee or control the individual services provided by these persons and does not assume any responsibility or liability for the services they provide and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

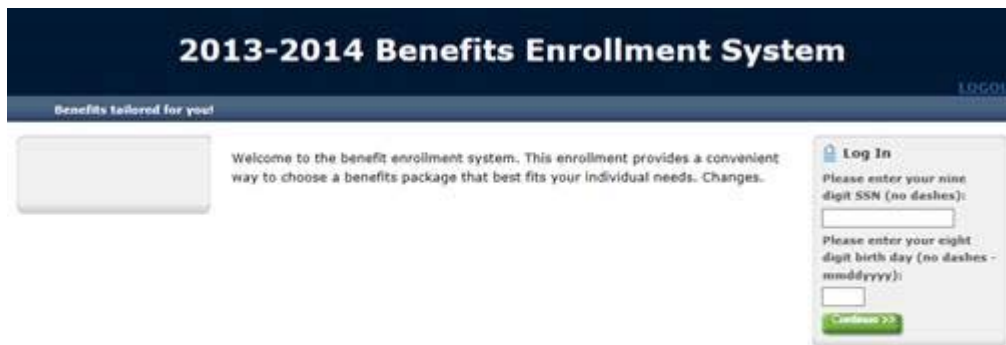
Online Enrollment - eElect

Enrolling online will ensure accuracy, save time and is easy and available 24 hours a day, 7 days a week via eElect. **The enrollment process is required and necessary to ensure your enrollment in coverage for the 2015- 2016 plan year.**

Step 1: Log into the eElect self service portal at www.ExplainMyBenefits.Biz/MAG and click the red box in the upper right hand corner.



Step 2: Log into the eElect enrollment system by using your User Name & Password. **Your User name will be your full social security number (no dashes) and your password will be your birthday (MMDDYYYY)**



Step 3: Navigate through the system and complete your enrollment.

Legal Notices

Social Security Numbers

As of January 1, 2010 it is required by legislation that the Social Security number for all covered dependents be provided to the carriers. Please enter this information for any dependents you wish to cover; it is necessary to assist in the coordination of Medicare coverage.



CHIP Special Open Enrollment Rights

CHIP (Children's Health Insurance Program) offers a new 60 day special enrollment period for dependents that are eligible but are not enrolled for coverage in our group health plan under two scenarios. (1) If you have a dependent that gains or loses coverage you can enroll or remove that person in our employer sponsored health plan within 60 days of their eligibility change; or (2) if the employee's or dependent's Medicaid or CHIP coverage is terminated as a result of loss of eligibility. The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

Please visit www.insurekidsnow.gov to learn more about health insurance for infants, children and teens in your State or make a toll free call to 1-877-KIDS-NOW (1-877-543-7669).

Healthcare Reform

By now you have most likely heard of the Patient Protection and Affordable Care Act (PPACA), also known as "Healthcare Reform." PPACA was signed into law in 2010 and requirements of the law are being phased in. We are already experiencing some of the benefits of the law, such as access to preventive care at no member cost.

Two of the key provisions of the law that impact individuals went into effect in 2014 are the Exchanges and the implementation of benefits that must be included in health plans. At Morgan Auto Group, we are following these changes very closely and are working to ensure compliance with the law.

Initial HIPAA Rights

The HIPAA Privacy Rule gives individuals a fundamental right to be informed of the privacy practices of their health plans and of most of their health care providers, as well as to be informed of their privacy rights with respect to their personal health information. Health plans and covered health care providers are required to develop and distribute a notice that provides a clear explanation of these rights and practices.

Continuation of Health Coverage - COBRA

Federal Law requires that most group health plans (including this Plan) give employees and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan. Depending on the type of qualifying event, "qualified beneficiaries" can include the employee covered under the group health plan, the covered employee's spouse, and the covered dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act (WHCRA) includes protections for individuals who elect breast reconstruction in connection with a mastectomy. WHCRA provides that group health plans and health insurance issuers who provide coverage for medical and surgical benefits with respect to mastectomies must also cover certain post-mastectomy benefits, including reconstructive surgery and the treatment of complications (such as *lymphedema*).

Medicare Part D, Prescription Drug Coverage

In accordance with Medicare requirements, Morgan Auto Group will issue notices of creditable coverage by October 15th each year. The notice of creditable or non-creditable coverage describes whether prescription drug coverage under the company's plans is expected to pay out at least as much as standard Medicare prescription drug coverage on average for all participants. This information is designed to help Medicare-eligible individuals avoid late enrollment penalties, which can apply when an individual who does not have creditable coverage fails to enroll in Medicare Part D when first eligible.

Michelle's Law

A group health plan may not terminate a college student's health coverage on the basis of the child taking a medically necessary leave of absence from school as certified by a physician. This also applies to students who change from full-time to part-time enrollment due to a medically necessary leave of absence. Students who lose eligibility may continue on the group plan for up to a year.

