



Brown Bear
Car Wash

EMPLOYEE BENEFIT NEW HIRE GUIDE

Open Enrollment and Summary
of Material Modifications

November 1, 2023 – October 31, 2024

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please read the Individual Creditable Coverage Disclosure notice for more information. If you have questions about your options, please, contact Human Resources, or our Benefits Consultant, Parker, Smith & Feek.

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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of a discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. For specific tax or legal advice, please consult with your own tax or legal advisor for assistance. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

WELCOME TO CAR WASH ENTERPRISES, INC.



Eligibility Requirements

Employee	Dependents	Waiting Period
Full-time site managers/supervisors, all assistant managers, and main office personnel working at least 30 hours per week or Variable hour employees averaging 30 hours per week over a six-month measurement period	Your legal spouse or domestic partner* Dependent children may be covered until age 26	1st of the month coincident with or next following 60 days of employment

*** Domestic partner must meet all requirements included in the "Affidavit of Qualifying Domestic Partnership". Eligible partner is extended the same rights and benefits as a spouse. Coverage also includes eligible children of partner.**

For new employees, this is your chance to enroll in the Car Wash Enterprises, Inc. Employee Benefits Plan. You must enroll yourself and your dependents within 30 days of becoming eligible for benefits. You can enroll eligible dependents at the same time you enroll yourself.

Once you're enrolled in benefits, you generally aren't allowed to make changes until the next annual Open Enrollment. Open Enrollment is your one chance each year to review your coverage and make changes to your benefits. It's also your chance to enroll if you declined coverage when you first became eligible. Open Enrollment changes take effect on November 1st each year.

Other than during Open Enrollment, you can make changes to your benefits during the year only if you experience a qualifying status change. Please refer to the Special Enrollment section later in this document (page 16).

Benefits Advocacy – Here To Help



Parker, Smith & Feek, Inc.

Car Wash has also partnered with Parker, Smith & Feek to provide you and your family with individualized assistance with insurance problems you are unable to resolve directly with the carriers. This includes claims issues, eligibility questions, network problems and general healthcare or insurance questions.

Your Account Manager	Email	Phone
Rosa M. Ambrose	rmambrose@psfinc.com	253-359-9657

How Much Do I Have To Pay?

The following contributions are effective November 1, 2023.

Deducted Monthly	HSA \$1,500 Plan (does not include HSA bank contributions)				
	You Pay Medical	You Pay Dental	You Pay Vision	Car Wash Pays	Total Cost
Employee	\$120.23	\$14.26	\$2.49	\$410.93	\$547.91
Employee and spouse	\$412.70	\$45.22	\$5.48	\$737.34	\$1,200.74
Employee and 1 or more children	\$344.89	\$56.01	\$5.65	\$680.49	\$1,087.04
Family* with 1 or more children	\$637.37	\$86.91	\$10.63	\$1,008.85	\$1,743.76

Deducted Monthly	PPO \$750 Plan				
	You Pay Medical	You Pay Dental	You Pay Vision	Car Wash Pays	Total Cost
Employee	\$167.37	\$14.26	\$2.49	\$552.35	\$736.46
Employee and spouse	\$574.51	\$45.22	\$5.48	\$993.43	\$1,618.63
Employee and 1 or more children	\$480.11	\$56.01	\$5.65	\$910.00	\$1,451.76
Family* with 1 or more children	\$887.25	\$86.91	\$10.63	\$1,353.02	\$2,337.80

Please note that when your contributions are taken out of your paycheck on a pre-tax basis, as allowed by Section 125 of the Internal Revenue Code. IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as

marriage, divorce, birth of a child, or change in employment status. This means you may not drop coverage for a dependent during the year unless there is a qualified change in family status.

Contact Information

Refer to this list when you need to contact a benefits vendor.
For general information, contact Human Resources.

