

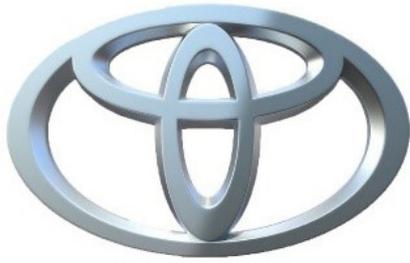
2026 EMPLOYEE BENEFITS OVERVIEW



ASHLAND

January 1, 2026 through December 31, 2026

The contents of this booklet are intended for general information purposes only. It is not to be relied upon as a summary plan description or for the determination of any policy benefits, limitations, or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.



Toyota of Ashland

The health of our employees is a priority and we recognize the importance of providing quality benefits as part of our overall compensation package. This Employee Benefits Overview (EBO) is provided as a convenient reference document of your benefit options. Please refer to the carrier's Summary of Benefits and Coverage (SBC) and/or Certificate of Coverage for detailed descriptions of all available employee benefit programs and exclusions. If you require further explanation or need assistance regarding claims processing, please refer to the customer service telephone numbers at the back of this guide.

Eligibility & Change in Family Status

Benefits are effective on the first day of the month following 60 days of employment and coverage is available for you, your spouse and/or dependent child(ren). Dependent child(ren) are eligible for coverage up to age 26 for medical, dental and vision benefits.

We have adopted an IRS-sponsored Section 125 Plan that allows premiums for medical, dental, vision insurance, contributions to HSA accounts and/or certain supplemental policies to be deducted from your paycheck on a pre-tax basis. Under Section 125, changes to pre-tax benefits can be made ONLY during the Open Enrollment period unless you or a qualified dependent experience a change in family status (or Qualifying Event). Examples of Qualifying Events are as follows:

- Marriage/Divorce/Legal Separation
- Birth/adoption or placement of a child for adoption
- Death
- Loss of coverage (for you or dependents)/loss of eligibility status for dependents

It is your responsibility to notify Human Resources within 30 days of a Qualified Event if you want to add or remove a dependent from your benefit plans. The effective date will be the same day as the status change (for example, your newborn's birth date or date of marriage).

Change in Family Status?

Examples of Preventive Care



Flu Shot

Can help prevent the flu



Colonoscopy

Can help prevent colon cancer, or find it in the early stages when it's more treatable



Mammograms

Can help prevent breast cancer, or find it in the early stages when it's more treatable



Annual checkup

Can help prevent health problems such as diabetes and high cholesterol before they start or get worse



Enrolling In Benefits



Enrolling In Benefits

Hello and welcome to Benefits Enrollment.

The health of our employees is a priority and we recognize the importance of providing quality benefits as part of our overall compensation package.

We are always working throughout the year with our benefit partners to ensure that we have the best overall benefit options in place for our employees and their families. Included in your benefit material, you will find benefit information as well as the costs for the coverages available.

Remember, you will only have a limited amount of time to enroll in benefits during the enrollment period, so be sure to review your benefit material for details, and when you are ready phone the Benefits Call Center to enroll directly over the phone with a live benefits counselor, or self-enroll online.

Thanks again for being part of the our team.

Two Ways To Enroll

1 Enroll Online

1. Go to <https://awd.benselect.com/thinkgreens>
2. Use the Login Example below for assistance.
3. Enrollment is not complete until you see "Congratulations! Your enrollment is now complete." Make sure to finish all steps until you see the Congratulations page.

Enrollment Software Log In Example:

Name: **John Smith** | Social: **555-55-5874** | DOB: **01/01/81**

Employee Number#:

Use your Social Security Number
(Ex: 555555874)

Personal ID Number (PIN):

Last four of social Security Number + the 2-digit year of birth.
(Ex: 587481)

2 Enroll Over The Phone

1. Review the provided benefit material.
2. When ready, phone the Benefits Call Center to enroll.
3. If possible, be in front of a computer when calling.
4. Our representative will then enroll you over the phone.



Call Center:

877-282-0808

Monday-Friday 7:00am-5:00pm CST

Your medical coverage is designed to promote good health and protect you and your family from major financial hardships in the event of illness or injury. Anthem of Kentucky is your health insurance carrier using the **Blue Access PPO network**. The chart below is a summary of the medical coverage.

