

2024 Benefits Guide





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Auto & Boat Relocation Services appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health benefits to help you take care of yourself and your family.

New in 2024!

HealthJoy

Virtual healthcare navigation

KISx Card

Outpatient surgery & imaging program

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD).

ENROLLING IN BENEFITS

If you want health benefits in 2024 for yourself or your family, you must enroll in one of the plan options during the open enrollment period. If you need to add or remove coverage for yourself or your dependents after the enrollment period, you must wait until the next open enrollment period, unless you have a qualifying life event as defined by the IRS.

The IRS requires that you make changes to your coverage within 30 days of your qualifying life event. You'll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

IMPORTANT: If you have a qualifying life event, you may do so through myadp.com or contact Terry Vasko (tvasko@jackcooper.com) or a member of the HR Team (hrcommunications@jackcooper.com) for assistance.

Qualifying life events

It is your responsibility to notify human resources within 30 days of the qualifying life event. Failure to do so may result in an inability to change your benefit election(s).

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption
- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program
- Change in residence that changes coverage eligibility
- Court-ordered change
- Spouse's open enrollment that occurs at a different time than yours





Eligibility

Open enrollment is your opportunity to elect coverage in Auto & Boat Relocation Services' benefit plans. All elections made during this period will be effective Jan. 1 through Dec. 31.

Outside this open enrollment period, you will not have the chance to add, change or remove benefits unless you have a qualifying life event.

Eligible employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week. As a benefits-eligible employee, you have the opportunity to enroll in benefit plans as a new hire or during the annual open enrollment period.

If you're enrolling as a new employee, you become eligible for benefits on the 15th day after hire.

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your legal spouse.
- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a qualified medical child support order are covered by our plan.

MEDICAL

Meritain – Aetna | meritain.com

Auto & Boat Relocation Services is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care.

Medical plan summary

PPO — In-network	
Deductible	
Employee	\$200
Family	\$400
Out-of-pocket maximum	
Employee	\$1,000
Family	\$2,000
Benefits	
Preventive care	No charge
Primary care visits	\$20 copay
Specialist visits	\$20 copay
Inpatient services	Facility fee: no charge Physician fee: 20% coinsurance Surgeon fee: 10% coinsurance
Outpatient services	Facility fee: no charge Physician/surgeon fee: 10% coinsurance
Telemedicine	\$0 copay
MinuteClinic	\$0 copay
Emergency room	20% coinsurance
Urgent care	20% coinsurance
Out-of-network	For non-emergency medical care, your cost is 10% greater than an in-network provider plus all charges above allowed amount.

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a Summary Plan Description (SPD) or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time and without advance notice to any person.

Prescription drug summary — SmithRx

SmithRx is dedicated to giving you the best service and resources to help you and your family make better healthcare decisions. **As an added enhancement, we are including infertility prescriptions in the formulary.** Please present your medical/Rx ID card along with your prescription to your pharmacy.

Pharmacy plan at a glance

In-network	
Tier 1	25% up to \$25 max copay
Tier 2	25% up to \$25 max copay
Tier 3	25% up to \$25 max copay
Specialty	25% up to \$25 max copay



PRESCRIPTION DRUG COVERAGE TOOLS

SmithRx | mysmithrx.com | 844.454.5201

SmithRx is your prescription benefit provider. SmithRx is dedicated to giving you the best service and resources to help you and your family make better healthcare decisions. Please present your medical/Rx ID card along with your prescription to your pharmacy.

You save money when you use generic drugs, and preventive generic medications are covered at 100% prior to meeting your deductible. Generics offer the same ingredients as brand-name drugs at the same level of quality and safety. Always ask your doctor if a generic is available for your condition. To locate an in-network pharmacy, find the cost of a drug, or get questions answered, contact SmithRx at 844.454.5201 or visit the website at mysmithrx.com.

YOUR HEALTH PLAN COMES WITH A FORMULARY, WHICH IS A LIST OF DRUGS COVERED BY THE PLAN. THE FORMULARY HAS DIFFERENT LEVELS (OR TIERS) FOR DIFFERENT DRUGS.

