

2026

Plan Year

# EMPLOYEE BENEFITS OPEN ENROLLMENT

Effective Date: January 1, 2026 through  
December 31, 2026

Open Enrollment: November 3, 2025  
through November 14, 2025

**HENNIGES**  
AUTOMOTIVE





## 2026 OPEN ENROLLMENT

**This is your opportunity to make changes to your benefits – effective January 1, 2026**

- Change your benefit elections
- Add/Drop coverage for yourself and dependents
- Enroll in the Flexible Spending Accounts

This is your **ONLY** opportunity to make changes unless there is a change in status during the year, including:

- Marriage or divorce
- Birth or adoption of child
- Losing or gaining other coverage

*You must notify HR within 30 days of a qualifying change in status event.*





## ELIGIBLE DEPENDENTS

### Definition of eligible dependents for coverage:

- Your legal spouse
- Your children by birth, marriage, adoption, or legal guardianship until they turn 26
- Your children who are mentally or physically disabled may continue to be covered beyond the age limit

*Please refer to your Benefits Guide for more details regarding dependent eligibility.*



| Kapnick



## OVERVIEW OF CHANGES – Hourly



- Simplify plan is being eliminated (still have a choice of three plans)
- Prescription plans have new drug tiers for specialty drugs
- PillarRx program to save on prescription drug cost added to Choice and Basic PPO HSA plans (already offered on PPO)
- Change in employer and employee cost share (53 paychecks in 2026)
- Change: Kapnick Strive wellness program replaces Circle Wellness



- Annual Physical
- Children Well Visits
- Annual OB/GYN Exam
- Women's Contraceptive Coverage
- Prostate Exam
- Mammogram
- Immunizations (Influenza, Tetanus, HPV, Shingles, etc.)

You pay nothing for  
preventive health services!



# MEDICAL PLAN – Hourly

## IN-NETWORK COVERAGE OPTIONS



**Blue Cross  
Blue Shield**  
of Michigan

|                                             | BCBSM<br>PPO<br>Member's Responsibility   | BCBSM<br>Choice PPO HDHP HSA<br>Member's Responsibility | BCBSM<br>Basic PPO HDHP HSA<br>Member's Responsibility |
|---------------------------------------------|-------------------------------------------|---------------------------------------------------------|--------------------------------------------------------|
| <b>Deductibles (individual/family)</b>      | \$1,500/\$3,000                           | \$1,750/\$3,500                                         | \$3,500/\$7,000                                        |
| <b>Coinsurance</b>                          | 30%                                       | 20%                                                     | 25%                                                    |
| <b>Out-of-Pocket Maximum</b>                | \$5,000/\$10,000                          | \$3,500/\$7,000                                         | \$7,000/\$14,000                                       |
| <b>Office Visit Copay</b>                   | \$40                                      | 20% after deductible                                    | 25% after deductible                                   |
| <b>Specialist Visit Copay</b>               | \$50                                      | 20% after deductible                                    | 25% after deductible                                   |
| <b>Virtual Care Visit Copay</b>             | \$0                                       | \$15 copay after deductible                             | \$15 copay after deductible                            |
| <b>Chiropractic Services</b>                | 30% after deductible (24 visits per year) | 20% after deductible (24 visits per year)               | 25% after deductible (24 visits per year)              |
| <b>Emergency Room Copay</b>                 | \$300                                     | 20% after deductible                                    | 25% after deductible                                   |
| <b>Urgent Care Copay</b>                    | \$50                                      | 20% after deductible                                    | 25% after deductible                                   |
| <b>Hospitalization (in-patient)</b>         | 30% after deductible                      | 20% after deductible                                    | 25% after deductible                                   |
| <b><u>PRESCRIPTION DRUG COVERAGE</u></b>    |                                           |                                                         |                                                        |
| <b>Generic</b>                              | 10%, \$10 min/\$20 max                    | 10%, \$10 min/\$20 max                                  | 10%, \$10 min/\$20 max                                 |
| <b>Preferred</b>                            | 25%, \$30 min/\$80 max                    | 25%, \$30 min/\$80 max                                  | 25%, \$30 min/\$80 max                                 |
| <b>Non-Preferred</b>                        | 40%, \$80 min/\$200 max                   | 40%, \$80 min/\$200 max                                 | 40%, \$80 min/\$200 max                                |
| <b>Specialty</b>                            | 25%, \$100 min/\$200 max                  | 25%, \$100 min/\$200 max                                | 25%, \$100 min/\$200 max                               |
| <b>Non-Preferred Specialty</b>              | 40%, \$200 min/\$400 max                  | 40%, \$200 min/\$400 max                                | 40%, \$200 min/\$400 max                               |
| <b>Mail Order</b>                           | 2x                                        | 2x                                                      | 2x                                                     |
| <b><u>EMPLOYEE WEEKLY CONTRIBUTIONS</u></b> |                                           |                                                         |                                                        |
| <b>Employee Only</b>                        | \$41.82                                   | \$16.14                                                 | \$11.63                                                |
| <b>Employee + One</b>                       | \$91.24                                   | \$35.52                                                 | \$25.19                                                |
| <b>Family</b>                               | \$133.04                                  | \$54.86                                                 | \$38.73                                                |



