



2016 DRIVETIME Inspection Center (IC) Employees **BENEFITS OWNER'S MANUAL**



DriveTime Benefits Package

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EMPLOYEE ELIGIBILITY

If you are a regular, active employee you are eligible to enroll in DriveTime's Benefits Program! You can enroll in benefits as a new hire within your first 30 days. After that, you have to wait until Open Enrollment or a Life Status Change to enroll or make changes to your elections.



Benefits are active on your **31st day** of employment and end on the **last day worked at midnight**.



YOU CAN ALSO ENROLL DEPENDENTS

- Legal spouses
- Common-law spouses (TX only)
- Children and stepchildren

Children/stepchildren:
Medical for up to age 26 and dental/vision for ages 19 to 25 (if enrolled as full-time student)

If you have questions on dependent eligibility, please contact the Benefits Department or see the "Summary Plan Descriptions" posted on our website.



WHAT IS A LIFE STATUS CHANGE?

- Marriage or divorce
- Birth or adoption of a child
- Death of spouse or dependent
- Gain or loss of coverage
- Change in employment status
- Change in dependent eligibility

Any changes you make as a result of a qualified status change must be submitted in writing to the Benefits Department **within 31 days** of the qualifying event.

The **Life Status Change Form** can be found on our website. If you miss this enrollment window, you will have to wait until the next annual Open Enrollment to make benefit changes.

VERIFYING DEPENDENTS ELIGIBILITY

DriveTime conducts dependent eligibility verification for all employees who cover dependents on their benefits (this includes medical, dental and vision). You are required to provide documentation supporting the eligibility of each of your covered dependents. For a complete listing of acceptable documents for dependent eligibility verification, visit the benefits website at:

WWW.DRIVETIMEBENEFITS.COM



IF YOU DO NOT PROVIDE PROOF OF DEPENDENT ELIGIBILITY:

- They *will not* be eligible for medical, dental and/or vision coverage and will be removed on your benefits start date.
- They *will not* be eligible for COBRA.
- Enrolling an ineligible dependent on your plan is an integrity issue and could result in *termination of your employment*.

It is your responsibility to ensure your dependents meet, and continue to meet, the requirements for eligible dependents under the DriveTime Health Plan.

In order to cover dependents on your benefits, you must fax documentation to the Benefits Department verifying your dependents' eligibility before your benefits start date (your benefits begin on your 31st day of employment). Please fax your dependent's information in to 888-505-7130. If not received, we will not process any benefit elections for your dependents.



WELCOME - HERE'S HOW YOU GET STARTED

Welcome to DriveTime! Please make sure to complete each of these steps to ensure your enrollment in benefits. If you have any problems completing any of the steps, make sure to contact us via email and we will be glad to assist you. You'll find a full **checklist outline available for you to use on the next page** to help you keep track of your deadlines in accordance with your hire date.

IMPORTANT BENEFITS DEADLINES



- 
2 WEEKS
FROM START DATE

STEP 1 BENEFITS NEW HIRE ORIENTATION

This step is simply a training overview which can be completed using our EVO training site found on the DASH home page.
- 
30 DAYS
FROM START DATE

STEP 2 ENROLLING IN BENEFITS

Logon to the ADP Portal online at www.portal.adp.com. From there, elect your benefits (including adding dependents, at least one beneficiary for life insurance, etc.). Then be sure to hit "confirm" to submit.
- 
30 DAYS
FROM START DATE

STEP 3 DEPENDENT PAPERWORK

If you selected dependents when you enrolled, you must submit all required documentation to prove their eligibility. Refer to pg. 1 of this document or the benefits website for instructions.
- 
31st DAY
OF EMPLOYMENT

STEP 4 BENEFITS TAKE EFFECT

If you elected medical coverage, you will receive your insurance card for United Healthcare in the mail. Please note, there are no cards issued for dental or vision.
- 
60 DAYS
AFTER BENEFITS EFFECTIVE DATE

STEP 5 BIOMETRIC TESTING & ANNUAL PHYSICAL

If you would like to participate in our discounted Wellness Program you must complete Biometric Testing and an Annual Physical with your doctor. Refer to pg. 5 for instructions.



Your hire date:

___ / ___ / ___

Use your hire date to add your specific deadlines for each checklist item below. It's very important that these items are completed on time for your benefits to take effect!

