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2020

Beck Automotive Group Employee Benefit Guide



Beck Automotive Group

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About this Guide

This benefit guide is a compilation guide of employee benefits. It is intended for informational purposes only. The actual benefits available and the full descriptions of these benefits are governed in all cases by the relevant plan document, insurance contracts, and Ordinances and Resolutions of the group, and where applicable, collective bargaining agreements. If there are discrepancies between the benefit guide and the actual plan documents, insurance contracts, and Ordinances and Resolutions, the documents, contracts, and Ordinances and Resolutions will govern.

HIPAA Compliance

Health Insurance **Portability** Accountability Act (HIPAA) requires that your health insurance plan limit the release of your health information to the minimum necessary required for your care. If you have questions about your claims, contact your insurance carrier first. If, after contacting the Plan administrator, you need a representative of the Employee Benefits Division to assist you with any claim issues, you may be required to provide written authorization to release information related to your claim. If you would like a copy of the HIPAA Notice of Privacy Practices or if you have any questions, please contact Randy Marquart at 386-328-0344, ext. 342.



Annual Enrollment Section 125 Cafeteria Plan How to Enroll

Your Annual Enrollment

Before you meet with your American Fidelity Representative, take time to evaluate your current coverage and decide how well it serves the needs of you and your family.

Important Points To Consider

- Figure an estimate of out-of-pocket medical expenses. Remember that over-the-counter drugs and medicines now require a prescription to be reimbursed.
- Figure an estimate of child care expenses.
- Review your beneficiaries.
- Review American Fidelity's options of portable insurance plans that you can keep if your employment changes.
- Evaluate your need for life insurance.
- Consider increasing your Disability Income Insurance policy amount to match your current salary.

Note: Changes to insurance plans will go into effect January 1st.

Annual Open Enrollment

Each year Open Enrollment provides you an opportunity to change plans and modify dependent coverage. Your election deductions begin in December and will remain in effect through the plan year (January 1, 2020 - December 31, 2020) for your Voluntary benefits.

NOTE: If eligibility changes during the year you must notify Human Resources within 31 days of the qualifying event.

Your Section 125 Plan

Save Money With Section 125

If there was a program available that could dramatically save money on your taxes, would you take advantage of it? That's exactly what the Section 125 Plan does—reduces your taxes and increases your spendable income! Plus, the Plan is available to you at no cost* and you're already eligible, all you have to do is enroll.

The Plan works like this: You are allowed to deduct needed benefits from gross earnings before taxes are computed. This means that current after-tax expenses, such as insurance products and benefits, can be paid for with pre-tax dollars.

The advantage of this Plan is simple: The eligible premiums you pay under the Plan are paid on a pre-tax basis. You could be on your way to increased savings, just by signing up and taking advantage of this Plan!

Benefits Eligible For The Section 125 Cafeteria Plan

- Group Medical, Dental and Vision Insurance
- Accident Insurance
- Cancer Insurance
- Flexible Spending Accounts

How Can This Plan Help Me?

The sample paycheck below shows the benefits under the Section 125 Plan compared to benefits outside of the Plan. In this example, the employee gained \$55 more spendable income per month!

Pre-Tax Example		After-Tax Example
\$1,500.00	Monthly Gross Salary	\$1,500.00
- \$150.00	Pre-Tax Medical Insurance	\$0.00
- \$25.00	Pre-Tax Disability Insurance	\$0.00
- \$25.00	Pre-Tax Accident Insurance	\$0.00
\$1,300.00	Adjusted Monthly Gross Salary	\$1,500.00
- \$260.00	Estimated Federal Tax (20%)	- \$300.00
- \$99.45	Estimated FICA (7.65%)	- \$114.75
\$0.00	After-Tax Medical Insurance	- \$150.00
\$0.00	After-Tax Disability Insurance	- \$25.00
\$0.00	After-Tax Accident Insurance	- \$25.00
\$940.55	Take-Home Pay	\$885.25

^{*} Taxes are a sample average of State, Federal and FICA taxes. Your own average tax rate may vary.

How to Enroll

Beck Auto Group is providing every employee with an opportunity to understand their employee benefits, ask questions unique to their situation, and enroll in benefits. These include group meetings and one-on-one on-site enrollments.

Group Meetings

Every site will be given an opportunity to host a group meeting, allowing employees an opportunity to meet together as a group to learn about new benefits, plan adjustments, and any other benefit or insurance related news about our group's program. All employees are encouraged to speak with their spouses or other family members about their personal benefit needs, to help prepare them for their one-on-one benefit review.

Enroll On-site / One-on-one Benefit Review

On-site enrollment counselors will be available to assist you with the enrollment process. This allows you with the opportunity to ask unique questions regarding your benefit options, in a confidential and private setting. Refer to the Open Enrollment Schedule provided in this guide for your scheduled attendance dates. Please remember to discuss with your supervisor to determine the best date to attend.

