



AscentLivingCommunities
elevating senior living

BENEFITS OVERVIEW

Effective 11/01/2024- 10/31/2025

GET TO KNOW VAULT ADMIN SERVICES

We're proud to serve as your benefits administrator for the 2024-2025 plan year!

Vault Admin Services is a leader in health care insurance and is proud to offer customized health insurance benefit packages that offer immeasurable value for members- **like you!** This value comes through significant cost reduction, customization and improved health outcomes for those they insure.

At Vault Admin Services, we understand the importance of efficient and effective healthcare administration. Our primary goal is to make your experience with your health plan as seamless and convenient as possible. We are dedicated to working closely with Ascent Living Communities to deliver the benefits outlined within this booklet.



With Vault Admin Services, you can expect the following:

- **Streamlined Claims Processing:** We aim to process your claims promptly and accurately, minimizing any delays or inconveniences in receiving the benefits you are entitled to.
- **Transparent Communication:** You can expect clear and concise communication from us regarding your claims, coverage, and any changes to your healthcare plan. We are here to answer any questions you may have.
- **Member Support:** Our customer service team is readily available to assist you with any inquiries or concerns related to your healthcare plan. You can reach our dedicated team at 866.202.0099 or by emailing clientservices@allthingsvault.com.
- **Timely Reimbursements:** If applicable, we will ensure that eligible expenses are reimbursed to you in a timely manner, as per the terms of your healthcare plan.
- **Compliance and Privacy:** Rest assured that we are committed to upholding the highest standards of compliance and data privacy to protect your personal health information.

Thank you for choosing Vault Admin Services as your trusted healthcare partner. We look forward to continuing to support your healthcare needs and ensuring your peace of mind.

YOUR NETWORK

Helping Patients and Doctors Get Together



Your primary medical network is Cigna. Your medical network is a group of health care providers that includes doctors, specialists, hospitals, surgical centers and other facilities. These health care providers provide services at a lower rate, which you will see reflected on your statements as a discount.

There may be times when you decide to visit a doctor who is out-of-network, and those costs are always higher. There are no discounts with these out-of-network services, and you will be responsible for paying the difference between the providers full charge and the amount your plan will pay. This is called balance billing.

For more than 125 years, Cigna has been committed to building a trusted network of health care providers so we can connect customers with truly personal care. Cigna has several network options available in most market areas. We suggest using their PPO network for the most comprehensive network options.

Cigna provides a provider lookup tool at: <https://www.cigna.com/>

If you would like to explore a more aggressive cost containment strategy of Value Based Pricing (commonly referred to as Reference Based Pricing – RBP) we would be happy to provide repricing vendor recommendations and additional information. These programs can provide additional cost savings but are not without issues that are important to understand.

Q. Is this Cigna insurance?

A. No, we utilize the Cigna network for the contracts with physicians and facilities to allow you to access its broad network.

Q. Will I get an insurance card?

A. Yes. You will receive an ID card with the Cigna logo on it signifying that you have access to the Cigna network.



TELEMEDICINE



introducing clever health **smart virtual care**tm better, faster, easier!



board certified **doctors**, licensed **therapists**, even licensed **veterinarians!**

virtual urgent care

- **async** start to finish avg 5 min 46 sec
- **synchronous phone or video**
- **8 out of 10** prefer async vs. synchronous
- available **24/7**

\$0 per visit

- cold, flu, sinus infections
- fever, cough, allergies, asthma
- skin conditions, pink eye
- UTI's, fatigue, migraines, and more!

virtual primary care

- **schedule appts**
- **care coordination team**
- **specialist referrals**
- **order labs**
- **initial visit: \$119**
- **follow up visits: \$77**

quality care

- screenings and labs
- diabetes, high blood pressure
- routine health maintenance
- high cholesterol and more!

