



Employee Advantage Benefit Guide

January 1, 2020 – December 31, 2020



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This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this brochure and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by MileOne.

What is the MileOne Employee Advantage?

Steve Fader, MileOne CEO, believes that taking care of our employees is an essential part of shaping a positive workplace and building a successful company. With that in mind, in 2018 we introduced the MileOne Employee Advantage, a series of programs and benefits designed to help you and your family succeed both at work and at home.

For 2020, new programs were created and old programs were updated to put our employees first and help make MileOne the best place to have a career in the automotive industry. With the MileOne Employee Advantage, we offer **extensive financial and healthcare benefits** that include medical, dental, vision insurance, voluntary benefits, Traditional and Roth 401(k), with a company match, and short and long-term disability.

Other Employee Advantage Program offerings include:

- **The NextMile Scholarship Program** Since its inception in 2014, this program has awarded more than 240 scholarships allowing us to grant over \$1 million to MileOne employees and their family members. This program assists them in pursuing their educational goals at colleges and universities such as Salisbury University, University of California, Berkley, University of Wisconsin, University of Michigan and Towson University.
- **Employee Purchase Program** Designed to make the automotive purchase and servicing experience for our employees and family members as simple and hassle-free as possible while offering competitive pricing across the company.
- **Employee Assistance Program (EAP)** Powered by the experts at BHS, the EAP program offers 24/7 access to a professional Care Coordinator at BHS who can assist you with issues including depression or anxiety, coping with a death in the family, health issues, financial challenges, substance abuse, marriage or divorce problems, childcare or elder care needs, or legal advice. The Employee Assistance Program is free to employees and family members and provides a confidential solution to help you bring your best self to work.
- **MileOne Support Fund** The mission of this new program is to provide financial assistance to eligible MileOne employees in times of disaster or emergency hardships. This fund was launched with a \$100,000 gift to support our employees. For years, MileOne Autogroup has supported the communities we work and live in and now the Support Fund is dedicated to our most valuable assets, our employees.
- **Milestone Recognition Luncheons** Employee loyalty is an important part of what makes MileOne a leader in the automotive industry. As a thank you for continued loyalty at MileOne, Milestone Recognition Luncheons celebrate employees who have reached their 5th, 10th, 15th, 20th year or longer in 5-year increments. Employees celebrating these significant milestones receive a catalog full of spectacular gifts to choose from.
- **Medicare and Social Security webinars and consulting** Helps our tenured employees navigate the complicated benefits provided by our government.

To learn more about these programs and benefits, visit the **Employee Advantage** section on [HRConnection.com](https://hrconnection.com).

Welcome to Open Enrollment for Your 2020 Health and Welfare Benefits!

MileOne Autogroup ("MileOne") is pleased to offer comprehensive health and welfare benefits with choices and flexibility for you and your dependents. We understand how important it is to provide for the health and wellness for you and your family and we encourage you to take advantage of this opportunity to participate in our expanded offerings under the MileOne Employee Advantage.

The tools available to help you select benefit plans are as follows:

- **HRConnection.com**- review both the Employee Advantage and Benefit Plan Document Tabs.

Username	Password
Mileone	Employee1

**If logging in from a MileOne computer, no password is necessary.
if logging in from an outside computer, use username and password listed above.*

Password is Case Sensitive.

- Call our Employee Hotline: **410.427.6910**
- Email: **EmployeeConnect@MileOne.com**

Your selections from the November 2019 Open Enrollment will become effective January 1, 2020!

Who is Eligible?

Full-time employees working at least 30 hours per week are eligible for healthcare and financial benefits beginning on the first day of the month coinciding with or following the day on which you complete 60 days of continuous employment.

Eligible dependents include the employee's spouse and unmarried children to age 26, regardless of student status. Common-law and domestic partners are not eligible. Employees may be asked to show proof of verification for dependents. Verification may be in the form of a birth certificate, marriage license and/or tax forms. If correct proof of verification is not shown, dependents may be removed from coverage.

When to Enroll

Employees can enroll in the MileOne healthcare and financial benefit plans each year during Open Enrollment. New hires have 30 days from their hire date to complete their enrollment process.

New hire benefits become effective after completing the new hire waiting period as described above in the "Who is Eligible" section. Full-time employees and their dependents may enroll in one of two Medical HSA plans, one of two Dental plans, Vision, Supplemental Life, Short Term Disability, Long Term Disability, FSA plans, Critical Illness and Accident Insurance plans. Employees will be automatically enrolled in our Basic Life plan.

Employee Contributions

MileOne is pleased to offer employees a comprehensive health and welfare plan, for which MileOne pays the majority of the costs. Employees share in the cost of these coverages through payroll contributions which are based on your coverage selection.