During your One-on-one Benefit Review, you can learn more about or enroll in the following:

- Medical Insurance
- Group Life Insurance
- Dental Insurance
- Vision Insurance
- Disability Income Insurance
- · Term Life Insurance
- Accident Only Insurance
- Cancer Insurance
- Hospital Indemnity Insurance
- Flexible Spending Accounts



Medical Plan
Dental Plan
Vision Plan
Optional Medication Coverage
General or Urgent Healthcare
Questions
Disability Income Insurance

Employee Assistance Program Individual Life Insurance Accident Insurance Cancer Insurance Critical Illness Insurance Hospital Indemnity Insurance Universal Life Insurance

Health Plans	Option 1	Option 2	Option 3
Plan Number	05770	05772	05302
Cost Sharing – Member's Responsibility			
Deductible (Per Person/Family Aggregate)	In-Network - \$1,000 / \$3,000 Out-of-Network - \$3,000 / \$6,000	In-Network - \$2,000 / \$6,000 Out-of-Network - \$6,000 / \$18,000	In-Network - \$5,000 / \$10,000 Out-of-Network - \$10,000 / \$30,000
Coinsurance (BCBSF pays / Member pays	In-Network - 80% / 20% Out-of-Network - 50% / 50%	In-Network - 80% / 20% Out-of-Network - 50% / 50%	In-Network - 70% / 30% Out-of-Network - 50% / 50%
Out of Pocket Max (Per person/Family Aggregate	In-Network - \$3,500 / \$7,000 Out-of-Network - \$7,000 / \$14,000	In-Network - \$5,500 / \$11,000 Out-of-Network - \$11,000 / \$22,000	In-Network - \$6,350 / \$12,700 Out-of-Network - \$20,000 / \$40,000
Medical Pharmacy OOP Max (Per Person Per Calendar Month)	In-Network (Preferred) \$200 In-Network (Non-Preferred) - Combined with Preferred OOP Out-of-Network - NA	In-Network (Preferred) \$200 In-Network (Non-Preferred) - Combined with Preferred OOP Out-of-Network - NA	In-Network (Preferred) \$200 In-Network (Non-Preferred) - Combined with Preferred OOP Out-of-Network - NA
Office Services	In-Network Family Physician - \$25 Copayment In-Network Specialist - \$45 Copayment Out-of-Network – DED + 50%	In-Network Family Physician - \$35 Copayment In-Network Specialist - \$65 Copayment Out-of-Network – DED + 50%	In-Network Family Physician - \$30 Copayment In-Network Specialist - \$55 Copayment Out-of-Network – DED + 50%
Emergency and Urgent Care			
Emergency Room Facility	In-Network – \$200 Copay Out-of-Network – \$200 Copay	In-Network – \$300 Copay Out-of-Network – \$300 Copay	In-Network – \$300 Copay Out-of-Network – \$300 Copay
Physician Services at ER	In-Network – \$100 Copay Out-of-Network – \$100 Copay	In-Network – DED + 20% Out-of-Network – INN DED + 20%	In-Network – DED + 30% Out-of-Network – INN DED + 30%
Urgent Care Centers	In-Network – \$50 Copay Out-of-Network – DED + 50%	In-Network – \$70 Copay Out-of-Network – DED + 50%	In-Network – \$60 Copay Out-of-Network – DED + 50%
Prescription Drugs			
Retail -Generic/Brand/Non- Preferred	\$10/50/80	\$10/60/100	\$10 Generic Choices
Mail Order - Generic/Brand/Non- Preferred	\$25/125/200	\$25/150/250	\$25 Generic Choices

BCBS Option 1 (05770)	Monthly Premium	Beck Pays	Employee Pays Month	Semi- Monthly
Employee Only	\$918.06	\$300.00	\$618.06	\$309.03
Employee/Spouse	\$2,184.97	\$300.00	\$1,884.97	\$942.49
Employee/Child	\$1,689.22	\$300.00	\$1,389.22	\$694.61
Employee/Family	\$2,864.33	\$300.00	\$2,564.33	\$1,282.17

BCBS Option 2 (05772)	Monthly Premium	Beck Pays	Employee Pays Month	Semi- Monthly
Employee Only	\$807.37	\$300.00	\$507.37	\$253.69
Employee/Spouse	\$1,921.53	\$300.00	\$1,621.53	\$810.77
Employee/Child	\$1,485.54	\$300.00	\$1,185.54	\$592.77
Employee/Family	\$2,518.99	\$300.00	\$2,218.99	\$1,109.50

BCBS Option 3 (05302)	Monthly Premium	Beck Pays	Employee Pays Month	Semi- Monthly
Employee Only	\$543.40	\$300.00	\$243.40	\$121.70
Employee/Spouse	\$1,293.28	\$300.00	\$993.28	\$496.64
Employee/Child	\$999.85	\$300.00	\$699.85	\$349.93
Employee/Family	\$1,695.41	\$300.00	\$1,395.41	\$697.71

Dental Plan

Humana

			Beck Au	to Sales In
	If you use an IN-NETWORK d	lentist	If you use an OUT-OF-NETV	VORK dentist
Calendar-year deductible (excludes orthodontia services)	Individual Fo	amily 150	Individual \$50	Family \$150
	Deductible appl services.	ies to all se	rvices excluding (oreventive
Calendar-year annual maximum (excludes orthodontia services)	\$2,000 + extend	ded annual	maximum (see s	ection below
Preventive services Routine oral examinations (3 per year) Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) Routine cleanings (3 per year) Periodontal cleanings (4 per year) Fluoride treatment (1 per year, through age 16) Sealants (permanent molars, through age 16) Space maintainers (primary teeth, through age 15) Oral Cancer Screening (1 per year, ages 40 and older)	100% no deduc	tible	100% no dedi	uctible
Basic services • Emergency care for pain relief • Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) • Composite fillings (1 per tooth every 2 years, molar teeth) • Oral surgery (tooth extractions including impacted teeth) • Stainless steel crowns • Harmful habit appliances for children (1 per lifetime, through age 14)	80% after dedu	ictible	80% after dec	luctible
Major services Crowns (1 per tooth every 5 years) Inlays/onlays (1 per tooth every 5 years) Bridges (1 per tooth every 5 years) Dentures (1 per tooth every 5 years) Denture relines/rebases (1 every 3 years, following 6 months of denture use) Denture repair and adjustments (following 6 months of denture use) Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years) Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	50% after dedu	ctible	50% after dec	luctible
Extended Annual Max Additional coverage for preventive, basic, and major services after the calendar-year maximum is met (excludes orthodontia)	30%		30%	
Orthodontia services	pays 50 percent	t (no deduc	children through ctible) of the cove ime orthodontia	red orthodon