# PHARMACY PLAN – Hourly

## CUSTOM DRUG LIST: TIERED BENEFIT



Blue Cross  
Blue Shield  
of Michigan

|                                          | BCBSM<br>PPO<br>Member's Responsibility                                                                                                                                                                                                                                                                                                                                                                   | BCBSM<br>Choice PPO HDHP HSA<br>Member's Responsibility | BCBSM<br>Basic PPO HDHP HSA<br>Member's Responsibility |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------|
| <b><u>PRESCRIPTION DRUG COVERAGE</u></b> |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                         |                                                        |
| <b>Generic</b>                           | 10%, \$10 min/\$20 max                                                                                                                                                                                                                                                                                                                                                                                    | 10%, \$10 min/\$20 max                                  | 10%, \$10 min/\$20 max                                 |
| <b>Preferred</b>                         | 25%, \$30 min/\$80 max                                                                                                                                                                                                                                                                                                                                                                                    | 25%, \$30 min/\$80 max                                  | 25%, \$30 min/\$80 max                                 |
| <b>Non-Preferred</b>                     | 40%, \$80 min/\$200 max                                                                                                                                                                                                                                                                                                                                                                                   | 40%, \$80 min/\$200 max                                 | 40%, \$80 min/\$200 max                                |
| <b>Specialty</b>                         | 25%, \$100 min/\$200 max                                                                                                                                                                                                                                                                                                                                                                                  | 25%, \$100 min/\$200 max                                | 25%, \$100 min/\$200 max                               |
| <b>Non-Preferred Specialty</b>           | 40%, \$200 min/\$400 max                                                                                                                                                                                                                                                                                                                                                                                  | 40%, \$200 min/\$400 max                                | 40%, \$200 min/\$400 max                               |
| <b>Mail Order</b>                        | 2x                                                                                                                                                                                                                                                                                                                                                                                                        | 2x                                                      | 2x                                                     |
| <b>Generic drugs</b>                     | The lowest cost tier in terms of the total cost and the member cost share                                                                                                                                                                                                                                                                                                                                 |                                                         |                                                        |
| <b>Preferred drugs</b>                   | Brand name drugs are typically more expensive than generic drugs; preferred drugs are those on BCBSM's preferred drug list. <b>Access the drug list:</b><br><a href="http://www.bcbsm.com/pharmacy">www.bcbsm.com/pharmacy</a> > Drug Lists > Drug lists for large group members > Custom PPO Drug List                                                                                                   |                                                         |                                                        |
| <b>Non-Preferred drugs</b>               | Brand name drugs are typically more expensive than generic drugs; non-preferred drugs more expensive than the preferred drug. When a drug is non-preferred, <b>there may be a lower cost drug</b> effective for your condition on the preferred or generic tier.                                                                                                                                          |                                                         |                                                        |
| <b>Specialty drugs</b>                   | The highest cost medications; typically require special handling, administration, or monitoring. These drugs usually require prior approval and are often not stocked in retail pharmacies. Drugs are split between <b>Preferred and Non-Preferred</b> , using the same drug list as brand name drugs. <b>These medications must be filled at Walgreens</b> or Walgreens Specialty Pharmacy (mail order). |                                                         |                                                        |
| <b>Mail Order</b>                        | Save time and money by filling your drug via Optum Mail Order. Pay 1 or 2 copays for up to a 90 day supply. <b>To get started:</b> log into your mobile app or online member account > Click "My Coverage" > Click "Prescription" > Click "Order Online"                                                                                                                                                  |                                                         |                                                        |



## MEDICAL PLAN – Hourly

### CHANGE IN EMPLOYEE CONTRIBUTIONS



Blue Cross  
Blue Shield  
of Michigan

|               | Choice PPO |         | PPO      |         | Basic PPO |         |
|---------------|------------|---------|----------|---------|-----------|---------|
|               | 2026       | Δ       | 2026     | Δ       | 2026      | Δ       |
| Employee Only | \$ 16.14   | \$ 0.77 | \$ 41.82 | \$ 1.98 | \$ 11.63  | \$ 0.55 |
| Employee + 1  | \$ 35.52   | \$ 1.69 | \$ 91.24 | \$ 4.33 | \$ 25.19  | \$ 1.20 |
| Family        | \$ 54.86   | \$ 2.60 | \$133.04 | \$ 6.31 | \$ 38.73  | \$ 1.84 |

*\*Hourly group has 53 deductions in 2026.*



## MEDICAL SOLUTIONS – Hourly

*These programs are available to you at no additional cost.*

**Access to Care** *Network options, benefits and cost management innovations that save.*

### **Virtual Care by Teladoc Health**

Convenient, high quality virtual options for non-emergency care that's always there - minor illnesses and mental health.

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### **Choices for Care**

Helps you avoid costly ER visits and get the care you need quickly and conveniently.

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### **Preventive Care**

Understand the importance of preventive tests and screenings as well as your options for early detection.

### **Mobile App and Online Member Portal**

Manage your health plan within one secure account through the mobile app or online portal. You can check your out-of-pocket balance/plan benefits, track your claims, find care, look up estimated costs, and access your virtual ID card.

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### **Blue365 Member Discounts**

Provides you with exclusive savings on national and Michigan-based products and services for a healthy and well-balanced lifestyle.

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# MEDICAL SOLUTIONS Hourly

*These programs are available to you at no additional cost.*

## **Improved Care** *Solutions to better manage care and address specific health and well-being needs.*

### **Maternity and Menopause through Maven**

Virtual programs to fully support family building (pregnancy/postpartum) and woman's health.

