



BENEFITS ENROLLMENT GUIDE

OPEN ENROLLMENT NOVEMBER 3-21, 2022

O'REILLY AUTO PARTS®
INVESTED IN *you*



O'REILLY, INVESTED IN *you*



Team O'Reilly,

Over the last few years, the theme that rang true across our stores, distribution centers, and offices is that Team O'Reilly stops at nothing to ensure our customers and fellow team members are taken care of!

From simple fixes like wiper blades, to more complicated diagnostics, supporting each other through the Team Member Emergency Fund, or covering shifts when a co-worker is under the weather, it is evident our teams stop at nothing to always provide the excellent customer service we are known for no matter what we encounter.

For these reasons, we are beyond proud of how each of you show up every day. Our company's success now, and in the future, is due to your hard work and win-win attitude. For your dedication, **O'Reilly is Invested in You!** We are committed to providing you with a well-designed package of benefits that supports you and your family in your health and well-being goals. The O'Reilly Benefits Program has been carefully developed over the years with thoughtful consideration of the needs of our team taking into account your feedback using a holistic approach which includes medical plans, investment tools, advancement opportunities, wellness programs, and diversity and inclusion.

It is important to review your benefit options before you enroll and then customize your benefits to fit you and your family. Keep your benefits in mind throughout the year and take advantage of all they have to offer. As your leadership team, we continue to be dedicated to maximizing coverage, while minimizing cost increases as much as possible. We recently made significant improvements to the 401(k) plan and we are pleased to share that in 2023 there will be no premium increase for team member only coverage on the Major medical plan.

First, please review the sidebar on the next page for a summary of the changes being made in 2023. Then, read through the details of your benefits guide. Once you have made your decisions, visit TeamNet and myHR to make your elections.

Thank you, Team O'Reilly, for investing your time and efforts into what you do each and every day.

Greg Johnson
*President and
Chief Executive
Officer*

Brad Beckham
*Executive Vice
President and
Chief Operating
Officer*

Jeremy Fletcher
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President and
Chief Financial
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Brent Kirby
*Executive Vice
President and
Chief Supply
Chain Officer*

Doug Bragg
*Executive Vice
President of
Store Operations
and Sales*

Tom McFall
*Executive
Vice President*



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BENEFITS CHANGES FOR 2023

O'Reilly makes every effort to offer a benefits package that brings value to our team members at an affordable price. Medical costs continue to increase nationwide, however we are pleased that the 2023 premium and plan design changes for the medical plans are minimal.

MEDICAL PLANS

- Premiums for all plans have single digit increases (except the team member only coverage on the Major plan, which remains the same as 2022).
- Co-pays for all office visits and urgent care will have a minimal \$5 increase on the Cigna and Allegiance plans.
- Deductibles for the Limited and Major plan will increase \$250.
- Specialty Pharmacy out of pocket maximum for Cigna plans will increase \$50.

OTHER PLANS

- There are slight premium increases on the vision plan and no premium changes for dental or any other plans.

ADDITIONALLY, several very positive changes were just made to the 401(k) plan in conjunction with the transition to Fidelity.

- All full-time and part-time team members are immediately eligible to participate.
- Company match is funded each pay period.
- Effective January 1, full vesting will be achieved at four years rather than six.

If you have any questions about your benefits, **please contact the Benefits team** at 800-471-7431, option 3, by email to benefits@oreillyauto.com, or by calling extension 1387 in the corporate office.

2023 BENEFITS PROGRAM

Step 1: **REVIEW THIS GUIDE**

Step 2: **MAKE A LIST OF YOUR CHOICES**

Step 3: **ENROLL**

TAKE TIME TO ENROLL

Each year, you have one opportunity to make decisions that will impact you and your family for the rest of the year. That time is open enrollment. Open enrollment allows you to review your current benefits and decide if some changes are needed. Do you need to change the number of dependents you are covering? Should you add new plans because you or your family need a new type of care, such as dental? Should you protect your family with supplemental accident coverage or life insurance? **These are important questions and now is the time to make those decisions.**

SAVE MONEY

Looking at your benefits will also allow you to consider how you might save money, either through medical premium discounts or tax savings. You can find out more about medical premium discounts on page 9, and learn more about tax advantages with Flexible Spending Accounts (FSA) on page 33. **You must enroll in an FSA each year if you want to participate.** All other benefit elections from 2022 will roll forward to 2023 if you do not request changes.

All requests must be submitted on TeamNet (myHR – See page 3 for details) by November 21, 2022.



If this is your first year participating in Open Enrollment or you would like a refresher about your total benefits package, see page 2.

Note: This guide is for informational purposes to assist you with enrollment decisions. If there are any discrepancies with official plan documents, the plan documents will prevail.

TABLE OF CONTENTS

BENEFITS PROGRAM

O'Reilly, Invested in You	2
How to Enroll	3
Know Before You Enroll	4
Glossary of Benefit Terms	6
Part-Time Benefits	7

MEDICAL INSURANCE

Affordable Care Act Medical Eligibility	8
Medical/Nontobacco/Wellness Discounts	9
2023 Medical Insurance Overview	10
In-Network vs. Out-of-Network	10
Cigna Medical Plans	11
Cigna/Allegiance Medical Plans Cost Comparisons	12
Plans at a Glance	13
Cigna/Allegiance Medical Rates Comparison	14
Cigna/Allegiance Prescription Drug Coverage	15
Cigna/Allegiance Prescription Cost Comparison Chart	16
Know Before You Go/MDLIVE	17
Cigna/Allegiance Health and Lifestyle Programs	18
Kaiser California Medical Plans	19
Hawaii Medical Plans	20

SUPPLEMENTAL MEDICAL INSURANCE

Hospital Indemnity Insurance	21
Critical Illness Insurance	22
Accident Insurance	24

VISION AND DENTAL INSURANCE

Vision Insurance	25
Dental Insurance	26

LIFE AND DISABILITY INSURANCE

Basic Life, Optional Life, Dependent Life	28
Accidental Death and Dismemberment	29
Short-Term and Long-Term Disability	30

PROTECTION PLANS

Identity Theft Protection	31
Legal Plan	32

FINANCIAL BENEFITS

Flexible Spending Accounts (FSA)	33
401(k) Plan	34
Employee Stock Purchase Plan (ESPP)	36
Education Assistance	37

TEAM MEMBER EXPERIENCE

Employee Assistance Program (EAP)	38
Discounts	39
Additional Perks	40
Wellness and Recognition	41

NOTICES	42-56
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FOLLOW THE SIGNS:



IMPORTANT!
Don't miss these details.



HELPFUL
Tips to improve your experience.



ONLINE ACCESS
Use your computer or a phone app for easy access.



SAVE MONEY
Keep some of your hard-earned money in your wallet.



ACT NOW
Complete this task before the due date.



NEW
This is a new item for this year.



CHANGE
This is a change for this year.

NOTE: Click on the Home Icon to bring you back to this page.

O'REILLY, INVESTED IN *you*



YOUR FACE IS THE FACE OF O'REILLY.

Your expertise is O'Reilly's advantage. Your service keeps O'Reilly customers coming back. To keep O'Reilly competitive and successful, O'Reilly invests in the benefits that will support you in every area of your life. The more you understand your benefits, the more valuable they become to you.

Building a career is more than collecting a paycheck. It is a two-way relationship between you and your employer. O'Reilly benefits support you and your goals by taking care of many of your life needs, both expected and unexpected. Take time to review and select your choices wisely. Use your benefits package for all it is worth!

BENEFIT COSTS

Even though O'Reilly pays for a portion of your benefits, most of your benefit options have a cost associated with them. The 2023 costs for these plans are printed on the plan pages in this guide and will be listed on your confirmation page once you've completed the enrollment process in myHR on TeamNet. You pay your share of the cost of your benefits through payroll deductions. The premiums are bi-weekly and deducted from each paycheck.

Pre-tax benefits include:

- Medical
- FSA
- Dental
- 401(k)
- Vision

By taking deductions from your pay before taxes are withheld, the amount of pay on which you are taxed is lower. As a result, you pay less in taxes. This tax break helps to offset your cost for benefits coverage.

TAKE A BRIEF LOOK AT ALL OF YOUR OPTIONS WITHIN THE O'REILLY BENEFITS PACKAGE.



CORE BENEFITS

Stay healthy with preventive care and insurance that covers you and your family. Pay attention to plan comparisons to find the right options that fit your life.

- Medical
- Pharmacy
- Vision
- Dental

SUPPLEMENTAL MEDICAL BENEFITS

Keep your financial world safe when the unexpected happens to you or your family.

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity

SAVINGS, INVESTMENT, AND FINANCIAL BENEFITS

Plan ahead with O'Reilly's 401(k), Flexible Spending tax advantages, and the Employee Stock Purchase Plan that lets you purchase O'Reilly stock at a discount.

- 401(k)
- Employee Stock Purchase Plan (ESPP)
- Flexible Spending Accounts (FSA)

LIFE AND DISABILITY INSURANCE

Protect yourself and the ones you love from hardship due to illness or loss.

- Life Insurance
- Optional Life Insurance
- Dependent Life Insurance
- Accidental Death & Dismemberment Insurance
- Short-Term and Long-Term Disability

OTHER BENEFITS

Work comes with privileges. Take advantage of education assistance, paid time away from work and enjoy recognition for excellence in service.

- Educational Assistance
- Team Member Recognition
- Paid Time Off
- Paid Holidays

INCENTIVES

Save thousands of dollars with simple incentives and discounts.

- Medical Premium Discounts
- Cigna Incentives
- O'Reilly Partner Discounts

TAKE THESE STEPS TO MAKE SURE YOU HAVE THE BENEFITS THAT ARE RIGHT FOR YOU AND YOUR FAMILY IN 2023.



Step 1. **REVIEW**

REVIEW THIS GUIDE, which contains information about the benefits package offered by O'Reilly.



Step 2. **COMPARE**

You wouldn't spend thousands of dollars on a purchase without comparing options, features, and pricing. **You should do the same with your benefits. The tools you need are in this guide and on TeamNet.**



Step 3. **ENROLL**

LOG IN TO myHR ON TeamNet.

Under My Benefits, choose **New Hire Enrollment, Annual Open Enrollment, or Life Changes**, whichever is applicable.

Complete **ALL Action Required** items and optional items as needed.

Choose Finish Enrollment and you will be prompted to enter the last four digits of your Social Security number (SSN) to submit.



Step 4. **PRINT**

Print your confirmation page. Look for the checkered flags to know your enrollment has been submitted for approval.



TIPS TO REMEMBER

- Choose the Overview button at any time to go back to the home screen.
- Make sure all Action Required items are completed.
- You can change your address, life insurance beneficiaries, or sign the Tobacco Use Disclosure in myHR at any time.

This guide also contains important benefits program notices. Please share this information with your family members. Some of the notices are required by law and contain helpful information. These notices are updated from time to time and some federal notices are updated annually. Additional copies of these notices are available at no cost to you on TeamNet or by contacting the Benefits Department at 800-471-7431, option 3, or ext. 1387.

COORDINATING WITH OTHER BENEFIT PLANS

- The O'Reilly plan will always be primary for the O'Reilly team member. This also applies to team members enrolled in Medicare. For more information about coordination of benefits with Medicare for spouses, call Medicare at 855-798-2627.
- If you are a dependent, and you are covered by two or more medical or dental plans and the O'Reilly benefit plan is your secondary coverage, certain rules apply. The Coordination of Benefits rule requires that the O'Reilly benefit plan pays the same amount as it would have if it were your primary coverage, minus whatever payments are paid by your other plan or plans.
- In no case will the combined benefits of your primary and secondary plans be more than the cost of the medical or dental expenses incurred. There is no coordination of benefits with an HMO plan.



CHANGING YOUR BENEFIT ELECTIONS

REVIEW AND CONSIDER YOUR OPTIONS CAREFULLY.

The benefits you elect are in effect until Dec. 31, 2023, provided you continue to meet all eligibility requirements.

Mid-year changes are NOT permitted unless you experience a qualifying life event (see page 5), which may allow you to enroll/cancel, add/remove a plan; and add/or remove dependents. Generally, moving from one plan to another is only permissible during the annual open enrollment period.



BENEFITS ELIGIBILITY

WHO IS ELIGIBLE FOR BENEFITS?

- Full-time team member working at least 30 hours per week who has completed the applicable service requirements. See the benefit eligibility schedule below.
- Lawfully married spouse (as defined by the plan documents).
- Domestic partner as defined by the California State Legislature (California Kaiser Plans only).
- Child up to age 26 – biological child, legally adopted child, child placed with you for adoption, stepchild, or a child for whom you are the legal guardian. Some plans, other than medical, dental, and vision, may require proof of full-time student status at the time of a claim for children over age 19.

WHEN DO YOU BECOME ELIGIBLE?

Full-Time Team Members

ELIGIBILITY	BENEFIT
Immediately, upon date of hire.	401(k), O'Care Solutions (EAP), Farmers Insurance Choice, Discount Programs (see page 39)
First of the month after date of hire or full-time status.	Medical, Dental, Vision, Critical Illness, Accident Insurance, Hospital Indemnity, Identity Protection, Legal Services
First of the month after 90 days in a full-time status.	Company-paid Life Insurance, Optional Life Insurance, Accidental Death and Dismemberment Insurance, Short-Term Disability Insurance, Long-Term Disability Insurance
January 1 of the upcoming year.	Flexible Spending Accounts (FSA)
One year of full-time employment and in good-standing with the Company.	Education Assistance
First pay period following one year of full-time employment with a minimum of 1,500 hours worked during that year.	Employee Stock Purchase Plan (ESPP)



Part-Time Team Members

ELIGIBILITY	BENEFIT
Immediately, upon date of hire.	401(k), O'Care Solutions (EAP), Farmers Insurance Choice, Discount Programs (see page 39)
The first of the month following an administrative period after working an average of 30 hours per week through a measurement period. (See page 8 for more details.)	Medical insurance



QUALIFYING LIFE EVENTS

If you experience a qualifying life event and wish to make changes to your benefits, go to myHR on TeamNet and under My Benefits, choose Life Changes.

The following events experienced by you or your dependents may allow certain mid-year changes in benefits provided you notify the Benefits Department within 30 days of the event:

- Change in legal marital status (for example: marriage, divorce, legal separation).
- Change in number or status of dependents (for example: birth, adoption, death, child reaches age 26).
- Change in employment status, work schedule, or residence that affects eligibility for benefits.
- Coverage of a child due to a Qualified Medical Child Support Order.
- Entitlement or loss of entitlement to Medicare or Medicaid.
- Certain changes in the cost of coverage, eligibility, or change of coverage, or gain or loss of coverage on another plan.
- Changes consistent with Special Enrollment rights, FMLA leaves, and any other changes as permitted by the IRS.

You will be required to submit documents supporting your qualifying life event.

WHEN WILL MY COVERAGE END?

Termination of Employment: Your coverage will end on the last day of the pay period in which you worked.

Employment Status Change to Part-Time, Supplemental, or Temporary: Your coverage will end on the last day of the pay period in which you were full time. However, if you were eligible for 401(k) you will remain eligible. For medical insurance, you may remain eligible depending upon the average number of hours you worked in the most recent measurement period (see page 8 for details).

Qualifying Life Event (marriage, divorce, birth, etc.): Some coverages may cease at the end of the month following a qualifying event. Call the Benefits Department at 800-471-7431, option 3, or ext. 1387 to verify.



DEPENDENT VERIFICATION

O'Reilly requires verification of eligibility for dependents covered on the benefit plans. Soon after your effective date, you will receive a request from a third-party company for documents verifying your dependent's eligibility. When you receive the request in the mail at your home address, collect the items listed on the letter and submit the documents with the cover sheet provided, which includes an identifying barcode. Without the required documents, your dependents will not be eligible for coverage and will be removed from the plans.

Verification Requirements

SPOUSE	CHILD
<p>MARRIAGE CERTIFICATE AND ONE OF THE ITEMS BELOW:</p> <ul style="list-style-type: none"> • Proof of joint ownership of property. • Mortgage or lease statement with a common address. • Bank or credit card statement with a common address. • Motor vehicle registration. • Current tax return. 	<p>ONE OF THE ITEMS BELOW:</p> <ul style="list-style-type: none"> • Birth certificate with parent's name listed. • Adoption certificate. • Official court document. • Document of legal guardianship. <p>If your dependent is a stepchild, you must also submit a marriage certificate to establish your relationship to the parent of the child.</p>
<p>NOTE: Block out Social Security numbers and any financial information from documents you send in. Only the first page of a tax return is required.</p>	<p>NOTE: You are not required to provide proof of eligibility for children covered due to a Qualified Medical Child Support Order.</p>

WHAT DOES THAT MEAN?

Benefits terms can be confusing for anyone. When you come across a term you don't understand, refer to the glossary below. If you still don't understand, be sure to ask questions before you enroll.

Accident Insurance: An insurance which enhances your primary medical coverage by helping you with expenses should you have an accident with injuries which are covered by the plan.

Allowed Amount: Maximum amount on which payment is based for your covered health care services. This may be called eligible expense, payment allowance, or negotiated rate. If your out-of-network provider charges more than the allowed amount, you may have to pay the difference. In-network providers cannot charge more than the allowed amount.

Balance Billing: When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A network provider cannot balance bill you.

Co-pay/Co-payment: A fixed dollar amount you pay at the time health care services or prescription drugs are received, regardless of the total charge for service.

Co-insurance: A fixed percentage of covered health care services or prescription drug costs you pay, after the deductible amount (if any) is paid.

Critical Illness Insurance: An insurance which enhances your primary medical coverage by helping you with expenses should you be diagnosed with a specific condition covered by the plan.

Deductible: A fixed annual dollar amount you pay out of pocket during the calendar year toward health care services or prescriptions before the health plan begins to pay.

Dependent (Daycare) Flexible Spending Account (FSA): Pre-tax account that allows you to set aside a portion of your paycheck to pay for dependent (child or adult) care.

Dismemberment: Loss of an appendage, limb, sight, hearing, or speech.