Humana Dental Rates	Monthly Rates	Semi- Monthly Rates
Employee	\$25.27	\$12.64
Employee/Spouse	\$50.54	\$25.27
Employee/child(ren)	\$70.87	\$35.44
Family	\$97.44	\$48.72

Humana Vision 130

(100+ employees)

		If you use an IN-NETWORK provider (Member Cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Routine eye exam	Exam with dilation, as necessary	\$10	Up to \$30
	Retinal imaging ¹	Up to \$39	Not covered
Contact lens ²	Standard contact lens fit and follow-up	Up to \$55	Not covered
exam options	Premium contact lens fit and follow-up	10% off retail	Not covered
Frames*		Up to \$130, 20% off balance over \$130	Up to \$65
Standard plastic	Single vision	\$15	Up to \$25
lenses ³	Bifocal	\$15	Up to \$40
	Trifocal	\$15	Up to \$60
	Lenticular	\$15	Up to \$100
Lens options ³	UV coating	\$15	Not covered
	Tint (solid and gradient)	\$15	Not covered
	Standard scratch-resistance	\$15	Not covered
	Standard polycarbonate		
	 Adults 	\$40	Not covered
	• Children <19	\$40	Not covered
	Standard anti-reflective coating	\$45	Not covered
	Premium anti-reflective coating	4	
	• Tier 1	\$57	Not covered
	• Tier 2	\$68	Not covered
	• Tier 3	80% of charge	Not covered
	Standard progressive (add-on to bifocal)	\$15	Up to \$40
	Premium progressive	4	
	• Tier 1	\$110	Not covered
	• Tier 2	\$120	Not covered
	• Tier 3	\$135	Not covered
	• Tier 4	\$90, 80% of charge, then up to \$120	Not covered
	Photochromatic / plastic transitions	\$75	Not covered
	Polarized	20% off retail	Not covered

^{*} Discounts available on all frames except when prohibited by the manufacturer



Vision Plan

Humana

Contact lenses ⁴ (Applies to	Conventional	Up to \$130, 15% off balance over \$130	Up to \$104
materials only)	Disposable	Up to \$130	Up to \$104
	Medically necessary	\$0	Up to \$200
Frequency	Examination	Once every 12 months	Once every 12 months
	Lenses or contact lenses	Once every 12 months	Once every 12 months
	Frames	Once every 24 months	Once every 24 months
Diabetic Eye Care	Exam	\$0	Up to \$77
(Care and testing for	Retinal imaging	\$0	Up to \$50
diabetic members)	Extended ophthalmoscopy	\$0	Up to \$15
	Gonioscopy	\$0	Up to \$15
	Scanning laser (Up to 2 services per year for each listed service)	\$0	Up to \$33

OPTIONAL BENEFITS	
12-Month Frame Benefit	Benefit replaces the 24-month frequency of the base plan
Retinal Imaging	\$0 in-network and up \$20 for out-of-network benefits. Does not cross apply.
LASIK / PRK	\$250 per eye in- and out-of-network; 12-month waiting period applies
Eye Glass and Contact Lens Benefit	Allows fulfillment of frame plus spectacle lenses in addition to the contact lens benefit of the base plan
Polycarbonate Lenses for Children <19	Provides for standard polycarbonate lens

ADDITIONAL PLAN DISCOUNTS

Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.

Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location.

- 1 Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.
- 2 Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.
- 3 Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.
- 4 Plan covers contact lenses or frames, but not both, unless you have the Eye Glass and Contact Lens Rider.

Humana Vision Rates	Monthly Rates	Semi- Monthly Rates
Employee	\$6.66	\$3.33
Employee Spouse	\$13.31	\$6.65
Employee child(ren)	\$12.66	\$6.33
Family	\$19.89	\$9.95

Disability Income Insurance

American Fidelity Assurance Company

Disability Income Insurance

When a disabling injury or sickness happens to one of your employees, it can be difficult to know what to do. You want to help financially, but where do you draw the line? That is why offering disability insurance is so important to a comprehensive benefit package. It helps ensure that your employees' paychecks are protected when they need it the most.

American Fidelity's Disability Income Insurance has been designed specifically with your industry in mind. The plan design may be customized to meet the needs of each individual employee and complement your benefit offerings.

Short-Term and Long-Term Disability

The benefits package you provide to your employees will ultimately drive which disability insurance program you decide to offer. At American Fidelity, we offer ways for both you and your employees to customize the plan to meet specific needs.

Highlights

Eligibility

Each employee will have up to 13 months to apply for coverage without answering medical questions. Pre-existing conditions may apply.

Return-to-Work Incentive

Employees will receive partial benefit for coming to work part-time while still on disability.

Customized Benefit Amounts

Employees are allowed to select a benefit amount that meets their needs up to 60% of their income.

Special Condition Benefits

Mental illness, drug and alcohol addiction, and other special conditions benefit payments are available.

Employee Assistance Program

This value-added service is provided with the long-term disability product and provides your employees with access to telephonic life coaching, legal assistance, and more.