Each health plan offered has unique features. You have the option to choose a medical plan that fits your needs and your budget by balancing the cost of premiums, deductibles, maximum out-of-pocket amounts, coinsurance, and copays. Generally, if you choose a plan with a higher deductible and maximum out-of-pocket, your monthly premium will be lower. Consider your family's overall typical or expected health plan utilization to choose the plan that is right for you.



Medical Benefits Summary

In-Network Benefits / Member's Cost Shares	PPO 1 Plan	PPO 2 Plan	HSA 1 Plan	HSA 2 Plan
Calendar Year Annual Deductible	\$3,000 individual \$6,000 family	\$3,000 individual \$6,000 family	\$3,400 individual \$6,800 family	\$6,500 individual \$13,000 family
Coinsurance (Plan / Member)	100% / 0%	50% / 50%	80% / 20%	70% / 30%
Medical Maximum Out-of-Pocket ¹	\$6,600 individual \$13,200 family	\$6,600 individual \$13,200 family	\$5,000 individual \$10,000 family	\$7,000 individual \$14,000 family
Aggregate or Embedded Accumulators	Embedded	Embedded	Embedded	Embedded
Benefit Overview ²				
Primary Care Office Visit	\$30 Copay	\$30 Copay	Deductible then 20%	Deductible then 30%
Specialist Office Visit	\$50 Copay	\$50 Copay	Deductible then 20%	Deductible then 30%
Preventive Care	No Charge	No Charge	No Charge	No Charge
LiveHealth Online	\$30 Copay	\$30 Copay	\$59 Copay	\$59 Copay
Emergency Room - Physician Fee	\$300 Copay	\$300 Copay	Deductible then 20%	Deductible then 30%
Urgent Care Center	\$75 Copay	\$75 Copay	Deductible then 20%	Deductible then 30%
Inpatient Facility Services	Deductible then 0%	Deductible then 50%	Deductible then 20%	Deductible then 30%
Outpatient Services	Deductible then 0%	Deductible then 50%	Deductible then 20%	Deductible then 30%
Rx Copays	\$10 / \$30 / \$60	\$10 / \$30 / \$60	Deductible then 20%	Deductible then 30%
Mail Order Rx Copays	\$30 / \$90 / \$180	\$30 / \$90 / \$180	Deductible then 20%	Deductible then 30%
Specialty Rx Copays	25% to \$350 Rx Max	25% to \$350 Rx Max	Deductible then 20%	Deductible then 30%
Mail Order Specialty Rx Copays	25% to \$350 Rx Max	25% to \$350 Rx Max	Deductible then 20%	Deductible then 30%

1. Maximum Out-of-Pocket includes all copays, coinsurance, and deductibles when applicable for fully ACA compliant plans.

2. For a complete listing of covered services, see the carrier's Certificate of Coverage and/or plan document. Please note the summary above is for In-Network benefits only.

Bi-Weekly (26 Pay Periods) Medical Payroll Deductions Table

	PPO 1	PPO 2	HSA 1	HSA 2
Employee	\$294.72	\$201.38	\$216.79	\$79.43
Employee + Spouse	\$679.79	\$483.84	\$526.38	\$332.42
Employee + Child(ren)	\$574.77	\$406.8	\$441.95	\$275.70
Family	\$1,064.90	\$739.35	\$835.91	\$540.39

Semi-Monthly (24 Pay Periods) Medical Payroll Deductions Table

	PPO 1	PPO 2	HSA 1	HSA 2
Employee	\$319.28	\$218.17	\$234.86	\$86.48
Employee + Spouse	\$736.44	\$524.16	\$570.24	\$360.13
Employee + Child(ren)	\$622.67	\$440.71	\$478.78	\$298.68
Family	\$1,153.65	\$800.96	\$905.57	\$585.43

PPO vs. HDHP (HSA) Medical Plans...What is the Difference?

The information below provides key definitions and a review of how PPO and High Deductible Health Plans HDHP (HSA) function. Both plans cover the same network of providers and the same services but how you pay for your share of expenses is handled differently. The benefit summary grid outlines your out-of-pocket expenses and the benefit period specific to your plan.

