

Navigating Your 2014 Benefits Enrollment



For assistance with your benefit questions, call:

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2014 - 2015 Gerber Collision & Glass Benefits

HOW TO ENROLL

To enroll in our health and welfare benefits, visit www.gerbercollision.com/benefits. All health and welfare enrollments must be completed online. To enroll in the 401(k) plan, contact Human Resources.

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BENEFITS OVERVIEW

The benefits offered by Gerber Collision & Glass are designed to provide a comprehensive benefits package for you and your eligible dependents. We encourage you to evaluate and elect benefits that best suit your needs. This benefit guide highlights the many benefit options available to you and explains how to enroll for your 2014 benefits.

ELIGIBILITY

Full-time hourly/commissioned and salaried employees working 30+ hours per week are eligible to participate in our health and welfare plans on the first of the month following thirty (30) days of employment. If you do not enroll when first eligible or within thirty (30) days of a qualifying event or status change, you may enroll only during the annual enrollment period.

ELIGIBLE DEPENDENTS

For most benefits, eligible employees may elect to cover their legal spouse, if not legally separated, and dependent children (unmarried or married) up to age 26.

MAKING CHANGES TO YOUR BENEFIT ELECTIONS

Due to IRS regulations, once you make your elections for 2014, you cannot change your elections until we hold our the next annual enrollment period or you have a qualifying event or change in family status. The following are examples of qualifying events:

- Birth or adoption of a child
- Marriage, legal separation or divorce
- Employment status change for you or your spouse
- Change in a dependent's benefits eligibility status
- A significant change in the coverage of your spouse's benefits
- Change of residence location causing a loss of eligibility
- Loss of a dependent

Did you know...

If you have a qualified change in family status, you must report the change to Human Resources within 30 days if you want to make any changes to your benefit elections.

MEDICAL PLANS

We are pleased to offer you three medical plan options to choose from: a PPO plan, a Health Reimbursement Account (HRA) plan, and a Health Savings Account (HSA) plan. **All plans offer preventive care at 100% and access to a large network of health care providers who provide services at discounted fees.** Your medical plans are provided through UMR and offer broad, comprehensive coverage for you and your eligible dependents.

PPO PLAN

New for 2014, the PPO plan offers you comprehensive medical coverage. Most eligible medical expenses are subject to deductible and coinsurance. Co-pays are required for prescription drugs.

HOW THE HRA MEDICAL PLAN OPTION WORKS

- Gerber will set up a health reimbursement account (HRA) for you and deposit the amount shown in the chart on the next page into your account
- This money pays for eligible medical expenses
- Once your eligible expenses exceed the amount that Gerber pays for, you pay for the next portion up to your annual deductible
- Once you reach your deductible, the plan pays 80% of eligible expenses (please note that prescription drug copays do not count towards the deductible)
- Once you reach your annual out-of-pocket maximum, the plan pays for 100% of eligible expenses
- If your employment ends, any money in your HRA will be forfeited

HOW THE HSA MEDICAL PLAN OPTION WORKS

If you elect to participate in this plan, you have the option to open a health savings account which allows you to deposit pre-tax dollars from your paycheck into the account. You can use this money to pay for eligible medical expenses. All money in the account is yours and you take it with you if you leave employment.

- You are responsible for eligible medical expenses, including prescription drug costs, up to the deductible amount on the plan
- Once you reach your deductible, the plan pays 80% of eligible expenses
- Once you reach your annual out-of-pocket maximum, the plan pays for 100% of eligible expenses

You may apply for an HSA at HSA Bank. Please contact HSA Bank at 1-800-357-6246 or www.hsabank.com for more information.

If you do not open an HSA, you are still responsible for paying medical expenses and pharmacy costs up to your deductible amount and coinsurance thereafter.

Things to keep in mind...

- HSA contributions are different from the monthly payroll deductions that you pay to participate in the plan
- HSA dollars must be available in your account in order to claim the money



MEDICAL PLANS

There's nothing more important than your health. The table below highlights the features of your medical plan options. Review this chart and choose the best plan for you and your family.

