

Benefits Owner's Manual

Benefits Effective Jan. 1–Dec. 31, 2024

 wellbeing365
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IMPORTANT NOTICE

This Benefits Guide includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice From DriveTime About Your Prescription Drug Coverage and Medicare."

Benefits Built for You

At the DriveTime family of companies, we care about you. That's why we offer benefits that support your total wellbeing.

Understanding your benefits and knowing how to use them is just as important as having access to them. Review this owner's manual to learn about the benefits available to you for the 2024 plan year (January 1, 2024, through December 31, 2024). Then, choose the options that are best for you and your family.

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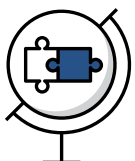
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Engage



Physical



Mental



Financial

Who is eligible

You are eligible to elect benefits on your first day of employment. Your benefits coverage will begin after 31 days of employment.

Many of the plans allow you to cover your eligible dependents, which include:

- Your legal spouse or common law spouse*
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian)
- Your dependent children of any age who are physically or mentally unable to care for themselves

*Common law spouses are only eligible in Texas.



You may need to provide proof of your dependent's eligibility, such as a marriage license, birth certificate, or court document.

Who pays

DriveTime pays 100% of some benefits; others require your contribution.

Benefit	You Pay	DriveTime Pays
Medical Insurance	X	X
Teladoc®		X
SurgeryPlus		X
Dental Insurance	X	X
Vision Insurance	X	
Health Savings Account	X	X
Flexible Spending Accounts	X	
Short-Term Disability Insurance		X
Voluntary Long-Term Disability Insurance	X	
Basic Life and AD&D Insurance		X
Supplemental Life and AD&D Insurance	X	
Accident, Critical Illness, and Hospital Indemnity Insurance	X	
401(k) Retirement Savings Plan	X	X
Maternity and Paternity Leave		X
Employee Assistance Program		X
LifeGuides		X
Pet Insurance	X	X

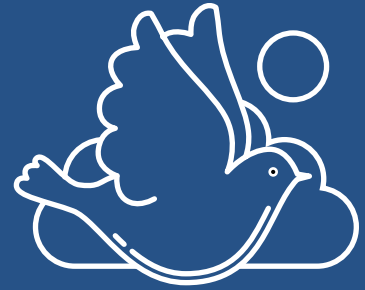
Changing your benefits



MARRIAGE



BIRTH OR ADOPTION



DEATH

Due to IRS regulations, once you have made your elections for 2024, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your child's eligibility for benefits
- Qualified Medical Child Support Order
- Change in your spouse's work status that affects his or her benefits

HOW TO REQUEST A BENEFITS CHANGE

Log into [Workday](#) within 31 days of the qualifying life event and follow these steps:

1. Select View All Apps from the Homepage.
2. Select the Benefits app.
3. Select the Benefits box.
4. Select the Change Reason you need and Enter Date. Documents will be required as proof of the qualifying life event you are choosing. Examples include a marriage license or birth certificate.
5. Select Submit.
6. Select Inbox icon.
7. Select the Change Benefit Elections.
8. Select Let's Get Started.
9. Answer the question and select Continue.
10. Select the Enroll tab on each Account you want to change/enroll in. Answer all the required information needed in each account. These could include names, birth dates, and Social Security numbers.
11. Select either Review and Sign to complete or Save for Later if you need to review your choices.

Change requests submitted after 31 days cannot be accepted.

Pick your best benefits

Want to save time and find the right plans for your needs?
Talk with ALEX at start.myalex.com/drivetime.



Look for this icon placed next to items that ALEX can explain in more detail.

WHO IS ALEX?

ALEX is your personal DriveTime benefits expert. He's funny, speaks in plain English—not insurance-talk—and is available to help you figure out which benefits plans will best serve your needs (anonymously, of course).

WHAT INFORMATION DOES ALEX NEED FROM ME?

Rest assured, ALEX respects your privacy and will never ask for personally identifiable information. Here's the information he needs to match you with the right health plan:

- Age and gender for you and your family.
- Household income.
- Health care utilization over the last 12 months.
- Regularly taken prescription drugs.
- Willingness to take a risk—understanding the trade off between risk protection and cost savings.
- Ability to pay for unexpected medical care (e.g., having an emergency fund).

HOW LONG DOES IT TAKE TO GET A RECOMMENDATION?

It takes less than 10 minutes to receive a recommendation. In fact, most users complete the entire process in about 6 minutes, allowing you to easily and quickly make your benefits decisions.

DOES ALEX FAVOR CERTAIN PLANS OVER OTHERS?

No, ALEX is 100% objective and solely focused on finding the ideal health plan for you—not your employer and not your insurance company.

**Choosing benefits is hard.
ALEX makes it easy.**





Medical insurance

DriveTime offers three medical plan options through UnitedHealthcare—the PPO plan, the Surest Defined Copay Plan, and the high-deductible health plan (HDHP).

All plans utilize the same UnitedHealthcare network of providers and facilities.

COMPARE YOUR OPTIONS

PPO

- Higher cost per paycheck
- Lower embedded deductible
- You can fund a health care flexible spending account (FSA)

Surest Defined Copay Plan

- Mid cost per paycheck
- No deductible
- Set copays for all services and providers including bundled services
- You can fund a health care flexible spending account (FSA)

HDHP

- Lower cost per paycheck
- Higher embedded deductible
- You can fund a health savings account (HSA)

THREE THINGS TO CONSIDER

1. What **PLANNED** medical services do you expect to need in the upcoming year?
2. Do you prefer to pay **MORE** for your medical insurance premium or do you prefer to pay a **LOWER** premium and invest your savings in a health savings account (HSA)?
3. Do you or any of your covered family members take any prescription **MEDICATIONS** on a regular basis? HDHP members must meet their deductible before the copay amount applies. PPO and Surest Defined Copay Plan members are only required to pay the copay amount.

DEDUCTIBLE

The amount you must pay for services before the plan will begin to pay. After one member—whether it be employee, spouse, or child—meets their own deductible, the plan will begin to pay.

PPO In-Network Deductible:
Individual: \$1,500;
Family: \$3,000

Surest Defined Copay Plan In-Network Deductible:
Individual/Family: \$0

HDHP In-Network Deductible:
Individual: \$3,500;
Family: \$7,000

OUT-OF-POCKET (OOP) MAX

The maximum amount of money you will pay for medical services during the plan year. The OOP max is the sum of your deductible and coinsurance payments.

PPO In-Network OOP Max:
Individual: \$3,500;
Family: \$7,000

Surest Defined Copay Plan In-Network OOP Max:
Individual: \$4,000;
Family: \$8,000

HDHP In-Network OOP Max:
Individual: \$5,000;
Family: \$10,000

COINSURANCE

A form of cost-sharing where you and the insurance plan share expenses in a specified ratio after you meet the deductible (until you reach the OOP max).

PPO In-Network Coinsurance: 20%

Surest Defined Copay Plan In-Network Coinsurance:
Not Applicable

HDHP In-Network Coinsurance:
20%



Medical insurance



The three plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a UnitedHealthcare provider. Locate a UnitedHealthcare network provider at myuhc.com®.

The table below summarizes the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	PPO		Surest Defined Copay Plan		HDHP	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Plan Year Deductible Individual/Family	Embedded \$1,500/\$3,000	Embedded \$3,000/\$6,000	\$0/\$0		Embedded \$3,500/\$7,000	Embedded \$5,600/\$11,200
The amount that DriveTime contributes to your health savings account (HSA)	N/A		N/A		Up to a \$400 match for employee-only coverage; Up to a \$700 match for all other coverage levels	
Out-of-Pocket Maximum (Includes deductible, copays, and coinsurance) Individual/Family	Embedded \$3,500/\$7,000	Embedded \$7,000/\$14,000	Embedded \$4,000/\$8,000	Embedded \$8,000/\$16,000	Embedded \$5,000/\$10,000	Embedded \$10,000/\$20,000
Preventive Care	Plan pays 100%	40% after ded.	Plan pays 100%	\$100 copay	Plan pays 100%	40% after ded.
Physician Services						
Premium Primary Care Physician 🇺🇸❤❤	\$20 copay	40% after ded.	Check the Surest app for lowest-cost providers		10% after ded.	40% after ded.
Primary Care Physician	\$30 copay	40% after ded.	\$10-\$65 copay	\$195 copay	20% after ded.	40% after ded.
Premium Specialist 🇺🇸❤❤	\$40 copay	40% after ded.	Check the Surest app for lowest-cost providers		10% after ded.	40% after ded.
Specialist	\$50 copay	40% after ded.	\$10-\$65 copay	\$195 copay	20% after ded.	40% after ded.
Teladoc	\$0 fee	Not covered	\$0 fee	Not covered	\$0 fee	Not covered
Urgent Care	\$75 copay	40% after ded.	\$35 copay	\$105 copay	20% after ded.	40% after ded.
Lab/X-Ray						
Diagnostic Lab/X-Ray	20%	40% after ded.	Plan pays 100% ¹		20% after ded.	40% after ded.
High-Tech Services	20% after ded.	40% after ded.	\$60-\$450 copay	\$1,230-\$1,350 copay	20% after ded.	40% after ded.
Hospital Services						
Inpatient	\$200 copay, then 20% after ded.	40% after ded.	\$75 to \$2,500 copay	Up to \$7,000 copay	20% after ded.	40% after ded.
Outpatient	20% after ded.	40% after ded.			20% after ded.	40% after ded.
Emergency Room (ER)	1-2 visits: \$250 + 20% after ded. 3-5 visits: \$350 + 20% after ded. 6+ visits: \$500 + 20% after ded.		\$350 copay		20% after ded.	
Prescription Drugs						
Tier 1	\$10 copay	Not covered	\$10 copay	Not covered	After ded.: \$10 copay	Not covered
Tier 2	\$35 copay		\$35 copay		\$35 copay	
Tier 3	\$60 copay		\$60 copay		\$60 copay	
Tier 4	20% up to \$250		\$250 copay		20% up to \$250	
Mail Order (90-day supply)	2x retail copay		2x retail copay		2x retail copay	

