

**Answers to
General Questions About
Insurance Coverage
and the
MCW 2016-2017 Plans**

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General Questions About Health Insurance

Why should I have health insurance?

The purpose of health insurance is to help you pay for medical care. It provides you no-cost preventive check-ups (when obtained in-network) and support in the event of an unexpected serious illness or injury that could be very expensive. See also the information about the Affordable Care Act (ACA), possible exemptions and penalties.

How do I get health insurance?

Most people get health insurance through their employers. **This is not the only option.** You can also locate individual plans, such as through the Marketplace (<https://www.healthcare.gov/>). Many Americans also get health insurance through government programs that operate at the national, State, and local levels, like Medicare, Medicaid, and programs run by the Department of Veterans Affairs and Department of Defense.

How do I choose the right medical plan?

Different plans meet different needs and all health plans are not the same. When choosing, what counts is how well your plan meets your personal needs. Before you pick a plan, ask yourself:

- Who do you want to cover? Just yourself? Yourself and your children? Yourself and your spouse? Yourself and your spouse and children?
- Can you afford the plan premium?
- Are your doctors in the plan's network?
- Do you have any planned medical expenses (such as prescriptions, doctor's visits, childbirth, surgeries) this year?

Is there coverage for my child(ren) other than from MCW?

Yes, your child may be eligible for Medicaid or the State Children's Health Insurance Program coverage even if you are not. Eligibility for children is based on the child's status, not the parent's status. You can get more information about SCHIP online at www.insurekidsnow.gov. This site provides a link where you can access specific information about SCHIP in your State. Or, to get information by phone, call 1-877-KidsNow (1-877-543-7669) toll-free.

Is there a limit on how many children are covered?

There is no limit on the number of children that can be covered under either Employee+Children or Family coverage. They just have to be the employee's children.

How old can the children be before they can't be covered?

Under the Affordable Care Act, children can remain on the parent's benefit plan until they are age 26.

Medical Plans

\$2,000/\$4,000 deductible medical plan

- All preventive care (as defined by the plan) is covered at 100%
- After you meet your individual (and family, if you're covering more than just yourself) deductible, you will still have co-insurance to pay, so you'll pay at least 20% of the additional medical expenses up to your out-of-pocket maximum
- Higher per paycheck cost compared to other plans

- Should be considered by individuals or families with chronic conditions, higher prescription usage and/or children, or who live paycheck-to-paycheck or don't have cash reserves to cover high medical expenses

\$2,600/\$5,200 high-deductible/HSA medical plan

- All preventive care (as defined by the plan) is covered at 100%
- Largest deductible to meet but lowest per-paycheck cost
- After you meet your deductible, you will still have co-insurance to pay, so you'll pay at least 20% of the additional medical expenses up to your out-of-pocket maximum
- Should be considered by healthier employees/families or those without chronic conditions and employees/families who have access to cash reserves to pay the higher deductible
- Partially offset by contributions to HSA via payroll deductions and with the MCW contribution. Contributions are pre-tax, which will help families with tax burden.
- If funds in HSA aren't used, helps fund future years with more security/cash reserves

How much do the medical plans cost?

Coverage Level	Cigna Open Access Plus Plan \$2,000				Cigna Choice Fund Open Access Plus HSA Plan \$2,600			
	Monthly		Per-Pay-Period		Monthly		Per-Pay-Period	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee Only	\$90.00	\$130.00	\$45.00	\$65.00	\$45.00	\$85.00	\$22.50	\$42.50
Employee + Spouse	\$300.00	\$340.00	\$150.00	\$170.00	\$220.00	\$260.00	\$110.00	\$130.00
Employee + Child(ren)	\$275.00	\$315.00	\$137.50	\$157.00	\$200.00	\$240.00	\$100.00	\$120.00
Employee + Family	\$425.00	\$465.00	\$212.50	\$232.00	\$275.00	\$315.00	\$137.00	\$157.00

What is a deductible?

Deductibles are the maximum amount you will pay for medical care and prescriptions before insurance starts paying.

The HSA plan is the lowest cost plan per month. Is that the one I should choose?

You shouldn't make your decision based only on the premium cost. The premiums are the lowest, but the deductible is the highest of all our plans. Other than preventive care that is provided at no cost to you when obtained in-network, **all medical and prescription charges will be your financial responsibility until you reach your deductible.**

Can I cancel or make changes to coverage after I've enrolled?

Outside of open enrollment, you can make changes or cancel your plan **only** if you experience:

- Marriage
- Divorce
- Legal Separation
- Birth
- Death of a dependent
- Placement of a child with you for adoption
- Change in employment status for you or your spouse
- Change in your spouse's health coverage at his or her job
- If you or your dependents experience a loss of eligibility for Medicaid (AHCCCS) or your State Children's Health Insurance program (SCHIP); or,
- If you or your dependents become eligible for premium assistance under an optional state Medicaid or SCHIP program that would pay the employee's portion of the health insurance premium.