Durable Medical Equipment (DME): Equipment and supplies ordered by a health care provider for everyday or extended use. DMEs include oxygen equipment, wheelchairs, crutches, and CPAP machines.

Excluded Services: Health care services your health insurance plan does not cover.

Generics: Generic medications have the same active ingredients, dosage, and strength as their brand name counterparts. You will usually pay less for generic medications.

Health Care Flexible Spending Account (FSA): Pre-tax account that allows you to set aside a portion of your paycheck to pay for certain out-of-pocket health care costs.

Hospital Indemnity Insurance: An insurance which enhances your primary medical coverage by helping you with expenses should you be admitted to the hospital.

In-network: Health care professionals and facilities that have contracted with your plan's network to deliver services at a negotiated (discounted) rate. You should have a lower liability when using in-network providers.

Non-preferred Brands: Brand name medications that generally have generic alternatives and/or one or more preferred brand options within the same drug class. You'll usually pay more for non-preferred brand medications.

Out-of-Network: A health care professional or facility that doesn't participate in your plan's network and is not contracted to accept discounts for services. Using an out-of-network health care professional or facility may cost you more.

Out-of-Pocket Maximum: The maximum amount of money you have to pay for covered services in a plan year. After you spend this amount on deductibles and co-insurance, your health plan pays 100% of the costs of covered benefits.

Pre-authorization: A decision by your health insurer or plan that a health care service, treatment plan, prescription drug, or durable medical equipment is necessary. Sometimes called prior authorization, prior approval, or precertification. Your health insurance plan may require this for certain services before you receive them, except in an emergency.

Preferred brands: Brand name medications which generally do not have generic alternatives, and will usually cost more than generics but may cost less than the non-preferred brands on your plan.

Summary of Benefits Coverage (SBC):

An easy-to-read summary that lets you make apples-to-apples comparisons of costs and coverage between health plans. You can compare options based on price, benefits, and other features that may be important to you.

Summary of Material Modification (SMM):

A document that describes material modifications to a benefit plan. These changes in the information are required to be in the SPD and are automatically provided to participants.

Summary Plan Description (SPD) for Health Plans:

The main vehicle for communicating plan rights and obligations to participants and beneficiaries. As the name suggests, it is a summary of the material provisions of the plan document, and it should be understandable to the average participating team member.

AFFORDABLE CARE ACT TERMS AND DEFINITIONS

Measurement Period: The 12-month period of time adopted by the medical plan for non-full-time team members during which the team member's work hours and paid leave are measured to determine whether the team member is eligible for coverage. A new hire's initial measurement period is the 12 months after the first day of the month following their date of hire. The standard measurement period for all team members is Oct. 15-Oct. 14 each year.

Administrative Period: The period of time following the measurement period during which the Company will determine eligibility for the medical plan and notify non-full-time team members of their eligibility. The administrative period for a new hire's initial measurement period is 30 days and for the standard measurement period is Oct. 15-Dec. 31.

Stability or Coverage Period: The maximum 12-month period of time a non-full-time team member can be covered under the medical plan after completion of a measurement period.



BENEFITS FOR PART-TIME TEAM MEMBERS

Team O'Reilly values its part-time team members. Whether you are going to school, working a second job, semi-retired, or on your way to a full-time position, your dedication to O'Reilly is appreciated. As a part of your employment package, O'Reilly offers benefits just for part-time team members.

401(K)

Part time team members are eligible for the 401(k) plan immediately upon being hired. See pages 34-35 for complete details.

O'CARE SOLUTIONS



As a part-time O'Reilly team member, you have full access to **O'Care Solutions**, O'Reilly's Employee Assistance Program (EAP). You can read more about it on page **38**.

METLIFE VISIONACCESS PROGRAM

MetLife VisionAccess is a discount program that helps you save money while staying on top of your eye care. Save on eye exams at a participating optometrist or ophthalmologist in a private practice. Receive discounts on lenses and frames. Pay lower costs for laser vision correction. Your entire family is eligible for the same discounts. There is no enrollment and there are no claim forms.

To review the benefits or to find a vision provider, visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits) or call **800-275-4638**, then select option 4.

METLIFE TAKEALONG DENTAL

TakeAlong Dental offers an individual dental policy or a non-insurance discount dental program. In either case, you can take this coverage along with you through every life event you experience, even if you leave O'Reilly. There are three programs to choose from:

- **PPO** with three benefit levels to choose from: Low, Medium, or High.
- **Dental HMO/Managed Care** (Available in California, Florida, New York, and Texas)
- **MetLife DentalAccess Discount Dental Program**

TO ENROLL: Find all the information you'll need in one convenient location at [metlifetakealongdental.com](https://www.metlifetakealongdental.com).

FARMERS INSURANCE CHOICE AUTO, HOME AND RENTERS INSURANCE

As a part-time team member, you have access to Farmers Insurance Choice Auto, Home and Renters group insurance at discounted rates.

For more information, including instructions on how to apply, see page **39**.

You also have access to **O'Reilly Partner Discounts** at dozens of retail and entertainment partners. Don't miss out on these perks! See page **39** for more information.

YOUR COVERAGE OPTIONS INCLUDE:

- **401(K), VISION, DENTAL, AUTO AND HOME INSURANCE DISCOUNTS**
- **O'CARE SOLUTIONS**
- **PARTICIPATION IN O'REILLY'S PARTNER DISCOUNT PROGRAMS**

WHAT HAPPENS TO MY BENEFITS IF I MOVE TO A FULL-TIME POSITION?

As a full-time team member, your benefits get even better. When you move to a full-time status, O'Reilly will reach out to you with additional options. You will be able to switch from your part-time benefits and enroll in full-time benefits, including medical plans and additional voluntary benefits. See the Benefits Eligibility table on page **4** for more information and skim through this guide to see all O'Reilly has to offer for full-time team members!

AM I ELIGIBLE FOR GOVERNMENT SUBSIDIES OR TAX CREDITS UNDER THE AFFORDABLE CARE ACT?

READ THIS BEFORE YOU SEEK COVERAGE ON THE HEALTH INSURANCE MARKETPLACE!

The Affordable Care Act (ACA) is a law intended to expand access to health care for Americans. This law contains a mandate to employers to offer medical insurance, sets forth requirements for who will be eligible for medical coverage on employer-sponsored plans, and outlines eligibility for government-provided tax credits and subsidies.

According to the rules for medical coverage as established by the ACA, if you are eligible for an employer plan, you are NOT eligible to receive tax credits or subsidies for plans offered on The Marketplace. O'Reilly is obligated to report annually the employees who are eligible and who have had the opportunity to enroll in the O'Reilly plans. Your eligibility for O'Reilly medical insurance means you are not eligible for the subsidies, and if you accept subsidies during the calendar year, you will be required to repay them.

THE EMPLOYER MANDATE

Employers must offer medical coverage to full-time employees and their children up to age 26 or face penalties. This is known as the Employer Mandate. At least one medical plan offered by an employer to eligible employees must be “affordable” and provide “minimum value” as defined by the ACA.

O'Reilly offers the **Core Medical Plan**, which satisfies both requirements set forth by the Employer Mandate.

- **“Affordable”** means the team member-only contribution for the plan is no more than approximately 9.12% of the national poverty level as established by the government. **“Minimum value”** means the plan pays for at least 60% of allowed charges for covered services.

If you are in a full-time status, you are eligible for the **Core Medical Plan** based on your status. If you are in a status other than full-time, your medical eligibility is determined by the average hours you work in a measurement period. The chart on the right outlines various scenarios.

If you have been employed for at least 52 consecutive weeks (as of Oct. 14, 2022), are classified in a status other than full-time, and...	Then...
worked an average of 30 hours or more per week*	you will be eligible to enroll in a medical plan effective Jan. 1, 2023.
worked less than an average of 30 hours per week*	you will not be eligible for the medical plan in 2023 unless you move to full-time status.
If you have been employed for less than 52 consecutive weeks (as of Oct. 14, 2022), and...	Then...
are classified in a status other than full-time	you will not be eligible for the medical plan unless you gain full-time status, or if following 52 consecutive weeks with O'Reilly, your average hours worked is 30 or more.*
If you have completed a measurement period, and move to an employment status other than full-time and...	Then...
the average number of hours you worked in your most recent measurement period is 30 or more hours*	you are eligible to continue in the medical plan until the end of your stability period.
the average number of hours you worked in your most recent measurement period is less than 30*	your medical plan coverage will end the last day of the pay period you were in a full-time employment status. In this case, you will be eligible to continue your medical insurance under COBRA (see page 43 for details).

*Note: If the average hours worked is 29.5-29.9, it will round up to 30.



For Terms and Definitions, see page 6



For more on the CORE MEDICAL PLAN, see page 11

HIGH PERFORMANCE BENEFIT SAVINGS

YOU CAN SAVE 20% ON YOUR MEDICAL PREMIUMS. HERE'S HOW...

$$\begin{array}{ccccccc}
 10\% & + & 10\% & = & 20\% & & \\
 \text{Nontobacco Use} & & \text{Wellness/Preventive} & & \text{Reduced Medical Premiums} & & \\
 \text{Discount} & & \text{Office Visit} & & \text{You save \$250-\$1,500 per year} & &
 \end{array}$$



DON'T MISS THIS SAVINGS OPPORTUNITY!

You have compared plans and you have reviewed premiums. You have done the math.

BUT THERE IS A LITTLE SUBTRACTION LEFT IN YOUR FORMULA.

MEDICAL PREMIUM DISCOUNTS

Healthy O'Reilly team members make up a healthy Team O'Reilly. There are two ways we can stick together to keep each other healthy, and both of them save you money.

1. **Live a tobacco-free lifestyle.**
2. **Keep up with your annual wellness visits with a health care provider.**

Both of these steps, plus exercise and healthy eating, will help you to avoid or control chronic illnesses such as Type 2 diabetes and heart disease. For these reasons, a nontobacco premium discount is available on all plans offered by O'Reilly, and the Cigna and Allegiance plans also have a wellness premium discount.

10% NONTOBACCO USE DISCOUNT

Smoking and the use of tobacco products are key contributors to rising health care costs. Therefore, O'Reilly offers participants in all medical plans a 10% discount on medical plan premiums if they (and enrolled family members) do not use tobacco or vapor products. To receive this discount, they must identify as a person who does not use tobacco products in the online enrollment system or by completing the Nontobacco Use Disclosure in myHR. Enrolled family members must also qualify as nontobacco users for the team member to be eligible for the discount.

Important Notice: If it is unreasonably difficult due to a medical condition to achieve the standards for the discount under this program, or if it is medically inadvisable to attempt to achieve the standards for the discount under this program, call us at **800-471-7431 option 3**, or **ext. 1387**, and we will assist in developing an alternative to qualify for the discount.

10% WELLNESS PREMIUM DISCOUNT – CIGNA AND ALLEGIANCE PARTICIPANTS

An annual wellness visit is free on all O'Reilly Cigna and Allegiance plans. That same wellness visit will also **SAVE YOU 10%** on your medical premiums, allowing you to keep more in your paycheck each pay period.

Most important, however, is that wellness visits often prevent serious illnesses. They may lead to early detection of a disease or illness which can improve your outcome and reduce future health care costs.

Participating team members and their covered spouse must have a wellness/preventive office visit with a health care provider including lab work for biometrics. Biometric results must be recorded by the health care provider on the Biometric Validation

Form (available on TeamNet > Departments > Human Resources > Benefits) and **faxed to Cigna at 860-256-6767**. The health care provider must also sign the form.

Comprehensive, Core, Limited, and Major plan participants and their covered spouse who complete their wellness exam January 1, 2022 or later are eligible for the wellness premium discount in 2023. **NOTE:** If you are receiving this discount in 2022, it will not automatically continue in 2023. You will need to complete a wellness exam in 2022.

To confirm that Cigna/EverNorth received your biometric form, call **800-694-4982**.





Details about each of these plans can be found on the next several pages of this guide.

2023 MEDICAL PLANS

O'REILLY OFFERS THE FOLLOWING MEDICAL PLANS:

ALL STATES (EXCEPT HAWAII)		CALIFORNIA	HAWAII	
cigna.com	askallegiance.com/oreilly	kp.org	kp.org	hmsa.com/contact
800-244-6224	855-999-0292	800-464-4000	800-966-5955	948-6111 on Oahu 800-776-4672 on all other islands



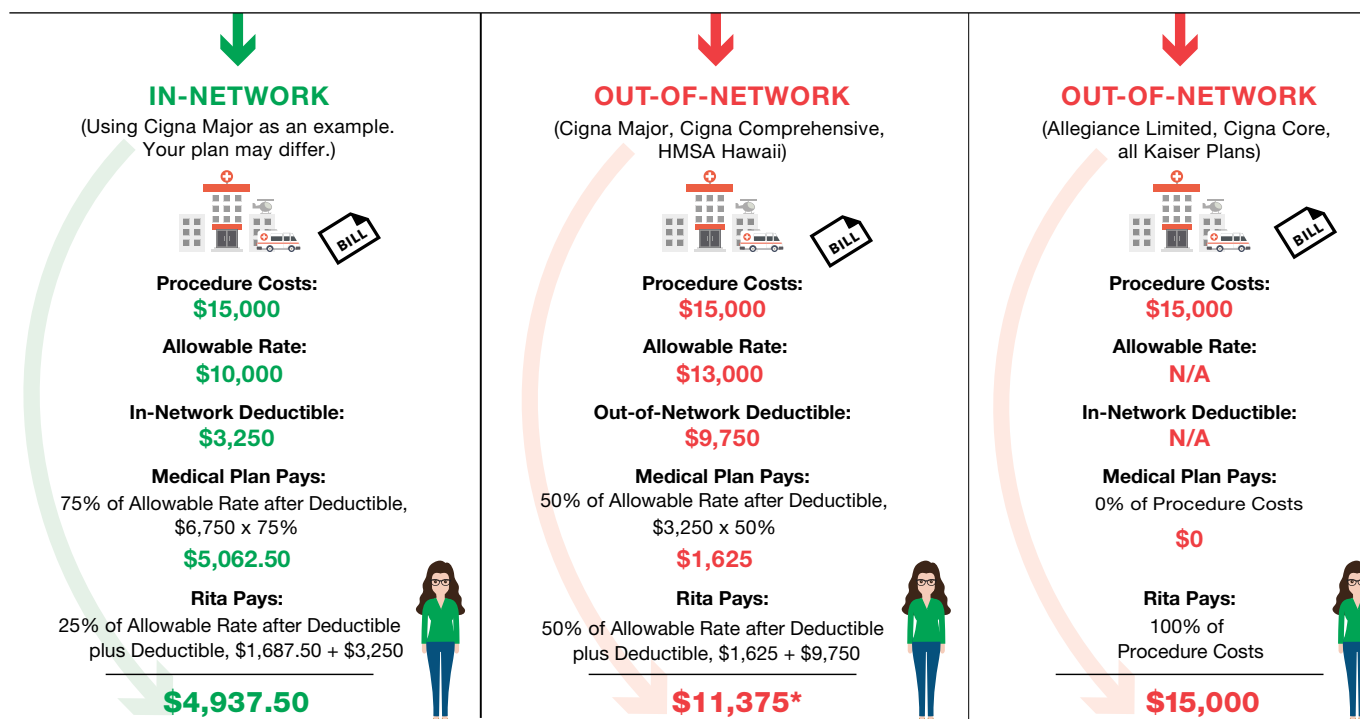
You may want to consider one of the voluntary supplemental medical plans (Hospital Indemnity, Critical Illness, and/or Accident Insurance) to help cover out-of-pocket costs for your deductible and co-insurance. See pages 21-24 for details.

IT PAYS TO STAY IN-NETWORK!

The Allegiance Limited, Cigna Core, and Kaiser plans **ONLY** cover services received at an **In-Network** provider. That means any services you receive **Out-of-Network** will be solely your responsibility.

The Cigna Major and Comprehensive plans, and HMSA (Hawaii only) plans offer some choice in medical providers, meaning you can choose a doctor or provider that is **In-Network** or one that is **Out-of-Network**. Your out-of-pocket costs, however, will be much higher if you choose **Out-of-Network**. There are definite advantages to using a network provider. They agree to provide care at a discount, your deductible is lower, and the plan pays a higher level of benefits. You also don't have to fill out and file your claim forms as the network providers do this for you. Plus, you will not receive a surprise balance bill for charges greater than the discounted or allowable rate.

IN-NETWORK VS. OUT-OF-NETWORK EXAMPLE: Rita's Heart Procedure



*Provider may balance bill the \$2,000 difference between the Procedure Costs and the Allowable Rate.

 **The Major Medical Plan**

The Major Medical Plan is the plan that meets the needs of most team members. It has a lower bi-weekly premium (than the Comprehensive Plan, for example) with more out-of-pocket expense at the time of service.

This plan offers co-pays for many services and a deductible and co-insurance for other services. It is intended to provide access to care, a predictable annual expense (with a maximum out-of-pocket), and protection against unforeseen high-dollar, catastrophic claims.

This plan may be an option for team members with varying health care needs and utilization of medical care, in addition to all levels of wellness or chronic illness.

 **The Comprehensive Medical Plan**

The Comprehensive Medical Plan has the highest bi-weekly premiums of all the plans offered by O'Reilly. The coverage is intended to be the most comprehensive, meaning it pays the highest percentage of costs incurred for covered claims, with the lowest deductible and out-of-pocket maximum.

This plan may be an option for team members who are willing to pay a higher premium from their paycheck to have a lower expense at the time of service. Team members who have higher medical bills or are frequent utilizers of medical care might find this plan best meets their needs.

 **The Core Medical Plan**

The Core Medical Plan is offered to meet the government's Affordable Care Act (ACA) requirements of minimum coverage and affordability. With this plan, minimum or core coverage means no services or expenses are covered by the plan until the participant pays a \$6,725 deductible. The only exception is preventive services and MDLIVE which are covered at 100%.

This plan may be an option for team members who are generally healthy and want to have catastrophic coverage in the event they have unforeseen, extremely high medical bills.