Note: The UnitedHealth Premium® Program is not available in St. Louis. (1) Cost included in bundled services copay.

ARE YOU COVERING YOUR SPOUSE AND/OR CHILDREN?

The deductibles on the PPO and HDHP are embedded. That means after one member—whether it be employee, spouse, or child—meets their own deductible, the plan will begin to pay.



Medical insurance



UNDERSTANDING THE SUREST DEFINED COPAY PLAN

There is no deductible or coinsurance under the Surest Defined Copay Plan. When you need care, other than preventive care, you pay a designated copay for all services. The Surest Defined Copay Plan is easy to use, offers up-front pricing and is designed to help you find opportunities to save money. This plan utilizes the same UnitedHealthcare network, providers, and facilities as the PPO and HDHP.

Health services are assigned a designated copay based on the provider and location. For preventive care, the copay is \$0 if you visit an in-network provider. From having a baby to having knee surgery, your MRI, office visits, surgery/delivery, and follow-up are all included in the one price. That way it's easier to know what you'll pay in advance.

Just like the other medical plans available to you, the out-of-pocket maximum is the most you'll pay in a calendar year for services covered by the plan. Once this limit is reached, the plan pays 100% for covered services for the rest of the calendar year.



Before making an appointment, check and compare costs—then choose the option that works best for your budget and lifestyle. Receive one bill for a single trip to the doctor or hospital.

To view prices or check if your doctor is in the network, visit britehr.app/DriveTime-2024.

MEDICAL COSTS

Listed below are the per pay period costs for medical insurance. The amount you pay for coverage is based on your completion of the wellness program requirements. The rates are deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Wellness rates:

Coverage Level	PPO		Surest Defined Copay Plan		HDHP	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$55.00	\$221.55	\$41.00	\$168.22	\$0.00	\$156.60
Employee + Spouse	\$196.00	\$455.33	\$147.00	\$334.95	\$54.00	\$313.20
Employee + Child(ren)	\$150.00	\$374.54	\$113.00	\$278.52	\$32.00	\$259.20
Employee + Family	\$253.00	\$646.27	\$190.00	\$475.87	\$86.00	\$442.80

Standard rates:

Coverage Level	PPO		Surest Defined Copay Plan		HDHP	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$131.00	\$282.74	\$104.00	\$214.63	\$43.00	\$199.80
Employee + Spouse	\$346.00	\$577.73	\$274.00	\$433.12	\$162.00	\$405.00
Employee + Child(ren)	\$226.00	\$478.59	\$179.00	\$348.14	\$103.00	\$324.00
Employee + Family	\$403.00	\$823.75	\$319.00	\$615.15	\$189.00	\$572.40



Medical insurance

VIRTUAL PRIMARY CARE

Virtual primary care allows you to connect with a primary care physician (PCP) for your ongoing care needs and get the guidance to in-person care when needed.

Help with ongoing health concerns and conditions:

Wellness screenings

- Breast cancer screening
- Prostate screening
- Colon cancer screening
- Cholesterol, blood sugar and other appropriate blood tests
- Adult vaccines
- Skin cancer screening
- Risk assessment

Diabetes

- Evidence-based diabetes care
- Risk assessment
- A1c testing, blood sugar testing and other testing
- Kidney health screening
- Neuropathy screening
- Prescriptions
- Medication management

Back pain

- Immediate pain evaluation
- Ongoing care plan
- Lifestyle recommendations

Skin conditions

- Skin infection
- Skin rashes
- Burns
- Acne
- Eczema
- Psoriasis

Men's health

- Prostate screening
- Sexual health
- Weight
- Exercise and diet

Women's health

- Birth control
- Menopause and perimenopause
- Hormone testing
- Sexual health
- Exercise and diet

High blood pressure

- Heart health screening
- Blood work

- Ongoing care plan
- Medication management
- Home blood pressure testing

Arthritis

- Immediate pain evaluation
- Ongoing care plan
- Medication management
- Lifestyle recommendations

Sleep problems

- Lifestyle screening
- Lifestyle/sleep modifications
- Sleep testing
- Medication management

Asthma

- Establish an ongoing care plan
- Rescue plan for flare-ups
- Medication management

High cholesterol

- Heart health screening
- Blood work
- Ongoing care plan
- Medication management

GET STARTED TODAY



Establish a relationship with a PCP from Optum® Virtual Care—who knows and understands you— from virtually anywhere.



Schedule same-day or next-day appointments.



Chat with a care team member 24/7 when your PCP is not available.



Medical insurance

Access your plan information 24/7.

PPO AND HDHP MEMBERS

Visit myuhc.com anytime, from anywhere, to:

- Find doctors and medical services.
- Manage and track claims.
- See cost estimates for medical procedures.
- Compare quality of care ratings for doctors and hospitals.
- Manage your health and health care expenses.

Access UHC on the go with the UnitedHealthcare app.

SUREST DEFINED COPAY PLAN MEMBERS

Download the Surest app and activate your free account to:

- Understand variable copay options for services.
- Choose what works best for your family, your lifestyle, and your budget.
- Compare care options.

Download the app or activate online at benefits.surest.com to get started.

SAVE MONEY ON YOUR HEALTH CARE



Choose an in-network provider.

Choose an in-network provider and you'll pay less out of your pocket. In-network doctors and facilities contract with the insurance company and agree to charge a lower price for services.

- **PPO or HDHP:** Save even more by choosing a Premium Provider (look for the icons to the left).
- **Surest Defined Copay Plan:** Compare the cost of providers and services on the Surest app. Lower prices are assigned to higher-value care options.

Note: The Premium Provider program is not available in St. Louis.



Know your medication options.

Talk with your doctor about lowering your out-of-pocket costs by switching from a brand-name medication to a generic. Then sign up for home delivery through UnitedHealthcare's mail-order pharmacy. Home delivery will save you money—and time, too.



Try Teladoc.

Teladoc providers can treat you right from your phone, tablet, or computer. It's more convenient and less expensive than urgent care. Visit teladoc.com to get started.



Medical insurance

DriveTime medical plan members have access to the following programs at no additional cost.



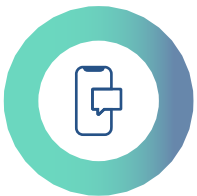
QUIT FOR LIFE

We recognize that quitting tobacco is difficult, and we encourage you to take advantage of the Quit For Life® tobacco cessation program available to employees **AT NO ADDITIONAL COST**. Quit For Life treats every tobacco user as a unique individual and tailors a quitting plan based on your needs. Log into myuhc.com to sign up.



REAL APPEAL

Real Appeal® is an online platform that can help you meet your weight loss and health goals **AT NO ADDITIONAL COST**. Get access to online coaching, tools to help track your food, activity and weight loss progress, and a success kit shipped right to your door with food and weight scales, recipes, and more. Log into newstart.realappeal.com to become a member.



SELF-CARE BY ABLETO

Self-Care by AbleTo® offers clinical techniques to help dial down the symptoms of stress, anxiety, and depression—anytime.

DriveTime medical plan participants can upgrade to premium **AT NO ADDITIONAL COST**. Visit ableto.com/begin to learn more.



TELADOC

DriveTime provides 24/7/365 access to licensed physicians through Teladoc **AT NO EXTRA COST**. Use Teladoc when your primary physician is unavailable or you are traveling and need medical advice. Visit teladoc.com to get started.