DOWNLOAD NOW!
enter last name, date of birth, zip code



Clever Health Smart Virtual Care™ services are provided in accordance with local, state, and federal laws. Our providers may diagnose, treat and prescribe medication if medically necessary. Providers do not prescribe for substances controlled by any federal (DEA) or state agency or other drugs that may be harmful because of their potential for abuse. © 2024 Clever Health, Inc., all rights reserved. v0924 | CH5.2 Vault Basic Plan

TELEMEDICINE (continued...)

clever  health

mental health support + virtual veterinary



bella chatbot

- **interactive** chatbot
- **on demand** 24/7
- ai technology built by psychologists specializing in **anxiety** and **depression**

\$0 per visit

18% reduction of depression symptoms

28% reduction of anxiety symptoms

as simple as a text

anywhere, anytime

mental wellness

- **licensed** mental health professionals
- **7 days a week**, 7am-10pm
- **scheduled** appointments

\$95 per visit

family counseling, PTSD, trauma

anger, feeling overwhelmed

depression anxiety

and more!

virtual vet

- **licensed** veterinary professionals
- for **cats and dogs**
- advice and guidance **every day** of the year

\$39 per visit

guidance emergent situations

preventive medicine guidance

ongoing illness

behavioral questions and more!

a better, more **clever way...**

GET THE APP NOW!

1

download the clever health app by scanning the qr code below:



2

enter last name, date of birth and zip code.
onboard and create your story.

3

receive support from your care team... better days are on the way!

If you are in a crisis situation, please **call or text the 988 Suicide & Crisis Lifeline** or **chat 988lifeline.org** for help.

YOUR PHARMACY BENEFITS MANAGER (PBM)



CLARITY REDEFINED

At Last, Pharmacy Benefits That Work For Everyone.

Clients empowered by knowing the clarity of their real costs, not just their spend.

Simple Tools. Powerful Solutions.

FairosRx is committed to delivering flexible specialty and clinical pharmacy programs designed to reduce prescription drug spend while maximizing our member's healthcare experience and meeting the unique needs of our clients and members.

FairosRx makes it easy for members to manage their pharmacy benefits. We know it's important for members to get answers, understand their benefits, save money, and fill their prescriptions quickly. FairosRx is here to help! Contact one of our expert member specialists at 833-464-9600 or register now to see the difference.

It's never been easier and more convenient to manage your pharmacy benefits. Access the FairosRx Member Portal online or on your mobile device. With these powerful tools, you may be able to save money on your prescriptions.



Features Available to FairosRx Members:

- My Account
- Benefit Documents
- Frequently Asked Questions
- Medication Lookup
- Pharmacy Locator
- Prescriptions
- Member ID Cards
- Financial Information

Formulary Lookup

The formulary can be accessed by logging into your FairosRx member portal account and selecting Benefit Documents.

SUMMARY OF MEDICAL BENEFITS

Minimum Essential Coverage (MEC) Plan

| MEC Plan | | |
|---|-----------------------------|---------------------------------|
| Plan Year Deductible | In-Network | Out-of-Network |
| Employee Only | \$0 | N/A |
| Family | \$0 | N/A |
| Coinsurance | 0% | N/A |
| Out-of-Pocket Maximum | | |
| Employee Only | \$0 | N/A |
| Family | \$0 | N/A |
| Preventative Care | 100% Covered | No Coverage |
| Office Visits | | |
| Primary Services (4 visit limit per year) | \$25 Copay | No Coverage |
| Specialist Services (4 visit limit per year) | \$25 Copay | No Coverage |
| Hospital Services | No Coverage | No Coverage |
| Emergency Services ** | | |
| Emergency Room | No Coverage | No Coverage |
| Emergency Medical Transportation | No Coverage | No Coverage |
| Urgent Care Services (4 visit limit per year) | \$25 Copay | No Coverage |
| Chiropractic Services (4 visit limit per year) | \$25 Copay | No Coverage |
| Mental Health/Chemical Dependency | | |
| Inpatient | No Coverage | No Coverage |
| Outpatient | No Coverage | No Coverage |
| Prescription Drug Coverage | Retail 30-Day Supply | Mail Order 90-Day Supply |
| Generic | 100% Covered | 100% Covered |
| Preferred Brand | Not available | Not available |
| Non-Preferred Brand | Not available | Not available |
| Specialty | Not available | Not available |

MEC Plan Rates

Amounts shown reflect the member's bi-weekly contributions.

| | |
|------------------------------|---------|
| Employee | \$24.08 |
| Employee + Spouse | \$35.69 |
| Employee + Child(ren) | \$35.58 |
| Family | \$49.55 |

NOTES:

