

A background image showing several hands stacked on top of each other in a huddle, symbolizing teamwork. A decorative wavy line in shades of purple and pink separates the top white section from the lower image.

2025 Employee Benefits Guide Acura



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Welcome to your 2025 Benefits Guide

Use this guide to learn what is available and how to enroll in your benefits. Whether you are new to Dosanjh Family Automotive Group, Inc. (Welcome!) or an existing employee (Thank you for your service!), in this guide and on the benefits website, you will find a wide spectrum of plans and benefits for you and your family.

Take time to review, ask questions and make decisions that give you the best coverage to fit you and your family's needs. This guide provides you an overview of your healthcare coverage, life, disability, voluntary benefits, and more! If you need more details on a topic or a benefit, please reach out to Neha Chopra at neha.chopra@libertycompany.com





New Benefits Website

**Scan this QR Code using
your smart phone to
easily access the website!**

We know life is busy and you need to be able to find benefits information—24 hours a day, seven days a week—from any device, when you need it most. With that in mind, we created this site just for you as one access point for total rewards information. Check out the site and share it with your family.

Make sure to visit the website throughout the year to learn new information, including your health plan options and vendor contact information. You may even learn about a benefit you could be using at no cost. It's all there for you and your family.



Acura Employee Benefits

Eligibility

You are eligible for benefits if you are a regular full-time employee working 30 hours or more per week.

Eligible Dependents

- Your spouse. The term “spouse” means the individual lawfully married to you.
- Your domestic partner. Domestic partners must be 18 years of age or older and unmarried; not related by blood in any manner that would prohibit legal marriage; have assumed mutual obligations for the welfare and support of each other; share a common residence and live together as a couple in the same household; and each other’s sole domestic partner.
- Your qualified children under the age of 26. This can be your biological child, stepchild, a foster child and a legally adopted child, who is lawfully placed with you through legal adoption.
- Your unmarried child over age 26 who is disabled, living with you, dependent on you for support and unable to support himself/herself due to a mental or physical disability.

Documentation Requirements for Dependents

If you enroll or remove your spouse and/or eligible dependent child(ren), *when asked*, you will need to provide documentation noted below to confirm their eligibility for coverage. Acceptable Forms of Documentation Include:

- Marriage license
- Domestic partner attestation form or an affidavit
- Birth certificate for biological children
- Court-ordered guardianship papers, adoption papers or placement letter
- Divorce decree
- Loss of coverage letter from the previous employer / carrier

New Hires & Annual Enrollment

As a new employee, you must enroll in benefits within 30 calendar days of your date of hire, or the date you become benefits eligible. Your benefits will be effective first of the month following/coinciding 60 days of your date of hire.

If you miss the enrollment deadline, you'll need to wait until the next Open Enrollment, i.e., one time a year opportunity when you can make changes to your plans without any reason.

Note: Even if you do **not** enroll in any health benefits, you will **still be enrolled** in company-paid benefits, such as Basic Life and AD&D at **no cost to you**.



Changes During the Plan Year

After Open Enrollment, you can change your benefit elections only if you experience a qualifying event. A few examples of qualifying events include, but not limited to, changes in:

- Marital status (marriage, divorce, legal separation)
- Number of dependent children (birth, adoption, placement for adoption, named legal guardian)
- Employment status (part-time to full-time)
- Dependent status (child reaches maximum age)
- Eligibility status (you or your spouse experience a change in hours, job loss, getting a new job, become entitled to Medicare or Medicaid)

You must submit your change request to your HR team within **30 days of the qualifying event**.



Health Care Premiums

Premiums for Coverage

Dosanjh Family Automotive Group, Inc. pays a set amount towards your medical and dental premiums, i.e., Kaiser, UHC and Sun Life.

Additionally, Dosanjh Family Automotive Group, Inc. pays 100% of the employee premiums for the Basic Life and AD&D benefit.