You are required to notify Human Resources at Mister Car Wash of one of the above changes within 30 days of the event, except that you have 60 days to report a change related to Medicare, Medicaid or SCHIP coverage.

What happens if I decline MCW coverage?

There are two main things to think about:

- (1) You will not be eligible to enroll in the MCW plans until July 1, 2017 (assuming you continue to meet the requirements for eligibility).
- (2) You may be subject to tax penalties when you file your Federal Income Taxes.

What is Preventive Care?

Under our Cigna plans, all preventive care is provided at no cost to you when you receive the care in-network. These services include yearly physicals for adults, regular check-ups for children, and routine immunizations and health screenings.

What does maximum out-of-pocket mean?

Your out-of-pocket maximum is the absolute most you'll pay in a calendar year for all covered expenses. Once you spend the out-of-pocket maximum, all covered expenses are paid by Cigna at 100% for the rest of that calendar year.

What are the maximum out-of-pocket amounts?

The maximum out-of-pocket differs based on the plan you select.

1. For the \$2,000/\$4,000 deductible plan, the calendar year out-of-pocket maximum is \$6,000 for individuals and \$12,000 for families for in-network services and \$16,000/\$32,000 for out-of-network services.
2. For the \$2,600/\$5,200 deductible plan, the calendar year out-of-pocket maximum is \$6,000 for individuals and \$12,000 for families for in-network services and \$16,000/\$32,000 for out-of-network services.

Is there a list of preventive drugs that qualify for no-cost or the \$10 co-pay?

Yes, we have sent each manager a list of preventive drugs and you can request one from HR by calling the HR Helpline at (844) 529-7392.

How do I choose a doctor?

To find a doctor who is in Cigna's network, check the mycignaplans.com website under the section "Find a doctor, dentist, hospital, pharmacy or special facility" to the far right of the page. You can also search using Cigna's mobile app, once you are on the site. Need help making a decision about your health or a medical treatment? Talk to a Nurse: Call 1.800.244.6224 to get immediate support and advice from a Registered Nurse (RN).

Do I have to choose a primary care doctor?

No, you are not required to choose a primary care doctor.

In-network vs. out-of-network coverage

To save you costs, Cigna has contracted with certain medical providers. Those contracts are called a "network." When you receive medical care in the network, your costs will be lower than with a non-participating doctor.

Do I need a referral to see a specialist?

No. Keep in mind that you will pay more if you see an out-of-network specialist.

Do I have to choose between in-network and out-of-network coverage now?

No. Each time you seek medical care you can choose whether to see an in-network or out-of-network provider.

What if my doctor isn't in the Cigna Provider Directory?

That means your doctor does not participate in the Cigna network (so is "out of network"). For those doctors, you will still have coverage but Cigna won't pay as much for any care you receive as it would if you saw an in-network doctor.

Health Savings Accounts ** ONLY APPLIES TO HIGH-DEDUCTIBLE PLAN **

What is a Health Savings Account?

A health savings account is a type of medical savings account that allows you to save money to pay for current and future medical expenses on a tax-free basis. In order to be eligible for a health savings account, you must be covered by a **high-deductible plan** (see below), not have any other health insurance (including Medicare), and not be claimed as a dependent on someone else's tax return. You can use this account to pay for your qualified health expenses, including expenses that the plan ordinarily doesn't cover, such as eyeglasses and hearing aids. A health savings account allows you to accumulate funds and retain them when you change plans or retire.

How do I contribute to my HSA?

If you choose to contribute to your HSA, you can tell MCW to make the contributions from your paycheck—before taxes. You may also make contributions outside of payroll deduction by sending a check to HSA Bank directly. You will receive deposit slips with your debit card.

Will Mister Car Wash contribute to my HSA?

Yes. For the 2016-17 plan year, MCW will automatically contribute to the accounts of employees who enroll in the high-deductible plan. We will contribute:

- \$400 for employees who enroll in the employee-only plan
- \$600 for employees who enroll in the employee + spouse or employee + child(ren) plan
- \$800 for employees who enroll in the employee + family plan.

Who owns the HSA?

The money is yours to spend once it is deposited in your account.

How can I use my HSA to pay my medical expenses?

You choose how to spend the HSA money because it is yours.

- You can use the HSA debit card, HSA checkbook, or online bill pay to access the money in your health savings account.
- You can use Automatic Claim Forwarding (ACF), where Cigna will pay your qualified medical expenses directly from your HSA.

Can I meet my deductible using money from my Health Savings Account?