Generic drugs



These drugs are lowest in cost because many companies can make them.

Preferred brand-name drugs



These drugs cost more because only one company makes them.

Non-preferred-name drugs



These cost even more. Typically, you can get a comparable drug which is a preferred brand-name or a generic.

Specialty drugs



These are high-cost drugs to treat rare and/or complex conditions.

SmithRx tools

- Review pharmacy transactions
- Access important forms
- Locate a pharmacy
- Find Member Support contact information

SmithRx Connect

The SmithRx Connect program identifies alternate sources for your high-cost specialty and branded medications to be covered at little to no cost for you. The SmithRx team helps you navigate the process, doing much of the heavy lifting. If you are taking medications that qualify for the program, you will receive communication from the SmithRx team to start the process of saving you money.

Is my drug on the formulary?

The health plan may not cover the exact same drug you take; however, it may cover a very similar drug. For example, your plan may not cover the preferred brand-name drug you take, but it may cover a generic version of this drug. The generic drug has the exact same medicine as the brand-name drug. Find out more about your plan's specific formulary by visiting mysmithrx.com or calling SmithRx at 844.454.5201.

Meritain tools

Your personalized member website

Once enrolled as a Meritain Health member, you will have access to the Meritain Health Member Portal. When you log in, you'll find everything you need to know about your benefits — from eligibility, to enrollment, to what's covered. It's another way we're working with you to help you get the most from your benefits — so you can live a life that's balanced and informed.

Registration for the member website is easy

If you're already registered to access your online account, simply enter meritain.com into your browser and login from the homepage. If you're not yet registered, it's OK. Registration on is an easy three-step process.

1. Go to meritain.com. Then, in the top right corner, click Register.
2. Next, select Member under I am a and enter your group ID. You can find your group ID on the front of your member ID card. (If you are new to the plan, you will soon receive your member ID card in the mail.) Then, click Continue. Please note: you may set up a login for yourself, as well as any children under age 18 who are covered by your plan. For privacy purposes, your spouse and dependents over the age of 18, covered by the plan, must each establish logins to access their individual information.
3. You will need to fill in your:

A. Group ID (located on your member ID card).	D. Name.
B. Member ID (located on your member ID card).	E. ZIP code.
C. Date of birth.	F. Email address.

A username will be provided to you. After you create a password and confirm your email address — you're done! You'll automatically be logged into your new meritain.com account. The next time you log in, just use the same username and password from Step 3.

Members have the right to ask their health plan to place restrictions on (i) the way the health plan uses or discloses their PHI for treatment, payment or healthcare operations; and (ii) the health plan's disclosure of their PHI to persons who may be involved in their healthcare or payment thereof (e.g., family members, close friends).

Important plan contacts

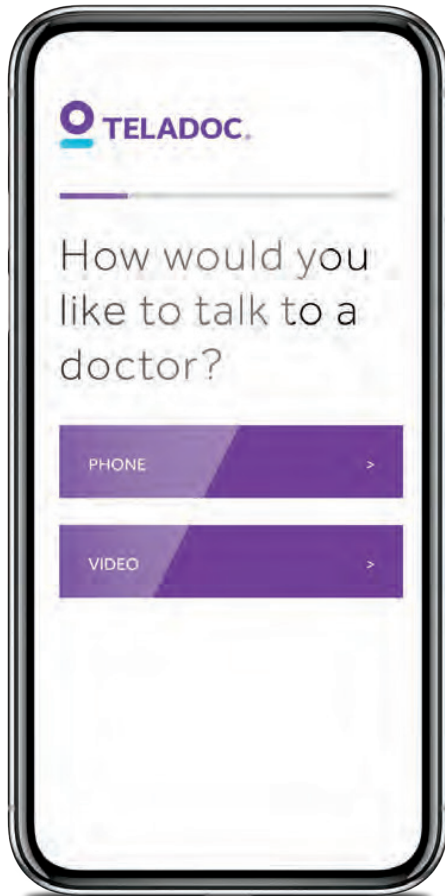
What do you need help with?