Vision benefits are purely voluntary and you, as the employee, is responsible to pay 100% of the premiums for you and your dependents.

Please log onto **UKG** to view your contributions per pay-period.



Medical Plan 1, 2 & 3

Which plan is right for you?

That depends on your healthcare needs, favorite doctors, and budget. Here are some considerations.

1. Kaiser HDHP HMO: High (\$2,500 deductible) / Mid (\$4,500 deductible) / Low (\$5,500 deductible)
2. UHC HDHP PPO: High (\$2,450 deductible) / Mid (\$2,800 deductible) / Low (\$6,000 deductible)

Do you prefer specific doctors or hospitals?

If you want to stay with your favorite doctors and facilities, check whether they are in the plan's network. If they are not, but you are comfortable paying a bit more to see them, consider a plan with both in-network and out-of-network benefits.

What are your usual healthcare needs?

Do you have frequent doctor or urgent care visits? Do you have a condition that requires a specialist? Do you take prescription medications? Compare how each plan covers the services you need most often.

Consider the bottom line

How much is the monthly payroll deduction? Do you have to meet a deductible? What is the out-of-pocket maximum? How much of the cost is covered by the plan? How much are any copayments for office visits, prescriptions, etc. All of these factors together affect your total cost for healthcare.



Medical Plan Details

The following chart summarizes the benefits for the medical plans offered to all eligible employees.




	Kaiser High	Kaiser Mid	Kaiser Low
	In-Network Only		
Annual Deductible Individual / Family	\$2,500 / \$5,000	\$4,500 / \$9,000	\$5,500 / \$11,000
Annual Out-of-Pocket Max Individual / Family	\$5,000 / \$10,000	\$6,250 / \$12,500	\$7,000 / \$14,000
Member Co-Insurance	20%	40%	40%
Physician Services			
Primary Care	\$20 after deductible	\$40 after deductible	\$50 after deductible
Specialist Visits	\$20 after deductible	\$50 after deductible	\$50 after deductible
Preventative Care	\$0*	\$0*	\$0*
Hospital Services			
Inpatient Hospitalization	20% after deductible	40% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	40% after deductible
Diagnostic X-Ray & Lab			
X-Ray/Lab	\$10 after deductible	40% after deductible	40% after deductible
Urgent and Emergency Care Visits			
Emergency Room (copay waived, if admitted)	20% after deductible	\$250 after deductible	40% after deductible
Urgent Care	\$20 after deductible	\$40 after deductible	\$50 after deductible
Prescriptions			
Deductible	None	Combined with Medical Deductible	
Generic	\$10 copay	\$15 after deductible	\$15 after deductible
Preferred Brand	\$30 copay	\$35 after deductible	40% after deductible
Non-Preferred Brand	20% co-insurance Up to \$250 max	30% after deductible Up to \$250 max	40% after deductible Up to \$250 max

* Deductible Waived

Medical Plan Details

The following chart summarizes the benefits for the medical plans offered to all eligible employees.

	UHC High	UHC Mid	UHC Low
	Showing In-Network Only*		
Annual Deductible Individual / Family	\$2,550 / \$5,100	\$2,900 / \$3,300	\$6,500 / \$13,000
Annual Out-of-Pocket Max Individual / Family	\$9,200 / \$18,400	\$8,000 / \$16,000	\$9,200 / \$18,400
Member Co-Insurance	40%	40%	40%
Physician Services			
Primary Care	\$60 Copay	40% after deductible	40% after deductible
Specialist Visits	\$95 Copay	40% after deductible	40% after deductible
Preventative Care	\$0	\$0	\$0
Hospital Services			
Inpatient Hospitalization	\$250 + 40% after deductible	\$250 + 40% after deductible	\$250 + 40% after deductible
Outpatient Surgery	40% after deductible	40% after deductible	40% after deductible
Diagnostic X-Ray & Lab			
X-Ray / Lab	40% after deductible	40% after deductible	40% after deductible
Urgent and Emergency Care Visits			
Emergency Room (copay waived, if admitted)	\$300 + 40% after deductible	\$300 + 40% after deductible	\$300 + 40% after deductible
Urgent Care	\$80 Copay	40% after deductible	40% after deductible
Prescriptions			
Rx Deductible Individual / Family	\$350 / \$700	Combined with the medical ded.	\$500 / \$1,000
Generic	\$20 copay	\$20 after deductible	\$20 Copay
Preferred Brand	\$85 after Rx ded.	\$85 after deductible	\$85 after Rx ded.
Non-Preferred Brand	\$135 after Rx ded.	\$135 after deductible	\$135 after Rx ded.