Summary of Medical Benefits						
Plan Features	PPO Plan		HRA Plan		HSA Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Amount Funded by Gerber						
Employee	N/A		\$500		N/A	
Employee + Spouse			\$750			
Employee + Child			\$750			
Family			\$1,000			
Maximum HSA Contribution (Your Fund)						
Employee	N/A		N/A		\$3,300	
Employee + Spouse					\$6,550	
Employee + Child					\$6,550	
Family					\$6,550	
Annual Deductible						
Employee	\$1,000	\$3,000	\$1,500	\$3,000 Per Person	\$1,500	
Employee + Spouse	\$2,000	\$6,000	\$3,000		\$4,500	
Employee + Child	\$2,000	\$6,000	\$3,000		\$4,500	
Family	\$3,000	\$9,000	\$4,500		\$4,500	
Annual Out-of-pocket Maximum						
Employee	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	
Employee + Spouse	\$10,000	\$15,000	\$10,000	\$15,000	\$10,000	
Employee + Child	\$10,000	\$15,000	\$10,000	\$15,000	\$10,000	
Family	\$10,000	\$20,000	\$12,700	\$20,000	\$10,000	
Prescription Drugs						
Generic	\$20 copay		\$20 copay	60% after deductible	80% after deductible	60% after deductible
Formulary Brand	\$40 copay		\$30 copay			
Non-Formulary Brand	\$60 copay		\$60 copay			
Medical Services						
Includes Physician Office Visit, X-rays, Medical Equipment, Extended Care, Inpatient Hospital, Surgery, Etc.	80% after deductible	60% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible

All preventive care is covered at 100% with no annual maximum.



DENTAL PLAN

Because maintaining your smile is important, Gerber offers dental coverage through Delta Dental. You have the option to visit any dentist you choose; however, you can save money when you see a dentist in the Delta Dental provider network. Delta Dental providers offer their services at negotiated rates. If you choose to visit a dentist who is not a member of the Delta Dental network you may incur more out-of-pocket expense.

Dental Plan Benefits	
Deductibles and Maximums	
Annual Deductible (Does not apply to Preventive services)	\$50 Individual
	\$150 Family
Annual Maximum	\$1,000 per person
Services	
Class 1 Preventive	100%
Class 2 Basic Restorative	90%
Class 3 Major	60%
Class 4 Orthodontia	50%

To find a dentist in the Delta Dental network visit www.deltadentalmn.org or call 800-448-3815

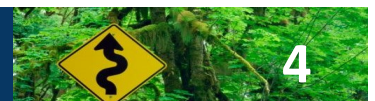
VISION PLAN

Vision care benefits are provided through UnitedHealthcare. The UHC network has major eye care centers located nationwide. No ID card is issued for the vision plan; your social security number is your member ID number.

UnitedHealthcare Vision Plan		
Covered Services	In-network	Out-of-network
Benefit & Frequency		
Vision Examination (Once every 12 months)	100% after \$10 copay	\$40 allowance
Eyeglass Lenses (Once every 12 months)	100% after \$20 copay	\$40 allowance Single \$60 allowance Bifocal \$80 allowance Trifocal
Eyeglass Frames (Once every 12 months)	100% after \$20 copay \$130 allowance	\$45 allowance
Contact Lenses (In lieu of eyeglasses)		
Elective	Covered-in-full 100% after \$20 copay all other, \$105 allowance, no copay	\$105 allowance
Medically Necessary	100% after \$20 copay	\$210 allowance

To find a vision care provider visit www.myuhcvision.com

See page 8 for dental and vision plan cost information



FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) allow you to pay for health care and/or dependent care expenses using pre-tax dollars. The money deposited into your spending account is deducted from your paycheck before taxes are withheld, which lowers your taxable income.

Health Care Spending Account

Not available to employees who elect the HSA medical plan

Use your health care spending account to pay for deductibles and other out-of-pocket expenses that are not covered under your medical plan. Eligible expenses include:

- Medical and dental plan deductibles and coinsurance
- Vision care expenses not covered by a vision plan

Limited Flexible Spending Account

Available to employees who elect the HSA medical plan

The Limited FSA allows you to set aside money for your vision and dental expenses until your deductible is met. Once you meet your plan deductible, you can use money in this account on any health care expenses.