Qualified Change in Status

Qualified changes in status include: marriage, divorce, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Any qualified changes must be made within 30 days of the qualified event date. Qualified changes can be completed by logging onto Workday using the benefits worklet. Refer to the Workday Benefits Enrollment Guide for assistance at **[HRconnection.com/Workday](https://hrconnection.com/Workday)**.

About This Employee Advantage Benefit Guide

This is a brief summary of the benefit plans MileOne offers and does not serve as a Summary Plan Description or Plan Document. If there are any discrepancies between this summary and the plan document, the plan document will govern. We strongly suggest you go to **HRConnection.com** to view the Summary Plan Descriptions and the Plan Document which provides detailed information about the different plans we offer. If you have specific questions concerning our plans, please contact your HR Business Partner.

What's Important for 2020?

FSA Elections

FSA elections must be made every year.

All other benefit elections can be rolled over at Open Enrollment by reviewing your selections from last year and submitting them through Workday for 2020.

MileOne Support Fund

This year, you will be able to make donations to the MileOne Support Fund through payroll deductions. See page 22 for more information.

What's Important for New Hires?



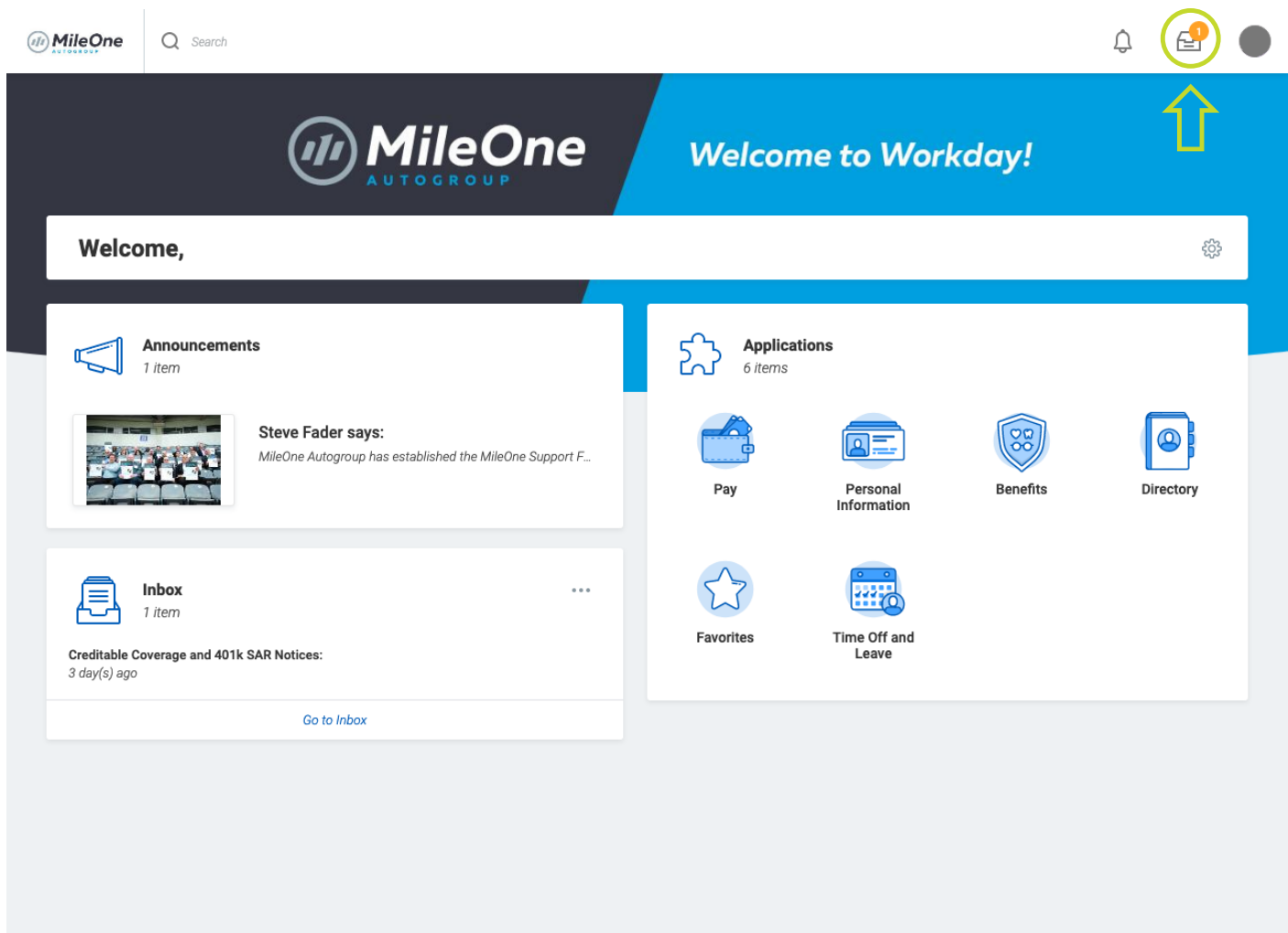
What is Workday?

