

Habberstad
BMW MINI KIA POWERSPORTS

**2026
2027**



EMPLOYEE BENEFITS BOOKLET

WELCOME

To your employee benefits package

KEY CONTACT INFORMATION



Taylor Foley

Human Resources
TFoley@haberstadbmw.com
Talk: (631) 418-3255

Visit our **Benefits Website** for full plan information
and to complete your enrollment:
www.haberstadbenefits.com

aab

All Atlantic Benefits

Juan Montenegro

Enrollment Specialist
juanm@allatlanticbenefits.com
Talk: (305) 676-0521

Elizabeth Mendoza

Senior Account Manager
elizabethm@allatlanticbenefits.com
Talk: (305) 809-8211

Lanny Martinez

Account Manager
lmartinez@allatlanticbenefits.com
Talk: (305) 809-8211

Veronica Ferrari

Vice President, Benefits Consultant
veronica@allatlanticbenefits.com
Talk/Text: (305) 989-4676

OUR CARRIERS

HEALTH



Telephone: (877) 230-3747
www.pointchealth.com

HSA/Dependent Care



EBC
Telephone: (800) 346-2126
www.ebcflex.com

DENTAL



Telephone: (800) 827-9197
www.mutualofomaha.com/dental

VISION



Telephone: (833) 274-4358
www.mutualofomaha.com/vision

LIFE | AD&D



Telephone: (800) 769-7159
www.mutualofomaha.com

DISABILITY & PFL



Telephone: (800) 769-7159
www.mutualofomaha.com

SUPPLEMENTAL INSURANCE



Telephone: (800) 769-7159
www.mutualofomaha.com

EAP



Telephone: (800) 316-2796
www.mutualofomaha.com/eap

OPEN ENROLLMENT

During our annual open enrollment, you are able to make changes to your benefit elections and covered dependents.

PLAN YEAR

May 1, 2026 - April 30, 2027

NEW HIRE ENROLLMENTS

Effective the first of the month following 60 days after date of hire

ELIGIBILITY

Full time employees working 30 or more hours per week are eligible to enroll in the benefits outlined in this guide.

DEPENDENTS

You may be able to enroll eligible dependents in some of our plans. Eligible dependents include:

- Your spouse
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have a obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.
- Many states have extended dependent coverage regardless of student status. Age limitations by plan type will be outlined in this guide as best as possible.

QUALIFYING EVENTS

We are unable to accept changes to benefit elections outside of the annual open enrollment period unless you have a qualifying event. You must notify Human Resources within 30 days of a qualifying event.

Examples of qualifying events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

PLEASE NOTE: The materials contained in this booklet provide a brief summary of the benefits offered and are not contractually binding. For additional and complete information, please refer to all certificates of insurance. In the event of a discrepancy or omission, the carrier policy will be deemed accurate.

HOW TO ENROLL IN YOUR BENEFITS

Visit our benefits website at www.habberstadbenefits.com for full plan documents and educational videos. When you are ready to enroll, please follow the instructions for our enrollment options below.

ENROLL IN PAYCOM

Step 1. If eligible to enroll in benefits, you will see the Benefit Enrollment option on the Benefits tile. Click on it to begin.

Use the Progress Box on the right-hand side to see the benefits in which you are eligible to enroll. It will help you keep track of your enrollment progress: green check marks mean you are enrolled (the cost will be displayed to the right of the plan name), and a red "X" means you declined the plan. You can edit a plan by clicking on its name.

Step 2. Select "Start Enrollment." If allowed, you can edit your personal information here. When finished, select "Next."

Adding Dependents: information for any dependents already on your record will be displayed. You can add new dependents by selecting "Add." When you are ready, click "Save and Next." You must enter your dependents' Social Security Number and Date of Birth when adding them to your benefits.

Step 3. For each plan, you must either accept or decline coverage. You will do this by selecting the check box next to the plan name. If you want to view additional plan information, like a form or a link, select the blue hyperlink in the "Documents" column, when available. Then, click "Enroll." Keep in mind that some plans, such as life insurance, may require beneficiaries.

- Your dependents will automatically display to select as beneficiaries. Clicking "Add Beneficiaries" allows you to add information for someone who is not already listed. Simply enter their information and select "Save Recipient."
- If you decide during the enrollment process that you would no longer like to enroll in a plan, you can decline coverage by checking the box next to "Decline Coverage" and clicking "Decline."
- At any time, you can exit and continue enrollment later and your progress will be saved. You can choose an enrollment section in the progress bar to jump to that section. After doing so, you will pick up where you left off.
- If you elect to enroll in a medical, dental or vision plan, or any other plan with coverage levels, you will need to choose the specific coverage level you want. If you choose a coverage level with dependents, you will need to check the boxes next to the dependents who will be covered by the plan. If you want to cover a dependent who is not listed, you can add them by selecting the "Add Dependent" button. When you are finished, click "Enroll."

Continue through the enrollment process by choosing whether you would like to enroll or decline coverage for all the plans you have selected. Remember, you can keep track of which benefits you have elected or declined from the Progress Box.

Step 4. When you have finished making your enrollment selections, you will arrive at the Benefit Plan Selection Review screen, where you will see a summary of the plans in which you have enrolled. If you need to make an adjustment, select the plan from the side bar. Otherwise, click "Finalize."

- A pop-up window will ask you to confirm if you want to complete enrollment. **Note: All plans not enrolled in will be declined. Click "Sign and Submit" to continue.**
- From here, you can see all your benefit plans and click the arrow to view additional details of your plans.

