Volvo Group 2027 Benefits Guide

For all Non-Bargaining Unit Employees

Get Started

IMPORTANT: Volvo Group North America, LLC reserves the right to terminate or change plans at any time and for any reason by action of its Board of Directors or any persons authorized by the Board of Directors. This guide highlights and summarizes the Volvo Group North America, LLC plans and programs but is subject to the terms of the contracts and other legal documents. Where these descriptions and the official contracts or Plan documents vary, the Plan documents are the final authority. These descriptions of your benefits are not an employment contract or any type of employment guarantee.

What's New

2027 IMPORTANT BENEFIT UPDATES

NEW PARTNERS

Your prescription drug coverage is transitioning to **CVS Caremark.** You'll receive a new Anthem ID card that will combine both medical and pharmacy, so be sure to present it at your pharmacy when filling prescriptions for the new year. Watch your mail for additional information from **CVS Caremark.**

CONTRIBUTION INCREASES

HSA's, contribution limits have increased to **$4,500** for individuals and **$9,000** for individual plus family.

DEDUCTIBLE CHANGES

The Anthem Enhanced CDHP in-network deductible will increase to **$1,750** (single) and **$3,500** family).
The Anthem Basic CDHP in-network deductible will increase to **$3,500** (single) and **$7,000** (family) and the out-of pocket maximum will increase to $7,000 (single) and $14,000 (family).

Learn more about this information and more by visiting our new, user-friendly digital benefits guide:

https://volvogroupmybenefits.com

How to Use This Guide

- Click on any section in the table of contents to be taken directly to that page.
- Click on any website links to be taken directly to the site.
- Click the icon to search by keyword. You'll see a list of pages featuring that keyword you can click on to go directly to that page.
- Discover more information on certain topics by clicking on the icon. **Note:** If you'll be printing out this guide, be sure to check page 28 to see the additional information for all topics with the icon.

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Want Easy Access to Your Benefits Anytime?

1. Visit your device's app store and download the MyChoice℠ Mobile App by Businessolver.
2. Visit **volvobenefits.com** to receive an access code.
3. Activate the app with the code.
4. Follow the app instructions to access your benefits on the go.

GET IT ON Google Play

Available on the App Store

On a mobile device?
Tap the appropriate QR code to download the app.

Welcome

Welcome to your enrollment guide for Volvo Group's 2027 benefits program.

Here, you'll find information about the plans available for your medical, dental and vision needs. There is also information about the **health savings account** (HSA) and **flexible spending accounts** (FSAs) available to help pay for eligible health and dependent care costs. Plus, we offer additional voluntary benefits to complement the benefits provided by the Company.

Eligibility

You are eligible for Volvo Group benefits on your first day of employment if you are a full-time employee regularly scheduled to work 30+ hours per week. Your dependents are also eligible for health care and optional life insurance coverage. This includes:

- A spouse.
- A dependent child from birth until the last day of the month they turn 26.
- Domestic partners, if the partnership is recognized and registered in your state of residence. Eligible children are subject to required criteria.

Have questions? Please contact the **Volvo Benefits Service Center** at **833-929-1113**.

How to Enroll

New Hires

You must enroll in benefits within your first 31 days of employment. If you don't enroll, you will not receive health care coverage or have the opportunity to opt in to any other optional benefits in this guide until the next open enrollment period. Be sure to enroll any eligible dependents as well. During enrollment, you can:

- Elect medical, dental or vision coverage
- Contribute to an HSA or FSA
- Elect supplemental or dependent life and accident coverage
- Elect **voluntary insurance benefits**
- Designate a beneficiary for life and accident benefits

Active Employees

Open Enrollment is a passive enrollment; this means any benefits you elected the previous year will carry over. **You only need to take action during Open Enrollment if you want to:**

- Make changes to your current elections for 2027
- Add or remove a dependent from coverage
- Contribute to an HSA, health care FSA, dependent care FSA or limited purpose FSA

For All Employees

Open Enrollment occurs in October every year for new plans in the upcoming year. The only other time you may elect or change coverage is if you have a qualifying life event, such as marriage, divorce or the birth or adoption of a child.

Have a Qualifying Life Event?
You have **31 days** to make changes to your benefits. Otherwise, you'll need to wait until the next Open Enrollment period unless you experience another qualifying life event. To see the full list of events, visit **volvobenefits.com**.

How to Enroll

1. Visit **volvobenefits.com**. New users will need to register (use case-sensitive company key: **volvo**).
2. View the available plan details, carrier info and resources.
3. Click *Get Started Here* and follow the instructions to make your benefit elections.
4. Review your elections, including dependents and beneficiary information, and click *Approve*.
5. To finalize enrollment, click *I Agree*. Make sure to note your confirmation number.

To view your benefits at any time, click *Benefit Summary* on the homepage.

Note: If you are adding a dependent during Open Enrollment, you have **until November 30, 2026** to provide verification. If you are a new hire, you have **45 days** from the date you elected benefits.

Have questions? Please contact the **Volvo Benefits Service Center** at **833-929-1113**.

