



Benefits Guide

2027





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Welcome to Your Benefits!

At Mister Car Wash®, we know your benefits are more than just plans on paper—they're support for your health, your family, and your future. That's why we're proud to offer a comprehensive package designed to give you flexibility, financial protection, and long-term security.

This guide is designed to help you:

- ◆ Understand the benefits available to you and your family
- ◆ Learn how these benefits support your well-being and financial security
- ◆ Make informed choices to get the most value from your coverage

Your benefits are an important part of your total compensation and an important way Mister invests in **you**.

This guide highlights the main features of Mister's benefits program. It does not include all plan rules, details, or limitations. The terms of your benefit plans are governed by official plan documents and insurance contracts. If there is any inconsistency, those documents are the final authority. Mister Car Wash reserves the right to change or discontinue benefits at any time.



Eligibility

Field management and HQ team members are benefits eligible on the first of the month after 30 days of service and non-management field team members are eligible on the first of the month following 6 months of service. Service for eligibility purposes is defined as working 30 or more hours per week on average during your eligibility measurement period as defined by the Affordable Care Act. Eligibility measurement periods are reviewed in May and November of each plan year and are based on hours worked in the 6 months prior (November – April and May – October, respectively). If you aren't sure if you are eligible, contact the HR Helpline at hrhelp@mistercarwash.com or 844-529-7392.

If you are eligible for benefits, your eligible dependents could be:

Your legal spouse

Children under the age of 26, regardless of student, dependency, or marital status

Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return

Note: An employee may not enroll another benefits-eligible Mister Car Wash employee in dependent coverage.

Changing Benefits After Enrollment

During the year, you cannot make changes to your benefits unless you have a Qualified Life Event. If you do not make changes to your benefits within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event). To make a change, submit a Life Event Declaration Form in Dayforce.

Qualified Life Event		Documentation Needed
Change in marital status	Marriage	Copy of marriage certificate
	Divorce/legal separation	Copy of divorce decree
	Death	Copy of death certificate
Change in number of dependents	Birth or adoption	Copy of birth certificate or copy of legal adoption papers
	Stepchild	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
Change in employment	Change in your eligibility status	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage



How to Enroll

Follow these step-by-step instructions to complete your benefits enrollment! If you need to pause the enrollment process at any point, click **Finish Later** so you can pick up where you left off.

- 1 Click the launchpad in Mister Connect and select **Dayforce**.
- 2 Click the **Benefits** icon in the top-right Dayforce Features section.
- 3 Click the **Overview** tab in the upper-left corner of the screen.
- 4 Click **Start Enrollment**.
- 5 Review the welcome message and click **Start**.
- 6 Select your **tobacco/smoker status**.
 - ✦ If you are a tobacco user, don't forget to change your tobacco smoker status to **Yes** then click **Continue**.
- 7 Click **Add Dependent** to add all dependents you wish to cover on your benefits (e.g., spouse and/or dependent children). Complete all required fields, then click **Continue**.

Repeat this process for each dependent you want to cover on your benefits.

If you do not wish to cover any dependents on your benefits, skip this section and click **Continue**.

- 8 Make your Medical, Dental, Vision, HSA, and FSA benefits elections. Choose the plan and level of coverage you want by checking the box to the left of the option.

Any coverage that requires dependents or beneficiaries will prompt you to select them from a list of those you entered previously.

You must make an election in each section to complete the enrollment process. If you don't want to enroll in a benefit, click the **Waive Coverage** option in that section.

- 9 Click the **Beneficiary Information** section and add all beneficiaries you wish to include for life insurance.

Since Mister provides Basic Life and AD&D coverage for all benefits-eligible employees, you must complete this section. Click **Add Beneficiary** and complete all required fields and then click **Continue**.

Repeat this process for each beneficiary you want to add to your Life/AD&D insurance.

- 10 On the Review page, confirm Your Estimated Total Cost, elections, dependents, and beneficiaries to ensure you've made all selections you intended to.

- ✦ If you are not quite ready to finalize your elections, click **Finish Later** to save your progress. You will be able to come back to make changes later.
- ✦ If you want to make changes, click **Back**.
- ✦ When you are done and want to finalize your elections, click **Submit**.
- ✦ If you want to print a copy of your confirmation page, click **Print**.
- ✦ When you see the message below, you know your elections have been submitted.

Submitted! Congratulations! Your enrollment has been submitted.

NOTE: You will not be able to make changes once you click **Submit**, so review your elections carefully.



Medical and Prescription Drug Plans

Quality health coverage is one of the most valuable benefits you enjoy as an eligible Mister team member. You have two medical insurance plan options, both administered by Cigna under the Open Access Plus (OAP) provider network for medical coverage with prescription drugs included through CVS Caremark.