Workday is MileOne's intuitive online Human Resources Management tool that provides employees direct access to personal information and allows employees to review/edit their benefit elections.

Workday offers visibility into Benefit Elections with efficiency, flexibility and control.

Through the Benefits worklet, employees can make benefit elections, and easily update and view their current plan choices at any time. Use the corresponding Workday Benefits Enrollment Guide, to receive step-by-step instructions to complete 2020 Benefit elections.

The below screen is a screenshot to demonstrate where the process begins! Your picture in the top right corner will take you to your inbox, where you'll have a message to "Change/Select Benefit Elections."



Medical & Prescription Drug Benefits



MileOne offers our employees and their dependents two comprehensive medical plans to choose from that are administered by UnitedHealthcare (UHC). Employees who enroll in this plan may also be entitled to open and fund a Health Savings Account (HSA).

The UHC plan will continue to offer an enhanced plan design which includes 100% coverage for all in-network preventive care services.

For more information on these plans refer to HRConnection.com

	Option 1 Lower Deductible UHC/HSA Medical Plan		Option 2 Higher Deductible UHC/HSA Medical Plan	
SERVICES	In-Network	Out-of-Network	In-Network	Out-of-Network
<i>Deductible</i> - Individual - Family	\$1,900 \$3,600	\$4,000 \$8,000	\$3,800 \$6,500	\$4,000 \$8,000
<i>Out-of-Pocket Maximum</i> - Individual - Family	\$3,800 \$7,200	\$8,000 \$16,000	\$6,800 \$13,000	\$8,000 \$16,000
<i>Co-Insurance</i>	20%	50%	30%	50%
<i>Preventive Care</i>	0%	50% After Deductible	0%	50% After Deductible
<i>Hospitalization</i> - Inpatient	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
<i>Emergency Room</i>	20% After Deductible	20% After Deductible	20% After Deductible	30% After Deductible
<i>Mental Health</i> - Inpatient/Outpatient	20% After Deductible	50% After Deductible	30% After Deductible	50% After Deductible
<i>Prescription Drugs</i> - Retail (30 Day) - Mail Order (90 Day)	20% After Deductible 20% After Deductible	20% After Deductible Not Covered	30% After Deductible 30% After Deductible	30% After Deductible Not Covered

Medical & Prescription Drug Benefits (Continued)



Continuing in 2020, MileOne will provide a discount on the premium cost for non-tobacco users. You must certify your tobacco status during your Workday benefits enrollment process. (See Tobacco User/Non Tobacco User benefit plan question).

Bi-Weekly Cost

	Option 1 Higher Premium-Lower Deductible		Option 2 Lower Premium-Higher Deductible	
	Non-Tobacco User	Tobacco User	Non-Tobacco User	Tobacco User
<i>Employee Only</i>	\$62.04	\$92.04	\$45.05	\$75.05
<i>Employee + One Child</i>	\$214.72	\$244.72	\$186.40	\$216.40
<i>Employee + Spouse</i>	\$226.05	\$256.05	\$197.73	\$227.73
<i>Family</i>	\$299.42	\$329.42	\$271.10	\$301.10

All expenses, including prescription drugs, must be applied to the plan deductible. Once the deductible has been satisfied, the plan will begin covering a share of the cost. The only exception to this is for preventive care which is covered in-network at 100% (no deductible).

Employees and their families must satisfy the annual deductible before cost sharing will begin. It is important to note that Option 1 and Option 2 handle the satisfaction of deductibles among family members differently. Please check your summary plan description, found under the benefits tab in HR Connection for specifics of how each plan works.

The annual out of pocket maximum must be satisfied before obtaining 100% coverage.

For Employees or Spouses 65 years or older

For 2020, we recommend reviewing your options to determine if Medicare could be an option for your health insurance. Our analysis shows there may be a financial advantage for both our employees and their spouses. Call Randy Hart, CBIZ Consultant for a free consultation at **443.205.0296**.

Health Savings Accounts (HSA)

If you enroll in MileOne's UnitedHealthcare/HSA plan, you may be eligible to open a Health Savings Account (HSA). HSA's are individual, tax-advantaged savings accounts used to cover health expenses. You may use funds in your HSA to pay for qualifying healthcare expenses or reimburse yourself for out-of-pocket health plan expenses. Distributions from your HSA are tax-free if used to pay for eligible medical, dental, vision and prescription drug expenses for yourself or a covered family member (dependents over age 19 must be able to be claimed on your Federal tax return).