Your Medical Plans

Volvo Group offers three medical plan options administered by Anthem:

1. Anthem Medical PPO Plan
2. Anthem Enhanced Consumer Directed Health Plan (Anthem Enhanced **CDHP** with HSA)
3. Anthem Basic Consumer Directed Health Plan (Anthem Basic CDHP2 without HSA)

The plans differ by what you pay out of pocket and how they cover services.

All plans: Cover the same medical services and use the same provider network. Preventive care is covered at 100% when you visit an **in-network** provider (not subject to **deductible**, **copay** or **coinsurance**). Prescription drug coverage is provided through CVS Caremark.

Anthem Basic CDHP2: You must use an in-network provider to receive benefits.

Your Medical Plan Options at a Glance

Feature	Anthem Medical PPO Plan		Anthem Enhanced CDHP		Anthem Basic CDHP2
	In-network	Out-of-network ⊕	In-network	Out-of-network	In-network Only Coverage
Calendar Year Deductible (single/family)	$700/$1,400	$1,500/$3,000	$1,750/$3,500 (true family deductible)	$3,400/$6,800 (true family deductible)	$3,500/$7,000
Coinsurance (what you pay)	20%	40%	20%	40%	20%
Medical Out-of-Pocket Maximum includes deductible (single/family)	$3,500/$7,000	$7,000/$14,000	$3,500/$7,000	$6,500/$13,000	$7,000/$14,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited
Preventive Care					
Preventive Care Services that Meet Federal Guidelines – Your Costs (including screenings, immunizations and physician visits)	100% covered, no deductible	40% after deductible	100% covered, no deductible	40% after deductible	100% covered, no deductible
Physician Office Services					
Physician Care Office Visit	$25 copay	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Specialist Office Visit	$45 copay	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Urgent Care Visit	$45 copay	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Telehealth Visit	$10 copay	40% after deductible	20%, no deductible	40%, no deductible	20%, no deductible
Emergency Medical Care					
Hospital Emergency Room	$150 copay	$150 copay	20% after deductible	20% after deductible	20% after deductible
Hospital Care					
Inpatient Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Outpatient Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Prescription Drugs – Express Scripts, Inc.					
Retail (34-day supply)	Generic: ⊕ $10 copay Preferred Brand: ⊕ $30 copay Non-Preferred Brand: ⊕ $50 copay		Preventive medicines covered at 100% All others, you pay 20% after deductible (combined with medical deductible)		
Mail Order (90-day supply)	**Generic:** $20 copay **Preferred Brand:** $75 copay **Non-Preferred Brand:** $125 copay		Preventive medicines covered at 100% All others, you pay 20% after deductible (combined with medical deductible)		
Volvo Group Funding of Health Savings Account*	Not applicable		Volvo Group contributions (pro-rated for new hires): Individual: $500 Family: $1,000 *You can contribute an additional $3,900 if you cover only yourself or up to $7,750 if you cover any dependents.*		*Available with no Volvo Group contributions. You may contribute, on a pre-tax basis, up to the 2027 IRS HSA maximum: $4,500 for individual coverage and $9,000 for all other coverage levels. *Ask your bank if they offer HSAs.*

How the Medical Plans Work

All three medical plans provide comprehensive medical and prescription drug coverage. However, they do have several key differences.

	Anthem PPO Medical Plan	Anthem Enhanced CDHP	Anthem Basic CDHP2
Payroll Contributions:	Highest	Lower than Anthem Medical PPO Plan, but higher than Anthem Basic CDHP2	Lowest
Free In-network Preventive Care:	Yes	Yes	Yes
Network Choices:	Both in-network and out-of-network	Both in-network and out-of-network	In-network only
Deductible:	Applies to medical expenses only. Lowest deductible of all three plans. If you cover dependents, the plan will pay benefits for an individual once their deductible has been met.	Applies to both medical and prescription drug expenses. Higher than Anthem PPO Plan, but lower than Anthem Basic CDHP2. If you cover dependents, the full family deductible must be met before the plan starts to pay benefits for any one person. The individual deductible applies only if you enroll in Employee Only coverage.	Applies to both medical and prescription drug expenses. Highest deductible of all three plans. If you cover dependents, the plan will pay benefits for an individual once their deductible has been met.
Health Savings Account:	Not available	Available; Volvo Group contributions: • $500 for individual coverage • $1,000 for all other coverage	Eligible through your own financial institution; no Volvo Group contribution
Out-of-Pocket Maximum: ⊕	Includes the deductible and any applicable coinsurance for medical expenses only. Is the lowest of all three plans. If you cover dependents, one person can meet the individual out-of-pocket max and the plan will cover 100% of eligible expenses for that person for the remainder of the calendar year. Once the entire family out-of-pocket max is met, the plan will pay 100% for all family members.	Includes the deductible and any applicable coinsurance for medical and prescription drug expenses. Is higher than the Anthem PPO Plan, but lower than the Anthem Basic CDHP2. If you cover dependents, the full family out-of-pocket max must be met before the plan will start to pay benefits at 100% for the remainder of the calendar year. One person or a combo of family members can satisfy the full amount. The individual out-of-pocket max will only apply if you enroll in Employee Only coverage.	Includes the deductible and any applicable coinsurance for medical and prescription drug expenses. Is the highest of all three plans. If you cover dependents, one person can meet the individual out-of-pocket max and the plan will cover 100% of eligible expenses for that person for the remainder of the calendar year. Once the entire family out-of-pocket max is met, the plan will pay 100% for all family members.

