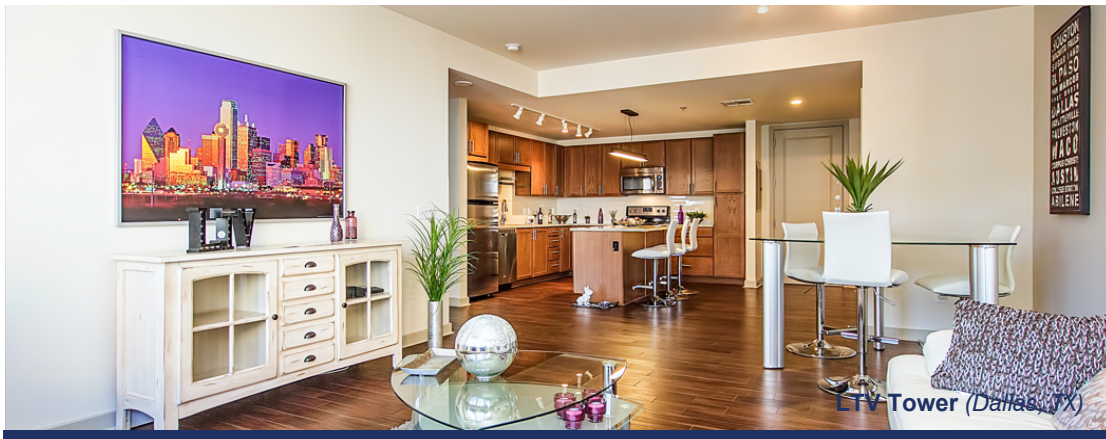
Blue Plate Artist Lofts *(New Orleans, LA)*

Hibernia Tower *(New Orleans, LA)*

Lee Hardware *(Shreveport, LA)*



LTV Tower *(Dallas, TX)*

HRI COMMUNITIES

2025 Benefit Guide

WHAT'S INSIDE

HRI COMMUNITIES

The Strand *(New Orleans, LA)*

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.

BENEFITS APP

BENEFITS APP

As an associate, you can now access all your benefit plan information and resources “on the go” from your mobile device.

https://c2mb.ajg.com/hri

or scan the QR code with your camera

On the App, you can:

- Access generic ID cards
- Quickly find provider contact information
- Review benefit plan design
- And more!

Website to Mobile Device Home Screen

iPad or iPhone

- Scan the QR Code
- Tap the icon featuring a right- pointing arrow coming out of a box along the top of the Safari window to open a drop-down menu.
- Tap “Add to Home Screen.” The Add to Home dialog box will appear, with the icon that will be used for this website on the left side of the dialog box.
- Enter the name for the shortcut using the on-screen keyboard and tap “Add.” Safari will close automatically and you will be taken to where the icon is located on your iPhone Home Screen.

Android

- Scan QR Code
- Tap the menu icon (3 dots in upper right-hand corner) and tap Add to homescreen.
- You’ll be able to enter a name for the shortcut and then Chrome will add it to your home screen.

ELIGIBILITY

ELIGIBILITY FOR BENEFITS

Associates

Eligibility for benefits is determined by your status as Full-Time in the company's HR/Payroll system.

- Full-Time associates who are working 30 or more hours per week are eligible to participate in all benefit programs offered by the company.

Family Members

If you are an eligible associate and elect coverage, you can also elect the following coverage for your eligible family members:

- Medical
- Dental
- Vision
- Flexible Spending Account/Dependent Care
- Health Savings Account
- Dependent Life & AD&D
- Accident
- Critical Illness
- Hospital Indemnity
- Whole Life
- Legal

You must have coverage for yourself to enroll your eligible family members.

Eligible dependents are your:

- Legal spouse
- Children* under the age of 26
- Disabled dependents of any age
- Eligible legal dependents

*A child is defined as your natural child, stepchild, legally adopted child, or child for who you are required to provide health insurance by a Qualified Medical Child Support Order.

For more information on who qualifies as an eligible dependent, please contact your Human Resources Department.

ENROLLING OR MAKING CHANGES

If you have a qualifying event during the year, you need to meet specific deadlines to make changes. **Please see Human Resources to make any changes throughout the year.**

QUALIFIED LIFE EVENTS

QUALIFIED LIFE EVENT STATUS CHANGES

You can change your benefit elections during the plan year if you have a qualifying life status event as defined by the IRS. Life status events include:

- Marriage or divorce
- Birth, death, or legal adoption
- Associate Gain or Loss of Coverage
- Family Member Gain or Loss of Coverage

Documentation for all qualifying life events must be **submitted to Human Resources within 30 days of the event.** Life event coverage will begin on the first of the month after your enrollment change is submitted and documentation has been approved, with the exception of the birth or adoption of a child which will begin on the date of this event.

HOW TO ENROLL

HRI COMMUNITIES

OPEN ENROLLMENT
OCTOBER 18 - NOVEMBER 1, 2024

Unlock the Power of Your Benefits!

We're committed to maximizing the value of your benefits package. This year, we're introducing Benefit Counselor support to enhance your Open Enrollment experience.

All benefit-eligible employees are strongly encouraged to meet with a Benefit Counselor to complete their enrollment.

SCAN ME OR CLICK TO SCHEDULE

What's In Store For You?

- Personalized Benefits Education
- Overview of Exciting 2025 Benefit Enhancements
  - NEW Medical Plan Offering
  - NEW Life with Long Term Care Coverage & More!
- Expert Q&A
- Hassle-Free Enrollment & Confidential Assistance
- 30-Minute Prescheduled Telephonic Appointment

Important! Current elections will not carry over to the upcoming plan year. Your action is required to secure coverage, this is your chance to ensure your benefits are aligned with your needs and those of your family.

HOW TO ENROLL, continued

HRI COMMUNITIES

OPEN ENROLLMENT
OCTOBER 18 - NOVEMBER 1, 2024

Enrollment Support - Frequently Asked Questions

We are pleased to offer personalized benefits education and enrollment support to our employees. Our goal is to ensure you have the information and assistance you need to make the most of your benefits package.

Who are the benefits counselors and how can they support me?

All Benefit Counselors are experienced, trained, licensed, and prepared to provide you with the personalized benefits education and guidance you need to feel confident you've selected the right benefits for you and your family.

How should I prepare for my meeting with a benefit counselor?

Review your benefit guide and discuss it with your family. Please bring any necessary information (e.g., dependent social security numbers, birth dates etc.) to ensure properly updated demographic and beneficiary information.

How long is a typical enrollment session and what is discussed?

Meetings are between 20-25 minutes, allowing the Benefit Counselor to explain and review the available benefit options, answer your specific questions, and complete the enrollment process.

Do you need to meet with a Benefit Counselor to complete the enrollment process?

We STRONGLY ENCOURAGE you take advantage of the opportunity to meet with a Benefit Counselor, as this is the quickest and easiest way to review and confirm your benefit elections for 2025 plan year.

How do I make an appointment with a Benefit Counselor?

Scheduling is simple, scan the QR code, enter your details and select an appointment on your preferred date and time. You will receive an email confirmation and text reminders once the appointment is booked.

SCAN ME OR CLICK TO SCHEDULE

MEDICAL PLANS

Our medical benefits through UnitedHealthcare help you maintain your well-being through preventive care, affordable prescriptions and access to an extensive network of providers.

