



Grow. Thrive. **Belong.**

Employee Advantage Guide

January 1, 2025 - December 31, 2025



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Important Contacts

Benefit/Topic	Contact	Contact Information
Medical and Prescription Drugs	UnitedHealthcare	866-314-0335 uhc.com
HSA	Optum Bank	800-791-9361 optumbank.com
FSA	HealthEquity	866-346-5800 memberservices@healthequity.com
Dental	UnitedHealthcare	877-816-3596 uhc.com
Vision	Davis Vision	800-406-1324 davisvision.com
Life/AD&D, Voluntary Coverage	UnitedHealthcare	Evidence of Insurability: 888-299-2070 myuhcfp.com
LTD/STD	UnitedHealthcare	866-314-0335 myuhcfp.com
Voluntary Critical Illness Insurance and Accident Insurance	UnitedHealthcare	888-299-2070 myuhcfp.com
Benefits Assistance	Alliant Benefit Advocates	800-489-1390 benefitsupport@alliant.com
Medicare Assistance	Alliant Medicare Solutions Premier	855-457-7863 amspremier.com
401(k) Administrators	Empower	844-465-4455 empowermyretirement.com
401(k) & Social Security Investment and Retirement Consultants	Merrill Lynch	301-215-4435 barry_shapiro@ml.com
Employee Assistance Program (EAP)	BHS	800-327-2251 portal.bhsonline.com
HR/Payroll	MileOne	410-427-6910 hrpayroll@mileone.com
MileOneCares	MileOne	MileOneCares.com



Your MileOne Employee Advantage

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

We understand that choosing the right medical plans and options are important. We have created this Employee Advantage Guide to help you make informed decisions at enrollment. We encourage you to review this guide carefully and let us know if you have any questions.

Keep in mind, this guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to the summary plan descriptions (SPDs) in [Workday Learning](#) which describe how all benefits are paid.

The benefits in this brochure are effective January 1, 2025 through December 31, 2025.

If you and/or your dependents inquire about Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices. Please [see page 21](#) for details and contact Medicare Consultants at amspremier.com.

Getting Started

Eligibility

You are eligible for benefits if you are a full-time employee working at least 30 hours per week.

If you enroll in benefits, you can also enroll your eligible dependents. Eligible dependents include:

- Your legal spouse
- Children up to age 26 (includes your biological child, adopted child, stepchild, a child of your child who is your dependent for federal income tax purposes at the time application for coverage is made, a child to whom you are a legal guardian)
- A child of any age who is medically certified as disabled and dependent on you for support and maintenance

When Benefits Begin

If you are electing benefits as a new hire, your benefits begin on the first day of the month coinciding with or following the day on which you complete 60 days of continuous employment. You must complete and submit your new hire benefit elections 30 days from your hire date.

If you are electing or changing benefits during open enrollment, your elections take effect the first day of the next plan year.

Making Changes & Qualifying Life Events

Once you make your elections, they will stay in place through December 31. You cannot make changes to your elections until the next open enrollment period unless you experience a qualifying life event. Qualifying life events include (but are not limited to):

- Marriage
- Divorce
- Birth or Adoption
- A change in you or your spouse's coverage

You have 30 days after the date of the life event to go into your Workday account and make any necessary changes. In Workday, you will also be asked to provide supporting documents related to the change within 30 days. Any changes you make must be related to and consistent with the life event. (For example, if you get married you can go from Employee Only coverage to Employee + Spouse coverage). If you do not notify Human Resources by the deadline, you will have to wait until the next open enrollment to make the changes to your elections.

HOW TO ENROLL

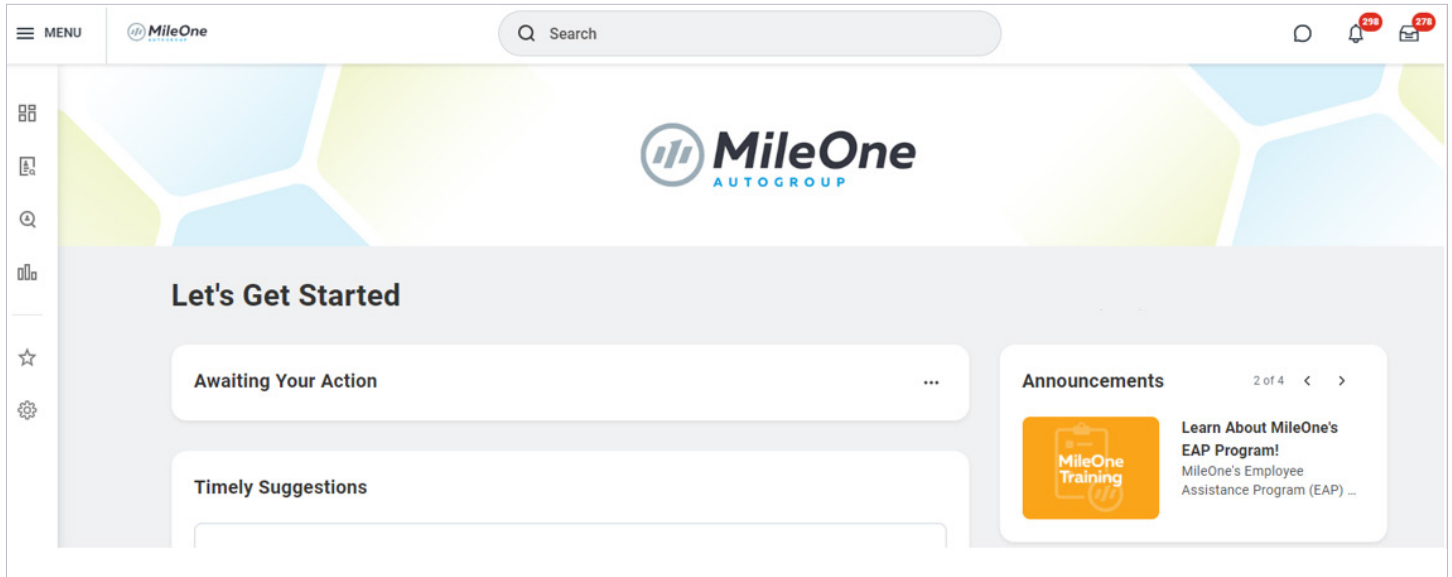
First, read through this brochure to learn about your options. When you are ready to make elections, enroll through workday.com by your enrollment deadline.