How Your Medical and Prescription Drug Plans Work

Mister gives you two plan choices: the **HDHP** and the **PPO**. Both cover the same types of care. The difference is in how much you pay from your paycheck and when you pay for care.



HDHP (High Deductible Health Plan)

- ✦ Lower cost from your paycheck, higher deductible
- ✦ Comes with a Health Savings Account (HSA) that Mister helps fund



PPO (Preferred Provider Organization)

- ✦ Higher cost from your paycheck, lower deductible
- ✦ Fixed copays make costs more predictable

Your Costs Also Depend on the Provider You Choose



Tier 1 Providers

Doctors and hospitals that meet high standards and cost less.



In-Network Providers

Work with Cigna and charge lower rates.



Out-of-Network Providers

Cost much more because they don't have lower rates.

Find a Provider

Finding a network provider on cigna.com or the myCigna app has never been easier.

- 1 Go to cigna.com and select **Find a Doctor**.
- 2 Select **Employer** as the option for how you are covered. Enter the ZIP code or city for your desired search area.
- 3 Choose to search by doctor type, name, or facility. When prompted, register for an account or continue as guest. Then select Open Access Plus (OAP) as the plan.



How the Medical and Prescription Drug Plans Work



	Per Paycheck Contributions	Annual Deductible	Out-of-Pocket Maximum	100% of Eligible Expenses
What is it?	A pretax payment, or contribution, taken from every paycheck for your share of the medical plan premium. Mister contributes on your behalf as well.	You pay 100% of costs, excluding preventive care or telehealth, until you meet your deductible unless there is a copay (PPO plan has copays).	After you meet your deductible, you pay coinsurance, where Mister pays a portion of the costs, until you meet your out-of-pocket maximum.	The plan pays 100% of eligible expenses for the rest of the year. The plan resets deductibles and out-of-pocket maximums January 1 of every year.
How does it work for the HDHP + HSA?	Amount depends on whether you cover dependents or use tobacco. You choose how much pretax money to put in your HSA to help pay for expenses throughout the year. Mister contributes on your behalf as well!	No copays—all expenses are subject to deductible, which means you pay the full cost until you meet your deductible. Use your HSA funds to offset your healthcare expenses!	At this point, you will pay a portion of your healthcare expenses. Mister pays the other portion until you meet your out-of-pocket maximum. You can continue to use your HSA funds!	No further expenses! The plan covers all expenses after the out-of-pocket maximum is met. If you have remaining HSA funds, you can keep saving them for the future!
How does it work for the PPO?	Amount depends on whether you cover dependents or use tobacco. Contributions for the PPO plan are higher than the HDHP + HSA plan. You can contribute to a Healthcare FSA to help pay for expenses.	Some copays for doctor visits and prescription drugs, but many services are subject to the deductible until it's met.	At this point, you will pay a portion of your healthcare expenses. Mister pays the other portion until you meet your out-of-pocket maximum.	No further expenses! The plan covers all expenses after the out-of-pocket maximum is met.

HDHP + HSA	VS	PPO
Lower employee contributions		Higher employee contributions
Higher annual deductible		Lower annual deductible
Must meet deductible before the plan pays a portion of any medical and prescription drug expenses		Flat copays for office visits, prescription drugs & emergency room
Pay a percentage of costs after deductible for prescription drugs (except preventive drugs).		Pay copays for prescription drugs that differ based on if they're generic or a preferred or non-preferred brand
May be a fit for people who don't have significant ongoing care needs which require higher cost medications or frequent doctors visits or treatment.		May be a fit for people who expect more significant ongoing care, treatment, or therapies.
Option to use your HSA debit card to pay for eligible expenses. Mister contributes to this account, and you can too!		Expenses paid by employee directly
Preventive care and telehealth covered at 100%		Preventive care and telehealth covered at 100%

Medical and Prescription Drug Plan Comparison

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs. In-network providers charge members reduced, contracted rates instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