After finalizing your selections, you will be brought to the Benefit Confirmation page. From here, you can print your selections in case you want to review them later.

Viewing Coverage Information: After enrolling in benefits, you can view and print your plan information from the "Current Benefits" section on the Main Menu.

Adding a Qualifying Event: If you experience a life change, like marriage or a new dependent, you are eligible to change your benefit plans by entering selecting "Qualifying Events" from the Benefits tile and clicking "Add Qualifying Event." Use the drop-down to select the qualifying event type and enter the date and any details. You will also need to upload supporting documents, such as a marriage or birth certificate. When you are done, click "Add Qualifying Event." The event will display the information you entered, and you will be able to see the last day that you can make changes to the plan.

MEDICAL INSURANCE



(877) 230-3747 • www.pointchealth.com
 Northwell: <https://members.northwelldirect.northwell.edu/provider-search/home>
 Anthem: www.anthem.com/find-care/

Plan Name	Affordable HSA \$2500 Ded
Network Access	In Network Only
Provider Network	Northwell Direct & Anthem Blue Card National PPO
Opportunities For Care	
Preventative Care	Covered 100%
Physician	0% After Ded
Virtual Visits <small>https://www.northwell.edu/make-an-appointment/dept/samedaysick/sign-in</small>	0% After Ded
Specialist	0% After Ded
Convenience Care Clinic	0% After Ded
Urgent Care	0% After Ded
Emergency Room	0% After Ded
Diagnostic Services	
Independent Clinical Lab / X-Ray	0% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	0% After Ded
Outpatient & Inpatient Services	
Outpatient Surgery Ambulatory Surgical Center/Hospital	0% After Ded
Inpatient Hospital	0% After Ded
Provider Services Inpatient Hospital	0% After Ded
Pharmacy Benefits	
Prescription	Ded then \$10 / \$35 / \$70
Deductible	
Deductible	\$2,500 / \$5,000 (Northwell Direct) \$5,000 / \$10,000 (Anthem BCBS)
Member Co-Insurance	0%
Maximum Benefits	
Member Out of Pocket Maximum	\$6,450 / \$12,900
Carrier Lifetime Benefit Maximum	Unlimited

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEDICAL INSURANCE



(877) 230-3747 • www.pointhealth.com
 Northwell: <https://members.northwelldirect.northwell.edu/provider-search/home>
 Anthem: www.anthem.com/find-care/

Plan Name	Mid HSA \$1750 Ded
Network Access	In Network Only
Provider Network	Northwell Direct & Anthem Blue Card National PPO
Opportunities For Care	
Preventative Care	Covered 100%
Physician	0% After Ded
Virtual Visits <small>https://www.northwell.edu/make-an-appointment/dept/samedaysick/sign-in</small>	0% After Ded
Specialist	0% After Ded
Convenience Care Clinic	0% After Ded
Urgent Care	0% After Ded
Emergency Room	0% After Ded
Diagnostic Services	
Independent Clinical Lab / X-Ray	0% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	0% After Ded
Outpatient & Inpatient Services	
Outpatient Surgery Ambulatory Surgical Center/Hospital	0% After Ded
Inpatient Hospital	0% After Ded
Provider Services Inpatient Hospital	0% After Ded
Pharmacy Benefits	
Prescription	Ded then \$10 / \$35 / \$70
Deductible	
Deductible	\$1,750 / \$3,500 (Northwell) \$5,000 / \$10,000 (Anthem)
Member Co-Insurance	0%
Maximum Benefits	
Member Out of Pocket Maximum	\$6,450 / \$12,900
Carrier Lifetime Benefit Maximum	Unlimited

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEDICAL INSURANCE



(877) 230-3747 • www.pointhealth.com
 Northwell: <https://members.northwelldirect.northwell.edu/provider-search/home>
 Anthem: www.anthem.com/find-care/

Plan Name	Buy Up HSA \$1,000 Ded
Network Access	In Network Only
Provider Network	Northwell Direct & Anthem Blue Card National PPO
Opportunities For Care	
Preventative Care	Covered 100%
Physician	0% After Ded
Virtual Visits <small>https://www.northwell.edu/make-an-appointment/dept/samedaysick/sign-in</small>	0% After Ded
Specialist	0% After Ded
Convenience Care Clinic	0% After Ded
Urgent Care	0% After Ded
Emergency Room	0% After Ded
Diagnostic Services	
Independent Clinical Lab / X-Ray	0% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	0% After Ded
Outpatient & Inpatient Services	
Outpatient Surgery Ambulatory Surgical Center/Hospital	0% After Ded
Inpatient Hospital	0% After Ded
Provider Services Inpatient Hospital	0% After Ded
Pharmacy Benefits	
Prescription	Ded then \$10 / \$35 / \$70
Deductible	
Deductible	\$1,000 / \$2,000 (Northwell) \$5,000 / \$10,000 (Anthem)
Member Co-Insurance	0%
Maximum Benefits	
Member Out of Pocket Maximum	\$6,450 / \$12,900
Carrier Lifetime Benefit Maximum	Unlimited

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEDICAL INSURANCE



(877) 230-3747 • www.pointhealth.com
 Northwell: <https://members.northwelldirect.northwell.edu/provider-search/home>
 Anthem: www.anthem.com/find-care/