WARNING: If you select the Core Medical Plan, you are agreeing to pay the full cost of every doctor's visit and medical expense (with the exception of an annual preventive visit) up to the \$6,725 deductible. There is no co-pay option at the doctor's office.

The Core Medical Plan only covers services at in-network providers.

 **The Limited Medical Plan from Allegiance**
(A Cigna company)


CAUTION! The Limited Medical Plan, as the name suggests, provides coverage for a limited number of services per year. For example, this plan limits the number of physician office visits to 12 per year, hospital inpatient stays to one (up to five days) per year, and emergency room (ER) visits to two per year. These are just a few examples of the limits. Refer to the information on page 12 or the plan document for additional limits.



This plan may be an option for team members who are in good health, do not have chronic conditions, and want access to care (doctor's office visits, ER visits, prescriptions) for low out-of-pocket costs at the time of service. **This plan is NOT ADVISABLE for individuals who need frequent care or treatment for illnesses, or have multiple prescriptions.**


The Limited Medical Plan generally has the lowest bi-weekly premiums of all the plans offered by O'Reilly. It is intended to provide access to care, for a limited number of services per year, but does not provide protection against catastrophic medical bills.

Once you reach the limits on this plan for a covered benefit, you may not change plans until the next open enrollment period. Therefore, it is important you carefully weigh all of your options when considering this plan.

The Limited Medical Plan only covers services at in-network providers.

MASSACHUSETTS RESIDENTS 

-  Please note that **ONLY** the **Comprehensive** and **Major** plans are considered creditable plans in Massachusetts.
-  If you choose **Core** or **Limited**, you are responsible for any state tax penalties.

 **MEDICAL ID CARDS**
Cigna will begin transitioning to electronic medical cards in 2023. To be prepared, register for myCigna at mycigna.com to have easy access to your card.





Look for the shaded cells below to see if your deductible and co-pays have changed from 2022 to 2023.

PLANS	Major Medical	Comprehensive Medical	Core Medical	Limited Medical
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
Annual Deductible (Individual/Family)	\$3,250/\$9,750	\$1,750/\$5,250	\$6,725/\$13,450	\$1,750/\$5,250
Annual Out-of-Pocket Maximum (Individual/Family)	\$7,000/\$14,000	\$4,500/\$9,000	\$6,725/\$13,450	\$7,000/\$14,000
PHYSICIAN SERVICES				
Office Visit	\$35 co-pay	\$35 co-pay	<p>Doctor's office visits and medical services are not covered until the \$6,725 annual deductible is satisfied, with the exception of preventive services and MDLIVE which are covered at 100%.</p>	\$35 co-pay (12 combined primary care and specialist visits covered per year)
Specialist Office Visit	\$65 co-pay	\$65 co-pay		\$65 co-pay (12 combined primary care and specialist visits covered per year)
Urgent Care Visit	\$55 co-pay	\$55 co-pay		\$55 co-pay (Four visits covered per year)
MDLIVE	\$0 co-pay	\$0 co-pay		\$0 co-pay
Inpatient Hospitalization	\$300 per admission co-pay; then 25% after deductible	\$300 per admission co-pay; then 20% after deductible		\$300 per admission co-pay; then 30% after deductible (one admission covered not to exceed five days per year)
Outpatient Hospitalization	\$100 co-pay; then 25% after deductible	\$100 co-pay; then 20% after deductible		\$100 co-pay; then 30% after deductible (three surgical procedures covered per year)
Emergency Room	\$500 co-pay (waived if admitted); 25% after deductible if steerable (see page 17)	\$500 co-pay (waived if admitted); 20% after deductible if steerable (see page 17)		\$500 co-pay (two visits covered per year); 30% after deductible if steerable (see page 17)
Advanced Radiology*	25% co-insurance, no deductible	20% co-insurance, no deductible		30% co-insurance, no deductible (two services covered per year)
Preventive/Wellness Services	No charge	No charge		No charge

* Coverage change note: Effective 1/1/2023, the cost for Advanced Radiology will be the applicable co-insurance with no deductible.

YOUR EXPERIENCE WITH ANY PLAN WILL VARY BASED UPON YOUR HEALTH AND ANY UNEXPECTED ISSUES YOU MIGHT HAVE DURING THE YEAR.

However, some plans will naturally be better than others for those who have families, those who have regular prescriptions, or those who may be at a higher risk of hospitalization. Use the illustration below to consider which medical plan may fit your needs the best, then consult the plans cost comparison on page 12 and the rates on page 14.

	Premiums	Deductible	Co-Insurance	Pharmacy
 The Major Medical Plan	<p>In-Network OR Out-of-Network Available</p> <p>Lower than Comprehensive</p> <p>Higher than Core or Limited</p>	<p>Higher than Comprehensive</p> <p>Lower than Core</p>	<p>25% after deductible</p>	<p>\$20 co-pay for 90-day generic maintenance</p>
 The Comprehensive Medical Plan	<p>In-Network OR Out-of-Network Available</p> <p>Highest</p>	<p>Low</p>	<p>20% after deductible</p>	<p>\$20 co-pay for 90-day generic maintenance</p>
 The Core Medical Plan	<p>In-Network ONLY</p> <p>Lowest</p>	<p>Highest</p>	<p>0% after \$6,725 annual deductible</p>	<p>NO COVERAGE until \$6,725 deductible has been met</p>
 The Limited Medical Plan	<p>In-Network ONLY</p> <p>Low</p>	<p>Low</p>	<p>30% after deductible</p>	<p>NO SPECIALTY OR NON-PREFERRED DRUG COVERAGE</p>

BI-WEEKLY PREMIUMS

Coverage	Major Medical			Comprehensive Medical		
	Full Premium	Nontobacco OR Wellness Discount	Nontobacco AND Wellness Discount	Full Premium	Nontobacco OR Wellness Discount	Nontobacco AND Wellness Discount
Team member Only	\$106.35	\$95.72	\$85.08	\$211.43	\$190.29	\$169.15
Team member and Spouse	\$282.61	\$254.35	\$226.09	\$557.71	\$501.94	\$446.17
Team member and Children	\$267.15	\$240.44	\$213.72	\$531.72	\$478.55	\$425.38
Team member and Family	\$313.25	\$281.93	\$250.60	\$651.52	\$586.37	\$521.22

Coverage	Core Medical			Limited Medical		
	Full Premium	Nontobacco OR Wellness Discount	Nontobacco AND Wellness Discount	Full Premium	Nontobacco OR Wellness Discount	Nontobacco AND Wellness Discount
Team member Only	\$47.67	\$42.90	\$38.13	\$66.24	\$59.62	\$52.99
Team member and Spouse	\$279.87	\$251.88	\$223.90	\$178.22	\$160.40	\$142.58
Team member and Children	\$247.01	\$222.31	\$197.61	\$159.06	\$143.15	\$127.25
Team member and Family	\$318.04	\$286.24	\$254.43	\$241.81	\$217.63	\$193.44



NONTOBACCO AND WELLNESS DISCOUNTS CAN SAVE YOU 20%



See page 9 for details on how to satisfy the requirements to receive the premium discounts.

CIGNA AND ALLEGIANCE PARTICIPANTS



When it comes to getting your prescriptions, there are often money-saving opportunities. For example, you might choose a generic brand over a preferred brand. You may choose to receive home delivery or use a specialty drug provider. A few minutes of reading may save you hundreds or even thousands of dollars each year.

To help you choose the prescription path that's right for you, here is a brief overview of the services available to Cigna and Allegiance participants through O'Reilly.

YOUR LOCAL, IN-NETWORK PHARMACY

One-Time Prescription

When a doctor writes you a one-time prescription, it's likely that you need it right away. You'll want to turn to a local, in-network pharmacy for your quickest fill at the least expense. If you have Cigna-administered pharmacy benefits, log in to the **myCigna website** or **mobile app** to find an in-network pharmacy near you.

Generics and Preferred Brand Name Drugs

To ensure the lowest out-of-pocket costs, choose generics and preferred brand name drugs. These have the lowest cost for the plan and the lowest co-pay for participants. Always ask your doctor for a generic alternative when getting a prescription. Visit **myCigna.com** or call **800-622-5579** to find drugs on the preferred brand name list.

EXPRESS SCRIPTS OR CIGNA 90 NOW

Maintenance Drugs

A maintenance drug is a drug you are prescribed to take daily or on a regular basis for an indefinite period of time. Examples of maintenance drugs include (but are not limited to) medications for treatment of conditions such as:

- High blood pressure
- Cholesterol
- Diabetes
- Gout
- Arthritis

Under Cigna and Allegiance plans, maintenance drugs must be ordered in a 90-day supply. You save money when you receive your prescriptions only four times each year instead of 12. You also pay a lower co-pay for one 90-day supply than three 30-day supply fills.

Safety First

If you have a new maintenance prescription, the first two fills can be a 30-day supply to allow you to try the drug and ensure it is going to work for you. After the second 30-day fill, maintenance drugs are only covered by the plan if filled with a 90-day supply.



EXPRESS SCRIPTS®

Express Scripts is the best route for the home delivery of maintenance drugs. For a new prescription, ask your doctor's office to send your prescription electronically to Express Scripts Home Delivery, (use billing code NCPDP 2623735) or have your doctor's office call 888-327-9791 to receive a fax order form. To refill your prescriptions online, log into the **myCigna app** or visit **myCigna.com**. Click on the **Prescriptions tab**, then **select Manage Prescriptions**.

CIGNA 90 NOW

Cigna 90 Now is a network of maintenance drug pharmacies where your prescriptions can be picked up locally. To find a Cigna 90 Now pharmacy, visit **Cigna.com/Rx90network**. Click the **FIND A PHARMACY** button and look for pharmacies with the 90-Day icon.







IMPORTANT!

The first time you log in to Express Scripts you will need to accept terms and conditions, confirm your address, set up payment, select communication preferences, and enroll in automatic refill options.



CIGNA AND ALLEGIANCE PRESCRIPTION COST COMPARISON CHART

Look for the shaded cells below to see if your deductible and co-pays have changed from 2022 to 2023.

Pharmacy	 Major Medical	 Comprehensive Medical	 Core Medical	 Limited Medical
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
Diabetic Supplies	\$0 co-pay for diabetic supplies and generic diabetic oral medications	\$0 co-pay for diabetic supplies and generic diabetic oral medications	\$0 co-pay for diabetic supplies and generic diabetic oral medications	\$0 co-pay for diabetic supplies and generic diabetic oral medications. Limit of 36 covered fills per year; retail and mail order combined
Annual Out-of-Pocket Maximum (Individual/Family)	\$7,000/\$14,000	\$4,500/\$9,000	\$6,725/\$13,450	\$7,000/\$14,000
Annual Deductible (Excludes Generics)	\$75 per person; retail/mail order combined	\$75 per person; retail/mail order combined	Subject to \$6,725 deductible	\$75 per person; retail/mail order combined
Retail Generic – Tier 1	\$10 co-pay; no deductible	\$10 co-pay; no deductible		\$10 co-pay; no deductible
Retail Brand – Tier 2	\$40 or 20% up to \$100 after deductible	\$40 or 20% up to \$100 after deductible		\$40 or 20% up to \$100 after deductible
Retail Brand – Tier 3	\$75 or 30% up to \$100 after deductible	\$75 or 30% up to \$100 after deductible		Not covered
Mail Order or Cigna 90 Now Pharmacy (90-day supply) is required for ALL maintenance medications, see page 15.				
Generic – Tier 1	\$20 co-pay, no deductible	\$20 co-pay, no deductible	Subject to \$6,725 deductible	\$20 co-pay, no deductible
Brand Name – Tier 2	\$100 co-pay after deductible	\$100 co-pay after deductible		\$100 co-pay after deductible
Brand Name – Tier 3	\$187.50 co-pay after deductible	\$187.50 co-pay after deductible		Not covered
Specialty – Tier 4 (Mail Order Only)	30% up to \$300 30-day supply	30% up to \$300 30-day supply		Not covered

SPECIALTY DRUGS

Specialty drugs treat complex medical conditions. They are administered in different settings including at home, physician’s office, infusion clinic, etc. They are extremely expensive – some being as much as tens of thousands of dollars per year.



Accredo is Cigna’s specialty drug pharmacy. All specialty drugs **MUST** be filled through Accredo, including the first fill of a prescription. Accredo provides participants with quicker delivery of medications. Their specialty-trained pharmacists and nurses provide you with personalized, 24/7 care and support. For questions or concerns regarding a specialty prescription and access to member assistance programs, call **800-622-5579**.

SAVEONSP

SaveonSP is a manufacturer co-pay assistance program. Certain specialty medications are eligible for assistance in paying the co-pay. If you are filling an eligible medication, a representative from SaveonSP will call you to talk about enrolling. If you choose to participate, you will pay \$0 for your medication. **However, if you choose not to participate, you will have out-of-pocket expenses when you fill your prescription.**

WHERE DO YOU GO WHEN YOU ARE SICK OR INJURED?

USE THE HELPFUL GUIDE BELOW.



24-Hour Health Info Line

Free

For Cigna and Allegiance Participants

Non-emergency information

- Suggested treatment options for minor conditions
- Help to determine if you need to be seen by a provider



MDLIVE

Free

For Cigna and Allegiance Participants

Minor conditions

- Allergies
- Asthma
- Cold
- Fever
- Infections
- Insect bites
- Urinary tract infections



Convenience Care Clinic

\$

Minor illness, injury, and vaccinations

- Common cold/flu
- Rashes or skin conditions
- Sore throat, ear infections, sinus pain
- Minor cuts or burns
- Pregnancy testing
- Vaccinations



Primary Care Doctor

\$\$

Preventive care, referrals

- General health issues
- Preventive services
- Routine checkups
- Immunizations and screenings



Urgent Care Center

\$\$\$

Urgent treatment for non-life threatening conditions

- Minor cuts, sprains, burns, rashes
- Fever and flu symptoms
- Headaches
- Chronic lower back pain
- Joint pain
- Minor respiratory symptoms
- Urinary tract infections



Emergency Room

\$\$\$\$

Immediate treatment of major or life-threatening conditions*

- Sudden numbness, weakness
- Uncontrolled bleeding
- Seizure or loss of consciousness
- Shortness of breath
- Chest pain
- Head injury/major trauma
- Overdose

*Non-steerable visits will have a \$500 co-pay which will be waived if in-patient admission is necessary. Steerable ER visits for non-emergent, non-life threatening conditions will be subject to the plan deductible and co-insurance instead of a co-pay for Cigna and Allegiance participants.

STILL WONDERING WHERE TO GO?

For non-emergency situations and advice on where you should go, Cigna participants can call the 24-hour Health Information Line at 800-244-6224. A nurse will be available to provide suggested treatment options, as well as help you determine if you need to be seen in person by a provider.

USING MDLIVE THROUGH CIGNA OR ALLEGIANCE

MDLIVE

Speak with board-certified doctors 24/7 with a \$0 co-pay.



Comprehensive, Major, and Core Plan Participants

VISIT mdliveforcigna.com or follow the link on mycigna.com

CALL toll-free 888-726-3171

VISIT mdlive.com/GetApp for a link to download the MDLIVE app



Limited Plan Participants

VISIT mdlive.com/oreillyltd

CALL toll-free 877-753-7992

VISIT mdlive.com/GetApp for a link to download the MDLIVE app

**YOUR HEALTH
CARE CONCIERGE**



Cigna One Guide
(Cigna participants only)

Personal health care
support 24/7/365



Call **800-Cigna24**
(800-244-6224)



Log in to **myCigna.com**



Click-to-chat online and
on the **myCigna App**

NEW FOR 2023!

Incentives are now available
for covered spouses!



**CIGNA HEALTHY PREGNANCIES, HEALTHY BABIES
AND THE ALLEGIANCE MATERNITY PROGRAM**

Team members and dependents enrolled in one of the O'Reilly Cigna or Allegiance medical plans can participate in a program designed to help you and your baby stay healthy during pregnancy. The Cigna Healthy Pregnancies, Healthy Babies program, and the Allegiance Maternity Program encourage you or your covered spouse to get prenatal care early in the pregnancy, and provide support for a healthy pregnancy and baby.

- **\$250 gift card incentive** if you enroll by the end of your **first trimester**.
- **\$125 gift card incentive** if you enroll by the end of your **second trimester**.

TO ENROLL:



**Cigna Comprehensive, Major,
and Core plan participants:**
Call **800-615-2906**



Allegiance Limited plan participants:
Call **877-792-7827**, option 1,
OR go to **askallegiance.com**

LIFESTYLE MANAGEMENT PROGRAMS

Smoking Cessation, Weight Loss, and Stress Management

Team members and spouses covered on the Cigna or Allegiance plans may call **855-246-1873** to enroll in a smoking cessation, stress management, or weight management program. Enrollment can also be completed online at **myCigna.com**.

Cigna Incentives

You and your covered spouse may earn \$50 by completing one of the three coaching programs listed above, or by completing a mammogram, pap smear, colonoscopy, or PSA (prostate specific antigen). The maximum incentive you each may earn in one year is \$100.

Once your claim has been processed and Cigna shows you have qualified for the incentive, you can redeem your reward by following the steps below:

- Go to **myCigna.com**.
- Click on **Incentive Rewards** and follow onscreen directions.
- Call Cigna at **800-244-6224** for assistance.

Pre-Enrollment

For pre-enrollment questions, you may call Cigna One Guide at **800-244-6224**.

myCigna

Register for **myCigna** if you are enrolled in any Cigna plan. You have access to your ID cards, provider directories, claims trackers, deductible trackers, and more.

Go to **myCigna.com** or launch the **myCigna app**.



The **KAISER STANDARD** plan meets the needs of most team members seeking Kaiser coverage. This plan offers a lower price than the **KAISER PREMIUM** plan, but will have more out-of-pocket cost at the time of service. The Premium plan might be an option for team members who are willing to pay more bi-weekly in order to have a lower expense at the time of service.