### **Chronic Conditions Management - care for diabetes through Teladoc Health**

Personalized support centered around your day-to-day needs of living with chronic or complex conditions.

### **Medication Adherence Programs through Sempre Health, PillarRx, Price Edge**

Ensures that you receive safe, appropriate and high-quality medications while keeping costs down.

**PillarRx is being added** to the Choice and Basic HSA plans to help take advantage of manufacturer copay programs. This program is already attached to the PPO plan. You may pay nothing and will never pay more than your applicable copay for your medication.

### **Behavioral Health Care through Teladoc Health, AbleTo, and more**

Helps you manage everyday stress to substance abuse and provides several convenient ways to get confidential help.

### **Health and Well-Being - through Personify Health**

Gives you access to various online tools and resources to help you build healthy habits and improve your overall well-being journey.



## CHOICES FOR CARE

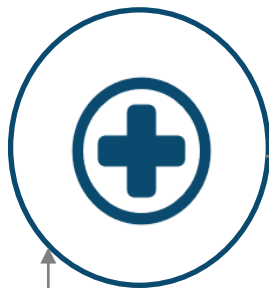
When it's not an emergency, you have choices for when and where to get health care.

ALWAYS  
START HERE

WHEN PRIMARY CARE ISN'T  
AVAILABLE



PRIMARY CARE  
PROVIDER



24 HOUR  
NURSE LINE



VIRTUAL CARE  
BY TELADOC



WALK-IN  
CLINICS



IN DANGER  
EMERGENCY ROOM

### BE PREPARED

1. Do you have a **Primary Care Provider**? Find one at [bcbsm.com/individuals/find-care](https://bcbsm.com/individuals/find-care)
2. Add the **24 Hour Nurse Line** as a contact on your phone: 1-844-811-8460 TTY Call 711
3. Download the **Teladoc app** and register your account.
4. Find the nearest **walk-in clinic** and know the available hours: [bcbsm.com/individuals/find-care](https://bcbsm.com/individuals/find-care)

Always follow up with your primary care provider. This information isn't intended to be medical advice. In an emergency, call 911 or go to an emergency room near you.



## MATERNITY PROGRAM Hourly



### This 24/7 virtual program provides full support during pregnancy and postpartum including:

- Comprehensive prenatal and postpartum care navigation
- High-risk pregnancy management
- Early detection for risk factors
- Support for parents with an infant in the NICU and for parents who have experienced a loss
- Content and support tools specific to each week of pregnancy
- Help preparing for returning to work

#### Key features of the Maven app

*Through the Maven app, you will receive full access to:*

- A dedicated care advocate to answer your questions
- Personalized, interactive resources and on-demand classes
- Unlimited virtual appointments and messaging with various types of doctors, specialists, and coaches





## MENOPAUSE PROGRAM Hourly



**This no cost digital program gives instant access to expert advice and resources to anyone on your plan who's experiencing physical and mental symptoms related to menopause.**

- Early identification of menopausal symptoms and treatment guidance
- 24/7 virtual access to coaching care team specializing in perimenopause, menopause, and post-menopause
- Guided education and in-app communities to connect with others in the same stage of life
- One-on-one mental health support

### **Key features of the Maven app**

*Through the Maven app, you will receive full access to:*

- A dedicated care advocate to answer your questions
- Personalized, interactive resources and on-demand classes
- Unlimited virtual appointments and messaging with various types of doctors, specialists, and coaches



# UNDERSTANDING HEALTH SAVINGS ACCOUNTS



## Who is eligible to be an accountholder and contribute to an HSA?

### Anyone who is:

- Covered by a HDHP: The Choice and Basic HDHP options are eligible
- Not enrolled under another medical plan that is not an HDHP
- Not entitled to (eligible for AND enrolled in) Medicare benefits
- Not eligible to be claimed on another person's tax return (i.e., adult dependent)
- Not covered by a Health FSA funded by your spouse

### How much can I contribute to my HSA?

|                         | 2025    | 2026    |
|-------------------------|---------|---------|
| Single Coverage         | \$4,300 | \$4,400 |
| Family Coverage         | \$8,550 | \$8,750 |
| Catch up Contributions* | \$1,000 | \$1,000 |

\*If you are age 55 or older, you can make an additional catch-up contribution. The maximum IRS contribution for the year includes the sum of all employee and employer contributions. For more information, visit [www.irs.gov/publications/p969](http://www.irs.gov/publications/p969).

**You can make contribution changes at any time during the year through BenXpress. It may take between one and two payroll periods for an HSA change to be processed.**

# ADVANTAGES OF A HEALTH SAVINGS ACCOUNT

You make the decisions regarding how much money you will put in the account, whether to save the funds for future expenses or pay current medical expenses, which medical expenses to pay from the account, whether to invest any of the money in the account, and which investments to make.

## Flexibility?

An HSA provides you triple tax savings:

- Tax deductions when you contribute to your account
- Tax-free withdrawals for qualified medical expenses
- Tax-free earnings through investment

## Tax Savings?

You own the HSA. Funds remain in the account from year to year (think of it as a medical IRA). There are no “use it or lose it” rules associated with HSAs. You can keep your HSA even if you retire, change jobs, change your medical coverage, become unemployed, move to another state, or change your marital status.

## Ownership & Portability?

When you choose an HSA, healthcare becomes more transparent. You become a better consumer. You can shop around for services and find the best deal for before you make a decision.