	HDHP + HSA		PPO	
	Tier 1 Provider / In-Network	Out-of-Network	Tier 1 Provider / In-Network	Out-of-Network
	You Pay		You Pay	
Calendar Year Deductible				
Employee Only	\$2,000	\$4,000	\$1,400	\$4,000
Employee + Dependents	\$4,000 full family deductible must be met before coinsurance begins	\$8,500 full family deductible must be met before coinsurance begins	\$1,400 per individual \$2,800 total for the family	\$4,000 per individual \$8,500 total for the family
Calendar Year Out-of-Pocket Maximum (Includes Deductible)				
Employee Only	\$5,000	\$16,000	\$6,000	\$16,000
Employee + Dependents	\$5,000 individual \$10,000 family	\$16,000 individual \$32,000 family	\$6,000 individual \$12,000 family	\$16,000 individual \$32,000 family
HSA Contribution				
Mister’s HSA Contribution	\$500 / employee only \$700 / employee + spouse or child(ren) \$1,000 / family (spouse and child[ren])		Does not apply, must enroll in HDHP for HSA contribution	
Coinsurance & Copays				
Preventive Care	\$0	40%*	\$0	40%*
Primary Care Physician	10%* / 20%*	40%*	\$20 / \$40	40%*
Specialist	10%* / 20%*	40%*	\$30 / \$50	40%*
Inpatient Hospitalization / Surgery	20%*	40%*	20%*	40%*
Urgent Care	20%*	40%*	\$50	40%*
Emergency Room	20%*	20%*	\$300 copay per visit, deductible waived Copay may be waived if admitted	
Retail Rx (up to 30-day supply)				
Preventive	Up to \$10	You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.	\$0	You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.
Generic	20%*		\$10	
Brand Preferred	20%*		\$35	
Brand Non-Preferred	20%*		\$60	
Mail Order Rx (up to 90-day supply)				
Preventive	Up to \$25	You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.	\$0	You may be reimbursed based on the lowest contracted amount, minus any applicable deductible or copayment amount.
Generic	20%*		\$25	
Brand Preferred	20%*		\$87	
Brand Non-Preferred	20%*		\$150	
Employee Cost per Paycheck	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee Only	\$34.50	\$54.50	\$70.00	\$90.00
Employee + Spouse	\$156.00	\$176.00	\$220.00	\$240.00
Employee + Child(ren)	\$134.50	\$154.50	\$192.00	\$212.00
Employee + Family	\$189.00	\$209.00	\$307.00	\$327.00

*After deductible is met



Both plans include access to convenient and free telehealth visits with board certified doctors for acute or routine illnesses through Cigna's MDLive program. Visit MDLive through the myCigna app by clicking **Talk to a doctor** or call 888-726-3171.



Which Plan Is Right for You?

Choosing a health plan isn’t just about the monthly premium: it’s about understanding how that plan works when you actually need care. The following scenarios model real employee situations, illustrating how different levels of care and coverage translate into actual costs over the course of a year.

These aren’t one-size-fits-all answers. Rather, they’re decision tools designed to help you see which plan offers the best value for the way you use healthcare.

Meet Carlos

Carlos is 28, single, and healthy. He keeps up with routine care but doesn’t go to the doctor unless he really needs to. He wants coverage that protects him if something serious happens but doesn’t cut too much out of his paycheck.

	HDHP + HSA	PPO Plan
	Tier 1 Provider	Tier 1 Provider
Parts of Your Medical Plan		
Calendar Year Deductible (Employee Only)	\$2,000	\$1,400
Calendar Year Out-of-Pocket Maximum	\$5,000	\$6,000
Healthcare Services		
Preventive Care	\$0	\$0
Virtual Visit (1)	\$0	\$0
Doctor Visit (2)	\$300	\$80
Urgent Care Visit (1)	\$200	\$50
Generic Rx (30-Day)	\$10	\$10
Total Healthcare Costs	\$510 (Paid with HSA)	\$140
Annual Premium	\$828	\$1,680
Employer Credit (HSA)	\$500	N/A
What Carlos Paid	\$838	\$1,820

How Carlos uses his plan

This year, Carlos chose to move from the PPO to the HDHP with HSA. Carlos had two doctor visits, one virtual visit, one generic drug and one urgent care visit during the year.

The HDHP with HSA gave him the lowest premiums, and Mister’s HSA contributions covered almost all of his care. Carlos took the difference in the PPO and HDHP per paycheck contributions and contributed that to his HSA to save for future healthcare expenses. Carlos stays protected without overpaying for coverage he didn’t need.

Total Cost Paid = Total Cost of Care (capped at Out-of-Pocket Max) + Annual Premium

Meet the Johnson Family

Alexis and Marcus Johnson are busy parents raising two active kids. Between school events, sports practices, and work, they need benefits that are affordable now and still give them protection for the unexpected.

	HDHP + HSA	PPO Plan
	Tier 1 Provider	Tier 1 Provider
Parts of Your Medical Plan		
Calendar Year Deductible (Family)	\$4,000	\$2,800
Calendar Year Out-of-Pocket Maximum	\$10,000	\$12,000
Healthcare Services		
Preventive Care	\$0	\$0
Primary Care (4)	\$600	\$80
Generic Rx (30-Day) (1)	\$10	\$10
Emergency Room Visit	\$2,500	\$300 copay + \$250 (X-ray and Supplies)
Mental Health Visits (12)	\$1,800	\$480
Total Healthcare Costs	\$4,910	\$1,120
Annual Premium	\$4,536	\$7,368
Employer Credit (HSA)	\$1,000	N/A
What the Johnson Family Paid	\$8,446	\$8,488

How the Johnsons use their plan

This year, the Johnsons kept up with preventive visits for the whole family. Alexis uses her plan for regular therapy sessions to stay grounded with a busy family schedule. Their youngest also broke an arm during a soccer game, which meant an Emergency Room Visit, X-ray, casting, and follow-up with an orthopedic specialist.