Plan Name	Platinum \$0 Ded	
Network Access	In Network	Out of Network
Provider Network	Northwell Direct & Anthem Blue Card National PPO	
Opportunities For Care		
Preventative Care	Covered 100%	30% After Ded
Physician	\$15 Copay	30% After Ded
Virtual Visits <small>https://www.northwell.edu/make-an-appointment/dept/samedaysick/sign-in</small>	Covered 100%	Not Covered
Specialist	\$30 Copay	30% After Ded
Convenience Care Clinic	\$15 Copay	30% After Ded
Urgent Care	\$30 Copay	30% After Ded
Emergency Room	\$150 Copay	
Diagnostic Services		
Independent Clinical Lab / X-Ray	Free Standing Lab: \$60 Copay Free Standing Hospital Lab: \$60 Copay Free Standing X-Ray: Covered 100% Free Standing Hospital X-Ray: Covered 100%	Lab: Not Covered X-Ray: 30% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	Free Standing: Covered 100% Free Standing Hospital: Covered	30% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	Ambulatory Surgcal Center: \$250 Copay Hospital: \$250 Copay	30% After Ded
Inpatient Hospital	\$500 Copay Per Admission	30% After Ded
Provider Services Inpatient Hospital	Covered 100%	30% After Ded
Pharmacy Benefits		
Prescription	Rx Ded: \$100 (Waived for Tier 1 Drugs) \$15 / \$35 / \$75	Not Covered
Deductible		
Deductible	\$0 / \$0 (Northwell) \$0 / \$0 (Anthem)	\$500 / \$1,000
Member Co-Insurance	0%	30%
Maximum Benefits		
Member Out of Pocket Maximum	\$2,500 / \$5,000	\$3,500 / \$7,000
Carrier Lifetime Benefit Maximum	Unlimited	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

Member Portal Quick Start Guide

Benefits Guide

Important Contact Information

Welcome!

Point C is your Health Plan Administrator, we are here to support you with customer service, claims, appeals, and more.

Point C

Group Number	PCT42625
Customer Service	(877) 230-3747; portal.pointctpa.com/Logon/
Provider Directory	Tier 1 https://members.northwelldirect.northwell.edu/provider-search/home Tier 2 www.anthem.com/find-care/
Point C Pharmacy Solutions	(855) 402-2583 This number is to call if you need prescription assistance.
Coverage while Traveling	(800) 810-2583
Pre-Certification	(855) 984-2583 If you have a procedure you have scheduled, please contact our Utilization Management
Medical Claims Submission	Anthem (877) 230-3747
Telemedicine	1-888-LiveHealth; www.livehealthonline.com

Member Portal Access Instructions

Registration

1. Visit your Member Portal at portal.pointctpa.com
2. In the upper right corner of the Member Portal home screen, click **Register Now**.


Register Now

3. Fill out the Registration Form and click **Submit**.

Logging In

Once you have registered for the Member Portal, you may use your username and password to log in.

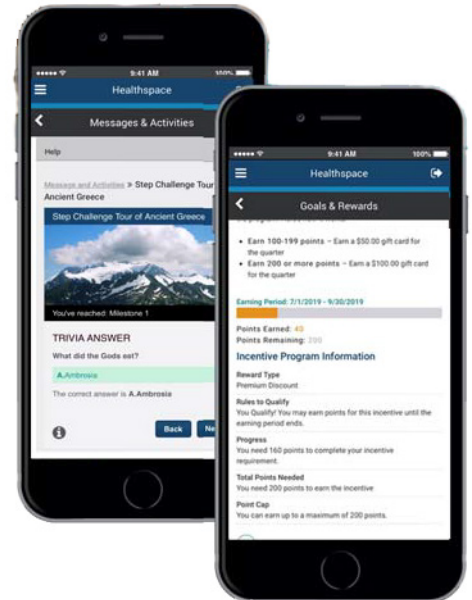
Account Access

User Name* 

Password*

[Forgot password?](#)

Login



Mobile App

Use your mobile device to access the same great health plan and wellness features of your Member Portal! Look for the **Point C Health Mobile** mobile app in the Apple App Store and Google Play Store.



point.c

Access Your Member Portal at portal.pointctpa.com or download the free **Point C Health Mobile** mobile app.

For technical support please contact 866-675-3968 or customerservice@pointhealth.com

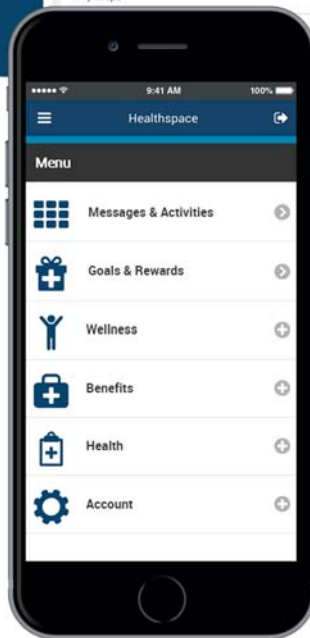
Welcome to Your Member Portal!

Conveniently access your program information in one secure, online portal. Enjoy these easy-to-use features!



Benefits Management

- View your active benefits
- Easily access and print plan documentation and forms
- Print extra copies of your ID card



Access to Claims and Explanations of Benefits

- View medical and Rx claims
- Keep track of current and past medications
- View expenses applied to deductible and out-of-pocket maximums



Access Your Member Portal at portal.pointctpa.com or download the free **Point C Health Mobile** mobile app.

For technical support please contact 866-675-3968 or customerservice@pointhealth.com

Welcome to your new CarelonRx pharmacy plan

This welcome guide gives you an overview of your pharmacy benefits, so it's easier to manage your prescriptions and your health.



Get more from your benefits

Once your plan is activated, download the CarelonRx app or log in to your account at carelonrx.com to:



Check if a medication is available and find out your coverage, copay, and deductible amounts.



