Ægis Living

Assisted Living | Memory Care

Benefit Guide

All Employees

April 1, 2025 — March 31, 2026

Welcome
to Your Benefits!

Aegis Living considers our benefit programs to be an important part of our compensation package. We want to provide you with high quality coverage at an affordable cost. This Benefit Guide covers the benefits offered for our plan year **April 1, 2025** through **March 31, 2026**.

Access benefits information online
https://c2mb.ajg.com/aegisliving/home/

What's Inside

Important: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see page 39 for more details.

Eligibility

Who Is Eligible?

At Aegis, we prioritize the well-being of all our employees, whether they work full-time or part-time. We believe that every member of our team deserves access to certain benefits that enhance their quality of life and support their professional journey. Therefore, all employees, regardless of their hours, are eligible for some of the benefit offerings. However, full-time employees are eligible for all benefits offered by Aegis. We're committed to ensuring that each individual feels valued and supported in their role, with benefits tailored to meet their needs and contribute to their overall satisfaction and success.

All benefits are effective the 1st of the month following your date of hire. (i.e.: hire date - 4/15/2024 and effective date - 5/1/2024).

Benefits Available to ALL Employees

The following benefits are available to all our team members:

- 401(k) Retirement Plan
- Voluntary Supplemental Life Insurance and AD&D for Yourself and Your Eligible Dependents
- Voluntary Long Term Disability Insurance
- Voluntary Critical Illness Insurance
- Voluntary Accident Insurance
- Voluntary Hospital Indemnity Insurance
- Employee Assistance Program (EAP) including AbleTo self-care app
- Passport Corporate and Perks at Work
- MoveSpring Wellness Program
- GoNavia Transit Benefit
- WellCents Financial Wellness Program
- Education Reimbursement
- Pet Insurance

Benefits Available only to FULL-TIME Employees

Full-time employees are scheduled to work at least 30 hours/ week and are in a full-time position in UKG.

Our full-time employees are eligible for all the benefits mentioned above as well as our health and welfare benefits plans:

- Medical Plan
- Dental Plan
- Vision Plan
- Group Life Insurance and AD&D
- Flexible Spending Accounts (Healthcare and Dependent Care)

You may enroll your spouse and eligible dependents for medical, dental, vision and dependent voluntary benefits. Your eligible dependents include:

- Your lawful spouse or domestic partner. If you want to add a domestic partner to coverage, please complete the Domestic Partnership Affidavit; you will see this form after you enroll online at UKG Pro.
- See How to Enroll on page 5.
- Your children up to age 26, regardless of marital or student status
- Your dependent children, regardless of age, who are physically or mentally incapable of self- support

When Does Coverage Begin?

You have 30 days from your date of hire or status change date to make your benefit elections. Benefits begin on the first day of the month following your hire date or status change date. You must enroll online through UKG Pro. (see How to Enroll on page 4) on or before your eligibility date or by the open enrollment deadline before coverage can begin.

What Are Qualified Life Events?

Here are some examples of qualifying events for you and your dependents.

- Birth or adoption of a child
- You, your spouse or a dependent loses coverage under another group plan
- Change in marital status
- You, your spouse or dependent become eligible for other group coverage, enroll in Medicare or Medicaid
- A child reaches age 26
- Open Enrollment through your spouse's employer

If you experience a mid-year qualified life event, coverage will begin on the first of the month following or coinciding your change in status, except coverage for birth or adoption which is effective on the date of the event. You may email Benefits@aegisliving.com if you are unsure if an event you are experiencing qualifies. You have 30 days from the event date to make changes to your coverage, except for birth or adoption which is 60 days from birth or placement.

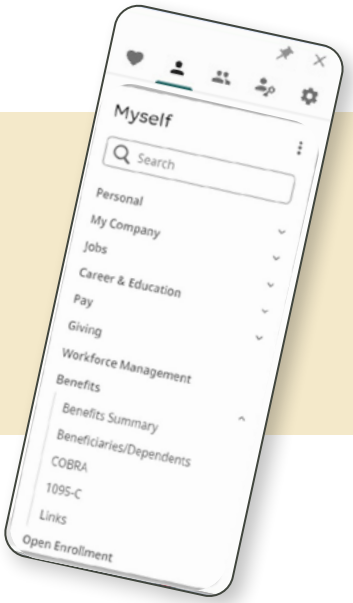
See Special Enrollment Rights on page 21 for information on the timing for enrollment changes.

How to Enroll

You can easily access and update your benefits through UKG Pro. Simply go to:

1. Myself
2. Life Events
3. New Hires - click "I am a new employee"

   Others - select the option that fits your reason for changing your coverage.



Choose Your Benefits or Make Changes

Review the benefit outlines in this Guide and the Summary of Benefits and Coverage from the insurance company at https://c2mb.ajg.com/aegisliving/home/ under the Enrollment tabs. This will help you understand the plans and how they will fit your lifestyle and budget.

If you need assistance, please reach out to your Business Office Manager or the Benefits Team at benefits@aegisliving.com.

If you are having trouble accessing UKG pro, please reach out to the Aegis IT Helpdesk at 1-425-284-1626 or support@aegisliving.com.

Important

New Hire or Newly Eligible – You must complete your online enrollment within 30 days of your hire date or event date.

Medical Benefits

Administered by Premera Blue Cross

Aegis Living offers eligible employees the choice of three medical plans through Premera Blue Cross: the Low Cost Plan with Prime Network or a Core Plan and Buy-Up Plan, with two network options each. These plans offer comprehensive services aimed at promoting overall well-being and addressing medical needs efficiently. We prioritize preventive care, providing regular check-ups, screenings, and vaccinations to help our members maintain optimal health and catch potential issues early. They also include prescription drug coverage ensuring access to necessary medications at affordable prices, fostering better management of chronic conditions and improving overall quality of life. With a focus on both prevention and treatment, our healthcare plan is committed to supporting the holistic health of our members, ensuring they receive the care they need when they need it most.

Cost

Costs vary due to differences in deductibles, out-of-pocket maximums, and coinsurance. The Buy-Up Plans offer richer benefits than the Core or Low Cost Plans, so you pay less out-of pocket when you see the doctor or go to the hospital, but this results in higher monthly employee contributions. Paycheck contributions can be found on page 31 of this guide.

Copay & Coinsurance

A copay is a flat dollar amount you pay for a medical service. Coinsurance is when you pay a percentage of the cost.

Calendar Year Deductible

This is the amount you pay before your plan begins covering expenses not subject to a copay. The family deductible applies if you have family members enrolled in your plan. However, once the total family deductible is met, no one else in the family has to pay the balance of their deductible.

Out-of-Pocket (OOP) Maximum

The OOP maximum is the most you pay in a calendar year for in-network covered medical services. Once the OOP maximum is met, the plan will pay 100% of the allowed amount for the remainder of the calendar year for in-network covered services. On a family plan, each person has their own OOP maximum. However, once the total family OOP is met, no one else in the family has to pay the balance of their OOP maximum.

The OOP maximum includes the deductible, medical and prescription copays, and your portion of covered expenses after your deductible is met.

Networks – BlueCard PPO (CA & NV Employees Only)

When living or visiting California (CA) and Nevada (NV) (outside of Washington or Alaska), the network is called BlueCard PPO.

All three plans give you access to the same network of providers and hospitals who have agreed to accept pre-negotiated fees for their services. The out-of-pocket cost is typically lower when you see an in-network provider. Please note that some services provided by an out-of-network providers are not covered by the plan. The Low Cost Plan does not covers out-of-network costs.

When you are outside of the service area and need medical care, call the BlueCard Access Line at 800-810-BLUE (2583) for information on the nearest PPO doctors and hospitals.