Customized with Your Employees in Mind

Not everyone's needs are the same. That is why we offer multiple elimination and benefit periods for each employee to choose from. This allows each disability plan to be customized to each employee's specific needs.ww

Short Term Disability	Elimination Periods	Benefit Periods Up To	Benefit Amount
	7 days	180 days	Up to 60% of monthly compensation
Paycheck Protector	Elimination Periods	Benefit Periods Up To	Benefit Amount
	14 Days Injury & 30 Days Sickness	Social Security Normal Retirement Age - Injury 150 days - Sickness	Up to 60% of monthly compensation
Long Term Disability	Elimination Periods	Benefit Periods Up To	Benefit Amount
	7 Days, 14 Days, 30 Days, 90 Days, or 180 Days	Social Security Normal Retirement Age - Injury 5 years - Sickness	Up to 60% of monthly compensation

These products may contain limitations, exclusions and waiting periods.

Employee Assistance Program

American Fidelity Assurance Company



Help with everyday issues.

Your employer is offering you access to an Employee Assistance Program (EAP) to help you manage everyday issues from work-life balance to family concerns.

Telephonic Life Coaching

- Three phone sessions with a master's level certified life coach
- Participant and coach work together to develop personalized plan to meet participant's life goals
- Assist participant in exploring and identifying personal strengths and solutions
- Examples of life coaching issues include personal goals, relationship issues, adjusting to situations, career planning, and handling the workplace

24/7 Resources

- Online and mobile app
- Access to legal library on more than 900 legal topics, including legal guides, forms, and an interactive will program
- Access to financial library with 40 interactive tools and assessments, including articles, podcasts, and CDs on financial health topics

This program is delivered by LifeWorks.

 Access to work-life library addressing issues on parenting, child care, elder care, and workplace issues

Work-Life Program

- · Telephonic support for legal and financial issues
- Access to LifeWorks on-staff attorneys to discuss legal areas such as estate law, living wills/power of attorney, real estate law, family law, credit, and collections law
- Access and discount to network of 22,000 attorneys
- Access to LifeWorks on-staff financial counselors to discuss issues such as credit card debt, debt management, foreclosure, mortgage, budgeting, savings, and investing

For More Information

800-456-0018 lifeworks.com *User ID*: afac *Password:* lifeworks



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Individual Term Life Insurance

American Fidelity Assurance Company

Life insurance is an important factor to any family. It serves as a foundation to help in the case of a loved one's premature death. Plan today to make the right move for your loved ones.

American Fidelity Assurance Company offers an AF[™] **Term Life Insurance** policy to help with your financial needs for your short-term and long-term goals.

How the Plan Works

Individual Term Life Insurance has a death benefit with no cash accumulation feature. The policy is initially written for a 10, 20 or 30-year term period, but may be renewed at the insured's option for the same level renewal period depending upon the term chosen.

The last level renewal period is no later than age 70 for the 10-year term policy and age 60 for the 20-year term policy. Thereafter, premiums are renewable annually up to age 90. The 30-year term policy is renewable annually after the initial 30-year term period up to age 90. Renewal rates will be based on the insured's age at the time of renewal.¹

Optional Riders

Enhance your base plan with the following riders:

- Spouse Term
- Children's Term
- · Waiver of Premium
- · Accidental Death & Dismemberment
- Accelerated Benefit for Long Term Illness (30 Year Term Only)

Coverage Feature	What It Means To You
Three Plan Options: 10, 20 and 30-Year Level Term Coverage	Choose the coverage period to meet your financial needs.
Guaranteed Death Benefit	Your death benefit is guaranteed during the initial term period you choose.
Accelerated Death Benefit for Terminal Condition	Receive a portion of the chosen death benefit if you are diagnosed with a covered Terminal Condition. Limitations and exclusions may apply.
Conversion Benefit	Turn your policy into a permanent plan any time up to age 70. The rate for your new plan will be based on your attained age.
Guaranteed Renewable	Renew your policy up to age 90 regardless of your health. ¹
Interim Coverage for Death	Death benefit coverage starts when the life insurance application has been signed and underwriting guidelines have been met.
Express Issue Application	Only 3 express issue health questions are required to issue coverage. ²
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

¹Premiums are subject to increase upon renewal. ²Issuance of the policy may depend on the answer to these questions.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, Policy Form Series ICC14 RCTL14. Not generally qualified benefits under Section 125 Plans.

Individual Whole Life Insurance

American Fidelity Assurance Company

It's important to prepare for the unexpected and help ensure your loved ones will be financially protected in the event of a tragedy. Your life insurance benefit can help replace your income and help your family meet important financial needs like funeral expenses, everyday living costs, and college.

American Fidelity Assurance Company's AF™ **Whole Life Insurance** provides protection for your entire life. It's an individual policy, which means you own it and can take it with you when you leave employment or when you retire to age 121. The premium and amount of protection stay the same as long as the policy is in force, provided premiums are paid as required.

Discontinue Your Premium While Keeping Your Coverage Active

- Same Amount of Coverage Shorter Length of Time: Under the
 Extended Term Insurance Provision, your policy's original
 face amount (minus outstanding loans or accelerated benefit
 payments) will be guaranteed for a specific term of time. In
 addition, your premium is "paid in full" until your new extended
 term period expires, terminating your policy.
- Coverage to Age 121 Smaller Guaranteed Benefit Amount.
 You can rest easy knowing you are covered for your entire life
 by utilizing the Reduced Paid-Up Provision and reducing
 your original death benefit to a smaller amount. Enjoy being
 premium-free while having the security of guaranteed lifetime
 coverage, just at a reduced benefit amount. Plus your cash value
 will continue to accumulate.

