

Wheels provides a comprehensive benefits program that offers a range of resources and is an important part of your total compensation. Some benefits are paid in full by Wheels and some costs are your responsibility. Below is an overview of the benefits available to you and your eligible dependents.

When can I enroll?

- Within 31 days of first becoming eligible.
- During the annual Open Enrollment.
- If you experience a qualifying life event.

When does coverage begin?

If you're a new hire: First of the month following your date of hire.

Who is eligible?

Employees working at least 20 hours per week but less than 30 hours per week are eligible to participate in dental, vision, voluntary life, Healthcare Flexible Spending Account (FSA), Limited Purpose FSA, Dependent Care FSA, voluntary AD&D, commuter benefits, identity fraud protection, accident insurance, critical illness insurance, legal plan, hospital indemnity, and 401(k) plan.

Holidays and Paid Time Off

Wheels has 11 paid holidays, including 9 fixed and 2 floating. The nine holidays are:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve
- Christmas Day

Vacation Days

Vacation days begin accruing on the date of hire, monthly. The amount of vacation employees receive each year increases with the length of employment.

Years of Service	Vacation Days
0 - 4	15
5 - 9	18
10 - 12	21
13 - 15	23
16 - 18	24
19 - 21	26
22 - 24	27
25 - 29	28
30+	30

Paid Leave

The Company provides 6 days of paid leave per year to regular full-time employees (prorated based on date of hire) in accordance with this Policy. Sick time will be replenished each year on January 1.

This Benefits-at-a-Glance is a summary and provides an overview of the benefits offered to eligible employees and their dependents. It is not a complete description of the coverage offered nor the varying eligibility that may apply under different benefits. If this guide does not address your specific questions, please review the underlying policies or plan documents, available from Human Resources. You may also email Human Resources to request copies of these documents. Controlling provisions are provided in each benefit plan policy. If there is any discrepancy between this guide and the underlying policies or plan documents, the policies or plan document will control. This Benefits-at-a-Glance is not a binding contract or guarantee of coverage. Wheels reserves the right to end, suspend, or amend any plan or benefit provided, at any time, for any reason, in whole or in part.



Medical Plan Options - Blue Cross Blue Shield



IN-NETWORK BENEFITS ¹	Blue Advantage HMO In-Network Only / IL Only	High Deductible Health Plan (HDHP)	PPO Blue Choice Options Open Access POS - GA	
Provider Network	BlueAdvantage HMO	PPO	Tier 1: Blue Choice Options	
	You Pay	You Pay	You Pay	
Calendar Year Deductible Individual / Family	\$0	Tier 1: \$3,300 / \$6,600 Tier 2: \$4,000 / \$8,000	Tier 1: \$1,500 / \$3,000 Tier 2 :\$2,500 / \$5,000	
Coinsurance	15%	Tier 1: 20% Tier 2: 30%	Tier 1: 20% Tier 2: 30%	
Calendar Year Out-of-Pocket Max Individual / Family Medical Prescription Drugs	\$1,500 / \$3,000 \$500 / \$1,500	Tier 1: \$5,000 / \$10,000 Tier 2: \$7,000 / \$14,000	Tier 1: \$5,000 / \$10,000 Tier 2 :\$6,000 / \$12,000	
Preventive Care	No Charge	No Charge	No Charge	
Primary Care / Specialist Office Visit	\$20 / \$35 copay	Tier 1: 20% after deductible Tier 2: 30% after deductible	Tier 1: \$30 Copay / \$50 Copay Tier 2: \$40 Copay / \$60 Copay	
Virtual Care Visit (Must use MD Live)	Not Covered	Non-emergency consultation - \$44	\$30 copay	
Urgent Care	\$20 copay	Tier 1: 20% after deductible Tier 2: 30% after deductible	\$50 copay	
Emergency Room Care	\$150 copay	Tier 1: 20% after deductible Tier 2: 20% after deductible	\$400 copay	
Prescription Drugs Managed by Pri	ime Therapeutics LLC			
Retail (Up to 34-day supply) Tier 1 / Tier 2 / Tier 3 / Tier 4	\$10/\$35/\$70/\$150	20% after deductible	\$10/\$35/\$70/\$150	
Mail Order (Up to 90-day supply) Tier 1 / Tier 2 / Tier 3	2.5x	20% aπer deductible	2.5x	



Wellness Program - Advocate Health Care

The Wellbeing Benefit Program provides you with tools and resources to learn more about healthy living.