Enroll Online Through Workday

Workday is MileOne's Workforce Management System. Workday offers visibility into benefit elections with efficiency, flexibility and control. Employees are permitted to make changes to their benefit elections during Open Enrollment, New Hire Enrollment, or a Qualifying Life Changing Event. You may view your current benefit elections any time through the Benefits and Pay Hub in Workday. When electing benefits, use the corresponding [Benefits Enrollment Video Guide](#) to view step-by-step instructions for completing your benefit elections.

The below image is a screenshot to demonstrate where the process begins! Next to your picture, in the top right corner, you will find your inbox, click it to open your inbox and find the message titled **Change/Select Benefit Elections**.



Workday Login

Website: <https://www.myworkday.com/mileone>

Username and password will be required.

If you need assistance logging into Workday, please call MIS at 410-427-5999 or at extension 10599.

WHAT'S IMPORTANT FOR 2025?

Most benefit elections can be automatically rolled over at Open Enrollment, except for the FSA. FSA elections must be re-elected every year. If you would like to participate in the FSA, please make your elections through Workday.

- UnitedHealthcare will be our new administrator for the following benefits:
The plans will have the same benefit design they had in the past.
 - Dental: [See page 12](#)
 - Basic and Voluntary Life and AD&D: [See page 14](#)
 - Voluntary Accident Insurance and Critical Illness Insurance: [See page 15](#)
- **You will have the opportunity to enroll in Voluntary Life and AD&D coverage up to the guarantee issue without submitting Evidence of Insurability (EOI).** If you elect coverage outside of this Open Enrollment window, you will have to submit an EOI form.
- **myFlexPay:** Track and access your earnings early. Learn more [on page 18](#).
- **HSA Elections:** Find the maximum allowable contributions to update your elections to reach the maximum benefit [on page 9](#).
- **FSA Elections:** FSA elections must be made every year. Find the maximum allowable contributions [on page 10](#).



Medical

MileOne offers three medical options through UnitedHealthcare. All plans include prescription drug coverage and they cover essential preventive care at no cost to you when you visit in-network providers. **To find in-network providers, go to uhc.com and search using the Choice Plus network.** [Reference page 11](#) for free Medicare Consultations.

	Option 1 (Lower Deductible)		Option 2 (Higher Deductible)		Option 3 (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual	\$1,900	\$4,000	\$3,800	\$4,000	\$2,500	\$5,000
Family	\$3,600	\$8,000	\$6,500	\$8,000	\$5,000	\$10,000
Out-of-Pocket Maximum						
Individual	\$3,800	\$8,000	\$6,800	\$8,000	\$5,000	\$10,000
Family	\$7,200	\$16,000	\$13,000	\$16,000	\$10,000	\$20,000
Coinsurance After Deductible ¹	20%	50%	30%	50%	20%	50%
Preventive Care ²	No cost to you	50%	No cost to you	50%	No cost to you	50%
Office Visits ²	20%	50%	30%	50%	Primary Care: \$25 Specialist: \$50	50%
X-Ray and Lab ²	20%	50%	30%	50%	20%, copay in doctor's office	50%
Urgent Care ²	20%	50%	30%	50%	\$75	50%
Emergency Room ²	20%	20%	30%	30%	\$300	\$300
Outpatient Care ²	20%	50%	30%	50%	20%	50%
Inpatient Care ²	20%	50%	30%	50%	20%	50%
Prescription Drugs						
Retail, 31-day supply	20% after deductible	20% after deductible	30% after deductible	30% after deductible	Generic: \$10 Brand: \$35 Non-preferred: \$60 Specialty: 25% ³	Generic: \$10 Brand: \$35 Non-preferred: \$60 Specialty: 25% ³
Mail Order, 90-day supply	20% after deductible	Not Covered	30% after deductible	Not Covered	2.5x Retail	Not Covered
Biweekly Premium Costs						
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee Only	\$70.07	\$100.07	\$50.07	\$80.07	\$66.56	\$96.56
Employee + Spouse	\$255.30	\$285.30	\$223.32	\$253.32	\$242.54	\$272.54
Employee + Child(ren)	\$242.50	\$272.50	\$210.52	\$240.52	\$230.38	\$260.38
Employee + Family	\$338.17	\$368.17	\$306.18	\$336.18	\$321.27	\$351.27

¹ Coinsurance in this chart refers to the percentage of costs **YOU** pay after the deductible is met. The plan pays the remaining percentage.

² After deductible.

³ The Option 3 plan has copays instead of first meeting deductibles.