## Controls?



Kapnick



## FLEXIBLE SPENDING ACCOUNTS

### Hourly



A Flexible Spending Account (FSA) allows you to set aside a portion of your pay pre-tax to use for eligible expenses that are not covered by insurance or only partially covered. You can save around 30% on your dollar (depending on your tax bracket) by estimating how much you usually spend on these types of expenses in a year and setting aside that dollar amount into your FSA.

#### **HEALTH FSA**

Maximum annual election amount: \$3,400

#### **DEPENDENT CARE FSA**

Maximum annual election amount: \$7,500

#### **LIMITED PURPOSE FSA**

##### **(If participating in an HSA plan)**

Maximum annual election amount: \$3,400

#### **FSA RULES TO REMEMBER**

**HEALTH FSA CARRY OVER PROVISION:** You can carry over up to \$680 of any unused balance from the previous plan year as long as you re-enroll in the Health FSA for the current plan year. Per IRS rules, there is no carryover allowed for the Dependent Care FSA.

**RUN-OUT PERIOD (PROOF OF LOSS):** Active participants have until March 31, 2026 to submit expenses incurred during the plan year. If you terminate employment during the plan year, you have 90-days from your separation date to submit eligible expenses for reimbursement.

**HEALTH FSA and HSA:** If you or your spouse are enrolled in a Health Savings Account (HSA) then you are not eligible for the Health FSA.

**Plan carefully! Balances over \$680 are forfeited at the end of the year.**



# HSA/FSA/LPFSA COMPARISON – Hourly

|                                                                                | HSA                                                                                                                                                                | HEALTH CARE FSA                                                                                                                                                    | LPFSA                                                                                                                                                 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| What does it stand for?                                                        | <b>Health Savings Account</b>                                                                                                                                      | <b>Health Care Flexible Spending Account</b>                                                                                                                       | <b>Limited Purpose Flexible Spending Account</b>                                                                                                      |
| What are the benefits to employees?                                            | Contributions are tax deductible, interest and capital gains on investments are tax-free.                                                                          | Employee contributions are exempt from federal and FICA tax as well as most state and local tax.                                                                   | Employee contributions are exempt from federal and FICA tax as well as most state and local tax.                                                      |
| Does the employee need to be enrolled in a particular medical plan to qualify? | Yes, employees must be enrolled in a qualifying high-deductible medical plan (Henniges Choice and Basic PPO plans).                                                | Yes, employees must be enrolled in the Henniges PPO plan.                                                                                                          | Yes. Employees must be enrolled in a qualifying high-deductible medical plan (Henniges Choice and Basic PPO plans).                                   |
| What is the account used for?                                                  | Funds can be used for any qualified medical expense as defined under Section 213(d) of the Internal Revenue Code. This includes co-pays, deductibles and Rx costs. | Funds can be used for any qualified medical expense as defined under Section 213(d) of the Internal Revenue Code. This includes co-pays, deductibles and Rx costs. | Funds can be used for <u>Dental</u> and <u>Vision</u> claims as defined under Section 213(d) of the Internal Revenue Code.                            |
| Who owns the account?                                                          | Employee                                                                                                                                                           | Employer                                                                                                                                                           | Employer                                                                                                                                              |
| Can the account be integrated with other accounts?                             | Employee and Employer (if employee earns wellness incentives)                                                                                                      | Employee                                                                                                                                                           | Employee                                                                                                                                              |
| Who funds the account?                                                         | Money is deposited directly into the account. Contributions can be made through pre-tax salary deductions, or "after-tax" by the employee.                         | Based on the employee's annual election, the employer designates a specific amount of wages to be deducted from the employee's payroll check pre-tax.              | Based on the employee's annual election, the employer designates a specific amount of wages to be deducted from the employee's payroll check pre-tax. |
| How is it funded?                                                              | Annual contribution limits are established by the IRS and indexed for inflation.                                                                                   | The annual maximum amount of employee contribution is established by the IRS.                                                                                      | The annual maximum amount of employee contribution is established by the IRS.                                                                         |
| What happens to the money if not used during the plan year?                    | The money remains in the account year-over-year and is owned by the individual.                                                                                    | Any money not used by the end of the plan year is forfeited back to the plan ("use it or lose it").                                                                | Any money not used by the end of the plan year is forfeited back to the plan ("use it or lose it").                                                   |
| When can I access funds?                                                       | Only the amount currently available in the HSA may be used to pay or reimburse qualified expenses.                                                                 | The total amount elected by the employee for the plan year is available on the first day of the plan, regardless of the amount contributed.                        | The total amount elected by the employee for the plan year is available on the first day of the plan, regardless of the amount contributed.           |
| Does the money in the account earn interest?                                   | Yes                                                                                                                                                                | No                                                                                                                                                                 | No                                                                                                                                                    |
| Is the account portable between employers?                                     | Yes                                                                                                                                                                | No                                                                                                                                                                 | No                                                                                                                                                    |

2026 KAPNICK STRIVE Silver+ WORKSITE WELL-BEING PROGRAM

HOURLY



| KAPNICK STRIVE BENEFITS                   | EMPLOYEES PARTICIPATE IN MEDICAL & COVERED SPOUSE |
|-------------------------------------------|---------------------------------------------------|
| Well-visit health report                  | √                                                 |
| Online health risk assessment             | √                                                 |
| Access to a comprehensive wellness portal | √                                                 |
| Reward points program                     | Employees only                                    |
| Online challenges and tracking tools      | √                                                 |
| Discounts with the wellness outlet        | √                                                 |
| Wellness presentations                    | √                                                 |
| Online health coaching                    | √                                                 |