Medical Monthly Premiums

To encourage healthy behaviors, all employees have the opportunity to reduce their medical monthly premiums by earning rewards dollars by participating in Health For Life activities.

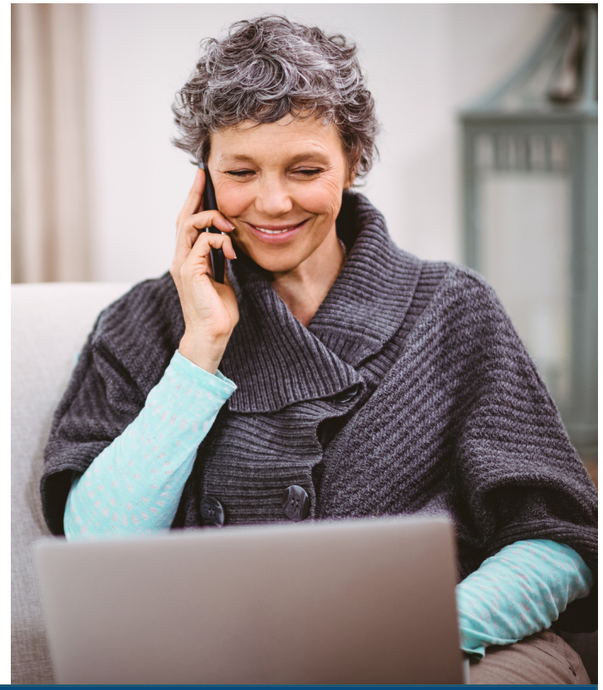
New hires: If hired **before** June 1st, you'll automatically receive the wellness rate for the rest of the plan year. The following year, you must participate in Health For Life activities to earn and redeem well-being dollars by August 31st for the premium reduction in the WebMD portal.

If hired **on or after** June 1st, you'll automatically get the wellness rate for the rest of the plan year and the following year. Then, you must earn and redeem well-being dollars by August 31st for the premium reduction through the WebMD portal.

Anthem PPO Medical Plan +

Anthem Enhanced CDHP +

Anthem Basic CDHP2 +



On-Site Medical Clinic Discounts – Hagerstown and NRV only

If you are a Hagerstown or NRV employee, you and your family can get convenient, discounted medical care using the on-site Medical Center and Pharmacy. Due to HSA regulations, those enrolled in the CDHP will have a copay tied to fair market value. The discounts will not be the same as the PPO plan. However, medical services will continue to be available at reduced fees, and preventive care will be covered in full. For additional info, please contact ASK HR at **1-800-344-8339**.

HSA and FSAs

You may participate in certain FSAs or an HSA, depending on the medical plan you elect:

Anthem PPO Medical Plan:	Health Care FSA, Dependent Care FSA or both.
Anthem Enhanced CDHP:	An HSA that includes Volvo Group contributions, Limited Purpose FSA and Dependent Care FSA.
Anthem Basic CDHP2:	An HSA at your financial institution (your contributions only), Limited Purpose FSA and Dependent Care FSA.

How the FSAs Work

Each pay period, you contribute to your FSA via payroll deduction. When you have an eligible expense, you can file a claim for reimbursement, which is processed by Optum, the plan administrator. Try to use your funds by Dec. 31 or you may lose them. See the FSA Summary Plan Description for more information. (Only the Health Care and Limited Purpose FSAs allow you to roll over up to $680 to the next plan year.)

You can use tax-free dollars from your FSAs to pay for:

- **Health Care FSA:** Most medical, dental and vision expenses (such as copays and deductibles)
- **Limited Purpose FSA:** Dental and vision care expenses only
- **Dependent Care FSA:** Expenses such as day care, preschool or after-care programs

Yearly FSA Contribution Limits	
FSA	Up to $3,400
Limited Purpose FSA	Up to $3,400
Dependent Care FSA	$7,500

HSA

If you enroll in the Anthem CDHP, Optum will mail you an HSA debit card and account information. You will need to register your account online using the account information sent by Optum. You will then be able to view your account activity online, and learn more about the HSA and investment options.

The HSA Offers Three Important Advantages

Triple tax advantage. If the account is used correctly, your contributions are tax free for federal and most states (except CA and NJ), interest and earnings grow tax-free and distributions from the account are tax-free when used to pay medical expenses.

Portability. You can take all the money in your account with you when you change employers or retire. Once you retire, you can use any of your accumulated funds to pay for health care expenses.

Savings for future health needs. Unlike an FSA, the HSA allows you to save and carry over your unused contributions from one year to the next. This feature allows you to accumulate unused contributions to "bank" for future health care expenses (for example, after retirement). If you leave the funds in your account, you can withdraw them to pay your health care expenses at any time, without paying any taxes on the money.

HSA and FSAs cont.

How the HSA Works with the Anthem Enhanced CDHP and Anthem Basic CDHP2

Anthem Enhanced CDHP: Optum Bank administers the HSA for Volvo Group. The HSA helps you pay for medical costs and save for future health expenses. You can also save pre-tax dollars up to an annual maximum.