Notice of Availability of Alternative Standard for Wellness Plan

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your HR/Payroll Support Staff at 410-427-6910 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Understanding Our Medical Plans

Plan Options 1 and 2 are High-Deductible Health Plans (HDHPs), which can be a good fit if you expect minimal healthcare expenses and want to save pre-tax dollars using a HSA. Plan Option 3 is a PPO and offers more predictable costs if you need more frequent care.

The PPO plan offers flat-dollar copays for office visits, urgent care, prescription drugs and some other healthcare services. These copays count towards both the annual deductible and out-of-pocket maximum. Instead of meeting your deductible before the plan pays its share (coinsurance), you pay copays when you need some types of care. The plan also covers in-network preventive care at no cost to you and has coinsurance after the deductible for the types of care that don't have copays. The following chart compares the basic features of the three plans.

Plan Similarities and Differences

	Option 1	Option 2	Option 3
Deductibles	Lowest	Highest	Middle
Paying for Care	Deductible and coinsurance	Deductible and coinsurance	Copays for some services
How to Meet the Family Deductible	The family deductible must be met before UHC will begin paying coinsurance.	Each covered member only has to meet the individual deductible amount.	Each covered member only has to meet the individual deductible amount.
Coinsurance After Deductible	You pay 20%; the plan pays 80%	You pay 30%; the plan pays 70%	You pay 20%; the plan pays 80%
Premiums	Highest	Lowest	Middle
Pre-tax Accounts Available	HSA, Limited Purpose FSA and Dependent Care FSA	HSA, Limited Purpose FSA and Dependent Care FSA	Healthcare FSA and Dependent Care FSA
MileOne HSA contribution	\$300 individual or \$600 family	\$300 individual or \$600 family	None
Free Preventive Care	✓	✓	✓
UHC Choice Plus Network	✓	✓	✓

PPO PLAN AND PRE-TAX ACCOUNTS

If you elect the PPO plan, you will not be eligible to contribute to an HSA, but you will be able to keep and use any existing HSA funds until they are depleted. You will be able to elect a full purpose healthcare FSA to set aside pre-tax dollars for eligible medical, prescription drug, dental and vision expenses. Remember, in contrast to HSAs, FSAs come with use it or lose it rules, lower contribution limits, and only a minimal rollover amount at the end of the year.

MEETING FAMILY DEDUCTIBLES

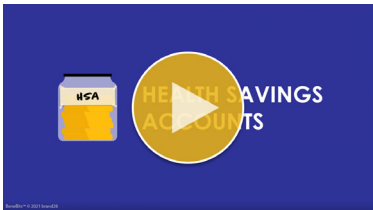
- **The Option 1 plan has aggregate family deductibles**, meaning there is only one total family deductible that must be paid before UHC will begin paying coinsurance on the insurance claims.
- **For the Option 2 and Option 3 plans, the family deductibles are embedded.** This means each covered member only has to meet the individual deductible with his or her own claim, or a combination of any family members needed to meet the family deductible before UHC will begin paying coinsurance on the insurance claims.
- **For Option 3, deductibles do not have to be met for office visits, urgent care, emergency room or prescription drugs.**



Please check your summary plan description, found in Workday Learning Application under the [Health & Welfare Plan Documents](#) topic for more information.

Health Savings Account (HSA)

- **If you enroll in medical plan Option 1 or Option 2, MileOne will contribute \$300 (individual) or \$600 (family)** annually to your HSA to help you build your savings! You contribute to your HSA through payroll deductions.
- HSA funds become available as you contribute. MileOne contributions are made as a lump sum payment as soon as your account number is available.
- You can use the funds in your HSA to pay for office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items for yourself and your tax dependents.
- You must elect the HSA during enrollment and make a contribution to receive the contribution from MileOne.
- You must be enrolled in a high-deductible health plan (HDHP), like Option 1 or Option 2, to be eligible.



Watch this video!

Contributions

If you participate in HSA and make an employee contribution, MileOne will make contributions to help you build your account based on the medical plan tier you have elected. You can also elect to contribute to your HSA through automatic pre-tax payroll deductions.

	Individual	Family
MileOne Contributes ¹	\$300	\$600
You Can Contribute ¹	\$4,000	\$7,950
2025 IRS Maximum Contribution (Combined) ²	\$4,300	\$8,550

¹ Assumes that you receive the full annual amount of MileOne contributions. HSA contributions are prorated for new hires based on the effective date of your UHC coverage. If you are a new hire, MileOne's HSA contribution may differ. See the chart below for more details.

² If you are age 55 or older, you are permitted to contribute an additional \$1,000 in catch-up contributions.

If you are hired during 2025, MileOne's contribution will be prorated based on the effective date of your UHC coverage as follows:

	Individual	Family
January 1 to March 31	\$300	\$600
April 1 to June 30	\$225	\$450
July 1 to September 30	\$150	\$300
October 1 to December 31	\$75	\$150

Using the Account

- **When funds are available:** As soon as MileOne receives your account number, the account is funded with MileOne's contribution in a lump sum payment. Then it grows as you contribute to it throughout the year. Unused funds roll over from year to year and can earn interest.
- **How to use funds:** Use your HSA debit card from Optum Bank or pay out of pocket and reimburse yourself later from your available funds.
- **Eligible expenses:** Medical, prescription, dental and vision expenses listed in [Publication 502 on irs.gov](#). Keep your receipts in case of IRS audit.
- **Managing your HSA:** You can manage your HSA through [optumbank.com](#) or the Optum Bank app.