Networks – Heritage or Heritage Prime (WA Employees Only)

All plans give you access to a network of providers and hospitals who have agreed to accept pre-negotiated fees for their services. The out-of-pocket cost is typically lower when you see an in-network provider. Please note that some services provided by an out-of-network provider are not covered by the plan. The Low Cost Plan does not cover out-of-network costs.

The Heritage Prime network does not include certain providers, so claims from these providers will be processed with the out-of-network (lower) level of coverage, resulting in a higher out of pocket cost for you. The plans with the Heritage network will have higher monthly employee contributions than the plans with the Heritage Prime network because it gives you access to more in-network providers.

LOW COST PLAN	CORE PLAN	CORE PLAN	BUY-UP PLAN	BUY-UP PLAN
Heritage Prime	**Heritage Prime**	**Heritage**	**Heritage Prime**	**Heritage**
Does not include: Providence, Swedish, Pacific Medical Group, CHI Franciscan Health, and Kadlec Regional Medical Center, or affiliated doctors and clinics.	Does not include: Providence, Swedish, Pacific Medical Group, CHI Franciscan Health, and Kadlec Regional Medical Center, or affiliated doctors and clinics.	(Includes providers listed to the left)	Does not include: Providence, Swedish, Pacific Medical Group, CHI Franciscan Health, and Kadlec Regional Medical Center, or affiliated doctors and clinics.	(Includes providers listed to the left)

Medical Benefits - Plan Highlights

Your deductible, out-of-pocket maximum, and visit limits accumulate January – December each year and reset every January 1.

	LOW COST PLAN	CORE PLAN		BUY-UP PLAN	
	Prime Only in WA BlueCard in CA & NV	Heritage Heritage and Prime in WA, BlueCard in CA & NV Kinwell Care is only available in WA			
	Heritage Prime	Heritage Prime / Heritage		Heritage Prime / Heritage	
	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible (Individual)	$8,550	$2,750 / $8,250		$1,250 / $3,750	
Coinsurance % You Pay After the Deductible is Met	0%	30%	50%	20%	40%
Calendar Year Out-of-Pocket Maximum (Individual)	$8,550	$5,500 / $11,000	No limit	$4,500 / $9,000	No limit
Preventative Care	No charge	No charge	Not covered	No charge	Not covered
Outpatient Services	You Pay	You Pay		You Pay	
Office Visit	No charge after deductible Kinwell: No Charge	$20 copay Kinwell: No Charge	50% after deductible	$20 copay Kinwell: No Charge	40% after deductible
Specialist Visit	No charge after deductible Kinwell: No Charge	$20 copay Kinwell: No Charge	50% after deductible	$20 copay Kinwell: No Charge	40% after deductible
Telemedicine	No charge after deductible Kinwell: No Charge	$20 copay Kinwell: No Charge	Not covered	$20 copay Kinwell: No Charge	Not covered
Mental Health	No charge after deductible Kinwell: No Charge	$20 copay Kinwell: No Charge	50% after deductible	$20 copay Kinwell: No Charge	40% after deductible
Diagnostic Lab & X-Ray	No charge after deductible Kinwell: No Charge	30% after deductible Kinwell: No Charge	50% after deductible	20% after deductible Kinwell: No Charge	40% after deductible
Surgery	No charge after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Rehabilitation	No charge after deductible	$20 copay	50% after deductible	$20 copay	40% after deductible
Calendar Year Visit Limit	Up to 45 visits	Up to 45 visits		Up to 45 visits	
Other Services	You Pay	You Pay		You Pay	
Chiropractic Care	No charge after deductible	20% copay	50% after deductible	20% copay	40% after deductible
Calendar Year Visit Limit	Up to 12 visits	Up to 12 visits		Up to 12 visits	
Acupuncture	No charge after deductible	$20 copay	50% after deductible	$20 copay	40% after deductible
Calendar Year Visit Limit	Up to 12 visits	Up to 12 visits		Up to 12 visits	
Urgent Care	No charge after deductible	$35 copay	50% after deductible	$30 copay	40% after deductible
Emergency Room (copay waived if admitted)	No charge after deductible	$250 copay, then 30% after deductible		$250 copay, then 20% after deductible	
Inpatient Hospitalization	No charge after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Inpatient Rehabilitation	No charge after deductible	30% after deductible	50% after deductible	20% after deductible	40% after deductible
Calendar Year Day Limit	Up to 30 days	Up to 30 days		Up to 30 days	

Important! Premera Blue Cross requires prior authorization to receive coverage for certain planned services. If prior authorization is not obtained for a required service, you will be subject to additional cost shares not outlined here. A complete list of services requiring prior authorization is available at premera.com.

Prescription Drug Benefits

Prescription drug coverage is the same for the Core and Buy Up medical plan options, with the exception being that Retail drugs are not covered Out-of-Network on the Low Cost plan. The level of coverage depends on whether the drug is generic or brand name, and whether it is on the Premera formulary, or preferred drug list.

Your out-of-pocket cost is lowest when you buy generic drugs. A formulary is a list of drugs covered by the prescription drug plan. We use the Essentials E1 and E4 formulary.

	LOW COST PLAN	CORE PLAN & BUY-UP PLAN	
	In-Network Only	In-Network	Out-of-Network
Formulary	Essentials E1	Essentials E4	
Retail	Up to 30-day supply	Up to 30-day supply	
Tier 1: Preferred Generic	No charge after deductible	$15 copay	In-Network amount + 40% (waive deductible)
Tier 2: Preferred Brand	No charge after deductible	$30 copay	
Tier 3: Non-Preferred	No charge after deductible	30% (waive deductible)	
Mail Order	Up to 90-day supply	Up to 90-day supply	
Tier 1: Preferred Generic	No charge after deductible	$37.50 copay	Not covered
Tier 2: Preferred Brand	No charge after deductible	$75 copay	
Tier 3: Non-Preferred	No charge after deductible	30% (waive deductible)	
Specialty	Up to 90-day supply	Up to 30-day supply	
Pharmacy	–	Accredo	Not covered
Tier 2: Preferred	No charge after deductible	$50 copay	
Tier 3: Non-Preferred	No charge after deductible	30% (waive deductible)	

Mail Order Program

You can also choose to order prescriptions through Premera's Mail Order Program. With the mail order program you can receive a 90-day supply of medication for only 2 1⁄2 (rather than three) times the 30-day copay. Mail order offers other features including refill reminders and automatic screening for interaction with other prescription medications you order from the mail order program. Members on the Low Cost Plan are required to fill maintenance drug prescriptions via mail order. However, they will be allowed 2 fills of maintenance drugs at Retail before filling the prescription through Express Scripts. Maintenance Drugs are classified as medications prescribed for long-term treatment of chronic conditions including high blood pressure, depression, diabetes, high cholesterol and asthma.

Preventive Medications Covered at No Cost

Certain preventive medications are covered at no cost to you in-network. The Core and Buy-Up Plans uses the PV Lite preventive drug list. There are certain preventive medications/vaccinations that will be covered in full depending on your age and diagnosis. Medications on the E1 formulary, when you search on line, will be marked with ACA PV to indicate if they are covered at 100%. Mail order is also available and it is mandatory home delivery for maintenance drugs. In addition to preventive drugs mandated by the Affordable Care Act (ACA), certain hypertension, diabetes, cholesterol lowering, asthma, osteoporosis, and antidepressant medications will be covered by all plans at no cost. Once enrolled, register on premera.com to view more information about prescription drugs.