STEP 1 BENEFITS NEW HIRE ORIENTATION

Due 2 weeks after your date of hire

Your deadline:

+14
days

___ / ___ / ___

STEP 2 ENROLLING IN BENEFITS

Due 30 days after date of hire

Your deadline:

+30
days

___ / ___ / ___

STEP 3 DEPENDENT PAPERWORK

Due 30 days after date of hire

Your deadline:

+30
days

___ / ___ / ___

STEP 4 BENEFITS TAKE EFFECT

Active on 31st day after date of hire

Benefits Effective:

+31
days

___ / ___ / ___

STEP 5 BIOMETRIC TESTING & ANNUAL PHYSICAL

Due 60 days after benefits take effect

Your deadline:

+90
days

___ / ___ / ___

YOUR WELLNESS PROGRAM

www.drivetimebenefits.com

EARN POINTS TO SAVE \$



DriveTime's Wellness Program, WellTime, is designed to help employees, including spouse (if enrolled), identify health risk factors before they become serious health problems. To get started, you and your spouse (if enrolled) complete steps to earn points. Your discount is based on how many points you earn. If you cover a spouse, you each earn your own points from wellness steps; your discount will be based on the least amount of points earned.



Your participation in this program is voluntary, but why not save money while taking care of your health? Save up to \$1,155/year for an individual, up to \$2,967/year for a family.

START WITH THE FOLLOWING STEPS TO EARN YOUR FIRST 1,800 POINTS!

STEPS	WHERE TO COMPLETE	POINTS EARNED
NON-TOBACCO USER	WELLNESS FORM	600
BIOMETRIC TESTING	DOCTOR'S OFFICE OR LAB	600
ANNUAL PHYSICAL	DOCTOR'S OFFICE	600

HOW DO YOU EARN POINTS FROM BIOMETRICS?

BIOMETRIC CATEGORY	VALUE TO PASS	POINTS EARNED IF PASS/EXEMPT
Blood Sugar (Glucose)	Glycohemoglobin A1c test: 6.2% or less	300
Body Mass Index (BMI)	Less than 29.9 kg/m²	300
Cholesterol	200 mm/dl or less or Total/HDL 4.0 or less	300
Blood Pressure (BP)	139/89 mm/Hg or less	300



WHAT ARE THE WELLNESS TIERS?

WELLNESS GOLD	WELLNESS SILVER	WELLNESS BRONZE
<p>2,500 + POINTS</p> <p>Keep the full discount on your medical rates</p>	<p>2,000-2,499 POINTS</p> <p>Partial discount on your medical rates</p>	<p>0-1,999 POINTS</p> <p>Lose the discount on your medical rates</p>

Platinum Level: 3,500 POINTS Earns you a \$50 Amazon Gift Code!



YOUR WELLNESS RESOURCES



WELLTIME (ADURO)

WWW.DRIVETIME.MYWELLMETRICS.COM
855-864-0721

At DriveTime, we want to help you to be the best you can be, as we strive to be the best company we can be. WellTime will make it easy and fun for you to challenge yourself, your health decisions, and provide you with the tools and support to develop healthy habits, and earn points toward your wellness tiers and great incentives while you are doing so.

HEALTH ADVOCATE

866-799-2728

Call Health Advocate for help finding a doctor for your wellness visit or for emotional health services. You and your family have access to a full range of emotional health services through an employee assistance program (EAP) and mental health and substance abuse (MHSA) benefits.

HEALTHY PREGNANCY PROGRAM

888-246-7389

The Healthy Pregnancy Program provides health assessments, customized educational materials and maternity nurse support throughout your pregnancy.

CANCER RESOURCE CENTER

800-842-5658

Call the Cancer Resource Center to speak with nurses who specialize in cancer treatment and can help you understand your cancer diagnosis or seek treatment.

PRESCRIPTION DRUGS

800-842-5658

Call Optum RX for more information on your prescription drug coverage through the DriveTime Medical Plan.

TELADOC

800-835-2362

If you ever feel sick and cannot meet with your primary healthcare doctor, call Teladoc. Available 24/7/365 for no charge to employees and dependents covered on DriveTime's medical plan.



DriveTime is a Tobacco-Free Workplace

You can call **TrestleTree** if you're enrolled in medical coverage to help you quit smoking. Or for those not enrolled you can use **DT's Quit Tobacco Reimbursement Program**.



Want some extra motivation?

Participate in challenges on the WellTime site and you could earn an Amazon gift card!