Eligibility Rules

You are not eligible to participate in an HSA if:

- You have any other medical coverage other than another High Deductible Healthcare Plan
- You are over age 65 and enrolled in Medicare
- You are claimed as a dependent on someone else's tax return

HSA Fees

- Monthly maintenance fee of \$1.00 (waived if average balance is \$500 or more)
- \$2.50 per ATM transaction
- \$20.00 per outbound transfer or rollover to another HSA
- \$1.50 printed statement fee

Flexible Spending Accounts (FSAs)

MileOne offers three types of FSAs: a full purpose healthcare FSA, a limited purpose healthcare FSA and a dependent care FSA through HealthEquity. FSAs allow you to set aside pre-tax money to pay for eligible healthcare or dependent care expenses.

	Full Purpose Healthcare FSA	Limited Purpose FSA	Dependent Care FSA
Election Restrictions	Elect with medical plan Option 3 or if all medical options are waived	Elect with medical plan Option 1 or Option 2	No restrictions
Eligible Expenses	Medical, prescription drug, dental and vision expenses on publication 502 on irs.gov	ONLY dental and vision expenses on publication 502 on irs.gov	Day care or elder care expenses that allow you to work on publication 503 on irs.gov
Annual Contribution Limit	\$3,300	\$3,300	\$5,000 or \$2,500 if you are married filing separate tax returns
Carryover Allowed	Yes	Yes	No
Carryover Amount	\$660	\$660	N/A
Funds Availability	Account is funded at the beginning of the year	Account is funded at the beginning of the year	Account is funded per paycheck
How to Spend the Funds?	You can use your FSA debit card at the time of purchase or pay out-of-pocket and submit a claim to HealthEquity for reimbursement	You can use your FSA debit card at the time of purchase or pay out-of-pocket and submit a claim to HealthEquity for reimbursement	You pay out-of-pocket and submit a claim to HealthEquity for reimbursement No debt card will be provided for this benefit
Deadline to Spend 2025 Funds	December 31, 2025	December 31, 2025	December 31, 2025
Submit Claims	90 days after the end of the plan year	90 days after the end of the plan year	90 days after the end of the plan year

FSA QUICK FACTS

- Keep all of your receipts for eligible expenses. You may have to submit them to prove your expenses are FSA-eligible.
- The carryover amount does not count toward your maximum annual election for the following plan year. Please note that any remaining funds over the IRS maximum carryover amount will be forfeited.
- You must actively enroll in an FSA each year to participate.
- Contact HealthEquity at 866-346-5800 if you have any questions about your FSAs.



Alliant Medicare Solutions Premier

Medicare is complicated. Did you know that late enrollment can cost you monthly premiums for the rest of your life? Alliant Medicare Solutions Premier can help you know what coverage to choose and when.

AMS Premier is a FREE resource available to you, family members and friends. Experienced representatives explain your options and help you enroll, at no cost to you. AMS Premier can answer all your questions, such as:

- What are the Medicare insurance plans?
- Am I eligible?
- When should I enroll?
- What is the cost of Medicare?
- Which plans might work best for me?
- How does Medicare work with my employer coverage?
- What does Medicare NOT cover?

Free Additional Services AMS Premier offers:

- Social Security planning
- COBRA alternatives and individual/family insurance
- Caregiver support
- Educational support

How It Works

1. At least 3 months before your 65th birthday, or if you are already over 65, gather your current medical coverage information (plan, cost, prescriptions, preferred doctors and hospitals, etc.)
2. Call AMS Premier at 855-457-7863.
3. Talk with a licensed advisor about your Medicare options. The team can help you compare your employer plan to Medicare plans available in your area.
4. AMS Premier helps you enroll in Medicare or emails you the policy materials for you to review at your leisure.

For More Information

- Reference the Medicare Resources in [Workday Learning](#).
- Visit AMS Premier online at amspremier.com and schedule a meeting.
- For comprehensive information about Medicare, visit medicare.gov.

Medicare and HSA Rules

If you enroll in Medicare, you can no longer contribute to your HSA. To contribute to an HSA, you can only be enrolled in a High-Deductible Health Plan (HDHP). If you decide to delay enrolling in Medicare, make sure to stop contributing to your HSA at least six months before you plan to enroll in Medicare. When you enroll, you receive up to six months of retroactive coverage. Contact an Alliant Medicare Solutions Premier specialist to discuss your options.





Dental

Did you know that regular dental checkups keep your smile bright and also help keep your whole body healthy? Our dental coverage, offered through **UnitedHealthcare**, provides cleanings, exams and x-rays. If there is a problem, your plan will help with the cost of dental work. Your costs are reflected in the chart below.

	Plan 1 (PPO 30 - High Plan)		Plan 2 (PPO 30 - Low Plan)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	\$25	\$50	none	\$100
Family	\$75	\$150	none	\$300
Dental Maximum Benefit	\$2,000	\$2,000	\$1,000	\$1,000
Orthodontia Lifetime Maximum Now includes coverage for both child(ren) and adults	\$2,000	\$2,000	\$1,500	\$1,500
Preventive	No cost to you	20%	20%	35%
Basic	20%	40%	60%	60%
Major	50%	65%	70%	70%
Orthodontia	50%	50%	50%	50%
Biweekly Premium Costs				
Employee Only	\$14.07		\$6.83	
Employee + Spouse	\$30.32		\$12.36	
Employee + Child(ren)	\$22.74		\$11.71	
Employee + Family	\$41.61		\$18.53	

* Coinsurance in this chart refers to the percentage of costs **YOU** pay after the deductible is met. The plan pays the remaining percentage.