Find a retail pharmacy near you.



Access your prescription history.



Download a convenient digital ID card.



Order refills and renew home-delivery prescriptions.

Quicker access to plan information

With CarelonRx digital tools, you can get the most from your benefits. Once your plan is activated, download the CarelonRx app or log in to carelonrx.com.

Save time and money with CarelonRx

Pay less when you use a pharmacy in your plan's network

Your costs are lower when you choose a pharmacy in your plan's network. To search for one, log in to your account, choose **Find a Pharmacy**, and enter your ZIP code or city.

Convenient options for maintenance medications

If you take medications on a regular basis, you can have a 90-day supply delivered to your door. You'll also save money — and shipping is free. To see if your medication is eligible for a 90-day fill, log in to your account, choose **Manage Prescription**, and then select **View, Refill Prescriptions** to see your options.

Support from our specialty pharmacy

If you take certain specialty medications, the CarelonRx Specialty Pharmacy team will contact you about your treatment and filling prescriptions.

Prescription management, on the go

Download the CarelonRx app to access your plan information 24/7:

- Manage refills
- Update account information
- Download a digital ID card
- Chat with a pharmacy member services representative

For more helpful information and answers to common questions, visit carelonrx.com and send a secure message or open a live chat session. We're always here for you.

Health Savings Account (HSA)

The benefit that helps employees save and invest in their health care.



A health savings account (HSA) is a flexible benefit that offers triple tax savings and allows participants to choose whether to **spend**, **save**, or **invest** their HSA dollars.

Single \$4,400
Family \$8,750
Ages 55+ can contribute
extra \$1,000

The Road to Financial Wellness

HSAs go beyond what other benefits offer by giving participants the flexibility to spend, save, or invest their HSA funds. However participants choose to use their HSA funds, they will receive tax-free savings that can assist them on their road to financial wellness.

Spend | All HSA contributions and withdrawals for eligible expense are tax-free. This means that participants who use their HSA funds for eligible expenses save money.

Save | Participants who don't have an immediate need to spend their HSA funds can allow their account balance to build year-over-year and earn tax-free interest through multiple interest account options. This is a great way to save for future health expenses.

Invest | Participants can also invest their HSA funds and potentially watch their balance grow even more! Investing HSA funds can be a powerful savings vehicle for medical emergencies or retirement.

Plan Features

- No minimum account balance and low banking fees for participants
- Variety of ways to access HSA funds including our Benefits Card and online payments to providers or participants
- High-yield interest option to earn more on HSA cash balances
- Intuitive investment platform with more than 500 investment options where participants can tailor their investment journey to fit their individual needs and experience level
- Smart technology allows all account-based products to be loaded onto one Benefits Card
- Primary cardholders can add the Benefits Card to their digital wallet and use wherever Apple Pay, Samsung Pay, and Google Pay are accepted
- Compatible with limited health flexible spending account (FSA) and limited health reimbursement arrangement (HRA) Compliance support for HSA-compatible FSA and HRA plan designs

HSA Tools

Account Access | Employer administration and participant account management is available all day, every day with our online accounts and mobile app, *EBC Mobile*.

Communication Resources | Access employer education materials, toolkits to support open enrollment, and more! All available in your online account and at www.ebcflex.com.

Investment Opportunities

Our HSA offers a modern and personalized investment experience that helps participants work toward their long-term financial goals. Whether they are new to investing and are looking for a guided experience or are seasoned investors looking to research and trade stocks and ETFs, participants will have the tools available to build wealth and save for retirement.

Investment Paths

Managed | Designed for investors who prefer to have our advisor tool use age and risk profile characteristics to automatically suggest and rebalance investment options.

Self-Directed | Designed for investors who want to self-select from a menu of monitored investment options covering multiple asset classes.

Brokerage | Designed for investors who want to perform advanced research and select investment options from more than 500 individual stocks and ETFs.

Level of Expertise



Investment Features

- Fractional trading up to 8 decimal points, enabling ownership of high-value stocks like Apple or Berkshire Hathaway for as little as a penny.
- Convenient features, such as auto-rebalancing, real-time account opening and trading, historical performance of investments, and after-hours investing.

Integrated Investment Solution

The HSA experience lives within a single platform for a seamless user experience. Participants can manage all aspects of their HSA, including their spending account and their investments, at any time of day from a simple and intuitive online interface.

Dependent Care FSA Eligible Expenses



A **Dependent Care FSA** allows you to save money on eligible work-related dependent care expenses.

Eligible Dependent Care expenses are typically for:

- Children up to the age of 13 that live with the participant. If parents are divorced, only the custodial parent (more than 50% of the nights each calendar year) can claim the dependent care expenses.
- Individuals 13 or older if they are unable to care for themselves and reside with the participant at least 8 hours per day.

Examples of Eligible Expenses for Dependent Care FSAs:



Child Care

- Child care at home or at a day care facility
- Sick child care center or facility
- 3K or 4K
- Nursery or preschool
- Before and after school programs
- Day camp (may include sports camp, computer camp, etc.)
- Au pair or nanny
- FICA and FUTA payroll taxes of daycare provider
- Miscellaneous fees related to dependent care (i.e. agency fees, application fees, hold the spot fees, late fees, registration fees, etc.)
- Transportation fees provided by the dependent care provider for transportation to/from where care is provided.



Adult Care

- Adult day care center
- Custodial elder care (in-home or away from home)
- Transportation fees provided by the dependent care provider for transportation to/from where care is provided.

