

BENEFITS DESIGNED WITH YOU IN MIND



WESLEY WOODS
of BLAIRSVILLE
BRANAN LODGE | SIMPSON ESTATES



WESLEY WOODS
of AUGUSTA
ST. JOHN TOWERS

20
24

EMPLOYEE
BENEFITS
GUIDE

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WESLEY WOODS

SENIOR LIVING

MISSION

To create communities of connection, well-being and promise.

VISION

We envision a world in which older adults are celebrated for the lives they have lived, the wisdom they share and everything they have yet to teach us.

THE WESLEY WOODS WAY

These are the core values and beliefs that strengthen our communities. This is our view of the world, what we expect from ourselves and each other and how we treat our neighbors.



We believe aging has a fulfilling purpose in life.

We believe society is strong to the extent older adults are valued.

We believe spiritual and personal growth is lifelong.

We believe in the individual and the right of self-determination because it is through choice that we fulfill our desires and express our humanity.

We welcome everyone because we believe a diverse and inclusive community creates compassion, love and kindness in the world.

We believe hospitality starts with mutual respect, a welcoming spirit, dependability and excellence in all we do.

We believe in being fully present with our neighbors and in our work because such mindfulness forges deeper relationships and brings gravity and purpose to everything we do.

We believe in fun. Spontaneity, laughter and a sense of optimism lead to moments of connection and joy.

We believe we need each other. When we ask for help or lend a hand, we strengthen relationships and foster goodwill.

We believe in fostering a culture of innovation where the free exchange of ideas is encouraged, employees are trusted to do their best and humility teaches us there is always something new to learn.

We have servant hearts. In serving others, we honor them. It is an act of love and an expression of God's grace.

BENEFIT ELIGIBILITY

WHO IS ELIGIBLE FOR BENEFITS?

If you are a Full-Time employee working at least 30 Hours per Week (unless otherwise mandated by state law), you are eligible to participate in the Wesley Woods Senior Living's benefits. You have 30 days starting from your hire date to make your elections.

You may also cover eligible dependents under many of Wesley Woods benefit plans. Eligible dependents include: legal spouse, children up to age 26 whether natural, adopted, stepchildren, or those for whom you have legal custody by court decree, totally disabled children of any age who are unmarried and are physically or mentally incapable of self- support and dependent upon you for support.

WHEN DOES COVERAGE BEGIN?

The effective date for Wesley Woods' benefits is January 1st, 2024 and the elections you make during Open Enrollment will remain in effect until December 31, 2024. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a qualifying life event (QLE). Newly hired employees and dependents will be effective on Wesley Woods' benefits programs on the first day of employment. The benefits listed in this guide will be effective on the first day of employment. For example, if you were hired on March 15th your enrollment would need to be completed before or on March 30th. Your coverage effective date would be March 15th.

OPEN ENROLLMENT

Open Enrollment elections are effective January 1st 2024, and stay in effect until December 31, 2024, unless you experience a Qualifying Life Event.

Most benefit deductions are withheld from your paycheck on a pre-tax basis (Medical, Dental and Vision), and therefore your ability to make changes to these benefits is restricted by the IRS.

QUALIFYING LIFE EVENTS

To be eligible to make benefit changes to your benefits, you must notify the Human Resources Department within 30 days of the date of the qualifying event. Proof of your life event may also be required. Changes outside of the 30-day period are not allowed until the next annual Open Enrollment period, unless you experience another qualified Life Status Change.

To make benefit changes as a result of a qualifying life event as allowed under Section 125 of the IRS Code, you must:

- Notify the Human Resources Department within 30 days of the date of the qualifying event
- Provide proof of your life status event, and

THE MOST COMMON QUALIFYING LIFE EVENTS

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order or other court order



FREQUENTLY ASKED QUESTIONS

WHAT IS A DEDUCTIBLE?

A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays do not apply to the deductible. For example, if your plan's deductible is \$3,000, you'll pay 100 percent of eligible healthcare expenses until you have met the \$3,000 deductible. After that, you share the cost with your plan by paying coinsurance.

WHAT IS COINSURANCE?

Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount. You pay coinsurance after you have met your deductibles. For example, if the coinsurance percentage is 30% and the plan's allowed amount for an office visit is \$100. Once you've met your deductible, your coinsurance payment of 30% would be \$30. The health insurance plan pays the rest of the allowed amount.

WHAT IS A COPAY?

A copay is a fixed or flat dollar amount you must pay each time you visit the doctor or purchase medicine. This amount will vary depending on where you go for care, the type of doctor you see and the kind of medicine you need. Not all plans have copays.

WHAT IS AN OUT-OF-POCKET-MAXIMUM?

This is the most you could pay in deductible, copay and coinsurance in a year. Once the maximum-out-of-pocket limit is reached, the plan covers 100% of all eligible expenses.

WHAT IS AN EXPLANATION OF BENEFITS (EOB)?

An EOB is a statement that comes in the mail and explains details about a submitted insurance claim. The EOB shows the portion that was paid by the insurance carrier and what payment, if any, will be the patient's responsibility. Even though it resembles a bill, it is not. The bill for your portion will come from the health care provider and should be paid to the provider.

WHAT COUNTS AS A PREVENTIVE CARE VISIT?

In general, a preventive care visit is one where you are going for a general checkup and don't have a specific concern. If you have a specific ailment for the doctor to check on, this is typically considered a diagnostic visit. Be aware, however, if you go to the doctor for a yearly check-up and bring up ailments to the doctor, part of the visit might be billed as preventive and part as diagnostic.

IF I CHANGE PLANS, CAN I KEEP MY DOCTOR?

It depends. Different plans have different networks of providers, and you should check with your doctor to confirm they work with the new carrier and plan. This is an important consideration, because in-network providers are less costly than out-of-network providers. And some plans don't have any out-of-network coverage, which means you'd be responsible for 100% of the cost of services provided at a doctor that's out-of-network.

WHAT IS COBRA?

COBRA: The Consolidated Omnibus Budget Reconciliation - Act provides a temporary continuation of group health coverage that would otherwise be lost due to certain life events.

WHAT DOES IN-NETWORK MEAN?

A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

WHAT DOES OUT-OF-NETWORK MEAN?

Care received from a doctor, hospital, or other providers that are not part of the plan agreement. You will pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

WHAT IS THE PREMIUM?

A premium is an amount you and your employer pay each month in exchange for insurance coverage



MEDICAL & PRESCRIPTION DRUG BENEFITS

PROVIDED THROUGH KAISER PERMANENTE

Wesley Woods offers healthcare coverage administered by Kaiser Permanente. The rising cost of health care is making it harder for some people to find affordable medical benefits. Our goal is to offer affordable benefit options that ensure you have access to high quality services.

Preventive care visits (including certain screenings and immunizations) are covered at 100%, so there is no charge to you when you visit an in-network provider.

Part of leading a healthy lifestyle means taking care of yourself, so be sure to follow the recommended guidelines on health screenings and have them done at appropriate intervals.

KAISER PPO PLAN HIGHLIGHTS:

- ✓ This is a PPO Plan meaning that individuals have access to Kaiser doctors and facilities as well as out of network (PHCS) providers.
- ✓ Copays for doctor office visits, emergency room, and urgent care visits.

KAISER ONLINE MEMBER REGISTRATION

Register today. It's this easy:

1. Go to www.kp.org
2. Choose Register and enter Georgia as your region.
3. Use your member ID to register.
4. Create a user ID and password.
5. Set your account preferences.
6. Review and submit.

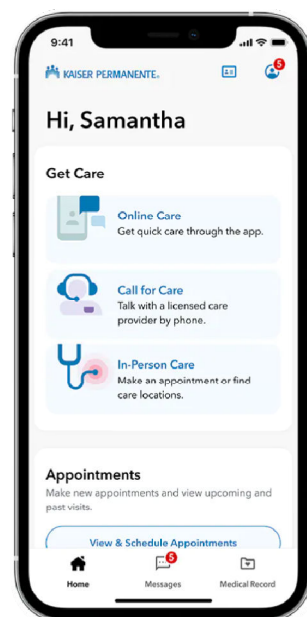
Now you're ready to log in to your personal, secure Kaiser site. See how the site has been redesigned with you in mind, making it easy to navigate and find what you need:

- Access your plan and benefit information
- Check the status of a claim
- Find a doctor or hospital in your network
- See cost estimates for medical procedures
- Compare quality of care ratings for doctors and hospitals
- Access a variety of health and wellness tools and resources
- Print ID cards

KAISER'S MOBILE APP

Kaiser connects you to everything you need to know about your health plan.