TWO MEDICAL PLANS TO CHOOSE FROM

See more information on these options below.

Need help choosing which is right for you? Call Health Advocate: 866-799-2728.

COMPARING THE PLANS	The Traditional Plan	The Liberty Plan
	Preferred Provider Organization (PPO) plan that comes with co-pays for office visits and prescription coverage.	High deductible health plan that comes with an option to save tax-deferred in a Health Savings Account (HSA).
DEDUCTIBLE	\$750 Individual / \$1,500 Family	\$1,300 Individual / \$2,600 Family
CO-PAY	\$30 Primary / \$50 Specialist / \$75 Urgent Care	Use Health Savings Account (HSA). Pay up to 100% of annual deductible; then 80/20 coinsurance to Out-of-Pocket max.
HOSPITAL CO-PAY	\$200 Co-Pay + deductible + 80/20 coinsurance	Use Health Savings Account (HSA). Pay up to 100% of annual deductible; then 80/20 coinsurance to Out-of-Pocket max.
EMERGENCY ROOM	Co-Pays: $\left(\begin{array}{l} 1^{st} - 2^{nd} \text{ visit} = \$250 \text{ per visit} \\ 3^{rd} - 5^{th} = \$350 \text{ per visit} \\ 6^{th}+ = \$500 \text{ per visit} \end{array} \right)$ + deductible + 80/20 coinsurance	Use Health Savings Account (HSA). Pay up to 100% of annual deductible; then 80/20 coinsurance to Out-of-Pocket max.
PRESCRIPTIONS	Co-Pays apply \$10/\$35/\$60/20% (max \$250) Mail Order: \$20/\$70/\$120	Use Health Savings Account (HSA). Pay up to 100% of annual deductible; then co-pays to Out-of-Pocket max. Some preventive medications are covered 100% (refer to list on our website).
OUT-OF-POCKET MAX	\$3,000 Individual / \$6,000 Family (includes deductible)	\$2,600 Individual / \$5,200 Family (includes deductible)
PREVENTIVE CARE	100% Covered (includes preventive health services specified in the health care reform law)	100% Covered (includes preventive health services specified in the health care reform law)
DEPENDENT ELIGIBILITY	Up to age 26	Up to age 26
LIFETIME MAX	Unlimited	Unlimited

COMPARE RATES	The Traditional Plan	The Liberty Plan
	FULL-TIME Biweekly Rates	FULL-TIME Biweekly Rates
WELLNESS GOLD ▾		
EMPLOYEE	\$0.00	\$0.00
EMPLOYEE + SPOUSE	\$73.00	\$62.05
EMPLOYEE + CHILD(REN)	\$49.00	\$41.65
EMPLOYEE + FAMILY	\$102.00	\$86.70
WELLNESS SILVER ▾		
EMPLOYEE	\$10.01	\$10.46
EMPLOYEE + SPOUSE	\$87.28	\$80.00
EMPLOYEE + CHILD(REN)	\$59.92	\$55.38
EMPLOYEE + FAMILY	\$120.34	\$109.75
WELLNESS BRONZE ▾		
EMPLOYEE	\$44.04	\$41.26
EMPLOYEE + SPOUSE	\$174.52	\$157.42
EMPLOYEE + CHILD(REN)	\$111.01	\$99.02
EMPLOYEE + FAMILY	\$215.31	\$191.90

*If you elect No Coverage, you will receive a credit of \$29.00 on each paycheck.

ABOUT SAVINGS ACCOUNTS

The Liberty Plan has a Health Savings Account (HSA) to allow you to save money for your health expenses. DriveTime will match up to a certain amount and it will be fully-funded into your account at the beginning of the year!

Dependent Care Flexible Spending Account
For childcare expenses. Can be elected with either plan, maximum election is \$5,000 and employee contributions are funded on pay dates.