REWARD POINT STRUCTURE:

| POINT CYCLE REWARD PRIZES                                             | ANNUAL PRIZE                                                               |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| 10 winners will win a \$50 SNAPPY gift card<br>(2 from each location) | 1 winner will win a \$500 SNAPPY gift card                                 |
| How to qualify: Earn 300+ points in a point cycle                     | How to qualify: 300+ points in each of the point cycles for a program year |

EARN WELL-VISIT INCENTIVES:

- 1) Complete the Health Risk assessment (HRA)
- 2) Submit your Well-Visit Form (PCP Form)
- 3) Meet well-visit incentive criteria

WELL-VISIT INCENTIVE CRITERIA:

| Number of Health Risks | REQUIREMENTS                       |
|------------------------|------------------------------------|
| 0-2                    | Incentive Eligible                 |
| 3-5                    | Complete RAS Health Coaching Calls |

WELLNESS INCENTIVE

**Choice & Basic PPO plan members:** \$500 per employee + \$500 per spouse: deposited into HSA in January 2027

**PPO plan members:** \$100 per employee + \$100 per spouse: incentive included in paycheck in January 2027

SCREENING SURCHARGE

If wellness criteria is not met, a surcharge of \$5.66 per paycheck for employee + \$5.66 per paycheck for spouse is charged.

TOBACCO SURCHARGE

\$11.32 per paycheck (\$600 annually) OR complete RAS

# 2026 KAPNICK STRIVE Silver+ WORKSITE WELL-BEING PROGRAM

## HOURLY



### 0 – 2 Health Risks

Congratulations! You have earned your Incentive!

- ✓ HRA Completed!
- ✓ Completed: Annual Well Visit ?
- ✓ Outcomes Requirement Completed!
  - ✓ You received 2 or Fewer Health Risks
  - Complete the RAS Health Coaching Program ?

### 3 – 5 Health Risks

Complete the following to become incentive eligible:

- ✓ HRA Completed!
- ✓ Completed: Annual Well Visit ?
- ✗ Meet One of the Outcomes Below:
  - Receive 2 or Fewer Health Risks
  - Complete the RAS Health Coaching Program ?  
[Enroll on the Coaching page](#)

|                                                                                                          | Health Risk Assessment                                                                                                                                                                                                                                                             | Well-Visit Form (PCP Form)                                             |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Due Date                                                                                                 | 09/30/2026<br>Must be completed between 10/1/2025 and 09/30/2026                                                                                                                                                                                                                   | 09/30/2026<br>For preventative visits between 10/1/2025 and 09/30/2026 |
| Payout Date                                                                                              | January 2027                                                                                                                                                                                                                                                                       | January 2027                                                           |
| Henniges Choice PPO or Henniges Basic PPO (Incentive will be deposited into your Health Savings Account) | \$500/employee and \$500/spouse who completes Health Risk Assessment, submits Well-Visit Form (PCP Form), and meets Well-Visit Incentive Criteria<br><br>(If covering a child under Employee + 1, you will automatically receive the spouse incentive if you earned the incentive) |                                                                        |
| Henniges PPO (Incentive will be included in your paycheck)                                               | \$100/employee and \$100/spouse who completes Health Risk Assessment, submits Well-Visit Form (PCP Form), and meets Well-Visit Incentive Criteria                                                                                                                                  |                                                                        |
| Per Paycheck Surcharges: (Applies if all of the well-being activities are not completed)                 | Hourly Employee: \$5.66/paycheck<br>Spouse: \$5.66/paycheck                                                                                                                                                                                                                        | Surcharge will be deducted from paychecks in Jan-Dec 2027              |
| Well-being activities to be completed to earn the Well-Visit Incentive:                                  | 1) Health Risk Assessment<br>2) Well-Visit Form (PCP Form)<br>3) Meet Well-Visit Incentive Criteria <ul style="list-style-type: none"><li>○ 0-2 Health Risks (or)</li><li>○ 3-5 Health Risks must complete 6 RAS Health Coaching Calls</li></ul>                                   |                                                                        |
| Well-Visit RAS Health Coaching (6 calls)                                                                 | 10/15/2026<br>Must be enrolled by 10/15/2026                                                                                                                                                                                                                                       | 11/30/2026<br>Must complete all 6 coaching calls by 11/30/2026         |

# 2026 KAPNICK STRIVE Silver+ WORKSITE WELL-BEING PROGRAM

## HOURLY



|                                                     |   |
|-----------------------------------------------------|---|
| Healthy Activities ⓘ                                | 0 |
| ➤ Preventative Health                               |   |
| 200 Points: Complete Preventative Exam ⓘ            | 0 |
| 200 Points: Complete Vaccination ⓘ                  | 0 |
| ➤ Tracking                                          |   |
| 5 Points: Get 10,000 Steps ⓘ                        | 0 |
| 5 Points: Get 8 Hours of Sleep ⓘ                    | 0 |
| 5 Points: Drink 8 Glasses of Water ⓘ                | 0 |
| 5 Points: Complete 4 Mindfulness Exercises ⓘ        | 0 |
| 5 Points: Get 3 Servings of Protein ⓘ               | 0 |
| 5 Points: Get 3 Servings of Grains ⓘ                | 0 |
| 5 Points: Get 8 Servings of Fruits & Veggies ⓘ      | 0 |
| ➤ Education                                         |   |
| 100 Points: Complete Monthly Strive Webinar ⓘ       | 0 |
| 25 Points: Read HealthyLearn® Library Article ⓘ     | 0 |
| 200 Points: Attend Wellness Presentation ⓘ          | 0 |
| 25 Points: Complete a HealthyLife® Learn Course ⓘ   | 0 |
| 100 Points: Complete a HealthyLife® Thrive Module ⓘ | 0 |
| ➤ Wellness Activities                               |   |
| 200 Points: Complete a Strive Challenge ⓘ           | 0 |
| 100 Points: Complete a Well-Being Activity ⓘ        | 0 |
| 100 Points: Submit a Testimonial ⓘ                  | 0 |
| Total                                               | 0 |