This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

* After deductible

** Covered as in-network in true-emergency

SUMMARY OF MEDICAL BENEFITS

Gold PPO Plan

| Gold PPO Plan | | |
|--|-----------------------------|---------------------------------|
| Plan Year Deductible | In-Network | Out-of-Network |
| Employee Only | \$1,500 | \$5,000 |
| Family | \$3,000 | \$10,000 |
| Coinsurance | 20% | 50% |
| Out-of-Pocket Maximum | | |
| Employee Only | \$5,500 | \$10,000 |
| Family | \$11,000 | \$20,000 |
| Preventative Care | 100% Covered | 50%* |
| Office Visits | | |
| Primary Services | \$25 Copay | 50%* |
| Specialist Services | \$50 Copay | 50%* |
| Hospital Services | 20%* | 50%* |
| Emergency Services ** | | |
| Emergency Room | 20%* | 50%* |
| Emergency Medical Transportation | 20%* | 50%* |
| Urgent Care Services | \$25 Copay | 50%* |
| Chiropractic Services | \$25 Copay | 50%* |
| Mental Health/Chemical Dependency | | |
| Inpatient | 20%* | 50%* |
| Outpatient | \$25 Copay | 50%* |
| Prescription Drug Coverage | Retail 30-Day Supply | Mail Order 90-Day Supply |
| Generic | 100% Covered | 100% Covered |
| Preferred Brand | \$35 Copay | \$87.50 Copay |
| Non-Preferred Brand | \$70 Copay | \$175 Copay |
| Specialty | \$250 Copay | Not available |

Gold PPO Plan Rates

Amounts shown reflect the member's bi-weekly contributions.

| | |
|------------------------------|----------|
| Employee | \$69.23 |
| Employee + Spouse | \$581.54 |
| Employee + Child(ren) | \$346.15 |
| Family | \$761.54 |

NOTES:

This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

* After deductible

** Covered as in-network in true-emergency

SUMMARY OF MEDICAL BENEFITS

High Deductible Health Plan (HDHP)

| HDHP | | |
|--|-----------------------------|---------------------------------|
| Plan Year Deductible | In-Network | Out-of-Network |
| Employee Only | \$2,800 | \$5,000 |
| Family | \$5,600 | \$10,000 |
| Coinsurance | 20% | 50% |
| Out-of-Pocket Maximum | | |
| Employee Only | \$5,000 | \$10,000 |
| Family | \$10,000 | \$20,000 |
| Preventative Care | 100% Covered | 50%* |
| Office Visits | | |
| Primary Services | 20%* | 50%* |
| Specialist Services | 20%* | 50%* |
| Hospital Services | 20%* | 50%* |
| Emergency Services ** | | |
| Emergency Room | 20%* | 50%* |
| Emergency Medical Transportation | 20%* | 50%* |
| Urgent Care Services | 20%* | 50%* |
| Chiropractic Services | 20%* | 50%* |
| Mental Health/Chemical Dependency | | |
| Inpatient | 20%* | 50%* |
| Outpatient | 20%* | 50%* |
| Prescription Drug Coverage | Retail 30-Day Supply | Mail Order 90-Day Supply |
| Generic | 100% Covered | 100% Covered |
| Preferred Brand | \$45 Copay* | \$112.50 Copay* |
| Non-Preferred Brand | \$90 Copay* | \$225 Copay* |
| Specialty | \$250 Copay* | Not available |

HDHP Rates

Amounts shown reflect the member's bi-weekly contributions.

| | |
|-----------------------|----------|
| Employee | \$47.30 |
| Employee + Spouse | \$377.52 |
| Employee + Child(ren) | \$316.87 |
| Family | \$497.88 |

NOTES:

This serves as a summary of your benefit plan only. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

* After deductible

** Covered as in-network in true-emergency

HEALTH SAVINGS ACCOUNT (HSA)

The HSA is a tax-advantaged bank account which can be opened if you are enrolled in a qualified CDHP: HDHP/HSA medical plan and meet all other IRS-regulated eligibility criteria. Deposits can be made on a tax-free basis and the money you deposit has a tax advantaged growth opportunity (triple federal tax benefits).

HSA funds can be used to pay for qualified out-of-pocket medical expenses and qualified dental and vision expenses. You can even pay some insurance premiums, such as long-term care and COBRA premiums with HSA funds. If you do not use the funds in your HSA, the money is yours to keep and rolls forward from year to year. HSAs are not subject to the ‘use it or lose it’ rule.