* Out of network providers may balance bill you as they are subject to benefit maximums.
Please refer to the carrier summary for full details.

Health Reimbursement Account (HRA)



The HRA is a health reimbursement account set up and solely funded by your employer to help you pay for your out-of-pocket costs qualified medical expenses. All medical plans are HRA eligible. If you enroll in medical, you will automatically be enrolled in an HRA plan.

Reasons to consider HRA:

- 1. 100% Employer-Funded:** It's employer's money, not yours. And claims paid are also tax-free!
- 2. Use it or lose it:** Unused funds at the end of the plan year will go back to the employer. And your bucket will be refilled to the full amount effective the first day of the next plan year, i.e., Jan 1st.

Dosanjh Family Automotive Group, Inc. contributions to your HRA effective Jan 1st, 2025:


Enrollment Tier	Kaiser High Plan	Kaiser Mid Plan	Kaiser Low Plan
Employee Only	EE pays first \$600 Company pays next \$1,400 EE pays the rest \$500	EE pays first \$600 Company pays next \$2,900 EE pays the rest \$1,000	EE pays first \$600 Company pays next \$4,000 EE pays the rest \$900
Employee + 1 or more	EE pays first \$1,200 Company pays next \$2,800 EE pays the rest \$1,000	EE pays first \$1,200 Company pays next \$4,800 EE pays the rest \$3,000	EE pays first \$1,200 Company pays next \$8,000 EE pays the rest \$1,800
Enrollment Tier	UHC High Plan	UHC Mid Plan	UHC Low Plan
Employee Only	EE pays first \$1,000 Company pays next \$1,450 EE pays the rest \$100	EE pays first \$1,000 Company pays next \$1,800 EE pays the rest \$100	EE pays first \$1,000 Company pays next \$2,000 EE pays the rest \$3,500
Employee + 1 or more	EE pays first \$2,000 Company pays next \$2,900 EE pays the rest \$200	EE pays first \$2,000 Company pays next \$1,200 EE pays the rest \$100	EE pays first \$2,000 Company pays next \$4,000 EE pays the rest \$7,000



Dental Coverage

The following chart summarizes the benefits for the dental plan offered to all eligible employees.





	Dental HMO	Dental PPO (High)	Dental PPO (Low)
	Showing In-Network Only		
Network Name	DHMO Series Network	Sun Life Dental Network	
Annual Deductible Individual / Family	\$0 / \$0	\$50 / \$150	\$50 / \$150
Annual Maximum Individual / Family	None	\$2,000	\$1,500
Preventive & Diagnostic Services			
Oral Exam / X-rays / Cleanings	\$0	0%*	0%*
Basic Services			
Fillings / Simple Extractions	\$0 for most services; Refer to the copay schedule	10% after deductible	10% after deductible
Periodontic Treatment (Deep Cleaning)			
Endodontic Treatment (Root Canals)			
Major Services			
Crowns / Dentures / Bridges	Refer to the copay schedule	40% after deductible	40% after deductible
Orthodontia			
Lifetime Maximum	N / A	\$1,000 per child	\$1,000 per child
Children only; up to age 26	Not Covered	50% coinsurance*	50% coinsurance*

* Deductible Waived


Why Choose Dental Coverage?

- Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.
- That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.