Optional Riders

Enhance your base plan with the following riders:

- · Waiver of Premium Rider
- Accidental Death and Dismemberment Rider
- · Children's Term Rider
- Accelerated Benefit Rider for Long Term Illness
- Accelerated Benefit Rider for Critical Illness

Flexbility when you need it

By choosing a Whole Life Policy, you have flexibility to adjust your benefits when needed. Cash value flexibility features include:

	What It Means To You
Cash Surrender	You will receive a check equal to your plan's current available cash value. In many situations, cash surrenders may be paid tax free. ¹
Partial Surrender	You can withdraw a small portion of the policy's cash value in the form of cash, in exchange for a proportional reduction to the policy's available cash value and the face amount.
Loans	You can borrow against your cash value at a competitive 8% loan interest rate.

¹As long as the cash surrender does not exceed the total premiums received under the policy since inception. Please consult your tax consultant for your specific situation.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, ICC14 WL14 series. **Individual life plans do not gualify under Section 125.**

Accident Only Insurance

Limited Benefit Accident Only Insurance

American Fidelity Assurance Company

Whether a weekend warrior with an active lifestyle or just a busy family, accidents can happen anytime, anywhere, without warning. Being prepared for the unexpected can make all the difference.

American Fidelity Assurance Company's AF™ Limited Benefit Accident Only Insurance policy can provide you with a solution for those unforeseen accidents that life sometimes delivers. Our Limited Benefit Accident Only Insurance is designed to help pay for the unexpected medical expenses an individual may incur for the treatment of covered injuries received in an accident.

How the Plan Works

Our Accident Only Insurance policy pays according to a wide-ranging schedule of benefits. In addition, the policy provides 24-hour coverage for accidents that occur both on and off the job.

All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified in the Limitations and Exclusions section.

Optional Rider

Enhance your base plan with the following rider:

Accident Benefit Enhancement Rider

Coverage Feature	What It Means For You
Plan Options: Basic, Enhanced, and Enhanced Plus	Choose the plan to meet your financial needs.
Four Choices of Coverage: Individual, Individual and Spouse, Individual and Child, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Covers many types of covered injuries.
Wellness Benefit	The plan pays an annual Wellness Benefit for one Covered Person to receive a routine physical exam, including immunizations and preventative testing.
Accident Emergency Treatment Benefit	Receive a benefit when emergency treatment in a Physician's office or emergency room occurs within 72 hours of a covered accident.
Benefit Paid Directly to You, to use as you see fit	Use the benefit however best fits your financial needs.
Guaranteed Renewable	Keep your coverage as long as premiums are paid as required.
24-Hour Coverage	You are covered on or off the job.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by adding an optional rider.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Refer to your policy for complete details, AO-03 series with AMDI258 rider. **This product is inappropriate for people who are eligible for Medicaid coverage.** The premium and amount of benefits provided vary dependent upon the plan selected. The company has the right to change premiums by class. Availability of riders my vary by state.

Cancer Insurance

Limited Benefit Cancer Insurance Policy

American Fidelity Assurance Company

A cancer diagnosis may be overwhelming. Even with a good major medical plan, the out-of-pocket costs of cancer treatment, such as travel, childcare, and loss of income, are considerable and may not be covered.

American Fidelity Assurance Company's AF™ **Limited Benefit Individual Cancer Insurance** offers a solution to help you focus your attention on fighting cancer. We offer plans that can help assist with out-of-pocket costs often associated with a cancer diagnosis.

How the Plans Work

Our plans are designed to help cover expenses if you are diagnosed with a covered Cancer. With over 20 benefits available to you, these plans can provide benefits for the treatment of cancer, transportation, hospitalization and more. We provide the benefit directly to you, to be used however you see fit.

Optional Riders

Enhance your base plan with the following riders:

- Critical Illness Rider
 Includes a cancer benefit and a heart attack/stroke benefit
- Hospital Intensive Care Unit Rider

Coverage Feature	What It Means For You
Plan Options: Basic, Enhanced and Enhanced Plus	Choose the plan option to meet your financial needs.
Three Choices of Coverage: Individual, Single Parent Family, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Covers a wide range of treatments.
Benefit Paid Directly to You	Use the money however best fits your financial needs.
Guaranteed Renewable	Policy is guaranteed renewable as long as premiums are paid as required.
Diagnostic and Prevention Benefit	Receive a benefit for visiting your doctor for a cancer screening test, which helps with early detection.
Transportation and Lodging	Receive benefits if you travel more than 50 miles from your home using the most direct route for covered treatment.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by choosing from a selection of optional riders.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. This product is inappropriate for people who are eligible for Medicaid coverage. The company has the right to change premiums by class. The premium and amount of benefits provided vary dependent upon the plan selected. Availability of riders may vary by state.

Group Critical Illness Insurance

Limited Benefit Group Critical Illness Insurance Policy

American Fidelity Assurance Company

Surviving a critical illness, such as a heart attack or stroke, can come at a high price. With advances in technology to treat these diseases, the cost of treatment rises more and more every year. Even with major medical insurance, the out-of-pocket expenses associated with a critical illness can affect anyone's finances.

American Fidelity Assurance Company's AF™ **Limited Benefit Critical Illness Insurance** can be the solution that helps you and your family focus on recovery, and may help you with paying bills. Our plan can assist with the expenses that may not be covered by major medical insurance.

How the Plan Works

If you are diagnosed with a covered Critical Illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. Also, this plan offers a Recurrent Diagnosis Benefit for certain specified Critical Illnesses that provides an additional 50% of the Critical Illness benefit amount after the second occurrence date. Covered Critical Illness events include Heart Attack, Permanent Damage Due to a Stroke, and Major Organ Failure.

