

January 1 - December 31, 2026

EMPLOYEE

Benefits

GUIDE

2026

Edwards
AUTO GROUP



Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 31 days of your date of hire. If you enroll on time, coverage is effective on the first day of the month coinciding with or following the date you complete your 60 day waiting period.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.

- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1-December 31, 2026.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

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Enrollment

Go to eagbenefits.com. There, you will find detailed information about the plans available to you and instructions for enrolling.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

UMR HDHP HSA

The High-Deductible Health Plans (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ The plan pays the full cost of qualified in-network preventive health care services.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible. **NOTE: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL IN A FAMILY deductible (up to the family limit) before the plan starts to pay expenses for that individual.**
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (**coinsurance**) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year. **NOTE: If you enroll one or more family members, each covered family member is only required to meet the INDIVIDUAL IN A FAMILY out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100% for that individual.**

Health Savings Account

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ Your contributions may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2026
Employee Only	\$4,400
Family (employee + 1 or more)	\$8,750
Catch-up (age 55+)	\$1,000

- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- ▶ You must open your own HSA with the plan's bank to receive contributions and make tax-free withdrawals for eligible expenses.
- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- ▶ For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.



Medical (Continued)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	UMR UMR \$3,400 "Low" Plan HDHP HSA		UMR UMR \$6,000 "High" Plan HDHP HSA	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$3,400 / \$6,800	\$6,000 / \$12,000	\$6,000 / \$12,000	\$10,000 / \$20,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$3,400 / \$6,800	\$12,000 / \$24,000	\$6,000 / \$12,000	\$20,000 / \$40,000
Covered Services				
Office Visits (physician/specialist)	0%*	30%*	0%*	30%*
Virtual Visits	0%*	30%*	0%*	30%*
Routine Preventive Care	No charge	30%*	No charge	30%*
Outpatient Diagnostic (lab/X-ray)	0%*	30%*	0%*	30%*
Complex Imaging	0%*	30%*	0%*	30%*
Chiropractic Services	0%*	30%*	0%*	30%*
Ambulance	0%*		0%*	
Emergency Room	0%*		0%*	
Urgent Care Facility	0%*	30%*	0%*	30%*
Inpatient Hospital Stay	0%*	30%*	0%*	30%*
Outpatient Surgery	0%*	30%*	0%*	30%*
Prescription Drugs (Tier 1 / Tier 2 / Tier 3 / Tier 4)				
Retail Pharmacy (30-day supply)	0%*	If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.	0%*	If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.
Mail Order (90-day supply)	0%*	If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.	0%*	If you use a Non-Network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental

We are proud to offer you a dental plan.

Ameritas DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Ameritas network.

The following is a high-level overview of the coverage available.

Key Dental Benefits	Ameritas DPPO In-Network Only
Deductible (per calendar year)	
Individual / Family	\$50 Lifetime Deductible / \$150 Lifetime Deductible
Benefit Maximum (per calendar year; preventive, basic and major services combined)	
Per Individual	\$1,000
Covered Services	
Preventive Services	0%
Basic Services	20%*
Major Services	50%*
Orthodontia (Child Only)	50%* \$1,000 Lifetime Max