Annual Max Contribution

\$7,500 (single or married filing jointly)

\$3,750 (married filing separately)

Examples of Ineligible Expenses for Dependent Care FSAs:

We're commonly asked which expenses are not eligible for payment. Here are some examples, but the list is not all inclusive.



- Care that is not for employment-related reasons, such as care provided while on a leave of absence, maternity leave, medical leave, or care provided while you are on paid time off from work
- Care provided by your spouse or child who is under 19 years old at the end of the year
- Care provided by a person you can claim as your dependent
- Care that is primarily educational in nature (kindergarten and beyond)
- Overnight camps
- Meals, supplies, field trips, and materials (when billed separately)
- Medical care
- Nursing home fees or long term care expenses
- Transportation fees provided by someone other than the dependent care provider for transportation to/from where care is provided
- Child support payments
- Summer school or parochial school tuition
- Tutoring programs
- Virtual daycare fees

DENTAL INSURANCE



(800) 927-9197 • www.mutualofomaha.com/dental

Plan Name	DPPO LOW		DPPO HIGH	
Network Access	In Network	Out of Network	In Network	Out of Network
Provider Network	Mutual of Omaha Preferred Proprietary Dental Network			
Coverage Types				
Individual Deductible	\$50	\$50	\$50	\$50
Family Deductible	\$150	\$150	\$150	\$150
Waived for Preventive	Yes		Yes	
Deductible - Calendar	Calendar Year		Calendar Year	
Annual Maximum Benefit	\$1,000		\$2,500	
Preventative - Type 1	100%	80%	100%	100%
Basic - Type 2	80%	60%	90%	80%
Major - Type 3	50%	50%	60%	50%
Ortho - Type 4	Not Covered		50%	
Ortho Age Limit	Not Covered		Adult & Child	
Orthodontic Maximum	Not Covered		\$1,500	
Cleaning Frequency	2 in 12 months		2 in 12 months	
Endodontics	Major		Major	
Periodontics - Non-Surgical	Basic		Basic	
Periodontics - Surgical	Major		Major	
Oral Surgery (Simple)	Basic		Basic	
Oral Surgery (Complex)	Major		Major	
Implants	Major		Major	
Out-of-Network Reimbursement	MAC		UCR	
Maximum Rollover	Included		Included	
Missing Tooth Exclusion	Not Included		Not Included	
Waiting Periods	None		None	
Dependent Child/Student Age	Up to Age 26 benefit will terminate at end of month of Birth Date			

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

Online Reference Guide for Plan Members



You have a great dental plan — now learn how to make full use of it to ensure proper dental health for you and your family.

With online access you can:



View benefits information, eligibility and claims



Print or view Explanation of Benefits (EOBs)



Locate a provider, by ZIP code or address



Access the Dental Wellness Center

Getting Started

1. Go to MutualofOmaha.com/dental
2. Click on the “Access Member Benefit Information” link and select the “Register Now” button. You will enter your Member ID number (located on your member ID card) or the last 4 digits of your Social Security Number and follow the instructions to create your user name and password.

Visit as many times as you need to view or print copies of your coverage information.

Note: Due to HIPAA a spouse and adult child will have to register separately.

Logging On

1. Go to MutualofOmaha.com/dental
2. Click on the “Access Member Benefit Information” and enter your username and password
3. Click the “Login” button

Online Tools

In the Member Web Portal you can access your benefit information, including:

- View your coverage information and eligibility
- Individuals included under your plan
- After you’ve visited the dentist, use the “Claims” tab to find historical claim data
- View or print your Explanation of Benefits (EOB) from the “Documents” tab

Visit our Dental Wellness Center filled with tools and resources to make informed decisions about your dental health care, including:

- Find a Dentist search and Cost Estimator tools
- Dental Library comprised of articles, videos and definitions
- Ask A Dentist email feature
- Dental Health News, and much more

Access a Claim Form

If you visit an out-of-network provider, you can download a claim form from the home page.

Request an ID Card

800-927-9197

VISION INSURANCE



Mutual of Omaha

(833) 274-4358 • www.mutualofomaha.com/vision

Carrier Name	Mutual of Omaha
	In Network Copays & Allowances
Network	Eyemed Insight
Exam Copay	\$10
Materials CoPay	\$10
Frequency - Exam / Lenses / Frames	12 / 12 / 12
Single Lenses - After Copay Allowance	Covered in full after copay
Bifocal Lenses - After Copay Allowance	
Trifocal Lenses - After Copay Allowance	
Frames - After Copay	\$200 Allowance
Contacts (Elective)	\$200 Allowance
Dependent Child/Student Age	Up to Age 26, benefit will terminate at end of month of Birth Date

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

Online Reference Guide for Plan Members



You have a great vision insurance plan. Now learn how you can make full use of our vision plan website to ensure proper vision health for you and your family.

With online access you can:

- View benefits information
- View claims history and Explanation of Benefits
- Locate a provider
- Access forms or submit a claim online

Getting Started

- Log on to MutualofOmaha.com/vision
- Click on "View my vision benefits"
- Click the "Need to Register?" button - enter your name, date of birth, member ID number (located on your member ID card) or the last four digits of your Social Security Number (if provided by your employer), zip code and email address and follow the instructions to select your username and password

Logging On

- Go to MutualofOmaha.com/vision
- Click on "View my vision benefits"
- Enter your username and password
- Click the "Login" button

Online Tools and Resources

View your benefits

- Coverage, effective dates, and benefit frequency
- Dependents included in the plan
- Benefits used by you and your dependents
- Print ID cards
- Special Offers
- Know Before You Go cost estimator tool

Access a claim form

If you visit an out-of-network provider, you will have to pay for services out-of-pocket and submit a claim form located in the "Claims" section.