Qualified Medical Child Support Order

A "QMCSO" is a medical child support order (from a court or administrative agency) that creates or recognizes the right of an "alternate recipient" to receive benefits for which a participant or beneficiary is eligible under a group health plan. It is recognized by the group health plan as "qualified" because it includes information and meets other requirements.

Summary Annual Report (SAR)

Each year the company will provide you with a Summary Annual Report for Morgan Auto Group's benefits plan options. This document includes summary financial information for the plans. In addition to providing a brief financial overview of the plan, you will find information on how to obtain complete annual reports, or portions of reports and what information the full reports contain. Distribution of this information complies with the Employee Retirement Income Security Act of 1974 (ERISA) which requires that companies file annual financial reports with the Internal Revenue Service (IRS) on certain benefit plans and furnish the information to all current, prior and eligible participants.

ERISA Summary Plan Description (SPD) – Wrap Plan Documents

An employer must have a Summary Plan Description (SPD) for each separate welfare benefit or group health plan in compliance with the Employee Retirement Income Security Act (ERISA). These documents must contain specific information required under ERISA. Certificates of coverage that are provided by the insurance carriers to a covered employee do not contain all of the required ERISA language. To be in compliance, Morgan Auto Group's must add an ERISA wrap document to all certificates of coverage to produce a complete Summary Plan Description (SPD). Each covered employee of Morgan Auto Group will receive a copy of the SPD either electronically or in paper format.

Federal Exchange Notification

There is now a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer. The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. To review the options available to you through the Exchange, please visit www.healthcare.gov.

Individual Mandate Q&A

The Affordable Care Act includes a mandate for most individuals to have health insurance or potentially pay a penalty for noncompliance. Individuals will be required to maintain minimum essential coverage for themselves and their dependents. Some individuals will be exempt from the mandate or the penalty, while others may be given financial assistance to help them pay for the cost of health insurance.

What type of coverage satisfies the individual mandate? “Minimum essential coverage”

What is minimum essential coverage?

Minimum essential coverage is defined as:

- Coverage under certain government-sponsored plans
- Employer-sponsored plans, with respect to any employee
- Plans in the individual market,
- Grandfathered health plans; and
- Any other health benefits coverage, such as a state health benefits risk pool, as recognized by the HHS Secretary.

Minimum essential coverage does not include health insurance coverage consisting of excepted benefits, such as dental-only coverage.

What is the penalty for noncompliance?

The penalty is the greater of:

- For 2015, **\$325** per uninsured person or **2 percent** of household income over the filing threshold, and
- For 2016 and beyond, **\$695** per uninsured person or **2.5 percent** of household income over the filing threshold.

There is a family cap on the flat dollar amount (but not the percentage of income test) of 300 percent, and the overall penalty is capped at the national average premium of a bronze level plan purchases through an exchange. For individuals under 18 years old, the applicable per person penalty is one-half of the amounts listed above.

Beginning in 2017, the penalties will be increased by the cost-of-living adjustment.

Who will be exempt from the mandate?

Individuals who have a religious exemption, those not lawfully present in the United States, and incarcerated individuals are exempt from the minimum essential coverage requirement.

Are there other exceptions to when the penalty may apply?

Yes. A penalty will not be assessed on individuals who:

1. cannot afford coverage based on formulas contained in the law,
2. have income below the federal income tax filing threshold,
3. are members of Indian tribes,
4. were uninsured for short coverage gaps of less than three months;
5. have received a hardship waiver from the Secretary, or are residing outside of the United States, or are bona fide residents of any possession of the United States.

Important Contacts

CARRIER	CONTACT INFORMATION
Aetna – Medical, Dental, Vision & Life and Disability	
<ul style="list-style-type: none"> - Website - Member Services 	www.Aetna.com 1 (800) US – Aetna (800-872-3862)
USAMERIBANK – Health Savings Account (HSA)	
<ul style="list-style-type: none"> - Website - Member Services 	www.USAmeriBank.com (727) 584-1100
Trustmark – Accident and Critical Illness – Explain My Benefits	
<ul style="list-style-type: none"> - Member Services 	1 (888)734-6937
APL – Hospital Indemnity	
<ul style="list-style-type: none"> - Website - Employee Benefits Services 	www.AMPublic.com 1 (866) 874 – 5725
Morgan Auto Group – Employee Benefits Center (Mon thru Fri 9am – 5pm)	
<ul style="list-style-type: none"> - E-mail - Employee Benefits Services 	benefits@morganautogroup.com 1 (888)627-0222
Morgan Auto Group – Human Resources	
<ul style="list-style-type: none"> - Jason Hillman - Alicia Bailey 	813.994.2943 x 214 hr@morganautogroup.com

CCF&N has joined HUB International!
As one of the world's largest insurance brokers, HUB International leverages the buying power of a large organization to bring you more options, competitive pricing and customized solutions. In your community, our local offices deliver personal service and the ability to respond quickly to changing needs. Collectively, our local hubs are a knowledge powerhouse providing clients with tailor-made solutions.



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