Kaiser plans provide access to care with co-pays, a predictable annual expense, and protection against unforeseen high dollar or catastrophic claims. The Kaiser California plans only cover services at in-network providers.

Team members in a Kaiser region in California may choose from two Kaiser HMO plans, as well as the four Cigna/Allegiance plans. The Kaiser plans cover services at in-network providers only.

NOTE: Plan Name Change: The Kaiser Select plan is now Kaiser Standard and the Kaiser Elite plan is now Kaiser Premium. There are no coverage changes from 2022.

SERVICES	Kaiser STANDARD HMO	Kaiser PREMIUM HMO
	IN-NETWORK	IN-NETWORK
Annual Deductible (Individual/Family)	\$2,500/\$5,000	\$1,000/\$2,000
Annual Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$3,000/\$6,000
Physician Services	Office Visit: \$40 co-pay Specialist Office Visit: \$40 co-pay Urgent Care Visit: \$40 co-pay	Office Visit: \$20 co-pay Specialist Office Visit: \$20 co-pay Urgent Care Visit: \$20 co-pay
Inpatient Hospitalization	30% after deductible	20% after deductible
Outpatient Hospitalization	30% after deductible	20% after deductible
Emergency Room	30% after deductible	20% after deductible
Advanced Radiology	30% up to \$50 after deductible	20% up to \$50 after deductible
Preventive/Wellness Services	No charge	No charge
Outpatient Therapies: PT/OT/Speech	\$40 per visit after deductible	\$20 per visit after deductible
Most other services covered with co-insurance after deductible is satisfied	30% after deductible	20% after deductible
Mental Health	Inpatient: 30% after deductible Outpatient: \$40 per individual visit	Inpatient: 20% after deductible Outpatient: \$20 per individual visit
Retail Pharmacy (30-day supply)		
Annual Deductible (Excludes Generics)	None	None
Retail Generic – Tier 1	Generics: \$10 up to 30-day supply Brand Name: \$30 up to 30-day supply Specialty: 20% up to \$150	Generics: \$10 up to 30-day supply Brand Name: \$30 up to 30-day supply Specialty: 20% up to \$150
Retail Brand – Tier 2		
Retail Brand – Tier 3		
Specialty – Tier 4		
Mail Order Pharmacy		
Generic – Tier 1	Generics: \$10 up to 30-day supply \$20 – 31-100-day supply Brand Name: \$30 up to 30-day supply \$60 – 31-100-day supply	Generics: \$10 up to 30-day supply \$20 – 31-100-day supply Brand Name: \$30 up to 30-day supply \$60 – 31-100-day supply
Brand Name – Tier 2		
Brand Name – Tier 3		

Bi-Weekly Premiums	Kaiser STANDARD HMO		Kaiser PREMIUM HMO	
	Full Premium	Nontobacco Discount	Full Premium	Nontobacco Discount
Team member only	\$100.99	\$90.89	\$115.42	\$103.88
Team member and spouse	\$233.88	\$210.49	\$277.94	\$250.14
Team member and children	\$212.62	\$191.36	\$252.67	\$227.40
Team member and family	\$318.93	\$287.04	\$379.01	\$341.11
Team member and domestic partner	\$233.88	\$210.49	\$277.94	\$250.14
Team member and domestic partner and family	\$318.93	\$287.04	\$379.01	\$341.11

Kaiser California Participants

Kaiser participants may access telemedicine at kp.org/mydoctor/ video visits



Team members in Hawaii may choose between the Kaiser HMO plan or the HMSA PPO plan. The Kaiser Hawaii plan only covers services at in-network providers.

Medical Plan SERVICES	Kaiser HMO	HMSA PPO
	IN-NETWORK	IN-NETWORK
Annual Deductible (Individual/Family)	\$0	\$200/\$600
Annual Out-of-Pocket Maximum (Individual/Family)	\$2,500/\$7,500	\$2,200/\$6,600
Physician Services	Office Visit: \$15 co-pay Specialist Office Visit: \$15 co-pay Urgent Care Visit: \$15 co-pay	Office Visit: \$12 co-pay Specialist Office Visit: \$12 co-pay Urgent Care Visit: \$12 co-pay
Inpatient Hospitalization	20%	10% after deductible plus \$12 per physician visit
Outpatient Hospitalization	20%	10% after deductible plus \$12 per physician visit
Emergency Room	20%	20% after deductible plus \$12 per physician visit
Advanced Radiology	Inpatient: No charge Outpatient: 20% of applicable charges	Inpatient: 10% after deductible Outpatient: 20% after deductible
Preventive/Wellness Services	No charge	No charge
Outpatient Therapies: PT/OT/Speech	\$15 per visit	20% after deductible
Outpatient Diagnostic Lab	Basic Labs: \$15 Specialty Labs: 20%	20% after deductible
Outpatient X-ray and Diagnostic Tests	Basic Imaging (including X-rays): \$15 Specialty Imaging: 20%	20% after deductible
Mental Health	Inpatient: 20% Outpatient: \$15 per visit co-pay	Inpatient: 10% after deductible Outpatient: \$12 per visit co-pay
Retail Pharmacy (30-day supply)		
Tier 1	Generics for chronic conditions: \$3 co-pay	Generics: \$7 co-pay
Tier 2	Generics not covered in Tier 1: \$10 co-pay	Preferred Brand: \$30 co-pay
Tier 3	Brand Name: \$45 co-pay	Non-Preferred Brand: \$30 co-pay plus \$45 cost share
Tier 4	Specialty: \$200 co-pay	Preferred Specialty: \$100 co-pay
Mail Order Pharmacy (90-day supply)		
Tier 1	Generics for chronic conditions: \$6 co-pay	Generics: \$11 co-pay
Tier 2	Generics not covered in Tier 1: \$20 co-pay	Preferred Brand: \$65 co-pay
Tier 3	Brand Name: \$90 co-pay	Non-Preferred Brand: \$65 co-pay plus \$135 cost share

Kaiser Hawaii Participants

Kaiser participants may access telemedicine at kp.org/mydoctor/ **videovisits**



COVERAGE	Kaiser HMO		HMSA PPO		
	Bi-Weekly Premiums	Full Premium	Nontobacco Discount	Full Premium	Nontobacco Discount
Team member only		\$9.00	\$8.10	\$9.00	\$8.10
Team member and spouse		\$230.66	\$207.59	\$234.00	\$210.60
Team member and children		\$207.59	\$186.83	\$210.60	\$189.54
Team member and family		\$345.98	\$311.38	\$351.00	\$315.90

O'REILLY OFFERS THREE SUPPLEMENTAL MEDICAL PLANS AT AFFORDABLE RATES FOR YOU AND YOUR DEPENDENTS.

Participants in the Hospital Indemnity, Critical Illness, and Accident Insurance plans receive lump-sum cash payments when they experience a covered hospitalization, illness, or injury. The money is paid directly to you and can be used in any way: for expenses not covered by medical insurance, deductibles, day-to-day living expenses, mortgage, utility bills, etc.

COORDINATE INSURANCE FOR GREATER FINANCIAL SAFETY

Medical Insurance

Amounts paid by your medical insurance to providers after your deductible has been satisfied.



Hospital Indemnity Insurance

Provides a cash benefit for each day confined in a hospital.

Critical Illness Insurance

Provides a lump-sum benefit upon diagnosis of a covered illness, including cancer and vascular diseases.

Accident Insurance

Flat benefit payments for related expenses and treatments resulting from more than 80 accidental injuries.

Supplemental medical plans are designed to complement (not replace) primary medical insurance. The benefits paid are independent of claims paid or coverage provided by a medical plan. Supplemental medical plans are available to full-time team members up to age 79, their spouse, and their dependent children ages birth to 26. You may enroll in all three plans.

IMPORTANT!



If a team member and spouse or children both work for O'Reilly, they cannot be covered on the supplemental medical plans as both a team member and a dependent. For more information about supplemental medical insurance, go to TeamNet, call The Hartford at **866-547-4205**, or visit thehartford.com/benefits/myclaim.

Hospital Indemnity Insurance

Most people don't have enough savings to cover unexpected hospital bills and medical deductibles. Hospital Indemnity Insurance gives you peace of mind when you or a covered family member is admitted to the hospital. With Hospital Indemnity Insurance, you will receive a lump-sum payment when you are admitted to the hospital. To be considered an admission, you must be in the hospital for at least 20 hours.



Standard Plan

Benefit	Payment
First day of hospital confinement	\$1,000; payable once per year
Daily hospital confinement	\$100; up to 10 days per year

Bi-Weekly Premiums

Team member only	\$3.92
Team member and spouse	\$8.15
Team member and children	\$7.54
Team member and family	\$12.30

Premium Plan

Benefit	Payment
First day of hospital confinement	\$1,500; payable once per year
Daily hospital confinement	\$100; up to 30 days per year
Daily ICU	\$100; up to 10 days per year
Daily Mental/Nervous confinement	\$100; up to 60 days per year
Daily Substance Abuse confinement	\$100; up to 60 days per year

Bi-Weekly Premiums

Team member only	\$5.36
Team member and spouse	\$11.10
Team member and children	\$10.56
Team member and family	\$17.09



A CRITICAL ILLNESS CAN BE DEVASTATING TO YOUR LIFE AND YOUR FAMILY

by burdening you with high medical costs at the very time when working may be difficult.

HOW WILL I COVER MY DEDUCTIBLE?



If you were hospitalized today under your current medical plan, do you know how you would pay for your deductible? Even if you have rainy-day savings, do you want to spend it on medical care? Supplemental medical plans are no substitute for your primary medical plan through Cigna, Kaiser, Allegiance, or HMSA. However, they are an inexpensive way to cover your deductible in the event of a critical illness, an accident, or unexpected hospitalization. Supplemental medical coverage is available at an affordable premium and can remove much of the financial risk from unexpected medical care.

With Critical Illness insurance, you receive a lump-sum payment when a covered illness is diagnosed. This plan helps ensure you are better prepared in the event of a serious illness.

Under this plan, you and your dependents are eligible for coverage, and you can choose from four benefit amounts: **\$5,000, \$10,000, \$20,000, or \$30,000.**

If diagnosed with a covered illness, you will receive a percentage of the benefit amount according to the plan provisions. Pre-existing limitations may apply.

Spousal benefits are 75% of the team member's coverage.
Children are covered up to \$10,000.

COVERED ILLNESS/CONDITION BENEFIT AMOUNTS

- Heart attack – 100%
- Invasive cancer – 100%
- Stroke – 100%
- Coronary artery bypass – 25%
- Coma – 100%
- Noninvasive cancer – 25%
- Paralysis – 100%
- Alzheimer's – 100%
- Loss of sight, speech, or hearing – 25%
- Major organ transplant – 100%
- Renal failure – 100%

A full list of covered illnesses can be found in the plan document available on TeamNet at Human Resources > Benefits > Critical Illness.

HOW DOES IT WORK?

As an example, you enrolled in a \$20,000 benefit and you are diagnosed with an invasive cancer. Following surgery to remove the tumor, you are in a coma.

Invasive Cancer:	\$20,000
Coma:	\$20,000
Total:	\$40,000

Premium rates for critical illness are based on your age (in five-year bands) and who you cover on the plan. There are also lower rates for nontobacco users. Please see the plans and costs on page 23.



BI-WEEKLY PREMIUMS FOR NONTOBACCO USERS

Bi-Weekly Premiums				
\$5,000 Nontobacco				
AGE	Team Member	Team Member and Spouse	Team Member and Child	Team Member and Family
18-24	\$0.36	\$0.54	\$0.60	\$0.81
25-29	\$0.48	\$0.71	\$0.69	\$0.96
30-34	\$0.55	\$0.81	\$0.72	\$1.02
35-39	\$0.71	\$1.06	\$0.86	\$1.23
40-44	\$1.00	\$1.50	\$1.13	\$1.64
45-49	\$1.56	\$2.35	\$1.68	\$2.49
50-54	\$1.92	\$2.92	\$2.02	\$3.04
55-59	\$2.64	\$4.05	\$2.74	\$4.16
60-64	\$3.44	\$5.28	\$3.52	\$5.38
65-69	\$4.81	\$7.37	\$4.89	\$7.47
70-74	\$6.60	\$10.11	\$6.68	\$10.21
75-79	\$8.66	\$13.24	\$8.75	\$13.34

Bi-Weekly Premiums				
\$10,000 Nontobacco				
AGE	Team Member	Team Member and Spouse	Team Member and Child	Team Member and Family
18-24	\$0.72	\$1.07	\$1.19	\$1.62
25-29	\$0.96	\$1.43	\$1.38	\$1.92
30-34	\$1.09	\$1.63	\$1.44	\$2.03
35-39	\$1.42	\$2.11	\$1.71	\$2.46
40-44	\$2.00	\$2.99	\$2.25	\$3.28
45-49	\$3.12	\$4.71	\$3.36	\$4.98
50-54	\$3.84	\$5.84	\$4.05	\$6.08
55-59	\$5.28	\$8.09	\$5.48	\$8.32
60-64	\$6.87	\$10.56	\$7.05	\$10.77
65-69	\$9.61	\$14.74	\$9.79	\$14.94
70-74	\$13.19	\$20.22	\$13.37	\$20.43
75-79	\$17.32	\$26.48	\$17.49	\$26.69

Bi-Weekly Premiums				
\$20,000 Nontobacco				
AGE	Team Member	Team Member and Spouse	Team Member and Child	Team Member and Family
18-24	\$1.42	\$2.13	\$1.90	\$2.69
25-29	\$1.90	\$2.83	\$2.33	\$3.33
30-34	\$2.18	\$3.24	\$2.52	\$3.64
35-39	\$2.83	\$4.21	\$3.12	\$4.55
40-44	\$4.00	\$5.96	\$4.25	\$6.25
45-49	\$6.23	\$9.38	\$6.47	\$9.66
50-54	\$7.67	\$11.65	\$7.87	\$11.89
55-59	\$10.55	\$16.14	\$10.75	\$16.37
60-64	\$13.72	\$21.08	\$13.90	\$21.28
65-69	\$19.20	\$29.41	\$19.37	\$29.62
70-74	\$26.34	\$40.37	\$26.52	\$40.58
75-79	\$34.60	\$52.88	\$34.77	\$53.09

Bi-Weekly Premiums				
\$30,000 Nontobacco				
AGE	Team Member	Team Member and Spouse	Team Member and Child	Team Member and Family
18-24	\$2.13	\$3.18	\$2.61	\$3.74
25-29	\$2.85	\$4.24	\$3.28	\$4.74
30-34	\$3.27	\$4.86	\$3.61	\$5.26
35-39	\$4.24	\$6.30	\$4.54	\$6.65
40-44	\$5.99	\$8.93	\$6.24	\$9.22
45-49	\$9.33	\$14.06	\$9.57	\$14.34
50-54	\$11.50	\$17.46	\$11.70	\$17.70
55-59	\$15.82	\$24.18	\$16.02	\$24.42
60-64	\$20.57	\$31.59	\$20.75	\$31.80
65-69	\$28.78	\$44.09	\$28.95	\$44.29
70-74	\$39.50	\$60.52	\$39.68	\$60.73
75-79	\$51.87	\$79.28	\$52.05	\$79.49

Rates are based on your age on September 1, 2022. Rates for tobacco users can be found on TeamNet at Human Resources > Benefits > Critical Illness or in the enrollment system in myHR.



ACCIDENTS HAPPEN EVERY DAY.

ADVENTURE AND ACCIDENTS GO HAND IN HAND

Life is full of adventure, but the most active lifestyles are the most prone to accidents. Do you have any of these adventures to contend with?

- Kids and sports
- Fishing and hunting
- Working on cars
- Off-road and water sports
- Home remodeling
- Grilling and baking
- Yard work
- Traveling in snow and ice

Give yourself and your family the added protection of Accident Insurance during open enrollment.



They catch us off guard. They can make anyone feel unprepared. Whether you and your family are participating in sports, a family barbecue, or enjoying a vacation, an unexpected accident will result in unexpected expenses.

Accident Insurance may be a good option for active individuals and families to help cover these expenses. Your medical plan will cover a portion of your medical costs, but your Accident Insurance will assist with out-of-pocket costs, such as deductibles and uncovered expenses. With Accident Insurance, you receive a lump-sum payment to help you and your family cope.

You'll appreciate how beneficial Accident Insurance can be once you see all it covers.

Examples include:

- Fractures
- Dislocations
- Treatment of children's sports injuries
- Ground and air ambulance
- Hospital admission and confinement
- Ambulatory surgery
- Urgent care
- Diagnostic exams, X-rays, and other emergency services
- Initial and follow-up physician visits
- Chiropractic and acupuncture services
- Physical therapy
- Follow-up recovery services

A full list of covered accidents and services can be found in the plan document available on TeamNet at Human Resources > Benefits > Accident Insurance.

Example of Accident Insurance Claim

Sofie's Softball Injury	
Ambulance to the hospital	\$380
ER visit	\$185
Facial X-rays	\$50
Dislocation of jaw	\$500
Facial bone fracture	\$340
Hospital admission	\$1,000
Lump-Sum Payment	\$2,455

Bi-Weekly Premiums

Team member only	\$1.96
Team member and spouse	\$3.84
Team member and children	\$5.21
Team member and family	\$7.09

This is an example only. If amounts differ from those in the plan document, the plan document will prevail.

DON'T FORGET TO MAKE YOUR CLAIM!



When an accident occurs, if you have Accident Insurance, don't forget to make your claim. When you're stressed or in pain over an unplanned injury, it is easy to forget that you now have a payment coming.

YOU RELY ON YOUR EYES TO TAKE CARE OF THE MOST IMPORTANT TASKS YOU FACE.

Let EyeMed vision insurance take care of keeping your vision in the best shape. Vision care is more affordable than ever, with inexpensive eye exams and coverage for glasses and contacts.

Special Offers

To see special offers available to you, click on SPECIAL OFFERS in the EyeMed app.

WALMART: Walmart is an EyeMed network provider for O'Reilly plan participants.