DENTAL PLAN QUICK FACTS

- Our plan includes coverage for both in-network and out-of-network providers, although you'll save money by staying in-network.
- Search for in-network providers at uhc.com.



Vision

Vision coverage helps with the cost of eyeglasses or contacts. Even if you do not need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease. We offer vision coverage through **Davis Vision**.

Vision Plan

	In-Network	Out-of-Network
Eye Exam - once every 12 months	No copay	Up to \$30
Lenses - once every 12 months		
Single	No copay	Up to \$25
Bifocal	No copay	Up to \$35
Trifocal	No copay	Up to \$45
Frames - once every 12 months		
Fashion	No copay	Up to \$30
Designer	\$20 copay	Up to \$30
Premier	\$40 copay	Up to \$30
Non-Collection	\$60 Allowance	Up to \$30
Contact Lenses - once every 12 months (in lieu of glasses)		
Elective	No copay	Up to \$75
Non-Collection	\$85 allowance	Medically necessary up to \$225

Biweekly Premium Costs

Employee Only	\$2.05
Employee + Spouse	\$5.32
Employee + Child(ren)	\$5.32
Employee + Family	\$5.32

VISION PLAN QUICK FACTS

- Our plan includes coverage for both in-network and out-of-network providers, although you'll save money by staying in-network.
- To find in-network providers, go to davisvision.com.





Life and AD&D

Life and accidental death and dismemberment (AD&D) insurance through **UnitedHealthcare** helps protect your dependents' financial security against the unexpected.

Basic Life and AD&D

MileOne provides full-time employees with a basic life and AD&D insurance benefit of one times your annual salary up to a maximum value as determined by one's position. This benefit is provided at no cost to you.

The amount of your basic life benefit will reduce when 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 and AD&D

Full-time employees are eligible to purchase voluntary life and voluntary AD&D benefits through UnitedHealthcare for yourself and your dependents.

- You pay the entire cost at group rates on an after-tax basis.
- Rates are based on your age.
- You must be enrolled in voluntary life to enroll your spouse or child(ren) in this coverage.

	Employee	Spouse	Child
Benefit Amount Options	\$25,000, \$50,000, \$75,000, \$100,000, \$200,000, \$300,000, \$400,000 or \$500,000	\$25,000, \$50,000, \$75,000 or \$100,000	14 days to 26 years: \$5,000 or \$10,000
Benefit Maximum	\$500,000	\$100,000 not to exceed 100% of the employee's amount	\$10,000
Guarantee Issue ¹	\$100,000	\$50,000	N/A

¹ Guarantee amounts (meaning no medical questions are asked) are available to newly eligible employees who enroll for coverage within 30 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 WITHOUT being required to complete a Evidence of Insurability (EOI) form .
- You will be required to complete a EOI form if you are a new hire electing more than \$100,000.
- If electing Voluntary Life Insurance for the first time during Open Enrollment, you will be required to complete an EOI form if electing more than \$100,000.
- The EOI form is located in **Workday Learning**. If you are required to complete this form please print it out and complete it, then return to HR/Payroll by fax at 410-427-6890 or email at hrpayroll@mileone.com.

Short-Term Disability (STD) and Long-Term Disability (LTD)

Disability benefits help replace a portion of your income if you are unable to work because of a non-work related illness or injury. These benefits are provided by **UnitedHealthcare**. We offer two STD options with the maximum benefit period of 13 weeks or 26 weeks.

	STD	LTD
Benefit Amount	60% of your weekly earnings	60% of your monthly earnings
Benefit Maximum	\$1,000 per week	\$5,000 per month
Benefits Begin On	8th day for illness or injury	180th day for illness or injury
Maximum Benefit Period	13 weeks or 26 weeks	Normal Retirement Age Benefits reduce at age 60

Supplemental Health Plans

An unexpected health crisis can also include unexpected expenses and time away from work. We're pleased to offer voluntary benefits from **UnitedHealthcare** that provide a financial cushion when you or a family member has an accident or critical illness diagnosis.

Critical Illness Insurance

Critical illness insurance pays a lump-sum benefit if you are diagnosed with a covered illness. You get an Initial Benefit for the first diagnosis of a covered condition. Then the plan pays a Recurrence Benefit for the following conditions and more:

- Heart attack or stroke
- Coronary artery bypass graft
- Cancer (full-benefit or partial-benefit)
- Alzheimer's disease

The benefit amount is paid directly to YOU, and you decide how to use it. You can use it to pay for medical bills, travel costs or groceries – whatever you need.

If you purchase coverage for yourself, you can also choose to cover your dependents (restrictions apply).

Initial Benefit Amounts

- **Employee:** Choose \$15,000 or \$30,000
- **Spouse:** 50% of the employee's Initial Benefit
- **Child(ren):** 50% of the employee's Initial Benefit

Accident Insurance

Accident Insurance, for you and your dependents, can pay a set benefit amount based on the type of injury you have and the type of treatment you need. This covers accidents that occur off the job including a range of incidents such as:

- **Fractures or dislocations:** \$200 - \$6,000
- **Concussions:** \$400
- **Cuts/lacerations:** \$50 - \$400
- **Eye injuries:** \$200 - \$300
- **Hospital admission (for an accident):** \$1,500 (non-ICU) - \$2,000 (ICU)

The benefit amount is paid directly to YOU, and you decide how to use it. You can use it to pay for medical bills, travel costs or groceries – whatever you need.