Vision Coverage

The following chart summarizes the benefits for the vision plan offered to all eligible employees.

	Sun Life Vision Plan	
	In-Network	Out-of-Network
Network Name	VSP Choice Network	N / A
Copay		
Exam	\$10 copay	Reimbursed up to \$45
Materials	\$25 copay	Reimbursed up to the plan allowance
Lenses		
Single Vision	\$25 copay	Reimbursed up to \$30
Bifocal	\$25 copay	Reimbursed up to \$50
Trifocal	\$25 copay	Reimbursed up to \$60
Contact Lenses (in lieu of lenses and frames)		
Elective	\$130 Allowance	Reimbursed up to \$105
Frames		
Frames	\$130 Allowance + 20% Off Balance	Reimbursed up to \$70
Benefit Frequency		
Exam / Frames / Lenses	Exam: Every 12 Months Frames: Every 24 Months Lenses & Contacts: Every 12 Months	



Why Choose Vision Coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

Basic Life / AD&D Coverage

Life insurance provides financial protection for your loved ones in case of your death. Accidental Death & Dismemberment (AD&D) coverage offers added protection if an accident causes loss of life, limbs, and/or senses.

Dosanjh Family Automotive Group, Inc. provides all eligible employees with a basic life and accidental death and dismemberment (AD&D) benefit, free of cost to you!

Employer Provided Life / AD&D Amount	Guaranteed Issue
1 x salary up to \$50,000	\$50,000

Benefits reduces by:

- 35% at age 65
- 60% at age 70
- 80% at age 75

Note: Benefit reductions will be effective on the first of the month following the Employee's attainment of age as specified in schedule above.



Voluntary Life / AD&D Coverage

Voluntary Life and Accidental Death and Dismemberment (AD&D) coverage allows you to purchase additional financial security for your family. This optional coverage is also available for your spouse and/or child(ren), if you purchase it for yourself.

Employee Life / AD&D Coverage	<ul style="list-style-type: none">• Elect Increments of \$10,000• Maximum coverage: \$500,000• Guaranteed Issue, if under age 60: \$150,000
Spouse Life / AD&D Coverage	<ul style="list-style-type: none">• Available if you, as an employee, enroll in the Voluntary Life / AD&D Coverage• Elect Increments of \$5,000• Maximum coverage: Up to 50% of the Employee amount, i.e., \$250,000• Guaranteed Issue: \$5,000
Child Life / AD&D Coverage	<ul style="list-style-type: none">• Available if you, as an employee, enroll in the Voluntary Life / AD&D Coverage• Coverage amount of a child from 15 days to 6 months of age: \$1,000• Coverage amount of a child from 15 days to 26 years: Elect Increments: \$1,000• Maximum coverage: \$10,000• Guaranteed Issue: \$10,000

Note: Company-provided life insurance coverage over \$50,000 is considered a taxable benefit. The value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form.

Designate Your Beneficiary

Please designate a beneficiary for your life insurance coverage including voluntary elections. If a beneficiary is not designated, benefits will be paid according to the carrier policy.

Evidence of Insurability

You may be asked to provide Evidence of Insurability (EOI) form, if:

- You do **not** enroll for coverage during your initial eligibility period as a new hire.
- You want to increase your coverage during company's open enrollment or a qualifying event **after** your initial enrollment.



Employee Voluntary Life / AD&D Premiums

If you wish to elect voluntary Life/AD&D coverage for you and/or your dependents, your monthly rate is calculated based on your age and the amount of coverage.