Find a provider

Once you've created an account and signed in, click "Provider Locator." From here, you can search by ZIP code or "use my location" to find a provider near you.

Customer Service

833-279-4358



Download the EyeMed Members App on your iPhone, iPad or Android to view benefit information and ID card.



Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

LIFE INSURANCE



(800) 769-7159 • www.mutualofomaha.com

EMPLOYER PAID BASIC LIFE & AD&D BENEFIT

Habberstad Automotive provides Employer Paid Life Insurance and AD&D to all Full-Time Employee eligible for benefits in the amount of: \$10,000

Benefits Reductions:

- 35% At age 65
- 50% at age 70
- Benefits will terminate at retirement

VOLUNTARY LIFE & AD&D

Employee Benefits

Benefit Amount:

- Choice of \$10,000 Increments
- Not to exceed 5 times your annual salary
- Maximum Amount \$250,000

Guarantee Issue:

- Up to \$150,000 at Initial Enrollment

Other Benefits Included:

- Living Care Benefits
- Waiver of Premium
- Portability
- Conversion

Your Benefits Will Reduce:

- 35% at age 65
- 50% at age 70

Child Benefits:

- Up to Age 26: \$10,000

Child Eligibility:

- Unmarried Children from 14 Days to Age 26
- Full-time students up to the limiting Age of 26

Spousal Benefits

Benefit Amount:

- Choice of \$5,000 Increments
- Not to exceed 100% of Employee's elected amount
- Maximum Amount \$250,000
- Employee must elect coverage in order to enroll Spouse

Guarantee Issue:

- Up to \$25,000 at Initial Enrollment

DISCLOSURES

Accidental Death and Dismemberment (AD&D) provides a cash benefit to your love one in the event of your death due to an accident. Provide to you additional cash benefit if you lose a limb or your eyesight due to an accident Please refer to the certificate of insurance for full policy details, benefits, and restrictions. Rate information can be found in your enrollment kit or platform. Exclusions may apply.

WHAT YOU NEED TO KNOW

About your New York DBL and PFL Benefits

Disability Benefits Law (DBL) and Paid Family Leave (PFL) benefits are both intended to help ensure you continue to receive pay while away from work because of a covered absence. However, these benefits are used for different purposes and it's important for you to understand how the PFL benefit integrates with DBL.

The state of New York requires that covered employers (with one or more employees) provide PFL for eligible employees working in New York State. Disability benefits are still available to you as a covered employee. PFL allows you time off work to care for another family member, while DBL is taken for your own disability. You may not take both PFL and DBL at the same time.

Disability Benefits Law (DBL)

Who is eligible?

Covered full-time employees who have worked four consecutive weeks (30 days) or more, or part-time employees who have worked 25 days.

Note: If you change jobs from one covered employer to another, or take an authorized leave of absence from the same employer, you do not have to meet additional eligibility with your new employer. A full-time employee is also covered for 4 weeks after termination of employment.

What is a qualifying event for DBL?

A qualifying event is the inability of an employee, as a result of injury or sickness not arising out of and in the course of an employment, to perform the regular duties of employment or the duties of any other employment which the employer may offer at regular wage and which injury or sickness does not prevent performing. This also includes disability caused by, or in connection with, a pregnancy.

What are the benefit amounts?

Employees receive up to 50% of their Average Weekly Wage, capped at \$170.00 per week.

How is DBL funded?

Your employer may deduct 0.5% of wages up to \$0.60/week.

Is there a waiting period before benefits are paid?

There is a 7-day waiting period during which no benefits are paid.

How will DBL and the Family Medical Leave Act integrate with PFL?

The maximum amount of time you can take leave under DBL and PFL combined is 26 weeks within a 52-week period. FMLA runs concurrently with PFL.

Paid Family Leave (PFL)

Who is eligible?

An employee regularly scheduled for 20 or more hours per week will become eligible for PFL with such employer once employed for 26 consecutive weeks. An employee regularly scheduled for less than 20 hours per week will become eligible on the 175th day of regular employment and may take leave on the first full day following.

Note: If you change jobs from one covered employer to another, the eligibility period has to be satisfied with the new employer prior to receiving benefits.

What is a qualifying event for PFL?

Qualifying events include:

- Bonding with a newborn, adopted or foster child during the first 12 months
- Caring for a family member with a serious health condition. A family member includes: a child, spouse, domestic partner, parent, grandparent, grandchild or parent of a spouse/partner, sibling
- Attending to important matters concerning a family member's active military service

Note: PFL is not available for an employee's own serious health condition or employee's military service.

What are the benefit amounts?

Eligible employees receive up to 12 weeks of leave, paid at 67% of the employee's average weekly wage, capped at 67% of the state average weekly wage. In 2026, the maximum benefit is \$1,228.53 (based on a 67% benefit of the state's average weekly wage for 2026).

Is there a waiting period before benefits are paid?

PFL is payable on the first day of leave.

How is PFL funded?

In 2026, the premium rate as set by the state of New York is 0.4320% of an employee's annual wage, capped at the annualized state wide average weekly wage (\$95,348.76). Based on this calculation, the maximum contribution for an employee is \$411.91/year. New York State requires employees to pay PFL premium.

Will maternity leave be covered under PFL, DBL or both?