You have a choice of three medical plans with a range of coverage levels and costs. This gives you the flexibility to choose what's best for you and your family's needs and budget.

WHICH PLAN IS RIGHT FOR YOU?

PPO ($1,000 Plan)

This plan is a preferred provider organization plan that reduces your out-of-pocket responsibility when you need care by offering a lower deductible and higher contributions from your paycheck.

HDHP ($2,000 Plan)

This plan is a consumer directed health plan that puts you in charge of your spending through lower paycheck contributions, higher deductibles, and a tax-free Health Savings Account (HSA).

The HDHP plan also includes Accident coverage at no extra cost. See page 25 for more details.

Please refer to the chart on page 9 for more detailed information about your health plan options.

Surest

This plan is designed to help simplify care by providing upfront cost and coverage information. There is no deductible, no coinsurance, and no cost-shifting.

Using the Surest app or website, members can consider the cost of their care options in advance and select from quality, high-value care providers and facilities.

UnitedHealthcare® surest®

Hibernia Tower *(New Orleans, LA)*

MEDICAL PLANS

Carefully consider you and your family's anticipated healthcare usage as you compare these plans to determine which one best matches your needs. Please keep in mind that the option you select will be in place for the entire 2025 plan year, unless you have a Qualifying Life Event. You have access to the UHC Choice Plus Network.

	PPO ($1,000 Plan) In-Network	HDHP ($2,000 Plan) In-Network	Surest In-Network
UHC MEDICAL PLAN BENEFITS			
Annual Deductible	$1,000 Individual $2,000 Family	$2,000 Associate Only $6,000 with Dependents	$0
Coinsurance	80%	80%	$0
Annual Out-of-Pocket	$6,000 Individual $12,000 Family	$6,900 Associate Only $8,150 with Dependents	$9,000 Individual $18,000 Family
Preventive Care Services	Covered 100%	Covered 100%	Covered 100%
Telehealth	UHC Virtual Visit: No copay All others: same as office visit	20% after deductible	$0 – $155 copay per visit by a Designated Virtual Network Provider
Office Visit – Primary Care Physician	$25 copay	20% after deductible	$45 – $155 copay
Office Visit – Specialist	$45 copay	20% after deductible	$45 – $155 copay
Hospital Services – Inpatient / Outpatient	20% after deductible	20% after deductible	$400 – $5,500 copay per stay
Urgent Care	$50 copay	20% after deductible	$110 copay
Emergency Room	20% after deductible	20% after deductible	$1,000 copay per visit
UHC PRESCRIPTION BENEFITS			
Rx – Retail (30 days)			
Tier 1	$10 copay	$10 copay after deductible	$20 copay
Tier 2	$35 copay	$35 copay after deductible	$90 copay
Tier 3	$70 copay	$70 copay after deductible	$150 copay

Bi-Weekly Deductions	PPO	HDHP*	Surest
Associate Only	**$196.29**	**$66.67**	**$44.61**
Associate + Spouse	**$412.22**	**$210.00**	**$156.14**
Associate + Child(ren)	**$363.14**	**$185.01**	**$137.55**
Associate + Family	**$569.25**	**$290.01**	**$215.62**

*HDHP plan includes Accident coverage at no extra cost. See page 25 for more details!

A health plan with simplicity at its core.

"It tells you what you're gonna pay up front. Nobody else does that."

Freeman B., Surest member

- No deductible
- Look up actual prices (not estimates)
- Access the large, national UnitedHealthcare network

Try it now

surest.com/plan?accesscode=FILA242417Alt3

surest

MEDICAL PLANS

Clear answers about your costs, your coverage, your options.

surest

GENERAL PLAN DETAILS

Deductible	$0
Broad, national network	Yes
Out-of-pocket limit	
Employee	$9,000
Family	$18,000

PRESCRIPTION DRUGS

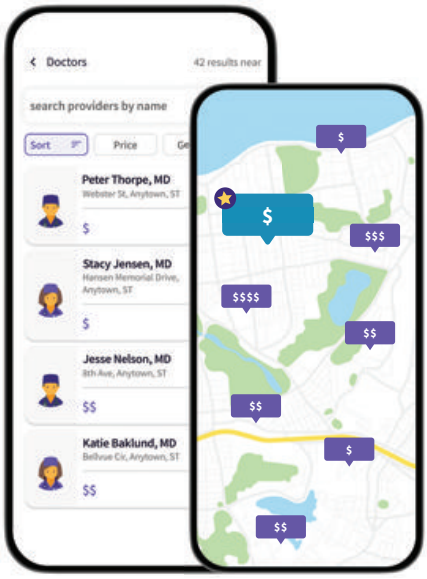
30-day	
Preventive drugs	$0
Tier 1	$20
Tier 2	$90
Tier 3	$150

YOUR COPAYS

Preventive visit	$0
Virtual visit (primary & urgent)	$0
Virtual visit (specialty)	$35 to $155
Office visit	$45 to $155
Mental health and substance use disorder office visit	$45
Urgent care visit	$110
Emergency room visit	$1,000
Basic diagnostic lab tests, X-rays, and ultrasounds	$0
Maternity labor and delivery	$2,500 to $4,500

"The big 'a-ha' moment for me is **I know what I'm going to pay**. I never did before. Never."

Freeman B., Surest member



Illustrative example only. Costs and coverage may vary.

See how powerful simple can be.

Check prices

surest.com/plan?accesscode=FILA242417Alt3

THE FAMILY GLITCH: EXPLAINED

What is the "family glitch"? Does this affect my family?

Before now, if an employee had access to "affordable" health plans through their employer, their dependents were unable to receive premium tax credits to use towards an ACA Marketplace health plan. This meant that even if the group health plan offered to the working family member was only affordable as an individual and not for the whole family, these dependents were not eligible for financial assistance for individual health plans.

A new change to this rule fixes this so-called "glitch". Now, the rule states that if the group plan offered by the employer is not considered affordable for the whole family, the employee's dependents now have the opportunity to receive premium tax credits in order to purchase affordable health plans in the ACA marketplace. This new rule change mainly affects low-income families and provides assistance with premium and deductible payments.

The 2025 Affordability Threshold: For family health insurance from an employer to be considered affordable, health insurance for the entire family must cost no more than 9.02% of the family's household income.

You can sign up on **Healthcare.gov** to get more information about your 2025 coverage options, and check your eligibility. You and your family may have credits waiting for you!

WELLNESS PROGRAMS

UHC Wellness Programs

UHC Rewards	Calm Health	Quit for Life
A **wellness program** that allows members and covered spouses can earn dollars($300 each) for reaching daily goals and completing one-time activities.	**Mental health support** including personalized recommendations, reaching well-being goals and improving mindfulness.	Multi-pronged approach to **smoking cessation** including nicotine replacement

Real Appeal	Virtual Care	One Pass Select
An interactive step-by-step program for **weight loss**, with personal coaching support along the way.	Connect to a provider anytime, anywhere with **24/7 Virtual Visits.**	A subscription-based **fitness and well-being** program that helps support a healthier lifestyle.

For additional information on these programs, visit www.myuhc.com or download the UnitedHealthcare App.