HEARING AIDS: Participants in the vision plan are also eligible for discounts on hearing aids. EyeMed participants can call Amplifon at 877-203-0675 for more information about benefits for hearing aids.

EyeMed Insight Network	
Exam	
Routine exam	\$5 co-pay
Standard contact lens fit and follow-up	Adults: Up to \$40 co-pay, Children: \$0 co-pay
Retinal exam	\$30 co-pay
Contact Lenses (in lieu of glasses)	
Disposable	\$175 allowance
Conventional	\$175 allowance (15% discount on balance)
Frames (in lieu of contact lenses)	
	\$175 allowance (20% discount on balance)
Prescription Glasses (in lieu of contact lenses)	
Single vision, bifocal, and trifocal lenses	\$15 co-pay
Standard progressives	\$40 co-pay
Tint and scratch-resistant coating	\$15 co-pay each
Polycarbonate	\$10 co-pay
Standard anti-reflective coating	\$40 co-pay
Frequency (Children under age 19 may have two exams every 12 months if needed)	
Exam, lenses, or contact lenses	12 Months
Frames	12 Months

Amounts shown on this chart represent the participant's portion of the cost and assume utilization of network providers. Where allowances are listed, the participant is responsible for any amount above the allowance.

Bi-Weekly Premiums

Team member only	\$2.89
Team member and spouse	\$5.51
Team member and children	\$5.80
Team member and family	\$8.11



EYEMED



Visit eyemedvisioncare.com/oreilly



Download the EyeMed mobile app



ARE YOU ON THE ROAD TO A BETTER SMILE?

Excellent oral health has been linked to better overall health with reduced rates of diabetes, oral cancers, and heart disease. Plus, regular dental cleanings make you feel better, eat better, and smile more!

O'Reilly Dental plans through Cigna will help you keep your teeth and gums in tiptop shape.

COMPARE THESE CIGNA DENTAL PLANS

Cigna Standard PPO

- Lower premiums
- Lower annual maximum benefit
- No coverage for implants or orthodontia

Cigna Premium PPO

- Slightly higher premiums
- Higher annual maximum benefit
- Partial coverage for implants and orthodontia

Cigna Standard PPO and Cigna Premium PPO

As you compare, keep in mind that PPO claims paid for preventive services **DO NOT** count toward the annual maximum.

For more information or to find a provider, visit cigna.com or log in to myCigna.com. The O'Reilly plan uses the Total PPO Network. Cigna Dental participants will not receive an ID card. Network providers will identify participants by their Social Security number.



IMPORTANT: See Coordination of Benefits rule on page 3 if you are considering the O'Reilly Dental plan in addition to another dental plan.

Amounts shown on this chart represent the participant's portion of the cost and assume utilization of network providers. Where maximums are listed, the participant is responsible for any amount above the maximum.

	Cigna Standard PPO	Cigna Premium PPO
Annual Deductible		
Preventive services	\$0	\$0
Basic and major services	\$50 person/\$150 family	\$25 person/\$75 family
Maximum Benefit		
Annual maximum	\$1,250	\$2,000
Orthodontia lifetime maximum	Not covered	\$2,000
Preventive Services (No charge and does not apply to annual maximum)		
Routine cleaning/exam/X-rays	2 per year	2 per year
Full mouth/panoramic X-rays	Every 60 months	Every 60 months
Fluoride application	Under age 19	Under age 19
Sealants	Under age 14	Under age 14
Space maintainers (non orthodontic)	Under age 19	Under age 19
Basic Dental Services		
Fillings, root canals, and periodontics	20% after deductible	20% after deductible
Extractions and oral surgery	20% after deductible	20% after deductible
Major Dental Services		
Crowns, bridges, dentures, restorative inlays, and onlays	50% after deductible	60% after deductible
Implants	Not covered	60% after deductible
Orthodontia		
Children under age 19	Not covered	50% of contracted rate up to \$2,000 lifetime

Bi-Weekly Premiums	Cigna Standard PPO	Cigna Premium PPO
Team member only	\$4.46	\$6.39
Team member and spouse	\$10.22	\$14.17
Team member and children	\$10.47	\$13.61
Team member and family	\$15.78	\$22.31



ANOTHER DENTAL OPTION FOR SOME TEAM MEMBERS

Cigna Dental Care Access Plus HMO

Only team members in select areas have the option to elect the Cigna Dental Care Access Plus (DCAP) plan. This plan offers lower premiums and unlimited coverage, but it also has a very limited network and no out-of-network coverage, so you **MUST** consider all details before enrolling in the DCAP plan.

Cigna Dental Care Access Plus HMO

- Lowest premiums
- MUST live within 25 miles of a ZIP Code with at least two in-network providers
- No annual maximum benefit
- Cost-shares are predictable set dollar amounts and co-pays
- Provides adult orthodontics

Cigna Dental Care Access Plus HMO – Special Considerations

This plan is **ONLY** available to team members who live or work within 25 miles of a ZIP Code that has at least two network providers. If you live or work outside this radius, you will not see this as an option in the enrollment system on TeamNet.

WHAT IF I HAVE A DENTAL EMERGENCY AND CANNOT SEE MY NETWORK DENTIST?

If you are away from home or your dentist is not available for emergency care, you may receive care from any licensed dentist. This is for unexpected but necessary services only and is limited to relieving severe pain, controlling excessive bleeding, or eliminating serious and sudden infection.

WHO IS A GOOD PARTICIPANT FOR THIS PLAN?

Someone who has access to a network provider and who needs a significant amount of dental work that would exceed the annual maximums on the PPO plans.

Remember, this plan has a limited network of providers and is NOT best for everyone. Complete details can be found on TeamNet > Benefits > Dental > Cigna Dental Care Access Plus.

NOTE: If you move out of an area that has two providers in a 25-mile radius and you are no longer eligible for the DCAP plan, you will be automatically moved to the Standard plan. If you wish to cancel your plan or prefer the Premium plan, you may do so in myHR on TeamNet within 30 days.

Bi-Weekly Premiums	Cigna DCAP HMO
Team member only	\$3.49
Team member and spouse	\$6.45
Team member and children	\$7.03
Team member and family	\$10.65



IMPORTANT:

See Coordination of Benefits rule on page 3 if you are considering the O'Reilly Dental plan in addition to another dental plan.

FINDING A DENTIST IN THE DCAP NETWORK



Go to **Cigna.com**



Call **800-244-6224** and choose the Cigna Dental Care Access Plus Network.



BASIC LIFE INSURANCE AND OPTIONAL TERM LIFE INSURANCE

As an O'Reilly team member, you are covered by a life insurance policy equal to your annual salary. O'Reilly also offers optional term life insurance through The Hartford at group rates far lower than you would receive independently. If you would like to take advantage of these rates, you simply need to consider how much you and your family may need, then consult the rate table below.

Additional considerations:

- Term life insurance policies do not build cash value like whole life policies.
- Coverage for all life insurance reduces to 65% at age 70 and 50% at age 75.
- Coverage above \$350,000 is not guaranteed. Evidence of Insurability (EOI) will always be required for amounts over \$350,000.

Bi-Weekly Premiums Optional Life													
AGE	\$10K	\$25K	\$50K	\$75K	\$100K	\$150K	\$200K	\$250K	\$300K	\$350K	\$400K	\$450K	\$500K
0-29	\$0.28	\$0.69	\$1.38	\$2.08	\$2.77	\$4.15	\$5.54	\$6.92	\$8.31	\$9.69	\$11.08	\$12.46	\$13.85
30-39	\$0.39	\$0.98	\$1.96	\$2.94	\$3.92	\$5.88	\$7.85	\$9.81	\$11.77	\$13.73	\$15.69	\$17.65	\$19.62
40-49	\$0.81	\$2.02	\$4.04	\$6.06	\$8.08	\$12.12	\$16.15	\$20.19	\$24.23	\$28.27	\$32.31	\$36.35	\$40.38
50-59	\$2.08	\$5.19	\$10.38	\$15.58	\$20.77	\$31.15	\$41.54	\$51.92	\$62.31	\$72.69	\$83.08	\$93.46	\$103.85
60-69	\$5.86	\$14.65	\$29.31	\$43.96	\$58.62	\$87.92	\$117.23	\$146.54	\$175.85	\$205.15	\$234.46	\$263.77	\$293.08
70+	\$9.51	\$23.77	\$47.54	\$71.31	\$95.08	\$142.62	\$190.15	\$237.69	\$285.23	\$332.77	\$380.31	\$427.85	\$475.38

DEPENDENT LIFE INSURANCE

Your spouse and your children are also eligible for term life coverage under O'Reilly's Dependent Life Insurance plan. Family coverage, for your legal spouse and your dependent child(ren), is the same low premium, no matter how many children you have. You can cover children up to age 26, but full-time student status will be verified at the time of claim.

Coverage for dependent life insurance reduces to 65% at age 70 and 50% at age 75. Reductions are based on the age of the team member and not the dependent.

Bi-Weekly Premiums Dependent Life		
	RATE	COVERAGE
Option 1	\$1.76	\$20,000 for your legal spouse
Option 2	\$0.75	\$10,000 for each dependent child
Option 3	\$2.51	\$20,000 for your legal spouse and \$10,000 for each dependent child
Option 4	\$4.40	\$50,000 for your legal spouse
Option 5	\$5.16	\$50,000 for your legal spouse and \$10,000 for each dependent child

EVIDENCE OF INSURABILITY FOR DEPENDENT LIFE

If you were not previously enrolled in Dependent Life and you choose \$50,000 of coverage, you will be required to submit Evidence of Insurability (EOI). If you were previously enrolled in \$20,000 of coverage and you move to \$50,000 of coverage, EOI is not required.

Evidence of Insurability Requirements (EOI)



If you choose to enroll in optional life insurance up to \$350,000, short-term, or long-term disability insurance during your initial eligibility period, you are guaranteed coverage. If you choose not to enroll at that time and request enrollment during an open enrollment period or within 30 days of a qualifying life event, coverage is not guaranteed. You may be required to submit Evidence of Insurability (EOI) to the insurance carrier. EOI is required if you are requesting an increase of more than one level of coverage for yourself or your spouse or if you are requesting coverage of more than \$350,000 in optional term life insurance.



ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

The AD&D insurance plan covers you or a family member when an accident causes death or a dismembering injury. AD&D insurance pays a lump sum in the event of a covered accident. It applies wherever covered accidents happen, such as at home or on the road. The AD&D insurance policies also provide benefits for covered accidents that result in paralysis, the loss of eyesight, hearing, speech, and more.

AD&D covers:

- Loss of life
- Loss of speech
- Loss of hearing
- Loss of a hand, foot, or sight
- Loss of thumb and index finger on either hand
- Loss of movement

Bi-Weekly Premiums AD&D		
AMOUNT	TEAM MEMBER ONLY	TEAM MEMBER AND FAMILY
\$25,000	\$0.52	\$0.73
\$50,000	\$1.04	\$1.46
\$75,000	\$1.56	\$2.18
\$100,000	\$2.08	\$2.91
\$125,000	\$2.61	\$3.64
\$150,000	\$3.11	\$4.37
\$175,000	\$3.64	\$5.09
\$200,000	\$4.15	\$5.81
\$225,000	\$4.68	\$6.54
\$250,000	\$5.22	\$7.27



AD&D benefits are payable for losses that occur within 365 days of the covered accident. For dependent children over age 19, full time student status will be verified at the time of claim. It is the responsibility of the team member to remove a child who is not a full-time student.

BENEFIT *my* LIFE™
O'REILLY AUTO PARTS® BENEFITS PROGRAM



SUPPLEMENTAL SHORT-TERM DISABILITY IN SOME STATES

If you work in California, Hawaii, New York, New Jersey, or Rhode Island, you may purchase this O'Reilly plan as a supplement to your statutory state plan. You should evaluate this option based on your earnings at O'Reilly and the amount of coverage offered by your state.

The plan's benefits will be offset by other sources of disability income, such as Social Security, Worker's Compensation, and state disability plans.

SHORT-TERM DISABILITY (STD)

If you become ill or injured and cannot work, Short-Term Disability insurance can help you replace a portion of your income as follows:

- **Elimination Period:** You must be disabled 14 days before benefits are payable.
- **Benefit Amount:** Benefits are payable at 60% of wages up to a maximum of \$1,500 a week.
- **Duration:** Benefits are payable for up to 180 days.
- **Maternity:** During maternity leave for a normal pregnancy, benefits are payable for up to four weeks following the 14-day elimination period.
- **Pre-existing limitations** apply to this plan.
- **After two years of consecutive full-time employment,** O'Reilly pays 50% of your premium listed in the table below.

Bi-Weekly Premiums – Short-Term Disability

AGE	ANNUAL SALARY									
	\$15K	\$20K	\$25K	\$30K	\$35K	\$40K	\$45K	\$50K	\$55K	\$60K
0-34	\$4.00	\$5.34	\$6.67	\$8.00	\$9.34	\$10.67	\$12.01	\$13.34	\$14.67	\$16.01
35-49	\$3.21	\$4.28	\$5.35	\$6.42	\$7.49	\$8.56	\$9.63	\$10.70	\$11.77	\$12.84
50-59	\$3.92	\$5.23	\$6.54	\$7.84	\$9.15	\$10.46	\$11.77	\$13.07	\$14.38	\$15.69
60+	\$4.99	\$6.66	\$8.32	\$9.99	\$11.65	\$13.31	\$14.98	\$16.64	\$18.31	\$19.97

LONG-TERM DISABILITY (LTD)

The O'Reilly Long-Term Disability plan picks up where Short-Term Disability leaves off and replaces a portion of your income if you become totally disabled for more than 180 consecutive days. For the first two years of employment, you pay the full premium listed below for a benefit amount of 50% of your monthly pay.

After two years of consecutive full-time service, O'Reilly will automatically enroll you and pay the full premium for your LTD coverage and the benefit increases to 60% of your monthly pay up to a maximum of \$4,000 a month for non-exempt (hourly) team members and \$10,000 per month for exempt (salaried) team members.

The plan's benefits will be offset by other sources of disability income, such as Social Security, Worker's Compensation, and state disability plans.

Bi-Weekly Premiums – Long-Term Disability

AGE	ANNUAL SALARY									
	\$15K	\$20K	\$25K	\$30K	\$35K	\$40K	\$45K	\$50K	\$55K	\$60K
0-24	\$0.92	\$1.23	\$1.54	\$1.85	\$2.15	\$2.46	\$2.77	\$3.08	\$3.38	\$3.69
25-29	\$1.10	\$1.46	\$1.83	\$2.19	\$2.56	\$2.92	\$3.29	\$3.65	\$4.02	\$4.38
30-34	\$1.38	\$1.85	\$2.31	\$2.77	\$3.23	\$3.69	\$4.15	\$4.62	\$5.08	\$5.54
35-39	\$1.73	\$2.31	\$2.88	\$3.46	\$4.04	\$4.62	\$5.19	\$5.77	\$6.35	\$6.92
40-44	\$2.83	\$3.77	\$4.71	\$5.65	\$6.60	\$7.54	\$8.48	\$9.42	\$10.37	\$11.31
45-49	\$3.98	\$5.31	\$6.63	\$7.96	\$9.29	\$10.62	\$11.94	\$13.27	\$14.60	\$15.92
50-54	\$5.37	\$7.15	\$8.94	\$10.73	\$12.52	\$14.31	\$16.10	\$17.88	\$19.67	\$21.46
55+	\$6.40	\$8.54	\$10.67	\$12.81	\$14.94	\$17.08	\$19.21	\$21.35	\$23.48	\$25.62



FILING A CLAIM

To file a Short-Term Disability or Long-Term Disability claim, call Hartford at **800-216-0434** or go to **thehartford.com/mybenefits..**



Evidence of Insurability applies to both STD and LTD.
See page 28 for details.

WHAT IS IDENTITY THEFT?

Identity theft is when someone steals your personal information for their gain and your loss. Personal information can include your Social Security number, birthdate, email address, and passwords. Criminals could potentially empty retirement accounts, buy property, and even commit crimes—all in your name. Sometimes it can take years before anyone notices and the restoration process can be lengthy.

IDENTITY THEFT BY THE NUMBERS

In the United States, 1 in 4 people have experienced identity theft. Every two seconds, someone's identity is stolen.

TEAM MEMBER PROTECTION

O'Reilly has partnered with LifeLock to offer team members a plan to protect themselves and their families from identity theft. LifeLock offers protection in the following ways:

- **Detect and Alert:** LifeLock can detect a wide range of threats and will alert you by phone, email, or text if it finds suspicious activity through online shopping, the dark web, phishing, opening of new accounts, and much more.
- **Restore:** If you become a victim of identity theft while you are a LifeLock member, a dedicated U.S.-based identity restoration specialist will work with you from start to finish to help fix the issue.
- **Million Dollar Protection Package:** LifeLock helps protect you with reimbursement for stolen funds and compensation for personal expenses as a result of identity theft. They also provide legal and expert assistance if needed.

3 STEPS TO MAXIMUM PROTECTION

- Step One:** **Enroll** in Identity Theft Protection during Open Enrollment.
- Step Two:** **Gather** all personal information and financial account information for you and your family into one location.
- Step Three:** **Log on** to Lifelock and enter all of the information so LifeLock can contact you if anyone tries to use your accounts or personal information.



Bi-Weekly Premiums	
TEAM MEMBER ONLY	TEAM MEMBER AND FAMILY
\$3.23	\$6.45



Step Three is vital to your protection. To be fully protected through LifeLock, you need to finish your security settings by entering all of your contact, dependent, and account information.



LIFELOCK



For questions call
800-607-9174



Visit [lifelock.com](https://www.lifelock.com)



Download the LifeLock mobile app



LEGAL MATTERS, BOTH PLANNED AND UNPLANNED, ARE PART OF LIFE.

MetLife Legal Plans provides you with access to experienced attorneys and eliminates effort on your end. It's a smart, simple, affordable way to get the legal help you need.

