

DOWDY'S AUTOMOTIVE

**Dowdy's Automotive** offers a very comprehensive benefits package that is available on the first of the month following 60 days of employment.

### **Benefits include:**

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# Generous Paid Time Off Policy

#### At Dowdy's, we believe in work-life balance and offer a generous paid time off policy.

**Vacation** - Employees begin to accrue vacation time the first of the month following 60-days of consecutive employment. Regular full-time employees accrue vacation in increments each month based on length of service as outlined below. Regular part-time employees accrue vacation similarly but on a pro-rated basis.

Years of Service Monthly Accrual Rate		Total Days Accrued Per Year
Less than 4 years .83 per month		10 days
4 – 7 years	1.25 per month	15 days
8+ years	1.66 per month	20 days

Vacation balances of up to 5 days may be carried over to the following year.

**Sick** – Employees begin to accrue sick time the first of the month following 60-days of consecutive employment. Regular full-time employees accrue sick time in increments each month. Regular part-time employees accrue sick time similarly, but on a pro-rated basis.

Years of Service	Monthly Sick Accrual Rate	Total Days Accrued Per Year
Each year of service	.50 per month	6 days

Sick balances of up to 6 days may be carried over to the next calendar year.

**Annual Personal Day** – All employees are eligible for one personal day each year to use at their convenience. Regular part-time employees will be paid on a pro-rata basis based on the number of regularly scheduled work hours established at the time of hire. If an employee is hired after October 1st, they are not eligible for a personal day that year.

**Holidays** – Dowdy's observes the following holidays:



### Health Insurance Regence Blue Shield Innova Plan

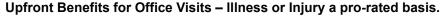
**Dowdy's covers 75% of the employee's premium** and the employee covers 100% of their dependent's premium.

**Calendar Year Deductibles** 

Per Member: \$500 Per Family: \$1,500 **Calendar Year Maximum Coinsurance** 

Per Member: \$2,000 Per Family: \$6,000

These are a portion of the benefits that are covered on our plan:





Category 1	Category 2	Category 3
Provider: Preferred	Provider: Participating	Provider: Non-Participating
Payment: After \$30 Copayment per visit, Regence pays 100% of the Allowed Amount.	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Payment: After Deductible, Regence pays 60% of the Allowed Amount and you pay balance of billed charges.

The Copayment applies to Upfront visits in the office, home or hospital outpatient department only. All other professional services performed in the office, not billed as an office visit, or that are not related to the actual visit (such as separate facility fees billed in conjunction with the office visit) are not considered an Upfront Benefit and are subject to the applicable benefit for such service and subject to the deductible.

#### **Upfront Benefits for Outpatient Laboratory and Radiology Services**

Category 1	Category 2	Category 3
Provider: Preferred	Provider: Participating	Provider: Non-Participating
Payment: Regence pays 100% of the Allowed Amount.	Payment: Regence pays 100% of the Allowed Amount	Payment: Regence pays 100% of the Allowed Amount and you pay the balance of billed charges.

Limit: \$400 per Member per Calendar Year. Once this limit is reached, they cover laboratory and radiology services, including mammography, under the Professional Services benefit, and subject to the deductible.

#### **Preventive Care and Immunizations**

Category 1	Category 2	Category 3	
Provider: Preferred	Provider: Participating	Provider: Non-Participating	
Payment: Regence pays 100% of the Allowed Amount.	Payment: Regence pays 100% of the Allowed Amount.	Payment: After deductible*, Regence pays 60% of the Allowed Amount and you pay the balance of the billed charges.	

\*Category 3 outpatient laboratory and radiology services may otherwise be covered under the Upfront Benefits for Outpatient Laboratory and Radiology Services benefit. Once any applicable Upfront limit is reached, outpatient laboratory and radiology services will be covered as specified here.

#### **Immunizations - Adult**

Category 1	Category 2	Category 3
Provider: Preferred	Provider: Participating	Provider: Non-Participating
Payment: Regence pays 100% of the Allowed Amount.	Payment: Regence pays 100% of the Allowed Amount.	Payment: After deductible, regence pays 60% of the Allowed Amount and you pay the balance of the billed charges.

Regence covers immunizations for adults according to, and as recommended by, the USPSTF and the CDC.

#### **Immunizations – Childhood**

Category 1	Category 2	Category 3	
Provider: Preferred	Provider: Participating	Provider: Non-Participating	
Payment: Regence pays 100% of the Allowed Amount.			

Regence covers immunizations for children (up to 18 years of age), according to, and as recommended by, the USPSTF and the CDC.

#### **Ambulance Services**

Category: All	Provider: All	Payment: After deductible, Regence pays 80% and you pay 20% of the Allowed Amount.
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Regence covers ambulance services to the nearest hospital equipped to provide treatment, when any other form of transportation would endanger your health and the purpose of the transportation is not for personal or convenience purposes. Covered ambulance services include licensed ground and air ambulance providers.