Surest Wellness Programs

Doctor on Demand	Talkspace	Canary Health	Real Appeal
24/7 video access to medical and behavioral health providers.	Connect with **licensed mental health professionals** via text or video chat.	Better Choices, Better Health® six-week online workshop to help **manage chronic conditions**.	An interactive step-by-step program for **weight loss**, with personal coaching support along the way.

MyCancerJourney	Pivot	One Pass Select
One-on-one patient advocates help guide members through the cancer experience.	Multi-pronged approach to **smoking cessation** including nicotine replacement.	A subscription-based **fitness and well-being** program that helps support a healthier lifestyle.

For additional information on these programs, visit www.surest.com/members or download the Surest App.

HEALTH SAVINGS ACCOUNT (HSA)

HOW DOES AN HSA WORK?

Build tax-free savings for healthcare. You can make before-tax deductions from your paycheck into your HSA, allowing you to save money by using tax-free dollars to pay for eligible medical, prescription, dental, and vision expenses. The total amount that can be contributed to your HSA each year is limited by the IRS. The following limits for 2025 include any company contributions you receive from HRI:

- Up to $4,300 for associate-only coverage
- Up to $8,550 if you cover dependents
- Add $1,000 to these limits if you're age 55 or older

Receive Company Contributions

For 2025, HRI will make the following contributions to your account:

- $250 for associate-only coverage or
- $500 if you cover dependents

You must elect to contribute at least $1 per paycheck in order to receive HRI's HSA contribution to your account

Keep Your Money

Unlike an FSA, the money in your HSA is always yours to keep and can be rolled over from year to year. You can take your unused balance with you when you retire or leave HRI.

Use it like a bank account. Pay for eligible medical, prescription, dental, and vision expenses for yourself and your family by swiping your HSA debit card, or reimburse yourself for payments you've made (up to the available balance in your account). Keep in mind that you may only access money that is actually in your HSA when making a purchase or withdrawal. There's no need to turn in receipts (but keep them for your records).

Earn interest and invest for the future. Your HSA account can be upgraded to an interest bearing account. You can learn more at **optumbank.com** or call **800.791.9361** and reference group #904042.

Never pay taxes. Contributions are made on a before-tax basis, and your withdrawals will never be taxed when used for eligible expenses. Any interest or earnings on your HSA balance build tax-free, too.

HSA Eligibility

In order to establish and contribute to an HSA, you:

- Must be enrolled in HRI's high deductible health plan to be eligible for the HSA with Optum
- Cannot be covered by any other medical plan that is not a HDHP. This includes a legal spouse's medical coverage unless it's a HDHP
- Cannot be enrolled in a traditional healthcare FSA in 2025
- Cannot be enrolled in Medicare, including Part A
- Cannot be claimed as a dependent on another person's tax return
- Cannot be a veteran who has received treatment through the Department of Veterans Affairs other than preventive care within the past three months

FLEXIBLE SPENDING ACCOUNT (FSA)

UNITEDHEALTHCARE FLEXIBLE SPENDING ACCOUNTS

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible healthcare and dependent care expenses. HRI offers you the following FSAs:

Healthcare FSA

- Pay for eligible healthcare expenses, such as plan deductibles, copays, and coinsurance
- Contribute up to $3,200 in 2025

Dependent Care FSA

- Pay for eligible dependent care expenses, such as day care for a child so you and/or your legal spouse can work, look for work, or attend school full time
- Contribute up to $5,000 in 2025, or $2,500 if you are married and filing separately

Use It or Lose It

Keep in mind, FSAs are **USE-IT-OR-LOSE-IT** accounts. For healthcare FSA's, you will forfeit any amount above $610 left in the account at the end of the plan year. For dependent care FSAs you will forfeit any money left in the account at the end of the plan year.

When you enroll in a healthcare or dependent care FSA, United Healthcare will send you a debit card, which you can use to pay for eligible expenses. Depending on the transaction, you may need to submit receipts or other documentation to UnitedHealthcare.

What's an Eligible Expense?

- Healthcare FSA: Plan deductibles, copays, coinsurance, and other healthcare expenses. To learn more, see IRS Publication 502 at **irs.gov** or call United Health Care FSA at **800.318.5311**
- Dependent Care FSA: Child daycare, babysitters, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at **irs.gov** or call UnitedHealthcare FSA at **800.318.5311**

WEX, INC. COMMUTER BENEFITS (Transit and Parking)

Another great way to save money through tax-free spending is HRI's commuter benefits program. These accounts allow you to pay for certain workplace transit and parking expenses on a tax-free basis through payroll deductions.

Transit Account – A Transit Account lets you set aside funds on a pre-tax basis to pay for eligible workplace mass transit expenses. These include the price of tickets, vouchers and passes to ride a subway, train or city bus or the costs of transportation in a commuter highway vehicle (such as a vanpool), if you need it to travel between home and work.

Parking Account – A Parking Account lets you set aside funds on a tax free basis to pay for eligible workspace parking expenses, parking costs at or near work, and parking costs where you take transportation to work. Like a train station or vanpool stop. Please keep in mind that parking on or near property used for residential purposes doesn't qualify.

The IRS sets limits each year for maximum monthly benefit. The current IRS limit for 2025 is $315 per month for parking and $315 per month for transit expenses.

To enroll in the program, please login to the ADP portal and select either Parking, Transit, or both Parking and Transit commuter expenses. Once your account is set up, you can elect your monthly benefits and set it up to automatically renew if you choose. Please note you must make your benefit election by the 10th of the month prior to the benefit month.

Questions? Call WEX, Inc. at 833.225.5939. The toll free number goes direct to customer service.

Using your Commuter Benefits is Easy!

Upon Enrollment, you will receive registration information for the LEAP portal from WEX for more information on how to submit parking reimbursements.

TELEHEALTH

CARE FROM ANYWHERE

For those enrolled in one of HRI's medical plans, Virtual Visits provide access to care through your health benefits anywhere, anytime. Whether using myuhc.com or the UnitedHealthcare app, Virtual Visits let you video chat with a doctor 24/7 – without setting up additional accounts or apps. But, if you'd rather just speak with a doctor, you can simply do a Virtual Visit over the phone.

U.S.-licensed, board-certified doctors

24/7 access to doctors by phone, video, web or app from home

+450 experts cover over 450 medical specialties

SET UP YOUR ACCOUNTOUR ACCOUNT

PPO / HDHP

myuhc.com & UnitedHealthcare app

Surest

surest.com/members & Surest App

Have you downloaded the UHC app?

UnitedHealthcare released a convenient app that is easier to use and puts your plan at your fingertips. You can do everything from managing your plan to getting convenient care. Just download the app to:

- Find nearby providers in your network
- Estimate costs
- View and share your health plan ID card
- See your claim details and view progress toward your deductible
- See your FSA account balances

MENTAL HEALTH RESOURCES

IT'S IMPORTANT TO CARE FOR YOUR MENTAL HEALTH

Mental health is integral to living a healthy, balanced life. One in five Americans experience mental health issues. Our mental health encompasses our psychological, emotional and social well-being which means it impacts how we feel, think and behave every day. Our mental health also contributes to our decision making process, how we cope with stress and how we relate to others in our lives.

Why is emotional health important?