The MetLife Legal Plan provides you, your spouse, and dependents with fully covered legal services from attorneys experienced in estate planning documents, civil suits, adoption, identity theft issues, and much more. With coverage, save hundreds over typical attorney fees with no deductibles, co-pays, claim forms, or usage limits when using a network attorney.*



1. Easy to find an attorney.

Go to **members.legalplans.com** or call **800-821-6400** to be matched with the right attorney and given a case number.



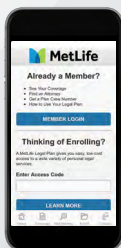
2. Easy to make an appointment.

Call the attorney you select, provide your case number and schedule a time to meet or talk.



3. You're done!

There are no co-pays, deductibles, or claim forms when you use a **Network Attorney** for a covered matter.



METLIFE LEGAL PLANS



For questions or to find the right attorney, call **800-821-6400**
Monday - Friday
8 a.m. - 8 p.m. EST



Enrolled participants may go to **members.legalplans.com** to access benefits

If you are considering enrolling, you may go to **members.legalplans.com**, choose "Thinking about enrolling?" and use **access code 9900370**



Download the MetLife Legal Plans mobile app

You can receive help with:

- Adoption
- Affidavits, deeds
- Debt collection defense
- Demand letters
- Divorce
- Document review
- Elder law matters
- Immigration assistance
- Living wills
- Mortgages
- Name change
- Personal bankruptcy
- Personal property protection
- Powers of attorney
- Traffic ticket defense (excludes DUI)
- Trusts

Bi-Weekly Premiums

TEAM MEMBER AND FAMILY \$7.73

**Exclusions and limitations apply. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services. Please see the plan description for complete details.*

O'REILLY OFFERS ELIGIBLE TEAM MEMBERS THE OPPORTUNITY TO OPEN A HEALTH CARE AND/OR DAYCARE FSA THROUGH ALLEGIANCE.

You can only enroll in an FSA during the annual open enrollment period. You must re-enroll each year if you want to participate.

FLEXIBLE SPENDING ACCOUNT TAX ADVANTAGES

An FSA allows you to stretch the dollars you use to pay certain expenses for health care and daycare. Contributions are pre-tax which means contributing to an FSA gives you a tax advantage.

You're not required to pay income or Social Security taxes on FSA contributions because those dollars are earmarked to help you pay for eligible health and daycare expenses. You choose the amount(s) that will be deducted from your paycheck and deposited in your spending account(s).

If you have predictable health care and daycare costs, an FSA may be a great option for you. However, you must spend down to at least \$570 in your medical FSA and the full amount in your daycare FSA before December 31, 2023, in order not to lose any funds in your FSA.

With the move to Allegiance, all participants will receive a new 2023 FSA debit card.



Health Care FSA

\$2,850* annual maximum (or IRS limit)

- Co-payments, deductibles, and co-insurance
- Prescription drugs
- Over-the-counter medications IF you have a doctor's prescription

*Note: Your carryover amount does not count towards the annual IRS limit.

Daycare FSA (This is NOT medical expenses for your dependents.)

\$5,000 annual maximum

- Approved daycare centers
- Licensed nursery school, day camp, or after-school program fees
- In-home dependent care
- Elder care center fees

*Note: There is no carryover on Daycare FSA.

ENROLLING

Once you have enrolled in an FSA and you have elected an amount to be deducted, you may not change the amount of your FSA election during the year, except in accordance with IRS regulations.

After enrollment, you'll receive a debit card that allows you to remove funds from your FSA with a simple swipe at a payment terminal. IRS regulations will often require you to provide proof of the eligible expense by submitting a receipt. Failure to submit requested receipts will result in your debit card being deactivated. Therefore, it is important to save all of your itemized receipts.



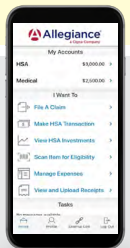
Carryover for Health Care FSA

The O'Reilly FSA has a carryover provision as allowed by the IRS for health care FSA plans. If you have a remaining balance on Dec. 31, 2023, you may carry over a minimum of \$35 up to the IRS allowed amount (\$570 in 2023) to be used in 2024.

Any balance more than \$570 on Dec. 31, 2023, is forfeited according to IRS rules. **Participants should plan carefully and monitor account balances to ensure they do not forfeit money at the end of the plan year.** The Allegiance app makes tracking easy.

Expenses and Withholding

FSA money must be used to pay for expenses incurred during the same plan year in which it was withheld. Example: Expenses incurred in 2022 cannot be paid with 2023 FSA money.



ALLEGIANCE



For questions call
877-424-3570



You may access your online account at
www.askallegiance.com/oreilly



Download the Allegiance mobile app

ROLLOVER CONTRIBUTIONS

You may consolidate your retirement savings by rolling over vested balances from other employers' eligible plans, including 401(k), 403(b), or governmental 457 plans.

50+ CATCH UP

If you are 50 or older, the 401(k) Catch Up provision provides you with the opportunity to save an additional \$6,500 (potentially increasing in 2023) per year, above the annual IRS limit which was \$20,500 in 2022 and is expected to increase in 2023. No additional election is required. Just set your election at a percentage that will get you to your desired level of contribution.

There is no company match on catch up contributions. Plan your deferrals carefully so that you have at least 6% withheld each pay period and do not miss any matching funds.

The 2023 IRS limit and catchup amount was not available at the time of publication.

FIDELITY INVESTMENTS



For questions or to speak with a Fidelity representative, call the Fidelity Benefits Service Center at **800-835-5095**, Monday through Friday from 8:30 a.m. – 8:30 p.m. ET.



Access Fidelity NetBenefits® at netbenefits.com. Register as a new user and follow the instructions.

ELIGIBILITY, COMPANY MATCH, AND VESTING

Saving now for retirement will help ensure that you have enough money to enjoy a comfortable standard of living when you leave the workforce or reduce the amount of hours you are working. Saving is made easy with a 401(k) plan and you can get more benefit from the plan if you are willing to take an active role in planning for your retirement.

ELIGIBILITY

You are immediately eligible to enroll in the 401(k) Plan if you are in a full time or part time employment status. You will be notified by Fidelity with more details.

AUTOMATIC ENROLLMENT

If you do not enroll in the 401(k) plan as a newhire, you will be automatically enrolled once you complete one year of service. You will be automatically enrolled at 2% of your pay which will be deducted from your paycheck and invested in the retirement date fund closest to the year you will turn 65.

You will receive notifications from Fidelity giving you a period of time and instructions for how to opt out of automatic enrollment, how to enroll in an amount other than 2%, and how to change your investment elections if you wish to do so.

AUTOMATIC INCREASE

The amount you contribute to your retirement account could potentially have the biggest impact on your available retirement balance when you retire. That's why the 401(k) plan offers automatic increases by 1% each year up to a maximum of 10%, unless you opt out of the automatic increase service.

COMPANY MATCH

O'Reilly will match your contributions dollar for dollar on the first 2%, and 25 cents on the next 4% of your salary. Matching funds will be posted to your 401(k) account following each pay period.

VESTING

You are always 100% vested in your contributions, however O'Reilly contributions follow a four year vesting schedule. You will be 33% vested following two years, 66% following three years and 100% vested after four years. To be credited with a year of service, you must work 1,000 hours in the calendar year.

NOTE: At the normal retirement age of 65, you will automatically be 100% vested.

USE THE NETBENEFITS MOBILE APP

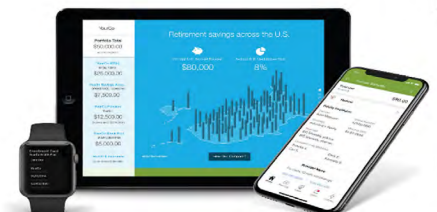


Download the NetBenefits mobile app, available in English and Spanish.

You'll need to create your NetBenefits username and password the first time you access the app.

On the app, you can:

- Monitor account balances
- Review and change investments
- Access financial wellness resources
- Designate or update your beneficiaries



MULTIPLE WAYS TO SAVE AND INVEST

At O'Reilly, you have the opportunity to save for retirement through the O'Reilly Automotive Savings Plan by contributing to either a traditional pre-tax 401(k) plan, an after-tax Roth plan, or both.

Traditional Pre-Tax 401(k)

Traditional 401(k) contributions are made with pre-tax dollars, allowing you to defer taxes until the money is withdrawn.

Roth 401(k)

Roth contributions are made with after-tax dollars, or money you've already paid taxes on, and don't provide a tax break today. However, if you take a qualified distribution,* you'll pay no tax on these contributions and their earnings when you withdraw them from the plan.

TRADITIONAL PRE-TAX OR ROTH 401(K)?

	TRADITIONAL PRE-TAX	ROTH	EMPLOYER MATCH
Will you pay taxes on the contributions before they go into the account?	NO	YES	NO
Will you owe tax on the original contribution at withdrawal?*	YES	NO	YES
Will you owe tax on any earnings/growth at withdrawal?*	YES	NO	YES

**Roth qualified distributions: A qualified distribution is tax-free if taken at least five years after the year of your first Roth contribution and you've reached age 59 1/2, become totally disabled, or die. If the distribution from your Roth account is not qualified, the earnings on your Roth contributions will be taxable. These rules apply to Roth distributions only from employer-sponsored retirement plans. Additional plan distribution rules apply.*

INVESTMENT OPTIONS

The O'Reilly 401(k) plan offers a wide range of investment options including mutual funds that invest in stocks (broad mix of large and small companies, domestic and foreign) and/or bonds, pre-assembled and professionally managed retirement date funds, and company stock.

An important part of saving for retirement is diversification. Diversification is spreading investments among a variety of investment types—stocks, bonds, stable value funds, among others. Mutual funds diversify by investing in hundreds or thousands of stocks and/or bonds, depending on their objective. While diversification cannot guarantee a profit or protect against a loss in a declining market, spreading assets among different investment types is a good way to manage risk and maximize savings potential for growth.

With all these options, it may be somewhat overwhelming, but the retirement date funds provide you with an option that's simple and takes all the worry out of your investment choice. With just one decision, a retirement date fund offers diversification and peace of mind that comes with a professionally managed fund.

Choosing the right retirement date fund is also easy. You select the year closest to when you plan to retire.

O'Reilly stock is one of the investment options available in the 401(k) plan, but remember, most financial advisors will recommend 20% or less be invested in any one company – even O'Reilly. To further encourage diversification of 401(k) investments, future deferrals into O'Reilly stock in the 401(k) plan are limited to 20%. For investment advice you may contact Edelman Financial Engines at 800-601-5957 or go to [EdelmanFinancialEngines.com/forOreilly](https://www.EdelmanFinancialEngines.com/forOreilly).

Consider investing in companies of different sizes in an array of industries and sectors

STOCKS

Can help mitigate the losses of a bad year for stocks

BONDS

Provides immediate liquidity when you need it

CASH



DON'T FORGET TO NAME A BENEFICIARY

Naming a beneficiary helps ensure your account balance will be distributed the way you want in the event of your death. Go to www.netbenefits.com.



SPREAD YOUR ASSETS

Diversification reduces portfolio volatility and can possibly boost returns.

EMPLOYEE STOCK PURCHASE PLAN (ESPP)

The **Employee Stock Purchase Plan** is a benefit that gives eligible team members the opportunity to share in the ownership and future success of the Company by purchasing O'Reilly Automotive, Inc. (ORLY) common stock at a discounted price. You are eligible to participate at the beginning of the pay period following one year of full-time employment provided you worked 1,500 hours in that period. Continued eligibility will be reviewed annually in January.

TO PARTICIPATE IN THE PLAN:

- You must **authorize** a payroll deduction of 1-5% from each paycheck.

HOW THE PLAN WORKS:

- O'Reilly stock will be **purchased on your behalf** at 15% below the market value.
- Purchases take place at the **beginning of each month** and the price of the stock is determined by the average fair market value during the previous month.
- Once purchased, shares of **ORLY stock will be deposited in your Morgan Stanley StockPlan Connect account.**
- You can **sell your shares** of ORLY stock through Morgan Stanley (transaction fees apply).
- You can also **request a stock certificate** be mailed to you or the shares be transferred to another brokerage account.

Taxes

- You are required to claim as income (and pay taxes on) the difference between the fair market value of the stock and the price you paid after receiving the 15% discount.
- Once per month, your check stub will include the additional income (for tax purposes) as STK DIS, a non-cash earnings code.
- Additional income from the 15% discount will also be included on your annual W-2.

Making Changes

- You may enroll, cancel, or change your contribution amount in myHR at any time, provided you meet the eligibility requirements.
- If you cancel participation, you will be required to wait six months before you will be eligible to re-enroll.

If you are no longer employed with the Company, and there has been no login activity with your Morgan Stanley account, your shares may be sent to the unclaimed property division of the state of last known residence on file at Morgan Stanley.



ESPP AND YOUR TAXES

It is important to keep quarterly statements for tax purposes. You will need these to file your taxes when you sell stock.

MORGAN STANLEY



You can access your ESPP account, view/access your statements, or sell your shares of **ORLY** stock online at stockplanconnect.com



By calling
800-367-4777



Enroll in ESPP in myHR on TeamNet. Your account with Morgan Stanley will be established within 30-45 days. After that time, you can reach out to Morgan Stanley with any questions regarding your account.

O'Reilly stock trades on the **NASDAQ** stock market under the ticker symbol **ORLY**.

TO FURTHER OUR COMMITMENT TO TEAM MEMBER DEVELOPMENT AND OUR PROMOTE FROM WITHIN PHILOSOPHY, O'REILLY OFFERS AN EDUCATION ASSISTANCE PROGRAM.

TO BE ELIGIBLE, TEAM MEMBERS MUST SATISFY THE FOLLOWING REQUIREMENTS:

- **A minimum of one year of full-time** employment at the time of application.
- **Good standing with the Company** with an overall “meets expectations” or better on the most recent performance evaluation.
- **Courses must be directly related to your current position** or potentially lead to promotional opportunities.
- **Courses must be through a pre-approved accredited** college, university, or technical school, and can be online or seated classes.
- **You must be employed at the time you complete the course** and when the reimbursement is paid to be eligible for reimbursement.

PROGRAM DETAILS:

- **Maximum reimbursement is \$2,500** per calendar year and \$10,000 lifetime.
- **Complete the Education Assistance E-Form on TeamNet** to apply for the program. Applications must be received 60 days prior to the start of the course.
- **Requests for participation** must be approved by all levels of management.
- **You will receive notification** when your application is received and approved.
- Once the course has been successfully completed, **submit proof of your grade.** You must earn a C or better in order to be eligible for reimbursement.

This program is limited to 800 participants at any given time. Participants will be accepted based upon the order their completed and approved application is received.

UNIVERSITY OF PHOENIX DISCOUNT

Team O'Reilly members who enroll in the University of Phoenix are eligible for a multi-class discount. If five classes are taken in one year, the sixth class is free. This could save you between \$1,194 – \$2,094 per year on tuition, depending upon your degree program.

University of Phoenix will also lock in your tuition at a guaranteed rate for the duration of your degree program. The discounts and the tuition guarantee apply whether you choose to attend online or in person.

To find out more, go to <https://www.phoenix.edu/oreillyauto>.





O'CARE SOLUTIONS

O'Care Solutions through Cigna is a free resource designed to help meet your unique personal needs and life challenges. All O'Reilly team members are eligible. O'Care Solutions can help with almost anything that is work or life related.

We know your time is valuable, so let us help! O'Care Solutions will do the research and provide you with referrals. All you have to do is choose the best options for you and your family and enjoy the free time you just earned.

Take advantage of a wide range of services offered at no cost to you:

- **Adoption:** Learn more about your options and the agencies that can help.
- **Child Care:** We'll help you find a place, program, or person that's right for your family.
- **Children with Special Needs:** Let us help you better understand your options and care for your unique family needs.
- **Education Guidance:** We'll help you make the best decisions for your family for college searches and more.
- **Financial Services Referral:** Free 30-minute financial consultations by phone and 25% off tax preparation.
- **Identity Theft:** Get a free, 60-minute expert consultation by phone for prevention or if you are victimized.
- **Legal Consulting:** Get a free, 30-minute consultation with a network attorney and 25% off select fees.
- **Senior Care:** Learn about solutions related to caring for an aging loved one.
- **Pet Care:** From vets to dog walkers, we'll help you ensure your pets are well cared for.
- **Convenience Services:** Shorten your to-do list with referrals for home maintenance, relocation, dining, and more.

COUNSELING IS ALSO AVAILABLE THROUGH O'CARE SOLUTIONS

- Unlimited confidential consultations by phone.
- Three face-to-face counseling sessions with a counselor in your area, as well as video-based sessions.
- No cost to you or anyone living in your household.
- Work with a licensed EAP clinician.

O'CARE SOLUTIONS



Call **833-OCARE63** or **833-622-7363**



Participants enrolled in a Cigna medical or dental plan:

- Go to **myCigna.com**
- Select **Coverage Tab** and **Employee Assistance Program**

Participants NOT enrolled in a Cigna medical or dental plan:

- Select **Register** and enter information as prompted
- Choose **"I want to register for Employee Assistance Program Only."**

Employer name: **O'Reilly**

- Create account with a username and password



O'REILLY DISCOUNTS AND PERKS



DO YOU WANT TO SAVE MONEY? You probably answered this question with a resounding “yes!” O’Reilly offers several ways to save money on tickets, hotels, rental cars, and many other products and services.

BENEFITHUB – Save money at Carnival, 1-800 Flowers, Enterprise, and hundreds of other businesses. If you click on the “Exclusives” tile you can see discounts available only to O’Reilly team members, including (but not limited to) Ford, GMC, Chrysler/Jeep, Nissan, Apple, AT&T, Verizon, and Anytime Fitness.

Benefithub also contains options for **PET INSURANCE**. Pet insurance can help you manage the costs of veterinary checkups, immunizations, and procedures.

Visit oreillyauto.benefithub.com
Use Referral Code: **FKMYHL**

ACCESS PERKS – Team members can get big savings at Disney, Kohl’s, Avis, Foot Locker, and many more places.