SaveonSP – For Individuals Who Use Specialty Pharmacy

In general, specialty drugs are drugs typically used to treat chronic, complex or rare conditions and may require enhanced clinical support. If you enroll in the Core or Buy-Up Plans and take certain specialty medications, you will be contacted by the SaveonSP program with the opportunity to enroll. If you enroll, your qualified specialty Rx copays will be covered at no cost to you. If a member chooses not to enroll, they will have to pay the maximized copay for specialty Rx included in the program, and it will not accrue toward the deductible or out-of-pocket maximum. Not all specialty prescription drugs are included.

Important

Core and Buy-Up Plans: If you elect a brand name drug when a generic equivalent is available, you will be charged the brand name copay, plus the difference in cost between the brand name and generic drug, unless indicated by the prescriber.

Medical and Prescription Drug Benefits – Resources

Premera Mobile

Download the Premera Mobile app and be ready when you need it.

- Show proof of coverage – no card required!
- Find doctors and other providers
- Check benefits and find out on the spot whether it's covered
- Monitor claims
- Contact the 24-Hour NurseLine

24 Hour Nurseline

Available to members enrolled in the Premera medical plan

It's after hours, and you have a fever that won't go down. Who can help you decide what to do? Call the free and confidential NurseLine to get advice from a registered nurse anytime. The nurse can help you decide whether you should be on your way to the emergency room or urgent care, call your doctor in the morning, or how to care for the problem yourself. Call 800.841.8343, available 24-hours (the number is also on the back of your Premera card).

How to Find a Network Provider

To find out which network(s) your providers and medical facilities participate in, go to www.premera.com and follow the instructions below:

- Click on Find a Doctor > Find a Doctor, Dentist, and More
- Scroll down to Search as a Visitor then click on Search Network and enter the Prime or Heritage Network
- Type in your doctor's or hospital's name at the top and click on Search
- Once you find the provider you are looking for, click on View Profile and look at the Networks Accepted section

NOTE: The Prime and Heritage networks are only offered in Washington and Alaska. If you are using services in other states, use the Bluecard Network.

Searching for Prescription Drugs

To help you get the most for your money, do some comparison shopping on my Rx Choices at premera.com. Comparisons on generic and mail-order drugs can be found by selecting Pharmacy Services under Member Services.

Follow these steps to find out how your prescriptions will be covered:

1. Go to premera.com/wa/visitor/pharmacy/drug-search/rx-search/
2. Scroll down to the "Search as a visitor" section
3. Select E1/E4 from the "Drug list to search" drop down menu
4. Enter a drug name or select a therapeutic class to search

Once you are enrolled, you can search the Essentials E4 formulary for the Core and Buy Up Plans and the E1 network for the Low Cost Plan through your Premera member portal. For more information, visit https://c2mb.ajg.com/aegisliving/home/ under Prescription Drugs.

Kinwell Primary Care (WA Employees Only)

Primary care services just for Premera Blue Cross members! As a Premera member, you and your family have access to Kinwell clinics, which are delivering a new standard for primary care in Washington. You will have no cost shares for going to a Kinwell Clinic.

The Kinwell clinic experience includes:

- Same- and next-day appointments
- High quality, accessible, and patient-centered health care for the whole family
- Integrated preventive services and behavioral health care
- Virtual or in-person appointments with your provider of choice
- Easy online scheduling
- In-clinic lab tests

Schedule a virtual or in-person appointment today at kinwellhealth.com.

Save Money on Prescriptions: GoodRx

GoodRx is an additional tool that can be used to compare cost of prescriptions at different pharmacies.

GoodRx is not part of your Premera plan.

Prices for prescription drugs vary widely between pharmacies. GoodRx is an easy-to-use website and mobile app which compares prescription costs at nearby pharmacies. You may download the app or go to www.goodrx.com.

NOTE: if you choose to use GoodRx coupons, your cost will not track towards the plan's out-of-pocket maximum.

Virtual Care

Primary, Urgent and Mental Health Care

The Premera Blue Cross virtual care network delivers low cost, convenient, high-quality care while keeping our members needs top of mind. This network—as well as telemedicine offered through your in-network doctor—are available as part of your plan.

98point6

- On-demand, text based primary care
- **What's it for**: General medicine and primary care providers who can answer your questions; they can also treat and diagnose you when you're sick or if your have a chronic condition.

Visit 98point6.com/premera

dr. on demand

- Video chat with a doctor
- **What's it for**: Cold and flu symptoms, pediatric care for ages 1+, skin conditions, allergies, headaches, diet and nutrition, medication management, and mental health therapy.

Visit drondemand.com/premera

talkspace

- Virtual access to a licensed therapist through text or video
- **What's it for**: Non-urgent mental health care.

Visit talkspace.com/premera

Please note that Doctor on Demand will no longer be available beginning 1/1/2026.

98point6 will have video chat with a doctor available beginning 1/1/2026.

Omada® for Joint & Muscle Health

Don't let a daily ache or pain today turn into an injury tomorrow. With Omada you'll get 24/7 access to support, including:

omada®

- A dedicated licensed physical therapist
- A head-to-toe treatment plan
- Unlimited one on one chats and video visits with your physical therapist
- Free exercise kit with all the tools you need

From weekly lessons to online communities, get all the tools you'll need to face any challenge head on.

Virtual Substance Use Disorder Treatment

Stuggling with addiction? Achieve recovery with virtual care—whereever you are. You will have access 24/7/365 to substance use disorder treatment with the support of a licensed professional.

Boulder

Boulder is a digital clinic offereing long-term support and telehealth treatment for substance use disorder, including alchol use and opiod use. Dedicate care teams deleiver evidence-based care and help you work toward your unique recovery goals.

Visit boulder.care/premera

WorkIt Health

Workit health can help you quit alchol, drugs, smoking, or other addictions with online therapy. Just like an in-person treatment center, you'll speak with a counselor, join online recovery groups, and receive medication if needed.

Visit workithealth.com/premera

Workit Health

Virtual Care

Premera MyCare

We know that sitting in a crowded waiting room isn't fun, especially when you or a family member is sick.

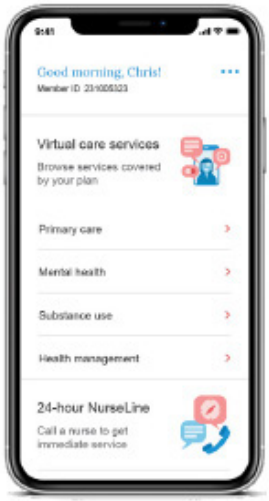
Through the Premera MyCare App, you can get seen virtually right now. Premera MyCare offers low-cost, convenient, and high-quality care from the comfort of your home. Get access to virtual care providers* for timely treatment options including:

- Primary care
- Health management
- Mental health and substance use
- Prescriptions

You can feel confident getting care Premera MyCare, because you'll only see providers that are covered by your plan, in real time.

Scan the code to download the Premera MyCare App.

Not all virtual care providers are available on all plans. Sign in to Premera MyCare to view your options.



Available for iOS and Android.

Scan to download

Designated Centers of Excellence (COE) and Livongo

Designated Centers of Excellence (COE)

Premera's goal is to make it as simple as possible for you to make a smooth recovery and get back to your life. Members have enhanced benefits at a Premera Designated Centers of Excellence for specific medical procedures. Designated Centers of Excellence facilities are recognized for higher efficiency, lower costs and better patient outcomes for delivering specialty care. The eligible procedures for enhanced benefits are:

- Maternity (Overlake, St Anne Hospital & Valley Medical Center for both Heritage & Prime network)
- Total hip & knee replacement (Prime Network Overlake Hospital or Valley Medical Center, Heritage Network Providence)

You study up before you shop for a car or home. When it comes to shopping for healthcare, we did the homework for you.

With Premera-Designated Centers of Excellence, you get handpicked doctors and hospitals that deliver quality care AND do it at a fair price. Besides saving on hospital costs, you can receive travel and care support so you can focus on getting back to feeling better.