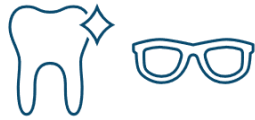


### Henniges Automotive 2026 Wellbeing Activity Raffle Prizes



| Portal Prize                                                         | Point Cycle Reward Prizes                                                                                                      | Annual Prize                                                                                                                   |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Five winners of a \$100 gift card</b><br>(One from each location) | <b>Ten winners of a \$50 gift card</b><br>(Two from each location)                                                             | <b>One winner of a \$500 gift card</b>                                                                                         |
| How to qualify:<br>Log into your Strive portal by 11/30/2025         | How to qualify:<br>Earn 300+ points in a Point Cycle                                                                           | How to qualify:<br>Earn 300+ points in each of the point cycles for the program year                                           |
| Deadline:<br>11/30/2025                                              | Point Cycle Dates:<br>10/01/2025 - 12/31/2025<br>01/01/2026 - 03/31/2026<br>04/01/2026 - 06/30/2026<br>07/01/2026 - 09/30/2026 | Point Cycle Dates:<br>10/01/2025 - 12/31/2025<br>01/01/2026 - 03/31/2026<br>04/01/2026 - 06/30/2026<br>07/01/2026 - 09/30/2026 |

***Employees and spouses have access to their Circle Wellness portal accounts until December 31 ,2025.  
Please download/save your health reports from the MyHealth tab by 12/31/2025.***

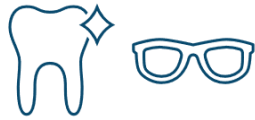


## DENTAL & VISION – Hourly

### IN-NETWORK COVERAGE OPTIONS

| BENEFITS                                    | Delta Dental<br>Core Plan<br>Member's Responsibility | Delta Dental<br>Premium Plan<br>Member's Responsibility |
|---------------------------------------------|------------------------------------------------------|---------------------------------------------------------|
| <b>Deductible</b>                           | \$50 individual / \$150 family                       | \$25 individual / \$75 family                           |
| <b>Diagnostic &amp; Preventive</b>          | Covered at 100%                                      | Covered at 100%                                         |
| <b>Basic Services</b>                       | 20%                                                  | 20%                                                     |
| <b>Major Services</b>                       | 50%                                                  | 50%                                                     |
| <b>Annual Maximum</b>                       | \$1,000                                              | \$2,000                                                 |
| <b>Orthodontics</b>                         | Not Covered                                          | 50%, \$1,500 lifetime max (up to age 19)                |
| <b>TMD Coverage</b>                         | \$1,000                                              | \$1,000                                                 |
| <b><u>EMPLOYEE WEEKLY CONTRIBUTIONS</u></b> |                                                      |                                                         |
| Single                                      | \$1.26                                               | \$3.61                                                  |
| Two Person                                  | \$2.55                                               | \$7.15                                                  |
| Family                                      | \$3.80                                               | \$11.02                                                 |

| BENEFITS                                    | VSP<br>Standard<br>Member's Responsibility | VSP<br>Premium<br>Member's Responsibility |
|---------------------------------------------|--------------------------------------------|-------------------------------------------|
| <b>Eye Exam</b> (once-12 months)            | \$10 copay                                 | \$15 copay                                |
| <b>Standard Lenses</b> (one pair-12 months) | \$25 copay                                 | Covered at 100%                           |
| <b>Standard Frames</b> (one pair-12 months) | \$130 allowance                            | \$225 allowance                           |
| <b>Contact Lens Exam</b> (once -12 months)  | Up to \$60 copay                           | Up to \$60 copay                          |
| <b>Contact Lenses</b> (one pair-12 months)  | \$130 allowance                            | \$225 allowance                           |
| <b><u>EMPLOYEE WEEKLY CONTRIBUTIONS</u></b> |                                            |                                           |
| Single                                      | \$1.53                                     | \$3.32                                    |
| Two Person                                  | \$2.53                                     | \$5.50                                    |
| Family                                      | \$4.33                                     | \$9.64                                    |



## DENTAL & VISION – Hourly

CHANGE IN EMPLOYEE CONTRIBUTION

|               | Dental  |         |         |         | Vision   |          |         |          |
|---------------|---------|---------|---------|---------|----------|----------|---------|----------|
|               | Core    |         | Premium |         | Standard |          | Premium |          |
|               | 2026    | Δ       | 2026    | Δ       | 2026     | Δ        | 2026    | Δ        |
| Employee Only | \$ 1.26 | \$ 0.01 | \$ 3.61 | \$ 0.04 | \$ 1.53  | (\$0.03) | \$ 3.32 | (\$0.06) |
| Employee + 1  | \$ 2.55 | \$ 0.03 | \$ 7.15 | \$ 0.07 | \$ 2.53  | (\$0.05) | \$ 5.50 | (\$0.11) |
| Family        | \$ 3.80 | \$ 0.04 | \$11.02 | \$ 0.12 | \$ 4.33  | (\$0.08) | \$ 9.64 | (\$0.19) |