Tax Benefits and Flexibility

- HSA contributions are tax-free
- Interest and investment earnings accrued not taxable
- Amounts withdrawn for qualified expenses are tax-free
- Open the HSA account at any time
- Start or stop contributions at anytime
- Increase or decrease the amount you contribute

Eligibility Requirements

- Must be enrolled in a qualified HDHP/HSA plan
- Not be enrolled in any other medical insurance
- Not be enrolled in Medicare or Tricare
- Not claimed as dependent on another tax return
- Not eligible for a disqualifying HRA
- You and spouse may not be enrolled in a Flexible Spending Account



2024 HSA AMOUNTS

Annual maximums as follows

| | |
|-------------------|----------------|
| Individual | \$4,150 |
| Family | \$8,300 |

2025 HSA AMOUNTS

Annual maximums as follows

| | |
|-------------------|----------------|
| Individual | \$4,300 |
| Family | \$8,550 |

**Individuals age 55 or older are eligible to contribute an additional \$1,000 per year.*



GETTING TO QUALITY CARE QUICKER.

"When you need us the most, we will give you our very best."

About Vault Cares Network

- Heavily vetted system of top-tier facilities and providers.
- Comprehensive range of medical specialties.
- Access to the highest quality treatments and services.
- Optimized member outcomes and satisfaction.
- Peace of mind and confidence in the healthcare journey.

Why We Were Founded

Vault Cares Network was founded to address the epidemic of misdiagnosis, over-utilization, and inappropriate care. These issues translate to significant errors in member treatment and outcomes, which are prevalent in every local market.



Errors happen more often than you think. Second opinions matter.

Did you know...

- 6%-9% of members are spending 80%-90% of plan dollars.
- 60% of all spine surgeries should never happen.
- 35% of all cancer is misdiagnosed.
- 33% of all solid organ transplants should never happen.
- 20% of all knees and hips do not require surgery.
- 40% of all cardiac bypasses are inappropriate.

Help is Here.

We offer comprehensive care solutions designed for minimal visits, prioritizing the comfort and convenience of our members. Our services include a wide range of treatments and surgical procedures.

- Cancer
- Heart
- Joints and Spine
- Bariatric
- Regenerative Medicine
- Brain/Neurology
- Pediatrics
- Substance Abuse
- Mental Health
- and More!

YOUR ADVOCATES

When You Need Them, Your Advocate is There



**Highlight
Health**

Are you tired of navigating complex healthcare documents, pre-approvals, undecipherable bills, and other roadblocks to care? Are you searching for needed care without coverage? In today's convoluted healthcare market, many people find themselves drowning in debt while simply trying to be healthy.

Highlight Health is there to help solve that dilemma by personalizing your healthcare experience with caring Advocates who want to be with you every step of the way. Our Advocates are highly trained multidisciplinary specialists. They will be there to help you find care at a fair price, and to help guard against excessive and illegal bills.

Who are Highlight Advocates?

Caring professionals who understand the financial and emotional challenges millions of patients experience each year after receiving costly hospital-based healthcare services.

What do Highlight Advocates do?

They educate, assist, empower, and lead the way in helping members access fair pricing for eligible hospital services.

What can I expect from a Highlight Advocate?

A trained, compassionate person who is motivated to reduce the financial fear of accessing medically necessary, hospital services.

How can I contact a Highlight Advocate?

Members can reach our Advocates by simply dialing **800.399.0180**. Our Advocacy line is open Monday through Friday, 9am – 6pm EST.

When should I contact a Highlight Advocate?

After receiving inpatient or outpatient services at a hospital facility.



FIND CARE

Advocates help you find inpatient and outpatient care at participating providers



CONNECT

Advocates connect members to community resources they qualify for.



BILLING

Advocates defend your right to fair, transparent pricing.



PREVENTATIVE CARE

Your health plan covers preventive services and routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. These are meant to prevent health problems and do not include tests or treatments. A list of Preventive and Wellness Services can be found at: www.healthcare.gov/preventive-care-benefits.

These are considered preventive and are covered by the Plan when services are rendered at an in-network provider. Please refer to your Summary Plan Description for actual coverage, limitation, and exclusion provisions.