Exclusive benefits and providers for

- Low cost surgery
- Support services
- Locations with proven records of exceptional patient experience and surgical outcomes

Please call 1-800-722-1471 or visit premera.com/specialty-care.

NEW! Teladoc (fomerly Livongo) — Enhanced Chronic Care Management

If you have multiple conditions, there is no need to enroll in more than one program in 2015.

For example, if you were diagnosed with Diabetes and Hypertension, you may be able to enroll in the Diabetes Management program and Hypertension program.

Diabetes Management

- Unlimited test strips
- Connected glucose meter
- Personalized insights and more

Hypertension

- Participating memebers will receive a cellular-enabled scale and unlimited coaching

Employees who qualify for the program will receive personalized communications to register or a call from Premera. Or call Teladoc for more information at 800-835-2362.

Flexible Spending Accounts (FSA)

Administered by Navia Benefit Solutions

Aegis Living offers flexible spending accounts (FSA) through Navia Benefit Solutions. An FSA allows you to set aside money on a pre-tax basis to pay for qualified out-of-pocket healthcare and dependent care expenses. Putting money in an FSA helps you save by reducing your taxable income and therefore, reducing your taxes.

How does an FSA work?

FSA contributions are taken from your paycheck on a pre-tax basis according to your annual elections. Once you have made your election, you cannot change your elections under most circumstances.

You may use money in your FSA to pay for eligible expenses incurred by you, your spouse and your dependents. You and/or your dependents do not have to be enrolled in the medical plan to participate in the healthcare FSA, but must be claimed on your Federal Tax Return.

Plan Year

April 1 – March 31

Maximum Contributions

Healthcare FSA: minimum $100, maximum $3,300

Dependent Care FSA: minimum $500, maximum $5,000 for single employees or married employee filing jointly ($2,500 for married employees filing separately)

Healthcare FSA

You can use your healthcare FSA to pay for qualified medical, prescription drug, dental or vision expenses such as copays, deductibles, and coinsurance for you and your tax dependents. The healthcare FSA is a pre-funded benefit. This means you have access to your full annual election amount on your effective date. Your annual election amount is deducted from your paycheck in equal payments.

Dependent Care FSA

You can use your dependent care FSA to pay for qualified care expenses like daycare centers, in-home child care, day camps, preschool, and before or after school care. Expenses can be for your dependent children age 12 and under, and in some cases elder care. The care must be enabling you (and your spouse) to work, actively look for work, or be a full-time student. You can only access dependent care FSA money once funds are deposited into your FSA. All caregivers must have a Tax ID or Social Security Number.

Reimbursements

You can use your FSA debit card to pay for healthcare and dependent care FSA expenses. If you do not use the debit card, you will need to submit a claim with proper documentation. You may submit a claim for healthcare or dependent care FSA online, via the MyNavia app, or emailing/mailing a claim form to Navia.

Keep your receipts! You will need them if you submit a claim. Navia may also need to verify some debit card expenses. If so, they will send you an email or notification.

Carryover

You may carry over up to $660 in unused healthcare FSA money from one year to the next. Unused amounts in your Dependent Care FSA at the end of the plan year cannot be carried over and will be forfeited.

Dental Benefits

Administered by Delta Dental of Washington

Aegis Living is pleased to provide a comprehensive dental plan in partnership with Delta Dental of Washington, ensuring eligible employees and their eligible family members have access to essential dental care services. Our plan covers routine exams, fillings, x-rays, and orthodontia, prioritizing your oral health and well-being. With this coverage, you can confidently maintain your dental hygiene and address any dental needs, promoting overall health and happiness for you and your loved ones.

Your deductible, out of pocket maximum and visit limits accumulate January - December of each year and reset on January 1.

	DELTA PPO	DELTA PREMIER AND NON-PARTICIPATING
	In-Network	Out-of-Network
Calendar Year Deductible (waived for Preventive, Diagnostic, & Orthodontia)	$25 per person / $75 per family	$50 per person / $150 per family
Calendar Year Benefit Maximum	$2,000 per person	
Services	You Pay	
Preventive & Diagnostic (Exams, cleanings, x-rays, etc.)	No charge	No charge
Basic Restorative (Fillings, endodontics, periodontics, oral surgery, etc.)	20% after deductible	20% after deductible
Major* (Crowns, dentures, partial dentures, bridges, etc.)	50% after deductible	50% after deductible
Implants	Not covered	
Orthodontia (dependent children through age 25)	You Pay	
Services	50%	50%
Lifetime Benefit Maximum	$1,500 per person	

Finding a Delta Dental Dentist

You and your family have the choice to see any licensed dentist under this plan. Delta Dental PPO and Premier dentists agree to provide services to you at discounted, negotiated fees. When you use a PPO or Premier dentist, their payments are based on pre-approved fees and they cannot charge you more than these fees. You will receive the highest level of coverage when seeing a PPO dentist. Go to deltadentalwa.com to search for a dental provider.

DELTA PPO DENTIST	DELTA PREMIER DENTIST	NON-PARTICIPATING DENTIST
Highest coverage, most discounted. Provider works with DDWA for claims process.	Like in-network coverage, with lower level of benefit coverage. Provider works with DDWA for claims process.	Costs based on maximum allowable charge and the provider may balance bill. You will likely need to sub-mit a claim.

Vision Benefits

Administered by Vision Service Plan (VSP)

Aegis Living is excited to provide a comprehensive vision plan in collaboration with Vision Service Plan (VSP), aimed at assisting with vision care expenses including eye exams and corrective eyewear. Our plan allows eligible employees and their eligible family members the flexibility to access vision care services from any provider of your choice. However, using a VSP Signature network provider often results in lower costs for you. With this benefit, you can prioritize your visual health with ease and affordability, ensuring clear vision and optimal eye care for a brighter future.

You will not receive a VSP identification card – simply let your provider know you are a VSP member when you make your appointment. You can find VSP providers online at vsp.com.

	VISION SERVICE PLAN (VSP)	
	In-Network	Out-of-Network
Examinations		
Eye wellness examination	$10 per visit, then covered in full	Up to $50*
Contact Lenses (in lieu of eyeglasses) Fitting and Evaluation Elective Contacts	Up to $60 copay after 15% discount $120 allowance	Up to $105 for fitting, evaluation, and contacts combined*
Hardware		
Materials Copay	$25 copay	$25 copay
Frames	$120 allowance then 20% discount*	Up to $70*
Lenses		
Single Vision	No charge*	Varies by service Up to $100*
Lined Bifocals	No charge*	
Lined Trifocals	No charge*	
Standard Progressive	No charge*	
Premium Progressive	$80 - $90	
Custom Progressive	$120 - $160	
Other Lens Enhancements	Average 40% discount	
Frequency	Visit, lenses, and contact lens limits reset every 12 months. The frame limit resets every 24 months based on your last date of service.	

*Less any applicable copay

Basic Life And Accidental Death and Dismemberment (AD&D) Insurance

Administered by Sun Life

In our commitment to your family's security, Aegis Living provides eligible employees a fully paid basic life and accidental death and dismemberment insurance. Life insurance ensures that your designated beneficiary receives a benefit in the unfortunate event of your passing. Meanwhile, AD&D insurance offers benefits for specific injuries such as loss of limbs, sight, speech, hearing, paralysis, or in case of accidental death. Rest assured, these insurance policies are in place to safeguard you and your loved ones during unexpected challenges.

	SUNLIFE BASIC LIFE/AD&D
Benefit Amount	
Life Insurance	$10,000
Accidental Death & Dismemberment	$10,000

Beneficiary Designation

You will need to designate a beneficiary when you enroll who would receive the benefits in the event of your death. Your beneficiaries may be one or more individuals. You may change or update your beneficiary at any time.