Employee Vol. Life Insurance Monthly Rates:

Coverage amounts	Employee Age													
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84
\$10,000	\$0.44	\$0.44	\$0.51	\$0.63	\$0.88	\$1.21	\$1.94	\$2.98	\$4.86	\$7.76	\$13.61	\$49.73	\$49.73	\$49.73
\$20,000	\$0.88	\$0.88	\$1.02	\$1.26	\$1.76	\$2.42	\$3.88	\$5.96	\$9.72	\$15.52	\$27.22	\$99.46	\$99.46	\$99.46
\$30,000	\$1.32	\$1.32	\$1.53	\$1.89	\$2.64	\$3.63	\$5.82	\$8.94	\$14.58	\$23.28	\$40.83	\$149.19	\$149.19	\$149.19
\$40,000	\$1.76	\$1.76	\$2.04	\$2.52	\$3.52	\$4.84	\$7.76	\$11.92	\$19.44	\$31.04	\$54.44	\$198.92	\$198.92	\$198.92
\$50,000	\$2.20	\$2.20	\$2.55	\$3.15	\$4.40	\$6.05	\$9.70	\$14.90	\$24.30	\$38.80	\$68.05	\$248.65	\$248.65	\$248.65
\$60,000	\$2.64	\$2.64	\$3.06	\$3.78	\$5.28	\$7.26	\$11.64	\$17.88	\$29.16	\$46.56	\$81.66	\$298.38	\$298.38	\$298.38
\$70,000	\$3.08	\$3.08	\$3.57	\$4.41	\$6.16	\$8.47	\$13.58	\$20.86	\$34.02	\$54.32	\$95.27	\$348.11	\$348.11	\$348.11
\$80,000	\$3.52	\$3.52	\$4.08	\$5.04	\$7.04	\$9.68	\$15.52	\$23.84	\$38.88	\$62.08	\$108.88	\$397.84	\$397.84	\$397.84
\$90,000	\$3.96	\$3.96	\$4.59	\$5.67	\$7.92	\$10.89	\$17.46	\$26.82	\$43.74	\$69.84	\$122.49	\$447.57	\$447.57	\$447.57
\$100,000	\$4.40	\$4.40	\$5.10	\$6.30	\$8.80	\$12.10	\$19.40	\$29.80	\$48.60	\$77.60	\$136.10	\$497.30	\$497.30	\$497.30
\$110,000	\$4.84	\$4.84	\$5.61	\$6.93	\$9.68	\$13.31	\$21.34	\$32.78	\$53.46	\$85.36	\$149.71	\$547.03	\$547.03	\$547.03
\$120,000	\$5.28	\$5.28	\$6.12	\$7.56	\$10.56	\$14.52	\$23.28	\$35.76	\$58.32	\$93.12	\$163.32	\$596.76	\$596.76	\$596.76
\$130,000	\$5.72	\$5.72	\$6.63	\$8.19	\$11.44	\$15.73	\$25.22	\$38.74	\$63.18	\$100.88	\$176.93	\$646.49	\$646.49	\$646.49
\$140,000	\$6.16	\$6.16	\$7.14	\$8.82	\$12.32	\$16.94	\$27.16	\$41.72	\$68.04	\$108.64	\$190.54	\$696.22	\$696.22	\$696.22
\$150,000	\$6.60	\$6.60	\$7.65	\$9.45	\$13.20	\$18.15	\$29.10	\$44.70	\$72.90	\$116.40	\$204.15	\$745.95	\$745.95	\$745.95
\$160,000	\$7.04	\$7.04	\$8.16	\$10.08	\$14.08	\$19.36	\$31.04	\$47.68	\$77.76	\$124.16	\$217.76	\$795.68	\$795.68	\$795.68
\$170,000	\$7.48	\$7.48	\$8.67	\$10.71	\$14.96	\$20.57	\$32.98	\$50.66	\$82.62	\$131.92	\$231.37	\$845.41	\$845.41	\$845.41
\$210,000	\$9.24	\$9.24	\$10.71	\$13.23	\$18.48	\$25.41	\$40.74	\$62.58	\$102.06	\$162.96	\$285.81	\$1,044.33	\$1,044.33	\$1,044.33
\$250,000	\$11.00	\$11.00	\$12.75	\$15.75	\$22.00	\$30.25	\$48.50	\$74.50	\$121.50	\$194.00	\$340.25	\$1,243.25	\$1,243.25	\$1,243.25
\$290,000	\$12.76	\$12.76	\$14.79	\$18.27	\$25.52	\$35.09	\$56.26	\$86.42	\$140.94	\$225.04	\$394.69	\$1,442.17	\$1,442.17	\$1,442.17
\$330,000	\$14.52	\$14.52	\$16.83	\$20.79	\$29.04	\$39.93	\$64.02	\$98.34	\$160.38	\$256.08	\$449.13	\$1,641.09	\$1,641.09	\$1,641.09
\$370,000	\$16.28	\$16.28	\$18.87	\$23.31	\$32.56	\$44.77	\$71.78	\$110.26	\$179.82	\$287.12	\$503.57	\$1,840.01	\$1,840.01	\$1,840.01
\$410,000	\$18.04	\$18.04	\$20.91	\$25.83	\$36.08	\$49.61	\$79.54	\$122.18	\$199.26	\$318.16	\$558.01	\$2,038.93	\$2,038.93	\$2,038.93
\$450,000	\$19.80	\$19.80	\$22.95	\$28.35	\$39.60	\$54.45	\$87.30	\$134.10	\$218.70	\$349.20	\$612.45	\$2,237.85	\$2,237.85	\$2,237.85
\$500,000	\$22.00	\$22.00	\$25.50	\$31.50	\$44.00	\$60.50	\$97.00	\$149.00	\$243.00	\$388.00	\$680.50	\$2,486.50	\$2,486.50	\$2,486.50