Under PFL, women and men may each take leave for bonding with children under the age of one year. Women may still be eligible for a disability claim benefit under DBL. An employee cannot take PFL and DBL at the same time.

Is there job security while on PFL?

Similar to the FMLA, individuals taking an approved leave for a covered PFL absence have job protection.

When do I notify my employer of my leave?

If your leave is foreseeable, you must give 30 days notice to your employer. If 30 days is not practical, you must give notice as soon as possible.

What if PFL has been utilized in the previous year?

The Employee's PFL benefit is based on the schedule in effect on the first day of leave, until there has been 3 months since the last day of leave. Therefore, employees whose first day of leave was in 2025, would continue to fall under the 2025 benefit schedule until 3 months has passed since the last day of leave. The 52-week lookback applies to employees that took leave in the last year.



DISABILITY INSURANCE



(800) 769-7159 • www.mutualofomaha.com

VOLUNTARY SHORT TERM DISABILITY

Elimination Period	7 Days Accident and 7 Days Sickness
Maximum Weekly Benefit	60% Of Your Weekly Salary Up to \$1,500
Benefit Duration	12 Weeks
Pre-Existing Period	3/6

VOLUNTARY LONG TERM DISABILITY

Elimination Period	90 Days
Maximum Monthly Benefit	60% of Your Monthly Salary up to \$6,000
Benefits Duration	Later of Age 65 or SSNRA
Own Occupation	24 Months
Pre-Existing Period	3/12

DEFINITIONS AND REQUIREMENTS

Elimination Period: The number of days you must be disabled before benefit payments begin.

Maximum Benefit: The benefit amount you will receive when you are disabled.

Benefit Duration: The maximum period of time that benefits will be paid during a period of disability.

Definition of Disability: Disability means you are unable to perform the main duties of your occupation on a full-time basis due to non-work related injury or sickness. Please see the summary of benefits for more detail.

Eligibility Requirements: You must be a permanent employee regularly scheduled to work at least 30 hours per week, be actively at work on the coverage effective date.

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

VALUE ADDED SERVICES

Mutual of Omaha | www.mutualofomaha.com/eap | (800) 316-2796



Mutual of Omaha

Employee Assistance (EAP)

Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

- Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including: Emotional well being, family and relationships, legal and financial matters.
- Access to EAP professionals 24 hours a day, seven days a week. Three face to face sessions.
- Provides information and referral resources.
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals

Travel Assistance

US Inquiries: 800-856-9947

**Outside the US call collect:
312-935-3658**

- Take comfort in knowing that Travel Assistance travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.
- Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.
- Offering Pre Trip Assistance, Medical Assistance, Identity Theft Protection and Emergency Travel Support.
- Enjoy Your Trip - We'll Be There If You Need Us - 24/7

Will Preparation by Epoq

www.willprepservices.com Code: MUTUALWILLS

- Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.
- Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.
- That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).
- Easy, Free and Secure
- Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.
- Provides the following FREE documents: Last Will & Testament, POA, Healthcare Directive, Living Trust

SUPPLEMENTAL INSURANCE



www.mutualofomaha.com | (800) 769-7159

Financial protection for you and your family! You've spent your entire career creating a happy, stable life. We're here to help you ensure everything you've built isn't put at risk due to an unexpected illness or accident. The following information illustrates highlights of all the plans, please refer to the summaries for a full list of benefits and exclusions.

Hospital Indemnity

All full-time employees may elect Hospital Indemnity through Mutual of Omaha. Below are some coverage highlights.

PLAN HIGHLIGHTS	Hospital Plan
Hospital Admission For the initial day of admission to a hospital for treatment of a sickness/ an injury	\$1,500 per day
Hospital Intensive Care Admission For the initial day of admission to an ICU for treatment as the result of a sickness/an injury	\$1,500 per day
Hospital Confinement For each day of confinement in a hospital as a result of a sickness/an injury	\$100 per day
Hospital Intensive Care Unit (ICU) Confinement For each full or partial day of confinement in an ICU as a result of a sickness/an injury	\$100 per day
Complications of Pregnancy	Included

Accident Insurance

All full-time employees may elect Accident Benefit Insurance through **Mutual of Omaha**. Below are some coverage highlights.

PLAN HIGHLIGHTS	ACCIDENTAL PLAN
Emergency Care Benefits	
Emergency Care Treatment	\$400
Initial Care Visit	\$175
Diagnostic Exam	\$175
Air Ambulance Transportation	Up to \$2,000
Diagnostic	Up to \$400
Hospitalization Benefits	
Accident Hospital Admission	\$2,000
Accident Hospital Daily Confinement	Up to \$240 per day
Accident Intensive Care Admission	Up to \$2,000
Fractures and Dislocations Benefits	
Various	Refer to Plan Summary
Follow-Up Care	
Accident Follow-Up (Up to 3 Treatments/accident within 90 days.	\$175
Acupuncture	\$100

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

SUPPLEMENTAL INSURANCE



www.mutualofomaha.com | (800) 769-7159

Financial protection for you and your family! You've spent your entire career creating a happy, stable life. We're here to help you ensure everything you've built isn't put at risk due to an unexpected illness or accident. The following information illustrates highlights of all the plans, please refer to the summaries for a full list of benefits and exclusions.

Critical Illness Insurance

All full-time employees may elect Critical Illness Insurance through Mutual of Omaha. Dependent coverage is contingent on employee enrollment. Below are some coverage highlights. Rates for this coverage are based on your age, and coverage level.