- ✓ Find care and check costs
- ✓ Find doctors, dentists, hospitals and labs
- ✓ View claims
- ✓ View and use digital ID cards
- ✓ See all benefits



MEDICAL & PRESCRIPTION DRUG BENEFITS

KAISER PPO PLAN

The chart below is a brief outline of the PPO plan administered by Kaiser Permanente. Please refer to the summary plan description for complete plan details.

| KAISER PPO PLAN | | |
|--|--|-----------------------------|
| Plan Features | In-Network | Out-of-Network |
| Deductible* (Individual / Family) | \$2,500 / \$5,000 | \$5,000 / \$10,000 |
| Out-of-Pocket Maximum (Individual / Family) <small>Includes deductible, coinsurance, medical copays & Rx copays</small> | \$6,000 / \$12,000 | \$12,000 / \$24,000 |
| Coinsurance <small>Cost share that the plan plays after you meet the deductible</small> | Plan pays 80% / You Pay 20% | Plan pays 60% / You Pay 40% |
| Office Visits: Preventive Care | YOU PAY | |
| Well Child & Immunizations | 0% (covered 100%, deductible waived) | 40% after deductible |
| Office Visits: Illness or Injury | | |
| Primary Care Physician | \$60 Copay | 40% after deductible |
| Specialty Care Visit | \$70 Copay | 40% after deductible |
| Urgent Care Visit | \$120 Copay | 40% after deductible |
| Inpatient Services | | |
| Facility Fees, Doctors and other services | Deductible + Coinsurance | 40% after deductible |
| Outpatient Services | | |
| Surgery Facility & Hospital Charges | Deductible + Coinsurance | 40% after deductible |
| Emergency Room | \$250 Copay | |
| Prescription Drugs | Mail order maintenance prescriptions have a 90-day limit, except Specialty drugs stay 30-day limit.) | |
| Generic (Preventive) | \$15 (MedImpact) | 40% after deductible |
| Generic (Tier 1) | \$25 (MedImpact) | 40% after deductible |
| Preferred (Tier 2) | \$50 (MedImpact) | 40% after deductible |
| Non-Preferred (Tier 3) | \$75 (MedImpact) | 40% after deductible |
| Specialty (Tier 4) | 30% (MedImpact) | 40% after deductible |
| Mail Order Prescriptions | MedImpact - 3x Retail Copay | Not Covered |
| BIWEEKLY EMPLOYEE CONTRIBUTIONS | | |
| Employee Only | \$92.01 | |
| Employee + Spouse | \$288.45 | |
| Employee + Child(ren) | \$256.71 | |
| Employee + Family | \$408.53 | |

*Amounts applied toward the deductible on a calendar year basis through December 31st and will reset on January 1st

NURSE ADVICE LINE

PROVIDED THROUGH KAISER PERMANENTE

Through the Kaiser Permanente app, you have access to a 24/7 Nurse Advice Line. Not sure what kind of care you need? Our registered nurses are here for you 24/7. They can guide you to the type of care that's best for your symptom or condition, helping you decide where to go for care or providing advice to help you treat it at home. The nurses have access to your health record and can also schedule you an appointment if needed.

Through Kaiser, talk to a registered nurse for advice and help finding your best available care options. No trip. No Copay.