Emotional and mental health are vital parts of your life and impact your thoughts, behaviors and emotions. Being emotionally healthy can promote productivity and effectiveness in activities like work, school or care-giving. It plays an important part in the health of your relationships and allows you to adapt to changes in your life and cope with diversity.

How can you improve your emotional health day-to-day?

There are steps you can take to improve your mental health every day. Small things like exercising, eating balanced and healthy meals, opening up to other people in your life, taking a break when you need to, remembering things you are grateful for and getting a good night's sleep can be helpful in boosting your emotional health.

When is a good time to reach out for help?

Issues related to mental health can impact different people in different ways. If you start to see changes in your overall happiness and relationships, there are always ways to get the support you need.

BEHAVIORAL HEALTH FROM UHC

Behavioral health virtual visits provide quick and easy access to behavioral health professionals from your mobile device, tablet or computer.

The Value of Behavioral Health Virtual Visits:

- Connect with a provider from the comfort of home
- Convenient appointment times can accommodate busy schedules

Use a Behavioral Health Virtual Visit for needs such as:

- Depression
- Anxiety
- ADD/ADHD
- Addiction
- Mental Health Disorders and Counseling

Schedule a Behavioral Health visit:

- Visit myuhc.com
  - Find a doctor: Click Find a Doctor > Mental Health Directory > People > Provider Type > Telemental Health Providers
  - This is for PPO and HDHP Plans

EMPLOYEE ASSISTANCE PROGRAM

Get help with work-life issues, referrals for clinical, legal, and financial services, and more. HRI has two Employee Assistance Programs (EAPs) available throughout the year to assist with your everyday needs, at no cost to you.

All full-time associates have access to the Sun Life EAP Complete and all associates enrolled in the medical plan have access to the UHC Care24 EAP.

SERVICES OFFERED THROUGH SUN LIFE EAP COMPLETE

EAP: Five face-to-face visits with experienced clinicians (per occurrence), without any per- session charge to the associate.

Legal resources: Unlimited phone access to ComPsych legal professionals and an initial consultation at no charge with a local attorney, and discounts on additional services.

Financial resources: One face-to-face visit, up to 1 hour, with a financial planner. Unlimited phone access to financial professionals for information regarding personal finance and related issues.

Work/Life resources: Information and referrals on child care, elder care, adoption, relocation, and other personal convenience matters.

Health risk assessments: Online access to a health risk assessment survey and a variety of health management tools and information.

Online will preparation: Access to EstateGuidance® which offers the ease and simplicity of online will preparation. Employees can complete a will and download it to their computer. The online wills are available at no fee. Also available for additional fees are living wills and final arrangements.

GuidanceResources® Online: Access to extensive content to help with personal or family concerns, and access to helpful planning tools, discount programs, and more.

Need help?

Contact Sun Life EAP Complete

- Call: **877.595.5284**
  TDD: **800.697.0353**
- Online: **www.guidanceresources.com**
- App: **GuidanceResources® Now**
- Web ID: **EAPComplete**

Contact UHC Care24 EAP

- **888.887.4114**
- **liveandworkwell.com**

Sun Life

DENTAL

The PPO dental plans are designed to help you maintain a healthy smile through regular preventive dental care and to fix any problems as soon as they occur. Because preventive care is so important, the plans cover these services in full with no deductible or copay. The plans allow you to see any provider, but you will receive the highest level of benefits when you utilize in-network providers through Sun Life (PPO Network).

Dental Plan	Basic Plan	Enhanced Plan
Annual Deductible (for basic and major services)	$50 Individual $150 Family	$50 Individual $150 Family
Annual Maximum	$1,000 per person	$1,500 per person
Lifetime Orthodontic Maximums	Not covered	$1,500 Individual per child under age 26
Diagnostic and Preventive Services Routine exams, X-rays, space maintainers	100% covered	100% covered
Basic Restorative Services Amalgam (silver) fillings, composite (white) fillings, simple extractions	80% covered	80% covered
Endodontics, Periodontics, Oral Surgery	50% covered	80% covered
Major Restorative Services Crowns, inlays and onlays, dentures and bridges	50% covered	50% covered
Orthodontics Adult & Child	Not covered	50% covered

No waiting periods apply for any services. Benefits shown are for in-network providers and are based on negotiated fees. Out-of-network coverage is based on reasonable and customary (R&C) charges.

Bi-Weekly Deductions	Basic Plan	Enhanced Plan
Associate Only	**$3.00**	**$5.11**
Associate + Spouse	**$5.81**	**$9.93**
Associate + Child(ren)	**$5.83**	**$9.96**
Associate + Family	**$10.49**	**$17.90**

DENTAL

ORTHODONTIC COVERED SERVICES

Is orthodontic treatment work in progress covered?

Yes, if you are undergoing active orthodontic treatment, ask your orthodontist to submit an orthodontic treatment claim to Sun Life, including the following information:

- All charges and fees (including the down payment or installments paid by your previous dental plan)
- Banding date and length of active treatment
- Brief description of the dentition, appliance (including type) and treatment

Sun Life will take into account the date treatment began and the amount already paid toward the treatment.

Sun Life

REQUESTING A PRETREATMENT ESTIMATE

Even if you're savvy about your dental benefits, you might want help clarifying the cost of a treatment. That's why Sun Life offers free pre-treatment estimates, an easy way to predict your out-of-pocket cost for a procedure.

You might benefit from a pre-treatment estimate if you're:

- Planning dental work that could exceed $300, such as a crown, wisdom tooth extraction, bridge, dentures or periodontal surgery
- Wondering if a procedure is covered by your plan
- Worried that a procedure may exceed your annual plan maximum
- On a budget and need to plan your payment
- The pre-treatment estimate includes:
  - An overview of services covered, limited or excluded by your dental plan
  - An explanation of how your coinsurance, deductibles and maximums may affect your share of the cost

Step by Step Pre-Treatment Estimate Process

1. You request a pre-treatment estimate from your dentist
2. Your dentist sends us a proposed treatment plan and x-rays, if necessary
3. Sun Life reviews the treatment plan against your benefits to determine covered services and estimated costs
4. We send you and your dentist a copy of your pre-treatment estimate. How long it takes to receive your pre-treatment estimate depends on your dentist and treatment plan.
5. You and your dentist discuss questions you have about the treatment and determine whether to proceed with the treatment plan.

VISION

Vision insurance helps pay the cost of periodic vision examinations and necessary lenses and frames. The vision plan covers an annual eye exam, eyeglass lenses or contacts every 12 months, and frames every 24 months. The plan allows you to see any provider, but you will receive the highest level of benefit when you utilize in-network providers through Sun Life (VSP Network).

Have Vision Plan Questions? Contact Sun Life

■ 800.877.7195

Vision Plan	In-Network Costs
Exam	Covered in full after $10 copay
LENSES	
Single, Bifocal, Trifocal	Covered in full after $10 copay
FRAMES	
Retail Frame Equivalent	Up to $130 allowance plus 20% off remainder
CONTACTS	
Contact Lens Fitting*	Up to a $60 copay
Medically Necessary	Covered in full after $10 copay
Elective	Up to $130 allowance

*The fitting and evaluation fee is up to $60 and is paid every year.