Medical, Vision and Prescription Drugs	Premera Blue Cross Nurseline	800-722-1471 800-841-8343	www.premera.com
Medical, Vision and Prescription Drugs	Premera Blue Cross (AK) Nurseline	800-508-4722 800-841-8343	www.premera.com
Rx Mail Order	Express Scripts	800-391-9701	
Virtual Care	98point6 DoctorOnDemand		www.98point6.com/premera www.doctorondemand.com/premera
Behavioral Health	TalkSpace		www.talkspace.com/premera
Addiction Help	Workit Boulder Care	888-316-0451	www.workithealth.com/premera www.boulder.care/getstarted
Dental	Delta Dental of Washington	800-554-1907	www.deltadentalwa.com cservice@deltadentalwa.com
Vision	Vision Service Plan	800-877-7195	www.vsp.com
Health Savings Account	Optum	866-234-8913	customercare@optum.com optumbank.com
Life Insurance	Mutual of Omaha	800-655-5142	www.mutualofomaha.com
401(k) Plan	TransAmerica	800-401-8726	www.transamerica.com
Benefits Advocacy	Jim Gregson Parker, Smith & Feek	425-709-3744 jcgregson@psfinc.com	www.psfinc.com
	Rosa M. Ambrose Parker, Smith & Feek	253-359-9657 rmambrose@psfinc.com	www.psfinc.com

MEDICAL COVERAGE



Premera

Benefits Summary

The plan encourages you to use in-network providers by charging you lower co-pays and co-insurance amounts. In-network providers agree to bill Premera directly and to accept a negotiated fee as payment in full. Out-of-Network providers have not and you may have to pay amounts above Premera's allowable charge (*also called balance billing*). To find a list of in-network providers, go to www.premera.com and search for providers in the **Heritage Plus** Network. The deductible and out-of-pocket maximum are on a calendar-year basis and reset every January 1st.

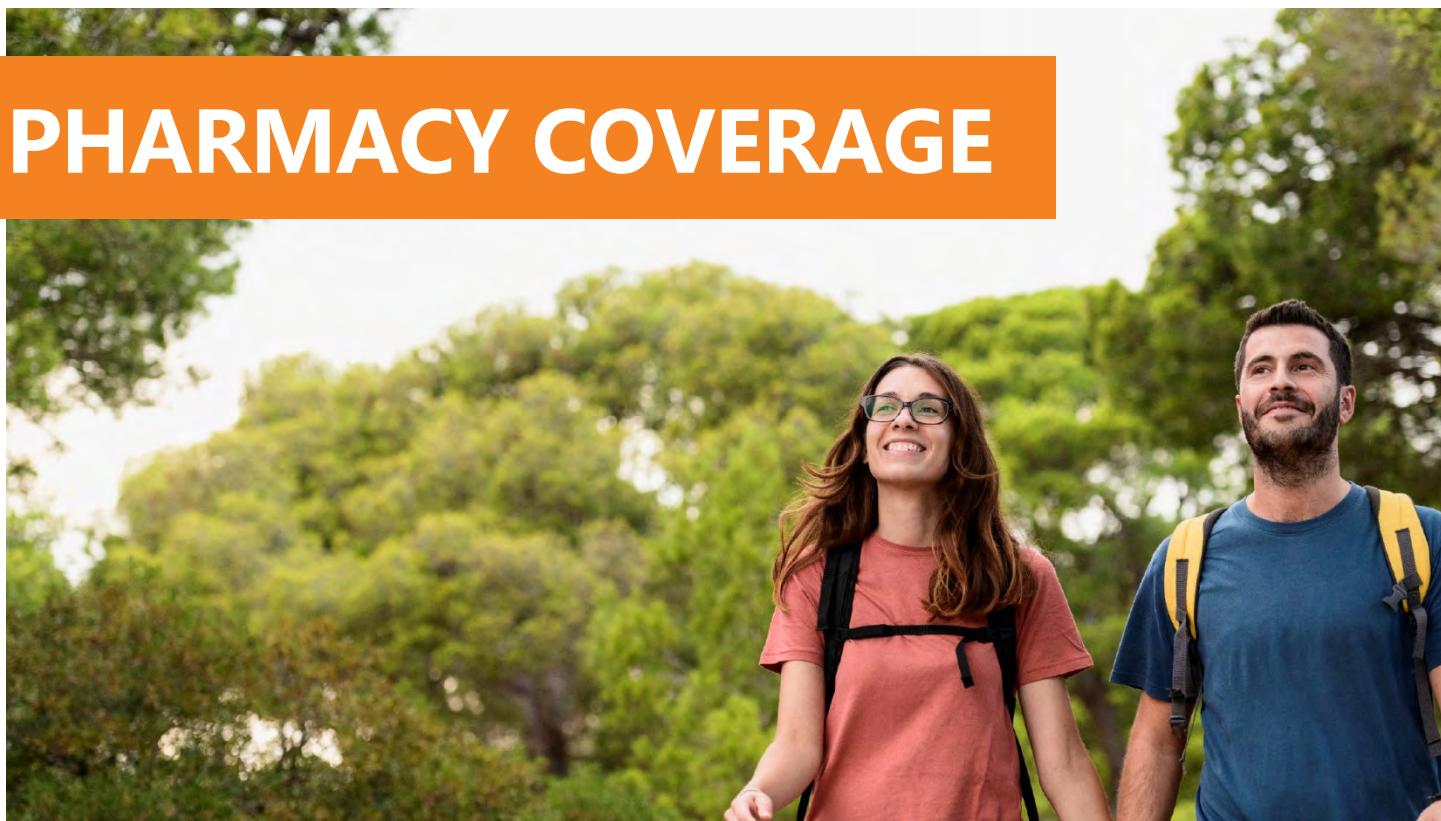
You have the choice of two medical plans: the HSA plan and the PPO plan. The following is a summary of both plans. You choose your plan each year during Open Enrollment.