*\*Hourly group has 53 deductions in 2026.*

# BASIC LIFE/AD&D & DISABILITY

HOURLY



## BASIC LIFE/AD&D (EMPLOYER PAID)

- Benefit Amount: 1.5 times annual earnings, max \$550,000
- Reduced 50% at age 70

## SHORT-TERM DISABILITY (EMPLOYER PAID)

- Benefit Amount: 60% of pre-disability earnings, max \$1,000 weekly
- 1<sup>st</sup> day injury or hospital confinement / 8<sup>th</sup> day illness
- Up to 26 weeks injury / 25 weeks illness (rolling 12 months)

## LONG-TERM DISABILITY (EMPLOYER PAID)

- Benefit Amount: 60% of earnings, max \$10,000 monthly
- 180 day wait, up to retirement age

# VOLUNTARY LIFE/AD&D

HOURLY



## VOLUNTARY LIFE/AD&D (EMPLOYEE PAID)

- **Employee Benefit Amount:** 1, 2, 3, or 4 times annual earnings, up to \$1M
  - Reduced 50% at age 70
  - Guaranteed Amount: Lesser of 3 times earnings or \$300,000
- **Spouse Benefit Amount:** \$25,000
- **Child Benefit Amount:** \$10,000

# GROUP HOSPITAL INDEMNITY INSURANCE



## WHO IS IT FOR?

- People who need help covering the costs associated with a hospital stay if they suddenly become sick or injured.

## WHAT DOES IT COVER?

- \$1,500 on admission
- \$150 per day, up to 10 days
- \$200 per day for ICU, up to 10 days, in addition to above
- \$50 health screening benefit – preventive tests

# GROUP ACCIDENT INSURANCE



Accident Insurance will pay cash benefits to you based on a diagnosis and treatment of a covered injury for you or your covered family members that resulted from an accident

## **Examples of covered injuries:**

- Broken bones
- Dislocation or Fracture
- Burns
- Torn ligaments
- Lacerations
- Coma due to a covered injury
- Eye injuries
- Ruptured discs
- Concussion

## **Examples of covered treatments:**

- Urgent Care
- Emergency Room
- Hospital Admission
- Ambulance
- Diagnostic Exam
- Physical Therapy / Chiropractic
- Physician Follow-Up
- Surgery
- Medical Appliances

# GROUP CRITICAL ILLNESS



## COULD YOUR BANK ACCOUNT SURVIVE A SERIOUS ILLNESS?

- Critical Illness Insurance will pay a lump sum cash benefit to you based on a diagnosis and treatment of a covered condition for you or your covered family members
- You can use these benefits to help cover your deductibles, copayments or even your bills at home

## SOME COVERED CONDITIONS INCLUDE:

- Cancer
- Stroke
- Major organ transplant
- Paralysis
- Heart attack
- End stage kidney failure
- Benign brain tumor
- Blindness

# FIDELITY 401 (K) RETIREMENT

The Henniges Automotive 401(k) retirement plan is designed to help you **prepare for retirement** and **attain your financial goals**. When you enroll in the plan, a personal account will be established with Fidelity in your name, funded by:

- Your contributions
- Employer matching contributions
  - Dollar for dollar on the first 4% of your contribution
  - 50% of the next 2% of your contribution
  - Maximum total employer contribution from Henniges Automotive is 5%.
- Investment earnings on both types of contributions

## Plan Features:

- Immediate vesting
- Financial support: Gregory J. Schwartz & Co (an independent 401(k) investment advisor)

## Taxation:

- Pre-tax 401(k) contributions – benefit is taxed when funds are withdrawn
- Post-tax Roth 401(k) contributions – contributions are taxed, benefit on withdrawal is not taxed.

# 529 COLLEGE SAVINGS PLAN

Team members have the ability to open a 529 through the College America 529 Savings Plan by American Funds.

- Your savings can grow tax deferred through a wide variety of investment options.
- Money can be withdrawn tax-free to pay for qualified higher education and vocational school costs at any eligible two- or four-year college, university or trade school:
  - Tuition
  - Room and board
  - Computers and supplies
- May also be used to pay for qualified tuition expenses at K-12 private, public and parochial schools.
- Tax advantages:
  - Earnings are reinvested tax-deferred
  - Withdrawals used to pay for qualified expenses are free from federal income tax.
- You can also contribute up to \$75,000 per child in a single year (up to \$150,000 for married couples) to take advantage of five years' worth of federal tax-free gifts at one time (estate and gift sales tax).
- Enroll in The College America 529 Savings Plan at anytime.
- Gregory J Schwartz and Co. will assist with any questions you may have and help you enroll in the plan.

# EMPLOYEE DISCOUNTS PROGRAM

## Access your employee perks program today!

**More perks. More savings. More of what makes you happy.**

Working Advantage is here to support your personal and financial well-being through exclusive deals and limited-time offers on the products, services and experiences you need and love.

### Start Saving on:

- Electronics
- Appliances
- Apparel
- Cars
- Flowers
- Fitness memberships
- Gift cards
- Groceries
- Hotels
- Movie tickets
- Rental cars
- Special events
- Theme parks
- And more!