In order to open an HSA, you must meet the following requirements:

- You must be enrolled in a qualified high deductible health plan; BOTH of the MileOne UHC/HSA options meet this requirement
- You cannot be claimed as a tax dependent by another individual
- You cannot be enrolled in any other health plan coverage including Medicare, military coverage, or a spouse's plan (see additional information on [HRConnection.com](https://hrconnection.com))

How much can I contribute to an HSA?

Each year, the IRS sets a limit on the maximum amount that can be deposited into an HSA. The accounts can be funded by the employer, employee or a combination of employer and employee funds. MileOne has chosen to contribute to your UHC HSA plan. The chart below summarizes the total maximum contribution, the MileOne contribution and the maximum employees can contribute.

	Total Annual HSA Maximum	MileOne 2020 Contribution	Maximum You May Contribute
<i>Employee Only</i>	\$3,550	\$300	\$3,250
<i>Employee + One Child</i>	\$7,100	\$600	\$6,500
<i>Employee + Spouse</i>	\$7,100	\$600	\$6,500
<i>Family</i>	\$7,100	\$600	\$6,500

If you are 55 or older as of 12/31/2020, you can contribute an additional \$1,000.

Health Savings Accounts (HSA) Continued



If you are hired during 2020, MileOne's contribution and the maximum you may contribute will be prorated based on the effective date of your UHC coverage as follows:

MileOne's Contribution Amount

Effective Date of Coverage	Employee Only Coverage	All Other Coverage Categories
1/1/20 to 3/31/20	\$300	\$600
4/1/20 to 6/30/20	\$225	\$450
7/1/20 to 9/30/20	\$150	\$300
10/1/20 to 12/31/20	\$75	\$150

How do I contribute to the HSA?

You can open your HSA account with Optum Bank, the financial institution that partners with UHC. We encourage our employees to participate. Your contributions will be made through pre-tax payroll deductions each pay period up to the maximum shown above. The more you contribute, the better prepared you will be to cover your out-of-pocket expenses. You may only contribute to the HSA as long as you remain eligible to do so (see requirements above).

Once you have established an open account, you are not required to elect to participate in the HSA every year.

What happens to the money in my HSA at the end of the year?

If you have funds left in your account at the end of the year, the money will rollover to the next year. This is true even if you select another health plan at the next open enrollment, but in order to contribute to the account, you must remain enrolled in a qualified medical plan.

In addition, you retain your account if you leave MileOne. The money in your account can continue to grow to help cover future health care expenses. However, if you withdraw the money for anything other than eligible health care expenses, you must pay income tax and a 20% penalty.

Health Savings Accounts (HSA) Continued



Important features of how your HSA works with your UHC Medical Plans

The HSA Bank account is designed to be used with either Option 1 or Option 2 medical plans, see below. HSA's are individual, tax-advantaged savings accounts used to cover health expenses. You may use funds in your HSA to reimburse yourself for out-of-pocket health plan expenses. (You are not required to sign up for an HSA bank account.)



Davis Vision



The MileOne vision plan through Davis Vision allows you and your dependents to receive a routine eye examination, traditional lenses and frames (1 set), or contact lenses once every 12 months. You and your dependents may receive care from a participating or non-participating provider. However, if you use a non-participating provider you will incur higher out-of-pocket expenses.

SERVICES	In-Network	Out-of-Network
<i>Examinations</i>	No Co-pay	Up to \$30
<i>Lenses</i>		
- Single Vision	No Co-pay	Up to \$25
- Bifocal	No Co-pay	Up to \$35
- Trifocal	No Co-pay	Up to \$45
<i>Frames</i>		
- Fashion	No Co-pay	Up to \$30
- Designer	\$20 Co-pay	Up to \$30
- Premier	\$40 Co-pay	Up to \$30
- Non-Collection	\$60 Allowance	Up to \$30
<i>Contact Lenses (in lieu of glasses)</i>		
Collection	No Co-pay	Up to \$75
Non-Collection	\$85 Allowance	Medically necessary up to \$225

	Bi-Weekly Cost
<i>Employee Only</i>	\$2.16
<i>Employee + Child(ren)</i>	\$5.60
<i>Employee + Spouse</i>	\$5.60
<i>Employee + Family</i>	\$5.60

Dental Benefits

MileOne provides you with two PPO Dental plans through United Concordia Dental Insurance (UCCI) within the Alliance Network.

Both PPO plans offer a broad network of Dentists to provide affordable coverage based on the type of service you obtain – Preventive, Basic or Major – and whether or not you obtain services from a participating or non-participating provider. Additionally, under either plan you may obtain covered services from any certified dentist. If the dentist does not participate with the plan, UCCI will pay the noted benefit amount based on the maximum allowed fee for that area. Employees who use providers that participate in UCCI's network will pay reduced fees or have no out-of-pocket expenses.