**DON'T FORGET YOUR
ANNUAL EXAM.**

**PREVENTIVE CARE IS
COVERED 100%.**

Premiera – Heritage Network	HSA \$1,500 Plan	PPO \$750 Plan
Annual Deductible <i>Individual</i> <i>Maximum per family</i>	\$1,500 \$3,000 Deductible applies to all services before the plan begins to pay coinsurance	\$750 \$2,250 For services where a copay applies, the deductible is waived
Out-of-Pocket Maximum <i>Individual</i> <i>Maximum per family</i>	\$5,000 \$10,000	\$4,000 \$8,000
Preventive Care <i>Routine Exam</i> <i>Laboratory Services</i>	Paid at 100%, deductible waived	Paid at 100%, deductible waived
Physician Services <i>Office Visits (Primary/Specialist)</i> <i>Inpatient</i>	20% coinsurance 20% coinsurance	\$20 copay / \$35 copay 20% coinsurance
Telemedicine	20% coinsurance	\$10 copay (applies to the \$4,000 out of pocket maximum)
Outpatient X-Ray and Laboratory Services	20% coinsurance	20% coinsurance
Emergency Services	20% coinsurance	\$250 copay, then \$750 deductible and 20% coinsurance
Hospital Services <i>Inpatient and Outpatient</i>	20% coinsurance	20% coinsurance
Outpatient Rehabilitation <i>25 visits per calendar year</i>	20% coinsurance	20% coinsurance
Mental Health Outpatient	20% coinsurance	\$20 copay
Spinal Manipulations <i>12 visits per calendar year</i>	20% coinsurance	\$20 copay
Urgent Care	20% coinsurance	\$35 copay
Vision Benefit- per calendar year	1 exam PCY, \$300 hardware limit	1 exam PCY, \$300 hardware limit
Out-of-network		
OON Deductible <i>Individual</i> <i>Maximum per family</i>	Shared with in-network	Shared with in-network
OON Out-of-Pocket Maximum <i>Individual</i> <i>Maximum per family</i>	Shared with in-network	Shared with in-network
Out-of-Network Coinsurance	Paid at 60%	Paid at 60%