Volvo Group will fund your HSA based on your coverage level and when you began employment. If your coverage starts mid-year, both Volvo Group's and your contributions will be pro-rated based on the number of months left in the year.

Anthem Basic CDHP2: You are eligible to enroll in an HSA at the financial institution of your choice. Although your contributions will be made after taxes, you may deduct them when you file your tax return.

HSA Contributions			
Coverage Level	**Volvo Group Contributions (Enhanced CDHP Only)**	**Your Contributions**	**IRS HSA Max**
Individual	$500	Up to $4,000	$4,500
All other levels	$1,000	Up to $8,000	$9,000

If you are 55 or older, you can make an additional pre-tax annual contribution of $1,000 above these limits.

Dental

Your Dental Plan

The Volvo Group dental plan — administered by Delta Dental North Carolina — helps you pay for necessary dental services and supplies, including preventive care at 100%. It also covers basic and major restorative care and provides orthodontia benefits for you and your dependent children.

How the Plan Works:

- You can select any dentist or specialist in the Delta Dental PPO or Premier network or use an out-of-network dentist.
- Whether or not you use a network dentist, your dental plan provides the same coverage at the same percentage and annual maximums. However, using a PPO or Premier network dentist means you'll pay less out of pocket because these providers offer reduced fees. If you use an out-of-network dentist, you may be balance billed.

Dental Benefits	
Features	**Benefits (What the Plan Pays)**
Calendar Year Deductible	None
Annual Maximum Benefit (does not include Preventive and Diagnostic services)	$2,000
Preventive & Diagnostic (cleanings, checkups and x-rays)	100%
Basic Services (fillings and root canals)	80%
Major Services (bridges, crowns, dentures and implants)	50%
Orthodontia Benefits (you and your child up to age 26)	50%, up to $2,500 per person lifetime maximum

To find a participating dentist or to learn more, call **1-800-662-8856** or visit deltadentalnc.com.

Dental Plan Monthly Premiums	
Coverage Level	**Monthly Rates**
Employee Only	$10.93
Employee + Spouse	$22.96
Employee + Child(ren)	$20.77
Family	$33.89

Vision

Your Vision Plan

Volvo Group provides you with vision benefits through the Vision Service Plan (VSP) network of providers. Benefit reimbursement is lower for services and supplies received outside the network. To find an in-network provider, visit vsp.com or call **800-877-7195**.

Vision Benefits		
Benefit	**In-Network Member Cost**	**Out-of-Network Reimbursement**
Exam (one every calendar year)	$10 copay	Up to $45
Frames (once every calendar year)	Plan pays 100% for select frames (up to $180)	Up to $48
Lenses (once every calendar year)	**Single Vision:** $20 copay **Bifocal:** $20 copay **Trifocal:** $20 copay **Lenticular:** $20 copay	**Single Vision:** Up to $45 **Bifocal:** Up to $65 **Trifocal:** Up to $85 **Lenticular:** Up to $80
Contact Lens Exam	Plan pays up to $60	Up to $105 (includes exam)
Contact Lenses (once every calendar year*)	Plan pays up to $180	
Upgrades	$250 Frame or Contact Lens Allowance Anti-Glare Lenses Progressive Lenses Light-Reactive Lenses	

**Contact lenses count as frames and lenses.*

Vision Plan Monthly Premiums	
Coverage Level	**Monthly Rates**
Employee Only	$2.95
Employee + Spouse	$6.19
Employee + Child(ren)	$5.61
Family	$9.14

Additional Benefits

These services are available to you and your family as part of your health plan.

Virta Health

Volvo Group has partnered with Virta Health to support members with prediabetes, diabetes, and weight management. Depending on your needs, you may receive an outreach from Virta Health to enroll in one of the programs. You may also reach out to Virta Health directly to see if you qualify for the diabetes or weight-loss programs at go.virta.com/volvo.

Carrum Health

Carrum works with the top doctors in the country for hip, knee, shoulder, spine, heart, hysterectomies, and weight-loss surgeries. Your benefit also covers cancer care and treatment for substance use disorder.

When you book your surgery through Carrum Health, most, if not all, surgery expenses are covered. Plus, you'll have access to a dedicated Carrum care specialist to help you throughout your journey. If your doctor has recommended surgery, contact Carrum Health at **888-855-7806** or register at carrum.me/volvo.

CVS Caremark

For prescription coverage, log into volvobenefits.com to view the formulary in the Reference Center. This list features preferred drugs selected for their safety, efficacy and cost. Find the list at volvobenefits.com in the Reference Center.

WIN Program

WIN offers inclusive, family-building fertility support. Specially trained nurse care managers answer questions, provide referrals, treatment and medication options, and help you find the right care for your needs, 24/7. To learn more, call **844-441-1959** or visit managed.winfertility.com/volvo.

Mercer Health Advantage Program

This service helps you and your family members with chronic, complex or serious conditions. Program nurses provide personalized support and guidance to help you make care decisions with confidence. Eligible employees will receive a letter from Anthem about joining this program.