	UCCI High PPO		UCCI Low PPO	
SERVICES	In-Network	Out-of-Network	In-Network	Out-of-Network
<i>Deductible - Applies to Basic & Major Services Only</i>	\$25 Individual \$75 Family	\$50 Individual \$150 Family	None	\$100 Individual \$300 Family
<i>Diagnostic & Preventative Services</i>	100%	80%	80%	65%
<i>Basic Services</i>	80%	60%	40%	40%
<i>Major Services</i>	50%	35%	30%	30%
<i>Orthodontic Services - Dependents to Age 26</i>	50%	50%	50%	50%
<i>Annual Maximum</i>	\$2,000 Combined In-Network & Out-of-Network		\$1,000 Combined In-Network & Out-of-Network	
<i>Lifetime Orthodontia Maximum</i>	\$2,000 Combined In-Network & Out-of-Network		\$1,500 Combined In-Network & Out-of-Network	

Bi-Weekly Cost

	UCCI High PPO	UCCI Low PPO
<i>Employee Only</i>	\$14.27	\$6.88
<i>Employee + Child(ren)</i>	\$22.89	\$11.80
<i>Employee + Spouse</i>	\$30.53	\$12.45
<i>Employee + Family</i>	\$41.89	\$18.66

Flexible Spending Accounts (FSA)

MileOne will continue to offer employees Limited Healthcare and Dependent Care Flexible Spending Accounts administered by our service provider CBIZ.

Limited Healthcare

A Limited Healthcare account allows employees to pay for dental, vision and preventive care expenses tax-free. The plan works just like any other FSA. You will make an election at the beginning of the plan year or when you first become eligible. This election is payroll deducted on a pre-tax basis over the course of the plan year. As expenses are incurred, you are reimbursed tax-free. The maximum allowable contribution for 2020 is \$2,700.

MileOne is pleased to offer you the option of rolling over up to \$500 of unused funds at the end of the plan year to the next plan year. This rollover amount does not impact your maximum election for the following plan year (e.g. if you have a maximum election limit of \$2,700 and a maximum rollover of \$500, you could have access to up to \$3,200 for the next plan year).

Dependent Care

The Dependent Care FSA lets you deposit up to \$5,000 per year into the account. Eligible expenses include payments for day care and preschool costs, after school care, summer camp and elderly care. As you make payments for these services throughout the year you may be reimbursed on a tax-free basis from your account.

There is no rollover available for the dependent care account. Funds left in the account at year end are forfeited.

Basic Life and Accidental Death & Dismemberment Insurance



MileOne provides Life and Accidental Death & Dismemberment (AD&D) insurance at no premium cost to employees through MetLife.

Employees are eligible to receive one times your annual salary up to a \$50,000 maximum benefit. The amount of your basic life benefit will reduce on or after you turn age 65.

If your death is an accident, your beneficiary will receive an additional one times your basic life insurance amount. For an accidental dismemberment, your benefit is a portion of your accidental death benefit.

Voluntary Life Insurance



MileOne also offers you the opportunity to purchase Supplemental Life insurance for both you and your family through MetLife. Premiums are conveniently paid through payroll deduction.

- Employees may purchase additional insurance for themselves in one of the following amounts: \$25,000, \$50,000, \$75,000, \$100,000, \$200,000, \$300,000, \$400,000 and \$500,000.
- For spouses, employees may purchase one of the following amounts: \$25,000, \$50,000, \$75,000 or \$100,000. Spouse coverage is limited to 50% of the employee's coverage amount.
- Guaranteed Issue amounts (meaning no medical questions are asked) are available to employees up to \$100,000 and spouses up to \$50,000 to newly eligible employees who enroll for coverage within 31 days from the date of their initial eligibility.
- After enrolling in the plan for one year, employees are able to enroll for an additional \$25,000 annually (up to a total of \$100,000 in coverage) on a Guaranteed Issue basis.
- Child life benefits may be purchased in the following amounts:
 - 15 days - 6 months: \$100
 - 6 months - 26 years: options of \$5,000 or \$10,000
- Same premium applies for one child or several children.

You can only purchase dependent supplemental life insurance if you purchase supplemental life insurance for yourself. If you leave MileOne, you are able to convert your group life insurance benefits to an individual whole life plan.