PHARMACY COVERAGE



Premera

This plan requires the use of appropriate generic drugs. When available, a generic drug will be dispensed in place of a brand name drug. If a generic equivalent isn't manufactured, the applicable brand name copay or coinsurance will apply. You or the prescriber may request a brand name drug instead of a generic, but if a generic equivalent is available, you'll be required to pay the difference in price between the brand name drug and the generic equivalent, in addition to paying the applicable brand name drug copay or coinsurance.

	HSA \$1,500 Plan		PPO \$750 Plan	
	Retail (30-day supply)	Mail Order (90-day supply)	Retail (30-day supply)	Mail Order (90-day supply)
Generics	20% coinsurance after medical plan deductible is satisfied		\$5 copay	\$15 copay
Preferred Brand			\$25 copay	\$75 copay
Non-Preferred Brand			\$50 copay	\$150 copay
Specialty Drugs	Paid at applicable tier level		Paid at applicable tier level	
Preventive Drugs (generic)	Paid at 100%		Paid at 100%	
Notice regarding Medicare Part D	Our medical plans offer what is called “creditable coverage,” which means a Medicare-eligible person will not have to buy a Medicare Part D supplement for prescription drugs, and will not be subject to the 1% per month late enrollment charge assessed by Medicare for purchasing Part D at a later date. If you have questions about your options, please contact Human Resources.			

VIRTUAL AND TELEPHONIC CARE



98point6 or Doctor on Demand

Virtual care provides 24/7 access to a board certified, licensed family practice doctor or pediatrician via text or video and can be used for many of your medical issues. It replaces expensive visits and long wait times at the ER or urgent care clinic to diagnose and treat those acute, non-emergent medical issues that may arise such as:

- Cold and flu
- Sore throat
- Rashes
- Allergies
- Headaches
- Bronchitis
- UTI
- Fever
- Asthma
- And much more!

Doctors can also write short term prescriptions and will send the script electronically to the pharmacy of your choice. After the visit, at your request, the doctor will send electronic chart notes to your primary care doctor. Virtual care is not a substitute for a primary care doctor.

How does it work?

Download the app and set up your account. Make sure you have your Premera ID card ready. The average wait time is 3–7 minutes. You can have your visit via smart phone, tablet or computer.

Services	98point6	Doctor on Demand
24/7 Access	www.98point6.com/premera	www.doctorondemand.com/premera
Care Delivery	Text messaging	Phone Video chat
Provider Type	Primary care Urgent Care Dermatology	Primary care Urgent Care Dermatology Mental Health
Other	Prescribe medication Order medical tests	Prescribe medication Order medical tests

Talkspace Behavioral Health Care



You can receive behavioral health counseling through TalkSpace. Once you have established a relationship with your provider, you have access to unlimited text messaging. Go to the TalkSpace site at <https://redemption.talkspace.com/redemption/premera> or mobile app and select the provider that best fits your care criteria prior to making your appointment.

Premera MyCare App



Through the Premera MyCare app, you can get seen virtually at any time. Premera MyCare offers low-cost, convenient and high-quality care from the comfort of your home. Get access to virtual care providers for timely treatment options including:

- Primary Care
- Health Management
- Mental Health
- Substance Use
- Prescriptions

Addiction Help

Workit Health

Workit Health

Workit Health provides medication and virtual counseling to help you quit. The platform offers help for quitting smoking, gambling, sex addiction, alcohol, and opioid use. Go to www.workithealth.com/premera or download the app. Have your Premera ID card at hand to sign up.

Boulder

Boulder Care

Boulder Care provides medication and virtual counseling to help you quit. They have an emphasis on opioids, alcohol, and other substance abuse counseling. Go to www.boulder.care/getstarted or download their app. Have your Premera ID card handy to sign up.