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

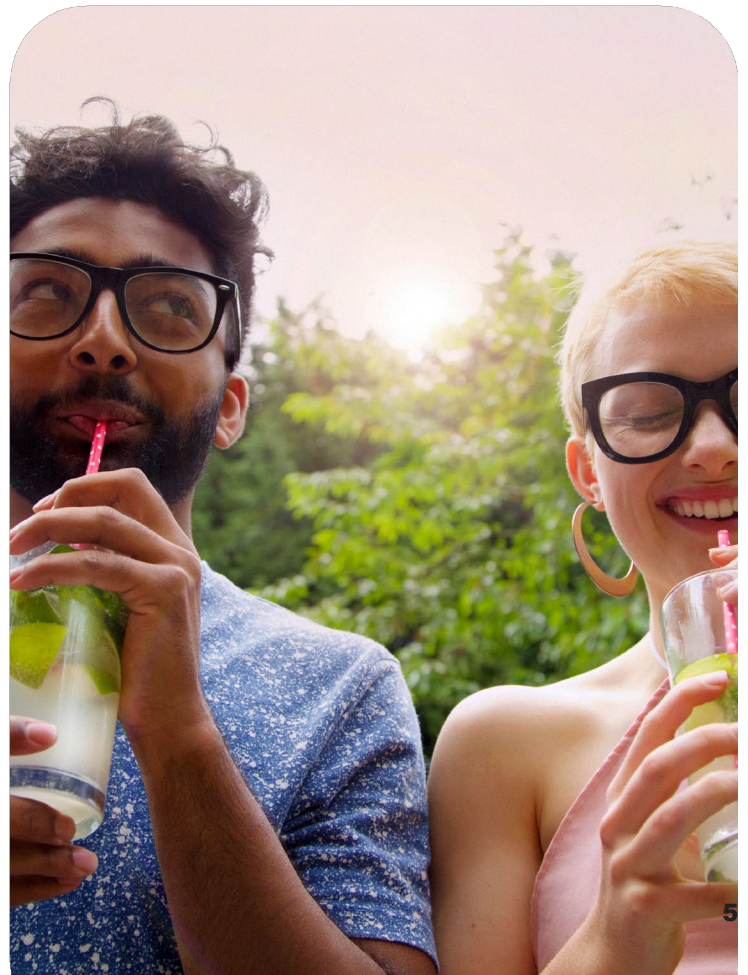
We are proud to offer you vision coverage through Ameritas.

Ameritas - VSP Network or EyeMed Network

This plan gives you the freedom to seek care from the provider of your choice. You will have the option to choose the VSP Network or the EyeMed Insight Network. You will maximize your benefits and lower your out-of-pocket costs if you choose an in-network provider.

The following is a high-level overview of the coverage available.

Key Vision Benefits	Ameritas In-Network
Exam (once every 12 months)	\$10
Materials Copay	\$25
Lenses (once every 12 months)	
Single Vision	
Bifocal	\$25
Trifocal	
Frames (once every 24 months)	Up to \$130
Contact Lenses (once every 12 months; in lieu of glasses)	Up to \$130



Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Symetra for yourself and your eligible family members.

Benefit Option		Guaranteed Issue ¹
Employee	\$10,000 increments; minimum of \$10,000 up to Lesser of 5x annual earnings or \$300,000	\$30,000
Spouse	\$5,000 increments; minimum of \$5,000 up to Lesser of 50% of the employees life benefit or \$150,000	\$30,000
Child(ren)	Under age 26: \$2,500 increments; minimum of \$2,500 up to \$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability

Provided at an affordable group rate through Symetra

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	After 7th day of disability
Maximum Benefit Duration	26 weeks

Voluntary Long-Term Disability

Provided at an affordable group rate through Symetra

Benefit Percentage	60%
Monthly Benefit Maximum	\$8,000
When Benefits Begin	After 180th day of disability
Maximum Benefit Duration	Social Security Retirement Age

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through AllState are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500¹. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills². When your medical bill arrives, you'll be relieved you have accident insurance on your side.

1. Why health insurance is important: Protection from high medical costs. HealthCare.gov
2. Average medical cost of fatal and non-fatal injuries by type in the USA, December 2019. National Library of Medicine.
3. MetLife Accident and Critical Illness Impact Study.

Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000³. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Hospital Indemnity Insurance

When you or a dependent need to be hospitalized, your family deserves to focus on their well-being, not the stress of the average three-day hospital stay, which can cost you \$30,000¹. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered hospitalization.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	UMR	(877) 233-1800	www.umar.com
Dental	Ameritas	(800) 311-7871	www.ameritas.com
Vision - VSP	Ameritas	(800) 877-7195	www.ameritas.com
Vision - EyeMed	Ameritas	(866) 289-0614	www.ameritas.com
Health Spending Account (HSA)	HSA Bank	(800) 357-6246	www.hsabank.com
Life/AD&D	Symetra	(800) 429-7784	https://sso.account.symetra.com/
Disability	Symetra	(800) 429-7784	https://sso.account.symetra.com/
Voluntary Benefits	AllState	(800) 255-7828	www.allstate.com

Benefits Website

Our benefits website eagbenefits.com can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:

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DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.