As non-tobacco users, the Johnsons wanted to keep more of their paycheck each month. The HDHP with HSA fit their goals by combining the lowest premiums with Mister's \$1,000 HSA contribution, which covers the first part of their care costs. This gave them confidence that they could manage everyday needs while still being prepared if something bigger came along.

Total Cost Paid = Total Cost of Care (capped at Out-of-Pocket Max) + Annual Premium

Meet the Reynolds

See how Patricia and John balance chronic conditions and prepare for surgery with a plan that offers predictable costs and peace of mind.

	HDHP + HSA	PPO Plan
	Tier 1 Provider	Tier 1 Provider
Parts of Your Medical Plan		
Calendar Year Deductible (Employee + Spouse)	\$4,000	\$2,800
Calendar Year Out-of-Pocket Maximum	\$10,000	\$12,000
Healthcare Services		
Preventive Care (2)	\$0	\$0
Knee Surgery	\$5,000	\$6,000
Physical Therapy (20)	\$3,000	\$1,000
Brand Rx (6)	\$390	\$210
Total Healthcare Costs	\$8,390	\$7,210
Annual Premium	\$3,744	\$5,280
Employer Credit (HSA)	\$700	\$0
What the Reynolds Paid	\$11,434	\$12,490

How the Reynolds use their plan

Patricia and John Reynolds are in their early 60s and enrolled in Employee + Spouse coverage. John manages diabetes, requiring regular medication and checkups. Patricia is in physical therapy and preparing for knee replacement surgery later this year.

Even though the HDHP with HSA could have lowered their total costs, the Reynolds chose the PPO Plan. They knew a major surgery was ahead, and they value the predictable copays and consistent cost-sharing that come with the PPO. For them, the peace of mind of knowing what to expect—and not having to worry about large bills hitting all at once—made the PPO the right fit.

Total Cost Paid = Total Cost of Care (capped at Out-of-Pocket Max) + Annual Premium



Choosing the Right Plan for You

Open Enrollment is your one chance each year to make sure you've got the right coverage for yourself and your family. Take a few minutes to think about how you'll use your benefits in the year ahead.

The right plan looks different for everyone. Some want the lowest paycheck deduction, even if it means paying more when they need care. Others prefer higher premiums for lower, more predictable costs. What matters most is choosing the plan that fits your life today—and what you expect next year.

Things to Consider

- ✦ **Coverage and costs change every year.** Don't stick with the same plan out of habit since another plan may fit better now.
- ✦ **Look at your premiums.** If you don't anticipate using the plan frequently for doctor visits and prescription drugs, the HDHP + HSA could be an option worth considering.
- ✦ **Think about life changes.** Getting married, divorced, or adding a dependent? Your needs (and costs) may look different next year.
- ✦ **Use tax-advantaged accounts.**
 - » **HSA:** Available with the HDHP + HSA. Contributions can be changed anytime and funds roll over year to year. Mister gets you started with quarterly contributions.
 - » **FSA:** You must re-enroll each year to keep your Healthcare or Dependent Care FSA. It can be used to save pretax for healthcare expenses, but estimate your contribution carefully. Unused funds don't roll over.
- ✦ **Review other coverage.** Open Enrollment is also the time to add or update life insurance if you need it. Confirm your beneficiary information is correct.





Tools for Using Medical and Prescription Drug Plan

Cigna Tools and Support

In addition to your medical coverage, Cigna offers tools and personalized support to help you understand your benefits, navigate care and get additional help when you need it.



Scan to access [myCigna.com](https://mycigna.com) or download the [myCigna App](#).



Cigna One Guide®

Have a question about your medical plan or need help finding care? Cigna One Guide can help you understand your benefits, find in-network providers, compare costs and connect with available resources.

Access One Guide through [myCigna.com](https://mycigna.com), the myCigna App, live chat or by calling the number on the back of your ID card.



Cigna Care Management

If you're dealing with a complex health condition, hospitalization, surgery or other significant healthcare need, Cigna Care Management can provide additional support. A Cigna care team can help you:

- Understand your condition and treatment plan
- Coordinate care
- Prepare for and recover from a hospital stay or surgery
- Connect you with resources that may be available through your medical plan.



myCigna® — Your Medical Plan Online

Beginning January 1, use [myCigna.com](https://mycigna.com) or the myCigna App to access your Cigna medical benefits. You can:

- View your digital ID card
- Review coverage and claims
- Find in-network providers
- Compare costs and access Cigna programs and support



CVS Caremark Digital Tools

Register for an online account at [Caremark.com](https://caremark.com) to manage your medications—anytime, anywhere.