DENTAL COVERAGE



Delta Dental of Washington

Contracted providers agree to bill Delta Dental of Washington directly and to accept a negotiated fee as payment in full. Allowable charges for out-of-network providers are paid based on allowed amounts, as determined by Delta Dental of Washington. You may be responsible for any additional amounts (*also called balance billing*). The deductible and annual maximum are on a calendar-year basis and reset every January 1st.

	Delta Dental	All Other Dentists
Annual Deductible		
<i>Individual</i>		\$50
<i>Maximum per family</i>		\$150
Preventive Care (exams, x-rays, etc.)	Paid at 100%	
Basic Services (fillings, extractions, etc.)	Paid at 90%	Paid at 80%
Major Services (crowns, bridges, dentures, etc.)	Paid at 50%	
Annual Maximum	\$2,000	
Orthodontia	Paid at 50% to \$1,000 lifetime maximum per dependent child	

VISION COVERAGE



Vision Service Plan

Contracted providers agree to bill VSP directly and to accept a negotiated fee as payment in full. If you use a non-VSP provider, you will need to submit a claim to VSP and you will be reimbursed up to the scheduled amounts.

	VSP Signature	All Other Providers
Vision Exam <i>Every 12 months</i>	\$10 copay	Reimbursed up to \$50
Eyeglass Lenses <i>Every 12 months</i>	Paid at 100% after \$20 copay	Reimbursed from \$50 - \$100 based on lens type
Frames <i>Every 12 months</i>	Paid at 100% up to \$180 allowance	Reimbursed up to \$70
Contact Lenses <i>Every 12 months</i> <i>In lieu of Glasses</i>	Paid at 100% up to \$180 allowance	Reimbursed up to \$105

HOW CAR WASH HELPS YOU PAY YOUR MEDICAL DEDUCTIBLE



Health Savings Accounts

You must be enrolled in the HSA Medical Plan to take advantage of the HSA.

A Health Savings Accounts (HSA) is a tax-advantaged savings account that belongs to you and is designed to help you save money pre-tax for when you have higher health care expenses. Regardless of who puts money into your HSA, HSA dollars are owned by you, the account holder. Unused money rolls over to the next year and is fully portable. This means you take it with you if you leave.

	2023	2024
Individual-only coverage	\$3,850	\$4,150
Individual, plus one or more covered family members	\$7,750	\$8,300
Additional catch-up contribution for those 55+	\$1,000	\$1,000

2023-2024 HSA Contributions

When you are enrolled in the High Deductible Plan, Car Wash will contribute the following amounts to each employee's account:

	Annual Total
Individual	\$750
Family	\$1,500

Contributions made by Car Wash Enterprises, Inc. will be made on a monthly basis. **Please note:** you will only have access to funds that are deposited to your account. Additionally, you may elect to put additional money into your HSA from your paycheck on a tax-free basis. Car Wash Enterprises, Inc. will also pay for the monthly administrative fee for participants.

It is your responsibility to confirm you are eligible to receive contributions to your Health Savings Account.

To receive contributions you must NOT have other health coverage for yourself including:

- Coverage through an individual non-qualified HDHP plan
- Coverage through a spouse's or parent's non-qualified HDHP plan
- Access to a spouse's Flexible Spending Arrangement
- Be a dependent on someone else's tax return
- Coverage through a state or federal program:
 - Tricare/Champva/Veterans Administration
 - Native/Tribal plan
 - Medicare
 - Medicaid

For IHS beneficiaries or Veterans beneficiaries, you cannot contribute to your HSA for 3 months following the month you receive benefits from the Veterans or Native Tribal facilities.

For questions about your eligibility for the HSA, contact Human Resources.

Please note that Health Savings Accounts and employer HSA contributions are not subject to ERISA or COBRA. HSA information is included in this Summary to provide you with a complete overview. It is not our intent to include your account in our ERISA benefits program.