1. Call us 24/7 at [404-365-0966](tel:404-365-0966) or [1-800-611-1811](tel:1-800-611-1811)
2. Choose Nurse Advice
3. Ask away



HEALTH & WELLNESS RESOURCES

PROVIDED THROUGH KAISER PERMANENTE

CALM APP

Calm is an app that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. Adult members can get Calm at kp.org/selfcareapps. Calm is:

- The #1 App for meditation and sleep
- Hand-picked by Kaiser Permanente physicians
- Confidential and easy to use



Adult members can get the Calm app at no cost

Practicing mindfulness with Calm can help you build resilience and support your overall emotional health and wellness. Anyone can benefit from Calm, and the app offers something for everyone:

- ☒ A new 10-minute Daily Calm meditation every day
- ☒ Guided meditations covering anxiety, stress, gratitude, and more
- ☒ Sleep Stories (soothing bedtime tales for grown-ups)
- ☒ Music for focus, relaxation, and sleep
- ☒ Calm Masterclasses taught by world-renowned experts and celebrities

MYSTRENGTH APP

myStrength is designed to help you navigate life's challenges, make positive changes, and support your overall well-being. The app can help you set goals and work toward them in the ways that work best for you. You can get myStrength at kp.org/selfcareapps and choose the mental health and wellness areas you want to focus on, including:

- Managing depression
- Mindfulness and meditation
- Reducing stress
- Pregnancy and parenting
- Improving sleep
- Drug, alcohol, or nicotine recovery



Anyone can benefit from myStrength – and it's available at no cost to adult members

The app offers personalized self-care programs based on the cognitive behavioral therapy model. Programs include interactive activities, daily health trackers to monitor your progress, in-the-moment coping tools, and more. myStrength is:

- ☒ Evidence-based and proven effective
- ☒ Hand-picked by Kaiser Permanente physicians
- ☒ Confidential and easy to use

FLEXIBLE SPENDING ACCOUNTS (FSA)

PROVIDED THROUGH PAYFLEX

With a flexible spending account (FSA), you can set aside money on a pre-tax basis from your paycheck to cover qualifying healthcare (medical, dental and vision) or dependent day care expenses.

The IRS sets a maximum limit for contributing to an FSA.

You can contribute up to \$3,200 in a Healthcare FSA and up to \$5,000 in a Dependent Care FSA (or \$2,500 if married filing separately).

BENEFITS OF AN FSA

- **PRE-TAX SAVINGS** - The dollars you contribute to an FSA are added pre-tax. For example, if you contribute \$2,500 to an FSA during a plan year and pay a tax rate of 30%, you'd save \$750.
- **FUNDS AVAILABLE RIGHT AWAY** - All of your Medical FSA funds are available on the first day of the plan year. Dependent Care FSA funds are available for use as they accrue per pay period.

HEALTH CARE FSA

You can use your Health Care FSA to pay for eligible expenses not covered by your medical, dental, and vision insurance plans. The amount you set aside into an FSA must be used by the end of the calendar year, so it's important to carefully plan for the estimated annual health expenses prior to enrollment. You can use your Healthcare FSA to cover expenses for your spouse, dependents and adult children (through age 26).

Note: If you're enrolled in a Health Savings Account (HSA), you're not eligible for a Health Care FSA.

Examples of eligible expenses include doctor Visits, physical therapy, speech therapy, Surgeries, hearing aids, ambulance costs,

DEPENDENT CARE FSA

A Dependent Care FSA allows you to put money aside for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. To be eligible for a Dependent Care FSA, you and your spouse (if applicable) must work, be looking for work or be fulltime students.

Examples of eligible expenses include preschool and after-school care, daycare providers, and summer day camps.

USE IT OR LOSE IT

The most important step to have success with your FSA is planning ahead. The IRS has a "Use or Lose" rule in place for FSAs so the funds not spent by the end of a plan year are at risk of being forfeited.

THE BENEFITS DEBIT CARD

You'll receive two cards when you enroll, and you can request additional cards for your spouse and dependents 18 years or older – for free through your online account.

WAYS TO GET REIMBURSED

You can submit documentation within minutes using the PayFlex App. This is the quickest and easiest method for filing claims and submitting documentation for your FSA purchases because it lets you use your phone's camera to take pictures of documentation and upload it on the spot.

You can also submit documentation through your online account or via fax or mail.