Virtual Musculoskeletal (MSK) Relief Program — Hinge Health

Hinge Health delivers digital clinical MSK care to help you address chronic pain or to recover after surgery. All employees and dependents 18+ enrolled in an Anthem medical plan through Volvo Group are eligible to participate at no cost. To learn more, call **855-902-2777** or visit hingehealth.com/volvo.

Additional Benefits cont.

LiveHealth OnLine (LHOL) Telemedicine

Get 24/7 access to board-certified doctors via online video conference on your smartphone, tablet or computer. Most consultations last 10 minutes. LHOL is ideal when:

- Your doctor isn't available
- It's after hours and you have a non-emergency concern
- You're traveling or don't want to leave your home for care

Cost for Anthem PPO members: $10 per consult
Cost for Anthem CDHP members: $55
Payment is due at your consult and can be paid via credit or debit card.

LiveHealth OnLine Psychology and Psychiatry

Get help from a psychologist, therapist or psychiatrist to manage stress, anxiety, relationship issues, depression, grief and more. You can have a video call with a psychologist within a few days or less, or within two weeks for a psychiatrist. **Note:** If you're in crisis, call 911.

Cost for Anthem PPO members: $25 due at consult.
Anthem CDHP rates will vary.

Visit **LiveHealthOnLine.com** for more information and to create an account. **Tip:** Register now (even if you're feeling great) so you don't have to spend time doing it when you're not feeling well.

Health Advocate

Health Advocate provides confidential services and support when you have questions or concerns related to health care or other personal issues.

With the **health advocacy** service, you have unlimited access to a Personal Health Advocate who can help you during enrollment. Throughout the year, they can also help you find providers, compare costs for medical procedures, get a second opinion and more.

Health Advocate also provides resources through the **employee assistance program** (EAP) at no cost to you. You and your family can get up to six free, in-person sessions for confidential help with relationship matters, alcohol and substance use, and other issues that may be affecting you. The EAP can also offer support for financial or legal concerns and help finding childcare and eldercare resources.

To contact Health Advocate, visit **HealthAdvocate.com/volvogroup** or call **866-799-2728**. You can also send an email to **answers@HealthAdvocate.com/volvo**.

Additional Benefits cont.

Health for Life

Volvo Group has partnered with WebMD to provide the Health For Life Wellness Program. Designed with you in mind, the program is structured around five key pillars: **Physical, Emotional, Financial, Social, and Career** to support you holistically, both professionally and personally. Join well-being challenges and other activities to stay active and healthy. Your well-being dollars can be redeemed for rewards such as a medical premium reduction for the following year or gift cards. To create your WebMD account, log in to **WebMDhealth.com/volvogroup**. WebMD Help Line **800-777-5307**.

Wealth for Life Program

This financial wellness benefit gives you access to resources from PwC to help you reach your financial goals. The program includes:

- A website with assessments, courses, tip sheets and more
- Free, confidential financial coaching with a PwC coach
- Free webinars on how to pay down debt, improve your credit score, save for education or retirement, and more

To get started, call **844-922-1018** or email **us_financial.coaching@pwc.com**.

Additional Benefits cont.

Volvo Group offers these benefits that are automatically provided to you and do not require enrollment. To learn more about any of these benefits, visit **volvobenefits.com**.

Paid Parental Leave

Volvo Group provides eligible employees with paid leave to care for and bond with their newborn, newly adopted, or newly placed child. To be eligible, employees must be employed for at least 12 months (consecutive or nonconsecutive).

Employees will receive **six weeks** of continuous paid parental leave. **Note:** If both parents are Volvo Group employees, they will **each** receive six weeks of continuous paid leave.

Parental leave must be used and completed within 12 months of birth, adoption or foster child placement.

Paid Caregiver Leave

This policy offers employees two weeks of continuous or intermittent paid leave to care for family in case of a serious illness or medical condition. Eligible family members include:

- Spouse
- Children
- Parents

To be eligible, you must be employed for at least 12 months (consecutive or nonconsecutive).

Adoption Assistance

Volvo Group offers reimbursement of up to $6,500 per year, per adoption. Adoption of children under the age of 19 (including stepchildren) will be considered for reimbursement when a court of competent jurisdiction enters the adoption decree.

Disability Benefits

Short Term Disability: Provides benefits for up to 25 weeks at 100% or 60% of your base salary, depending on your tenure. You must use ETO for the first five days (or 40 hours) of absence; if you don't have ETO available, this time will be unpaid. To be approved for payment, you must report your disability to The Hartford if you know your absence will exceed five days and provide the required medical information.

Long Term Disability: Begins when Short Term Disability ends. This pays 60% of your monthly base salary for as long as you are disabled, up to age 65, if you meet all plan requirements.

Note: Disability income will be reduced by any Social Security Disability, Workers' Comp, or State Disability Plan amounts for which you may be eligible.

Education Reimbursement

Get reimbursed for approved education expenses while completing courses at licensed, accredited, degree-awarding educational institutions.

Life and Accident Insurance

Volvo Group offers basic and accidental death and dismemberment insurance. You can also purchase supplemental life insurance for yourself as well as dependent life insurance for your spouse or children.