Employee AD&D Monthly Rate: \$0.025 per \$1,000



Spouse Voluntary Life / AD&D Premiums

If you wish to elect voluntary Life/AD&D coverage for your spouse, your monthly rate is calculated based on your spouse's age and the amount of coverage.

Spouse Vol. Life Insurance Monthly Rates:

Coverage amounts	Spouse Age													
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84
\$5,000	\$0.31	\$0.31	\$0.35	\$0.44	\$0.64	\$0.92	\$1.44	\$2.24	\$3.43	\$5.86	\$10.01	\$17.83	\$35.70	\$35.70
\$10,000	\$0.61	\$0.61	\$0.70	\$0.88	\$1.28	\$1.83	\$2.87	\$4.47	\$6.85	\$11.71	\$20.01	\$35.65	\$71.40	\$71.40
\$15,000	\$0.92	\$0.92	\$1.05	\$1.32	\$1.92	\$2.75	\$4.31	\$6.71	\$10.28	\$17.57	\$30.02	\$53.48	\$107.10	\$107.10
\$20,000	\$1.22	\$1.22	\$1.40	\$1.76	\$2.56	\$3.66	\$5.74	\$8.94	\$13.70	\$23.42	\$40.02	\$71.30	\$142.80	\$142.80
\$25,000	\$1.53	\$1.53	\$1.75	\$2.20	\$3.20	\$4.58	\$7.18	\$11.18	\$17.13	\$29.28	\$50.03	\$89.13	\$178.50	\$178.50
\$30,000	\$1.83	\$1.83	\$2.10	\$2.64	\$3.84	\$5.49	\$8.61	\$13.41	\$20.55	\$35.13	\$60.03	\$106.95	\$214.20	\$214.20
\$35,000	\$2.14	\$2.14	\$2.45	\$3.08	\$4.48	\$6.41	\$10.05	\$15.65	\$23.98	\$40.99	\$70.04	\$124.78	\$249.90	\$249.90
\$40,000	\$2.44	\$2.44	\$2.80	\$3.52	\$5.12	\$7.32	\$11.48	\$17.88	\$27.40	\$46.84	\$80.04	\$142.60	\$285.60	\$285.60
\$45,000	\$2.75	\$2.75	\$3.15	\$3.96	\$5.76	\$8.24	\$12.92	\$20.12	\$30.83	\$52.70	\$90.05	\$160.43	\$321.30	\$321.30
\$50,000	\$3.05	\$3.05	\$3.50	\$4.40	\$6.40	\$9.15	\$14.35	\$22.35	\$34.25	\$58.55	\$100.05	\$178.25	\$357.00	\$357.00
\$55,000	\$3.36	\$3.36	\$3.85	\$4.84	\$7.04	\$10.07	\$15.79	\$24.59	\$37.68	\$64.41	\$110.06	\$196.08	\$392.70	\$392.70
\$60,000	\$3.66	\$3.66	\$4.20	\$5.28	\$7.68	\$10.98	\$17.22	\$26.82	\$41.10	\$70.26	\$120.06	\$213.90	\$428.40	\$428.40