SURGERYPLUS

If you enroll in medical coverage through DriveTime, SurgeryPlus will help you find a board-certified surgeon for many different surgeries. **SAVE MONEY** with negotiated costs that, in many cases, cover your out-of-pocket deductible and coinsurance costs. Visit drivetime.surgeryplus.com to learn more.



HINGE HEALTH

DriveTime partners with Hinge Health to help you conquer back and joint pain, recover from injuries, prepare for surgery, or stay healthy and pain free **AT NO ADDITIONAL COST**. Sign up at hingehealth.com/drivetimeOE.



Medical insurance

In-network preventive care is \$0 out-of-pocket for medical plan members.

The DriveTime medical plans pay 100% of the cost of preventive care when received from a network provider. This means you won't have to pay anything out of your pocket.

Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design.

Learn more about preventive care at myuhc.com.



WHAT IS PREVENTIVE CARE?

The focus of preventive health care is to **PREVENT** illnesses, disease, and other health problems, and to **DETECT** issues at an early stage when treatment is likely to work best.



WHY IS PREVENTIVE CARE IMPORTANT?

It is important that you have a preventive exam each year—even if you feel healthy and are symptom-free—in order to **IDENTIFY FUTURE HEALTH RISKS**.



WHAT'S COVERED?

Covered preventive services **VARY BY AGE AND GENDER**.

Talk with your provider to determine which screenings, tests, and vaccines will be covered, when you should get them, and how often.

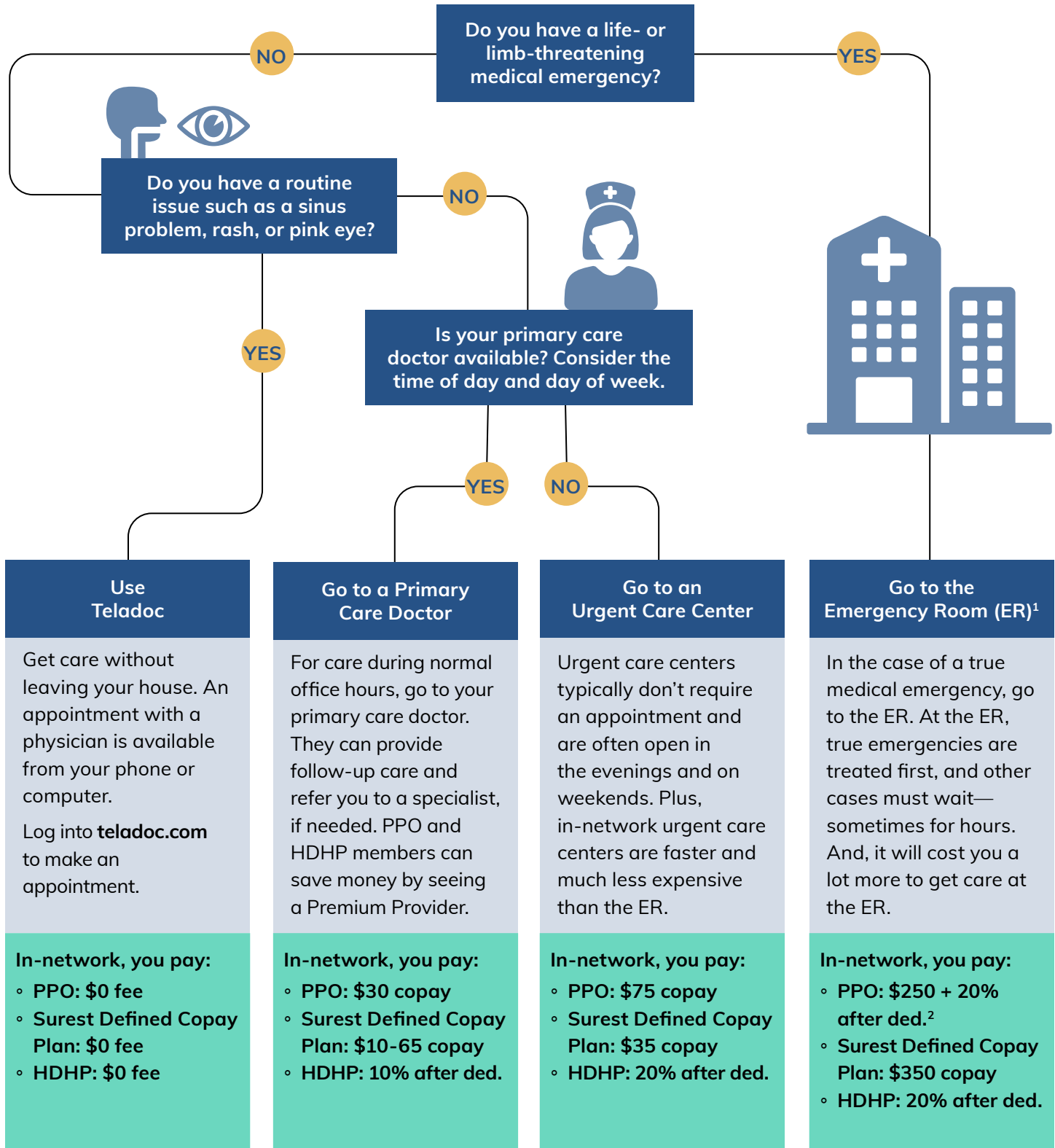
Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.



Medical insurance

Know where to go for your health care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



(1) All plans ensure that all hospitals are treated as in-network when you experience an emergency. (2) For first and second visits. Additional visits will cost more.



Virgin Pulse

DriveTime believes in supporting employees on their health journey.

That's why we partner with Virgin Pulse to offer a comprehensive wellness portal. Virgin Pulse is available to all DriveTime employees. Participation is optional, however, employees on the medical benefits plan are required to complete certain activities in order to earn the lower Wellness Rate.

See below for a sample of what Virgin Pulse has to offer:

- Step tracking and walking competitions against coworkers
- Guided wellness journeys and healthy habit challenges
- Monthly wellness webinars
- Nutrition and exercise tracking
- Annual health check survey
- And much, much more!



Best of all, many of these activities are rewarded with Pulse Cash. Redeem your cash for fitness equipment, gift cards, and more!

HOW TO ENROLL

Mobile app:

1. Download the Virgin Pulse mobile app for iOS® or Android®.
2. Search for "DriveTime."
3. Enter first name, last name, and date of birth to match DriveTime's eligibility file.

Web page:

1. Visit join.virginpulse.com/drivetime to activate your account.
2. Enter first name, last name, and date of birth to match DriveTime's eligibility file.

Troubleshooting

Create a case in Workday for assistance, or call Virgin Pulse at 888-671-9395.



DriveTime has two premium rate structures for medical benefits: the Standard Rate and the Wellness Rate.

The Wellness Rate is substantially lower than the Standard Rate. Each year employees have the opportunity to earn the Wellness Rate for the following year.

1

JOIN VIRGIN PULSE

2

COMPLETE THE HEALTH
CHECK SURVEY

3

GET A BIOMETRIC
SCREENING



Dental insurance



DriveTime offers two dental insurance plan options through Delta Dental.

The dental plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Delta Dental® provider. That's because expenses from out-of-network providers are reimbursed based on reasonable and customary charges (R&C) charges. Any charges over the R&C amount will be your responsibility. Locate a Delta Dental network provider at deltadental.com.

The table below summarizes the key features of the dental plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Base Dental Plan	Premier Dental Plan
Plan Year Deductible Individual/Family	\$50/\$150	\$50/\$150
Plan Year Benefit Maximum	\$1,500	\$5,000
Preventive Care (Oral exams, cleanings, x-rays)	Plan pays 100% (Two cleanings per calendar year)	Plan pays 100% (Four cleanings per calendar year)
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	20% after deductible	10% after deductible
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after deductible	50% after deductible
Orthodontia Services	50% (Coverage for children up to age 26)	50% (Coverage for adults and children up to age 26)
Orthodontia Lifetime Maximum	\$1,500	\$2,000



Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device. Scan the QR code to download the app.

BrightNow! Dental offers exclusive dental discounts for DriveTime employees and their families. Visit brightnow.com for a list of offices in your area. Call the office closest to you to ask about services or schedule an appointment. Be sure to mention you are a DriveTime Auto employee.



DENTAL COSTS

Listed below are the per pay period costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Coverage Level	Base Dental Plan		Premier Dental Plan	
	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$4.19	\$8.42	\$8.98	\$11.85
Employee + Spouse	\$11.55	\$19.07	\$21.90	\$30.89
Employee + Child(ren)	\$12.60	\$21.42	\$24.07	\$34.61
Employee + Family	\$21.01	\$34.56	\$39.76	\$55.97



Vision insurance



DriveTime offers two vision insurance plan options through DeltaVision.