GO MOBILE WITH YOUR FSA

To make managing your FSA as simple as possible, be sure to download the PayFlex FSA App



DENTAL BENEFITS

PROVIDED BY MUTUAL OF OMAHA

To provide employees and their dependents access to an affordable network of dentists, Wesley Woods offers two dental plans through Mutual of Omaha. **The MAC Plan is ideal for members utilizing a dentist who participates in the Mutual of Omaha network. The PPO Plan is ideal for members utilizing a dentist who is considered out of network.**

To find an in-network dentist, go to www.mutualofomaha.com/dental. Click on the 'Member Portal Login' and select 'Provider Quick Search'. Select the 'Mutually Preferred' network and enter your Zip Code to find a provider near you. Please see the Certificates of Coverage(s) for details about any exclusions or limitations that may apply not shown below.

| Mutual of Omaha | | |
|--|-------------------------|--|
| Plan Features | MAC PLAN | PPO PLAN |
| Calendar Year Deductible (Individual / Family) <small>per individual per calendar year</small> | \$50 / \$150 | \$50 / \$150 |
| Annual Benefit Maximum <small>per individual per calendar year</small> | \$2,000 | \$1,500 |
| Out of Network Reimbursement | In-Network Fee Schedule | 90 th Percentile of Usual & Customary Rates |
| Preventive Services | YOU PAY | |
| Oral exams, dental cleanings, x-rays (1 set of bitewings every twelve months, full mouth every five years), 1 fluoride treatment per year for children under 15) | 0% (deductible waived) | 0% (deductible waived) |
| Basic Restorative Services | | |
| Fillings, brush biopsy, etc. | 0% after deductible | 20% after deductible |
| Major Restorative Services | | |
| Inlays and onlays, periodontics, crowns, endodontics, dentures, bridges, and complex oral surgery | 40% after deductible | 50% after deductible |
| Orthodontia Lifetime Maximum | \$1,000 | \$1,500 |
| Orthodontia Services | 50% Children Only | 50% Children Only |
| BIWEEKLY EMPLOYEE CONTRIBUTIONS | MAC PLAN | PPO PLAN |
| Employee Only | \$8.55 | \$12.68 |
| Employee + Spouse | \$19.01 | \$25.81 |
| Employee + Child(ren) | \$25.71 | \$32.02 |
| Employee + Family | \$35.31 | \$44.29 |

MUTUAL OF OMAHA DENTAL ROLLOVER BENEFITS

How it Works

- If you have at least one cleaning and exam in a policy year but spend less than 50% of the policy year maximum benefit you can enjoy a higher max benefit amount in future years
- You can roll over 25% of the policy year maximum benefit dollars to the next year
- A higher max in future years makes the plan more valuable to keep in place
- Adjusted annual maximum can grow up to 2x the policy year maximum benefit

Rollover benefit is administered automatically for all enrolled members.

| Example 1: | Example 2: |
|--|---|
| <p>The member's plan has a \$1,000 annual maximum.</p> <p>During the plan year, the member has two cleanings and examinations and one set of X-rays for a total of \$200 in services.</p> <p>The member can rollover \$250, or 25% of the policy year maximum.</p> | <p>The member's plan has a \$1,000 annual maximum.</p> <p>During the plan year, the member has one cleaning and examination and two root canals for a total of \$900 in services.</p> <p>The employee is not eligible for rollover because they spent more than 50% of their policy year maximum.</p> |

Note: Member must satisfy any benefit or late entrant waiting period to be eligible for max rollover.



VISION BENEFITS

PROVIDED BY MUTUAL OF OMAHA

Taking care of your vision is important to your overall health. Many eye problems and diseases can be treated if caught early. Mutual of Omaha members can take care of their vision and have routine eye exams, while saving money on all their eye care needs.