IMPORTANT
Restrictions and limitations apply to these benefits. Please review the insurance booklet or certificate at https://c2mb.ajg.com/aegisliving/home/ under Basic Life and AD&D for complete details.

Wellness Programs

MoveSpring!

Available to all team members.

As a valued member of the Aegis team, you now have access to the MoveSpring App, an exciting tool designed to enhance your well-being journey. With MoveSpring, you can effortlessly connect your wearable device or smartphone to track your daily activity automatically. Engage in friendly challenges with colleagues and set personal goals to boost motivation and accountability. Whether you're aiming to increase your daily steps, improve your fitness level, or simply stay active, MoveSpring provides the support and encouragement you need to succeed. Get ready to embark on a rewarding wellness journey and unleash your full potential with MoveSpring!

How to sign up

You can access the MoveSpring app by creating an account on app.movespring.com or by downloading the iOS or Android app.

Click this join link: https://link.movespring.com/join?orgCode=AegisWellness

You'll be navigated to the MoveSpring website, or to download the mobile app.

Follow the steps to create your MoveSpring account and connect a device.

Our organization code is **AegisWellness** and you will need your **5 digit Employee Identification Number (EID)**.

Need help?

To contact MoveSpring Support in the app, tap the menu bars at the top left corner of the dashboard and then tap the green Message support button at the bottom of the utility panel.

You can also reach the MoveSpring support team at help@movespring.com.

MoveSpring! – Wellness Program

Team Challenges

- Motivation
- Improve Culture
- Team Unity

Wearable device

- Apple Watch
- Fit Bit
- Garmin

Set a daily goal

- Custom activity

Customizable Content

- Videos and articles on healthy lifestyles
- Workout Videos
- Meditation

Voluntary Life/AD&D Benefits

Administered by Sun Life

All employees may purchase Life and AD&D insurance for yourself and additional life insurance for your dependents through Sun Life. You must be enrolled to enroll dependents. Voluntary AD&D coverage is offered to employees only.

You may need to complete and submit an Evidence of Insurability (EOI), for Sun Life's review and approval if:

- Your voluntary employee or spouse life coverage election exceeds the guarantee issue amount. (Guarantee Issue: The amount of coverage that can be elected without requiring Medical Underwriting approval)
- You waived supplemental life coverage for yourself or spouse when first eligible or you want to elect coverage.
- You want to increase your current employee or spouse voluntary life coverage.

A PHA will be provided to you following your enrollment if the above requirements apply to you. Coverage will begin and premiums will be deducted for any coverage amount requiring PHA following Sun Life's approval.

SUNLIFE VOLUNTARY LIFE – BENEFIT OUTLINE	
Benefit Options	
Employee Life	$10,000 Increments
Spouse Life	$5,000 Increments
Children Life	Child Life: Flat $10,000
Live Birth to 6 Months	$1,000
6 Months to 26 Years	$10,000
Benefit Maximums	
Employee Life	Lesser of 5x annual salary or $500,000
Employee AD&D	Lesser of 5x annual salary or $500,000
Spouse Life	Lesser of 100% of employee amount or $250,000
Children Life	
Live Birth to 6 Months	$1,000
6 Months to 26 Years	$10,000
Guarantee Issue (Newly Eligible Employees Only)	
Employee Life	5x earnings or $250,000 (whichever is less)
Spouse Life	$50,000
Children Life	Full amount
Benefits Reduction Schedule Due to Age	To 65% at age 70; to 50% at age 75
Waiver of Premium (Life only)	Included
Portability (Life only)	Included

Why Buy Supplemental Life Insurance?

In the event of your death, life insurance benefits can:

- Provide a continuous source of income for your family.
- Assure payment for your children's higher education.
- Pay down/off the mortgage on your home.
- Settle outstanding debt.
- Pay for funeral expenses for those covered.

Waiver of Premium: A provision which allows you and your dependents to continue your life insurance coverage without paying premium while you are disabled if you meet Sun Life's qualifications. Waiver of Premium applies to life insurance only – not AD&D.

Portability: A provision which may allow you and your dependents to continue coverage when coverage would otherwise end. Portability applies to life insurance only— not AD&D.

Long-Term Disability Insurance

Administered by Sun Life

HELPS YOU KEEP YOUR LIFE ON TRACK.

If you're unable to work because of a covered disability, Long-Term Disability insurances replaces a portion of your income. After your claim is approved, you will receive a monthly check for your benefits that helps you pay everyday expenses like your mortgage or rent, childcare and groceries.

HELPS YOU RETURN TO WORK.

If you are able, Sun Life has benefits and services, including guidance from vocational rehabilitation counselors, to help you return to work.

LONG-TERM DISABILITY INSURANCE BENEFITS (You can purchase coverage at a group rate)	
Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will replace **60%** of your Total Monthly Earnings, up to $10,000 each month.
When benefits begin	Benefits begin as soon as 180 days from the date of your disability.
Benefits may be paid for	Up to your Social Security Normal Retirement Age or longer, depending on your age at disability.
Additional plan information	This plan provides a benefit for covered disabilities resulting from illness or injury that occur on or off the job.

LONG-TERM DISABILITY FAST FACTS:

- 34.6 months – The length of the average long-term disability claim.
- This coverage pays benefits for accidents that occur off the job.

Critical Illness Insurance

Administered by Sun Life

HELPS PROTECT YOUR FINANCES FROM AN ILLNESS.

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with a critical illness, you can use your benefit to help with related expenses like lost income, child care, travel to and from treatment, deductibles and co-pays.

PAYS A CASH BENEFIT DIRECTLY TO YOU.

Critical Illness insurance can be used however you want, and it pays in addition to any other coverage you may already have.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

CRITICAL ILLNESS INSURANCE BENEFITS (You can purchase coverage at a group rate)	
For you	You can choose between $10,000 and $40,000 of coverage, in increments of $10,000. No medical questions asked.
For your spouse	If you elect coverage for yourself, you can choose between $10,000 and $40,000 of coverage, in increments of $10,000. No medical questions asked. Not to exceed 100% of your coverage amount.
For your child(ren)	If you elect coverage for yourself, you can choose between $5,000 and $20,000 of coverage, in increments of $5,000. No medical questions asked. Not to exceed 50% of your coverage amount.

INCLUDED:

Health Navigator Help Line for expert guidance with health needs and medical billing questions.

Accident Insurance

Administered by Sun Life

HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

ACCIDENT FAST FACTS:

- **Falls** – are the leading cause of injuries treated in emergency rooms every year, for people of all ages.
- This coverage pays benefits for accidents that occur off the job.

Hospital Indemnity Insurance

Administered by Sun Life

HELPS PROTECT YOUR FINANCES.

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan.

HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

PAYS CASH BENEFITS DIRECTLY TO YOU.

Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

HOSPITAL INDEMNITY INSURANCE BENEFITS	
Benefits are payable for hospital stays due to:	• Sickness • Accidents* • Routine pregnancy • Complications of pregnancy • Newborn complications • Mental and nervous disorders • Substance abuse
Additional reasons to sign up:	• No medical questions to answer – guaranteed issue coverage • Benefits add up – many of your benefits can all be payable on the same day

*Confinements due to an accident must be within 365 days of the accident.

You can purchase this coverage for you and your family. Child coverage is available to age 26.

GoNavia Transit Benefit

Administered by GoNavia

The GoNavia Program allows you to pay for work related mass transit costs using pre-tax dollars. Eligible expenses include Transit passes, Ticket Books and Fare Cards.

Maximum Contributions

You can contribute up to $3,780 annually (or $315 per month) for qualified transit expenses.

Who is Eligible

- Full-time & Part-time employees are eligible to participate at any time.
- On-call employees and those on Leave of Absence are not eligible.