PLAN HIGHLIGHTS		CRITICAL ILLNESS PLAN	
Employee Benefit Amount Guarantee Issue		Up to \$30,000	
Spouse Benefit Amount Guarantee Issue		Up to \$30,000 Not to exceed 100% of employee benefit amount	
Child(ren) Benefit coverage amount Guarantee Issue		Up to \$15,000 (Up to 50% of the employee coverage amount)	
Critical Illness Coverage List of Covered Conditions			
Condition	% of Initial Benefit Amount	Recurrence % of Initial Benefit Amount	
Invasive Cancer	100%	100%	
Non-invasive cancer/cancer in situ	25%	25%	
Skin Cancer	\$250	\$250	
Heart Attack	100%	100%	
Stroke	100%	100%	
Coronary Artery Disease	50%	100%	
Major Organ Failure	100%	100%	
End Stage Renal Disease (ESRD)	100%	None	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

DISCLOSURES

Medicare Part D

This notice officially confirms the fact that your prescription drug coverage is creditable does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is November 15th to December 31. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about \$32-\$37/Month. If you do decide to enroll, coordination of benefits will be required.

Section 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event. Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any qualified reason. For more information, please speak with Human Resources.

Medicaid CHIP

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

GLOSSARY OF TERMS

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays do not apply to the deductible. For example, if your plan's deductible is \$2,500, you'll pay 100 percent of eligible healthcare expenses until you have met the \$2,500 deductible. After that, you share the cost with your plan by paying coinsurance.

EMBEDDED DEDUCTIBLE: Each individual within a family plan has their own individual deductible, which is a portion of the overall family deductible. Once a single family member meets their individual deductible, their insurance coverage starts paying for their eligible medical expenses, even if the entire family deductible has not been reached.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

INNETWORK: Health care received from your primary care physician or from a specialist within an outlines list of health care practitioners.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

HIGH DEDUCTIBLEHEALTH PLAN (HDHP): This is a type of medical plan that requires the member to reach a deductible prior to having services covered by coinsurance. All expenses paid by the member count toward the deductible and out-of-pocket maximum.

PRESCRIPTION DRUGS

RETAIL PHARMACY: includes independent, supermarket, and chain pharmacies that dispense prescription medications.

TIER 1—PREFERRED GENERIC: are lowest in cost. They are equivalent to a brand-name product in dosage, strength, performance, and intended use. Ask your doctor to authorize generic substitutions when medically appropriate.

TIER 2—PREFERRED BRAND-NAME DRUGS: are more costly because they are produced and sold only by one company that holds a patent.

TIER 3—NON-PREFERRED GENERIC AND BRAND-NAME: are even more costly under our plans. These drugs are patent-pending and have just recently become available in the market.

SPECIALTY DRUGS: are high-cost drugs to treat rare and/or complex conditions. Typically self-injectable drugs are included in this category. Specialty drugs must be obtained through the Aetna Specialty Pharmacy.

MAIL ORDER: delivers a 90-day supply conveniently right to your door and helps you save a little bit of money on copays in addition to having fewer refills throughout the year.

WELLNESS

Knowing your four health numbers is key to a healthier you.

At your annual check-up, ask your doctor for your four health numbers (Blood Pressure, Cholesterol, Blood Sugar and BMI-Body Mass Index).



Blood Pressure

A telltale sign for possible heart disease, stroke and kidney disease. Understanding your blood pressure numbers is key to controlling high blood pressure. The American Heart Association recommends a normal Blood Pressure range of Systolic mm HG (upper number) Less than 120 and Diastolic mm HG (lower number) Less than 80 (120/80)

Cholesterol

HDL is good. LDL is bad. Keeping both in check is essential. The American Heart Association (AHA) recommends that all adults age 20 or older have their cholesterol and other traditional risk factors checked every four to six years, and work with their healthcare providers to determine their risk for cardiovascular disease and stroke.

Blood Sugar

A leading determinant for the onset of diabetes. What is normal blood sugar level? And how can you achieve normal blood sugar? For someone without diabetes, a fasting blood sugar on awakening should be under 100 mg/dl. Before-meal normal sugars are 70-99 mg/dl. "Postprandial" sugars taken two hours after meals should be less than 140 mg/dl.

Body Mass Index (BMI)

The measure of body fat based on height and weight that applies to adult men and women. In general, BMI is an inexpensive and easy-to-perform method of screening for weight category, for example underweight, normal or healthy weight, overweight, and obesity. There are many calculators online to assist you with obtaining your BMI.

https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

Do you know your financial health numbers?

Knowing them is just as important as knowing your overall health numbers. Your financial health comes down to a series of ratios. here's where you should start:

- 1. Credit Score:** Your FICO credit score—a ratio determined by three credit bureaus and based primarily on your track record of paying bills on time - is about far more than just being approved for loans.
- 2. Retirement Savings Rate:** There is no single, correct dollar amount to put aside for retirement, which is why most projections rely on percentages. The most important one is how much of your salary should be put aside for retirement, which experts peg at 15%.
- 3. Emergency Fund:** The number you need to know: How many months could you survive on your savings? The key is to achieve an overall balance in your finances, with about half your income going towards fixed expenses like rent and utilities, 20% for financial goals like savings, and 30% for day-to-day expenses like groceries and gas, advises Vera Gibbons, personal finance consultant - mint.com.
- 4. Net Worth:** People tend to think of this number as their "wealth," says LearnVest's von Tobel, but it's not really about how much you have at any given point. Rather, people should use net worth as a starting point to see how they are doing down the road.





Brought to you by:



All Atlantic Benefits

200 S. Park Road
Suite 475
Hollywood, FL 33021
305 809 8211