Critical Illness Insurance

Critical Illness insurance provides a lump-sum benefit upon the diagnosis of not only one covered illness, but for each covered illness. Your Initial Benefit provides a lump-sum payment upon the first diagnosis of a Covered Condition. Your plan pays a Recurrence Benefit for the following Covered Conditions:

- Heart Attack, Stroke
- Coronary Artery Bypass Graft
- Full Benefit Cancer and Partial Benefit Cancer

MileOne's Contribution Amount

Eligible Individual	Initial Benefit	Requirements
<i>Employee</i>	\$15,000 or \$30,000	Coverage is guaranteed provided you are actively at work. ³
<i>Spouse</i>	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³
<i>Dependent Child(ren)²</i>	50% of the employee's Initial Benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. ³

More information can be found in the Plan Description Summary on HRConnection.com

Voluntary Accident Insurance



A comprehensive plan which provide payments in addition to any other insurance payments you may receive. Below is a list of some of the covered events/services:

Benefit Type ¹	High Plan MetLife Accident Insurance Pays YOU
Injuries	
<i>Fractures²</i>	\$100 - \$6,000
<i>Dislocations²</i>	\$100 - \$6,000
<i>Second and Third Degree Burns</i>	\$100 - \$10,000
<i>Concussions</i>	\$400
<i>Cuts/Lacerations</i>	\$50 - \$400
<i>Eye Injuries</i>	\$300
Medical Services & Treatment	
<i>Ambulance</i>	\$300 - \$1,000
<i>Emergency Care</i>	\$50 - \$100
<i>Non-Emergency Care</i>	\$50
<i>Physician Follow-Up</i>	\$75
<i>Therapy Services (including physical therapy)</i>	\$25
<i>Medical Testing Benefit</i>	\$200
<i>Medical Appliances</i>	\$100 - \$1,000
<i>Inpatient Surgery</i>	\$200 - \$2,000
Hospital³ Coverage (Accident)	
<i>Admission</i>	\$1,500 (non-ICU) - \$2,000 (ICU) per accident
Accidental Death	
<i>Employee receives 100% of amount shown, spouse receives 50% and children receive 20% of amount shown.</i>	\$50,000 \$150,000 for common carrier ⁴
Dismemberment, Loss & Paralysis	
Other Benefits	
<i>Lodging⁵ - Pays for lodging for companion up to 31 nights per calendar year</i>	\$200 per night, up to 31 nights; up to \$6,200 in total lodging benefits available per calendar year

More information can be found in the Plan Description Summary on HRConnection.com

Disability Income Benefits - Short & Long Term

Your disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. These benefits are provided by UnitedHealthcare.

Short-Term Disability (STD)

Your disability benefits provide you with a source of income in the event that you are unable to work due to an accident, illness or injury. These benefits are provided by UnitedHealthcare.

MileOne offers 2 short-term disability options:

- **Option 1**
Provides a weekly benefit that equals 60% of your salary to a maximum benefit amount of \$1,000 per week, beginning on the 8th day of absence due to accidental injury or illness. Benefits are payable for a maximum duration of 13 weeks.
- **Option 2**
Provides a weekly benefit that equals 60% of your salary to a maximum benefit amount of \$1,000 per week, beginning on the 8th day of absence due to accidental injury or illness. Benefits are payable for a maximum duration of 26 weeks.

Long-Term Disability (LTD)

If you remain disabled for 180 consecutive calendar days due to any one disabling injury or illness, you are eligible for LTD benefits. This coverage provides continued income that equals 60% of your salary to a maximum of \$5,000/month.

These LTD benefits are payable until your Normal Retirement Age under the Social Security Act if you remain disabled. The Benefit duration of your LTD benefit will reduce on or after you turn 60.

If you are receiving extended sick payments through MileOne your disability payments will be offset.

*A Pre-Existing condition may not be covered during specified months prior to/following your effective date. All of these plans have complex provisions, please refer to the Summary Plan Description on **HRConnection.com** for additional information.*



401(k) Plans

MileOne's 401(k) Retirement Plans provide employees an opportunity to save for retirement.

MileOne offers two retirement plans. The Traditional plan is a pre-tax plan and the Roth plan is an after-tax plan. Both plans offer the convenience of contributing through automatic payroll deductions.

Most employees may contribute up to 90% of their compensation after the following:

- Attaining age 21
- Completing one year of eligible service with the company
- Meeting the minimum hour's requirement

The 401(k) limits are summarized in the Summary Plan Description on **HRConnection.com**. Employees age 50 or over may also contribute an annual catch up contribution of \$6,500.

The current MileOne match is 25% of the first 4% of pay that you contribute through payroll deduction, which is fully vested 3 years from your hire date.

Highly Compensated employees are subject to a **7% deferral maximum** and if 50 or older, an annual catch up of \$6,500.

MileOne offers a dedicated team of financial advisors to assist you in making your 401(k) investment selections. Contact the office of **Barry Shapiro at 301.215.4435** or **barryshapiro@ml.com** for assistance with investment choices.

Additional Employee Advantage Programs

Paid Time Off (PTO)

Full-time employees may have a maximum PTO balance of 136 hours. PTO is credited at each anniversary year which is calculated based on an employee's regular scheduled hours. PTO time cannot be carried over from year-to-year and will not be paid in lieu of time off. Refer to the Employee Handbook for more details concerning this benefit.