Bi-Weekly Deductions	Basic Plan
Associate Only	**$3.63**
Associate + Spouse	**$7.28**
Associate + Child(ren)	**$7.79**
Associate + Family	**$12.43**

Sun Life

INCOME PROTECTION

BASIC LIFE AND AD&D

HRI provides all active full time associates with Basic Life and Accidental Death and Dismemberment (AD&D) at no cost, which guarantees that loved ones, such as a legal spouse or other designated survivors, will be financially secure after your death.

If you are under age 65 on your effective date of insurance, the amounts of your Basic Life and Basic AD&D Insurance on and after age 65 will be determined by applying the appropriate percentage from the following table to the amount of your insurance in effect on the day before your 65th birthday.

Basic Life & AD&D Coverage		
Coverage Amount	**Maximum Benefit**	**Age Reduction**
1x basic annual earnings	$75,000	Age 70+: 50%

Federal tax law requires the Company to report the cost of company-paid life insurance in excess of $50,000 as imputed income. AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled. You may have to complete an evidence of insurability (EOI) medical questionnaire to determine whether you or your spouse are insurable for voluntary life insurance amounts. If required, one will be provided to you.

VOLUNTARY LIFE AND AD&D

You may also purchase Voluntary Life and AD&D on top of what the Company provides. You must purchase Voluntary Life on yourself in order to purchase Life and AD&D on your legal spouse and/or child(ren).

If you are a late entrant, you will have to provide a statement of good health called evidence of insurability. There is no age restriction. New hires can apply for the maximum guaranteed issue amount without having to complete an EOI.

Voluntary Life & AD&D Coverage	
Associate	5x salary in $10,000 increments up to $500,000 GI*: lesser of current amount or $130,000
Legal Spouse	$5,000 increments up to $250,000 GI*: lesser of current amount or $25,000
Children	0 months – 6 months: $1,000 6 months – age 26 if unmarried: $10,000 GI*: $10,000

*Guaranteed Issue Amount

Voluntary Life & AD&D		
Age	**Associate**	**Spouse**
< 25	$0.031	$0.037
25-29	$0.036	$0.039
30-34	$0.047	$0.049
35-39	$0.050	$0.067
40-44	$0.066	$0.097
45-49	$0.100	$0.147
50-54	$0.118	$0.215
55-59	$0.213	$0.314
60-64	$0.386	$0.433
65-69	$0.603	$0.612
70+	$0.977	$1.152
Rate basis: Per $1,000 of volume		

Child Rates	
Child(ren) Life Rate*	$0.081
Child(ren) AD&D Rate*	$0.024

*Bi-weekly rates per $1,000 of coverage

INCOME PROTECTION

WHOLE LIFE INSURANCE

Permanent or Whole Life insurance policies are designed to cover you for your entire lifetime, unlike other life policies that are only written for a certain amount of time. Permanent Life policies also build cash value which can be used for loans, upon surrender of the policy, or as reduced paid up insurance in case of non-payment of premium. You can also purchase policies on your spouse or child, but you must be covered in order to insure them. Once you have coverage, no additional coverage will be allowed.

Guaranteed Issue		
Proposed Insured	**Ages**	**Defined Benefit Amounts**
Employee	15-75	Option 1: $10,000 Option 2: $25,000 Option 3: $50,000 Option 4: $75,000 Option 5: $100,000 Total Coverage maximum of $100,000
Guaranteed Issue		
Proposed Insured	**Ages**	**Defined Benefit Amounts**
Spouse	18-70	Option 1: $5,000 Option 2: $10,000 Total Coverage maximum of $10,000
Guaranteed Issue		
Children's Term Rider	Ages	Defined Benefit Amounts
Child	live birth to 26 years old	$20,000

Additional features may help provide you with even more protection:

- **Accelerated Death Benefit for Terminal Illness Rider:**
  Advances up to 100% of the death benefit amount (not to exceed $150,000) if the insured becomes terminally ill with a life expectancy of 12 months or less. This Rider applies only to Employee and Spouse Coverage.
- **Accelerated Death Benefit for Long-Term Care Rider with Restoration of Benefits Rider:**
  Advances the death benefit as of the end of the elimination period in monthly indemnity payments to help pay for the qualified long-term care services needed because of the insured's inability to perform at least two Activities of Daily Living (ADLs), or severe cognitive impairment. The death benefit will be continuously restored as benefits paid under this rider. This Rider applies only to Employee and Spouse Coverage.
- **Portability:**
  Allows an insured employee and their dependents to elect portable coverage, at group rates, if the coverage ends under the Employer group policy for any reason.
- **Life Insurance Conversion Privilege:**
  When an insured's group coverage ends, they may convert their coverage to an individual whole life policy at rates based on their age at time of conversion without providing evidence of insurability.

INCOME PROTECTION

CRITICAL ILLNESS

When a serious illness strikes, critical illness insurance can provide financial support to help you through a difficult time. The Sun Life Critical Illness program pays up to $40,000 in the event you are diagnosed with one of these illnesses. It protects against the financial impact of certain illnesses, such as a heart attack, stroke, or cancer.

You receive a lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan. You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services, and day care. Benefits are paid directly to you, unless assigned to someone else.

As long as you or your dependents meet the policy and certificate requirements, the following medical conditions are covered:

- Invasive and Non-Invasive Cancer
- Heart Attack
- Stroke
- Coronary Artery Bypass Surgery
- Major Organ Failure
- End Stage Kidney Disease
- Advanced Amyotrophic Lateral Sclerosis
- Advanced Alzheimer's Disease
- Certain Childhood Conditions
- And many more!

Discover your Health Screening Benefits

Earn a $50 annual cash benefit per calendar year on top of your total benefit amount when you see your physician for eligible health screenings or preventive measures.

Health screenings are an important part of managing your health. That's why your Critical Illness insurance coverage from Sun Life provides an additional Health Screening Benefit for covered screenings and tests. Now, everyone who's enrolled – you, your legal spouse, and dependent child – can earn an extra benefit just for taking care of their health.

Examples of covered screening and prevention tests include specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). For a complete list of what's covered, please see a copy of your certificate.

Sun Life

Critical Illness

Issue Age	Associate Bi-Weekly Rates (per $1,000)	Spouse Bi-Weekly Rates (per $1,000)	Child Bi-Weekly Rates (per $1,000)
<25	$0.258	$0.258	$0.129
25–29	$0.277	$0.277	$0.129
30–34	$0.328	$0.328	$0.129
35–39	$0.448	$0.448	$0.129
40–44	$0.623	$0.623	$0.129
45–49	$0.868	$0.868	$0.129
50–54	$1.228	$1.228	$0.129
55–59	$1.615	$1.615	$0.129
60–64	$1.929	$1.929	$0.129
65–69	$2.534	$2.534	$0.129
70-74	$3.374	$3.374	$0.129
75+	$4.611	$4.611	$0.129

INCOME PROTECTION

ACCIDENT INSURANCE

You can't always avoid accidents — but you can help protect yourself from accident-related costs that can strain your budget. Accident insurance supplements your primary medical plan and disability programs by providing cash benefits in cases of accidental injuries.

You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent. Benefits are paid directly to you — unless assigned to someone else — and are also paid in addition to other coverages you may have, such as medical or an AD&D plan.