Dependent Care Spending Account

Available to all employees

Use your dependent care spending account to pay for daycare expenses for a dependent under the age of 13. Eligible expenses include:

- Payments to a licensed daycare provider or nursery school
- Before and after school care or summer day camp program

For all plans on this page, please keep in mind...

- Any money left in your account after eligible expenses have been paid will be forfeited
- The money in your account may be used for eligible expenses **incurred** between April 1, 2014 - March 31, 2015

Account	How Much Can you Set Aside?
Health Care Spending Account & Limited Flexible Spending Account	<ul style="list-style-type: none">• Up to \$2,500 per year
Dependent Care Flexible Spending Account	<ul style="list-style-type: none">• Up to \$5,000 per year if you are single , OR• Up to \$5,000 if you are married and you file a joint income tax return, OR• Up to \$2,500 if you are married and file a separate income tax return



SUPPLEMENTAL BENEFITS

Short-Term Disability coverage provides a source of income for up to 26 weeks should you become disabled for more than 7 days due to accidental injury or sickness. This benefit pays you 60% of your pre-disability earnings (from \$25 up to \$1,000 weekly).

Long-Term Disability coverage provides a source of income should you remain disabled for more than 180 days due to accidental injury or sickness. This benefit pays you 60% of your pre-disability earnings up to \$10,000 per month.

Company-paid Life Insurance As a benefit eligible employee of Gerber, you have \$25,000 of Basic Life & Accidental Death and Dismemberment (AD&D) insurance provided at no cost to you.

Supplemental Term Life Insurance Employees and their dependents may also elect additional life insurance coverage on a guaranteed issue basis (no medical questions required). When you are initially eligible, you can elect up to the following amounts of coverage:

- Up to the lesser 7 times your salary or \$200,000 on yourself
- Up to \$30,000 for your spouse
- Up to \$10,000 of for your dependent children

Additional amounts are available and are subject to medical underwriting. Medical underwriting also applies for any coverage applied for after your initial eligibility period.

ACCIDENT INSURANCE

Accident Insurance, a limited benefit policy includes coverage for both on- and off-the-job accidents, which allows for 24 hour protection. Lump-sum benefits are payable directly to you to use as you see fit and this plan does not coordinate with any other insurance that you may have. This plan covers expenses such as initial care, follow-up care, injuries and catastrophic and accidental death.

This policy is individually owned and 100% paid by you. It is portable if you should leave employment for any reason. While you are employed here, premiums are paid through convenient payroll deductions. This coverage is available to you and your eligible dependents. You may apply for coverage during annual enrollment periods only.

See page 8 for life insurance and accident plan cost information



401(k) RETIREMENT PLAN

Gerber offers a 401(k) plan to help you save for retirement. Please contact your Human Resources Department to learn how to enroll.

Employee Eligibility	Employees must be age 20 and have completed three months of service.
Entry Dates	The first day of any month.
Employee Contributions	You may contribute the maximum as allowed by the IRS on a pre-tax basis. You may reduce to 0% at any time. Contribution percentages may be changed on any entry date. You may make catch-up contributions if you will be age 50 or over by the end of the current calendar year.
Employer Contributions	The Boyd Group (U.S.), Inc. may make a matching contribution equal to 25% of the first 6% of compensation that you contribute up to a maximum annual benefit of \$1,350.00.
Vesting Schedule	Employee contributions are always 100% vested. Employer contributions are vested 20% after two years of service; 20% vested each year thereafter; and 100% vested after six years of service.
Investment Changes	You may change your investment allocation at anytime by visiting Merrill Lynch online at www.benefits.ml.com or by telephone access at 800-229-9040.
Withdrawal Provisions	You may withdraw money from the plan by taking a loan, attaining age 59½, upon hardship as defined by the IRS or upon termination of employment.