#### **Getting Started is easy.**

Maximize your time away from the workplace and start saving today! Visit [hennigesautomotive.savings.workingadvantage.com](http://hennigesautomotive.savings.workingadvantage.com)

#### **Need help?**

Email us:  
[customerservice@workingadvantage.com](mailto:customerservice@workingadvantage.com)

# HEALTH ADVOCATE: EMPLOYEE ASSISTANCE

Health Advocate helps you and your family with any health or well-being issues at no cost to you. Just call, tap, or click to reach us and receive confidential, personalized support from the Health Advocate team.

**Get one-on-one support from our advocates for health and well-being issues. Connect with us to:**

- Figure out what type of counseling may work best for you and what counseling options are available to you
- Build skills to address a variety of emotional and mental health needs, and develop a plan to feel more in control
- Work through issues impacting your life and well-being

**Our website and mobile app provide access anytime, anywhere.**

- Talk with an advocate in real time through chat
- Learn about your Health Advocate services and the many ways we can help you
- Explore webinars, online courses, and articles on a variety of mental and emotional health topics
- Download your Rx Shopper discount card to find the lowest cost on your prescriptions
- Complete checklists and take self-assessments to learn more about issues that impact you
- Open a case, download forms, and view your case status



Scan for Access to Health  
Advocate  
Registration Code: AGWSD62



**EMPLOYEE ASSISTANCE PROGRAM (EAP)**

[answers@healthadvocate.com](mailto:answers@healthadvocate.com) | 866.799.2728  
[HealthAdvocate.com/Henniges](https://HealthAdvocate.com/Henniges) | Registration code: AGWSD62

# HEALTH ADVOCATE: ADVOCACY PROGRAM

Available for you, your spouse, your children, parents, and parents-in-law at no cost. Personal health advocates can help with claim and billing issues, accessing care, finding specialists, eldercare and more.

## **Don't know where to turn? Health Advocate will help. Overwhelmed by medical bills? Health Advocate helps:**

- Find the right doctors
- Schedule appointments
- Answer questions about treatments
- Research treatment options and secure second opinions
- Transfer medical records

## **Confused? Health Advocate helps by:**

- Explaining coverage requirements, alternatives for non-covered services
- Getting appropriate approvals for covered services

- Uncover mistakes, supply missing information
- Get estimates, negotiate fees, payment arrangements
- Get to the bottom of coverage denials. Advise about appeal rights

## **Need elder care and caregiver services? Health Advocate eases your burden by:**

- Finding care solutions in-home care, assisted, or long-term care
- Clarifying Medicare, Medicaid and Medicare Supplemental plans
- Coordinating care among multiple providers, researching transportation to appointments



Scan for Access to Health  
Advocate  
Registration Code: AGWSD62



## **Advocacy Program**

Health Advocate  
healthadvocate.com | 866.799.2728

# HOW TO ENROLL WITH BENXPRESS

## What do you need to enroll online?

- Your Benefit Choices
- Dependents Social Security Numbers and Date of Birth
- Your Choice of Beneficiaries

Access the Benefits Online Center:  
[www.benxpress.com/henniges](http://www.benxpress.com/henniges)

## How to Enroll with BENXPRESS:

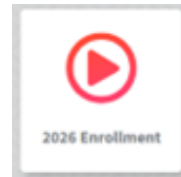
### Step 1: Login:

- **Username:** first name.last name (ex: John Smith = john.smith)
  - If you have a hyphenated last name, exclude the hyphen (ex: Jane William-Smith = jane.williamsmith)
- **Password:** Last 6 digits of your Social Security Number

### Step 2: Accept Legal Authorization and Terms and Conditions.

- If you choose "No, I disagree", the session will end without selecting any benefits

### Step 3: To start the enrollment process, click on "2026 Enrollment"



### Step 4: Review your personal information.

- Contact HR if any of your personal information is incorrect.

### Step 5: Click on "Add New Dependents" to enter all of your dependents into the system.

- PLEASE NOTE: You must add a Spouse and/or Dependent(s) on this screen in order to cover them under any benefits in future sections

### Step 6: Review the information provided on the "2026 Enrollment" screen

### Step 7: Select the benefits you wish to enroll in.

- Make sure to check the box(s) of the spouse and/or dependents that you wish to cover under each plan.
- Continue the process for each benefit.

### Step 8: Review all the elections you made and confirm their accuracy.

- Once you have reviewed your elections and confirmed they are accurate, click on the  icon in the top right corner.

# KAPNICK EMPLOYEE BENEFITS CALL CENTER

The Employee Benefits Call Center at Kapnick is staffed by highly trained employee advocates who are experienced in helping you understand your benefits and the enrollment process.



**We're available Monday – Friday, 8:30 am – 5:00 pm (Eastern) to answer questions concerning:**

- Explanation of Benefits
- ID Card Reorders
- Carrier Information
- Participating Provider Assistance
- Claim Assistance
- Life Status Events

**\* TRANSLATION SERVICES  
AVAILABLE IN 100+ LANGUAGES**



**CONTACT US AT 877.233.1164**



# QUESTIONS?

*This presentation is intended to provide a high-level overview of your benefits, not an all-inclusive or exhaustive list of plan provisions nor a guarantee of coverage. Please refer to plan documents for detailed information regarding eligibility and coverages.*