Guaranteed Renewable

You are guaranteed the right to renew your base policy until age 75 as long as you pay premiums when due or within the premium grace period. The insurer has the right to increase premium rates if the policy so provides.

Coverage Feature	What It Means For You
Plan Options	Choose from three lump sum benefit amounts: \$10,000, \$20,000 or \$30,000.
Coverage Option	Children are automatically covered under the Employee base plan. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount.
Wellness Benefit	Receive a benefit for your annual health screening test.
Benefit Paid Directly to You	Use the benefit however best fits your financial needs.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by adding an optional rider.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage**. Group Critical Illness is only offered on an after-tax basis.

Group Hospital Indemnity Insurance

AF™ Limited Benefit Group Hospital Indemnity Insurance

American Fidelity Assurance Company

If you experienced a medical emergency, would you be prepared to cover the out-of-pocket medical expenses? And, what about everything else that adds up—like bills, groceries, and housing?

Major medical insurance plans are designed to pay a large portion of your medical costs. But with a high deductible plan, you must pay out of your own pocket until you meet your deductible and plan maximum. That's where AF Hospital Assist™ can help.

How the Plan Works

AF™ Limited Benefit Group Hospital Indemnity Insurance, or AF Hospital Assist™, is a Health Savings Account (HSA)-qualified plan designed to help pay for out-of-pocket expenses, like a hospital stay, while also allowing the tax benefit and potential savings from an HSA.

This plan includes a health screening benefit and provides benefits paid directly to you for hospitalization, unexpected accidents, and certain high-dollar critical illnesses.

Coverage Feature	What It Means For You
Simplified underwriting	No medical exams or health questions are required to apply
Health Savings Account compatible	Help offset your high deductible while allowing your HSA savings to grow
Multiple plan options: Basic, Enhanced, Enhanced Plus	Choose the plan to meet your financial needs
Three choices of coverage: You, your spouse, and your children	Choose the coverage that best fits your lifestyle
Benefits paid directly to you	Use the money however best fits your needs
Guaranteed renewable	Keep the policy as long as premiums are paid
Portable	Take the policy with you even if you change employers

This product may contain limitations, exclusions and waiting periods. This product is inappropriate for people who are eligible for Medicaid coverage. The critical illness benefit is only offered on an after-tax basis. The insurer has the right to increase premiums.

Universal Life Insurance

Texas Life Insurance Company

It is impossible for life insurance to emotionally compensate for a loss, but it may help ease the financial obligations placed on your loved ones. Individual life insurance products can help.

Universal Life Insurance

(PureLife-Plus)

A voluntary permanent⁷ life insurance product that guarantees life insurance to age 121. (*Underwritten by Texas Life Insurance Company*)

Did You Know?

More Americans were relying on employer-sponsored life insurance coverage than individual coverage.¹

Ask your employer or your AFES representative can provide you with the opportunity for Group Life Insurance — but, do you have individual life insurance you can take with you after your employment ends? Life insurance at retirement can be very costly.

Consider a PureLife-Plus Policy!

Ask Employer or American Fidelity Representative how you can secure your permanent⁷ life insurance with a product that provides:

- Guaranteed death benefit to age 121.⁷
- Minimal cash value premiums dedicated primarily to the purchase of life insurance.
- Long premium guarantees.²
- Limited right to partial refund of premium if future premium required to continue coverage increases.²
 (Conditions apply)
- · Take it with you when you leave employment.
- Coverage available for employee, spouse, children and grandchildren.³

¹LIMRA: Life Ownership Focus, 2016.

Flexible Premium Adjustable Life Insurance to age 121. PureLife-plus is underwritten and issued by Texas Life Insurance Company, 900 Washington Avenue, Waco, Texas 76701. Texas Life is licensed to do business in the District of Columbia and every state but NY. See the PureLife-plus brochure for details. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18.

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Coverage Feature	What It Means To You
Several Product Options	Choose the coverage to meet your financial needs.
Guaranteed Premium ²	Your premiums are guaranteed for each applicable period.
Guaranteed Death Benefit ⁴	Your death benefit is guaranteed for the life of the policy provided premiums are paid when due.
Interim Coverage ⁵	Coverage normally begins when you complete the application and the authorization for your employer to deduct premiums from your paycheck. Two year suicide and contestability provisions apply. (one year in ND).
Enhance Your Coverage	Additional riders may be available on certain products to expand your policy.
Easy Application	No medical exams and minimal health questions. ⁶
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

This product may not be available in all states and may contain limitations. Not generally qualified benefits under Section 125 Plans. Underwritten by Texas Life Insurance Company. Not affiliated with American Fidelity Assurance Company.

²After the guaranteed period, premiums may go down, stay the same or go up. ³Coverage not available in WA on children or on grandchildren in WA or MD. In MD, child must reside with the applicant to be eligible for coverage. ⁴Some limitations apply: See brochure for details.

⁵Conditions apply. In Kánsas, Temporary Insurance applies. Form 16M050. ⁶Issuance of this policy may depend on the answer to these questions.

⁷Provided required premiums are timely paid.



Health Flexible Spending Account (Healthcare FSA)

Benefits Debit Card

Dependent Care FSA

Managing Your Account

Retirement

American Fidelity Assurance Company

Flexible Spending Accounts are great cost savings tools to help with common medical expenses not covered by your major medical insurance and/or dependent care expenses. You can elect a portion of your pay to be deducted, on a pre-tax basis, from each paycheck to use for reimbursement of qualified out-of-pocket expenses throughout the plan year.