- My medical benefits
- In-network doctors or hospitals
Meritain Health Customer Service
800.925.2272 | meritain.com
- The Aetna Choice® POS II provider network
Aetna provider line 800.343.3140
aetna.com/docfind/custom/mymeritain
- Precertification Meritain Health Medical Management 800.242.1199
- Support for chronic conditions
Meritain Health Disease Management
888.610.0089



Set up your Teladoc account

in 4 easy steps



Download the app to talk to a doctor anytime, anywhere by phone or video.

- 1 Download the app**
Search for "Teladoc" in the App Store or on Google Play.
- 2 Set up your account**
Once you've downloaded the app, select "Set up your account."
- 3 Enter basic contact information**
Provide some information about yourself to confirm your eligibility. We'll confirm we found your benefits and you'll continue creating your account.
- 4 Create your account**
Enter your address and phone number, create a username and password, pick security questions, and agree to terms and conditions.

When you need affordable care,
you've got Teladoc!



Stretch your healthcare dollars by connecting with Teladoc the next time you're sick. With Teladoc, you can speak with a U.S. board-certified doctor 24/7 by phone or video for many non-emergency illnesses.

Receive affordable care for:

- Sinus infection
- Flu
- Cough
- Sore throat
- Rash
- Allergy
- Upset stomach
- Nausea and more

Talk to a doctor today

 [Teladoc.com](https://www.teladoc.com)

 1-800-DOC-CONSULT (362-2667)   Download the app

HEALTHJOY — COMING JANUARY 1, 2024!

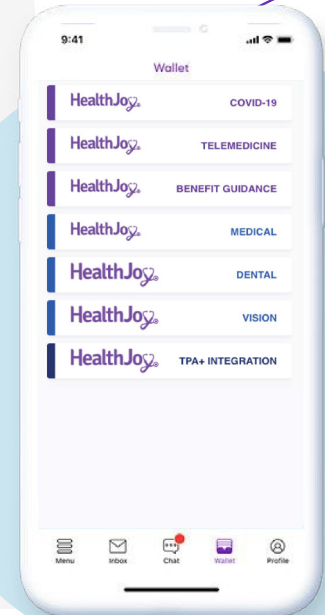
HealthJoy Makes it Easier to be Healthy and Well.

HealthJoy is the virtual access point for all your healthcare navigation and employee benefits needs. We're provided free by your employer to help understand and make the most of your benefits. We connect you and your family with the right benefits at the right moment in your care journey, saving you time, money, and frustration.

Help For Your Healthcare Journey.

With 24/7 access to our dedicated healthcare concierge team, visits, and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and navigate your benefits. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well.

HealthJoy



**BENEFITS
WALLET**



**HEALTHCARE
CONCIERGE**



**RX SAVINGS
REVIEW**



**APPOINTMENT
BOOKING**



**PROVIDER
RECOMMENDATIONS**



It saved me the time I would have spent Googling results, calling specialists, and searching for an appointment. Instead, I just put in the request, and HealthJoy did the work. The app is like my little assistant!



Veronica, AZ



Chat with us today by logging into the
HealthJoy app or call **(877) 500-3212**



SCAN ME



KISX CARD — COMING JANUARY 1, 2024!

The KISx Card is a surgery and imaging program that your employer has made available to you for the most common scheduled surgical and imaging procedures, including orthopedic, general surgeries, colonoscopies, MRIs, CT and PET scans.

If you utilize this program, you will receive your procedure at **little to no cost**.

How it works: Before seeing in-network providers through your health plan, just call a KISx Card Nurse regarding your elective procedure. They can provide additional insight into the program, and if it's a good fit, they can assist you with finding a facility and scheduling your procedure. Contact KISx Card at 877.GET.KISX or kisx@bdsadmin.com.



DENTAL

Guardian | guardianlife.com

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

To see a current provider directory, please visit guardianlife.com.