Accident Insurance pays a benefit for a wide array of events, medical services and treatments. The plan provides a lump-sum payment for many covered events such as:

- Fractures
- Dislocations
- Cuts or lacerations
- Coma and more

You'll receive a lump-sum payment when you have these covered medical services/treatments related to a covered accident:

- Ambulance
- Emergency care
- Surgery
- Physician follow-up visits
- Transportation
- Medical Testing Benefits (includes x-rays, MRIs and CT Scans)
- Physical therapy

This plan provides protection for covered events experienced while off the job only.

Sun Life

HOSPITAL INDEMNITY INSURANCE

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs. A hospital indemnity plan provides supplemental payments directly to you — unless assigned to someone else — that you can use to cover expenses that your medical plan doesn't cover for hospital stays. Sun Life offers you either a low or high Hospital Indemnity plan to choose.

	Bi-weekly rates	
HOSPITAL INDEMNITY PLAN		
	Low Plan	**High Plan**
Associate Only	$5.15	$10.20
Associate + Spouse	$10.30	$20.39
Associate + Child(ren)	$8.57	$16.97
Associate + Family	$13.72	$27.16

ACCIDENT PLAN

Available at no cost to those enrolled in the HDHP Health Plan!

Associate Only	$2.76
Associate + Spouse	$5.15
Associate + Child(ren)	$5.73
Associate + Family	$8.12

IMPORTANT

Accident coverage at no cost for those enrolled in the HDHP health plan!

If you are enrolled in the HDHP Medical Plan, you will be automatically enrolled in the same coverage tier of the Accident Plan at no cost to you.

If you are enrolled in the PPO Medical Plan plan or no medical plan, and wish to enroll in Accident coverage, please refer to the instructions on pages 6-7 of this guide.

Note: For associates who are enrolled in the HDHP Medical Plan and therefore receive the Accident plan employer paid: Due to this being an employer-paid incentive, any Accident plan claims over $600 could potentially trigger a tax event in which you may be taxed on the benefit paid to you.

INCOME PROTECTION

SHORT-TERM DISABILITY

The loss of income due to illness or disability can cause serious financial hardship for your family. HRI's disability insurance programs, offered through Sun Life, work together to replace a portion of your income when you're unable to work.

The disability benefits you receive allow you to continue paying your bills and meeting your financial obligations during this difficult time. You are eligible for disability benefits after a one year waiting period.

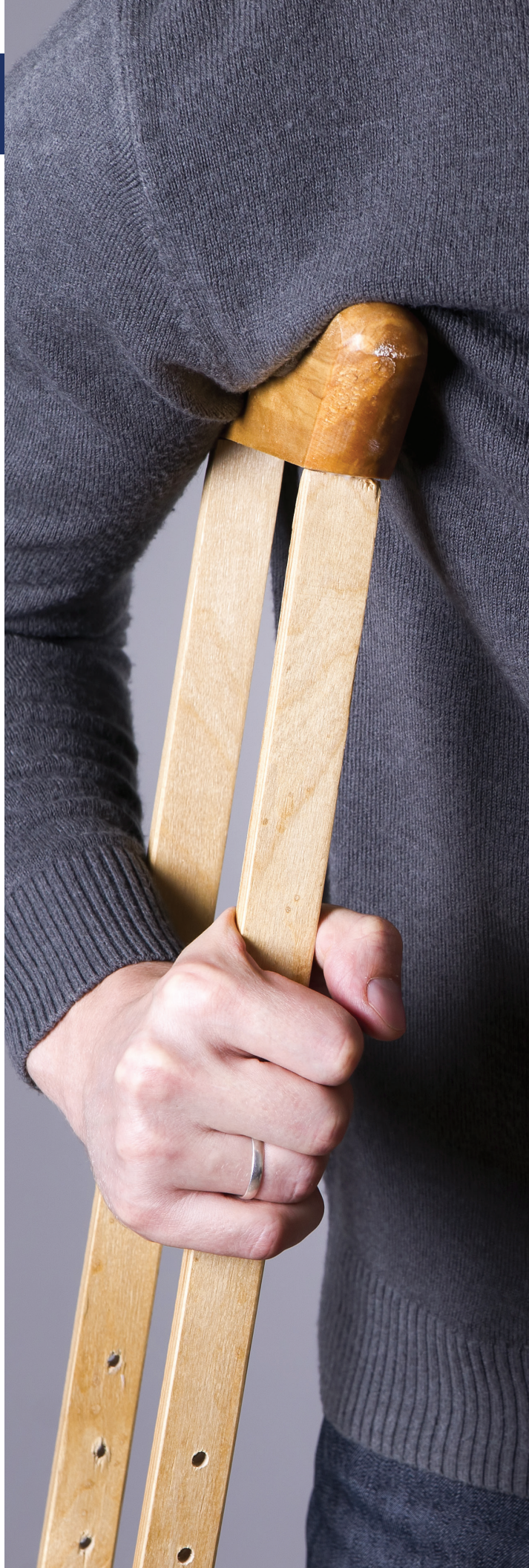
Short-Term Disability	
Benefit Begins	8 days
Benefit Duration	Up to 12 weeks
Benefit Amount	60% of weekly salary
Maximum Benefit	$1,000 per week

LONG-TERM DISABILITY

As part of your basic coverage HRI provides you Long-Term Disability (LTD) benefits through Sun Life. Long-Term disability protects a portion of your income if you become disabled because of a non-work related illness or injury for longer than 90 days. Benefits begin the day after the elimination period is completed. Certain exclusions as well as pre-existing condition limitations may apply.

Long-Term Disability	
Benefit Begins	After 90 days of disability
Benefit Duration	Until you're no longer considered disabled or you reach normal retirement age, whichever comes first
Benefit Amount	60% of base monthly salary
Maximum Benefit	$15,000 per month

Sun Life



LEGAL

There are many times in life when you may need the services of a qualified attorney: purchasing a home, estate planning documents and will preparation, financial matters, family law or adoption issues. Yet, many people who need legal help do not seek it, in part because they fear the cost and don't know how to find the right attorney.

Need Legal help?

MetLife Legal Plans has redesigned its website **legalplans.com** to make it easier for you to find attorneys and get the legal help you need. Our new, modern website design provides you with easy access to coverage information and our network of attorneys, as well as provides new tools to handle legal matters quickly online.

Some of the new features of the enhanced website experience include:

- Simplified login – Access legal plan benefits using an email address and password, eliminating the need to remember a membership number or provide social security information.
- Online self-service – From purchasing your first home to disputing a traffic ticket, get access to the legal help you need from our network of over 18,000 attorneys with just a few clicks.
- Digital estate planning – Get step-by-step guidance to create wills, advance healthcare directives, powers of attorney, trusts, and deeds online in as little as 15 minutes.
- Mobile-optimized design – Full access to the entire online experience from any web-enabled mobile device without the need to download a mobile application.

Note about log in: You will need to create an account to access your benefits and use digital estate planning online. You can create the account using the email address of your choice.

Contact MetLife Legal Plans

- **800.821.6400** | **legalplans.com**

Legal Plan	Bi-weekly rates
Associate & Family	$8.31

Hammond Station Apartments *(Hammond, LA)*

SAVINGS

401(K) SAVINGS PLANS

No matter where you are in planning for your financial future, Fidelity NetBenefits is a great place to start. It's your one-stop online resource, designed so you can quickly and easily set up, monitor, and manage your retirement account.