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a network provider at eyemed.com.

The table below summarizes the key features of the vision plans. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Standard Vision Plan	Premier Vision Plan	Out of Network
Eye Exam	\$15 copay (Every 12 months)	\$15 copay (Every 12 months)	Up to \$45
Single Corrective Lenses	\$15 copay (Every 12 months)	\$15 copay (Every 12 months)	Up to \$100
Frames	\$150 allowance + 20% off balance (Every 24 months)	\$200 allowance + 20% off balance (Every 12 months)	Up to \$70
	OR	AND	
Contact Lenses	\$150 allowance (Every 12 months)	\$150 allowance (Every 12 months)	Up to \$105
Laser Vision Correction	15% off retail or 5% off promo	15% off retail or 5% off promo	N/A

MOBILE APP



You have access to tools and resources that make accessing and using your vision benefit easy—no matter where you are. **Download the EyeMed Member App from the App Store® or Google Play® today!**

- Find nearby network providers
- On-the-fly appointment scheduling
- Direct line to EyeMed support
- Eye exam and contact lens reminders
- Electronic ID card for office visits
- Access benefits plan details

App Store is a registered trademark of Apple, Inc. Google Play is a registered trademark of Google LLC.

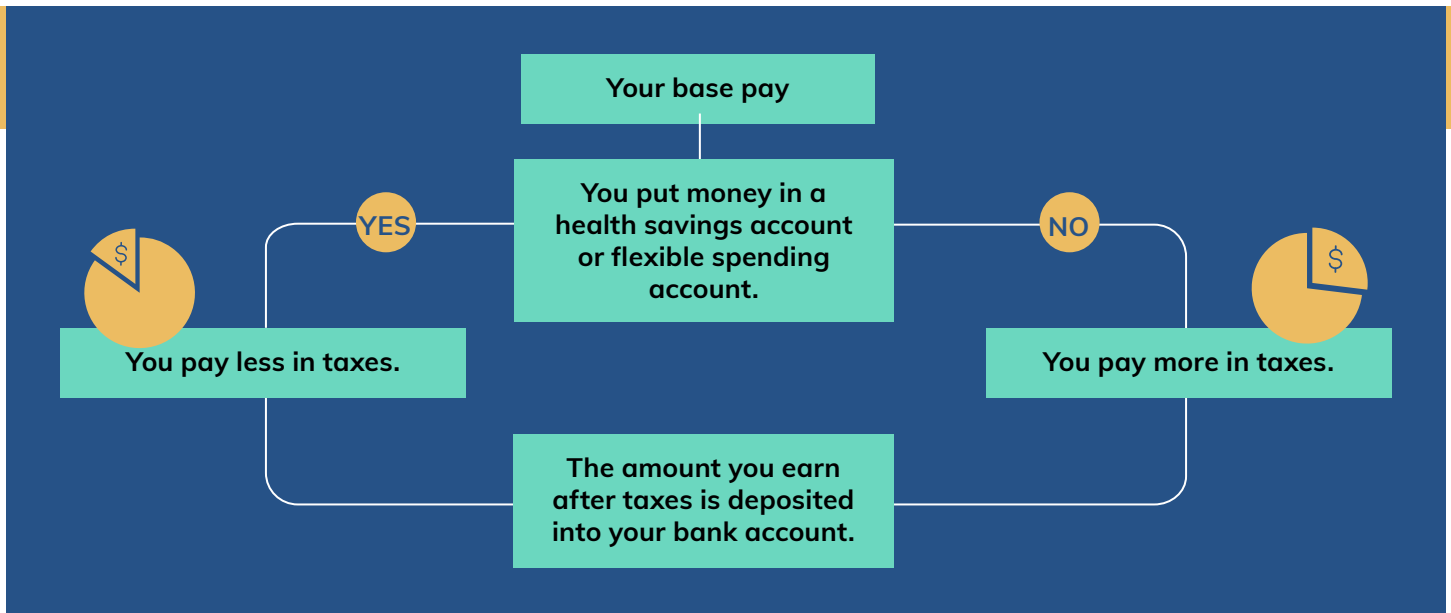
VISION COSTS

Listed below are the per pay period costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis. The costs for full-time and part-time employees are the same.

Coverage Level	Standard Vision Plan	Premier Vision Plan
Employee Only	\$3.60	\$6.02
Employee + Spouse	\$7.01	\$11.74
Employee + Child(ren)	\$7.54	\$17.44
Employee + Family	\$8.01	\$18.53



Budgeting for your care



You can save about 12%* on your care by putting money in a health savings account or flexible spending account. That is because you don't pay taxes on your contributions.

COMPARE YOUR OPTIONS

	Health Savings Account (HSA) More Information on Page 19	Health Care Flexible Spending Account (FSA) More Information on Page 20	Dependent Care Flexible Spending Account (FSA) More Information on Page 20
Eligible medical plans	HDHP	PPO and Surest Defined Copay Plan	All plans
Eligible expenses	Medical, dental, and vision	Medical, dental, and vision	Child and elder care
DriveTime contribution available in full within your first week of benefits coverage	DriveTime will match your contribution dollar-for-dollar up to \$400 for an individual and \$700 for family.	N/A	N/A
Your full election is available within your first week of benefits coverage	Your annual contribution is funded per pay period. You can deposit additional amounts separately.	Yes	Yes
You can change your election throughout the year	Yes	No, the only exception is if you experience a qualifying life event (see page 4).	No, the only exception is if you experience a qualifying life event (see page 4).
Funds roll over from one year to the next	Yes	Up to \$610	No
You can invest your funds	Yes	No	No













*Percentage varies based on your tax bracket.



Budgeting for your care

Decide which account is right for you.

The table below summarizes the key features of an HSA versus an FSA.

HSA	FSA
 HEALTH PLAN ELIGIBILITY Must be enrolled in the HDHP	 HEALTH PLAN ELIGIBILITY Must be enrolled in the PPO or Surest Defined Copay Plan
 CONTROL Owned by the employee	 CONTROL Owned by the employer
 FUNDING Employer and/or employee funded	 FUNDING Employee funded only (no employer funding)
 2024 CONTRIBUTION LIMITS \$4,150 single; \$8,300 family \$1,000 more if age 55+	 2024 CONTRIBUTION LIMITS Health Care FSA: \$3,050; Dependent Care FSA: \$5,000 Note: Limits are subject to change for 2024
 ROLLOVER AVAILABLE Yes, unlimited	 ROLLOVER AVAILABLE Up to \$610 (which must be used by 12/31/2025)
 CAN PARTICIPANTS INVEST FUNDS? Yes, when balance is at least \$1,000	 CAN PARTICIPANTS INVEST FUNDS? No

If you enroll in the HDHP, you are eligible to fund a health savings account (HSA) through our partner bank, WEX.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

DRIVETIME CONTRIBUTION

DriveTime will match your contributions dollar-for-dollar up to the following amounts:

- **Employee-only:** \$400
- **All other levels:** \$700

Note: You must re-elect your HSA contribution during open enrollment each year.

2024 IRS HSA CONTRIBUTION MAXIMUMS

Contributions cannot exceed the IRS allowed annual maximums.

- **Individuals:** \$4,150
- **All other levels:** \$8,300

If you are age 55+ by December 31, 2024, you may contribute an additional \$1,000.

HSA ELIGIBILITY

You are eligible to fund an HSA if you are enrolled in the HDHP. Refer to wexinc.com/discovery-benefits for eligibility information.

PARTICIPANT SERVICES

Questions about your HSA? Contact WEX's participant services department at customerservice@wexhealth.com.

MAXIMIZE YOUR TAX SAVINGS WITH AN HSA



USE

Use your HSA dollars today to pay for eligible health care expenses such as: deductibles, doctor's office visits, dental expenses, eye exams, and prescriptions.



SAVE

Use your HSA to prepare for the unexpected. An HSA allows you to save and roll over money from year to year. The money in the account is always yours, even if you change health plans or jobs.



INVEST

The money in your HSA can be invested and grows tax-free—including interest and investment earnings. After you reach age 65, your HSA dollars can be spent without penalty on any expense.

Flexible Spending Accounts (FSA)

DriveTime offers two flexible spending account (FSA) options, which are administered by WEX.

Log into your account at wexinc.com to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more. Questions about your FSA? Contact WEX's participant services department at customerservice@wexhealth.com.



You must re-elect your FSA contributions during open enrollment each year.



HEALTH CARE FSA (FOR PPO OR SUREST DEFINED COPAY PLAN MEMBERS)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars.

You may contribute up to \$3,050 or up to the IRS allowed annual maximum for 2024.