Preventative Care for Adults

Screenings:

- Abdominal aortic aneurysm screening.
- Alcohol misuse screening.
- Blood pressure screening.
- Cholesterol screening for adults at high risk.
- Colorectal cancer for adults over 50.
- Depression screening.
- Diabetes (Type 2) for adults at high risk.
- Hepatitis B for adults at high risk.
- Hepatitis C for adults at high risk.
- HIV screening for adults at high risk.
- Lung cancer for adults 55- 80 at high risk.
- Obesity screening.
- Syphilis screening for adults at high risk.
- Tobacco Use screening.

Counseling:

- Alcohol misuse counseling.
- Diet counseling for adults at high risk.
- Obesity counseling.
- Sexually transmitted infection (STI) prevention.
- Tobacco Use cessation interventions.

Immunizations:

- Diphtheria
- Hepatitis A & B
- Herpes Zoster
- Human Papillomavirus (HPV)
- Influenza (flu shot)
- Measles, Meningococcal & Mumps
- Pertussis, Pneumococcal & Rubella
- Tetanus & Varicella (Chickenpox)



PREVENTATIVE CARE

Preventative Care for Women

Well-woman visits to get recommended services for women under 65.

Screenings:

- Anemia screening on a routine basis.
- Breast cancer mammography screenings.
- Cervical cancer screenings.
- Chlamydia infection screening.
- Domestic and interpersonal violence screening.
- Gestational diabetes screening
- Gonorrhea screenings.
- Hepatitis B screening for pregnant women.
- HIV screening for sexually active women.
- Human Papillomavirus (HPV) DNA test.
- Osteoporosis screening over age 60.
- Rh Incompatibility screening for all pregnant
- Syphilis for pregnant and high risk women.
- Tobacco use screening and interventions.
- Urinary tract or other infection screening.



Folic acid supplements: For women who may become pregnant.

Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt “religious employers.”



Counseling:

- Breast cancer genetic test counseling (BRCA) for women at high risk.
- Breast cancer chemoprevention counseling for women at high risk.
- Breastfeeding support and counseling
- Breastfeeding supplies for pregnant and nursing women
- Domestic and interpersonal violence counseling for all women.
- HIV counseling for sexually active women.
- Sexually transmitted infections counseling.

PREVENTATIVE CARE

Preventative Care for Children

Assessments

- Alcohol and drug use assessments.
- Behavioral assessments for ages 0 to 17.
- Height, weight and body mass index (BMI)
- Oral health risk assessment for ages 0 to 10.



Screenings

- Autism screening for ages 18 & 24 months.
- Blood pressure screening for ages 0 to 17.
- Cervical dysplasia screening.
- Depression screening.
- Developmental screening under age 3.
- Dyslipidemia screening for high risk children for lipid disorders
- Hearing screening for all newborns.
- Hematocrit or hemoglobin screening.
- Hemoglobinopathies or sickle cell screening.
- Hepatitis B screening for high risk adolescents
- HIV screening for adolescents at high risk.
- Hypothyroidism screening for newborns.
- Lead screening for children at high risk.
- Obesity screening and counseling.
- Phenylketonuria (PKU) screening for newborns.
- Sexually transmitted infection (STI) prevention
- Tuberculin testing for children at high risk
- Vision screening for all children.

Immunizations

- Diphtheria
- Haemophilus influenza type b
- Hepatitis A & B
- Human Papillomavirus (PVU)
- Inactivated Poliovirus
- Influenza (flu shot) and Measles
- Meningococcal
- Pertussis
- Pneumococcal
- Rotavirus
- Tetanus
- Varicella (Chickenpox)



Supplements

- Fluoride chemoprevention supplements for children without fluoride in their water.
- Gonorrhea preventive medication
- Iron supplements for children ages 6-12 months at risk for anemia.



DENTAL & VISION PLANS

provided by  **Principal™**

| Summary of Vision Benefits | | |
|---|--|--|
| | In-Network | Out-of-Network |
| Exam: (Frequency: 12 months) | \$20 Copay | Out-of-Network benefits are available; you must submit a claim for reimbursement |
| Lenses: Single/Bifocal/Trifocal (Frequency: 12 months) | \$20 Copay | |
| Frames: (Frequency: 24 months) | \$130 Allowance+ 30% discount on balance | |
| Contact Lenses in lieu of lenses (Frequency: 12 months) | Up to 4 boxes for Covered Selection Lenses or up to \$130 Allowance for Non-Selection Lenses | |

| Summary of Dental Benefits | | |
|---|--|-------------------------|
| | In-Network | Out-of-Network |
| Calendar Year Benefit Maximum | \$1,000 per enrolled member + maximum accumulation | |
| Calendar Year Deductible | \$50 per Individual to a maximum of \$150 for a Family | |
| Type I: Preventative Care (Limits/Frequency may apply) | No Cost (Deductible Waived) | Deductible, then 20% |
| Type II: Basic Care (Includes Endodontics/Periodontics) | Deductible, then 20% | Deductible, then 40% |
| Type III: Major Care | Deductible then 50% | |
| Orthodontia (child(ren) to age 19) | Not Covered | |

Amounts shown reflect the member's bi-weekly contributions.

| 2024-2025 Vision Rates <i>(Voluntary; 2 year effective 11/1/2023; 26 pay periods)</i> | |
|--|--------|
| Single: | \$2.38 |
| Employee + Spouse | \$4.51 |
| Employee + Child(ren) | \$5.29 |
| Family | \$7.45 |

| 2024-2025 Dental Rates <i>(Voluntary; 2 year effective 11/1/2023; 26 pay periods)</i> | |
|--|---------|
| Single: | \$15.32 |
| Employee + Spouse | \$30.60 |
| Employee + Child(ren) | \$32.72 |
| Family | \$50.21 |

Maximum Accumulation:

- The Maximum Accumulation feature allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount.
- To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold.
- The threshold is 50% (\$500) of the maximum benefit.
- If qualification is met, 50% (\$250) of the threshold is carried over to next year's maximum benefit.
- Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year.
- You can accumulate no more than four times the carry over amount.
- The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.

ADDITIONAL EMPLOYEE BENEFITS

Life and AD&D: Principal

All eligible employees are provided basic life and accidental death and dismemberment (AD&D) insurance and your employer pays the full cost of the premium. Please see Human Resources to update your beneficiary designation.

Employee Benefit:

1x Annual Salary to \$75,000;
Guaranteed Issue: \$75,000

Voluntary Life and AD&D: Principal

Eligible employees may purchase additional life and AD&D insurance on a voluntary basis. Employees must purchase voluntary life and AD&D for themselves in order to purchase for their spouse or child(ren).

Employee Benefit:

Increments of \$10,000 up to \$300,000
Guaranteed Issue: \$70,000 (under age 70)

Spouse Benefit:

Increments of \$5,000 up to \$100,000
Guaranteed Issue: \$30,000 (under age 70)

Children Benefit (life only):

\$10,000 benefit for age 14 to age 26
\$1,000 benefit for age 14 and under

Evidence of Insurability (EOI):

Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependents original eligibility effective date is subject to EOI. Coverage is subject to approval from the insurance carrier before benefits are effective.

Open Enrollment Provision:

If you and your enrolled dependents have existing coverage you may be able to increase coverage one increment per year during your open enrollment period without evidence of insurability.

Voluntary Short Term Disability: Principal

All eligible employees are provided with the opportunity to enroll in the voluntary short term disability benefits.

Employee Benefit:

60% of salary to a maximum of \$1,500 per week
Benefit Begins: On 15th day for Accident/Illness
Benefit Duration: Up to 11 weeks



Long Term Disability: Principal

All eligible employees are provided with long term disability benefits and your employer pays the full cost of the premium. Pre-Existing Condition rule may apply.

Employee Benefit:

60% of salary to a maximum of \$6,000/month
Benefit Begins: After 90 days
Benefit Duration: Up to 5 years

ADDITIONAL EMPLOYEE BENEFITS

Employee Assistance Program (EAP): Principal/Magellan Healthcare

All eligible employees and their household members have access to 24/7 EAP Program, unlimited telephone counseling, and unlimited online tool.

Voluntary Supplemental Benefits: Aflac

Ascent Living Communities provides the option to buy voluntary worksite benefits to all eligible employees through AFLAC. Please refer to your enrollment materials for more detail regarding rates and benefits.



Eligibility

Full-time employees working 30 or more hours per week are eligible to participate in the benefit program. Due to IRS regulations, once you have made your benefit elections for this plan year, you may not change your elections until the next Open Enrollment period.

The only exception to this is if you have a qualified status change in your family or employment. Any such changes must be reported within 30 days of the event.

Eligible dependents may include:

- Your legally married spouse
- Your civil union partner
- Your same or opposite gender domestic partner
- Dependent child up to age 26 (contracts may vary)

Some qualified status changes are:

- Marriage or divorce
- Birth/Adoption of a child
- Loss of other coverage
- Change in work status

PREVENTATIVE CARE

Bi-Weekly Rates Sheet (2024-2025)

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

ACCIDENT INDEMNITY ADVANTAGE 24-HOUR LEVEL TWO - Series A-35200

| | Premium | Total |
|-------------------------|---------|---------|
| 18-49 INDIVIDUAL | \$13.32 | \$13.32 |
| 50-70 | \$13.32 | \$13.32 |
| 18-49 INSURED SPOUSE | \$17.46 | \$17.46 |
| 50-70 | \$17.46 | \$17.46 |
| 18-49 ONE-PARENT FAMILY | \$19.56 | \$19.56 |
| 50-70 | \$19.56 | \$19.56 |
| 18-49 TWO-PARENT FAMILY | \$24.36 | \$24.36 |
| 50-70 | \$24.36 | \$24.36 |

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

| | Premium | IDR* (\$ units) | DCR* | SDR* | Total |
|-------------------------|---------|-----------------|--------|--------|---------|
| 18-75 INDIVIDUAL | \$15.46 | \$2.75 | \$0.00 | \$0.42 | \$18.63 |
| 18-75 INSURED/SPOUSE | \$26.60 | \$6.48 | \$0.00 | \$0.42 | \$33.51 |
| 18-75 ONE-PARENT FAMILY | \$15.46 | \$2.75 | \$0.42 | \$0.42 | \$19.05 |
| 18-75 TWO-PARENT FAMILY | \$26.60 | \$6.48 | \$0.42 | \$0.42 | \$33.93 |

IDR* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

DCR* = Optional Dependent Child Rider (Series B70051) premium 1 unit

SDR* = Optional Specified Disease Rider (Series B70052) premium

AFLAC PLUS RIDER

| | Aflac Plus Rider |
|-------------------------|------------------|
| 18-29 INDIVIDUAL | \$1.44 |
| 30-39 | \$2.04 |
| 40-49 | \$3.48 |
| 50-70 | \$5.94 |
| 18-29 INSURED/SPOUSE | \$2.70 |
| 30-39 | \$4.02 |
| 40-49 | \$6.60 |
| 50-70 | \$11.34 |
| 18-29 ONE-PARENT FAMILY | \$2.88 |
| 30-39 | \$3.12 |
| 40-49 | \$4.20 |
| 50-70 | \$6.12 |
| 18-29 TWO-PARENT FAMILY | \$3.48 |
| 30-39 | \$4.50 |
| 40-49 | \$6.78 |
| 50-70 | \$11.40 |

PREVENTATIVE CARE (continued...)

Bi-Weekly Rates Sheet (2024-2025)

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1000 - Series B40100

| | Premium | EBR | HSSCR | Total |
|-------------------------|---------|---------|---------|---------|
| 18-49 INDIVIDUAL | \$11.04 | \$7.14 | \$7.50 | \$25.68 |
| 50-59 | \$11.28 | \$8.10 | \$9.66 | \$29.04 |
| 60-75 | \$11.58 | \$8.16 | \$12.54 | \$32.28 |
| 18-49 INSURED/SPOUSE | \$15.66 | \$15.00 | \$13.74 | \$44.40 |
| 50-59 | \$16.56 | \$16.86 | \$19.14 | \$52.56 |
| 60-75 | \$17.70 | \$16.98 | \$24.00 | \$58.68 |
| 18-49 ONE-PARENT FAMILY | \$14.04 | \$14.22 | \$10.44 | \$38.70 |
| 50-59 | \$14.22 | \$14.58 | \$11.82 | \$40.62 |
| 60-75 | \$14.46 | \$14.88 | \$15.54 | \$44.88 |
| 18-49 TWO-PARENT FAMILY | \$16.62 | \$18.18 | \$14.04 | \$48.84 |
| 50-59 | \$16.80 | \$18.54 | \$17.52 | \$52.86 |
| 60-75 | \$17.94 | \$19.32 | \$25.62 | \$62.88 |

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

*Note - The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.