Find a network pharmacy

CVS Caremark manages your pharmacy benefits, but that doesn't mean you can only use CVS stores. The Caremark network includes **many major retail and grocery store pharmacies**, plus independent pharmacies across the country.



Check drug costs

Check and compare drug costs across in-network pharmacies to find possible savings through the **Check Drug Cost** tool.

Review generic options that may help you keep your medications as affordable as possible



Generic medications work just like brand-name equivalents



Generics are FDA-approved



Find out if you can save with generics

Stay connected for benefit plan updates

Sign up for email or text alerts to easily get important updates, including status alerts on any changes to your covered medications.



Where to Go for Care

Knowing where to go can save you time and money.

Provider	When to Use	Average Cost	Average Wait	Examples
 Telehealth through MDLive (24/7 from phone, video, or app) MDLive available through the Cigna App	Non-emergency care when you're home, at work, or traveling	No Charge	2-5 minutes	Allergies, cough, cold, flu, rash, stomachache, behavioral and dermatological care
 Doctor's Office	Routine and preventive in-person care; best if you have an established relationship. Save by visiting Tier 1 Providers in Cigna's network	\$	15-20 minutes	Infections, sore throat, vaccinations, minor injuries
 Retail Clinic (inside pharmacies/stores)	Lower cost option when you can't see your doctor	\$	~15 minutes	Common infections, pregnancy tests, vaccinations
 Urgent Care	Immediate, non-life-threatening care; open evenings, weekends, and holidays	\$\$	15-30 minutes	Sprains/strains, small cuts needing stitches, minor burns, minor broken bones
 Hospital ER	Serious or life-threatening conditions	\$\$\$\$	4+ hours	Chest pain, difficulty breathing, severe bleeding, major broken bones, sudden vision loss
 Freestanding ER (typically an emergency care facility not attached to a hospital)	Non-trauma emergencies; much higher cost	\$\$\$\$\$\$	Minimal	Severe pain, most major injuries (except trauma)



Health Savings Account (HSA)

If you are enrolled in the HDHP, you will be enrolled in the HSA where Mister contributes to help you with healthcare expenses and you can contribute too! This savings account can pay for out-of-pocket medical expenses for your HDHP plan coverage. Any money in the account stays with you year over year, even if you leave the company or retire. HSA Bank will provide you with a debit card linked to your HSA to conveniently use for your eligible medical expenses.

Note that you cannot enroll in a Health FSA and the HSA.

Annual Contributions	Mister Provides (funded quarterly)	Maximum You Can Contribute	2027 IRS Maximum Contribution
Employee only	\$500	\$4,000	\$4,500
Employee + Spouse or Employee + Child(ren)	\$700	\$8,300	\$9,000
Family (Employee + Spouse and Child(ren))	\$1,000	\$8,000	\$9,000
Those age 55 and over can contribute another \$1,000 as permitted by the IRS!			

The Triple Tax Advantage

- 1 You can use your HSA funds to cover qualified medical expenses, plus dental and vision expenses too—tax-free.
- 2 Unused funds grow and can earn interest over time—tax-free.
- 3 You can save your HSA funds to use for your healthcare when you leave Mister or retire—tax-free.

What “Tax-Free” Means

“Tax-free” means you don’t pay taxes when you put money in, when it grows, or when you use it for eligible healthcare expenses. That’s why HSAs are such a smart way to save: Your money goes further because less of it goes to taxes.

	Health Savings Account	Health Care FSA
Can I elect it?	Yes, choose to elect the High Deductible Health Plan (HDHP)	Only if you elect the PPO or do not elect to participate in one of Mister’s medical plans
What can it be used for?	Eligible medical, pharmacy, dental, and vision expenses.	Eligible medical, pharmacy, dental, and vision expenses
How much can I contribute?	Up to IRS limit of \$4,500 for individual or \$9,000 for family pretax. (Up to an additional \$1,000 if you are over the age 55)	Up to \$3,400 annually pretax
What happens if I do not use it by the end of the year?	Your funds are portable and carry over! This means funds can accumulate for future medical expenses, even in retirement!	Money that hasn’t been used by December 31, 2027, will be forfeited. You will have until March 31, 2028, to submit expenses incurred in 2027 for reimbursement.
Is there specific treatment at retirement?	Yes. Amounts withdrawn after age 65 for non-health expenses are taxed at regular rate (no penalty)	No

The HDHP and HSA: How They Work Together

Your contributions help to cover a portion of your deductible and coinsurance.



Free In-Network Preventive Care

To emphasize the importance of wellness, preventive care is covered at 100%, if you receive this care from in-network providers.



Deductible

You pay for your initial medical costs until you meet your annual deductible. This deductible is higher compared to the other medical plan, but offset by your HSA contributions.



Coinsurance

Once the deductible is met, you and Mister share any further healthcare costs until you meet the out-of-pocket maximum.