HOW CAN THESE PLANS HELP YOU?

- Unexpected diseases and health concerns come with high costs for care – but critical illness insurance can help you pay for those extra expenses!
- Accident insurance can give you peace of mind if you have kids who play sports, or if someone in your family has an active hobby.

To see the costs of these plans, please visit workday.com.



401(k)

MileOne offers two plans to help you save for retirement. The **Traditional 401(k)** is pre-taxed while the **Roth 401(k)** is after-taxed. Both plans offer the convenience of contributing through automatic payroll deductions. MileOne’s 401(k) plans are administered by **Empower**.

401(k) Benefits

When You Can Enroll	You are eligible to participate once you have reached the age of 21 and completed one year of eligible service with the company. To enroll, visit empowermyretirement.com .
Automatic Enrollment	Any newly eligible employee who can participate in MileOne's 401(k) program will be automatically enrolled and can set up their account, choose their deferral amount and fund choices. Communication from MileOne and Empower will come a few weeks prior to your eligibility. For more information, click here .
Your Contributions and MileOne Contributions	Most employees may contribute a percentage of their pay, up to IRS limits. The 2025 IRS contribution limit is \$23,500. The IRS updates the maximum allowable contribution annually. If you contribute, MileOne will match up to 25% of the first 4% of pay that you contribute. If you are age 50 or older, you can also contribute an annual catch-up amount of \$7,500. If you are age 60 to 63, you can also contribute an additional annual catch-up of \$3,750 for a total of \$11,250. If you are turning age 64 in 2025, you are not eligible for this additional catch-up contribution. Your employer contributions are vested 3 years from your hire date.
Managing Your Account	The plan includes a variety of investment options. MileOne offers Financial Advisors to assist you in making your 401(k) investment selections. Contact Barry Shapiro at 301-215-4435 or barry_shapiro@ml.com

Note: Highly Compensated employees are subject to a 8% deferral maximum and if 50 or older, an annual catch up contribution of an amount not yet determined by the IRS.

Employee Assistance Program (EAP)

MileOne recognizes that personal and family problems can impact your life at home and at work. That's why we offer the EAP through BHS to give you access to help when you need it most.

The EAP is completely confidential and free for you. BHS counselors are 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.

Use the EAP when you need help with things like:

- Family, parenting or relationship concerns
- Child or elder care
- Financial questions
- Depression, stress and anxiety
- Legal issues
- Grief and loss
- Drug or alcohol abuse
- Will preparation (extra fees apply)

Call BHS anytime 24/7/365 at 800-327-2251 or visit the BHS online portal at bhsonline.com with the **username: MILEONE**



To see the many other services and resources available through the EAP, reference the **Employee Advantage Benefit** topic in Workday Learning.

MileOneCares Programs

The NextMile Scholarship Program

MileOne offers a scholarship program for employees and their immediate family members. Qualified recipients will receive a renewable \$2,500 scholarship toward their education at an accredited 2 or 4-year college, university or trade school of their choice.

For eligibility requirements and application deadlines please visit MileOneCares.com. Applications are accepted between April 15 and June 1, annually.

Employee-Nominated Contributions

MileOne cares about giving back to the community because it's our community too. At MileOne, philanthropy is a key component of the company's mission and vision. Between manufacturer-based fundraisers, monetary gifts and corporate partnerships with charities, we have donated millions of dollars and thousands of hours to local causes.

Our philanthropic program, MileOneCares is committed to creating impactful partnerships with non-profit organizations who are transforming lives.

The purpose of these grants is to empower employees by funding causes to which you are personally connected.

Our employees are central to this work and we invite you to apply for grants on behalf of non-profits that you actively support.

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.

The MileOne Support Fund is funded by employees for employees. Your contributions are imperative for the success of the program. **We encourage you to contribute if you're able to, and keep in mind that you can change your contribution amounts throughout the year.**

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

More Details

For more information about MileOneCares, please visit MileOneCares.com.



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 the Program Works

- 1. Visit [MileOneEPP.com](#)
- 2. Answer a few general questions about what you are looking for
- 3. The General Manager of your chosen store will get in touch with you through your preferred contact method and guide you through your entire experience

When shopping for a new or used car, choose from any of our 25 brands. If you live in Virginia Beach and want a Lexus from PA, we are happy to help. Live in Baltimore and want a Ford from NC? Our 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, view the [Employee Advantage Benefit](#) topic in Workday Learning.

Additional Employee Advantage Benefits

Paid Time Off

PTO is granted at each anniversary year. PTO can be utilized for any type of employee absence including vacation, sick, or personal time. PTO begins accruing upon your hire date and continues to accrue biweekly. PTO is not eligible for use until after your 90th day of employment.

Part-time employees can carry over unused PTO on their anniversary date up to the maximum. Please refer to the [employee handbook](#) in Workday Learning for more details about this benefit.

Years of Service	PTO Hours
< 1 Year	40 PTO Hours ¹
1 Year	56 PTO Hours
2 - 9 Years	96 PTO Hours
10+ Years	136 PTO Hours

¹ Montgomery County, MD maximum hours accrued is 56 PTO hours for less than one year of service

Milestone Recognition Program

Milestone Recognition Program 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, receive a gift during our annual milestone celebration as a token of our gratitude for loyalty and dedication to the success of MileOne. The Milestone Recognition Program takes place annually in the fall.