Go to oreilly.accessperks.com
Use Registration Code: **oreillyperks**

WORKING ADVANTAGE – With Working Advantage, you have access to exclusive employee perks and discounts including streaming services, Sam’s Club memberships, Health and Wellness services, pet supplies, and even discounts on the most popular online shopping sites, such as Walmart, Walgreens, and Macy’s.

For more information, visit oreillyauto.savings.workingadvantage.com.

FARMERS INSURANCE CHOICE AUTO, HOME, AND RENTERS INSURANCE



Farmers Insurance Choice is a powerful tool that enables you to compare rates for auto, home and renters insurance. You choose the policy that works best for you from several highly-rated insurance carriers.

BUNDLING YOUR POLICIES

Farmers Insurance Choice also allows you to save money when you bundle your auto policy together with your home or renters policy. For example, Farmers GroupSelect customers save an average of 22% off of their auto insurance premium by keeping both policies with the same insurer.

GET A QUOTE TODAY. Call **866-586-6048** or visit farmersinsurancechoice.com/oreilly.





WHAT IS WELLNESS? IS IT TIME TO FIND OUT?

Wellness is more than exercise and eating right. It is adopting a lifestyle that will improve your health and help you to lead a more satisfying and worry-free life. Wellness works when you gain control — planning your own steps for healthy improvement. It isn't always easy, but it is almost always rewarding.

O'Reilly supports wellness through the LIVE LIFE WELL program. Through this program, O'Reilly provides opportunities and incentives for team members to take ownership of their health through weight management, improved nutrition, increased physical activity, and smoking cessation. LIVE LIFE WELL encourages you to take responsibility for your health and wellness and the wellness of your family. O'Reilly has designed motivational and fun ways to get your overall health back on track or keep it on track.

Watch for the LIVE LIFE WELL logo throughout the year and get involved in wellness challenges to earn cash, T-shirts, and other great prizes.

TEAM MEMBER ACCOUNTS



A cash account with special pricing is established for all new full-time and part-time team members.

Questions regarding this account should be directed to your immediate manager or supervisor. There are specific rules that apply to this account which can be found in the Policy Manual on TeamNet at Resources > Policy Manual > Section: 200 Benefits > Subsection: 214 -Team Member Charge Account.

After one year of employment, team members have the option to add charging privileges to their team member account.

TIME AWAY FROM WORK

You work hard and deserve time away from work to recharge and spend time with family. O'Reilly offers paid time off plans, as well as six paid holidays each year.

PREMIUM RESPONSIBILITY WHEN MISSING A PAYCHECK

If you are enrolled in O'Reilly benefits, premiums for those benefits are normally paid out of your paycheck. If you miss a paycheck due to a Family Medical Leave or other leave of absence, or missing work for other reasons, you are still required to make that premium payment. You will receive an invoice from O'Reilly once you have missed a premium. That invoice will give you the amount you owe and the payment information you will need to take care of the balance.

RECOGNITION FOR O'REILLY TEAM MEMBERS

O'REILLY HAS SEVERAL WAYS TO RECOGNIZE TEAM MEMBERS FOR VARIOUS LEVELS OF SUCCESS.

HOLIDAY GIFTS

Years ago, O'Reilly started the tradition of recognizing team members for their contributions to the Company during the Easter and Thanksgiving/Christmas/Holiday seasons with an appreciation card and monetary gift. The amount of the Thanksgiving/Christmas/Holiday gift is partially based on your position and tenure with the Company. Promoting the culture and rewarding team members through these tokens of appreciation contribute to the Company's long-term success.

YOU R.O.C.K. AWARDS

Team members receive a You R.O.C.K. Award in recognition for demonstrating values from the People, Service, Performance (PSP) program and the O'Reilly Culture. Corporate management submits a You R.O.C.K. Award, which is then entered into monthly, quarterly, and annual cash drawings.

SHAMROCK AWARDS

Peers may nominate fellow team members for this award. Shamrock pins and certificates for excellent service to customers or other departments are awarded as part of this program.

SERVICE AWARDS

Team members receive recognition for years of service beginning with their fifth year of employment. Service awards are presented in five-year increments. Beginning with your 10 year service award, you will be given the opportunity to select an item from a gift catalog.

SAFE DRIVING AWARDS

Team members who drive distribution center route trucks are awarded certificates and patches for each year they drive accident free. In addition, special awards are presented to drivers with more than 500,000 accident-free miles.

THE CHARLIE O'REILLY LEADERSHIP AWARD

The Charlie O'Reilly Leadership Award recognizes an outstanding O'Reilly leader(s) and is presented annually at the Leadership Conference. It represents the "heart and soul" of Team O'Reilly and is based on the following characteristics: honesty and fair dealings, treating people with respect, delivering excellent customer service, and exemplifying enthusiasm, hard work, and dedication. Selections are based on nominations from all areas of Team O'Reilly. A selection committee reviews all nominations and chooses one or more team member(s) who have gone above and beyond the call of duty to make a leadership difference.

CULTURE VALUES

Many companies talk about culture, but very few truly LIVE the culture like we do at O'Reilly. Our culture is the way we do business and it consists of 12 values:

- Commitment
- Dedication
- Enthusiasm
- Excellent Customer Service
- Expense Control
- Hard Work
- Honesty
- Professionalism
- Respect
- Safety/Wellness
- Teamwork
- Win-Win Attitude

TEAM MEMBER EMERGENCY FUND

The Team Member Emergency Fund is a program designed to help team members who have suffered loss due to fire, tornado, flooding, hurricane, accidents, and other tragic situations beyond their control.

IMPORTANT PATIENT PROTECTION AND AFFORDABLE CARE ACT NOTICES, ERISA NOTICES, AND CONTACTS

O'Reilly Automotive, Inc. is providing these important notices to you at no fee. The notices in this package describe important rights that you have under the terms of the O'Reilly Automotive, Inc. Group Health Plan. In all references to O'Reilly Automotive, Inc., it is in the capacity of Plan Sponsor and in no case is O'Reilly Automotive, Inc. an employer. O'Reilly Automotive, Inc. is the Plan Sponsor of the O'Reilly Automotive, Inc. Employee Benefit Plans, under which benefits are offered to eligible employees of all participating employers including, but not limited to:

- Ozark Services, EIN: 43-1947192
- Ozark Automotive Dist, Inc., EIN: 44-0651985
- O'Reilly Automotive Stores, Inc., EIN: 44-0618012
- O'Reilly Auto Enterprises, LLC, EIN: 86-0221312
- OAP Transportation, LLC, EIN 85-2694199
- O'Reilly Technology Services, Inc., EIN: 88-3491789

IF YOU HAVE ANY QUESTIONS OR NEED ADDITIONAL INFORMATION REGARDING THESE NOTICES, YOU CAN CONTACT:

YOUR EMPLOYER REPRESENTATIVE

Benefits Department
800-471-7431, option 3, or ext. 1387
benefits@oreillyauto.com

OR

BY MAIL AT

233 S. Patterson Ave.
Springfield, MO 65802

THE FOLLOWING NOTICES ARE INCLUDED IN THIS COMMUNICATION IN THIS ORDER:

- Availability of Summary of Benefits Coverage (SBC)
- WHCRA Notice (Women's Health and Cancer Rights Act)
- Patient Protection Choice of Providers
- HIPAA Special Enrollment and Mid-Year Changes Rights Notice
- Tax Identification/Social Security Number Notice
- Cobra Notice
- CHIPRA Notice (Children's Health Insurance Program Reauthorization Act)
- Paperwork Reduction Act Statement
- Medicare Part D Notices
- Affordable Care Act Marketplace Notice
- Privacy Notice
- Wellness Program Notice
- Summary Annual Report (SAR)

SUMMARY OF BENEFITS AND COVERAGE (SBC)

The health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

As required by law across the U.S., insurance companies and group health plans like ours are providing plan participants with a consumer-friendly SBC as a way to help understand and compare medical plan benefits. Choosing a health coverage option is an important decision. To help you make an informed choice, the Summary of Benefits and Coverage (SBC), summarizes and compares important information in a standard format.

Each SBC contains concise medical plan information, in plain language, about benefits and coverage, including, what is covered, what you need to pay for various benefits, what is not covered and where to go for more information or to get answers to questions. SBC documents are updated when there is a change to the benefits information displayed on an SBC.

Government regulations are very specific about the information that can and cannot be included in each SBC. Plans are not allowed to customize very much of the SBC documents. There are detailed instructions the Plan had to follow about how the SBCs look, how many pages the SBC should be (maximum four-pages, two-sided), the font size, the colors used when printing the SBC and even which words were to be bold and underlined.

The SBC for each medical plan option is found on TeamNet and a paper copy is available at no cost by contacting the Benefits Department, ext. 1387, or toll-free at 800-471-7431 option 3.

NOTICE OF RIGHTS UNDER THE WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact your Employer Representative for more information.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits, under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductible and co-insurance particulars that are applicable to other medical and surgical benefits provided under this Plan. O'Reilly Automotive, Inc. has provided the detailed information regarding deductible and co-insurance for the O'Reilly Automotive, Inc. Group Health Plan. For more information or to get a copy of the Summary Plan Description containing these details, contact your Employer Representative.

PATIENT PROTECTION CHOICE OF PROVIDERS

In cases where the O'Reilly Automotive, Inc. Group Health Plan allows or requires a participant to designate a primary care provider, the participant has the right to designate any primary care provider who participates in the network and who is available to accept the participant or participant's family members.

Until you make this designation, O'Reilly Automotive, Inc. Group Health may designate a primary care provider automatically. For information on how to select a primary care provider, and for a list of the participating primary care providers, you can contact your Employer Representative.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the O'Reilly Automotive, Inc. Group Health Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your Employer Representative.

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Mid-Year Status Change Events

Because O'Reilly pre-taxes benefits, we are required to follow Internal Revenue Service (IRS) regulations on if and when benefits can be changed in the middle of a plan year. The following events may allow certain changes in benefits mid-year, if permitted by the IRS:

- Change in legal marital status (e.g. marriage, divorce/legal separation, death).
- Change in number or status of dependents (e.g. birth, adoption, death).
- Change in employee/spouse/dependent's employment status, work schedule, or residence that affects their eligibility for benefits.
- Coverage of a child due to a QMCSO.
- Entitlement or loss of entitlement to Medicare or Medicaid.
- Certain changes in the cost of coverage, composition of coverage or curtailment of coverage of the employee or spouse's plan.
- Changes consistent with Special Enrollment rights and FMLA leaves.

To request special or mid-year enrollment or obtain more information, contact O'Reilly Benefits at 800-471-7431 option 3, or ext. 1387.

IMPORTANT REMINDER TO PROVIDE THE PLAN WITH THE TAXPAYER IDENTIFICATION NUMBER (TIN) OR SOCIAL SECURITY NUMBER (SSN) OF EACH ENROLLEE IN A HEALTH PLAN

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year. Employers are required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a social security number, you can go to this website to complete a form to request a SSN: <http://www.socialsecurity.gov/online/ss-5.pdf>. Applying for a social security number is FREE.

If you have not yet provided the social security number (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact the Benefits Department at 800-471-7431 option 3, or ext. 1387.

COBRA COVERAGE

In compliance with a federal law referred to as COBRA Continuation Coverage, this plan offers its eligible employees and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying life events).

Qualified beneficiaries are entitled to elect COBRA when qualifying life events occur, and, as a result of the qualifying life event, coverage of that qualified beneficiary ends. Qualified beneficiaries who elect COBRA Continuation Coverage must pay for it at their own expense.

Qualifying life events include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible dependent child.

In addition to considering COBRA as a way to continue coverage, there may be other coverage options for you and your family. You may want to look for coverage through the Health Insurance Marketplace. See <https://www.healthcare.gov/>. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan) if you request enrollment within 30 days, even if the plan generally does not accept late enrollees.

The maximum period of COBRA coverage is generally either 18 months or 36 months, depending on which qualifying life event occurred.

In order to have the chance to elect COBRA coverage after a divorce/legal separation or a child ceasing to be a dependent child under the plan, you and/or a family member must inform the plan in writing of that event no later than 60 days after that event occurs. That notice should be sent to Human Resources via first class mail and is to include the employee's name, the qualifying life event, the date of the event, and the appropriate documentation in support of the qualifying life event (such as divorce documents).

If you have questions about COBRA contact the O'Reilly Benefits Department, ext. 1387, or toll-free at 800-471-7431 option 3.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible

for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility.

STATE	TYPE	CONTACT
ALABAMA	Medicaid	Website: http://myalhipp.com Phone: 1-855-692-5447
ALASKA	Medicaid	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS	Medicaid	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA	Medicaid	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO	Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
FLORIDA	Medicaid	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA	Medicaid	GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2

STATE	TYPE	CONTACT
INDIANA	Medicaid	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA	Medicaid and CHIP (Hawki)	Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562
KANSAS	Medicaid	Website: http://www.kancare.ks.gov Phone: 1-800-792-4884
KENTUCKY	Medicaid	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
LOUISIANA	Medicaid	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE	Medicaid	Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740. TTY: Maine relay 711
MASSACHUSETTS	Medicaid and CHIP	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA	Medicaid	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI	Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA	Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
NEBRASKA	Medicaid	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA	Medicaid	Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900

STATE	TYPE	CONTACT
NEW HAMPSHIRE	Medicaid	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY	Medicaid and CHIP	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK	Medicaid	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA	Medicaid	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA	Medicaid	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA	Medicaid and CHIP	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON	Medicaid	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA	Medicaid	Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
RHODE ISLAND	Medicaid and CHIP	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA	Medicaid	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA	Medicaid	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS	Medicaid	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
UTAH	Medicaid and CHIP	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT	Medicaid	Website: https://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA	Medicaid and CHIP	Website: https://www.covera.org/en/famis-select or https://www.covera.org/en/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
WASHINGTON	Medicaid	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

STATE	TYPE	CONTACT
WEST VIRGINIA	Medicaid and CHIP	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN	Medicaid and CHIP	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING	Medicaid	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB CONTROL NUMBER 1210-0137 (EXPIRES 1/31/2023)

IMPORTANT NOTICE FROM O'REILLY AUTOMOTIVE, INC. ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

FOR CORE AND LIMITED PLAN PARTICIPANTS

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage under the O'Reilly Automotive, Inc. Sponsored Health Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. O'Reilly Automotive, Inc. has determined that the prescription drug coverage offered is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered **Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the O'Reilly Automotive, Inc. Sponsored Health Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.**
3. You can keep your current coverage from O'Reilly Automotive, Inc. Sponsored Health Plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from **Oct. 15 through Dec. 7**.

However, if your coverage is a Union Sponsored Group Plan and you decide to drop your current coverage with O'Reilly Automotive, Inc., since it is employer/union sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however, you also may pay a higher premium (a penalty) because you did not have creditable coverage under the O'Reilly Automotive, Inc. Sponsored Health Plan.

If your prior coverage was creditable prescription drug coverage and you are losing creditable prescription drug coverage under the O'Reilly Automotive, Inc. Sponsored Health Plan, you are eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

Since the coverage under O'Reilly Automotive, Inc. Sponsored Health Plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan while you are covered under the O'Reilly Automotive, Inc. Sponsored Health Plan, your O'Reilly Automotive, Inc. Sponsored Health Plan may be affected. Your employer-sponsored coverage cannot be cancelled due to your Medicare enrollment (See the COBRA Note below.). Medicare and your employer-sponsored coverage will coordinate benefits so that you will not receive duplicate benefits. The Medicare, Who Pays First handbook available from your Medicare representative or online at <http://www.medicare.gov/Pubs/pdf/02179-medicare-coordination-benefits-payer.pdf>, has detail on how Medicare coordinates benefits.

Typically, your employer-sponsored coverage will pay its benefits without regard to payments that may be made by Medicare. In these cases, your employer-sponsored coverage is considered 'primary' and Medicare is 'secondary' coverage. Medicare will only pay after the primary employer-sponsored coverage has paid its benefits. Your Medicare coverage will have no effect on your employer-sponsored coverage cost sharing such as co-payments, deductibles, exclusions or other plan limits.

HOWEVER, there are three instances where Medicare is primary and your employer-sponsored coverage is secondary. In these cases Medicare will pay its benefits without regard to payments that may be made under the employer-sponsored coverage. The employer-sponsored coverage will coordinate benefits so that it does not duplicate benefits paid by Medicare. This will reduce the benefits paid by your employer-sponsored coverage.

These three instances are when:

- Your employer employs less than 20 employees
- Your coverage is from a former employer, a retiree plan or COBRA coverage
- You are disabled and the employer-sponsored coverage is due to another person working for the employer (examples when allowed – the coverage is under your spouse, your domestic partner, your dependent or grandchild), and the employer has less than 100 employees. When the employer has 100 or more employees then Medicare is secondary.

Notes:

1. If you have end stage renal disease then the employer-sponsored coverage is primary for the first 30 months and Medicare is primary after that 30 month period has expired.
2. If you are enrolled in Medicare prior to electing COBRA, then your Medicare enrollment cannot be used to limit or deny COBRA. If you enroll in Medicare after you elect COBRA then the Medicare enrollment is a terminating event for your COBRA coverage.

If you do decide to join a Medicare drug plan and drop your current O'Reilly Automotive, Inc. plan, be aware that you and your dependents will have to wait for the next open enrollment period, if any are offered by your Employer, or HIPAA Special Enrollment Right be able to get this coverage back.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE.

Contact the person listed at the end of this Notice for further information or to receive the contact information for someone at the insurance company, third part administrator or service provider who administers the prescription drug program for the O'Reilly Automotive, Inc. Sponsored Health Plan.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through O'Reilly Automotive, Inc. changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

Date:

09/15/2022

Contact-Position/Office:

Human Resources Benefits Department

Address:O'Reilly Automotive, Inc.
233 S. Patterson Ave., Springfield, MO 65802**Phone Number:**

800-471-7431 option 3, or ext. 1387

IMPORTANT NOTICE FROM O'REILLY AUTOMOTIVE, INC. ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

FOR COMPREHENSIVE, MAJOR, HMSA, AND KAISER PLAN PARTICIPANTS

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage under the O'Reilly Automotive, Inc. Sponsored Health Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. O'Reilly Automotive, Inc. has determined that the prescription drug coverage offered is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 through Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan while you are covered under the O'Reilly Automotive, Inc. Sponsored Health Plan, your O'Reilly Automotive, Inc. Sponsored Health Plan may be affected. Your employer-sponsored coverage cannot be canceled due to your Medicare enrollment (See the COBRA Note below.). Medicare and your employer-sponsored coverage will coordinate benefits so that you will not receive duplicate benefits.