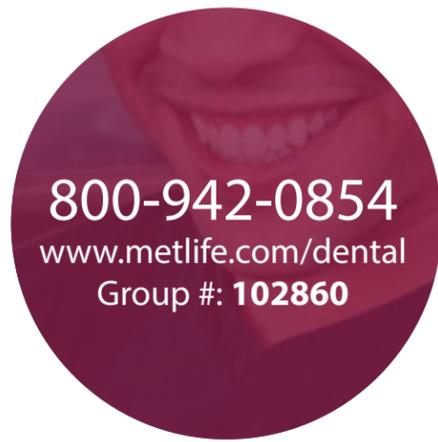
Traditional: FSA	Liberty: HSA
Maximum Election: \$2,500	Maximum Election: \$3,350 / \$6,750 <small>individual family</small>
<ul style="list-style-type: none"> ✗ Does NOT rollover ✗ DriveTime does NOT match ✓ Total election available on first pay date ✓ Pre-tax deduction ✓ Provide receipts to Discovery Benefits and keep in case of audit 	<ul style="list-style-type: none"> ✓ Rolls over to next year ✓ DT matches \$250 (indv.) / \$500 (family) ✓ Employee contributions funded on pay dates ✓ Pre-tax deduction ✓ Keep receipts in case of audit

*See IRS Publication 502: Medical & Dental for eligible expenses.



HIGH OR LOW PLAN - WHICH IS RIGHT FOR YOU?

For a healthy smile, DriveTime offers dental coverage through MetLife. The High and Low Plans allow you to see any licensed dentist; however, you will **save money by selecting an in-network MetLife dentist.**



KEEPING YOUR EYES HEALTHY

To help maintain your vision, DriveTime offers vision coverage through VSP. The plan allows you to see any eye doctor; however, **you will save money by selecting an in-network VSP physician.**



DENTAL PREMIUMS		
	FULL-TIME HIGH PLAN	FULL-TIME LOW PLAN
EMPLOYEE	\$0.00	\$0.00
EMPLOYEE + SPOUSE	\$8.54	\$6.68
EMPLOYEE + CHILD(REN)	\$9.84	\$6.82
EMPLOYEE + FAMILY	\$19.81	\$13.91

*If you elect No Coverage, you will receive a credit of \$5.25 on each paycheck.

DENTAL BENEFITS			
	CLASSIC HIGH (IN & OUT-OF NETWORK)	VALUE LOW (IN-NETWORK)	VALUE LOW (OUT-OF NETWORK)
DEDUCTIBLE	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150	Individual: \$75 Family: \$225
DIAGNOSIS & PREVENTATIVE	Plan pays 100% / No deductible	Plan pays 100% / No deductible	Plan pays 80% / No deductible
BASIC SERVICES	Plan pays 80%	Plan pays 80%	Plan pays 60%
MAJOR SERVICES	Plan pays 50%	Plan pays 50%	Plan pays 40%
ANNUAL PLAN MAX	\$1,750	\$1,500	\$750
ORTHODONTIC SERVICES	Plan pays 50% to lifetime max of \$1,500 (Children & Adults)	Plan pays 50% to lifetime max of \$1,500 (Children Only)	Plan pays 50% to lifetime max of \$750 (Children Only)

*Mississippi, Texas and Georgia have legal restrictions that require that the coverage for in- and out-of-network be the same. The benefit is 80% for diagnostic and preventative, 60% for basic services, and 40% for major services. Maximum annual benefit is \$1,750.

VISION PREMIUMS	
EMPLOYEE	\$0.00
EMPLOYEE + SPOUSE	\$3.60
EMPLOYEE + CHILD(REN)	\$4.16
EMPLOYEE + FAMILY	\$4.65

*If you elect No Coverage, you will receive a credit of \$3.78 on each paycheck.

DID YOU KNOW?

VSP has a TruHearing Program, which can provide you and your family members with discounts of up to 50% on hearing aids. **Sign up at vsp.truhearing.com.**

VISION BENEFITS			
	COPAY	FREQUENCY	OUT OF NETWORK REIMBURSEMENT*
COMPREHENSIVE EXAM	\$15 co-pay	Available every 12 months	Up to \$50
SINGLE VISION LENSES	\$15 co-pay	Available every 12 months	Up to \$50
FRAMES	\$120 allowance then 20% discount	Available every 24 months	Up to \$70
CONTACTS	\$120 allowance for exam and contacts	Available every 12 months	Up to \$105
LASER CORRECTION	Average 15% discount only with contracted facilities		N/A

*If you go to an out-of-network provider, you will be required to submit your expenses for reimbursement.



BASIC LIFE INSURANCE - AT NO COST TO YOU!

Even if you do not enroll in any benefits with us, you are still provided the coverage. It is very important for you to make your beneficiary elections via ADP Self-Service and add the names of the people or organizations for your wishes to be honored. We encourage all DriveTime employees to elect primary and secondary beneficiaries.