#### **Complementary Care**

Category 1 Category 2 Category 3		Category 3
Provider: Preferred	Provider: Participating	Provider: Non-Participating
Payment: Regence pays 80% and you pay 20% of the Allowed Amount. Your coinsurance does not apply toward the maximum coinsurance.	Payment: Regence pays 80% and you pay 20% of the Allowed Amount. Your coinsurance does not apply toward the maximum coinsurance.	Payment: Regence pays 80% and you pay 20% of the Allowed Amount and you pay balance of billed charges. Your payment does not apply toward the maximum coinsurance.
Limit: 12 visits for all complementary care combined per Member per Calendar Year		

Regence covers the services and supplies of the following providers: acupuncturists, chiropractors and naturopaths. They also cover acupuncture and chiropractor care under this benefit when performed by any provider.





Dental Insurance
Delta Dental of Idaho

Employees cover 100% of their premiums as well as dependents.

Low premiums and great coverage.

#### **Benefit Overview**

Per Person Deductible \$50

excluding Diagnostic and Preventive services per benefit year

Family Deductible \$150

Excluding Diagnostic and Preventive services per benefit year

Maximum Benefit \$1,250

Per eligible person per benefit year

Services You pay the % below:

Preventive & Diagnostic Services 0%

Examinations, X-Rays, Teeth Cleaning

Basic Services 20%

Fillings, root canals, extractions, oral surgery

Major Services 50%

Crowns, implants, onlays, bridges, dentures

Late enrollee waiting period is 12 months



Our goal is to provide exceptional customer service, community advocacy, and preventive treatment for all Idahoans so we can all smile a little bit brighter.





## Disability Coverage The Hartford

#### Premium is no cost to employees.

#### **Short Term Disability**

Benefit Percentage (Percent of your earnings)	Maximum	Sickness Benefit Starts	Injury Benefit Starts	Benefit Duration
60%	\$1,500	On the 8th day	On the 1st day	13 weeks

- You are eligible if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis.
- This benefit is guaranteed issue coverage it is available without having to provide information about your health.
- This insurance will become effective on the date you become eligible. You must be actively at work on the day your coverage takes effect.
- The insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave employment, or the coverage is no longer offered.

#### **Long Term Disability**

Benefit Percentage (Percent of your earnings)	Maximum	Minimum (Based on monthly income loss before the deduction of other income benefits)	Benefit Starts (Elimination period)	Benefit Duration
60%	\$6,000	The greater of \$100 or 10% of the benefit	After 90 days disabled	<ul> <li>Disabled before: Age 63</li> <li>Benefit duration: As long as you are disabled</li> <li>Benefit duration maximum: The greater of your Social Security Normal Retirement Age or 4 years</li> </ul>

- You are eligible if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis.
- This benefit is guaranteed issue coverage it is available without having to provide information about your health.
- This coverage is subject to a pre-existing condition exclusion.
- This insurance will become effective on the date you become eligible. You must be actively at work on the day your coverage takes effect.
- This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave employment, or the coverage is no longer offered.



## Life Insurance The Hartford

#### Premium is no cost to employees.

#### Life Insurance

Applicant	Life Coverage	AD&D Coverage
Employee	Benefit: \$25,000	Included

#### AD&D Benefits - Percent of coverage amount per accident

Covered accidents or death can occur up to 365 days after the accident. The total benefit for all losses due to the same accident will not exceed 100% of your coverage amount.

- You are eligible if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis.
- This benefit is guaranteed issue coverage it is available without having to provide information about your health.
- This insurance will become effective on the date you become eligible. You must be actively at work on the day your coverage takes effect.
- This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave employment, or the coverage is no longer offered.
- You can take this life insurance coverage with you if you terminate employment. Coverage may be continued
  for you under a group portability certificate or an individual conversion life certificate. Conversion and portability
  are not available for AD&D coverage.



### Simple IRA American Funds

It's never too early or late to contribute towards your retirement.

Dowdy's offers a Simple IRA retirement plan through America Funds Capital Group, with matching of 100% up to 3% that you contribute.

• You decide how much of your pay, up to IRS limits, you want to contribute. Your contributions will be deducted directly from your paycheck. You can make:

**Before-tax contributions:** Because you're contributing money from your paycheck before income taxes are deducted, you reduce your annual taxable income in the year the contributions are made. Before-tax contributions allow your savings to accumulate tax-deferred. In other words, you don't pay taxes on what you save or on your assets as they grow until you take the money out at retirement.

**Additional catch-up contributions:** If you're 50 or older, you can contribute an additional amount before taxes.

- The money that is contributed is vested immediately, in other words, it's yours to keep.
- There are multiple investment options. It is recommended that you consult your financial professional when making investment options.