Basic Life Insurance

At no cost to you, Volvo Group provides basic life insurance equal to two times your base salary, up to $1,000,000. Any amounts over $50,000 are subject to income tax, which is added to your W-2.

Supplemental Life Insurance

You can purchase supplemental life insurance with pre-tax dollars up to eight times your base salary — up to the maximum of $2,000,000. For amounts that exceed two times your pay or $500,000, The Prudential Insurance Company of America requires Evidence of Insurability (EOI).

Monthly Supplemental Life Rates: Employee + | Spouse and Child +

Dependent Life Insurance

You can purchase life insurance with post-tax dollars to cover your spouse and/or children.

For spouses: You can purchase in increments of $25,000, up to a maximum of $300,000. For all new elections or increases in spouse life coverage, your spouse must provide Evidence of Insurability (EOI) to The Prudential Insurance Company of America.

For children: You can purchase life insurance in $5,000 increments, up to $20,000. The coverage amounts for each child must be the same. You will be charged one deduction amount to cover your eligible children.

Note: You cannot elect life insurance on a spouse who is also employed by Volvo Group and eligible for his/her own Company-provided coverage. Dependent children may be covered by one parent, but not both.

Accidental Death & Dismemberment (AD&D) Insurance

Volvo Group provides basic AD&D insurance at no cost to you, which pays a benefit in the event of an accidental death or severe injury. You can purchase supplemental AD&D insurance for yourself or your entire family.

- **Basic AD&D insurance:** Provided for you in the amount of $100,000. Volvo Group pays the full cost of this benefit.
- **Supplemental AD&D insurance:** Available in increments of $25,000 up to a maximum of $300,000. You pay the full cost of this coverage using pre-tax dollars.

Monthly Supplemental AD&D Rates	
Single	$.022 per $1,000
Family	$.032 per $1,000

Voluntary Benefits

Volvo Group offers voluntary benefits to provide additional health care coverage by paying for expenses you would normally pay out of pocket. This includes accident, critical illness and hospital indemnity insurance. All three benefits are administered by The Hartford.

Accident Insurance

This coverage provides cash benefits to you for out-of-pocket expenses due to an accidental injury. You can use this to help pay deductibles, copays, coinsurance and other out-of-pocket expenses. You receive 24-hour coverage for yourself and your entire family. Coverage is portable if you terminate employment.

Plan Benefit Highlights

Feature	Low Plan	High Plan
Hospital Admission – once per accident	$100	$200
Daily Hospital Confinement – up to 365 days	$100	$200
Emergency Room Services	$100	$200
Dislocation/Fracture – once per joint per lifetime	Up to $4,000	Up to $6,000
Laceration – once per accident	Up to $300	Up to $600
Tendon/Ligament/Rotator Cuff	Up to $400	Up to $800

Monthly Accident Coverage Rates

Coverage Level	Low Plan	High Plan
Employee Only	$7.67	$12.80
Employee + Spouse	$12.22	$20.40
Employee + Child(ren)	$12.97	$21.41
Family	$20.34	$33.70

To learn more, call **855-647-2819** or visit MyTomorrow® at **MyBenefits.TheHartford.com**.

Critical Illness Insurance

Critical illness coverage supplements your group medical coverage. It pays you a lump-sum cash benefit based on the percentage payable for your condition, up to 100%. Use this benefit to help pay for treatment or bills after conditions such as a heart attack, stroke or cancer. Spouse and child(ren) coverage is also available at 50% of your base amount. Coverage is portable if you terminate employment.

Plan Benefit Highlights

Critical Illness	Coverage Amount: $10,000	Coverage Amount: $20,000	Coverage Amount: $30,000
	% of coverage amount payable		
Benign Brain Tumor **Heart Attack** **Heart Transplant** **End Stage Renal Disease** **Invasive Cancer** **Stroke**	100%	100%	100%
Non-Invasive Cancer	25%	25%	25%

To learn more, call **855-647-2819** or visit MyTomorrow® at **MyBenefits.TheHartford.com**.

Monthly Critical Illness Coverage Rates:

$10,000 Benefit +

$20,000 Benefit +

$30,000 Benefit +

*If you are age 70 or older, see premium worksheet on MyTomorrow® at **MyBenefits.TheHartford.com**.

Hospital Indemnity Insurance

This pays cash benefits for expenses associated with a hospital stay due to sickness or injury, plus emergency room services for accidental injuries. Coverage is portable if you terminate employment.

Plan Benefit Highlights

Feature	Low Plan	High Plan
First Day Hospital Confinement – up to one day per year	$1,000	$2,000
Daily Hospital Confinement – day 2+, up to 90 days per year	$100	$200
Daily ICU Confinement – day 2+, up to 30 days per year	$200	$400
Value-Added Services – Ability Assist, EAP	Included	

Monthly Hospital Indemnity Coverage Rates +

To learn more, call **855-647-2819** or visit MyTomorrow® at MyBenefits.TheHartford.com.

ARAG

Legal insurance through ARAG helps protect you if you need legal help. You get 100% paid-in-full coverage on network lawyer fees for most covered legal matters. The cost is $15.90/month. To learn more, call ARAG at **800-247-4184** or visit ARAGlegal.com/plans (access code 19216vg).