800-247-6875
www.sunlife.com/us
Group #: 237856



PARTICIPATE IN DRIVETIME'S 401K

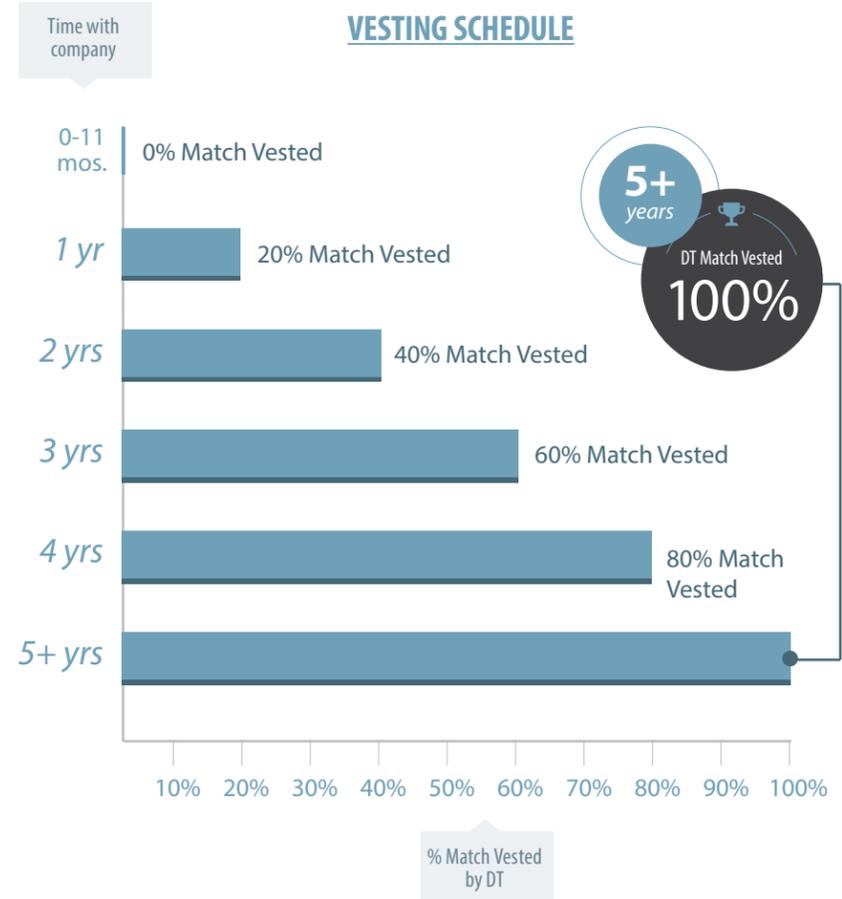
Financial reward doesn't just happen, it takes years of planning to build a foundation that allows you to enjoy a good life during retirement. It also takes a commitment to saving money now during your active-working years. DriveTime offers a 401(k) Retirement Savings Plan. Your contributions are deposited into your account before you pay taxes, saving you money.



800-890-4015
www.401k.com

LIFE INSURANCE	1x ANNUAL EARNINGS TO \$50,000 MAXIMUM A free policy courtesy of DriveTime for all employees
SUPPLEMENTAL LIFE INSURANCE	3x ANNUAL EARNINGS UP TO \$450,000 Maximum taken in increments of \$10,000 / Guaranteed issue at first enrollment opportunity without need for evidence of insurability: \$300,000
SPOUSE LIFE INSURANCE	COVERAGE AVAILABLE UP TO \$100,000 Must elect coverage to enroll / Cannot exceed one's own election amount / May elect coverage in \$5,000 increments / Spouse guaranteed issue: \$30,000
DEPENDENT LIFE INSURANCE	COVERAGE AVAILABLE UP TO \$10,000 One rate covers all children (6 mos. - 26 yrs. old) / Guaranteed issue: \$10,000 / \$5,000 policy rate is \$0.23 per pay period / \$10,000 policy rate is \$0.46 per pay period.
DISABILITY	<p>SHORT-TERM DISABILITY 60% of salary to a max of \$1,385 per week / 14-day waiting period before payments begin (DriveTime pays for this policy if you purchase LTD).</p> <p>LONG-TERM DISABILITY 60% of salary to a max of \$6,000 per month CORE PLAN: 5 year benefit duration BUY-UP: Buy-up option to Social Security Normal Retirement Age (65).</p>

- ✓ **DRIVETIME MATCHES!**
DriveTime will match **\$0.40** on every dollar for the first **6% of the salary** you contribute.
- ✓ **UPDATE ANYTIME**
You may increase, decrease or stop your contributions anytime through Fidelity's website.
- ✓ **IT'S YOUR INVESTMENT**
You have complete ownership of your contribution and earnings. If you leave DriveTime, it all goes with you.