LIFE AND AD&D INSURANCE



Mutual of Omaha

Car Wash purchases life and accidental death and dismemberment (AD&D) insurance for those eligible.

Benefits

\$10,000 term life insurance benefit per employee

If death is the result of an accident (as defined by the contract), then the beneficiary(ies) will receive an additional 100% (\$10,000). A scheduled benefit is paid for amputation or paralysis of limbs.

Supplemental Life

If you want additional group life insurance, you may purchase additional amounts through payroll deductions. You must be enrolled in supplemental life to purchase life insurance for your spouse or child.

Please see the brochure from Mutual of Omaha for benefit information and rates.

Because the premium is based on your age, when you go from one age bracket to the next, monthly deductions will increase to reflect the new age bracket. Age brackets are in 5-year increments (30–34, 35–39, etc.).

**REMINDER: IF YOU RECENTLY
HAD A FAMILY STATUS
CHANGE, THIS IS A GOOD
TIME TO UPDATE YOUR
BENEFICIARY INFORMATION.**

401(k) AND TUITION ASSISTANCE



Transamerica

To help you prepare for the future, Car Wash Enterprises, Inc. sponsors a 401(k) Plan as part of its benefits package. As an employee, you may start participating in this plan at the beginning of the quarter after one year of employment and completing one year of employment and completing 1,000 hours of service. If you do not reach 1,000 hours of service, it is looked at each calendar year until you reach 1,000 hours of service.

401(k) Employee & Employer Contributions

Car Wash Enterprises, Inc. will match the employee contributions dollar for dollar for the first 3%, then 50 cents on the dollar for the next 2% of employee contributions. By saving on a pre-tax basis, you reduce the taxes you pay today and delay paying taxes on the money you save, as well as your account earnings, until you withdraw the money from the plan.

Tuition Assistance

Education leads to self-improvement which increases the value of the employee to Car Wash Enterprises. In that vein, CWE encourages higher education to prepare all employees for greater responsibility within the company.

Basic Reimbursement Level: 50% of an employee's tuition costs, books, and other qualified expenses provided they meet all requirements set forth in the employee handbook and those contained in the Tuition Request Form. \$4,000 annual reimbursement level.

Advanced Reimbursement Level: Assistant Managers and above are eligible for additional tuition assistance. In addition to the guidelines noted above, they must have worked for the company for 5 years and have been working toward a degree aligned with CWE. \$10,000 annual reimbursement level.

IMPORTANT LEGAL INFORMATION

Healthcare Reform

The Affordable Care Act (ACA) is complex and you may have questions about how it impacts you, your family and your benefits. There are three items you should know.

First, the individual mandate (the requirement that all individuals have health insurance) remains in place. What has changed is the penalty associated with it. As of January 1, 2019, the ACA tax penalty is repealed and you won't have to pay anything if you don't enroll.

Second, the Health Insurance Marketplace still exists. You can shop for and enroll in insurance plans through the exchange and still apply for income-based subsidies.

Third, for most people, the plans we offer are considered affordable and neither you nor any family members are eligible for the federal subsidies available in the Health Insurance Marketplace, even if you choose not to enroll in Car Wash's plan.

Please refer to your Notice of Health Insurance Marketplace Coverage for general information. For additional information on Marketplace options in your area and subsidy calculators, go to www.healthcare.gov or call 1-800-318-2596.