\$65,000	\$3.97	\$3.97	\$4.55	\$5.72	\$8.32	\$11.90	\$18.66	\$29.06	\$44.53	\$76.12	\$130.07	\$231.73	\$464.10	\$464.10
\$70,000	\$4.27	\$4.27	\$4.90	\$6.16	\$8.96	\$12.81	\$20.09	\$31.29	\$47.95	\$81.97	\$140.07	\$249.55	\$499.80	\$499.80
\$75,000	\$4.58	\$4.58	\$5.25	\$6.60	\$9.60	\$13.73	\$21.53	\$33.53	\$51.38	\$87.83	\$150.08	\$267.38	\$535.50	\$535.50
\$80,000	\$4.88	\$4.88	\$5.60	\$7.04	\$10.24	\$14.64	\$22.96	\$35.76	\$54.80	\$93.68	\$160.08	\$285.20	\$571.20	\$571.20
\$85,000	\$5.19	\$5.19	\$5.95	\$7.48	\$10.88	\$15.56	\$24.40	\$38.00	\$58.23	\$99.54	\$170.09	\$303.03	\$606.90	\$606.90
\$105,000	\$6.41	\$6.41	\$7.35	\$9.24	\$13.44	\$19.22	\$30.14	\$46.94	\$71.93	\$122.96	\$210.11	\$374.33	\$749.70	\$749.70
\$125,000	\$7.63	\$7.63	\$8.75	\$11.00	\$16.00	\$22.88	\$35.88	\$55.88	\$85.63	\$146.38	\$250.13	\$445.63	\$892.50	\$892.50
\$145,000	\$8.85	\$8.85	\$10.15	\$12.76	\$18.56	\$26.54	\$41.62	\$64.82	\$99.33	\$169.80	\$290.15	\$516.93	\$1,035.30	\$1,035.30
\$165,000	\$10.07	\$10.07	\$11.55	\$14.52	\$21.12	\$30.20	\$47.36	\$73.76	\$113.03	\$193.22	\$330.17	\$588.23	\$1,178.10	\$1,178.10
\$185,000	\$11.29	\$11.29	\$12.95	\$16.28	\$23.68	\$33.86	\$53.10	\$82.70	\$126.73	\$216.64	\$370.19	\$659.53	\$1,320.90	\$1,320.90
\$205,000	\$12.51	\$12.51	\$14.35	\$18.04	\$26.24	\$37.52	\$58.84	\$91.64	\$140.43	\$240.06	\$410.21	\$730.83	\$1,463.70	\$1,463.70
\$225,000	\$13.73	\$13.73	\$15.75	\$19.80	\$28.80	\$41.18	\$64.58	\$100.58	\$154.13	\$263.48	\$450.23	\$802.13	\$1,606.50	\$1,606.50
\$250,000	\$15.25	\$15.25	\$17.50	\$22.00	\$32.00	\$45.75	\$71.75	\$111.75	\$171.25	\$292.75	\$500.25	\$891.25	\$1,785.00	\$1,785.00

Spouse AD&D Monthly Rate: \$0.038 per \$1,000



Child Voluntary Life / AD&D Premiums

If you wish to elect voluntary Life/AD&D coverage for your children, your monthly rate is calculated based on your children's age and the amount of coverage.