How it Works

- Complete the New Participant setup form and submit by the 10th of the month. (available on https://c2mb.ajg.com/aegisliving/home/ or from your Business Office Manager)
- Then place your transit order on the Navia website by the 20th of the month.
- Transit funds are loaded to your Navia Benefits card by the 1st of the month.
- Use your card at any transit vendor that accepts MasterCard™.

For questions about new participation or first enrollment, email the Aegis Living Benefits Department at benefits@aegisliving.com or call 425-861-9993. For help using the Navia website or placing an order, Contact Navia at (800) 669-3539 (use Company Code AEG).

For more information go to https://c2mb.ajg.com/aegisliving/home/ under Other Benefits, GoNavia to complete the New Participant Set-Up Form and submit it before you can place your first order.

Employee Assistance Program

Administered by ComPsych® GuidanceResources®

Your Life. Your Work. Your Best.

Sometimes life can feel overwhelming. It doesn't have to. Your ComPsych® GuidanceResources® program provides confidential counseling, expert guidance and valuable resources to help you handle any of life's challenges, big or small.

Services:

Confidential Emotional Support

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work and Lifestyle Support

- Child, elder and pet care
- Moving and relocation
- Shelter and government assistance

Legal Guidance

- Divorce, adoption and family law
- Wills, trusts and estate planning
- Free consultation and discounted local representation

Financial Resources

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Digital Support

- Connect to counseling, work-life support or other services
- Tap into an array of articles, podcasts, videos, slideshows
- Improve your skills with On-Demand trainings

Help for New Parents

- Support for new biological or adoptive parents
- Understand emotional and financial needs
- Get help finding child care, planning for back-to-work needs and more

Online Will Preparation

- Quickly and easily complete a will on your computer with EstateGuidance®
- Specify guardians, trustees and property division
- Provide funeral and burial instructions

What happens when I call for counseling support?

When you call, you will speak with a GuidanceConsultant℠, a master's- or PhD-level counselor who will collect some general information about you and will talk with you about your needs. The GuidanceConsultant℠ will provide the name of a counselor who can assist you. You will receive counseling through the EAP up to 3 sessions per issue, per person, per calendar year. You can then set up an appointment to speak with the counselor over the phone or schedule a face-to-face visit.

What counseling services does the EAP provide?

The EAP provides free short-term counseling with counselors in your area who can help you with your emotional concerns. If the counselor determines that your issues can be resolved with short-term counseling, you will receive counseling through the EAP. However, if it is determined that the problem cannot be resolved in short-term counseling in the EAP and you will need longer-term treatment, you will be referred to a specialist early on and your insurance coverage will be activated.

Call: 877.595.5281 TRS: Dial 711
Online: guidanceresources.com
App: GuidanceNow℠ Web ID: EAPBusiness

Self Care from AbleTo

With your Sun Life insurance coverage, you and your family (ages 13+) have access to Self Care, which offers 24/7 access to self-care tools to help build resilience and improve mental health.

- Self-care tools, like mood and habit trackers, guided journals
- Curated blog posts, meditations, videos
- Guides to help you navigate life challenges
- Content suggestions based on your unique needs

Sign up at AbleTo.com/selfcare-sunlife Access code: SUNLIFE

Download the AbleTo App

401(k) Retirement Savings Plan

Administered by The Standard

Aegis Living offers a 401(k) retirement savings plan through The Standard. Employees age 18 or older are eligible to participate in the Plan as soon as the first day of the month following your date of hire or the date you turn age 18.

Once eligible, you'll be able to save for retirement in this plan. You decide what percentage of your salary you want to contribute directly from your paycheck, up to $23,500 in 2025 with before-tax or after-tax (Roth) contributions, or up to $31,000 in 2025 if you are over the age of 50 in the year. You may start contributing to the plan through payroll deductions at any time after your eligibility date. And you may change your payroll contributions at any time.

Does Aegis Living contribute to my 401(k)?

Aegis Living may make a matching discretionary contribution to your 401(k):

- Matching discretionary contribution is equal to $0.50 cents for each $1 you contribute, up to 4% of pay you contribute to the plan. For example, if you contribute 4% or more, the match will be 50% of that, or 2%.
- You must be employed for at least one year to be eligible
- You vest (earn ownership of the match) at the rate of 20% for each calendar year you work 1,000 hours for Aegis Living.
- You must be employed on the last day of the calendar year to be eligible for the match.
- Matching discretionary contributions are funded during the first quarter of each year for the following year (i.e. 2025 match will be funded Q1 2024)
- You vest at the rate of 20% for each calendar year you work 1,000 hours for Aegis Living. You will be fully vested after 5 years of service with 1000 hours.

YOUR CONTRIBUTION	MATCHING CONTRIBUTION
1%	.50%
2%	1%
3%	1.5%
4%	2%
5% and above	2%

IMPORTANT

You may enroll, change, stop or restart contributions to the 401(k) plan at any time.

What is the difference between pre-tax and after-tax contributions?

Pre-tax contributions lower your taxable income at the time the deduction is taken from your pay. You will pay income taxes on withdrawals when you retire.

Roth after-tax contributions allow you to contribute to your retirement account on an after-tax basis. Your contributions will be deducted from your paycheck after-taxes are calculated. Money you contribute to the Roth account and any associated earnings will be distributed tax-free if withdrawn after age 59 1⁄2, death, disability and at the end of the five-year taxable period during which the participant's contribution is first deposited into the Roth 401(k) account.

How to Enroll/Questions

To enroll or access your online account visit standard.com/retirement. For plan questions or assistance with making changes to your account or navigating the website, contact The Standard at 1-800-858-5420 or via email at savings@standard.com.

For investment questions, contact Rich Hultquist or Stephany Primitivo:

Rich Hultquist | Richard.Hultquist@assuredpartners.com | 206-343-4178

Stephany Primitivo | Stephany.Primitivo@assuredpartners.com | 206-343-3339

Education Assistance Program

Aegis Living recognizes that our staff members are the source of our immense success. We want to provide you with career opportunities that will challenge and reward you, both personally and professionally by offering educational assistance. As an incentive to pursue job-related or career-related education, the Aegis Educational Assistance Program provides financial support for approved educational activities on a reimbursement basis. Course work must be directly job-related or more broadly career-related.

You may undertake course work to improve skills required to perform your present job assignments, to remain current with innovations and emerging trends in your field, to improve administrative and management skills, or to prepare for positions with Aegis that may be attained through promotional opportunities. You may seek instruction and training under a degree program as well as vocational or technical training from accredited institution. Covered tuition expenses are reimbursed for the entire or partial tuition costs up to a maximum of $1,500 during an annual period.

To become eligible for the Aegis Education Assistance Program, you must:

- Be a full-time or part-time staff member
- Complete one (1) year or more of continuous Aegis service
- Exception: 6 months of continuous service for CNA/HCA reimbursement
- Demonstrate "Very Good" or better performance

Steps to qualify for Reimbursement (All course work must be approved for reimbursement prior to enrollment in each individual course):

1. Complete the Educational Assistance Program Application.
2. Submit your Application to your General Manager or supervisor for approval.
3. Complete the course work while remaining an active full-time Aegis staff member and maintaining a "Very Good" or better performance rating.
4. Provide documented evidence of costs and successful completion of the course(s) with a grade of C (or equivalent) or better.
5. Agree to commit to 12 months of continued service with Aegis following the completion of each course. Should you voluntarily resign within 12 months of completing a course and receiving tuition reimbursement, you will be required to repay the full of the reimbursement to Aegis.