The EyeMed Insight networks offers members access to convenient, quality care with more than 71,000 access points, including independent optometrists and retail stores like LensCrafters, JC Penney, Sear's Optical, Pearl Vision and many more. To locate a participating network eye care doctor or location, go to www.mutualofomaha.com/vision

In the 'Extensive Network' section, click on the Locate a Provider link. Enter a Zip Code or click on 'Use My Location' to see providers in your area.

| VISION PLAN | | |
|---------------------------------|-----------------|----------------|
| Plan Features | In-Network | Out-of-Network |
| YOU PAY | | |
| Exam | \$0 copay | Up to \$40 |
| Frames | \$150 Allowance | Up to \$105 |
| Lenses | | |
| Single | \$0 Copay | Up to \$30 |
| Bifocal | \$0 Copay | Up to \$50 |
| Trifocal | \$0 Copay | Up to \$70 |
| Contacts (in lieu of glasses) | | |
| Elective | \$150 Allowance | Up to \$150 |
| Medically Necessary | \$0 Copay | Up to \$210 |
| BIWEEKLY EMPLOYEE CONTRIBUTIONS | | |
| Employee Only | | \$5.00 |
| Employee + Spouse | | \$9.50 |
| Employee + Child(ren) | | \$10.00 |
| Employee + Family | | \$14.69 |



LIFE AND AD&D BENEFITS

COMPANY PAID

Wesley Woods provides a Life and AD&D benefit administered by Mutual of Omaha, at **no cost to you**. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

The above benefits will begin to decrease at age 65 to 65%; 50% at age 70

The Benefit amount for the Basic Life policy is **1x Annual Earnings** to a Benefit Maximum of \$50,000

IMPORTANT REMINDER! BE SURE TO ASSIGN A BENEFICIARY OR LIVING TRUST TO ENSURE YOUR ASSETS ARE DISTRIBUTED ACCORDING TO YOUR WISHES.

VOLUNTARY

Wesley Woods offers voluntary life and AD&D through Mutual of Omaha for you, your spouse and your eligible children. Electing to purchase this additional coverage allows you to do more to protect your loved ones financially in the event of your death. Benefits will begin to decrease at age 65 to 65%; 50% at age 70.

The rates for the voluntary life and AD&D are reflected as you complete the enrollment process.



| Plan Features | |
|---------------|--|
| Employee | \$10,000 increments to a maximum of 5x Annual Earnings or \$500,000 Guarantee Issue Amount: lesser of 5x Annual Earnings or \$200,000 |
| Spouse | \$5,000 increments to a maximum of \$250,000 Guarantee Issue Amount: \$25,000 |
| Child(ren) | \$2,000 increments to a maximum of \$10,000 |

IMPORTANT THINGS TO CONSIDER

- You must elect coverage for yourself in order to enroll your spouse and/or your eligible child(ren)
- The rate for your spouse is based on your age
- You will be required to submit Evidence of Insurability, if:
 - Your election exceeds the Guarantee issue amount
 - You declined coverage during your initial eligibility period
 - You elect to increase your current election in excess of the Guarantee Issue amount
- Remember to update your beneficiary

DISABILITY BENEFITS

PROVIDED THROUGH MUTUAL OF OMAHA

Understanding the importance in protecting your income, Wesley Woods provides you with the opportunity to purchase short-term disability and offers you company-paid long term disability benefits.

VOLUNTARY SHORT-TERM DISABILITY (STD)

Wesley Woods offers voluntary short-term disability benefits administered by Mutual of Omaha. This benefit provides financial protection for you by paying a portion of your income should you become disabled due to a non-work-related illness or injury. You will be responsible for 100% of the premium for this benefit.

The amount you receive is based on your base earnings before your disability began. If you suffer from a qualified accident or illness, Mutual of Omaha will pay 60% of your weekly earnings, up to \$2,500 per week, for up to 9 weeks. Benefit payments will begin after the 31st day from the date the disability occurred.

The STD plan does include a limitation on pre-existing conditions. You have a pre-existing condition, if: you received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and the disability begins in the first 6 months after your effective date of coverage and a 2-week limitation.

The rates for the STD Benefit are reflected as you complete the enrollment process.

Note: If you decline the voluntary short-term disability coverage when initially eligible then you will be required to complete an Evidence of Insurability application should you choose to enroll later. Enrollment for late entrants is subject to medical underwriting approval.

COMPANY-PAID LONG-TERM DISABILITY (LTD)

Wesley Woods is pleased to provide long-term disability benefits at no cost to you, administered by Mutual of Omaha. This long-term disability plan provides financial protection for you by paying a portion of your income while you are disabled.