Yes, you can use your HSA dollars towards meeting your deductible.

Your HSA is available to pay for any qualified medical expense. However, not all expenses count toward your deductible. Only services covered by your underlying medical plan are included in this calculation.

What happens if my HSA balance is \$0?

Once all dollars in your HSA are spent, you must pay your portion of medical costs out-of-pocket until additional funds are deposited in your HSA.

Can I carry over unused dollars in my Health Savings Account from one year to the next?

Yes, all dollars in your HSA are yours until you use them, even if you change jobs or retire.

Does my HSA earn interest?

Interest is accrued daily and credited to your account once each month, just like a savings account at any other bank earns interest.

How do I check my HSA balance?

- Log in to myCigna.com, the personalized website available to Cigna customers.
- Read your monthly statements from HSA Bank. They will identify your available balance as well as claims processed during the month.
- Call the toll-free number on the back of your Cigna ID card to use our interactive voice response system or speak with a Customer Services representative.

Dental and Vision Plans

Am I required to purchase dental or vision benefits?

No. Dental and vision benefits are completely voluntary and you are not required to purchase either plan. Additionally, unlike medical coverage, there is no penalty to you should you decide to decline coverage.

Why would I consider having dental coverage?

With a dental plan, you can have peace of mind knowing what services are covered and how much they cost. Studies have shown that having good dental hygiene and regular check-ups can actually prevent more serious medical conditions in the future. If you decide to enroll in a dental plan, you are more likely to have basic services done and more likely to take better care of your teeth. Regular check-ups, cleanings and x-rays are all part of preventive care.

How much do the dental plans cost?

Coverage Level	Cigna High		Cigna Low	
	Monthly	Per-Pay-Period	Monthly	Per-Pay-Period
Employee Only	\$24.24	\$12.12	\$14.78	\$7.39
Employee + Spouse	\$57.01	\$28.51	\$30.46	\$15.23
Employee + Child(ren)	\$58.48	\$29.24	\$29.89	\$14.95
Employee + Family	\$91.30	\$45.65	\$49.64	\$24.82

What is the difference between the dental plans?

There is a “high” plan and a “low” plan – both have the same deductibles of \$50 employee/\$150 family coverage. However, the high plan pays out a maximum of \$2,000 per calendar year, while the low plan pays out a maximum of \$1,000 per calendar year.

What do the dental plans cover?

The plans cover preventive care, like teeth-cleaning and X-rays, but also offer coverage for major services (like fillings and/or root canals). In addition, the plans offer coverage for children's orthodontia/braces.

CIGNA's Dental Oral Health Integration Program reimburses out-of-pocket costs for specific dental services used to treat or help prevent gum disease and tooth decay. The program is for people with certain medical conditions that research shows may be impacted by dental care.

Why would I consider vision coverage?

Your eyes and your eyesight are very important. Having vision coverage helps you to care for both appropriately. Vision care can get expensive, so your best bet is to obtain coverage to help you with the expense of caring for your eyes. As with dental, having coverage means that you'll go for your yearly exams and avoid problems down the road.

How much does the vision plan cost?

Coverage Level	EyeMed Vision	
	Monthly	Per-Pay-Period
Employee Only	\$8.08	\$4.04
Employee + Spouse	\$15.23	\$7.62
Employee + Child(ren)	\$16.03	\$8.02
Employee + Family	\$23.51	\$11.76

What vision plans are available?

Mister Car Wash offers a vision insurance plan through EyeMed. If you enroll in the EyeMed coverage, you will still have the freedom to choose any vision provider, but you will maximize the plan benefits when you choose a network provider. Locate an EyeMed network provider at www.eyemedvisioncare.com.

What does the vision plan cover?

The vision plan covers exams once per 12 months, plus lenses (glasses) or contact lenses once per 12 months. The coverage also provides for frames once per 24 months.

Summary of Covered Benefits	EyeMed Vision	
	In-Network	Out-of-Network
Eye Exam (once every 12 months)	\$10 copay	Reimbursement up to \$35
Standard Plastic Lenses (once every 12 months) Single/Bifocal/Trifocal	\$10 copay	Reimbursement up to \$25/\$40/\$55
Frames (once every 24 months)	\$100 allowance + 20% off balance	Reimbursement up to \$45
Contact Lenses (once every 12 months) Elective Medically Necessary	\$115 allowance + 15% off balance Plan pays 100%	Reimbursement up to \$92 Reimbursement up to \$200

I just don't understand this. What can I do?

We understand that insurance decisions are important and can be difficult. Our Human Resources team and the Cigna teams are both here to assist. From May 30 to June 10, you can call Cigna's enrollment line at (855) 246-1872. You can also always call the HR Team at (844) 529-7392 or email us at HRHelp@mistercarwash.com.