Child Vol. Life Insurance Monthly Rates:

Coverage Amount	Premium
\$1,000	\$0.34
\$2,000	\$0.68
\$3,000	\$1.03
\$4,000	\$1.37
\$5,000	\$1.71
\$6,000	\$2.05
\$7,000	\$2.39
\$8,000	\$2.74
\$9,000	\$3.08
\$10,000	\$3.42

Child AD&D Monthly Rate: \$0.03 per \$1,000



Employee Assistance Program (EAP)

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. Through our partnership with ComPsych®, EAP through Sun Life can help you handle a wide variety of personal issue such as emotional health and substance use disorder; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is *completely confidential, free and available to **any** member* of your immediate household.

COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Job stress
- Communication / conflict issues
- Alcohol or drug problems
- Loss and death

FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care



No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 3 visits
- Unlimited web access to helpful articles, resources, and self-assessment tools.

Commuter Benefits

Do you have out-of-pocket commuting expenses for public transportation, van pooling, or for worksite parking? If so, you can save on taxes by enrolling in our transportation savings account, i.e., commuter benefits administered by Navia.

The account lets you set aside money—before it's taxed— through payroll deduction. *You may enroll in or stop this program at any time.* Money in the account can be used in future months or plan years.

Set aside up to \$325 per month for work-related parking expenses and up to \$325 per month for work-related commute expenses. That is **up to \$650 per month, tax-free!!**

What's Covered?

Public Transportation

- Includes transit passes for buses, trains, subways and ferries, including **BART!**

Vanpooling

- Vehicles that seat six or more adults to use to commute to work together.

Parking

- Helps to pay for the parking at your workplace or locations close to public transportation hubs.

Ridesharing

- Shared rides through services like [UberPOOL](#) or [Lyft Shared](#) may also be eligible if they meet specific IRS criteria.



Enroll Online

Navigation: [Menu](#) > [Myself](#) > [Open Enrollment](#)

From the Open Enrollment page, select the Description link of the applicable open enrollment session. The Open Enrollment page displays with the option to make a new election or stay enrolled in the current benefit plan.

Open Enrollment Period and Election Process

1. From the About Open Enrollment page, review the Open Enrollment session information.
2. Select Next.
3. If you select to make a new election, the About Open Enrollment page appears.
4. If you select to stay enrolled in your current benefit plan, the Confirmation page appears.

Verify Beneficiaries and Dependents

1. From the Verify Beneficiary and Dependent Information page, review the summary information to ensure it is accurate.
2. Update information by completing one of the following using the Add/Change contact page.
 - Select the Name link and then select Edit to update existing beneficiary or dependent information.
3. To add a beneficiary or dependent, select Add.



Contact Information

Carrier / Company	Coverage	Phone Number	E-mail / Website	Group Number
Kaiser	Medical	800-464-4000	kp.org	600529
United Healthcare	Medical	800-624-8822	myuhc.com	05V2298
Sun Life	Dental / Vision	800-442-7742	sunlife.com	963781
Sun Life	Life / AD&D Vol. Life / AD&D	800-247-6875	sunlife.com	963781
Sun Life	EAP	800-460-4374	guidanceresources.com App: GuidanceNow Web ID: EAPessential	963781
Navia	HRA	866-897-1996	naviabenefits.com	AUG
Neha Chopra	Benefits Broker	707-398-5838	dosanjhgroupbenefits@libertycompany.com	N/A





The information included in this guide is intended as an overview only. It is not a complete description, nor is it a substitute for the applicable plan documents, Summary Plan Descriptions or insurance contracts. In all cases, the official plan documents govern and are the final authority on the terms of the benefit plans. The company reserves the right to modify, amend or terminate the benefit plans at any time and for any reason. Receiving this document or participating in company benefits is not a guarantee of future or continued employment or benefits.

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