Annual Reminders

Special Enrollment

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), allows a Special Enrollment period in addition to the regular Open Enrollment period. Only the following individuals may enroll outside the Open Enrollment period:

- Individuals who previously waived coverage under this program because they had other coverage and then involuntarily lost the other coverage. Enrollment must occur within 60 days of the loss of other coverage;
- New dependents due to marriage, birth, adoption or placement for adoption. The eligible employee and other dependents who previously did not elect to be covered under the employer's health care plan may also enroll at the time the new dependent is enrolled. Enrollment must occur within 60 days of date of marriage, or 60 days of a birth, adoption or placement for adoption;
- A court has ordered coverage be provided for a spouse or minor child under this plan and request for enrollment is made within 60 days after issuance of such court order;

- If employee and/or dependent(s) become ineligible for Medicaid or the Children's Health Insurance program and request coverage under our plan within 60 days of termination (Please read the Medicaid and the Children's Health Insurance Program notice for more information); or
- If employee and/or dependent(s) become eligible for the state premium assistance program and request coverage under our plan within 60 days after eligibility is determined.

Notice Regarding the Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Human Resources for more information.

COBRA

COBRA continuation coverage is a temporary continuation of coverage under our employee benefit plan. Please contact Human Resources for a copy of the General Notice of COBRA Continuation Rights. This notice explains your rights and obligations to receive COBRA benefits.

We are not always aware when a COBRA event takes place, unless notified by you. The most common examples are divorce, or when a child exceeds the maximum age. When such an event occurs, the Notice of Qualifying Event must be postmarked within 60 days of the qualifying event for the affected person to be eligible for COBRA continuation. If you have questions about COBRA please contact Human Resources.

Important Notice from Car Wash Enterprises, Inc. 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 Car Wash Enterprises, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

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. Car Wash has determined that the prescription drug coverage offered by the Car Wash Enterprises, Inc. Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

Plan Participants who also are eligible for Medicare have the following three options concerning prescription drug coverage:

- You may stay in the Plan and not enroll in the Medicare prescription drug coverage at this time. You will be able to enroll in the Medicare prescription drug coverage at a later date without penalty, either (1) during a Medicare prescription drug open enrollment period (October 15–December 7 of each year); or (2) if you lose Plan coverage. This is the best option for most Plan participants who are eligible for Medicare.
- You may stay in the Plan and also enroll in Medicare prescription drug coverage at this time. The Plan will pay prescription drug benefits as the primary payer in most instances. Medicare will pay benefits as a secondary payer,

and thus the value of your Medicare prescription drug coverage will be greatly reduced. Your current coverage under the Plan pays for other health benefits as well as prescription drugs and will not change if you choose to enroll in Medicare prescription drug coverage. However, once you enroll in Medicare, you and Car Wash will not be eligible to make any further contributions to your Health Savings Account. And under the Plan coverage, you must meet the high deductible amounts before the Plan will pay for most prescription drugs.

- You may reject all coverage under the Plan and choose coverage under Medicare as your primary and only payer for all medical and prescription drug expenses. If you do so, you will not be able to receive coverage under the Plan, including prescription drug coverage, unless and until you are eligible to reenroll at the next enrollment period for which you are eligible, if any. Your current coverage pays for other types of health expenses, in addition to prescription drugs, and you will not be eligible to receive any of your current health and prescription drug benefits if you reject coverage under the Plan and choose to enroll in Medicare, including a Medicare prescription drug plan, as your primary and only payer.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Car Wash and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information about this Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. 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 Car Wash changes. You also may request a copy of this notice at any time.

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).

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, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: November 1, 2023
Name of Entity/Sender: Car Wash Enterprises, Inc.
Contact—Position/Office: George Hobson
Address: 3977 Leary Way NW
Seattle, WA 98107
Phone Number: 206-274-2616

Premium Assistance under Medicaid and the Children's Health Insurance Program

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (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

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

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

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program: <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+)

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

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

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

INDIANA – Medicaid

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

IOWA – Medicaid and CHIP (Hawki)

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

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

KENTUCKY – Medicaid

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>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or

www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or

1-855-618-5488 (LaHIPP)

MAINE – Medicaid

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

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: (617) 886-8102

MINNESOTA – Medicaid

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

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

Email: HSHIPPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

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

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalse rv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

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)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhpp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP
(1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
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 Service
www.cms.hhs.gov
1-877-267-2323, menu option 4, ext. 61565