- Go to **401k.com**
- Click on the Register as a new user link
- Follow the instructions to set up your username and password
  - HRI Properties Group #: 33297

Already established your login information with Fidelity?

- Have you used NetBenefits at a previous employer?
- Do you have a brokerage account with Fidelity (or an IRA, mutual funds, or a college savings plan)?

If so, you can use the same login information (username and password) from those accounts to access NetBenefits. If you have forgotten your login information, click the Forgot login? link.

Eligibility

You will be automatically enrolled at 3% after 6 months of employment.

Your Contributions

HRI has taken advantage of the Pension Protection Act by automatically enrolling you in the 401(k) plan when you are eligible. You have the right to decline automatic enrollment or to change your election amount, including the right to stop participation. You may change your percentage amount or opt out at any time. The plan also includes an automatic annual increase of 1% up to 6% unless you opt-out.

Contributing to the Plan

Once you become eligible, you'll be able to save for retirement in this plan. You decide how much of your salary you want to contribute directly from your paycheck, up to $20,500 in 2025, with before-tax contributions.

If you're age 50 or older in this calendar year and contribute the maximum allowed to your account, you can contribute up to an additional $6,500 to the Plan in 2025.

To support your retirement saving efforts, HRI matches the first 1% of the associate contribution dollar for dollar and continues to match at 50 cents for each additional 1% of earnings, up to 6% of base salary with a company match maximum of 3.5%. The employer match is vested after two years of service with HRI.

Changing or Stopping Your Contributions

You may change the amount of your contributions at any time by going to Fidelity's website NetBenefits at **401k.com**. All changes will become effective as soon as administratively feasible and will remain in effect until modified or terminated by you. You may discontinue your contributions anytime. Once you stop contributions, you may start again anytime.

Rollovers

If you have an account balance from a previous employer's retirement plan or an IRA, you can roll over the vested portion of that account into this plan.

Associates may roll over funds upon being hired, not just becoming eligible for the Plan. Contact your previous employer and your plan's financial professional to get the process started.

Questions about your 401(k)? Contact Fidelity at 800.835.5097

ADDITIONAL BENEFITS

AUTO & HOME INSURANCE

Farmers Auto & Home is a voluntary group benefit program that provides associates access to insurance coverage for a variety of personal insurance needs at special group rates. Through the program, you can apply to insure your auto, home, other property, and yourself against personal liability.

The program offers a number of advantages:

- Convenient paycheck deductions to pay your premiums
- Group discounts for being an HRI associate
- A tenure discount for years of service

You may apply for insurance at any time by calling Farmers Auto & Home. You do not need to wait for your current policy to expire to call for free quotes.

Call **800.438.6381** for a free, no-obligation quote and to get more information about the program.

PET INSURANCE

When a beloved pet becomes ill or has an accident and needs the expertise of a veterinarian, the last thing you want to think about is "how much is this going to cost?" HRI removes that worry by offering you a flexible and affordable insurance program to help provide your pet with the best coverage possible. For more information and to enroll your pet(s), visit **petinsurance.com/hriproperties** or call **877.PETS.VPI** and mention that you are an associate of HRI.

GALLAGHER MARKETPLACE

Gallagher Marketplace offers non-traditional benefits to every HRI associate, like home and auto insurance, renters insurance, extended vehicle warranties, as well as boat, ATV and RV coverage. Because your employer partners with Gallagher, you have access to the best benefits available.

- Whether full-time, part-time or contract workers, all employees are eligible for this dynamic solution.
- View multiple quotes side-by-side from top carriers offering flexible payment plans and licensed agents to help guide.
- Get access to top benefits with the potential to save money on benefits you may need and want.

How it works

1. Go to **ajg.com/GallagherMarketplace**, see the benefits available, and select a product to view more details.
2. Enter preliminary details and receive a no-obligation quote.
3. Connect with an agent who will answer your questions, and assist you with the application process.

GLOSSARY OF TERMS

Coinsurance: Your share of the cost of a covered healthcare service, calculated as a percent (for example, 20%) of the allowed amount for the service, typically after you meet your deductible. For instance, if your plan's allowed amount for an office visit is $100 and you've met your deductible (but haven't yet met your out-of-pocket maximum), your coinsurance payment of 20% would be $20. Your plan sponsor or employer would pay the rest of the allowed amount.

Copay: The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

Deductible: The amount you owe for healthcare services before your health insurance or plan sponsor (employer) begins to pay its portion.

Explanation of Benefits (EOB): A statement sent by your insurance carrier that explains which procedures and services were provided, how much they cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision. These statements are also posted on the carrier's website for your review.

In-Network: In-network providers are doctors, hospitals and other providers that contract with your insurance company to provide healthcare services at discounted rates.

Out-of-Network: Out-of-network providers are doctors, hospitals and other providers that are not contracted with your insurance company. If you choose an out-of-network doctor, services will not be provided at a discounted rate.

Out-of-Pocket Maximum: The most you pay during a policy period before your health insurance or plan begins to pay 100% of the allowed amount. This limit does not include your monthly contributions, charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your health insurance carrier to confirm what payments apply to the out-of-pocket maximum.

Primary Care Provider: A physician, including a medical doctor (M.D.), doctor of osteopathic medicine (D.O.), nurse practitioner, clinical nurse specialist or physician assistant who provides, coordinates or helps you access a range of healthcare services (as allowed under state law and the terms of the plan).

Specialist: A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has special training in a specific area of healthcare.

Preventive Care: Routine healthcare, including screenings, check-ups and patient counseling to prevent or discover illness, disease or other health problems.

Over-the-Counter (OTC) Medications: Medications typically made available without a prescription.

Prescription Medications: Medications prescribed to you by a doctor. Cost of these medications is determined by their assigned tier: Generic, Preferred, Non-Preferred or Specialty Drugs.

Generic Drugs (Tier 1): FDA-approved prescription drugs not associated with a brand name.

Preferred Brand Name Drugs (Tier 2): FDA-approved brand name prescription drugs.

Non-Preferred Brand Name Drugs (Tier 3): FDA-approved brand name prescription drugs.

Prior authorization: A requirement from your health plan that some medications have additional coverage requirements which require approval from the health plan before you receive the medication.

Reasonable & Customary Allowance (R&C): Also known as an eligible expense or the Usual and Customary (U&C). The amount your insurance company will pay for a Medical service in a geographic region based on what providers in the area usually charge for the same or similar Medical service.

Summary of Benefits and Coverage (SBC): Mandated by healthcare reform, your insurance carrier or plan sponsor will provide you with a clear and easy to follow summary of your benefits and plan coverage.

IMPORTANT NOTICES

IMPORTANT NOTICE 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 with HRI Properties 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. **HRI Properties has determined that the prescription drug coverage offered by the medical 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 15 to December 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, your current HRI Properties coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Company coverage, be aware that you and your dependents will not be able to get this coverage back until open enrollment or if you have a special enrollment event..

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 HRI Properties 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.

IMPORTANT NOTICES

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 HRI Properties 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).