Tax-free educational assistance benefits do not include payments or reimbursement for the following items:

- Meals, lodging, transportation, tools, or supplies.
- Education involving sports, games, or hobbies unless the education has a reasonable relationship to Aegis business, or is required as part of a degree program.
- Graduate level courses that are normally taken under a degree program leading to a law, business, medical, or other advanced academic or professional degree.

Education Reimbursement applications are available at https://c2mb.ajg.com/aegisliving/home/ under Other Benefits/Education Reimbursement.

Aegis reserves the right to suspend or withhold approval of any educational program or course.

Employee Discount Programs

Welcome to Perks at Work!

We have partnered with Perks at Work to give you access to employees discounts, so you don't have to pay full price on the things you buy.

From 30% off movie tickets to hundreds of dollars off a new personal laptop, discounted gym memberships and more. Start your shopping at Perks at Work to take advantage of private, best-in-marketing pricing.

Simply log on to: perksatwork.com/aegisliving

Register with your work email or use the code "AEG" to activate your account.

Additional Benefits

Aegis Living offers the following additional benefits. Go to https://c2mb.ajg.com/aegisliving/home/ under Other Benefits for more information.

- Pet Insurance
- Employee Cash Advance Program – PayActiv
- Home Purchase Program

Get Your Passport Mobile Card

The Passport Mobile Card is a complimentary employee benefit that allows you and your family to access exclusive savings from thousands of local and national merchants – now all from your smartphone! Save on dining, shopping, travel, and all kinds of everyday services.

To Activate Your Mobile Card:

1. Visit https://passportcorporate.com
2. Click the 'Register here' button, enter your email and the activation code AEGIS-PASS on the next page.
3. Complete your profile to generate your Passport Mobile Card number.
4. Download and sign into the Passport Mobile app (simply search for "Passport Mobile" in your app store or marketplace).

The Passport program provides you exclusive access to thousands of discounts! You will enjoy deep discounts on:

- Restaurants and Dining
- Local & Online Merchants
- Tickets and Recreation
- Travel and Vacations
- Health and Wellness
- Family and Education

Pet Insurance
Administered by ASPCA®

With an accident & illness plan provided by the ASPCA® Pet Health Insurance program, you have help choosing the care you want when your pet is hurt or sick. You can take comfort in knowing they have coverage.

Simple to Use

Just pay your vet bill, submit claims, and get reimbursed for eligible expenses! You're free to visit any licensed vet, specialist or emergency clinic in the US or Canada, and you can choose to receive reimbursement by direct deposit or mail.

Exam Fees, Diagnostics, and Treatments for Covered Conditions

- Accidents
- Accidents
- Dental Disease
- Illnesses
- Behavioral Issues
- Cancer

Visit www.aspcapetinsurance.com/AegisLiving and save with your discount!*

*Group discount is not available for HI and TN. Group discount is available for eligible group members in all other states.

Advocate Center & Resources

Aegis Living Benefits Website

Access benefits information 24/7! The site contains forms, benefit summaries, helpful tools, provider directories, wellness resources, and more.

https://c2mb.ajg.com/aegisliving/home/

Benefit Plan Eligibility and Enrollment Questions

Your Business Office Manager or Aegis Living Benefits Department benefits@aegisliving.com

Aegis Living Advocate Center

Aegis Living partners with Gallagher, and the benefit experts in their Benefit Advocate Center, who are available to answer benefit related questions for you and your family.

Gallagher is ready to help you get the most from your benefit programs to assist you with:

- Explanation of benefits. Is it unclear what your insurance covers on a particular claim and what is your responsibility?
- Prescription/pharmacy problems. Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting an authorization on a medication?
- Benefits questions. Are you unsure if the insurance will pay for a certain procedure?
- Claim issues. Did you receive a bill from a doctor but don't know why?
- Difficult situations. Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

You can reach a Benefit Advocate at: bac.aegisliving@ajg.com or by phone (833) 262-1832 (toll free) 8:00 a.m. - 6:00 p.m. Monday - Friday

Language assistance is available.

2025 Rates Per Pay Period

Per Pay Period Based on 24 Deductions

There is no cost to you for basic Life and AD&D, and EAP. Contributions for medical, dental and vision come out of your paycheck on a pre-tax basis. In months where there are three paychecks, Aegis Living will only deduct costs from the first two paychecks in the month.

Plan	Total Cost	Employer Aegis Living's share of the total cost	Employee How much you pay per pay period (24 deductions*)
Medical Low Cost Plan – Heritage Prime Network in WA / BlueCard Network in CA & NV			
Employee	$279.71	$254.71	$25.00
Medical Core PRIME Plan – Heritage Prime Network (This plan is only available to WA employees)			
Employee	$353.21	$303.07	$50.14
Employee + Spouse	$754.57	$495.17	$259.41
Employee + Child(ren)	$589.21	$393.08	$196.13
Employee + Family	$1,052.39	$720.22	$332.17
Medical Core Plan – Heritage Network			
Employee	$375.76	$311.84	$63.92
Employee + Spouse	$802.74	$507.28	$295.47
Employee + Child(ren)	$626.82	$404.12	$222.71
Employee + Family	$1,119.55	$777.33	$342.23
Medical Buy-Up PRIME Plan – Heritage Prime Network (This plan is only available to WA employees)			
Employee	$439.90	$280.61	$159.29
Employee + Spouse	$941.61	$453.54	$488.07
Employee + Child(ren)	$734.50	$381.58	$352.91
Employee + Family	$1,311.67	$639.29	$672.37
Medical Buy-up Plan – Heritage Network			
Employee	$467.97	$287.01	$180.96
Employee + Spouse	$1,001.72	$469.96	$531.76
Employee + Child(ren)	$781.38	$398.44	$382.94
Employee + Family	$1,395.40	$664.32	$731.07
Dental			
Employee	$24.09	$4.09	$20.00
Employee + Spouse	$45.07	$7.66	$37.41
Employee + Child(ren)	$45.96	$7.81	$38.15
Employee + Family	$65.59	$11.14	$54.45
Vision			
Employee	$3.44	$0.38	$3.06
Employee + Spouse	$5.50	$0.93	$4.57
Employee + Child(ren)	$5.62	$1.04	$4.58
Employee + Family	$9.06	$1.70	$7.36

*If your domestic partner (DP) is not an eligible tax dependent as defined in Section 152 of the Internal Revenue Code, then a portion of your contribution will be deducted after-tax and the company's contribution for domestic partner coverage will be taxable income to you and reported as imputed income on your paycheck.

Your Benefit Contacts

Benefit	Administrator	Phone	Website & Group Number
Medical & Prescription Drugs	Premera Blue Cross	800-722-1471	premera.com 1007261
24-Hour Nurseline	Premera Blue Cross	800-841-8343	premera.com 1007261
Teladoc Health	Premera Blue Cross	800-835-2362	TeladocHealth.com/Smile/PREMERA-WA25 (registration code: PREMERA-WA25)
Wellness Program	Premera Blue Cross	N/A	MoveSpring help@movespring.com
Mail Order Prescription Drugs	Express Scripts	800-391-9701	premera.com 1007261
Dental	Delta Dental	800-367-4104	deltadentalwa.com 09109
Vision	Vision Service Plan (VSP)	800-877-7195	www.vsp.com 12233736
Basic Life and Accidental Death & Dismemberment (AD&D)	Sun Life	866-806-3619	965680 www.sunlife.com/us/en/
Supplemental Life & Voluntary AD&D	Sun Life	866-806-3619	965680 www.sunlife.com/us/en/
Critical Illness Insurance	Sun Life	866-806-3619	965680 www.sunlife.com/us/en/
Accident Insurance	Sun Life	866-806-3619	965680 www.sunlife.com/us/en/
Hospital Indemnity Insurance	Sun Life	866-806-3619	965680 www.sunlife.com/us/en/
Flexible Spending Accounts	Navia Benefit Solutions	800-669-3539	naviabenefits.com (company code: AEG)
GoNavia Commuter Program	Navia Benefit Solutions	800-669-3539	naviabenefits.com
401(k) Retirement Savings Plan	The Standard	800-858-5420	standard.com/retirement 813672
Investment Inquiries	Assured Partners	Rich Hultquist 206-343-4178 Stephany Primitivo 206-343-3339	Richard.Hultquist@assuredpartners.com Stephany.Primitivo@assuredpartners.com
Employee Assistance Program	ComPsych® GuidanceResources®	877-595-5281	guidanceresources.com
Pet Insurance	ASPCA® Pet Health Insurance	844-343-5314	www.aspcapetinsurance.com/AegisLiving Priority code: EB24AegisLiving