Years of Service	PTO Hours Available
1 Year	56 PTO Hours
2-9 Years	96 PTO Hours
10+ Years	136 PTO Hours

The NextMile Scholarship Program

MileOne offers a scholarship program for employees who have at least one year of service and their families. Both full-time and part-time employees, their spouses and children of employees who are rising high school seniors or who have already earned their high school degrees are eligible for the NextMile Scholarship Program. Qualified recipients will receive a renewable \$2,500 scholarship towards their education at an accredited 2 or 4-year college, university or trade school of their choice.

More information can be found at [HRConnection.com](https://hrconnection.com) under the Employee Advantage tab.

Milestone Recognition Luncheons

Milestone Recognition is a company-wide anniversary program where we celebrate and commemorate an employee's dedication and success at MileOne. Employees are recognized as important milestones are achieved.

All MileOne employees who have been with us for 5 years, and every 5-year increment thereafter, are invited to attend a luncheon in their honor. Each recipient receives a gift at the luncheon as a token of our gratitude for loyalty and dedication to the success of MileOne. The Milestone Recognition Luncheons take place annually in the fall.

Employee Purchase Program

The Employee Purchase Program (EPP) promotes special pricing on all sales and service purchases to full and part-time employees and their immediate family members. It also includes greater access to a high level, personalized service to help guide the purchase and service experience.

How does the program work?

1. Call **1.866.MILEONE (645.3663)** or visit **MileOneEPP.com**
2. Answer a few questions - what you are looking for (sales or service), where you live, what brand you are interested in, etc.
3. A General Manager will get in contact with you or your family member through your preferred method of contact and discuss all the options available to you. When you come into the dealership, you will work directly with the GM and other members of the leadership team will be available to assist.

When shopping for a new or used car, choose from any of our 27 brands. If you live in Virginia Beach and want a Lexus from MotorWorld, we are happy to help. Live in Baltimore and want a Ford from Hall? Our new program can make it happen. Any vehicle within the MileOne Autogroup system can be yours with a simple phone call!

We invite you to share this program with your immediate family members so everyone can benefit from this special MileOne Employee Advantage.

For more information about the exact financial benefits the Employee Purchase Program offers, log onto **HRConnection.com** and review the EPP Sales & Service Pricing Guide under the Employee Advantage tab.

MileOne Support Fund

"Taking care of our employees is an essential part in shaping a positive workplace and building a successful company."

— Steve B. Fader, CEO & President

The MileOne Support Fund's mission is to provide financial assistance to eligible MileOne employees in times of disaster or emergency hardship. Grants made from this fund are managed solely by BHS Care Coordinators and not MileOne.

Eligibility Requirements:

Employees must provide substantial proof of emergency hardship and meet the following eligibility requirements to be considered for a grant.

- Must be employed by MileOne for a minimum of one (1) continuous year
- A full-time employee
- Received no corrective action within the prior six (6) months
- Have not received financial assistance through this program in the prior twelve (12) months

MileOne employees have the option of contributing to the Fund directly from their paycheck.

For more information, please visit **HRConnection.com** or visit **MileOne.com/support-fund-application.htm**.

Employee Assistance Program

The Employee Assistance Program (EAP), powered by the experts at BHS, provides our employees and their household members with free, confidential, in-the-moment professional support to navigate through personal issues that may be impacting the workplace productivity.

Situations might include:

- Depression or anxiety
- Death in the family
- Health issues
- Substance abuse
- Marriage or divorce issues
- Looking for childcare or eldercare
- Financial budgeting assistance
- Legal advice
- Parenting tips

Log onto **HRConnection.com** to review many other services and other resources that are available through the MileOne EAP. BHS offers a secure and confidential portal that allows MileOne Autogroup employees to utilize the resources and supplies more information about specific areas of concern for you and your family.

How does the program work?

- Call BHS directly to speak to a professionally-trained Care Coordinator: **800.327.2251**
- Visit the BHS online portal at: **Portal.BHSONline.com** username **MILEONE**

This toll-free number is available 24/7, 365 days a year. The Care Coordinator is a BHS employee not associated with MileOne Autogroup. Your entire conversation is confidential and will not get back to your manager, our HR Business Partners, or anyone at MileOne.

Medicare and Social Security Webinars & Consulting

We offer webinars for our employees and their families nearing the age for Medicare and Social Security eligibility. These in depth webinars cover the basics of when and how to sign up as well as evaluating the options that are best suited for your individual needs. You are able to set up individual counseling with the experts for free.