Flexible Spending Account Savings Example

\$18,159.85	Spendable Income	\$16,805
\$0	Cost of Dependent Care Expenses	- \$2,500
\$0	Cost of Medical Expenses	- \$2,400
\$18,159.85	Annual Net Income	\$21,705
- \$1,920.15	Estimated FICA (7.65%)	- 2,295
- \$5,020	Estimated Federal Tax (20%)*	- 6,000
\$25,100	Taxable Gross Income	\$30,000
- \$2,500	Dependent Care Account Election	\$0
- \$2,400	Healthcare FSA Election	\$0
\$30,000	Annual Gross Income	\$30,000
With FSA		Without FSA

By using an FSA to pay for eligible expenses, you can reduce your taxable income.

Healthcare Flexible Spending Account (Healthcare FSA)

A Healthcare FSA allows you to allocate money on a pre-tax basis to reimburse yourself for qualified medical expenses for you and your family. Qualified expenses include anything from co-payments, medical deductibles, prescriptions and much more.

Minimum Annual Election: Determined by your employer Maximum Annual Election: Internal Revenue Code allows up to \$2,750 per plan year, but your employer will determine amount.

Examples of Eligible Expenses for Healthcare FSA Copays/coinsurance
Deductibles
Dental treatments
Diabetic supplies
Prescription drugs and medicines
Eye exams, eyeglasses, contact lenses, contact lens solution and enzyme
Flu shots
Immunizations
Lab fees
Laser/Lasik/RK surgery
Medical exams
Orthodontia
Psychiatric care
Wheelchair
X-rays
For a more complete list of eligible expenses, please visit www.americanfidelity.com

^{*} Estimated state 5% and federal 15%.

Benefits Debit Card

Benefits Debit Card

American Fidelity will provide a Benefits Debit Card to all employees who elect to participate in a Healthcare FSA (where offered by your employer.) The debit card gives immediate, convenient access to Healthcare FSA funds at the point of sale for prescriptions, copays, and other common qualified medical expenses. The card can only be used for the Healthcare FSA and is not available for the DCA.



Using Your Benefits Debit Card

Simply swipe your card like you would with any other credit card. Whether at the doctor's office or the dentist, the amount of your eligible expenses will be automatically deducted from your Healthcare FSA. Save ALL receipts!

Cards for Healthcare FSAs can be used at:

- Health care related facilities which include: hospitals, physician offices, dental offices, vision offices; and,
- Merchants participating in the Inventory Information Approval System (IIAS).
- The card is for medical expenses only; dependent day care expenses are not eligible.
- The card cannot be used for over-the-counter drugs filled with a prescription. You will need to file a manual claim for these types of expenses.

Snap. Submit. And Go!

When using your Benefits Debit Card to pay for an eligible expense, you may need to retain documentation to verify the expense. The AFmobile® app makes this easy.

- **Snap** a photo of the itemized receipt* with your phone.
- **Submit** the photo of the itemized receipts within the app when you receive notification that a receipt is needed to verify your expense.
- **Go!** After submitting your verification and its review, you will be able to view the status of your reimbursement within the app.

*The Internal Revenue Code (IRC) requires proof of the eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.

Activating Your Card

You will receive your card at your home address and may begin using your card on the first day of your plan year. Your card will be automatically activated when you use it for the first time for an eligible expense.

American Fidelity Assurance Company

Dependent Care Account (DCA)

A Dependent Care Account allows you to allocate money on a pre-tax basis to reimburse yourself for dependent care expenses that allow you (and your spouse) to work. Reimbursement is permitted only after the services have been provided and the expense has been paid. As dependent care contributions are withheld from your paycheck and placed into the account, these funds become available for reimbursement requests. Submit the entire amount of your dependent care expense after the care is provided, even if it exceeds your monthly contribution amount, to maximize reimbursement opportunities. This allows you to build up a "pool" of submitted expenses, with pending amounts ready for reimbursement as soon as your next contribution is received and deposited into your account.

Minimum Annual Election: Determined by your employer.

Maximum Annual Election: While the IRC allows a maximum of \$5,000

per year, the employer may set the maximum equal to or lower than

this amount.

Examples of Eligible Dependent Care Expenses

After-school care or extended day programs

Nanny expenses

Baby-sitter inside or outside participant's household

Custodial or elder care expenses if the qualifying individual still spends at least 8 hours each day in the employee's household

Dependent Day Care center* expenses/pre-kindergarten/nursery school expense

Expenses paid to a non-dependent relative of participant to care for the child

Summer day camp if the primary purpose of the expense is custodial in nature and not educational

For a more complete list of eligible expenses, please visit www.americanfidelity.com.

*A Dependent Care Center is a place that provides care for more than six persons (other than persons who live there) and receives a fee, payment or grant for providing services for any of those persons, regardless of whether the center is run for profit.

Regardless of whether you participate in the Dependent Care Account under the Section 125 Plan or claim the Dependent Care credit on your income tax return, you must provide the Internal Revenue Service with the name, address and taxpayer identification number (TIN) or Social Security number of your dependent care provider(s) by completing either Schedule 2 of Form 1040A or Form 2441 and attaching it to your annual income tax return. Be sure that you follow

the current instructions given by the IRS for preparing your annual income tax return. Failure to provide this information to the IRS could result in loss of the pre-tax treatment of your Dependent Day Care FSA contributions or loss of the Dependent Care Tax Credit.

FSA Fund Availability

Healthcare FSA

Your full annual election is available to you on the first day of the plan year.