WORK / LIFE BALANCE IS IMPORTANT

DriveTime knows you work hard at your job. That is why we offer personal time benefits to help enrich your life and enjoy your time outside of work.

PAID HOLIDAYS

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

WHEN TO USE PTO

PTO can be used for vacation, illness injury and/or personal business. You begin accruing PTO upon your date of hire. It may be taken as soon as it is accrued, subject to approval by your manager.

PTO ACCRUAL RATES		NON-CALIFORNIA EMPLOYEES
LENGTH OF SERVICE	CLASSIFICATION	PAID DAYS / YEAR
LESS THAN 1 YEAR	Hourly / Retail Sales	11 days
LESS THAN 1 YEAR	Salaried	16 days
BETWEEN 1 & 3 YEARS	All employees	17 days
BETWEEN 3 & 5 YEARS	All employees	20 days
5 OR MORE YEARS	All employees	24 days

PTO ACCRUAL RATES		CALIFORNIA EMPLOYEES	
LENGTH OF SERVICE	CLASSIFICATION	SICK PTO	VACATION PTO
LESS THAN 1 YEAR	Hourly / Sales Advisor	1 hr earned for every 30 hrs worked; capped at 48 hrs	44 hrs
LESS THAN 1 YEAR	Salaried		84 hrs
BETWEEN 1 & 3 YEARS	All employees		92 hrs
BETWEEN 3 & 5 YEARS	All employees		116 hrs
5 OR MORE YEARS	All employees		148 hrs

i Your annual PTO is "use-it-or-lose-it" meaning you cannot rollover your paid time off hours into the following year (except CA sick and vacation hours, subject to the max carry over).



TUITION REIMBURSEMENT

We encourage you to improve your performance and professional development. All regular full and part-time employees who have completed 60 days of continuous service are eligible for assistance with tuition costs. The maximum reimbursement of tuition and registration fees will be **up to \$5,250 per calendar year for a full-time employee** and **\$3,150 for a part-time employee**.

COMMUNITY COLLEGE	ANY PASSING GRADE (A, B or C) = 100% REIMBURSEMENT
UNIVERSITY	A or B = 100% REIMBURSEMENT C = 80% REIMBURSEMENT



LEAVE OF ABSENCE WITH DRIVETIME

Our Leave of Absence Program is administered through the Leave Department. We handle **Family Medical Leave Act (FMLA)**, **Personal Leaves of Absence (PLOA)** and **Americans with Disabilities (ADA)** requests.

There are three different types of FMLA: continuous, intermittent and military. Generally, FMLA is 12 weeks or 480 hours of "job protection" with no pay.* If an employee has Short-Term Disability (STD) or Long-Term Disability (LTD), it may cover 60% of pay after 14 days of their leave of absence.

i *FMLA, PLOA and Military Leaves are *unpaid*. Employees will be required to use up to 40 hours of accrued PTO if available, which will run concurrent with their leave time. Employees may not borrow PTO when on a leave.

ARE YOU ELIGIBLE FOR LEAVE? ?

TYPES OF LEAVE	ELIGIBILITY	DEFINITION	EXAMPLE
CONTINUOUS FMLA	Employed for at least 12 months or 1,250 hours	Employee may take up to 12 weeks per rolling 12 months	Birth of a child
INTERMITTENT FMLA	Employed for at least 12 months or 1,250 hours	Employee may take up to 480 hours of unpaid FMLA in 15 minute increments	Migraines; employee is in and out of work
PERSONAL LEAVE (PLOA)	Employed full-time for at least 6 consecutive months	Can take 6 weeks of leave with approval from regional-level manager	Personal issues
AMERICANS WITH DISABILITIES ACT (ADA)	All employees are eligible as of date of hire	Substantially limits normal life functions (walking, talking, etc.).	Employee needs time beyond FMLA for depression
MILITARY LEAVE	All employees are eligible as of date of hire	Employees may take leave for the duration of military training.	Military training

NOTE: FMLA runs on a rolling calendar schedule meaning if you start Feb. 2016 you have 12 weeks until Feb. 2017. Spouses and family of service members are eligible for leave under FMLA as well.