Benefit Advocate: bac.aegisliving@ajg.com or
by phone (833) 262-1832 (toll free)
8:00 a.m. - 6:00 p.m. Monday - Friday

Aegis Living Benefits Department:
benefits@aegisliving.com

Important Information Regarding Your Medical Benefits

Non-Network Costs

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. Contact your claims payer or insurer for more information. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language.

Organ Transplant

There is no pre-existing condition limitation for this health plan. This benefit covers medical services only if provided by in- network providers or "Approved Transplant Centers." Organ and bone marrow transplants have a $7,500 travel and lodging maximum. Please see your plan contract booklet for further details.

Women's Health & Cancer Rights Act

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 lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, deductibles and coinsurance apply:

If you would like more information on WHCRA benefits, please contact the Benefits Team at benefits@aegisliving.com.

HIPAA Special Enrollment Rights

Aegis Living Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Aegis Living Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 30 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (Including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Benefits Team at benefits@aegis.com.

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Aegis Living is committed to the privacy of your health information. The administrators of the Aegis Living Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Benefits Team at benefits@aegis.com.

Healthcare Reform & Your Benefits

Aegis Living offers medical plan options that provide valuable comprehensive coverage that meets the requirements of the healthcare reform law and is intended to be affordable as defined by the law. Also note, it's unlikely that you are eligible for financial help from the government to help you pay for insurance purchased through a Marketplace because you have access to an employer plan that complies with the affordability standard.

Preventive Care

Certain preventive care services must be provided by non-grandfathered group health plans without member cost-sharing (such as deductibles or copays) when these services are provided by a network provider. Please refer to your insurance company for more information. Contact information is listed at the front of this Guide.

COBRA

Federal COBRA is a U.S. law that applies to employers who employ 20 or more individuals and sponsor a group health plan. Under Federal COBRA you may be eligible to continue your same group health insurance for up to 18 months if your job ends or your hours are reduced. You are responsible for COBRA premium payments.

Legal Notices

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 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, 2024. Contact your State for more information on eligibility –

ALABAMA—Medicaid
Website: http://myalhipp.com/ 1-855-692-5447
ALASKA—Medicaid
The AK Health Insurance Premium Payment Program myakhipp.com/
1-866-251-4861 CustomerService@MyAKHIPP.com
http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS—Medicaid
http://myarhipp.com/ 1-855-MyARHIPP (855-692-7447)
CALIFORNIA—Medicaid
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp 916-445-8322 hipp@dhcs.ca.gov
COLORADO— Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
https://www.healthfirstcolorado.com/ 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
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html 1-877-357-3268
GEORGIA—Medicaid
https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678-564-1162 ext 2131
INDIANA—Medicaid
Healthy Indiana Plan for low-income adults 19-64:
http://www.in.gov/fssa/hip/ 1-877-438-4479
All other Medicaid: https://www.in.gov/medicaid/ 1-800-457-4584
IOWA—Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members 1-800-338-8366
Hawki: http://dhs.iowa.gov/Hawki 1-800-257-8563
HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
1-888-346-9562
KANSAS—Medicaid
https://www.kancare.ks.gov/ 1-800-792-4884
KENTUCKY—Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
1-855-459-6328 KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov
LOUISIANA—Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp
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
1-800-977-6740
MASSACHUSETTS—Medicaid and CHIP
https://www.mass.gov/info-details/masshealth-premium-assistance-pa
1-800-862-4840
MINNESOTA—Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
1-800-657-3739
MISSOURI—Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573-751-2005
MONTANA—Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
1-800-694-3084
NEBRASKA—Medicaid
http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA—Medicaid
http://dhcfp.nv.gov 1-800-992-0900
NEW HAMPSHIRE—Medicaid
https://www.dhhs.nh.gov/oii/hipp.htm 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
https://www.health.ny.gov/healthcare/medicaid/ 1-800-541-2831
NORTH CAROLINA—Medicaid
https://medicaid.ncdhhs.gov/ 919-855-4100
NORTH DAKOTA—Medicaid
http://www.nd.gov/dhs/services/medicalserv/medicaid/ 844-854-4825
OKLAHOMA—Medicaid and CHIP
www.insureoklahoma.org 1-888-365-3742
OREGON—Medicaid
http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html 1-800-699-9075
PENNSYLVANIA—Medicaid
http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
RHODE ISLAND—Medicaid
Website: http://www.eohhs.ri.gov/
Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA—Medicaid
www.scdhhs.gov 1-888-549-0820
SOUTH DAKOTA—Medicaid
dss.sd.gov 1-888-828-0059
TEXAS—Medicaid
gethipptexas.com 1-800-440-0493
UTAH—Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip 1-877-543-7669
VERMONT—Medicaid
http://www.greenmountaincare.org/ 1-800-250-8427
VIRGINIA—Medicaid and CHIP
https://www.coverva.org/hipp/
Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
WASHINGTON—Medicaid
https://www.hca.wa.gov/ 1-800-562-3022
WEST VIRGINIA—Medicaid
http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN—Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
800-362-3002
WYOMING—Medicaid https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, 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.

Legal Notices

Notice of Creditable Coverage

Important Notice from Aegis Living

About Your Prescription Drug Coverage and Medicare

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 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. We have determined that the prescription drug coverage offered by the Plan 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 October 15th to December 7th.

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, your current coverage will not be affected.

You can keep your existing medical and prescription drug Plan coverage and choose not to enroll in a Part D plan. In this case, your claims continue to be paid by the Plan.

You can keep your existing medical and prescription drug Plan coverage and enroll in a Part D plan. In this case, as an active employee (or dependent of an active employee), your Plan coverage continues to pay primary on your claims (pays before Medicare Part D).

You can drop this Plan's coverage and enroll in a Part D plan. In this case, Medicare is your primary coverage. If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the Plan during an open enrollment period under the Plan.

Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

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 under this Plan 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 nineteen 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 below for further information. 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 Aegis Living 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: April 01, 2024

Name of Entity/Sender: Aegis Living

Contact—Position/Office: Bobbie Benavente — Director, Benefits and Leaves of Absence Office Address: 415 118th Ave SE Bellevue, Washington 98005 United States Phone Number: 425-284-1613

Statement of ERISA Rights

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Examine, without charge, at the Plan Administrator's office and at other specified locations, the documents governing the plan, including the insurance contract and a copy of the latest annual report (Form 5500 Series) if any filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report, if any. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

You have a right to continue healthcare coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants and beneficiaries. Fiduciaries who violate ERISA may be removed and required to make good any losses they have caused the Plan.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request a copy of plan documents or the latest annual report from the Plan Administrator and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits, which is denied or ignored, in whole or in part, and you have exhausted the claims procedures available to you under the Plan (see your plan document or summary plan description for more detail), you may file suit in a state or Federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement, or your rights under ERISA, or if you need assistance or information regarding your rights under HIPAA, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Aegis Living

Assisted Living | Memory Care

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

Gallagher

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