Participation in the program is voluntary and confidential and administered by Advocate Health Care.

Employees and their spouse /domestic partner who complete the designated activities within the wellness plan year – generally January 1 through December 31– may be eligible to earn and receive a wellness premium contribution incentive for the <u>following</u> year.

Wellness Premium Contribution Incentive

Employees and their spouse or domestic partner are eligible to earn a wellness premium contribution incentive. The incentive is based on participation in the activities, not on the outcome.

Coverage Level	Monthly Wellness Credit	Annual Savings
Employee and Employee & Child	\$50	\$600
Employee & Spouse/Domestic Partner and Family	\$100	\$1,200

Medical Contributions (Per Pay Period)

Per Pay (26 Pay Periods)	HMO Blue Advantage Illinois Employees Only		High Deductible Health Plan (HDHP - Blue Choice Options [BCO] & HDHP - GA Blue Open Access POS)		PPO Plans - (PPO - Blue Choice Options [BCO] & PPO - GA Blue Open Access POS)	
	With Wellness Credit	Without Wellness Credit	With Wellness Credit	Without Wellness Credit	With Wellness Credit	Without Wellness Credit
Employee Only	\$51.22	\$74.30	\$35.51	\$58.59	\$78.59	\$101.66
Employee + Spouse/DP*	\$152.57	\$198.73	\$91.97	\$138.12	\$229.38	\$275.53
Employee + Child(ren)	\$143.87	\$166.94	\$83.86	\$106.94	\$197.46	\$220.54
Employee + Family	\$255.05	\$301.21	\$143.54	\$189.69	\$347.00	\$393.16

Health Savings Account (HSA) - HSA Bank



Only available for those enrolled in the High Deductible Health Plan (HDHP) medical plan

HSA Contribution Limits

Each year, you can contribute up to the IRS annual limit for HSAs which includes Wheel's contribution. Wheels will contribute to your HSA in January and July. The contribution will be prorated for new hires based upon your eligibility date.

	WHEELS WILL CONTRIBUTE	PRE-TAX LIMIT YOU CAN CONTRIBUTE*	2025 IRS CONTRIBUTION LIMIT
Employee Only	\$500 (\$250 in January, \$250 in July)	\$3,800	\$4,300
Family	\$1,000 (\$500 in January, \$500 in July)	\$7,550	\$8,550

^{*} If you are age 55 or older, you may contribute an additional \$1,000 in catchup contributions.

Flexible Spending Accounts (FSA) - HSA Bank

An FSA allows you to set money aside on a pre-tax basis to pay for eligible health care and dependent care costs. Three types of FSAs are available:

- **Health Care FSA** This FSA allows you to submit eligible medical, dental and vision expenses for reimbursement. You can deposit up to \$3,300 to the Health Care FSA for the 2025 calendar year.
- Limited Purpose FSA (available only to those enrolled in the High Deductible Health Plan (HDHP) and have a Health Savings Account. You can use this FSA for eligible dental and vision expenses only. You may NOT use it for any medical expenses. Using this account in conjunction with the HSA allows you to save additional pre-tax money. You can contribute up to \$3,300 for the 2025 calendar year in this account.
- **Dependent Care FSA** Eligible expenses include daycare, before-school and after-school care, babysitters, and elder daycare. For the 2025 calendar year, you can deposit up to \$5,000.



Dental Plan Options - Cigna

Preventive Services (no deductible)

Basic Services (after deductible)

Major Services (after deductible)

Orthodontia (to age 26)



0%

20%

50%

50%

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Cigna Dental	Low Plan PPO		High P	lan PPO
Calendar Year Maximum (Plan pays)	Up to \$1,000		Up to	\$1,500
Orthodontia Lifetime Maximum (Plan pays per person)	N/A		\$2,	000
	You	ı Pay	You	ı Рау
	In-Network	Out-of-Network MAC	In-Network	Out-of-Network R&C
Calendar Year Deductible (applies to Basic and Major Services)	\$50 Individual / \$150 Family			

To search for in-network dental providers, log onto www.cigna.com. When prompted to select a dental plan, click on Total Cigna DPPO.