HOW TO REQUEST A LEAVE OF ABSENCE

- Email leave@drivetime.com
- Include your reason for leave (such as your own or family member's health condition or if the reason is due to a work-related injury).
- Also include the first anticipated day of absence or whether the request is for intermittent leave.



RETURNING TO WORK

- When you return to work you will need to provide a doctor's release if your LOA was due to a health condition. This is different from the LOA certification and can be written on a prescription pad.
- Fax the release to the Leave Department at **866-665-7197**. You will not be able to return to work without it.

IF YOU ARE ELIGIBLE: The Leave department will notify you and send you the certification packet to be completed by a doctor.



TO ENROLL LOGIN TO ADP SELF-SERVICE PORTAL

All enrollments or changes to your benefits are completed online in ADP Self-Service. All new hires have 30 days from their hire date to enroll. Follow the instructions below to get started.



ADP SELF-SERVICE PORTAL

STEP 1 LOGIN TO WWW.PORTAL.ADP.COM

Click "User Login" to access ADP Self-Service. Your username is the first initial of your first name, followed by your last name and "@drivetimep"

For example: If your name is John Smith, your username would be: *jsmith@drivetimep*

Then enter your password. If you don't remember it, click the "Forgot your password" link.



ADP HOME PAGE

STEP 2 ACCESSING BENEFITS

After logging in and landing on the home page, you will see a link to "Benefits" in the main navigation at the top of the page. Hover over that link and a drop down menu will appear.

From the drop-down menu, click "Health & Welfare" to access your benefits information.



HEALTH & WELFARE HOME PAGE

STEP 3 ENROLLMENT PROCESS

Now you will start the enrollment process by hovering over the "Myself" tab on the top navigation bar, then clicking on "Enrollments" from the drop down menu.

STEP 4 YOUR BENEFITS ELECTION PAGE

You can add/update your dependents by clicking "Manage Dependents" at the beginning of the page. Then simply click each benefits link/section you'd like to enroll in for 2016.

Benefits	Plan Election	Coverage	Biweekly Cost
Medical	No Coverage		
Health Savings Account (View Only)	No Coverage		
Prescription Drug (View Only)	No Coverage		
Dental	No Coverage		
Vision	No Coverage		
Basic Life	Basic Life 1X Salary		\$0.00
Basic AD&D (View Only)	Basic ADD 1X Salary		\$0.00
Supplemental Life Insurance	No Coverage		
Supplemental Spouse Life (View Only)	No Coverage		
Dependent Life (View Only)	No Coverage		
Short-Term Disability (View Only)	No Coverage		
Long-Term Disability	No Coverage		
Health Care FSA	No Coverage		
Dependent Care FSA (View Only)	No Coverage		
Total Post-tax Cost:			\$0.00
Total Pre-tax Cost:			\$0.00
Total Cost:			\$0.00

YOUR BENEFITS ELECTION PAGE

Beneficiary designations indicated here will replace all previous designations and are effective immediately. Payment of your death is to be made to the designated beneficiary if he or she is living. If none of my designated beneficiaries are living at the time of my death, or I have not designated a beneficiary, the distribution shall be payable to a default beneficiary in accordance with the terms of the plan. If no primary beneficiary is designated, the distribution shall be payable to the contingent beneficiary (ies) shall acquire the designated share of my benefits. In addition, by clicking the Confirm button below I am agreeing to the terms of the applicable life insurance policy and that this action constitutes an electronic signature signifying my agreement to the terms of the plan (including designations) above. *****Note: Clicking on the Save and Return Later button will save your benefit elections and dependent beneficiary data that you may have just entered.