Medicare Consulting
Randy Hart, CBIZ
443.205.0296
randyhart83@gmail.com

Social Security
Barry Shapiro, Merrill Lynch
301.215.4435
barryshapiro@merrilllynch.com

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself and/or your eligible dependent(s) because of other health/dental/vision insurance coverage and if you lose that coverage, you may in the future be able to enroll yourself and/or your eligible dependent(s) in this plan, provided that you request enrollment with 30 days after your other coverage ends. If you are declining coverage for yourself and/or your eligible dependent(s) for any other reason, you cannot join the plan later unless you have a new dependent as a result of marriage, birth, adoption, placement for adoption, loss of Medicaid or SCHIP coverage, eligibility for Medicaid or SCHIP coverage, or during an open enrollment period, if applicable. You may then be able to enroll yourself and your eligible dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption, or within 60 days of Medicaid and SCHIP.

If you decline coverage for yourself and/or your eligible dependent(s) because of other health/dental/vision coverage or if you fail to request plan enrollment within 30 days after your (and/or your eligible dependent's) other coverage ends, you will not be eligible to enroll yourself, or your eligible dependent(s) during the special enrollment period discussed above and you will need to wait until the next open enrollment period to enroll in the plan's health/dental/vision coverage.

Non-Medical

If you are voluntarily declining non-medical coverage provided by your employer, you may choose to enroll at a later date depending upon the coverage now being waived. With the late enrollment your cost may be higher, a health questionnaire may be required and the effective date of your coverage may be delayed or denied. If coverage is non-contributory (employer pays entire cost) waivers are not permitted.

Note: Under Section 125, you may make changes to your pre-tax benefit plans only if you experience a qualified event.

The change you request must be consistent with the event. The following are the IRS minimum Qualified Events:

1. Marriage or divorce;
2. Birth or adoption of a child;
3. Death of a spouse or child;
4. Change in residence or work location that affects benefits eligibility for you or your covered dependent(s);
5. Your child(ren) meets (or fails to meet) the plan's eligibility rules (for example, student status changes);
6. You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status (for example, beginning or ending a job);
7. Loss or eligibility for Medicaid or CHIP.

Where to Find HIPAA Privacy Practices

MileOne's Notice of Privacy Practices can be found on HR Connection under the Benefit Plan Docs tab. You have the right to request a copy of our Notice by contacting your HR Business Partner.

Women's Health and Cancer Rights Act Notice

If you have or are going to have a mastectomy, you may be entitled to certain benefits under 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;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at **240.965.3877**.

Statement of Rights Under the Newborns' and Mothers' Health Protection Act

Under Federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain prior authorization or notify the Claims Administrator. For information on notification or prior authorization, contact your issuer.

Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with MileOne 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. MileOne has determined that the prescription drug coverage offered by the UnitedHealthCare plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare Drug Plan?

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

What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **MileOne** coverage may be affected. You may keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current **MileOne** 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 MileOne and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

Important Notice About Your Prescription Drug Coverage and Medicare

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 MileOne changes. You also may request a copy of this notice at any time.

For more information about Medicare Prescription Drug Coverage:

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

For more information about Medicare Prescription Drug Coverage:

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

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

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

Date:	September 5, 2019
Name of Entity/Sender:	MileOne Automotive
Contact: Position/Office:	HR Representative
Address:	1 Olympic Place, Towson, MD 21204
Phone Number:	410-427-6910

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility:

ALABAMA	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563

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

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462

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

NEBRASKA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

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

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

Important Contact Information

If you have questions...	Vendor	Phone Number	Website
Medical Coverage	United Healthcare	1.866.314.0335	UHC.com
Prescription Drug Coverage	United Healthcare	1.866.314.0335	UHC.com
Flexible Spending Accounts	CBIZ	1.800.815.3023 Option 4	MyPlans.CBIZ.com
Dental Coverage	UCCI	1.866.851.7568	UnitedConcordia.com
Vision Coverage	Davis Vision	1.800.406.1324	DavisVision.com
Life/AD&D Coverage, Voluntary Coverage	MetLife	Statement of Health: 1.800.638.6420 Conversion Unit: 1.877.275.6387	MetLife.com
Voluntary Critical Illness Insurance and Accident Insurance	MetLife	1.800.438.6388	MetLife.com
Disability Coverage	United Healthcare	1.866.314.0335	UHC.com
401(k) plan	ADP Retirement Services	1.866.695.7526	MyKPlan.com
EAP - Employee Assistance Program	BHS	1.800.327.2251	Portal.BHSONline.com
Medicare Consulting	CBIZ	443.205.0296	randyhart83@gmail.com
Social Security & 401(k) Retirement Consulting	Merrill Lynch	301.215.4435	barryshapiro@merrilllynch.com

Additional Questions?

Please contact the HR/Payroll department.

Phone: 410.427.6910

Email: **EmployeeConnect@MileOne.com**