Earned Wage Access – New Benefit!

myFlexPay is a comprehensive financial well-being app that will allow you to access up to 40% of your earned wages prior to payday. This benefit is designed to help eliminate the need to pay late or overdraft fees and avoid resorting to payday loans to cover unexpected expenses. **This benefit is available to all MileOne employees except those who are on a Draw Only plan.** For more detailed information, please refer to Workday Learning.

UHC Resources

Employee Wellness Resources

MileOne brings you content focusing on healthy living. In Workday Learning you can find articles ranging anywhere from financial resources to physical activities or food recipes.

In addition to the content on Workday UnitedHealthcare (UHC) also offers wellness support such as: living with diabetes, maternity support, and more, at no cost to you. Visit myuhc.com and click on **Health Resources** to find out more.

Maven

Maven offers **FREE** virtual support for reproductive and family health. It is designed to assist you through the most vulnerable and joyful life stages. You and your partner have free access to Maven for pregnancy and postpartum support and guidance.

Your membership includes:

- 24/7 personalized support from a dedicated Care Advocate
- Virtual appointments and messaging with providers
- On-demand classes, groups and articles for expert guidance you can trust

Get support with things like:

- Creating your birth plan
- Breastfeeding or bottle-feeding support
- Navigating infant sleep
- Returning to work
- Managing your mental health

Go to mavenclinic.com/join/uhc-join.

Hinge Health

No matter where you have pain, Hinge has you covered. Conquer back and joint pain without medication or surgery. Hinge Health provides all the tools you need to get moving again from the comfort of your home.

You'll get exercise therapy tailored to your condition, wearable sensors for live feedback in the app, a personal coach and a physical therapist. Best of all, you and eligible family members get access for **FREE**.

Get help with:

- Pain or limited movement
- Past injury
- Stiffness in achy joints

How to join: call 855-902-2777 or apply at hinge.health/mileone.

Child and Family Behavioral Health Coaching

When one person struggles, an entire family can be impacted. That's why Bend Health's care teams put your whole family at the center. Bend Health provides comprehensive mental health care for kids, teens, young adults and their families.

Coaching is available for **FREE** to families with children ages 1-17 and offers:

- **Support from an experienced coach** – Coaches are certified or have a master's degree, and they're supervised by licensed practitioners
- **Online coaching sessions** – Get up to four 45-minute confidential sessions per month at no additional cost to you
- **Unlimited messaging** – Talk with your coach between sessions with secure in-app messaging
- **More resources** – Look at educational content anytime, designed to help you better understand what you talk about with your coach
- **Referrals** – If your family needs more support, your coach can offer referrals to therapists and child/adolescent psychiatrists

Coaches can help with:

- | | |
|----------------|---------------------------------|
| • Anger issues | • Obsessive-compulsive disorder |
| • Anxiety | • Self-esteem |
| • ADHD | • Sleep issues |
| • Addiction | • Stress |
| • Bullying | • Trauma |
| • Depression | |

Connect with a coach at bendhealth.com/coaching.

There's an App for That ...

Connect with your benefits on-the-go with these apps.



Workday

- Review your pay, request time off, check in and out for work, submit your timesheet and submit expenses
- Get push notification alerts and reminders for important updates
- View work schedule



UnitedHealthcare

- Find network care options for doctors, clinics, hospitals and dentists in your area
- Talk to a doctor by video 24/7
- View your health plan details and ID card
- View claims and account balances



GoodRx

- Shop prescription costs at pharmacies near you to find the best deals
- Find generics and other drug alternatives, if available



Optum Bank HSA

- Track your balance, recent transactions and contribution limits
- Capture and submit receipts
- Pay bills, track payments and reimburse yourself
- Search for qualified medical expenses



HealthEquity FSA

- On-the-go access to your accounts
- File a claim toward your FSA
- Send payments to providers or reimburse yourself for out-of-pocket expenses
- View the status of claims



Davis Vision

- Find a eye care based on your current location, city / ZIP code, or search by name
- Check your eligibility and benefits
- Request an ID Card



myFlexPay

- Manage and access your pay anytime
- Keep track of your earnings
- Use the Savings feature to build your financial security



Empower 401(k)

- Register for an account
- Manage your account—anytime, anywhere
- Access intuitive resources to build your financial confidence

Federal Notices

Important Notice from Atlantic Automotive Corp 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 Atlantic Automotive Corp 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. Atlantic Automotive Corp has determined that the prescription drug coverage offered by Optum Rx 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 Atlantic Automotive Corp coverage may be affected. The Atlantic Automotive Corp drug plan will move from the primary to secondary payer should you enroll in Medicare Part D and you are a Atlantic Automotive retiree. If you are an active employee your current Atlantic Automotive coverage will not be affected.