Save & Return Later **Confirm Elections** Cancel

SUMMARY OF PAGE: CONFIRM ELECTIONS

Make sure to click "Confirm Elections" at the end of the page after reviewing all of your benefit elections. *If you do not confirm, your updates will not go into effect and will result in no coverage!*

CONTINUE ON NEXT PAGE >

ELECT & CONFIRM BENEFITS FOR 2016

GENERAL INFORMATION DriveTime Benefits Department	Ph: 888-781-5654 opt. 1 Fx: 888-505-7130	benefits@drivetime.com www.drivetimebenefits.com
WELLTIME ADURO	Ph: 855-864-0721 Fx: 866-877-7095	www.drivetime.mywellmetrics.com support@adurolife.com
MEDICAL PLANS United Healthcare	Group # 709715 800-842-5658	www.myuhc.com
PRESCRIPTIONS Optum Rx	800-842-5658	www.myuhc.com Click on "Manage My Prescriptions"
HEALTH SAVINGS ACCOUNT Optum Health	800-791-9361 www.optumhealthbank.com	
FLEXIBLE SAVINGS ACCOUNT Discovery Benefits	866-451-3399 www.discoverybenefits.com	
DENTAL PLAN Metlife	Group # 102860 800-942-0854	www.metlife.com/dental
VISION PLAN Vision Service Plan	Group # 12139952 800-877-7195	www.vsp.com
RETIREMENT SAVINGS Fidelity	Group # 83096 www.401k.com	Eng: 800-890-4015 Spa: 800-587-5282
LIFE INSURANCE & DISABILITY Sun Life	Group # 237856 800-247-6875	www.sunlife.com/us
EMPLOYEE ASSISTANCE (EAP) Health Advocate	866-799-2728 www.healthadvocate.com/members	
TELEMEDICINE Teladoc	800-835-2362 www.teladoc.com	
LEAVE (FMLA/ADA/PLOA) DriveTime Benefits Department	Fx: 866-665-7197	leave@drivetime.com www.drivetimebenefits.com

COBRA	Under certain circumstances, you (or your covered dependent) may continue health care coverage when it would otherwise end through the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) coverage. Please contact the Benefits Department for additional materials and refer to the summary plan description regarding termination coverage.
COINSURANCE	Coinsurance is similar to copayment, except it's a percentage of costs you pay. For instance, you may pay 20% of the cost of a \$100 medical bill. So you would pay \$20 and the health plan would pay the rest.
CO-PAYMENT	A co-payment is a fixed amount you'll pay for a medical service after you've met your deductible. For example, after meeting your deductible you may pay \$25 for a visit to the doctor's office that would cost \$150 if you didn't have coverage. The health plan pays the rest.
COST-SHARING	Arrangements such as deductibles, co-payments, (or co-insurance) where you pay some of the cost of your health care and the company pays a portion of your health care.
DEDUCTIBLE	If you need medical care, a deductible is the amount you pay for care before the insurance company starts to pay its share. Once you meet your deductible, your insurance company begins to cover some costs of your care. Many plans provide preventive services, and sometimes other care, before you've met your deductible.
EXPLANATION OF BENEFITS	The statement sent to you and your physician listing services received, amount billed and any payments made.
FLEXIBLE SPENDING ACCOUNT	You can use to pay for copayments, deductibles, some drugs and other health care costs. FSAs are limited to \$2500 per year. A Flexible Spending Account is a special account you put money into that you use to pay for certain out-of-pocket health care costs. You don't have to pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside
IN-NETWORK	A system of contracted physicians, hospitals and other health care professionals that provide health care to enrollees at lower rates, negotiated by insurance carriers.
NO YEARLY OR LIFETIME LIMITS	Health plans can't put dollar limits on how much they will spend each year or over your lifetime to cover essential health benefits. After you've reached your out-of-pocket maximum, your insurance company must pay for all of your covered medical care with no limit.
OUT-OF-NETWORK	Coverage for treatment obtained from non-participating physicians or other health care professionals. With an out-of-network physician, there are no network discounts and you will have more out-of-pocket expenses when compared to going to an in-network physician.
OUT-OF-POCKET MAXIMUM	This is the total amount you'll have to pay if you get sick. For example, if your plan has a \$3000 out-of-pocket maximum, once you pay \$3000 in deductibles, coinsurance, and copayments the plan will pay for any covered care above that amount for the rest of the year.
PREVENTATIVE CARE	Covers a set of preventive services like shots and screening tests at no cost to you.
PRIVACY RIGHTS UNDER HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT (HIPAA)	HIPAA includes provisions that protect the privacy of health participants. These provisions, which went into effect April of 2003, govern how covered entities such as health insurance companies and the plan sponsor must handle protected health information. The company distributes HIPAA Privacy Notices, in accordance with Federal Regulations. If you need to obtain a copy of the HIPAA Privacy Notice, please contact Human Resources Benefits Department.