	In-network	Out-of-network
Deductible		
Employee only	\$0 deductible	\$0 deductible
Family	\$0 deductible	\$0 deductible
Is the deductible waived for preventive services?	Yes	Yes
Annual plan maximum (per individual)	\$2,500 (applies to all levels)	\$2,500 (applies to all levels)
Diagnostic and preventive		
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants	100%	100%
Basic		
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	85%	85%
Major		
Crowns, jackets, dentures, bridge implants	70%	70%
Orthodontia		
Adults and dependent children	50%	50%
Lifetime orthodontia plan maximum (per individual)	\$2,500 (applies to all levels)	\$2,500 (applies to all levels)

Oral health rewards program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases. That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a maximum rollover account (MRA). This can be used in future years if your plan's annual maximum is reached.

Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$2,500	\$900	\$450	\$700	\$1,500
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to a plan's annual maximum for future years	Additional dollars added if only in-network providers were used during the benefit year	The limit that cannot be exceeded within the maximum rollover account

* This example has been created for illustrative purposes only.

** If a plan has a different annual maximum for PPO benefits vs. non-PPO benefits, (\$1500 PPO/\$1000 non-PPO for example) the non-PPO maximum determines the Maximum Rollover plan. May not be available in all states.



VISION

VSP | vsp.com

VSP's vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the VSP Choice network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Copay		
Copay	\$10	
Sample of covered services	You pay (after copay if applicable):	
	In-network	Out-of-network
Eye exams	\$0	Amount over \$39
Single vision lenses	\$0	Amount over \$23
Lined bifocal lenses	\$0	Amount over \$37
Lined trifocal lenses	\$0	Amount over \$49
Lenticular lenses	\$0	Amount over \$64
Frames	80% of amount over \$150***	Amount over \$46
Costco, Walmart and Sam's Club frame allowance	Amount over \$80	
Contact lenses (elective)	Amount over \$150	Amount over \$100
Contact lenses (medically necessary)	\$0	Amount over \$210
Contact lenses (evaluation and fitting)	15% off UCR	No discounts
Cosmetic extras	Avg. 20%-25% off retail price	No discounts
Glasses (additional pair of frames and lenses)	20% off retail price**	No discounts
Laser correction surgery discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses)*	Every calendar year	
Frames	Every calendar year	
Network discounts (glasses and contact lens professional service)	Limitless within 12 months of exam	
Dependant age limits	26	
To find a provider	Register at vsp.com to find a participating provider.	

*Benefit includes coverage for glasses or contact lenses, not both.

**For the discount to apply, your purchase must be made within 12 months of the eye exam.

***Extra \$20 on select brands

Charges for an initial purchase can be used toward the material allowance. Any unused balance remaining after the initial purchase cannot be banked for future use. The only exception would be if a member purchases contact lenses from an out of network provider, members can use the balance towards additional contact lenses within the same benefit period.

Members can use their in-network benefits online at eyeconic.com.

In-network routine retinal screening covered after no more than a \$39 copay.



RETIREMENT PLANNING

401(k) retirement savings plan

The Auto & Boat Relocation Services 401(k) retirement savings plan offers an easy way to save for your future through payroll deductions.

Eligibility

You are eligible to participate in the plan as of the first of the month after completion of three months of employment with the Company.

Employee contributions

Contributions from your pay are made on a pre and/or post-tax (Roth IRA) basis up to the IRS annual limit. If you are 50 years of age or older, (or if you will reach age 50 by the end of the plan year), you may make a catch-up contribution in addition to the normal IRS annual limit.

Employer contributions

ABRS offers a discretionary match of 100% up to the first 3% and 50% of the next 2% of your employee contribution.

For more information

For additional details about the 401(k) retirement savings plan or to enroll or change your contribution rates or investment elections, please refer to trsretire.com or call 800.755.5801.

Vesting

Vesting refers to your right of ownership to the money in your account. You are immediately vested in all your contributions and earnings.