Available to Enroll in Year-Round

Allstate Identity Protection +

To learn more, call Allstate at **800-789-2720** or visit myaip.com.

PetsBest Pet Health Insurance +

To enroll your pet or get a quote, visit petsbest.com/VOLVOPETS or call **888-984-8700**.

Retirement Benefits

401(k) Retirement Plan

The 401(k) Plan is a tax-deferred savings plan administered by Empower. You will receive enrollment information when you become eligible to participate. Your enrollment becomes effective as soon as administratively possible after you submit your elections.

If you do not make an election after 30 days, you will automatically be enrolled with a pre-tax payroll contribution of 5%. Up to 75% of your pay can be deferred in a variety of investment options (subject to IRS annual limits). The Company match and contributions are made in cash each pay period and will be invested according to your chosen elections.

Contact Information

Benefit Plan	Provider/ Administrator	Phone Number	Website
Volvo Benefits Service Center	Volvo Benefits Service Center	833-929-1113	volvobenefits.com
Medical Plans	Anthem Blue Cross Blue Shield	844-855-1942	anthem.com
HSA	Optum	800-234-8913	optumbank.com
FSAs	Optum	800-243-5543	optumbank.com
Dental Plans	Delta Dental of North Carolina	800-662-8856	deltadentalnc.com
Vision Plans	VSP	800-877-7195	vsp.com
Surgeries	Carrum Health	888-855-7806	carrum.me/volvo
Prescriptions	CVS Caremark	844-345-3242	caremark.com
Health Advocacy / Employee Assistance Program	Health Advocate	866-799-2728	HealthAdvocate.com/volvogroup Email: answers@healthadvocate.com
Wealth for Life	PwC	844-922-1018	financialwellness.volvo.pwc.com
Short Term / Long Term Disability	The Hartford	800-915-1153	MyBenefits.TheHartford.com
Voluntary Benefits (Accident, Critical Illness and Hospital Indemnity Insurance)	The Hartford	866-547-4205	MyBenefits.TheHartford.com
Legal Benefit Plan	ARAG	800-247-4184	ARAGlegal.com/plans access code: 19216vg
Identity Protection	Allstate	800-789-2720	myaip.com
Pet Health Insurance	PetsBest	888-984-8700	petsbest.com/VOLVOPETS
Retirement Plans — 401(k)	Empower	833-401-5247	empower.com/volvo

Annual Required Notices

To read more about any of these topics, please click the link below:

- Medicare Part D Notice
- Private Health Information
- CHIP Notice
- Surprise Medical Bills
- Marketplace Notice

Annual Required Notices

For Questions About Your Benefits, Please Contact:

Volvo Benefit Service Center
833-929-1113
volvobenefits.com

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VOLVO

Pop-Outs

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A **Health Savings Account (HSA)** is a tax-free, individually owned savings account used to pay for you and your eligible dependents' qualified medical expenses.

A **Flexible Spending Account (FSA)** is a pre-tax, employee-funded account that can be set up to reimburse you for qualified expenses such as health care, dental and vision expenses, or childcare or eldercare expenses.

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Voluntary benefits are benefits paid for by you rather than the employer. The cost is typically deducted from your pay on a post-tax basis. Volvo Group offers several voluntary benefits, including accident, critical illness and hospital indemnity insurance through The Hartford.

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A **Consumer Directed Health Plan** or **CDHP** usually consists of a high deductible plan + a personal HSA. These plans work like a PPO plan but have lower premiums and larger deductibles and out-of-pocket maximums.

In-network providers: Anthem BCBS contracts with doctors, hospitals and labs to provide health services to members. This group forms a network. As a plan participant, you generally **pay less** when you use these **in-network** health care professionals.

The **annual deductible** is the amount you must pay for medical care before the plan starts to pay a portion of the benefits.

A **copay** is the fixed amount you pay for a covered health service, usually at the time you receive it (for example, $25 for an office visit). Your copay may vary, depending on your medical plan, the provider and type of service.

Coinsurance is cost sharing between you and the health plan once you meet your deductible (if you have one). Typically, both you and the plan will pay a certain percentage of your health care costs.

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Out-of-network includes health care professionals, hospitals, clinics and labs that do not belong to the Anthem BCBS network. While your medical plan provides coverage for out-of-network services, you'll typically pay more and might have to file a separate claim for payment.

Generic drugs have the same basic ingredients as brand-name drugs and have been found by the FDA to be just as safe and effective. Generic drugs usually cost less than brand-name drugs.

Preferred brand drugs are brand-name drugs listed on the plan's list of preferred prescription drugs.

Non-preferred brand drugs are brand-name drugs that are not included on the plan's list of preferred prescription drugs. You may pay more for these drugs than you would for generics or preferred brand-name drugs.

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The **out-of-pocket maximum** is the most you have to pay for covered services throughout the calendar year. After you've paid this amount (through your deductible and coinsurance), the plan pays the remainder of eligible covered expenses at 100% for the rest of the year.