DEPENDENT CARE FSA (FOR ALL ELIGIBLE EMPLOYEES)

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself.

You may contribute up to \$5,000 or up to the IRS allowed annual maximum for 2024 if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 or up to the IRS allowed annual maximum for 2024.



When you fund a dependent care FSA to the maximum amount (\$5,000), you may save \$600 per year on average.* That is because you don't pay taxes on your FSA contributions.

*Amount varies based on your tax bracket.

FSA QUICK TIPS

- Keep all receipts in case WEX requires you to verify the eligibility of a purchase
- For the health care FSA, at the end of the plan year, you can roll over \$610 from your health care FSA to use in future years. Any amount in excess of \$610 will be forfeited
- Dependent care FSA dollars are use it or lose it (no rollover allowed)
- You cannot take income tax deductions for expenses you pay with your FSA(s)
- You cannot stop or change your FSA contribution(s) during the plan year unless you experience a qualifying life event



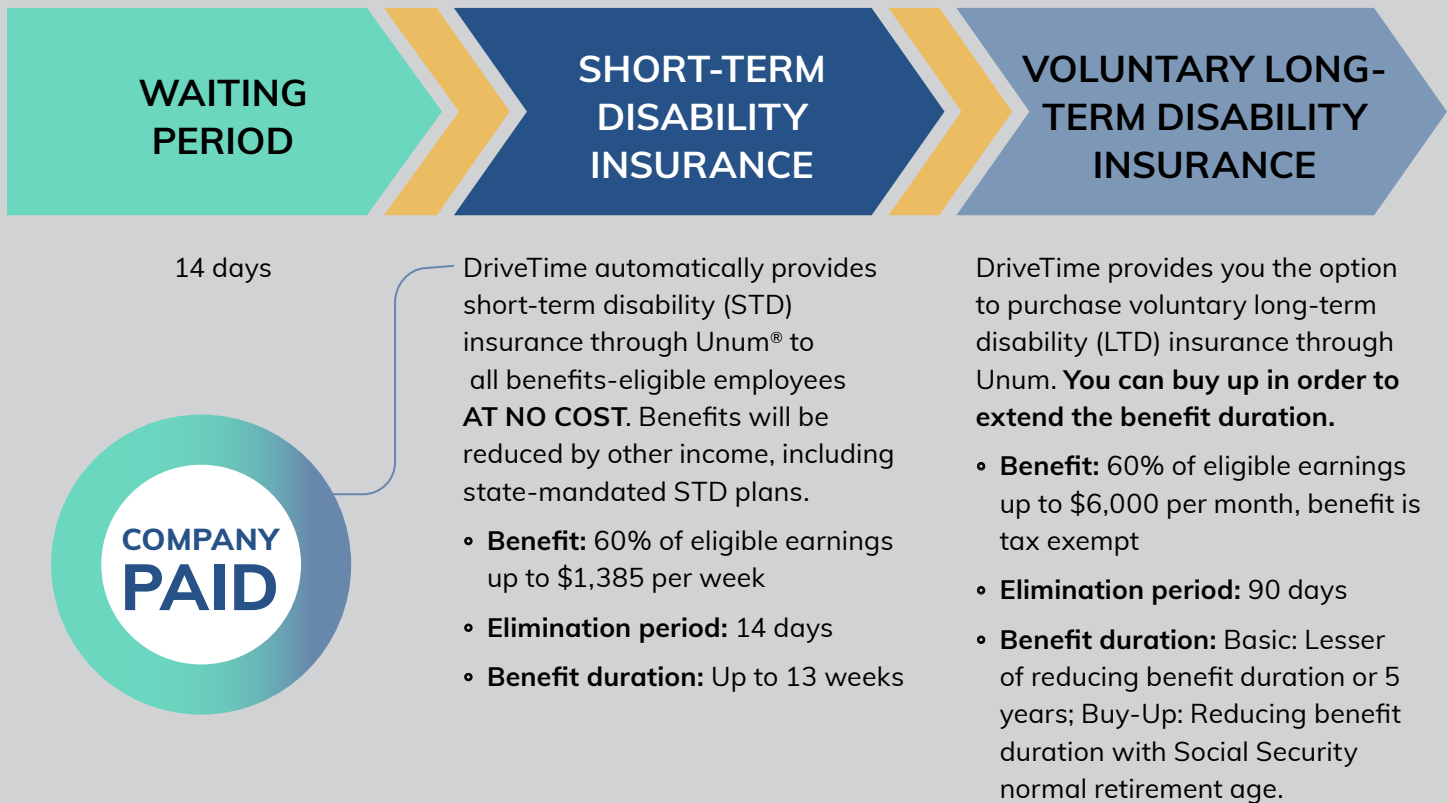


Disability insurance



DriveTime offers disability insurance through Unum.

Disability insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.



Note: Your eligible earnings combines your current year annualized base salary + your prior year bonuses and commissions up to \$120,000.

VOLUNTARY LONG-TERM DISABILITY COSTS

Listed below are the monthly and per pay period costs for voluntary LTD insurance. The rates are deducted from your paycheck on a post-tax basis.

	Base LTD Plan		Buy-Up LTD Plan	
	Monthly	Per Pay Period	Monthly	Per Pay Period
Rate Per \$100 of Covered Payroll	\$0.390	\$0.180	\$0.600	\$0.280



ELECT COVERAGE NOW! If you do not enroll in voluntary LTD insurance when first eligible or want to switch from the base plan to the buy-up plan, you will need to complete an Evidence of Insurability form and submit to Unum for approval.



Life and AD&D insurance



DriveTime provides basic life and AD&D insurance through Unum to all benefits-eligible employees at no cost. You have the option to purchase supplemental life and AD&D insurance.



BASIC LIFE AND AD&D INSURANCE

DriveTime automatically provides basic life and AD&D insurance through Unum to all benefits-eligible employees **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. **Please be sure to keep your beneficiary designations up to date.**

- **Employee life benefit:** 1x base salary up to \$50,000
- **Employee AD&D benefit:** 1x base salary up to \$50,000



Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental coverage.

Click here* to learn more about the importance of life and AD&D insurance.

*http://unum.mkt2189.com/vimeo/Life_dotcom_EN-1792.html



SUPPLEMENTAL LIFE AND AD&D INSURANCE

DriveTime provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through Unum.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded.

- **Employee:** \$10,000 increments up to \$500,000 or 5x base salary, whichever is less; guarantee issue: \$300,000
- **Spouse:** \$5,000 increments up to \$100,000 or 50% of the employee's election, whichever is less; guarantee issue: \$30,000
- **Dependent child(ren):** 15 days to 6 months: \$1,000; 6 months to age 26: \$10,000; guarantee issue: \$10,000

The supplemental life and AD&D plan is portable, meaning you can take the coverage with you if you change jobs.



ELECT COVERAGE NOW! If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Unum.



Accident insurance



DriveTime provides you the option to purchase accident insurance through UnitedHealthcare.

Accident insurance helps protect against the financial burden that accident-related costs can create. This means that you will have added financial resources to help with expenses incurred due to an injury, to help with ongoing living expenses, or to help with any purpose you choose.

This plan will provide an annual benefit of \$50 when you complete an eligible health screening such as a stress test, glucose test, breast ultrasound, pap smear, etc. Please see your official plan documents for a full list of wellness exams.



Unlike accidental death and dismemberment (AD&D) insurance, accident insurance covers both short- and long-term injuries. Claims payments are made in flat amounts based on services incurred during an accident.

ACCIDENT COSTS

Listed below are the per pay period costs for accident insurance. The rates are deducted on a post-tax basis.

Coverage Level	Accident Plan
Employee Only	\$3.66
Employee + Spouse	\$5.72
Employee + Child(ren)	\$6.82
Employee + Family	\$10.50

ACCIDENT INSURANCE INCLUDES BENEFITS FOR:

- **Injuries:** Fractures, dislocations, concussions, lacerations, eye injuries, torn knee cartilage, ruptured discs, second and third degree burns
- **Medical services and treatments:** Ambulance, emergency care, therapy services, medical testing (including x-rays, MRIs, CT scans), medical appliances, and certain types of surgeries
- **Hospitalization:** Hospital admission, confinement, and inpatient rehab after an accident
- **Additional benefits:** Accidental death, dismemberment, loss and paralysis

For complete plan details, refer to the official plan documents.





Hospital indemnity insurance



DriveTime provides you the option to purchase hospital indemnity insurance through UnitedHealthcare.

Hospital indemnity insurance can complement your medical coverage by helping to ease the financial impact of a hospitalization. It provides a lump-sum payment that can be used for hospital admission, accident-related inpatient rehabilitation, hospital stays, or any other covered expenses that you incur.