Since the existing prescription drug coverage under Optum Rx is creditable (e.g. as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the Main Customer Service for further information at 713-566-6451. **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 Atlantic Automotive Corp changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- Visit [medicare.gov](https://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 800-633-4227. TTY users should call 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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 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: October 5, 2024

Name of Entity/Sender: Shari Cameron

Contact-Position/Office: Director of Human Resources

Address: 1 Olympic Place Suite 1100, Towson, MD 21204

Phone Number: 410-602-5019

Federal Notices

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

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 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 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 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, 2024. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact:

U.S. Department of Labor

Employee Benefits Security Administration
dol.gov/agencies/ebsa
866-444-3272

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565



Federal Notices

ALABAMA – Medicaid

<http://myalhipp.com>
855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program: <http://myakhipp.com>
866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

<http://myarhipp.com>
855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program: <http://dhcs.ca.gov/hipp>
916-445-8322
Fax: 916-440-5676
hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado: <https://www.healthfirstcolorado.com>
800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
800-359-1991/State Relay 711
HIBI: <https://www.mycohibi.com>
855-692-6442

FLORIDA – Medicaid

<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
877-357-3268

GEORGIA – Medicaid

HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
678-564-1162, Press 1
CHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid: <https://www.in.gov/medicaid>
<http://www.in.gov/fssa/dfp>
Family and Social Services Administration: 800-403-0864
Member Services: 800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
800-338-8366
Hawki: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
800-257-8563
HIPP: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
888-346-9562

KANSAS – Medicaid

<https://www.kancare.ks.gov>
800-792-4884
HIPP Phone: 800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
855-459-6328
KIHIPPPROGRAM@ky.gov
KCHIP: <https://kynect.ky.gov>
877-524-4718
Medicaid: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

www.medicaid.la.gov or www.ldh.la.gov/lahipp
888-342-6207 (Medicaid hotline) or 855-618-5488 (LaHIPP)

MAINE – Medicaid

https://www.mymaineconnection.gov/benefits/s/?language=en_US
800-442-6003 (TTY: Maine relay 711)
Private Health Insurance Premium: <https://www.maine.gov/dhhs/ofi/applications-forms>
800-977-6740 (TTY: Maine relay 711)

MASSACHUSETTS – Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>
800-862-4840 (TTY: 711)
masspremassistance@accenture.com

MINNESOTA – Medicaid

<https://mn.gov/dhs/health-care-coverage>
800-657-3672

MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
573-751-2005

MONTANA – Medicaid

<http://dphhs.mt.gov/ontanaHealthcarePrograms/HIPP>
800-694-3084
HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

<http://www.ACCESSNebraska.ne.gov>
855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

<http://dhcfp.nv.gov>
800-992-0900

NEW HAMPSHIRE – Medicaid

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
603-271-5218
Toll free number for the HIPP program: 800-852-3345, ext. 15218
DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>
800-356-1561
CHIP Premium Assistance: 609-631-2392
CHIP: <http://www.njfamilycare.org/index.html>
800-701-0710 (TTY: 711)

NEW YORK – Medicaid

https://www.health.ny.gov/health_care/medicaid
800-541-2831

NORTH CAROLINA – Medicaid

<https://medicaid.ncdhhs.gov>
919-855-4100

NORTH DAKOTA – Medicaid

<https://www.hhs.nd.gov/healthcare>
844-854-4825

OKLAHOMA – Medicaid and CHIP

<http://www.insureoklahoma.org>
888-365-3742

OREGON – Medicaid and CHIP

<http://healthcare.oregon.gov/Pages/index.aspx>
800-699-9075

PENNSYLVANIA – Medicaid and CHIP

<https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
800-692-7462
CHIP: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>
800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

<http://www.eohhs.ri.gov>
855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

<https://www.scdhhs.gov>
888-549-0820

SOUTH DAKOTA – Medicaid

<http://dss.sd.gov>
888-828-0059

TEXAS – Medicaid

<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP): <https://medicaid.utah.gov/upp>
upp@utah.gov
888-222-2542
Adult Expansion: <https://medicaid.utah.gov/expansion>
Utah Medicaid Buyout Program: <https://medicaid.utah.gov/buyout-program>
CHIP: <https://chip.utah.gov>

VERMONT – Medicaid

<https://dvha.vermont.gov/members/medicaid/hipp-program>
800-250-8427

VIRGINIA – Medicaid and CHIP

<https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
800-432-5924

WASHINGTON – Medicaid

<https://www.hca.wa.gov>
800-562-3022

WEST VIRGINIA – Medicaid and CHIP

<https://dhhr.wv.gov/bms>
<http://mywvhipp.com>
304-558-1700
CHIP Toll-free phone: 855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
800-362-3002

WYOMING – Medicaid

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility>
800-251-1269

Federal Notices

Women's Health Act

The Women's Health and Cancer Rights Act ("WHCRA") requires MileOne to notify participants and beneficiaries of the MileOne Group Health Plan (the "Plan"), of their rights to mastectomy benefits under the Plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the same deductible and copays applicable to other medical and surgical benefits provided under your plan. For further details, please refer to the plan's Summary Plan Description.

Newborns' and Mothers' Health Protection Act

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

Health Insurance Portability and Accountability Act (HIPAA)

We maintain the HIPAA Notice of Privacy Practices for MileOne describing how health information about you may be used and disclosed. MileOne's Notice of HIPAA Privacy Practices can be found in Workday Learning under the Compliance and Legal topic. You may also obtain a copy of the Notice of Privacy Practices by contacting your HR Business Partner.

Deadline for Filing Lawsuit Under ERISA after Exhaustion of All Claims Procedures

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan-specific statute of limitations.

Notice of Special Enrollment Rights for Medical Plan Coverage

If you decline enrollment in a MileOne medical plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a MileOne medical plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request medical plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. (You must also provide supporting documents within the 30 days.)
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in MileOne's medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another medical plan

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the MileOne summary plan descriptions (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered dependents.

This brochure summarizes the health care and income protection benefits that are available to all MileOne employees and their eligible dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available in the Health and Welfare Plan Documents Topic located in [Workday Learning](#).

Information provided in this brochure is not a guarantee of benefits.