The Medicare, Who Pays First handbook available from your Medicare representative or online at <http://www.medicare.gov/Pubs/pdf/02179-medicare-coordination-benefits-payer.pdf>, has detail on how Medicare coordinates benefits.

Typically, your employer-sponsored coverage will pay its benefits without regard to payments that may be made by Medicare. In these cases, your employer-sponsored coverage is considered 'primary' and Medicare is 'secondary' coverage. Medicare will only pay after the primary employer-sponsored coverage has paid its benefits. Your Medicare coverage will have no effect on your employer-sponsored coverage cost sharing such as co-payments, deductibles, exclusions or other plan limits.

HOWEVER, there are three instances where Medicare is primary and your employer-sponsored coverage is secondary. In these cases Medicare will pay its benefits without regard to payments that may be made under the employer-sponsored coverage. The employer-sponsored coverage will coordinate benefits so that it does not duplicate benefits paid by Medicare. This will reduce the benefits paid by your employer-sponsored coverage. These three instances are when:

- Your employer employs less than 20 employees.
- Your coverage is from a former employer, a retiree plan or COBRA coverage.
- You are disabled and the employer-sponsored coverage is due to another person working for the employer (examples when allowed – the coverage is under your spouse, your domestic partner, your dependent or grandchild), and the employer has less than 100 employees. When the employer has 100 or more employees then Medicare is secondary.

Notes:

1. If you have end stage renal disease then the employer-sponsored coverage is primary for the first 30 months and Medicare is primary after that 30-month period has expired.
2. If you are enrolled in Medicare prior to electing COBRA, then your Medicare enrollment cannot be used to limit or deny COBRA. If you enroll in Medicare after you elect COBRA then the Medicare enrollment is a terminating event for your COBRA coverage.

If you do decide to join a Medicare drug plan and drop your current O'Reilly Automotive, Inc. Sponsored Health Plan, be aware that you and your dependents will have to wait for the next open enrollment period, if any are offered by your employer, or HIPAA Special Enrollment Right to be able to get this coverage back.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with O'Reilly Automotive, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

Contact the person listed at the end of this notice for further information or to receive the contact information for someone at the insurance company, third party administrator or service provider who administers the prescription drug program for the O'Reilly Automotive, Inc. Sponsored Health Plan.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through O'Reilly Automotive, Inc. changes. You may also request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information About Medicare Prescription Drug Coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

Date:

09/15/2022

Contact-Position/Office:

Human Resources Benefits Department

Address:

O'Reilly Automotive, Inc.
233 S. Patterson Ave., Springfield, MO 65802

Phone Number:

800-471-7431 option 3, or ext. 1387



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form approved
OMB No. 1210-01-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as Jan. 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution - as well as your employee contribution to employer-offered coverage - is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by O’Reilly, please check your summary plan description or contact the O’Reilly Benefits Department at 417-862-2674, ext. 1387.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name O'Reilly Automotive, Inc.*		4. Employer Identification Number (EIN) 27-4358837	
5. Employer address 233 S. Patterson		6. Employer phone number 417-862-2674	
7. City Springfield	8. State MO	9. ZIP code 65802	
10. Who can we contact about employee health coverage at this job? O'Reilly Benefits Department			
11. Phone number (if different from above) 417-862-2674, ext. 1387		12. Email address benefits@oreillyauto.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees

Some employees. Eligible employees are:
All full-time team members and part-time team members averaging 30 hours per week.

- With respect to dependents:

We do offer coverage. Eligible dependents are:
Lawfully married spouse as defined by plan documents, Domestic Partner as defined by the California State Legislature (California Kaiser Plan only), Children up to age 26 including biological children, legally adopted children, children placed for adoption, step-children, or children for whom you are the legal guardian.

We do not offer coverage

If checked, coverage on the Core Plan meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

**O'Reilly Automotive, Inc. is the Plan Sponsor of the O'Reilly Automotive, Inc. Employee Benefits Plan, under which medical coverage offered to eligible employees of the following Participating Employers including, but not limited to:*

- Ozark Services, EIN: 43-1947192
- O'Reilly Automotive Stores, Inc., EIN: 44-0618012
- Ozark Automotive Dist, Inc., EIN: 44-0651985
- O'Reilly Auto Enterprises, LLC, EIN: 86-0221312
- OAP Transportation, LLC, EIN 85-2694199
- O'Reilly Technology Services, Inc., EIN: 88-3491789

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (“Notice”) describes the legal obligations of O’Reilly Automotive, Inc. Health Care Plan (the “Health Plan”) and your legal rights regarding certain health information, called protected health information, held by the Health Plan under the Health Insurance Portability and Accountability Act of 1996, the Health Information Technology for Economic and Clinical Health Act, and the corresponding regulations (collectively referred to as “HIPAA”). The Health Plan is sponsored by O’Reilly Automotive, Inc. (“Employer”).

Contact Person

If you have any questions about this Notice or about the Health Plan’s privacy practices, or wish to exercise any of your privacy rights, please contact the Director of Benefits, 233 S. Patterson, Springfield, MO 65802, (417) 829-5806, jdaniels2@oreillyauto.com (“Contact Person”).

Effective Date

This Notice is effective January 1, 2022.

How the Health Plan Uses and Discloses Protected Health Information

Under HIPAA, the Health Plan may use or disclose protected health information under certain circumstances without your permission, provided that the legal requirements applicable to the use or disclosure are followed. The following categories describe the different ways that the Health Plan may use and disclose your protected health information. Not every use or disclosure in a category will be listed. However, all of the ways the Health Plan is permitted to use and disclose information will fall within one of the categories. Most of the time, the Health Plan will use, disclose, and request only the minimum information necessary for these purposes.

For Treatment.

The Health Plan may use or disclose protected health information to facilitate medical treatment or services by health providers. The Health Plan may disclose health information about you to health care providers, including doctors, nurses, technicians, or hospital personnel who need the information to take care of you. For example, the Health Plan might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription conflicts with your current prescriptions.

For Payment.

The Health Plan may use or disclose protected health information to make payments to health care providers who are taking care of you. The Health Plan may also use and disclose protected health information to determine your eligibility for Health Plan benefits, to evaluate the Health Plan’s benefit responsibility, and to coordinate Health Plan coverage with other coverage you may have. For example, the Health Plan may share information with health care providers to determine whether the Health Plan will cover a particular treatment. The Health Plan may also share your protected health information with another organization to assist with financial recoveries from responsible third parties.

For Health Care Operations.

The Health Plan may use and disclose protected health information to run the Health Plan. For example, the Health Plan may use protected health information in connection with quality assessment and improvement activities; care coordination and case management; underwriting, premium rating, and other activities relating to Health Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud

and abuse detection programs; business planning and development such as cost management; and business management and general Health Plan administrative activities. However, the Health Plan will not use genetic information for underwriting purposes.

To Business Associates.

The Health Plan may contract with third parties, known as “Business Associates,” to perform various functions or provide various services on behalf of the Health Plan. To perform these functions or to provide these services, Business Associates may receive, create, maintain, transmit, use, and disclose protected health information, but only after they agree in writing to safeguard protected health information and respect your HIPAA rights. For example, the Health Plan may disclose protected health information to a third-party administrator to process claims for Health Plan benefits.

As Required by Law.

The Health Plan will disclose protected health information when required to do so by federal, state, or local law.

To Prevent a Serious Threat to Health or Safety.

The Health Plan may use and disclose protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

To the Employer.

The Health Plan may disclose protected health information to certain employees of the Employer who are involved with Health Plan administration. These employees are permitted to use or disclose protected health information only to perform plan administration functions or as otherwise permitted or required by HIPAA, unless you have authorized further disclosures. Protected health information cannot be used for employment purposes without your specific authorization.

Workers’ Compensation.

The Health Plan may disclose protected health information for workers’ compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers’ compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health.

The Health Plan may disclose protected health information for public health activities, including, for example, to prevent or control disease, injury, or disability; or to report child abuse or neglect.

Health Oversight.

The Health Plan may disclose protected health information to a health oversight agency for activities authorized by law, including, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes.

The Health Plan may disclose protected health information in response to a court or administrative order, subpoena, discovery request, or other lawful process.

Law Enforcement.

The Health Plan may disclose protected health information if asked to do so by a law-enforcement official in certain limited circumstances.

Family Members.

The Health Plan may disclose protected health information to a family member or close personal friend who is involved in your care or payment for your care or for notification purposes. Generally, you will have an opportunity to object to these disclosures. With only limited exceptions, all mail regarding the Health Plan will be sent to the employee unless we have agreed otherwise. This includes mail relating to participation of the employee's spouse and other family members in the Health Plan, such as availability of Health Plan benefits and information on the processing of any Health Plan benefits (including explanations of benefits (EOBs)).

Coroners, Medical Examiners, and Funeral Directors.

The Health Plan may disclose protected health information to a coroner, medical examiner, or funeral director, as necessary for them to carry out their duties.

National Security and Intelligence Activities.

The Health Plan may disclose protected health information to authorized federal officials for national security activities authorized by law.

Military.

The Health Plan may disclose protected health information as required by military and veterans authorities if you are or were a member of the uniformed services.

Research.

In very limited situations, the Health Plan may disclose protected health information to researchers; however, usually we will need to get your authorization.

Compliance With HIPAA.

The Health Plan is required to disclose protected health information to the United States Department of Health and Human Services when requested to determine compliance with HIPAA.

Authorizations.

Other uses or disclosures of protected health information not described above will be made only with your written authorization. For example, the Health Plan generally needs your authorization to disclose psychiatric notes about you; to use or disclose protected health information for marketing; or to sell protected health information. You may revoke your authorizations at any time, so long as the revocation is in writing. However, the revocation will not be effective for any uses or disclosures made in reliance upon the authorization.

YOUR RIGHTS

You have the rights described below with respect to protected health information about you, subject to certain conditions and exceptions. You can get more information by connecting with the Contact Person identified on the first page of the Notice.

Right to Have Personal Representative Act on Your Behalf.

You have the right to designate one or more persons to act on your behalf as your personal representative. A personal representative is someone who, under applicable law, is authorized to make decisions related to your health care. The Health Plan may require the personal representative to provide documentation of their authority to make health care decisions on your behalf. For example, the Health Plan may ask to see a health care power of attorney.

Right to Inspect and Copy.

You have the right to inspect and copy certain protected health information that may be used to make decisions about your Health Plan benefits. The Health Plan will work with you to provide the requested information in the form and format you requested; a mutually agreeable alternative form and format; or another form and format permitted by law. You must submit your request to inspect or copy protected health information in writing to the Contact Person. If you request a copy of the information, then the Health Plan may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. The Health Plan may deny your request to inspect and copy in certain very limited circumstances. If your request is denied, then your review rights will be explained to you.

Right to Amend.

If you believe that protected health information the Health Plan has about you is incorrect or incomplete, then you may ask to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health Plan. To request an amendment, your request must be made in writing and submitted to the contact person listed in this Notice. In addition, you must provide a reason that supports your request. If the Health Plan denies your request, you will receive an explanation, and you will have the right to file a statement of disagreement. The Health Plan may include a rebuttal statement, and any future disclosures of the disputed information will include your statement and the Health Plan's rebuttal.

Right to an Accounting of Disclosures.

You have the right to request a list (i.e., an "accounting") of certain times the Health Plan has shared protected health information about you with others. You must submit your request in writing to the contact person listed in this Notice, stating the time period you want the accounting to cover, which may not be longer than six years before the date of the request. The first accounting you request within a 12-month period will be provided free of charge. For additional accountings within the same 12-month period, the Health Plan may charge you for the costs of providing the accounting. The Health Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions.

You have the right to request a restriction or limitation on how the Health Plan uses and discloses protected health information about you for treatment, payment, or health care operations. You also have the right to request a limit on protected health information that the Health Plan discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. The Health Plan generally is not required to agree to your request. However, if the Health Plan agrees to the request, the Health Plan will honor the restriction until you revoke it or the Health Plan notifies you. To request restrictions, you must make your request in writing to the contact person listed in this Notice. You must identify (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications.

You have the right to request that the Health Plan communicate with you in a certain way or at a certain location, such as only sending communications by U.S. mail or only leaving voicemail messages. To request confidential communications, you must make your request in writing to the contact person listed in this Notice. The Health Plan will not ask you the reason for your request. Your request must specify how or where you wish to communicate, and the Health Plan will accommodate all reasonable requests.

Right to a Paper Copy of This Notice.

You have the right to a paper copy of this Notice even you previously agreed to receive this Notice electronically. To obtain a paper copy of this notice, contact the contact person listed in this Notice.

THE HEALTH PLAN'S RESPONSIBILITIES

HIPAA requires the Health Plan to:

- maintain the privacy of protected health information;
- provide you with a copy of this Notice;
- follow the terms of the Notice that is currently in effect; and
- notify affected individuals following a breach of unsecured protected health information.

The Health Plan reserves the right to change the terms of this Notice and to make new provisions effective for all protected health information that the Health Plan maintains, including protected health information created or received prior to any revision. If significant changes are made to this Notice, then the Health Plan will furnish you with a copy of the revised Notice.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with the Health Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Health Plan, contact the contact person listed in this Notice. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint.

NOTICE REGARDING WELLNESS PROGRAM

The O'Reilly Wellness Premium Discount is a voluntary wellness program available to all employees enrolled in a Cigna or Allegiance medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol, triglycerides and glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a 10% medical premium reduction. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the premium discount.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as coaching. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and O'Reilly Automotive, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness premium discount program will never disclose any of your

personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are nurses or health coaches] in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact O'Reilly Benefits at 4147-862-2674, extension 1387.

SUMMARY ANNUAL REPORT FOR O'REILLY AUTOMOTIVE, INC. EMPLOYEE BENEFITS PLAN

This is a summary of the annual report of the O'Reilly Automotive, Inc. Employee Benefits Plan (Employer Identification Number 27-4358837, Plan Number 502) for the plan year 01/01/2020 through 12/31/2020. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

O'Reilly Automotive, Inc. has committed itself to pay certain healthcare FSA (medical, dental and vision) claims incurred under the terms of the plan.

INSURANCE INFORMATION

The plan has insurance contracts with Hartford Life and Accident, Kaiser Foundation Health Plan Inc., Kaiser Foundation Health Plan of Hawaii, EyeMed Vision Care on behalf of Fidelity Security Life Insurance Co., Pacific Guardian Life Insurance Company, Ltd., MetLife Legal Plans, Hawaii Medical Services Association and Cigna Health and Life Insurance Company to pay certain medical, life, accidental death and dismemberment, vision, temporary disability, long-term disability, critical illness, hospital indemnity and accident and prepaid legal claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2020 were \$32,576,454.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at P.O. Box 1156, 233 South Patterson, Springfield, MO 65801 and phone number, 417-862-2674.

You also have the legally protected right to examine the annual report at the main office of the plan: P.O. Box 1156, 233 South Patterson, Springfield, MO 65801, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.





SERVICES	COMPANY	PHONE	GROUP NUMBER	WEBSITE
Accident Insurance	The Hartford	866-547-4205	460033	thehartford.com/benefits/myclaim
Critical Illness	The Hartford	866-547-4205	460032	thehartford.com/benefits/myclaim
Dental	Cigna*	800-244-6224	3329543-PPO	cigna.com or mycigna.com
Flexible Spending Accounts (FSA)	Allegiance	877-424-3570		askallegiance.com/oreilly
401(k)	Fidelity	800-835-5095		netbenefits.com
Hospital Indemnity	The Hartford	866-547-4205	681712	thehartford.com/benefits/myclaim
Identity Theft	LifeLock*	800-607-9174	Elite Plus Plan	lifelock.com
Legal Services	MetLife Legal Plans	800-821-6400	Access Code: 9900370	members.legalplans.com
Long-Term Disability	The Hartford	800-216-0434	675737	thehartfordatwork.com
Medical	Cigna*	800-244-6224	3329543 Open Access Plus, OA Plus, Choice Fund OA Plus	cigna.com or mycigna.com
	LIMITED PLAN Allegiance	Medical: 855-999-0292 Pharmacy: 800-622-5579	2001050	askallegiance.com/oreilly
	Kaiser California*	800-464-4000	Northern 18142 Southern 123940-01	kp.org
	Kaiser Hawaii*	800-966-5955	34174-01	kp.org
	HMSA*	Oahu: 948-6111 Other Islands: 800-776-4672	024542001	hmsa.com/contact
O'Care Solutions (EAP)	Cigna	833-OCARE63 833-622-7363	Employer ID: Oreilly Password: EAP	cigna.com or mycigna.com
Short-Term Disability	The Hartford	800-216-0434	675737	thehartfordatwork.com
Stock Purchase Plan	Morgan Stanley*	800-367-4777	Ticker Symbol: ORLY	stockplanconnect.com
Team Member Discounts	BenefitHub*	866-664-4621	Referral Code: FKMYHL	oreillyauto.benefithub.com
	Working Advantage		OReillyAuto18	oreillyauto.savings.workingadvantage.com
	Access Perks	877-408-2603	Program ID: 201455	oreilly.accessperks.com
Online Benefits Information	O'Reilly		Username: TeamOreilly Password: Benefits	teamoreillybenefits.com
Telemedicine (Cigna and Allegiance participants only)	MDLIVE*	Cigna: 888-726-3171 Allegiance: 877-753-7992		mdliveforcigna.com mdlive.com/oreillyltd
Vision	EyeMed*	877-226-1115	1001449 Insight	eyemedvisioncare.com/oreilly

* A mobile app is available for this provider.