This plan will provide an annual benefit of \$50 when you complete an eligible health screening such as a stress test, glucose test, breast ultrasound, pap smear, etc. Please see your official plan documents for a full list of wellness exams.

HOSPITAL INDEMNITY COSTS

Listed below are the per pay period costs for hospital indemnity insurance. The rates are deducted from your paycheck on a post-tax basis.

Coverage Level	Hospital Indemnity Plan
Employee Only	\$5.46
Employee + Spouse	\$13.28
Employee + Child(ren)	\$8.80
Employee + Family	\$16.82



Critical illness insurance

DriveTime provides you the option to purchase critical illness insurance through UnitedHealthcare.

While the DriveTime medical plans provide coverage for hospital and medical expenses, they don't cover costs like daily living expenses, child care, or copays. A critical illness insurance policy can help you with these and other unexpected expenses.

Critical illness insurance provides a financial, lump-sum benefit upon diagnosis of a covered illness. These covered illnesses are typically very severe and likely to render the affected person incapable of working.

- **Employee:** \$5,000 increments up to \$30,000; guarantee issue: \$30,000
- **Spouse and dependent child(ren):** Up to 50% of employee election

This plan will provide an annual benefit of \$50 when you complete an eligible health screening such as a stress test, glucose test, breast ultrasound, pap smear, etc. Please see your official plan documents for a full list of wellness exams.

UnitedHealthcare Hospital Indemnity, Accident Protection and Critical Illness product is provided by UnitedHealthcare Insurance Company. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

This policy does not meet the definition of minimum essential coverage and therefore should not be used as a substitute for major health insurance.



401(k) plan

DriveTime offers a safe harbor 401(k) retirement savings plan, which is administered by Fidelity Investments.



DRIVETIME MATCHES!

After 90 days of employment, DriveTime will match 100% of the first 3% and 50% up to 5%.



UPDATE ANYTIME

You may increase, decrease, or stop your contributions anytime through Fidelity's website: 401k.com.



IT'S YOUR INVESTMENT

You have complete ownership of your contribution and earnings. If you leave DriveTime, it all goes with you.



VESTING

All safe harbor matching contributions are 100% vested immediately.



Enrollment is now easier than ever! In just 60 seconds, enroll in your 401(k) using one of three simple methods: Go to 401k.com/Easy, text "ENROLL" to 343-898, or download the NetBenefits mobile app.

DON'T FORGET TO KEEP YOUR BENEFICIARIES UP TO DATE!

Designate your beneficiaries so that your intentions are made clear for your loved ones.

You can set up beneficiaries as part of your enrollment by visiting 401k.com or downloading the NetBenefits mobile app at any time.



401(k) plan

HELP IS HERE

Did you know that as a participant in a Fidelity workplace retirement savings plan, you have access to free financial help? From workshops to online tools to Fidelity's registered phone representatives, you have resources at your fingertips that can help you put a plan in place—for whatever financial goals you may have.

Watch this quick three-minute video to see all the help you can take advantage of and take your next steps towards financial wellness today!

FIVE STEPS TO JUMP-START YOUR FINANCIAL WELLNESS

Want to get a handle on your finances, but aren't sure how to start? Here's an easy path to improvement:

Download this checklist for steps you can take to get moving along your path to financial wellness. Sometimes one small step is all it takes.

To learn about all the ways Fidelity is helping employees like you get the financial help they need, **watch this three-minute video**.

GET HELP WITH YOUR MONEY GOALS

Your financial wellness is an important part of your overall wellbeing. It helps you navigate through all of life's moments with more confidence—tackling your short-term financial goals while showing some love to those long-term ones, too.

Fidelity's **financial wellness checklist** can help you understand what's going well and what else you can do to work toward your money goals. Take a few minutes to answer some questions (think: saving and spending, debt management, and more). From there, you'll get a look into how you're doing and find tips that can help you move forward.



NetBenefits.com/financialwellness

Keep in mind that investing involves risk. The value of your investment will fluctuate over time, and you may gain or lose money.

Fidelity Brokerage Services LLC, Member NYSE, **SIPC**, 900 Salem Street, Smithfield, RI 02917

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Paid time off

DriveTime recognizes that employees need time away from work to relax, recover, or re-energize without the added stress of unpaid leave.

As such, we provide a competitive PTO program, designed with your wellbeing in mind. PTO can be used for vacation, illness, injury, and/or personal business. You will begin to accrue PTO upon your date of hire. PTO may be taken as soon as it is accrued, subject to approval of your supervisor.

When taking time off, you must use available PTO time before taking time off without pay. The PTO accrual rate for an employee is based on the length of employment, with the rates being adjusted on the anniversary of the employee's date of hire.

All employees are eligible to roll over up to 80 hours of PTO to the next year. That means the remaining balances at the end of 2024 (up to 80 hours) will be available for use at the beginning of 2024.

FULL-TIME PTO ACCRUAL

Length of Service	Classification	Paid Hours Accrued Per Year
Less Than One Year	Hourly/Retail Sales	120 hours
Less Than One Year	Salaried	128 hours
Between One and Three Years	All employees	136 hours
Between Three and Five Years	All employees	160 hours
Five or More Years	All employees	192 hours

PART-TIME PTO ACCRUAL

Part-time employees are eligible to earn PTO based on the number of hours they work.

Length of Service	Classification	Paid Hours Accrued Per Year
Less Than One Year	Hourly	53 hours
Less Than One Year	Salaried	77 hours
Between One and Three Years	Hourly	82 hours
Between Three and Five Years	Hourly	96 hours
Five or More Years	Hourly	115 hours

Please refer to policy number 4.03 in your Employee Handbook for more information.



Paid time off

CALIFORNIA EMPLOYEES PTO ACCRUAL

Length of Service	Classification	Sick Hours	Paid Hours Accrued Per Year*
Less Than One Year	Hourly	1 hour earned for every 30 hours worked; capped at 48 hours (72 hours for employees in the City of Los Angeles)	44 hours
Less Than One Year	Salaried		84 hours
Between One and Three Years	All employees		92 hours
Between Three and Five Years	All employees		116 hours
Five or More Years	All employees		148 hours

*Vacation balances cap at annual accrual amount.



Leave of absence program

DriveTime provides a comprehensive leave of absence program.

There are three different types of Family Medical Leave (FMLA): continuous, intermittent, and military. Generally, FMLA is 12 weeks or 480 hours of job protection with no pay.* If you have short-term disability (STD), it may cover 60% of pay after 14 days of your leave of absence.

*FMLA, PLOA, and Military Leaves are unpaid. Employees will be required to use up to 40 hours of accrued PTO if available, which will run concurrent with their leave time. Employees may not borrow PTO when on a leave.

ARE YOU ELIGIBLE FOR LEAVE?

Types of Leave	Eligibility	Definition	Example
Continuous FMLA	Employed for at least 12 months or 1,250 hours	Employee may take up to 12 weeks per rolling 12 months.	Birth of a child
Intermittent FMLA	Employed for at least 12 months or 1,250 hours	Employee may take up to 480 hours of unpaid FMLA in separate blocks of time for a single qualifying reason.	Family emergency
Company Medical Leave of Absence	Employed full-time or part-time and have not completed at least one year (12 months) of employment with the company	Can take up to 6 weeks of leave continuously from regional leadership level in partnership with the Benefits Department.	Medical
Americans with Disabilities Act (ADA)	All employees are eligible as of date of hire	Substantially limits normal life functions (walking, talking).	Physical therapy
Military Leave	All employees are eligible as of date of hire	Employees may take leave for the duration of military training. Spouses and family of service members are eligible for leave under FMLA as well.	Military training



Bonding and recovery leave

DriveTime knows how important it is for parents to bond with their new baby.

For this reason, we offer the following paid leave to employees with at least one year of employment as of the date that their leave begins.

MATERNITY LEAVE

Payor	Less Than One Year of Service	Between One and Three Years of Service	Three or More Years of Service
Unum Short-Term Disability (STD) Insurance	60% of eligible earnings as approved by the STD plan	60% of eligible earnings as approved by the STD plan	60% of eligible earnings as approved by the STD plan
DriveTime	N/A	40% of eligible earnings while you are receiving STD benefits	40% of eligible earnings while you are receiving STD benefits
		DriveTime will pay 100% of eligible earnings from end of STD to 8 weeks after delivery	DriveTime will pay 100% of eligible earnings from end of STD to 12 weeks after delivery

Note: You can add your newborn onto your insurance plan(s) within 31 days of the newborn's date of birth. Refer to page 4 for details.