Out-of-Pocket Maximum

The plan limits the total amount you'll pay each year. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible, in-network expenses for the remainder of the year.

How the HSA Works

Please note: Funds available for reimbursement are limited to the balance in your HSA.

- Choose the HDHP during open enrollment.
- Mister opens an HSA for you and begins to make quarterly deposits into your account.
- You determine how much to contribute (tax-free) to your HSA each pay period.
- Use money in your HSA for eligible medical, dental, and/or vision expenses.
- Money left over at the end of the year rolls over for future use.

Yolanda enrolls herself only in the HDHP with HSA. She chooses to use her HSA to pay for covered services; this reduces her out-of-pocket amount needed to meet her deductible before her health plan begins to pay.

Year 1 Example	Year 2 Example
Yolanda contributes a total of \$3,500 and Mister provides \$500.	She contributes \$3,500, in addition to her \$3,300 roll over from the previous year. Her HSA funds for the year total to \$7,300, with Mister's \$500 company contribution.
She uses her HSA to pay \$700 of eligible expenses.	She uses her HSA to pay \$1,250 of eligible expenses.
She has \$3,300 in her HSA to roll over to next year!	She has \$6,050 in her HSA to roll over to next year!



Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to pay for eligible expenses using tax-free dollars.

- ✦ **Important:** There is a “use it or lose it” rule imposed by the IRS. If you do not spend all the money in your Healthcare or Dependent Care FSA by March 31 of the following year for expenses incurred from January 1–December 31, unused dollars will be forfeited per IRS regulations for pretax contributions.
- ✦ **Important:** Note that the Healthcare FSA and Dependent Care FSA are different enrollments. You can enroll in one or both. The Dependent Care FSA can be elected regardless of medical plan as it’s not for healthcare-related expenses, it’s for Dependent Care Expenses.
- ✦ **Note that you cannot enroll in a Health FSA in the HDHP.**



	Healthcare FSA	Dependent Care FSA	Mass Transit	Parking
Can I elect it?	Only if you elect the PPO or do not elect to participate in one of Mister’s medical plans	Yes, regardless of medical plan election (not for medical care)	Yes, regardless of medical plan election (not for medical care)	Yes, regardless of medical plan election (not for medical care)
What can it be used for?	Eligible medical, pharmacy, dental, and vision expenses	Offset cost of dependent care (e.g., daycare, day camp, elder care); applies for children up to age 13	Tickets, vouchers and passes to ride a subway, train, city bus or ferry or a commuter rideshare to/from work* *To be IRS-eligible, the vehicle must legally accommodate six or more passengers to qualify.	Lots or garages at or near where you work. Train stations, vanpool stops, commuter lots and anywhere you get transportation to work. Excludes any parking on or near property at your home.
How much can I contribute?	Up to \$3,400 annually pretax	Up to \$7,500 annually pre-tax (\$3,750 if married and filing separate tax returns)	Up to IRS limit of \$340 per month	Up to IRS limit of \$340 per month
What happens if I do not use it by the end of the year?	Money that hasn’t been used by December 31, 2027, will be forfeited. You will have until March 31, 2028, to submit expenses incurred in 2027 for reimbursement.	Money that hasn’t been used by December 31, 2027, will be forfeited.	HSA Bank will roll over your funds to next year.	HSA Bank will roll over your funds to next year.



Dental Plan

Mister gives you two dental plan options through Delta Dental—the High plan and the Low plan—so you can choose the coverage that works best for you and your family.

- ✦ Preventive care is always covered at 100% when you use a Delta Dental network dentist.
- ✦ You can see any dentist, but you'll pay less when you stay in-network.



	Delta Dental Low Plan	Delta Dental High Plan
	In-Network	In-Network
Calendar Year Plan Maximum		
Per Individual	\$1,000 per individual (Basic and Major Services combined)	\$2,000 per individual (Basic and Major Services combined)
	You Pay	You Pay
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Care		
Exams, Cleanings, X-rays	\$0	\$0
Basic Services		
Fillings, Sealants, Extractions, Emergency Exams	40%*	20%*
Major Procedures		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	65%*	50%*
Orthodontia		
Dependents age 8 and up to age 26	50% up to a lifetime maximum benefit of \$500 per individual; deductible waived	50% up to a lifetime maximum benefit of \$500 per individual; deductible waived
Per Paycheck, Pretax Contributions		
Employee Only	\$7.71	\$13.25
Employee + Spouse	\$15.88	\$31.17
Employee + Child(ren)	\$15.59	\$31.97
Employee + Family	\$25.88	\$49.91

*After deductible



Vision Plan

Vision insurance is important even if you don't wear glasses. Regular eye exams can help detect health issues early and give you peace of mind. With Mister's vision plan through EyeMed, you'll pay nothing for exams and save on lenses, frames, and contacts.