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:	January 1, 2025
Name of Entity/Sender:	HRI Properties
Contact:	Human Resources

IMPORTANT NOTICES

PATIENT PROTECTION DISCLOSURE

You do not need prior authorization from the Company or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare 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 healthcare professionals who specialize in obstetrics or gynecology, visit UHC at **uhc.com**.

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 this plan. Please see the Plan's summary plan description for details of the Plan's deductible, benefit percentage, and copayment requirements. If you would like more information on WHCRA benefits, contact HR.

NEWBORN & MOTHER PROTECTION ACT

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, Federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours/ as applicable). The Plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery). If you would like more information on the Newborn & Mother Protection Act, contact HR.

IMPORTANT NOTICES

HIPAA SPECIAL ENROLLMENT NOTICE

Notice of Special Enrollment Rights for Medical Plan Coverage

As you know, if you have declined enrollment in the Company health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 31 days after your other coverage ends. 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 eligible dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

The Company will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 31 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Company group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

COBRA GENERAL NOTICE

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans) ** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

IMPORTANT NOTICES

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

If the Plan provides healthcare coverage to retired Employees, the following applies: filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to your employer, and that bankruptcy results in the loss of coverage of any retired Employee covered under the Plan, the retired Employee will become a qualified beneficiary with respect to the bankruptcy.

The retired Employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

IMPORTANT NOTICES

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. Contact your employer and/ or COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Contact the Company and/or the COBRA Administrator for procedures for this notice, including a description of any required information or documentation.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, **Children's Health Insurance Program (CHIP),** or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov.**

IMPORTANT NOTICES

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period[1] to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit **https://www.medicare.gov/medicare-and-you.**

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit **www.dol.gov/ebsa.** (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit **www.healthcare.gov.**

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Contact your employer for the name, address and telephone number of the party responsible for administering your COBRA continuation coverage.

1 **https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods**

IMPORTANT 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 **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 **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, 2024. Contact your state for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ | 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 | Fax: 916.440.5676| Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 | State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 | State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.mycohibi.com/ HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html 877.357.3268

GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/ health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid. georgia.gov/programs/third-party-liability/ childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2
INDIANA – Medicaid
Health Insurance Premium Payment Program Family and Social Services Administration http://www.in.gov/fssa/dfr/ | 800.403.0864 All other Medicaid https://www.in.gov/medicaid/ | 800.457.4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid 800.338.8366 Hawki: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/ iowa-health-link/hawki 800.257.8563 HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/ hipp 888.346.9562
KANSAS – Medicaid
https://www.kancare.ks.gov/ 800.792.4884 | HIPP Phone: 800.967.4660
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 | KIHIPP.PROGRAM@ky.gov KCHIP: https://kynect.ky.gov | 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms

IMPORTANT NOTICES

LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid
Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 | TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 | TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 | TTY: 711 | Email: masspremassistance@accenture.com
MINNESOTA – Medicaid
https://mn.gov/dhs/health-care-coverage/ 800.657.3672
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 | Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 15218 | Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 800.356.1561 CHIP: http://www.njfamilycare.org/index.html 800.701.0710 (TTY: 711) | Premium Assistance: 609.631.2392
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742

OREGON – Medicaid and CHIP
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program 800.440.0493
UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) https://medicaid.utah.gov/upp/ | Email: upp@utah.gov | 888.222.2542 Adult Expansion: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program: https://medicaid.utah.gov/buyout-program/ CHIP: https://chip.utah.gov/
VERMONT – Medicaid
https://dvha.vermont.gov/members/medicaid/hipp-program 800.250.8427
VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid and CHIP
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (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/ 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
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

IMPORTANT NOTICES

MARKETPLACE NOTICE

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

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 is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1] [2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

1 Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

2 An employer-sponsored or other employment-based 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 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

NOTES

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by **HealthCare.gov** and either submit a new application or update an existing application on **HealthCare.gov** between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit **HealthCare.gov** or call the Marketplace Call Center at **800.318.2596**. TTY users can call **855.889.4325**.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency.
Visit **https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/** for more details.

How Can I Get More Information?

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.

IMPORTANT NOTICES

NOTICE OF PRIVACY PRACTICES

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

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your medical records only for each of the following purposes: treatment, payment and healthcare operations.

- Treatment means providing, coordinating, or managing healthcare and related services by one or more healthcare providers. An example of this would include case management.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be adjudicating a claim and reimbursing a provider for an office visit.
- Healthcare operations include the business aspects of running our health plan, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are not, however, required to agree to a requested restriction, unless the request is made to restrict disclosure to the insurer for purposes of carrying out payment or healthcare operations (and is not for purposes of carrying out treatment), and the protected health information pertains solely to a healthcare item or service for which you have paid out of pocket in full. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of non-routine disclosures of protected health information.

We have the obligation to provide and you have the right to obtain a paper copy of this notice from us at least every three years.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

IMPORTANT NOTICES

This notice is effective as of May 20, 2011 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office for Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Lisa Haynes
Director of Human Resources
504.566.4752 or
lisa.haynes@hriproperties.com

Questions about Medicare?

Please call Health Advocate.
Health Advocate
866.965.8622

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
202.619.0257
Toll Free: **877.696.6775**
healthadvocate.com/ members

CONTACT INFORMATION

Benefit	Administrator	Policy / Group #	Phone	Website / Email
Medical & Rx	UnitedHealthcare (Choice Plus Network)	Policy #904042	866.633.2446	myuhc.com
	Surest		866.683.6440	surest.com/members
Dental	Sun Life (PPO Network)	Group #21460	800.442.7742	www.sunlife.com/account
Vision	Sun Life (VSP Network)	Policy #955852	800.877.7195	www.vsp.com
Life / AD&D	Sun Life	Policy #955853	800.247.6875	www.sunlife.com/account
Whole Life	UNUM			www.unum.com
Disability	Sun Life	Policy #955853	STD 855.629.8811 LTD 800.247.6875	www.sunlife.com/account
Flexible Spending Account	UnitedHealthcare Medical & Dependent Care		866.314.0335	myuhc.com
Commuter Benefits	WEX	Group #47386	833.225.5939	www.wexinc.com
Health Savings Account	Optum	Group #904042	800.791.9361	optumbank.com
Critical Illness / Accident / Hospital Indemnity	Sun Life	Policy #955852	800.247.6875	www.sunlife.com/account
EAP Complete	Sun Life		877.595.5284	www.guidanceresources.com
EAP Care24	UnitedHealthcare		888.887.4114	liveandworkwell.com
401(k)	Fidelity	Group #33297	800.835.5097	401k.com
Legal	MetLaw/Hyatt Legal		800.438.6388	legalplans.com
Pet Insurance	Nationwide		877.PETS.VPI	petinsurance.com/ hriproperties
Home & Auto	Farmers Insurance		800.438.6381	
Simply Engaged / Rally	UnitedHealthcare			myuhc.com
Marketplace	Gallagher			ajg.com/GallagherMarketplace

HRI COMMUNITIES

NEED HELP? CONTACT HUMAN RESOURCES.

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Bottle Arts Loft *(Lafayette, LA)*

River Garden *(New Orleans, LA)*

Lee Hardware (Shreveport, LA)

Hammond Station Apartments *(Hammond, LA)*

This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting