



2019/2020

BENEFITS ENROLLMENT

WELCOME!

SIMPLE & STRAIGHTFORWARD ENROLLMENT

At Mister Car Wash, we are proud of the comprehensive benefit choices we offer to meet your unique needs, and to support the well-being of the people who make our company successful – YOU!

This is your time to make benefit choices for the coming plan year.

Let's get started!

1



Read this guide for an overview of your 2019/20 Mister benefits program.

2



Enroll by logging on to Dayforce during your benefits eligibility period.

3



Select the benefits that best support you, your family, and coverage level.

4



Questions? Call the HR Helpline at 844-529-7392 or email us at hrhelp@mistercarwash.com

Once you enroll, you can't make any changes to your choices until one of the following occurs:

Annual Open Enrollment and/or Qualifying Life Event including (but not limited to) marriage, divorce, birth/adoption, or loss of coverage.

Visit benefits.mistercarwash.com to learn more specific information.

OVERVIEW

SELECT PLANS



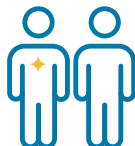
Quality health coverage is one of the most valuable benefits you enjoy as a Mister employee. Your benefits program offers plans to help keep you and your family healthy and provides support to help you find the right care.

Who can I enroll?



You

If you are an Employee.



Spouse

If you are legally married.



Child(ren)

Up to the age of 26, plus disabled dependent children of any age.

You'll need their social security numbers and dates of birth when you enroll

so be sure to collect that important info before getting started. You'll also need to think about beneficiaries – who you want to receive money from life insurance and other plans you enroll in.



1 MEDICAL PLANS

Mister offers two medical insurance plans. Both plans use the United Healthcare provider network. **See page 4-5.**

- **PPO Plan:** a preferred provider co-payment plan that features a higher cost per paycheck and a lower deductible.
- **HDHP Plan:** a high deductible healthcare plan that features a lower cost per paycheck and higher deductible.



2 HEALTH SAVINGS ACCOUNT

When you enroll in the HDHP Plan, Mister will make an annual contribution (deposited quarterly) to your health savings account, even if you don't contribute. Use these funds for any other out-of-pocket medical expenses, including prescription, dental, and vision. **See page 7.**



3 DENTAL

Mister offers two dental plan options: Delta Dental High and Delta Dental Low. **See page 8**



4 VISION

Vision coverage is administered by EyeMed. **See page 9.**



5 LIFE + DISABILITY

Mister pays the full cost for benefits to help ensure financial security for you and your family. We also provide access to voluntary coverage to supplement your company-provided benefits. **See page 10-11.**

2 PLANS TO COVER

MEDICAL



Check out what each plan looks like and what you pay when you choose a Premier Designated Provider or choose an in-network facility provider:

MEDICAL PLANS	PPO Plan		HDHP Plan	
	Premium Designated Provider	In-Network	Premium Designated Provider	In-Network
Rates¹	Slightly Higher Per Paycheck		Slightly Lower Per Paycheck	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee Only	\$45.00	\$65.00	\$22.50	\$42.50
Employee + Spouse	\$150.00	\$170.00	\$110.00	\$130.00
Employee + Child(ren)	\$137.50	\$157.50	\$100.00	\$120.00
Employee + Family	\$212.50	\$232.50	\$137.50	\$157.50
Deductible²	Slightly Lower		Slightly Higher	
	\$1,400	\$2,800 ³	\$2,000	\$4,000 ⁴
Out-of-pocket Maximum	Single	Family	Single	Family
	\$6,000	\$12,000 ³	\$6,000	\$12,000 ⁴
Cost for Care:	Copays		After Deductible	
Office Visit (PCP / Specialist)	\$20/\$30	\$40/\$50	10%	20%
Teledoc	\$10		\$45 copay	
Urgent Care	\$50		20%	
Inpatient / Outpatient Procedures	20% after deductible		20%	
Emergency Room Care	\$300 copay (waived if admitted)		20%	
Prescription Drugs (Up to 30 day supply)				
Preventative	\$0 copay		\$10 copay	
Generic	\$10 copay		20% after deductible	
Preferred Brand	\$35 copay		20% after deductible	
Non-preferred Brand	\$60 copay		20% after deductible	
Mail Order (up to 90-day supply)	2.5x retail copay		Preventative: \$25 copay all others: 20% after deductible	

(1) Employees who certify during enrollment that they do not use tobacco products will pay less for medical insurance. If you currently use tobacco, you can qualify for the discount by completing Quantum Health's tobacco cessation program, which is available free-of-charge.

(2) For individual coverage, the individual deductible is the amount the member must pay each plan year before the plan begins paying toward covered services. If covering dependents, each individual must meet their individual deductible until the family deductible has been met. The family deductible can be partially met by multiple members but the amount must equal the full family deductible value. The same rule applies to the out-of-pocket maximum.

(3) Copay Plan: Only the amount you pay for in-network covered expenses counts toward your in-network deductible and out-of-pocket maximum. The amount you pay for out-of-network covered expenses counts toward your out-of-network deductible and out-of-pocket maximum.

(4) HDHP Plan: Only the amount you pay for in-network covered expenses counts toward your in-network deductible. The amount you pay for out-of-network covered expenses counts toward both your in-network and out-of-network deductibles and out-of-pocket maximums.

EXAMPLES



Choosing the right plan for you depends on you and your family's specific situations. Here are some cost estimate examples of what it would cost under each plan:

Pam is Having a Baby	PPO Plan	HDHP Plan
	9 months of in-network pre-natal care and a hospital delivery	9 months of in-network pre-natal care and a hospital delivery
OVERALL DEDUCTIBLE ¹	\$1,400	\$2,000
Specialist copayment / coinsurance	\$30	20%
Hospital (facility) coinsurance	20%	20%
Other coinsurance	20%	20%
TOTAL COST:	\$12,800	\$12,800
PAM WOULD PAY:	COST SHARING	COST SHARING
Deductible	\$1,400	\$2,000
Copayments	\$200	\$10
Coinsurance	\$2,600	\$1,800
Limits / exclusions	\$0	\$0
TOTAL COST PAM WOULD PAY:	\$4,200	\$3,810

Lauren's Simple Fracture	PPO Plan	HDHP Plan
	in-network emergency room visit and follow up care	in-network emergency room visit and follow up care
OVERALL DEDUCTIBLE ²	\$1,400	\$2,000
Specialist copayment / coinsurance	\$30	20%
Hospital (facility) coinsurance	20%	20%
Other coinsurance	20%	20%
TOTAL COST:	\$1,900	\$1,900
PAM WOULD PAY:	COST SHARING	COST SHARING
Deductible	\$900	\$1,900
Copayments	\$500	\$0
Coinsurance	\$0	\$0
Limits / exclusions	\$0	\$0
TOTAL COST LAUREN WOULD PAY:	\$1,400	\$1,900

This is not a cost estimator: Treatments shown are just examples of how these plans might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Use this information to compare the portion of costs you might pay under the different medical plans. Please note these coverage examples are based on self-only coverage.

(1) This example event includes services like: specialist office visits (prenatal care), childbirth / delivery professional services, childbirth / delivery facility services, and diagnostic tests (ultrasounds and blood work).

(2) This example event includes services like: emergency room care (including medical supplies), diagnostic tests (x-ray), durable medical equipment (crutches), and rehabilitation services (physical therapy).

MANAGING YOUR HEALTHCARE

PROGRAMS

Healthcare doesn't have to be confusing. To make things easier, Mister and **MyEvide** have partnered together to bring you personalized healthcare programs and tools based on your individual needs. **Quantum** Health Care Coordinators are also available to help you and your family get the most out of your benefits while simplifying the health care process.



MyEvide

We know that life is full of surprises and not every day is the same, and we believe your health needs should work with your life. With MyEvide, you'll get personalized reminders for care including when you are due for your next appointment, opportunities to save on prescriptions, and so much more. Take control of your health and wallet and find balance in your day-to-day life.

Through **MyEvide**, you can access all of your benefit programs and resources to help you better manage your health.

Click here to visit myevive.com



It's quick.

Registration takes about two minutes and all you need is your Employee ID #. As an employee, both you and your spouse will use the same Employee ID # to register.



It's personal.

MyEvide has personalized tips to help you live better, save money, and plan for the future.



It's yours.

Whether you are searching for a new in-network provider, looking to check your deductible status, or wanting answers to questions about incentives, MyEvide has answers personalized for you.

*Call for support at **1-884-520-0601***

Quantum

Quantum Health Care Coordinators are an expert team of nurses, patient services representatives, and benefit specialists who are ready to help you through every single step of your health care journey. Think of Care Coordinators as your personal health care team— they fight hard to help you save money and make sure you get the best possible care for you and your family.

Click here to visit mymisterhealth.com



Insurance
ID cards



Questions about
claims, billing,
and benefits



Finding in-network
providers



Nurse
Support



Reduce out-of-pocket
costs

*Call for support at **888-971-7277***

OPTIONAL

HSA ACCOUNT

The HDHP Plan gives you more control over your health care and spending decisions. If you enroll in this plan, you pay less per paycheck for your medical coverage. You can also contribute money to a health savings account and use the funds to pay out-of-pocket expenses with pretax dollars.



Mister helps you fund your HSA

Mister will make an annual contribution (deposited quarterly) to your health savings account when you enroll in the HDHP Plan, even if you don't contribute. Use these funds for any out-of-pocket medical expenses, including prescription, dental, and vision.

Employee Only

\$400

Employee + Spouse or Employee + Child(ren)

\$600

Employee + Family

\$800

HSA Is All About You

The HSA offers many great advantages to help you budget for and save on your health care costs:

- You receive an HSA debit card to access your funds when you need to pay for health care expenses.
- You own it. The money remains in the account for you to spend on eligible expenses no matter where you work or how long it stays in the account, even after you retire.
- You choose how to use it. You choose how much to contribute and you can change the amount throughout the year to fit your needs. Spend as you go, allowing what's left to roll forward.
- You save three ways. Your money goes in tax-free, builds earnings tax-free, and comes out tax-free when used on eligible expenses.

IRS HSA Maximum Contributions

- Employee only: \$3,500 (Employee + Company); \$4,500 age 55+.
- All other tiers: \$7,000 (Employee + Company); \$8,000 age 55+.



**CHOOSE
YOUR PLAN!**

Example

For an example what you will see once you start the enrollment process, please click the button above:

Need Help?

If you are unsure about any of the terminology or need additional help, please click the button above:

OPTIONAL


DENTAL PLAN



Mister offers two dental plan options: Delta Dental High and Delta Dental Low. With both plans, you can choose any dentist for any service, but you will save the most when you use a dentist belonging to the Delta Dental network. After you enroll, Delta Dental will mail dental ID cards to your home address.

Rates	Delta Dental High	Delta Dental Low
Employee Only	\$12.64	\$7.71
Employee + Spouse	\$29.73	\$15.88
Employee + Child(ren)	\$30.49	\$15.59
Employee + Family	\$47.60	\$25.88

In-and-out-of-Network	Delta Dental High	Delta Dental Low
Annual Deductible	\$50 individual \$150 family	\$50 individual \$150 family
Calendar Year Max	\$2000	\$1000
Preventative/Diagnostic Care	Plan pays 100%	10% after deductible
Basic Services	20% after deductible	40% after deductible
Major Services	50% after deductible	65% after deductible
Orthodontia (Up to age 26)	50% with a \$500 lifetime max	50% with a \$500 lifetime max



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VISION PLAN



The vision plan, administered by EyeMed, offers a simple way to save on vision care expenses including exams, lenses, frames, contact lenses, and vision corrective procedures. Both you and your eligible dependents can receive coverage.



Rates

Employee Cost Per Paycheck

Employee Only	\$4.04
Employee + Spouse	\$7.62
Employee + Child(ren)	\$8.02
Employee + Family	\$11.76

EyeMed Vision Services

Exams

(Once every 12 months)

Standard Plastic Lenses

(Once every 12 months)

Frames

(Once every 12 months)

Contact Lenses

(Once every 12 months)

Medically Necessary

In-Network

Out-of-Network

\$0 copay

Up to \$35

\$0 copay

Single: Up to \$25
Bifocal: Up to \$25
Trifocal: Up to \$55

\$140 allowance + 20% off balance

Up to \$45

\$115 allowance + 15% off balance

Up to \$92

Plans pay 100%

Up to 200\$



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LIFE + DISABILITY



Mister pays the full cost for benefits to help ensure financial security for you and your family and to assist you with work-life issues. We also provide access to voluntary coverage to supplement your company-provided benefits.

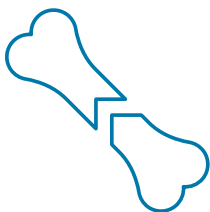


Short-Term Disability

The loss of income due to illness or disability can cause serious financial hardship for your family. Mister provides Short-Term Disability (STD) insurance to all benefit-eligible employees automatically.

At no cost to you, STD insurance helps replace a portion of your income so you can continue paying your bills and meeting your financial obligations during difficult times. Benefits will be reduced by other income, including state-mandated STD plans.

Benefits	Elimination Period	Benefit Duration
60% of based weekly pay up to \$1,000	14 days	Up to 11 weeks



Basic Life and AD&D Benefits

Mister provides you Basic Life and Accidental Death and dismemberment (AD&D) insurance so you can protect those you love from unexpected circumstances. There is no cost to you for this coverage. Your benefit amount will be one times your annual earnings up to a maximum of \$100,000 for employee life insurance as well as employee AD&D.

VOLUNTARY

LIFE + DISABILITY



If you want additional protection, you can purchase Voluntary Life and/or AD&D insurance for yourself, your spouse, and your dependent children through Lincoln. You must purchase voluntary coverage for yourself in order to purchase coverage for your spouse or dependents.

Employee Voluntary Life

25,000 increments up to \$150,000
Guarantee issue: \$150,000

Employee Voluntary AD&D

10,000 increments up to 10 times your annual compensation or \$500,000, whichever is less

Dependent Children

15 days to 6 months: \$500; 6 months to 26 years: 10% of the employee's election up to \$10,000.
Guarantee issue: All amounts.

Spouse Life

25,000 increments up to \$150,000
Guarantee issue: \$25,000

Family AD&D

Children Covered
40% of the Employee's Voluntary AD&D amount, to a maximum of \$250,000.



You may need to complete an Evidence of Insurability (EOI) medical questionnaire for supplemental life insurance amounts. If so, one will be provided to you.

Voluntary Life rates depend on age and level of coverage.

Rates will appear when enrolling via Dayforce.

While every effort has been made to ensure accuracy of this benefits summary, the plan documents and contracts will prevail in case of discrepancy between this guide and the plan documents and contracts. In addition, Mister reserves the right to modify or terminate any benefit plans at any time.



**CHOOSE
YOUR PLAN!**

Example

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OVERVIEW OF COSTS

SUMMARY

Summary of all the costs in one place to help you decide what's best for you!



Medical

Rates	PPO Plan Per Paycheck		HDHP Plan Per Paycheck	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee Only	\$45.00	\$65.00	\$22.50	\$42.50
Employee + Spouse	\$150.00	\$170.00	\$110.00	\$130.00
Employee + Child(ren)	\$137.50	\$157.50	\$100.00	\$120.00
Employee + Family	\$212.50	\$232.50	\$137.50	\$157.50

Dental

Rates	Delta Dental High	Delta Dental Low
Employee Only	\$12.64	\$7.71
Employee + Spouse	\$29.73	\$15.88
Employee + Child(ren)	\$30.49	\$15.59
Employee + Family	\$47.60	\$25.88

Vision

Rates	Employee Cost Per Paycheck
Employee Only	\$4.04
Employee + Spouse	\$7.62
Employee + Child(ren)	\$8.02
Employee + Family	\$11.76

Need more information?

CLICK HERE to see a step-by-step guide of the enrollment process.



QUESTIONS?

Call the HR Helpline at 844-529-7392
or email us at hrhelp@mistercarwash.com

Call the Care Coordinators of
Quantum at 888-971-7277

Visit benefits.mistercarwash.com
to learn more specific information