You have access to EyeMed's new Insight network, giving you higher allowances and extra savings when you use PLUS Providers. You may find PLUS Providers by searching under the Insight Network on [EyeMed.com](https://www.eyemed.com). You can also find your digital ID card on [EyeMed.com](https://www.eyemed.com) once you enroll.

	EyeMed Vision Plan	
	In-Network (Insight Network)	Out-of-Network
	You Pay	Reimbursement
Exam	\$0	Up to \$35
Lenses (Standard Plastic)		
Single	\$0	Up to \$25
Bifocal	\$0	Up to \$40
Trifocal	\$0	Up to \$55
Frames	80% of balance over \$140 allowance PLUS Providers: \$0 copay, \$190 allowance	Up to \$45
Contacts in Lieu of Frames/Lenses	85% of balance over \$115 allowance PLUS Providers: 85% of balance over \$165 allowance	Up to \$92
Benefit Frequency		
Exams	Every calendar year	Every calendar year
Lenses	Every calendar year	Every calendar year
Frames	Every calendar year	Every calendar year
Contacts	Every calendar year	Every calendar year
Per Paycheck, Pretax Contributions		
Employee Only	\$4.49	
Employee + Spouse	\$8.46	
Employee + Child(ren)	\$8.90	
Employee + Family	\$13.05	



Income Protection

Employee Short-Term Disability (STD)

The loss of income due to illness or disability can cause serious financial hardship for your family. Mister provides STD insurance to all benefit-eligible employees automatically at no cost to you. STD insurance helps replace a portion of your income so you can continue paying your bills and meeting your financial obligations during difficult times. Benefits will be reduced by other income, including state-mandated STD plans.



Short-Term Disability

Benefit: 60% of base weekly pay up to \$1,000

Elimination period: 14 days

Benefit duration: Up to 11 weeks

Basic Life and AD&D

Life insurance, accidental death and dismemberment (AD&D) coverage, and short-term disability (STD) are important elements in protecting those who depend on you for financial security.



Basic Life and AD&D

1x your basic annual earnings to a maximum of \$100,000

Evidence of Insurability: None

Voluntary Life and AD&D

You may elect additional Voluntary Life and AD&D coverage for you, your spouse and children at your own expense. Voluntary Life rates for Employee and Spouse coverage are based on age and coverage amount. You may view your applicable premium in the Dayforce enrollment system.

Employee Only

- ♦ **Voluntary Life:** Increments of \$25,000 not to exceed \$150,000
- ♦ **Guaranteed Issue:** \$150,000
- ♦ **Voluntary AD&D:** Increments of \$10,000 up to 10 times your annual compensation or \$500,000, whichever is less

Spouse

- ♦ Increments of \$5,000 up to \$75,000—not to exceed 50% of employee coverage
- ♦ **Guaranteed Issue:** \$25,000
- ♦ **Family AD&D:**
Spouse coverage with children: 40%
Spouse coverage without children: 50% of the employee's voluntary AD&D amount, to a maximum of \$250,000

Children

- ♦ **Birth to 6 months:** \$500
- ♦ **6 months to 26 years:** \$10,000
- ♦ **Guaranteed Issue:** All amounts



Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect Voluntary Life coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (health status information). If the amount requested is more than GI, you will need to provide Evidence of Insurability before the amount over GI becomes effective.



Benefits for Your Well-Being

Support For Your Mental Health

Everyone needs support sometimes. Through Cigna's Employee Assistance Program (EAP), you and your household members have confidential support and resources to help you navigate life's challenges at no cost to you.

Get up to 5 face-to-face, telephonic or video counseling sessions per issue, per year with a licensed counselor. Whether you're dealing with stress, anxiety, grief, relationship or family concerns, substance use or another personal challenge, the EAP can help you find the support you need.

Support For Life's Challenges

Mental health is only part of what the EAP can help with. You also have access to expert guidance and resources for many of the practical challenges that come up in everyday life.



Financial Support

Have a free consultation with a qualified financial specialist about budgeting, debt and credit, student loans, retirement planning, taxes, buying or refinancing a home, insurance, and more.



Legal Support

Get connected with a licensed network attorney for help with personal and family legal matters, including estate planning, landlord and tenant issues, consumer concerns, and other eligible legal needs. Employment-related matters are excluded.



Identity Theft Support

If your identity is stolen, a fraud resolution specialist can help you understand what to do next—from reporting fraudulent activity and disputing debts to monitoring your credit and taking steps to help protect yourself in the future.



Work/Life Referrals

Need help finding the right resource? The EAP can connect you with support for child care and parenting, eldercare, pet care, education, and other everyday needs.

GET SUPPORT 24/7

Call 877-622-4327 or visit myCigna.com

Employer ID: MCWEAP for initial registration

Members without Cigna medical would select "EAP only" and enter MCWEAP, when prompted for the Employer ID.