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Anthem PPO Medical Plan Monthly Medical Premiums

Coverage Level	With Wellness		Without Wellness
	One Participant	Two Participants	
Employee Only	$177.98	Not applicable	$207.98
Employee + Spouse	$450.44	$420.44	$480.44
Employee + Child(ren)	$404.68	Not applicable*	$434.68
Family	$679.22	$649.22	$709.22

*Dependent children are not eligible to participate in the wellness program.

Anthem Enhanced CDHP Monthly Medical Premiums

Coverage Level	With Wellness		Without Wellness
	One Participant	Two Participants	
Employee Only	$107.22	Not applicable	$137.22
Employee + Spouse	$299.32	$269.32	$329.32
Employee + Child(ren)	$267.95	Not applicable*	$297.95
Family	$456.14	$426.14	$486.14

*Dependent children are not eligible to participate in the wellness program.

Anthem Basic CDHP2 Monthly Medical Premiums

Coverage Level	With Wellness		Without Wellness
	One Participant	Two Participants	
Employee Only	$26.16	Not Applicable	$56.16
Employee + Spouse	$121.63	$91.63	$151.63
Employee + Child(ren)	$107.19	Not Applicable*	$137.19
Family	$193.84	$163.84	$223.84

*Dependent children are not eligible to participate in the wellness program.

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Balance billing means an out-of-network provider may charge you the difference between their fee for services and the amount your insurance plan agrees to pay.

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Monthly Supplemental Life Rates

Employee Life	Monthly Rate
<30	$.032 per $1,000
30 to 34	$.035 per $1,000
35 to 39	$.048 per $1,000
40 to 44	$.079 per $1,000
45 to 49	$.140 per $1,000
50 to 54	$.223 per $1,000
55 to 59	$.355 per $1,000
60 to 64	$.463 per $1,000
65 to 69	$.792 per $1,000
>70	$1.648 per $1,000

Monthly Supplemental Life Rates

Spouse Life	Monthly Rate
<30	$.034 per $1,000
30 to 34	$.039 per $1,000
35 to 39	$.052 per $1,000
40 to 44	$.087 per $1,000
45 to 49	$.150 per $1,000
50 to 54	$.230 per $1,000
55 to 59	$.390 per $1,000
60 to 64	$.520 per $1,000
65 to 69	$.870 per $1,000
>70	Not eligible
Child Life	**Monthly Rate**
$5,000 – $20,000	$.091 per $1,000

Monthly Critical Illness Coverage Rates: $10,000 Benefit										
Coverage Tier	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*
Employee Only	$2.77	$3.54	$4.09	$5.42	$7.87	$12.60	$17.87	$24.75	$35.21	$48.60
Employee + Spouse	$4.17	$5.30	$6.10	$8.11	$11.82	$19.10	$27.27	$37.96	$54.15	$74.55
Employee + Child(ren)	$4.73	$5.30	$5.48	$6.63	$8.89	$13.58	$18.80	$25.67	$36.11	$49.50
Family	$6.45	$7.34	$7.73	$9.52	$13.01	$20.24	$28.37	$39.04	$55.20	$75.60

Monthly Critical Illness Coverage Rates: $20,000 Benefit										
Coverage Tier	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*
Employee Only	$5.56	$7.09	$8.16	$10.86	$15.73	$25.19	$35.75	$49.50	$70.42	$97.21
Employee + Spouse	$8.35	$10.60	$12.20	$16.23	$23.64	$38.20	$54.55	$75.91	$108.30	$149.10
Employee + Child(ren)	$9.46	$10.59	$10.97	$13.26	$17.77	$27.16	$37.61	$51.34	$72.22	$99.01
Family	$12.91	$14.69	$15.47	$19.03	$26.02	$40.49	$56.72	$78.07	$110.41	$151.20

Monthly Critical Illness Coverage Rates: $30,000 Benefit										
Coverage Tier	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69*
Employee Only	$8.33	$10.63	$12.25	$16.28	$23.60	$37.79	$53.62	$74.23	$105.63	$145.82
Employee + Spouse	$12.52	$15.90	$18.30	$24.34	$35.44	$57.30	$81.82	$113.88	$162.45	$223.65
Employee + Child(ren)	$14.20	$15.89	$16.45	$19.89	$26.67	$40.74	$56.41	$77.01	$108.34	$148.52
Family	$19.36	$22.04	$23.30	$28.55	$39.03	$60.74	$85.09	$117.11	$165.60	$226.80

Monthly Hospital Indemnity Coverage Rates

Coverage Level	Low Plan	High Plan
Employee Only	$14.09	$28.17
Employee + Spouse	$33.10	$66.19
Employee + Child(ren)	$27.92	$65.84
Family	$49.22	$98.44

Allstate Identity Protection

Help protect yourself from identity fraud and theft with Allstate Identity Protection Pro Plus. You can monitor accounts, check your credit score, view and manage real-time alerts, and more to catch fraud at its earliest. The cost is $6.50/month per person or $12.50/month per family.

PetsBest Pet Health Insurance

Get 24/7 support with pet insurance that can help you pay for bills due to a pet illness or injury, as well as for unexpected accidents and illnesses. You'll get a 5% group discount, plus an additional 5% discount if you enroll more than one pet. Coverage premiums are paid directly to PetsBest.