CRITICAL CARE AND RECOVERY LEVEL TWO - Series A71200

| Individual | | | One Parent Family | | |
|----------------|---------|---------|-------------------|---------|---------|
| Age | Premium | Total | Age | Premium | Total |
| 18-35 | \$7.56 | \$7.56 | 18-35 | \$12.96 | \$12.96 |
| 36-45 | \$10.80 | \$10.80 | 36-45 | \$15.24 | \$15.24 |
| 46-55 | \$14.70 | \$14.70 | 46-55 | \$19.62 | \$19.62 |
| 56-70 | \$18.96 | \$18.96 | 56-70 | \$25.80 | \$25.80 |
| Insured/Spouse | | | Two Parent Family | | |
| Age | Premium | Total | Age | Premium | Total |
| 18-35 | \$14.58 | \$14.58 | 18-35 | \$16.56 | \$16.56 |
| 36-45 | \$18.96 | \$18.96 | 36-45 | \$21.00 | \$21.00 |
| 46-55 | \$25.50 | \$25.50 | 46-55 | \$28.08 | \$28.08 |
| 56-70 | \$35.52 | \$35.52 | 56-70 | \$38.58 | \$38.58 |

OTHER SERVICES AND DISCOUNTS

provided by  **Principal**SM

| Additional Services and Discounts | |
|---------------------------------------|--|
| Hearing Aid Program | Through American Hearing Benefits Inc. (AHB) and Ear Professionals Internations Corporation (EPIC), employees and their families are eligible for up to 60% off hearing aids. |
| Travel Assistance | Employees, their spouses and dependent children (whether traveling together or separately) have access to travel, medical, legal and financial assistance plus emergency medical evacuation benefits provided by AXA Assistance 1 when traveling domestically or internationally more than 100 miles from home for up to 120 consecutive days. |
| Will and Legal Document Center | Employees and their spouses have free access to resources and tools provided by ARAG2 to create a Will, Living Will, Healthcare Power of Attorney, Durable Power of Attorney and Medical Treatment Authorization for Minors. Estate Planning resources and a Personal Information Organizer are also included. |
| Identity Theft Kit | This valuable resource from ARAG provides employees with information on how to protect their identity and restore it if stolen. |
| Laser Vision Correction | Through the National Lasik Network, administered by LCA-Vision, Inc., employees, their spouses and dependent children receive savings on one of the most frequently performed elective surgeries in America. The discount includes 15% off standard pricing or 5% off promotional pricing. |

| 2024-2025 Bi-Weekly Employee Contributions | | | | | |
|--|----------|---------------|----------|---------|--------|
| | MEC Plan | Gold PPO Plan | HDHP | Dental | Vision |
| Employee Only | \$24.08 | \$69.23 | \$47.30 | \$15.32 | \$2.38 |
| Employee + Spouse | \$35.69 | \$581.54 | \$377.52 | \$30.60 | \$4.51 |
| Employee + Child(ren) | \$35.58 | \$346.15 | \$316.87 | \$32.72 | \$5.29 |
| Family | \$49.55 | \$761.54 | \$497.88 | \$50.21 | \$7.45 |

KEY PLAN CONTACTS

| Contact Information | | |
|--|--------------|--|
| Plan Makeup | Phone | Website |
| HR Administrator: Laura Gasperik, SHRM-CP | 303.226.1249 | ascentlc.com |
| Third Party Administrator: Vault Admin Services | 866.202.0029 | allthingsvault.com |
| Network: Cigna | 800.997.1654 | cigna.com |
| Pharmacy (PBM): FairoRx | 833.464.9600 | fairosrx.com |
| Dental: Principal (Policy 1069581) | 800.247.4695 | principal.com |
| Vision: Principal (Policy 1069581) | 800.247.4695 | principal.com |
| Telemedicine: Clever Health | 866.202.0029 | cleverhealth.ai |
| Member Advocacy: Highlight Health | 800.399.0180 | highlight.health |
| Life AD&D: Principal (Policy 1069581) | 800.843.1371 | principal.com |
| Voluntary Life AD&D: Principal (Policy 1069581) | 800.843.1371 | principal.com |
| Disability: Principal (Policy 1069581) | 800.843.1371 | principal.com |
| Employee Assistance Program: Magellan Healthcare | 800.450.1327 | magellanhealth.com/member |
| Voluntary Supplemental Benefits: Aflac (Lindsay Lijewski) | 303.350.5186 | www.aflac.com/agents/lindsay_hansen.aspx |



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