PPO MEDICAL PLAN

- **Copays** are flat dollar amounts listed on your Benefit Summary for certain services. Typically, copays apply to physician office visits and prescriptions.
- **Deductible:** When you use services such as MRIs, CT scans, lab work, hospitalization, or surgeries you must meet the **deductible** as indicated on your plan. **Copays do not apply to your deductible.**
- **Coinsurance** is a percentage of costs that you share with the insurance carrier after meeting your deductible.
- **The Maximum Out-of-Pocket** is the maximum amount you will pay during a benefit period and includes all deductible, copay, and coinsurance expenses. When an individual meets the maximum out-of-pocket, covered services are paid in full by the plan for that individual until the end of that benefit period. If the family maximum out-of-pocket is met, services are covered in full by the plan for the entire family until the end of the benefit period.

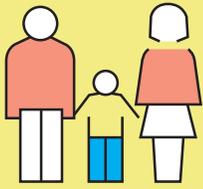
HDHP (HSA) MEDICAL PLAN

- **Copays:** Generally, HDHPs plans do not feature copays for medical or pharmacy services. Instead, you are responsible for the full claim amount, after the carrier has applied all applicable discounts, and the entire claim will be applied toward your deductible.

If your HDHP (HSA) medical plan includes copays for office visits or prescriptions, these copays are applicable once the deductible is satisfied.
- **Deductible:** Your HDHP (HSA) medical plan's full deductible must be met before your plan begins to pay. **Your deductible applies to all out-of-pocket medical and prescription expenses.** You cannot use manufacturer copay assistance cards if you are covered under the HDHP (HSA) medical plan.
- **Coinsurance** is a percentage of costs that you share with the insurance carrier after your deductible has been met.
- **The Maximum Out-of-Pocket** is the maximum amount you will pay during a benefit period and includes all deductible, copays, and coinsurance expenses. When an individual meets the maximum out-of-pocket, covered services are paid in full by the plan for that individual until the end of that benefit period. If the family maximum out-of-pocket is met, services are paid in full by the plan for the entire family until the end of the benefit period.

Health Savings Account (HSA)

If you elect one of the HSA Medical Plans, you may contribute money into a Health Savings Account (HSA). **This is a personal bank account designed to allow you to save pre-tax dollars for current and future medical expenses. Money in this account is always yours and unused funds roll over year after year providing savings for future medical expenses.** Even though there is no limit to the amount of money you can accumulate in your account, there are annual contribution limits set each year by the IRS. The contribution limits are based on who you are covering under your medical plan. The contribution limits for January 1st – December 31st are as follows and are subject to change, per IRS regulations.

		
Single Medical Plan	Medical Plan with Dependents	Over Age 55
\$4,400 Annual Contribution Limit	\$8,750 Annual Contribution Limit	Additional \$1,000 Annual Catch Up Contribution



See a doctor 24/7 on your smartphone, tablet, or computer.

LiveHealth Online is a convenient way to interact with a Board-Certified Doctor via live, two-way video on your computer or mobile device 24 hours a day/7 days a week! Doctors can ePrescribe to your local pharmacy, as needed.

There is no cost for a visit with the LiveHealth Online Primary Care doctor if you are covered under the PPO Medical Plan. The cost under the HSA medical plan is less than a Retail Clinic. Note: Costs could vary for Specialist visits.

Behavioral Health Services are offered, by appointment, for the same cost as an in-office Behavioral Health visit. Behavioral Health professionals can help with depression, stress, anxiety, trauma, and other non-emergency behavioral health concerns.

Visit Livehealthonline.com or download the app.



HSA

FREQUENTLY ASKED QUESTIONS

What expenses are covered?

- Out-of-pocket expenses for medical, dental, vision, pharmacy, and over-the-counter medical items. For a complete listing of covered items, please visit your HSA plan administrator's website.

Who is eligible to contribute to a Health Savings Account?

- **You are eligible** if you have enrolled in an HSA eligible medical plan and you **do not** have PPO coverage in addition to your HSA Medical Plan.
- **You are NOT eligible** for a Health Savings Account if you (or your spouse) contribute to a General-Purpose Flexible Spending Account (FSA) and
- **You are NOT eligible** for a Health Savings Account if you are enrolled in a government-sponsored medical plan such as Medicare, Medicaid, or Tricare.

Who can I use the funds for?

- You can pay for qualified expenses for yourself, your spouse, and dependent children, even if they are not covered on your insurance plans.
- If your Domestic Partner meets the IRS qualifications to be considered a taxable dependent, you can use your HSA funds for his/her qualified expenses.

Can I change my contributions throughout the year?

- Yes. You are not required to encounter a qualifying event to adjust your HSA contribution amount. Contact HR for more details and limitations on when changes to HSA contributions deducted through payroll should be reported.

What if I move to a PPO medical plan next year?

- Once funds are deposited into the HSA, the account can be used to pay for qualified expenses **tax-free**, even if you are no longer covered by an HSA eligible medical plan. Please note, additional funds cannot be contributed into the account if you are not enrolled in an HSA-eligible medical plan.

What if I incur more expenses than I have funds available in my account?

- If you do not have sufficient HSA funds to pay for an eligible expense, you will need to issue payment by some other means. However, as funds accumulate in your HSA, you can reimburse yourself for those expenses provided the account was open on or before the date the expense was incurred. You will be required to provide the receipt(s) showing proof of payment.

Dental Benefits

Good dental care is a crucial part of your overall physical health because other systems can be affected by your oral health. We offer comprehensive dental coverage through Anthem's nationwide **PPO Complete Network**. To find a dentist in the PPO Complete Network, contact Anthem Dental (contact info at back of this booklet). The plan summary is shown below, but for additional details, please refer to your plan certificate located within Anthem's online portal.

Dental Benefits Summary



Dental Benefits	In-Network	Out-of Network
Calendar Year Annual Dental Deductible	\$50 individual \$150 family	\$100 individual \$300 family
Dental Maximum Benefit per Year (per member; excludes Ortho Services)	\$1,000	\$1,000
Orthodontia Lifetime Max	\$1,000	\$1,000
Covered Services	Member Cost Share	
Diagnostic & Preventive - Exams, cleanings, fluoride, space maintainers - Emergency Palliative Treatment - Sealants - Brush Biopsy - X-rays	No member cost	10%
Basic Services (deductible applies) - Minor Restorative Services - Simple Extractions - Endodontic Services - Periodontic Services - Oral Surgery Services	No member cost	30%
Major Services (deductible applies) - Crowns - Dentures - Bridges - Dental Implants/Standard - Prosthodontic Repairs/Adjustments - Prosthodontic Services	40%	60%
Orthodontic Services - Braces	50%	50%
Orthodontics Age Limit	Age 19	
Dependent Age	Age 26	

Dental Payroll Deductions

	Bi-Weekly (26 pay periods)	Semi-Monthly (24 pay periods)
Employee	\$12.73	\$13.80
Employee + Spouse	\$29.47	\$31.93
Employee + Child(ren)	\$30.75	\$33.31
Family	\$47.47	\$51.43

Voluntary Vision Benefits

We are pleased to offer a voluntary comprehensive vision program through Anthem's nationwide **Blue View Vision Network**. The amount you pay for vision services depends upon whether you visit a network or non-network provider. To find a network provider, contact Anthem Vision (contact info at back of this booklet). A brief description of benefits is provided below.

Vision Benefits Summary



In Network Benefits	Anthem Blue View Vision
Copays	
Exams	\$10 Copay
Lens Coverage	
Single Vision lenses	\$25 Copay
Lined Bifocal lenses	\$25 Copay
Lined Trifocal lenses	\$25 Copay
Frames	\$130 retail allowance then 20% off balance
Contact Lenses	
Elective	\$130 retail allowance
Medically Necessary	No Charge
Service Frequency	
Exam	12 Months
Lenses	12 Months
Frames	12 Months

Vision Payroll Deductions

	Bi-Weekly (26 pay periods)	Semi-Monthly (24 pay periods)
Employee	\$3.54	\$3.84
Employee + Spouse	\$7.02	\$7.61
Employee + Child(ren)	\$6.30	\$6.83
Family	\$9.78	\$10.59

The above references in-network benefits only; for out-of-network benefits see full summary of benefits.



GROUP BENEFIT SOLUTIONS

- Voluntary Disability
- Employer-Paid Group Life and AD&D
- Voluntary Life and AD&D



Employer-Paid Group Life and AD&D

Life insurance is a critical component of financial planning and is used to support your loved ones in the event of your death. **Basic life insurance is employer-paid.** This policy also includes Accidental Death & Dismemberment (AD&D). AD&D insurance provides benefits to you or your beneficiary if you suffer loss of life or limb due to an accident. AD&D is considered "double indemnity" which means that if your death is due to an accident, your beneficiary would receive double the life insurance benefit. Your policy may include benefit reductions based on specific ages, so please refer to the carrier's policy for details.

Your basic life insurance policy is equal to \$10,000.



Voluntary Life and AD&D*

You may also purchase additional life insurance for you, your spouse and child(ren) that would pay in addition to the basic group life policy we provide. Premiums are based on your age and the amount of insurance you want to purchase. The Guarantee Issue amount below is available upon initial eligibility without Evidence of Insurability (no medical questions required). Your policy may include benefit reductions based on specific ages, so please refer to the carrier's policy for details.

	Employee	Spouse	Child(ren)
Voluntary Life and AD&D Increments	\$10,000	\$5,000	\$1,000
Minimum Amount	\$10,000	\$5,000	\$1,000
Guarantee Issue Amount	Lesser of 6x Salary or \$150,000	\$50,000	All amounts are GI
Maximum Amount	Lesser of 6x Salary or \$500,000	Lesser of \$250,000 or 50% of the amount of Employee's Voluntary Life Amount	Birth to 6 Months: \$500 Six Months to 26 Years: \$10,000

*Voluntary life election of employee is often required to enroll spouse/child(ren) in additional coverage. Contact Human Resources with questions.



Disability Benefits

Disability benefits are designed to provide income replacement in case you are unable to work due to an illness and/or injury. Details on disability benefits are provided here. Short-Term Disability lasts for a specified amount of time. If you are unable to return to work beyond that time, Long-Term Disability would begin subject to the policy limitations outlined below.

Disability Benefits Summary		
	Employee-Paid Short-Term	Employee-Paid Long-Term
Benefits begin on	31st day	181st day
Duration	180 days	social security normal retirement age
Amount of income protection	60%	60%
Maximum Amount	\$1,000 weekly	\$5,000 monthly



Whatever life throws at you throw it our way.

Employee Assistance, Wellness, Financial, Legal & Estate Support.

Life comes with challenges. Our Employee Assistance & Wellness Support program can help you and your family find solutions and restore your peace of mind. New York Life Group Benefit Solutions is committed to Putting Benefits To Work For PeopleSM.

We also know financial and legal challenges can be very stressful for you and your family. New York Life Group Benefit Solutions provides our Financial, Legal & Estate Support programs to help you navigate these issues, at no additional cost. Leaving you with fewer worries.

Our suite of value-add resources includes:

› Employee Assistance Program

Are you feeling overwhelmed by the demands of balancing work and family life? Maybe you have questions about a legal or financial concern. You and your family members now have access to various counseling services including legal, financial, and work-life balance assistance. All counseling calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. The Employee Assistance Program provides a maximum of three in-person or virtual sessions, per issue, per year.

› GuidanceResources[®]

When you need information quickly to help handle life's challenges, you can visit guidanceresources.com for resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" which provides personal responses to your questions.

› Well-being Coaching

Sometimes you may need help with personal challenges and physical issues that can be overwhelming. To help you achieve your goals, you will have access to a certified coach who will work with you, one on one, to address health and well-being issues such as burnout, time management and coping with stress. You have access to five sessions per year. All sessions are conducted telephonically.

› FamilySource[®]

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists that provide customized research, educational materials and prescreened referrals for childcare, adoption, elder care, education, and pet care.

› EstateGuidance[®]

This user-friendly online tool allows you and your family members to write a last will and testament, a living will and documents outlining your wishes for final arrangements quickly, easily and cost effectively. EstateGuidance[®] walks you through the entire process, guiding your choices with a series of questions and breaking down each step into easy-to-understand terms. Access is available anytime, anywhere via tablet, desktop, or mobile app.

› FinancialConnect[®]

Sometimes you may not know where to start when facing a stressful financial challenge or when you need financial planning expertise. With FinancialConnect[®] you and your family members have unlimited access to a team of qualified experts including Certified Public Accountants (CPAs), CERTIFIED FINANCIAL PLANNERSM (CFP[®]) and other financial professionals to help guide you. If additional help is needed, you can request referrals to financial professionals in your local community.

In addition, on guidanceresources.com, you will have access to financial information on a wide range of topics including debt management, family budgeting, estate planning and tax planning as well as interactive tools and financial calculators.

› LegalConnect[®]

If you are facing a difficult legal challenge and don't know where to start, LegalConnect[®] can help. This program gives you access to unlimited phone consultations with a staff of attorneys who can provide guidance on issues such as divorce, adoption, estate planning, real estate, and identity theft. If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25 percent reduction in fees thereafter. Lastly, information on low cost and no legal options are available along with referrals to consumer advocacy groups and governmental organizations if needed.

Contact Info:



Employee Assistance and Wellness Support 24/7
Phone: (800) 344-9752



Website: guidanceresources.com
Web ID: NYLGBS



GROUP BENEFIT SOLUTIONS

NOTE: These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. These services are provided exclusively by ComPsych[®] Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. FamilySource and GuidanceResources are registered trademarks of ComPsych Corporation. All programs are effective for the member/participant on the first day of coverage.



ADDITIONAL VOLUNTARY BENEFITS

Accident Coverage



There are activities that you or your family do on a daily basis that may lead to an accident or injury. Injuries can happen while playing Sports, Traveling, and even at Work. Allstate's Group Accident plan pays benefits for expenses associated with an accident and can help protect hard-earned savings should an on or off the job accidental injury occur. The claim example below illustrates features of this policy.

Claim Example: Emily chooses accident coverage at annual enrollment. Two years later she is traveling to work and is in a car accident. She is air-lifted to the hospital. Emily incurred expenses for services in and out of the hospital. In addition to what major medical paid to the providers, Allstate's Accident insurance paid the following claim payments direct to Emily:

Accident Claim Example	Plan 1
Air Ambulance Service	\$600
Medicine	\$10
3-Day hospital stay	\$600
Hospital Admission	\$500
Medical Expenses	\$500
Outpatient doctor visit	\$50
Open Abdominal/ Thoracic Surgery	\$1,000
Initial Hospital Confinement	\$1,000
TOTAL BENEFITS:	\$4,260

How to File a Claim

To file a claim or check the status of a claim, go to www.allstatebenefits.com/mybenefits.

Once registered, you will have 24/7 access to important information pertaining to your benefits.



Critical Illness Coverage



Group Voluntary Critical Illness pays a lump sum cash benefit of \$10,000 or \$20,000 to help you cover out-of-pocket expenses associated with a covered Critical Illness, such as heart attack or stroke or cancer. The claims example below highlights the features of this coverage.

Claim Example: Jim suffers a heart attack, and is hospitalized for 3 days. Four months later, Jim has another heart attack. He's admitted to the ICU unit for 3 days and undergoes coronary artery bypass surgery. Jim ultimately made the decision to leave his job, and is able to take his coverage with him. Allstate's Critical Illness insurance paid the following claim payments direct to Jim:

Critical Illness Example

Heart Attack	\$20,000
Second Event	\$20,000
Bypass Surgery	\$5,000
TOTAL BENEFITS:	\$45,000

Universal Life Option



You have the opportunity to purchase Universal life through Transamerica Life Insurance Company. The coverage will be payroll deducted and is portable if you leave employment. All options pay in addition to any other coverages you may have and pay directly to you. For more information about these benefits and their coverage, please refer to your worksite benefit materials..

- No Physicals or Bloodwork
- Accumulates Cash Value
- Guaranteed 3% Interest Rate
- Withdrawal and Loan Options
- Accelerated death benefit (terminal diagnosis which results in death within 12 months)
- Accelerated Death Benefit for Long Term Care Rider
- (Accelerates 4% for confinement or 2% for home health care)
- Age/Tobacco rated
- Available for Employee, Spouse and Child(ren)

This is a brief summary of TransElite® Universal Life Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA. Policy form series CPGUL300 and CCGUL300. Forms and form numbers may vary. This insurance may not be available in all jurisdictions. Limitations and exclusion apply. Refer to the policy, certificate and riders for complete details. EBD BJELCOEG 0616

Save for what matters - your way

Digital tools make it easy.



Get started from your desktop or mobile browser.

Visit your employee website: myaccount.ascensus.com/rplink

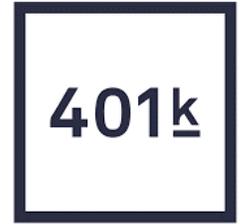
Need to register? Click **Get Started** to gain secure access to your online account:

1. Verify it's you: Enter your Social Security number, date of birth and zip code.
2. Create your username and password.
3. Confirm your email address, then enter the code to sent your email.
4. Enter your phone number to receive a verification code via text or call for added security.
5. Verify your information to complete your registration.

Once you've registered, log in to:

- Confirm your electronic delivery (eDelivery) preferences. It's faster, more secure, and more convenient to go paperless and only takes a few moments
- Enter your beneficiary*
- Opt-in for automatic account rebalancing*

Don't forget to visit your employee website - or the **READYSAVE™** mobile app - at any time to update your saving rate* and manage your investment lineup.



Eligibility:

- Employees are eligible to contribute after 1 year of service and 18 years of age.
- Deferrals will automatically begin at 3% at the beginning of the month following your first anniversary date.
- You may opt out of this by manually changing your contribution on the Ascensus website.

Contributions:

- Auto Enroll & Auto Increase
- Amounts
- Deferral Changes
- Rollover Contributions.
- Tax Options
- Employer Contribution

GIVE US A CALL:

1-866-809-8146
M-F, 8am-8pm ET

You are fully vested after 3 years of employment of 1,000 hours or more.

Please see your HR department for questions on enrollment and 401k beneficiaries. You can also find the beneficiary form on the enrollment site.

GoodRx

SingleCare

Find the lowest local prices on your prescriptions.

Discount Rx Programs

- **GoodRx.com** and **SingleCare.com** are both free to use websites and mobile apps that track prescription drug prices and offer drug coupons.
- There are no membership fees to use these coupons.

If you find that GoodRx or SingleCare offers better pricing on your prescription drug prices, you are free to use their coupons; however, this will be a cash price and will not go through your insurance plan or accumulate toward your Deductible.



Contact Information At-A-Glance

 <p>General Information</p>	<p>Toyota of Ashland</p>	<p>Human Resources Katie Addis - Ext. 224 606-393-5717 email: kaddis@toyotaofashland.com</p>
 <p>Medical / Pharmacy Benefits</p>	<p>Anthem </p>	<p>Customer Service: 1-833-578-4443 www.anthem.com</p>
 <p>Dental Benefits</p>	<p>Anthem </p>	<p>Customer Service: 1-866-589-0578 www.anthem.com/mydentalvision/</p>
 <p>Voluntary Vision Benefits</p>	<p>Anthem </p>	<p>Customer Service: 1-866-723-0515 www.anthem.com/mydentalvision/</p>
<p>Disability Benefits</p> <hr/> <p>Group Life & AD&D Benefits</p> <hr/> <p>Voluntary Life Benefits</p>	<p></p>	<p>Disability Benefits Customer Service: 1-888-842-4462 Group & Voluntary Life Benefits Customer Service: 1-866-607-2360 www.mynylgbs.com</p>
<p>Allstate Voluntary Benefits</p> <hr/> <p>TransAmerica Voluntary Life Benefits</p>	<p></p>	<p>Benefits Enrollment & Education Specialists Phone: 1-877-282-0808 Call Center: Monday - Friday 7:00 am - 5:00 pm CST</p>
<p>Additional Assistance</p> <p>Claims, Billing, & Enrollment Resolution</p> <p>Benefit Planning Firm</p>	<p></p>	<p>April Satterly Client Service Concierge Phone: 859-255-9455 ext. 1127 email: april@bimgroup.us</p>

The benefits overview is intended for summary purposes only. It is not to be relied upon for the determination of any policy benefits, limitations or exclusions. The master insurance policies issued by the respective carriers will be relied upon exclusively to determine all benefits.



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