Additional Benefits for All Employees



401(k) Retirement Savings Plan

It's never too early to start planning for your future. Mister's 401(k) Plan with Empower makes it easy to save through automatic payroll deductions, and Mister helps your savings grow with a matching contribution. You choose how much to contribute (up to IRS limits) and how your money is invested, giving you flexibility and control as you plan for retirement.



Dayforce Wallet

Get paid when you need it. With Dayforce Wallet, you can access your earned wages before payday, giving you more flexibility to manage bills and expenses on your schedule.



Shoes for Crews

Stay safe and comfortable at work. Mister offers discounts on slip-resistant footwear through Shoes for Crews, helping you get the right gear at a lower cost.



Uniforms

Mister provides team members with their first set of uniforms (tops, hats, belts, and seasonal wear) at hire and annual replenishment at no cost to you.



Employee Discounts

PerkSpot is a free and easy-to-use online discount program. You and your family members can receive discounts on everyday products or services such as cell phone providers, appliances and technology, fitness centers, travel services, and other local deals.



Educational Assistance Program

Keep learning and growing. Mister reimburses eligible education expenses —up to \$1,000 per year—to help you advance your skills and career.



Backup Childcare with Bright Horizons

Access backup childcare through Bright Horizons where you can get up to ten (10) employer-paid days of backup childcare per calendar year.



Free Car Washes

As an employee of Mister Car Wash, you get to experience the premium products that our customers love!

Go to **Mister Connect** to learn more about additional benefits.





Glossary

Calendar Year Maximum: A calendar year maximum is the total amount paid each year by your insurance company for each family member enrolled in the dental plan.

Coinsurance: The sharing of cost between you and the plan. For example, 20 percent coinsurance means the plan covers 80 percent of the cost of service after a deductible is met, and you will be responsible for the remaining 20 percent of the cost.

Copay: A fixed amount (for example \$15) you pay for a covered healthcare service, usually when you receive the service. Copays are typically in effect before you meet your deductible, and the amount can vary by the type of covered healthcare service.

Deductible: The amount you have to pay for most covered healthcare services before your health plan begins to pay.

Flexible Spending Accounts (FSAs): FSAs allow you to pay for eligible healthcare and dependent care expenses using tax-free dollars. The Healthcare Account can be used to pay for services not covered by your medical, dental or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, contact lenses, and eyeglasses. The Dependent Care Account is used to pay for daycare expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. The money in the account is subject to the “use it or lose it” rule which means you must spend the money in the account before the end of the plan year.

Health Savings Account (HSA): An HSA is a personal healthcare account for those enrolled in an HDHP. You may use your HSA to pay for qualified medical expenses such as doctor’s office visits, hospital care, prescription drugs, dental care, and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future. Your HSA can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP.

High Deductible Health Plan (HDHP): A qualified High Deductible Health Plan (HDHP) is defined by the Internal Revenue Service (IRS) as a plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually and are subject to change.

In-network: A designated list of healthcare providers (doctors, dentists, etc.) with whom the health insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.

Out-of-network: Healthcare providers that are not in the Plan’s network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Additional deductibles and higher coinsurance will apply.

Out-of-pocket maximum: The most you will pay of your own money before services are 100 percent covered by the medical plan. Your annual deductible is included in your out-of-pocket maximum.

Pretax: The contributions you make for medical, dental, vision, HSA, FSA healthcare spending and FSA dependent care spending are not subject to Social Security tax, federal income tax or, in most cases, state and local income taxes.

Reasonable & Customary Charges (R&C): Prevailing market rates for services provided by healthcare professionals within a certain area for certain procedures. Reasonable and Customary rates apply to out-of-network charges.



Important Contacts

Coverage	Contact	Phone	Web
Medical	Cigna	800-244-6224	myCigna.com
24/7 NurseLine	Cigna	877-950-5083	myCigna.com
Pharmacy	CVS Caremark	833-298-9975	Caremark.com
Telehealth	MDLive	888-726-3171 (MDLive)	myCigna.com
Health Savings Account	HSA Bank	800-357-6246	hsabank.com
Dental	Delta Dental of Arizona	800-352-6132	deltadentalaz.com
Vision	EyeMed	866-439-3633	eyemed.com
Flexible Spending Accounts	HSA Bank	800-357-6246	hsabank.com
Life and AD&D	Lincoln Financial	800-423-2765	MyLincolnPortal.com
Disability	Lincoln Financial	800-423-2765	MyLincolnPortal.com
Employee Assistance Program	Cigna	877-622-4327	myCigna.com Employer ID: MCWEAP
Employee Discounts	PerkSpot		mistercarwash.perkspot.com Access Code: MCWPerks
General Benefit Questions	Mister's HR Help Line	844-529-7392	HRhelp@mistercarwash.com

Notes