CREDIT UNION

As a Gerber employee, you have the opportunity to join Xceed Financial Credit Union. Xceed is a nationwide credit union and offers convenience, flexibility and security. Get the financial services you need, at less cost than a bank. Services include:

- Direct deposit
- Access to 65,000 surcharge-free ATMs
- Checking, savings, and money market accounts
- Auto, home and personal loans
- Mobile banking
- Online banking with financial alerts and financial management features
- Share certificates
- Credit cards

To enroll, contact Eric Schillinger at 585-506-8542, eschillinger@xfcu.org



2014 - 2015 BENEFIT PREMIUMS

Medical

Coverage Level	PPO & HRA	HSA Plan
	Monthly Premium	
Employee Only	\$163.00	\$80.00
Employee + Spouse	\$304.00	\$244.00
Employee + Child(ren)	\$272.00	\$202.00
Family	\$447.00	\$346.00

Dental

Coverage Level	Monthly Premium
Employee Only	\$29.00
Employee + Spouse	\$50.00
Employee + Child(ren)	\$50.00
Family	\$82.00

Vision

Coverage Level	Monthly Premium
Employee Only	\$7.10
Employee + Spouse	\$14.39
Employee + Child(ren)	\$15.08
Family	\$19.09

Long-Term Disability

Age	(per \$100 covered payroll)
Under 25	\$0.08
25-29	\$0.12
30-34	\$0.20
35-39	\$0.34
40-44	\$0.55
45-49	\$0.74
50-54	\$0.86
55-59	\$1.04
60-64	\$1.04
65-69	\$1.13
70+	\$0.78

Supplemental Life

Age	(per \$10,000 of coverage)
Under 25	\$0.60
25-29	\$0.70
30-34	\$0.90
35-39	\$1.10
40-44	\$1.70
45-49	\$2.30
50-54	\$4.30
55-59	\$7.40
60-64	\$9.80
65-69	\$15.90
70+	\$37.60

Supplemental AD&D

All Ages	(per \$10,000 of coverage)
All Ages	\$0.40

Child Life

	Monthly Premium
\$5,000 Option	\$0.90
\$10,000 Option	\$1.80

Short-Term Disability

Age	(per \$10 of weekly benefit)
>39	\$0.36
40-54	\$0.46
55+	\$0.84

Accident Insurance

	Monthly Premium
Employee	\$14.99
Spouse	\$4.80
Children	\$12.82



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Plan Provider	Phone Number	Website
Medical - UMR	(800) 826-9781	www.umar.com
Dental - Delta Dental of Minnesota	(800) 448-3815	www.deltadentalmn.org
UnitedHealthcare Vision	(800) 638-3120	www.myuhcvision.com
Flexible Spending Accounts	(800) 826-9781 ext. 2189 Fax for claims (877) 390-4782	www.umar.com
STD, LTD and Supplemental Life - Unum	Claim inquiries (800) 858-6843 STD claim intake (866) 224-9402	www.unum.com/employees
Accident Insurance - ING	(800) 537-5024	www.ingemployeebenefits-us.com
401(k)	(800) 229-9040	www.benefits.ml.com
Credit Union	(585) 506-8542	www.xfcu.org

This guide is a brief summary of your benefits and does not constitute a policy. Gerber may amend the benefit program at any time. Your Summary Plan Description (SPD) will contain the actual detailed provisions to your benefits.

If there are any discrepancies between the information and this guide and the SPD, the SPD will prevail.



OUR MISSION



Our Goal at Boyd is to "WOW" every single customer with our quality and service and to "be the Best", so that we become their first choice for all services and products that our entire Team proactively sells. By doing so, our customers win.....our shareholders and suppliers win.....and in turn, we as Boyd Team Members all benefit.

Our Cheer "WOW every customer.....Be the Best!"

Our Goal and our Cheer.....reflect our Mission, Our Vision, and Our Shared Values

Boyd Group's mission is to "WOW" all of our customers (vehicle owners, insurance companies, fleets, and all other customers including fellow team members) with quality work and "best in class" service. In carrying out this mission, we will ensure that we fill all needs of our customers by being a sales focused organization, proactively offering and selling all of our services and products.

We are a team that is dedicated and committed to our mission, to continuous improvement and to delivering superior value to our customers as a means to maximize our profit. We value and respect each other and we work hard together to carry out these goals. By doing so, we create value for our customers, our team members and our shareholders and other stakeholders.

Our success (past and future) is built on our foundation of our shared values of mutual trust, open communication, integrity, professionalism, and sound financial management.

Our vision for the future is to be the customers' first and best choice for the services and products that we sell. We, as a company, will be a recognized leader in collision repair as well as in all other businesses that we choose to participate in. We, as individuals, will be recognized both within our company, as well as by others, as being top performers and leaders in our respective fields of work.