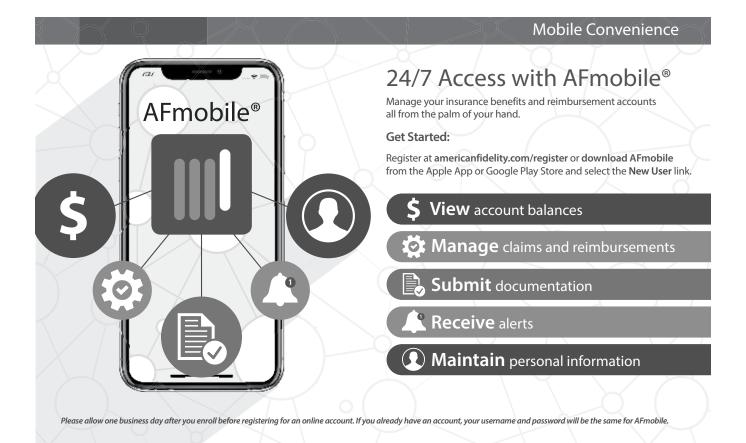
Dependent Care Account

Unlike the Healthcare FSA, the entire elected amount is not available on the first day of the plan year, but rather as contributions are received.

Important FSA Notes:

- Participants are generally allowed a 90-day run-off period after the plan year ends to submit claims for expenses that occurred during the plan year but were not yet submitted.
- If you are a new employee entering the FSA during a plan year, reimbursement is only available for expenses and services provided after you begin your participation in the FSA.
- If you are enrolled in the Healthcare FSA and take a leave of absence during the plan year, you may (subject to your employer's plan):
 - 1. Prepay the contributions on a pre-tax basis, or
 - Continue the contributions by remitting them to your employer.
 Pre-tax contributions may continue if you continue to receive enough pay, or
 - 3. Prorate the unpaid contributions over the remaining pay periods when you return to work.
- Failure to make all elected contributions will result in termination of your account as of the date contributions ceased.
- Healthcare FSAs must comply with COBRA and generally must offer COBRA continuation rights to qualified beneficiaries who lose Healthcare FSA coverage due to certain qualifying events. For most Healthcare FSAs, COBRA may be offered upon a qualifying event only if you have a balance remaining in your Healthcare FSA. The balance is generally calculated by subtracting the reimbursements made prior to the qualifying event from the annual election. If eligible, you may choose to continue your contributions by either sending your contributions to your employer on an after-tax basis each pay period, or, you may choose to make a pre-tax contribution for your remaining elections for the plan year from your final pay or severance pay. Expenses incurred while contributions are being made are eligible for reimbursement. Coverage generally may not continue beyond the current plan year. If you do not elect COBRA, only expenses incurred during the period of employment are reimbursable. Coverage under the Healthcare FSA ceases when the contributions cease.

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File Your Claim Faster



AFmobile®

Our mobile app is the easiest way to *submit your claims and documentation*. Upload documentation* directly from your device's picture gallery.

americanfidelity.com[™]
Filing online is convenient, secure, and provides *faster claim processing than filing by paper*. From your laptop or
desktop, log in to file a claim and upload documentation*.

Need assistance?

Visit americanfidelity.com/fileaclaim

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a different opinion

*The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third party itemized statements or Explanation of Benefits.

SB-30990-0519 American Fidelity Assurance Company

John Hancock



Beck Auto Sales Inc. is pleased to offer you a retirement plan as a benefit to help you save for retirement. It's one way to thank you for your contribution to the organization's success.

... MassMutual Retiresmant



Morgan Vitale, AIF® Retirement Education Specialist



Workplace Solutions 100 Bright Meadow Blvd *1576 Enfield, CT 06082 Direct (904) 518-9164 mvitale@massmutual.com

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Benefits Directory

Core Benefits

Bates Hewett & Floyd

Health, Dental and Vision Assistance

Richard Frederick Mon - Fri, 8 a.m. - 5 p.m. 386-328-1100 bates-hewett.com

Florida Blue Health Plan

Member Services (Group Numbers 05770/05772/05302) Mon - Fri, 24/7 800-352-2583 floridablue.com

Humana Dental Plan

Member Services 822-877-1051 humana.com

Humana

Vision Plan

Member Services 822-877-1051 humana.com

Voluntary Benefits

American Fidelity Assurance Company Disability Income, Term Life, Whole Life, Accident, Cancer, and Group Critical Illness

Mon - Fri, 7 a.m. - 7 p.m. CST 800-662-1113 americanfidelity.com

Section 125 Administrative Services & Flexible Spending Accounts

American Fidelity Assurance Company

Mon - Fri, 7 a.m. - 7 p.m. CST 800-662-1113 americanfidelity.com

American Fidelity Assurance Company Molly Wilson Account Executive

800-662-1113, ext. 2442 office 9000 Cameron Parkway Oklahoma City, OK 73114 molly.wilson@americanfidelity.com

Other Contact Information

Auto Group

Beck Human Resources

Randy Marquart 386-328-0344 ext. 342

MassMutual/The Bailey Group Retirement/401k

Morgan Vitale, MassMutual 800-854-0647 Direct: 904-518-9164 massmutual.com/retirementaccess

Fred B. Jones 229-226-0111 ben.jones@lpl.com

This Enrollment Benefits booklet is not a contract, is not legally binding, and does not alter any original plan documents. Rather, it is intended to be a summary of available benefits provided through your employer. Every effort has been made to ensure the accuracy of this information. However, the actual determination of your benefits is based solely on the plan documents and if statements in this description differ from the applicable plan documents, coverage documents or Summary Plan Descriptions, then the terms and conditions of those documents will prevail. Please check with your employer's Benefit's Office for further guidance.