20%

40%

60%

Not Covered

0%

20%

50%

50%

0%

20%

50%

Not Covered

Vision - Cigna (Provider Network: EyeMed)

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		You Pay
	FREQUENCY	IN-NETWORK
Eye Exam	Once every 12 months	\$10 copay
Prescription Glasses	Once every 12 months	\$10 copay
Frame	Once every 12 months	Amount over \$150 allowance at 20% discount
Lenses (Single vision, lined bifocal, lined trifocal)	Once every 12 months	Included in Prescription Glasses
Progressive Lenses (Standard)	Once every 12 months	Included in Prescription Glasses
Elective Contacts – instead of glasses	Once every 12 months	Amount over \$150 allowance at 15% discount
Medically Necessary Contacts - instead of glasses	Once every 12 months	\$0.00

^{*} For "Out-of-Network" benefits please refer to the complete Benefit Summary.

To search for in-network vision providers, log onto Vision Provider Locator (eyemedvisioncare.com)

Dental & Vision Contributions (Per Pay Period)

Per Pay (26 Pay Periods)	Low Dental Plan	High Dental Plan	Vision Plan
Employee Only	\$2.75	\$7.76	\$2.76
Employee + Spouse/DP*	\$5.81	\$16.93	\$5.53
Employee + Child(ren)	\$7.97	\$21.89	\$5.82
Employee + Family	\$8.92	\$24.60	\$8.10

^{*} For information regarding domestic partner (DP) costs and tax implications, please contact Human Resources

Life Benefits - Unum



Basic Life and Accidental Death and Dismemberment (AD&D) Insurance: 1 times base annual earnings to a maximum of \$500,000; employer-paid.

The value of employee basic life insurance coverage over \$50,000 is considered imputed income and is included in your taxable income.

Voluntary Life/AD&D Insurance: Employees can elect to purchase:

- **Employee:** Increments of \$10,000 to \$500,000**; guaranteed issue of \$250,000.
- **Spouse:** Increments of \$5,000 to \$100,000; Guaranteed Issue of \$50,000.
- **Spouse: AD&D**: Increments of \$5,000 to \$250,000
- Child (to age 26 if FT student): Increments of \$2,000 to \$10,000; one policy covers all children; all amounts are Guaranteed Issue.

Disability Benefits - Unum

Short-Term Disability Insurance:

- **Non-Exempt Employees:** On the 8th day of a qualified accident or illness, pays 60% of your weekly base salary per week for a maximum of 26 weeks; employer-paid.
- **Exempt Employees:** On the 8th day of a qualified accident or illness, pays 100% of your weekly base salary per week for a maximum of 6 weeks and 60% of your salary for the remaining period of your short-term disability up to 20 weeks; employer-paid.

Long-Term Disability Insurance: After 180 days of a qualified disability, pays 60% of your base monthly earnings to a maximum of \$13,000 per month; benefit lasts until SSNRA; employer-paid.

401(k) / Retirement Plan

If you are a new employee and are eligible to participate, you will automatically be enrolled in the 401(k) Retirement Savings Plan at a 5% contribution rate. Eligible employees can contribute pre-tax (which means you don't pay taxes on contributions now but will pay taxes at retirement) or via Roth (which requires you to pay taxes on contributions now but will not pay taxes at retirement). Wheels will contribute 100% of the first 3% deferred, and 50% on the next 2% deferred and the contributions will be vested immediately.

Additional Benefits

- Employee Assistance Program
- Bereavement Days
- Paid Parental Leave
- Fertility (IVF)
- Adoption Assistance
- Referral Bonuses
- Commuter Benefits
- Identity Theft Protection

- Legal Plan
- Emergency Travel Assistance
- Business Travel Accident Insurance
- Accident Insurance
- Hospital Indemnity Insurance
- Critical Illness
- Credit Union Services

- Wellness Discounts
- Automotive Discounts
- Enhanced Family Support & Pet
- Tuition Reimbursement



^{**}Age reductions may apply starting at age 70.