MATERNITY LEAVE EXAMPLE

- Juanita **delivers her baby on January 7, 2024.**
- Juanita has **four years of service** with DriveTime on the day she delivers her baby.
- Her annual base rate of pay is **\$40,000 on January 7. In 2024 she earned \$500 in bonus.**
- **STD is approved for six weeks** beginning on January 7.
- Her eligible earnings are \$778.85 ($\$40,000 + \$500 = \$40,500 / 52 \text{ weeks} = \778.85).

First two weeks: January 7–January 21 is the 14-day waiting period for benefits to begin. Juanita can use her PTO during these two weeks to be paid.

Next four weeks: January 22–February 18, Juanita is paid \$467.31 ($\$778.85 \times 60\%$) weekly for the next four weeks by Unum and \$311.54 (the balance of the \$778.85 - \$467.31) weekly for the next four weeks by DriveTime

Next six weeks: February 25–March 31, Juanita will be paid \$778.31 by DriveTime

Total leave: **12 weeks**

Total paid: Unum: \$1,869.24
DriveTime: \$5,916.02

BONDING LEAVE

Employees will receive two weeks at 100% pay. In order to qualify, the birth event must take place after you have hit the one-year tenure service requirement and is subject but not limited to FMLA eligibility rules and entitlement.



Employee assistance program



Employee assistance program (EAP) services are provided at no cost through GuidanceResources®.

COMPANY
PAID



CONFIDENTIAL EMOTIONAL SUPPORT

Access to five face-to-face visits with highly-trained clinicians who can help you or your family members with:

- Anxiety, depression, and stress
- Grief, loss, and life adjustments
- Relationship/marital conflicts



WORK-LIFE SOLUTIONS

Specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



LEGAL GUIDANCE

Talk to attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts, and more

Get a free 30-minute consultation and a 25% reduction in fees.



FINANCIAL RESOURCES

Financial experts can assist with a wide range of issues like:

- Retirement planning and taxes
- Relocation, mortgages, and insurance
- Budgeting, debt, bankruptcy, and more



ONLINE SUPPORT

GuidanceResources Online is your 24/7 link to vital information, tools, and support. Log in for:

- Articles, podcasts, videos, and slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

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Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant, who will answer your questions and, if needed, refer you to a counselor or other resources.

Log in today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos, and other helpful tools.

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: DTEAP



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Prosperity



Work Life &
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Relationships



Coping with
Illness



Identity, Belonging
& Community



Military Service
& Veterans



Disability &
Living Fully

2. Browse profiles and select a Guide who matches your life experience, background, and personality.

3. Schedule your Guide session—connect by video, text, chat, or phone.



Visit app.lifeguides.com/drivetime to get started.

Questions? Contact Our Concierge by calling 877-532-3472 (Available Monday–Friday 9 a.m.–9 p.m. ET, Saturday 9 a.m.–1 p.m. ET, and Sunday 1 p.m.–6 p.m. ET.)

Work perks



EMPLOYEE DISCOUNTS

As a DriveTime employee, you have access to discounts from the following companies:

- **Tickets at Work:** Visit ticketsatwork.com (discount code: drive) to access discounted Apple® products and tickets for movies, concerts, cruise lines, amusement parks, etc.
- **Advance Auto Parts and Carquest:** Exclusive discount for employees. Present the following information at time of checkout: AIS TEAMMATES ACCOUNT, EXPLORIS Acct: DT2000, APEX Acct: 1870822138, PO Required: Your Employee ID #.
- **Take 5:** Get a 25% discount on your oil change. Enter company name: F&F SilverRock and account number: 11010.
- **Simple Tire:** Buy tires at an additional 7% discount. Visit simpletire.com/partner-program?uid=1BzkhHugodU6zmtY7vQYa9.
- **AT&T**
- **Verizon**
- **Staples®**
- **Bright Horizons®:** Discounts on child care tuition at full-service centers for children 6 weeks to 12 years old.

Identity protection

DriveTime provides you the option to purchase identity protection through LifeLock™.

LifeLock helps to proactively safeguard your personal information and alerts you of potential threats. The cost for coverage is \$9.99 per month for employee-only coverage or \$18.98 per month for family coverage. Learn more by calling 800-607-9174.

Pet insurance

DriveTime provides you the option to purchase pet insurance through Figo.

Figo offers customizable plans that can cover your pet's unexpected accidents and illnesses. If your pet becomes sick or injured, seek treatment from any licensed veterinarian in the US, Puerto Rico, or Canada. **Figo members also have access to 24/7 virtual vet visits.**

For more information and a complete list of coverages, visit figopetinsurance.com.

Tuition reimbursement

DriveTime encourages you to improve your performance and professional development.

All regular full- and part-time employees who have completed 90 days of continuous service are eligible for assistance with tuition costs. The maximum reimbursement of tuition and registration fees will be up to \$5,250 per calendar year for a full-time employee and \$3,150 for a part-time employee.

- A or B grades are 100% reimbursement regardless of university or community college.
- C grades are 80% reimbursement.

Complete these three steps to apply for education assistance:

1. Take the Tuition Reimbursement Program Overview course in Workday Learning.
2. Submit your application 30 days prior to the start of the program through Workday.
3. Email your Tuition Reimbursement Paperwork no more than 30 days after the completion of the course to RM-TuitionReimbursement@drivetime.com.

Your completed paperwork should include the following documents:

- Itemized tuition statement and receipts—must indicate tuition costs and fees.
- Unofficial/official transcript of grades or completion certificate.
- Award List or Award Letter, if you receive scholarships/grants.

Please note, you must be in good academic standing at the time of your request to be eligible for tuition reimbursement.

Note: Education partners are subject to change. Any DriveTime employee is eligible for the above discounts, even on unapproved courses. However, any unapproved courses will not be reimbursed by DriveTime.

DriveTime

HEALTH PLAN NOTICES

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2. HIPAA Comprehensive Notice of Privacy Policy and Procedures
3. Notice of Special Enrollment Rights
4. Notice of Right to Designate Primary Care Provider and of No Obligation for Pre-Authorization for OB/GYN Care
5. Women's Health and Cancer Rights Notice
6. Michelle's Law Notice
 - This notice is still required when a health plan permits dependent eligibility beyond age 26, but conditions such as eligibility on student status. Further, the notice is still necessary if the plan permits coverage for non-child dependents (e.g., grandchildren) that is contingent on student status. The notice must go out whenever certification of student status is requested.
7. ADA Wellness Program Notice
8. Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

IMPORTANT NOTICE

This packet of notices related to our health care plan includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice From DriveTime About Your Prescription Drug Coverage and Medicare."

Notices

MEDICARE PART D CREDITABLE COVERAGE NOTICE **IMPORTANT NOTICE FROM DRIVETIME ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with DriveTime and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. DriveTime has determined that the prescription drug coverage offered by the DriveTime Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

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Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are “special enrollment periods” that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes “creditable” prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. See the DriveTime Plan’s summary plan description for a summary of the Plan’s prescription drug coverage. If you don’t have a copy, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage With Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the DriveTime Plan due to your employment (or someone else’s employment, such as a spouse or parent), your coverage under the DriveTime Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your DriveTime prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan’s eligibility and enrollment rules. You should review the Plan’s summary plan description to determine if and when you are allowed to add coverage.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information, or call 866-469-3847. **NOTE:** You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through DriveTime changes. You also may request a copy.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2024
Name of Entity/Sender: DriveTime Benefits Team
Address: 1720 E Rio Salado Pkwy
Tempe, AZ 85281
Phone Number: 866-469-3847

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

Notices

HIPAA COMPREHENSIVE NOTICE OF PRIVACY POLICY & PROCEDURES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is provided to you on behalf of the **DriveTime Welfare Benefit Plan** (This notice pertains only to healthcare coverage provided under the plan.)

The Plan's Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Plan is required to extend certain protections to your PHI, and to give you this notice about its privacy practices that explains how, when, and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this notice, though it reserves the right to change those practices and the terms of this notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan's Privacy Official, described below), and will be posted on any website maintained by DriveTime that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI and your rights with respect to the PHI they maintain.

How the Plan May Use and Disclose Your Protected Health Information

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan's uses and disclosures of your PHI.

- **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**
 - **Treatment:** Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists, and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it's important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.
 - **Payment:** Of course, the Plan's most important function, as far as you are concerned, is that it *pays for* all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals, and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans in certain cases. For example, if you are covered by more than one health care plan (e.g., covered by this Plan and your spouse's plan or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.
 - **Health care Operations:** The Plan may use and disclose your PHI in the course of its "health care operations." For example, it may use your PHI in evaluating the quality of services you received or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverages. However, the Plan will not disclose, for underwriting purposes, PHI that is genetic information.

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- **Other Uses and Disclosures of Your PHI Not Requiring Authorization.** The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:
 - **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as DriveTime) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage, and other disputes related to the Plan's provision of benefits.
 - **To the Plan's Service Providers:** The Plan may disclose PHI to its service providers ("business associates") who perform claim payment and plan management services. The Plan requires a written contract that obligates the business associate to safeguard and limit the use of PHI.
 - **Required by Law:** The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities that monitor compliance with these privacy requirements.
 - **For Public Health Activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.
 - **For Health Oversight Activities:** The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
 - **Relating to Decedents:** The Plan may disclose PHI relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
 - **For Research Purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.
 - **To Avert Threat to Health or Safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
 - **For Specific Government Functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment, and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. For example, uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI would require your authorization. Your authorization can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.
- **Uses and Disclosures Requiring You to Have an Opportunity to Object:** The Plan may share PHI with your family, friend, or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

- **To Request Restrictions on Uses and Disclosures:** You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction.

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To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.

- **To Choose How the Plan Contacts You:** You have the right to ask that the Plan send you information at an alternative address or by an alternative means. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.
- **To Inspect and Copy Your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.
- **To Request Amendment of Your PHI:** If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors you may request in writing that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.
- **To Find Out What Disclosures Have Been Made:** You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

How to Complain About the Plan's Privacy Practices

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

Notification of a Privacy Breach

Any individual whose unsecured PHI has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner will receive written notification from the Plan within 60 days of the discovery of the breach.

If the breach involves 500 or more residents of a state, the Plan will notify prominent media outlets in the state. The Plan will maintain a log of security breaches and will report this information to HHS on an annual basis. Immediate reporting from the Plan to HHS is required if a security breach involves 500 or more people.

Contact Person for Information, or to Submit a Complaint

If you have questions about this notice please contact the Plan's Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan's privacy practices, handling of your PHI, *or breach notification process*, please contact the Privacy Official or an authorized Deputy Privacy Official.

Notices

Privacy Official

The Plan's Privacy Official, the person responsible for ensuring compliance with this notice, is the DriveTime Benefits Team: 866-469-3847

Effective Date

The effective date of this notice is: January 1, 2024.

Notices

NOTICE OF SPECIAL ENROLLMENT RIGHTS

DRIVETIME EMPLOYEE HEALTH CARE PLAN

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within *31 days* after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within *60 days* of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within *60 days* after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within *31 days* after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the DriveTime Benefits Team at 866-469-3847.

** This notice is relevant for healthcare coverages subject to the HIPAA portability rules.*

NOTICE OF RIGHT TO DESIGNATE PRIMARY CARE PROVIDER AND OF NO OBLIGATION FOR PRE-AUTHORIZATION FOR OB/GYN CARE

DriveTime Employee Health Care Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator at 866-469-3847.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from DriveTime Employee Health Care Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the DriveTime Employee Health Care Plan at 866-469-3847.

Notices

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

DriveTime Employee Health Care Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

The DriveTime Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

PPO	In-Network	Out-of-Network
Individual Deductible	\$1,500	\$3,000
Family Deductible	\$3,000	\$6,000
Coinsurance	80%	60%
High-Deductible Health Plan	In-Network	Out-of-Network
Individual Deductible	\$3,500	\$5,600
Family Deductible	\$7,000	\$11,200
Coinsurance	80%	60%

Surest No Deductible Copay Plan	In-Network	Out-of-Network
Individual Deductible	\$0	\$0
Family Deductible	\$0	\$0
Coinsurance	Not applicable	Not applicable

If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator at 866-469-3847.

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MICHELLE’S LAW NOTICE

Michelle’s Law is a federal law that requires certain group health plans to continue eligibility for adult dependent children who are students attending a post-secondary school, where the children would otherwise cease to be considered eligible students due to a medically necessary leave of absence from school. In such a case, the plan must continue to treat the child as eligible up to the earlier of:

- The date that is one year following the date the medically necessary leave of absence began; or
- The date coverage would otherwise terminate under the plan.

For the protections of Michelle’s Law to apply, the child must:

- Be a dependent child, under the terms of the plan, of a participant or beneficiary; and
- Have been enrolled in the plan, and as a student at a post-secondary educational institution, immediately preceding the first day of the medically necessary leave of absence.

“Medically necessary leave of absence” means any change in enrollment at the post-secondary school that begins while the child is suffering from a serious illness or injury, is medically necessary, and causes the child to lose student status for purposes of coverage under the plan.

If you believe your child is eligible for this continued eligibility, you must provide to the plan a written certification by his or her treating physician that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

If you have any questions regarding the information contained in this notice or your child’s right to Michelle’s Law’s continued coverage, you should contact Meagan Roberts, Director, Total Rewards, 602-852-6600.

Notices

NOTICE FOR EMPLOYER-SPONSORED WELLNESS PROGRAMS

DriveTime Wellness Program is a voluntary wellness program available to Employees and Spouses. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act, as applicable, among others.

Details about the wellness program, including criteria and incentives, can be found in the Wellness Program Flyers and Benefits Guide. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the DriveTime Benefits Team at 866-469-3847.

The information from the Biometric Screening and the Health Risk Assessment will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as earning points towards your wellness goal to reduce premium. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and DriveTime may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a doctor in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the DriveTime Benefits Team at 866-469-3847.

Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

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<p>GEORGIA – Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

Notices

<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p>OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p>PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>
<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p>TEXAS – Medicaid</p> <p>Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493</p>	<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p>VERMONT– Medicaid</p> <p>Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p>WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>

Notices

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Notices

SUMMARY ANNUAL REPORT

For DRIVETIME WELFARE BENEFIT PLAN

This is a summary of the annual report of the DRIVETIME WELFARE BENEFIT PLAN, EIN 86-0721358, Plan No. 501, for period 01/01/2022 through 12/31/2022. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

DRIVETIME AUTOMOTIVE has committed itself to pay certain self-insured Medical claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with UNITEDHEALTHCARE INSURANCE COMPANY, COMPSYCH, UNUM LIFE INSURANCE COMPANY OF AMERICA, and DELTA DENTAL OF ARIZONA to pay Dental, Vision, Life Insurance, Short-term Disability, Long-term Disability, Accidental Death and Dismemberment, Employee Assistance Program, Critical Illness, Hospital, and Accident claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2022 were \$5,188,097.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2022, the premiums paid under such "experience-rated" contracts were \$2,510,981 and the total of all benefit claims paid under these contracts during the plan year was \$1,920,423.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of DRIVETIME AUTOMOTIVE at 1720 WEST RIO SALADO PARKWAY, TEMPE, AZ, 85281 or by telephone at 602-852-6600.

You also have the legally protected right to examine the annual report at the main office of the plan (DRIVETIME AUTOMOTIVE, 1720 WEST RIO SALADO PARKWAY, TEMPE, AZ, 85281) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Notices

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 07/31/2023)

Your Benefits Contact Information

Visit Workday or call 866-469-3847 to enroll, view your benefits, or submit questions.

Provider/Plan	Contact Number	Website
Medical—UnitedHealthcare Surest	844-298-8934 866-683-6440	myuhc.com join.surest.com/DriveTime (access code: DriveTime2024)
Telemedicine—Teladoc	800-835-2362	teladoc.com
SurgeryPlus	855-810-4946	drivetime.surgeryplus.com (access code: DriveTime)
Dental—Delta Dental	800-352-6132	deltadental.com
Vision—DeltaVision	866-800-5457	eyemed.com
Health Savings Account—WEX	866-451-3399	wexinc.com
Flexible Spending Accounts—WEX	866-451-3399	wexinc.com
Life and Disability Insurance—Unum	Contact Center: 866-679-3054 File a Claim: 800-858-6843	Contact Center: unum.com/employees/contact-us File a Claim: unum.com/employees/file-a-claim
Accident, Critical Illness, and Hospital Indemnity Insurance—UnitedHealthcare	Benefit Questions: 800-444-5854 Claims: 888-299-2070	Benefit Questions: uhc.com/employer/health-plans/supplemental Claims: myuhcfp.com
401(k) Retirement Savings Plan—Fidelity	800-890-4015	401k.com
Employee Assistance Program—GuidanceResources	855-399-2524	guidanceresources.com (web ID: DTEAP)

This summary of benefits is not intended to be a complete description of the terms of DriveTime insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although DriveTime maintains its benefit plans on an ongoing basis, DriveTime reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

The AbleTo mobile application should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The Self Care information contained in the AbleTo mobile application is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used on its own as a substitute for care from a provider. AbleTo Self Care is available to members ages 13+ at no additional cost as part of your benefit plan. Self Care is not available for all groups in District of Columbia, Maryland, New York, Pennsylvania, Virginia, or West Virginia and is subject to change. Refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Participation in the program is voluntary and subject to the terms of use contained in the mobile application.

Real Appeal is a voluntary weight management program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.