LTD insurance provides a benefit after 90 days of a continuous disability. LTD begins when STD ends. You are eligible to receive 60% of your monthly earnings up to \$15,000.

The long-term disability plan does include a limitation on pre-existing conditions. You have a pre-existing condition, if: you received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and the disability begins in the first 12 months after your effective date of coverage.



VOLUNTARY BENEFITS

PROVIDED THROUGH MUTUAL OF OMAHA

If you're sick or hurt, health insurance may pay just a portion of your medical costs. But what about deductibles, copays and other expenses not typically covered by health insurance?

Mutual of Omaha can help with the expenses that health insurance doesn't cover. And Mutual of Omaha pays you - not the doctors or hospitals! These benefits will be payroll-deducted.

The Mutual of Omaha benefits available for you to elect through Paycom include:

Accident

Accidents happen. When a covered accident happens to you or one of your family members, your accident insurance policy pays you cash benefits to help with the unexpected medical and everyday expenses that begin to add up almost immediately. Covered benefits include burns, lacerations, broken bones, concussions, ambulance charges, dental care and more.

Critical Illness

A Mutual of Omaha Critical Illness insurance policy is designed to help with the costs of treatment if you experience a covered Critical Illness event, such as: heart attack, stroke, cancer, organ failure and more.

Hospital Indemnity

Hospital stays are expensive. A hospital indemnity insurance policy can help ease the financial burden of hospital stays by providing cash benefits. Covered benefits include Hospital Admission and ICU Admission, Daily Confinement and more.



FACULTY STAFF ASSISTANCE PROGRAM (FSAP)

Wesley Woods Senior Living will continue to offer the Faculty Staff Assistance Program (FSAP)

FSAP is your link to a healthier you. They can help you enhance your personal and professional well-being through a variety of programs and services designed to promote physical, emotional, social and occupational health. They utilize a holistic model of service delivery, which supports collaboration and promotes community. The program services as a resource for employees and their families.

Services to Enhance Work Productivity and Performance

- **Coaching** services related to career planning, professional skills enhancement, and workplace dynamics.
- **Individual Consultations** are provided to discuss services for you or concerns about a colleague. These consultations may be provided in-person or by phone.
- **Leadership Consultations** are available to offer support to leaders needing to discuss emerging concerns and specific issues related to direct reports or teams.
- **Critical Incident Debriefings** are conducted for departments and work teams after a traumatic incident (e.g., the death of a colleague). These sessions assist with processing and responding to grief and loss.

Services to Enhance Your Personal Health and Well-Being

- **Assessment, short-term counseling, and referral services** are provided in a confidential setting where you may discuss concerns, identify solutions, and develop a plan for resolving your problems.
- **Coaching/Consultation Services** for personal needs.
- **Self-Assessments** provide immediate, computer-generated, confidential results for a variety of emotional health concerns.
- **Support Groups** address common issues facing individuals today (e.g., grief and loss, anger and conflict).
- **Physical Activity Support** comes in the form of challenges, walking groups and fitness center discounts.
- **Weight Management** programs and services assist you with losing or maintaining weight.

How to Contact FSAP:

(404) 727-4328 or (404) 727-WELL

Visit the FSAP Website at www.fsap.emory.edu

Employees outside of Atlanta area; you will need to contact FSAP to set up any in-person counseling sessions in your area or they will also be happy to speak with you over the phone.

WESLEY WOODS RETIREMENT PLAN

All eligible full-time and part-time employee who are at least 21 years of age are eligible for Wesley Woods's basic and matching contributions to the retirement plan. Wesley Woods employees may participate on the first day of the month following their date of employment. Matching contribution and the company 2% employer contribution will begin after 1 year of continuous service in a 12-consecutive-month period (must work a minimum of 1000 hours in the 12 consecutive month period).

WESLEY WOODS MATCHING CONTRIBUTIONS

If an employee elects to make a contribution to the 403(b)-retirement plan of at least 1%, Wesley Woods will match the employee contribution dollar for dollar up to a maximum of 3%.

For Example:

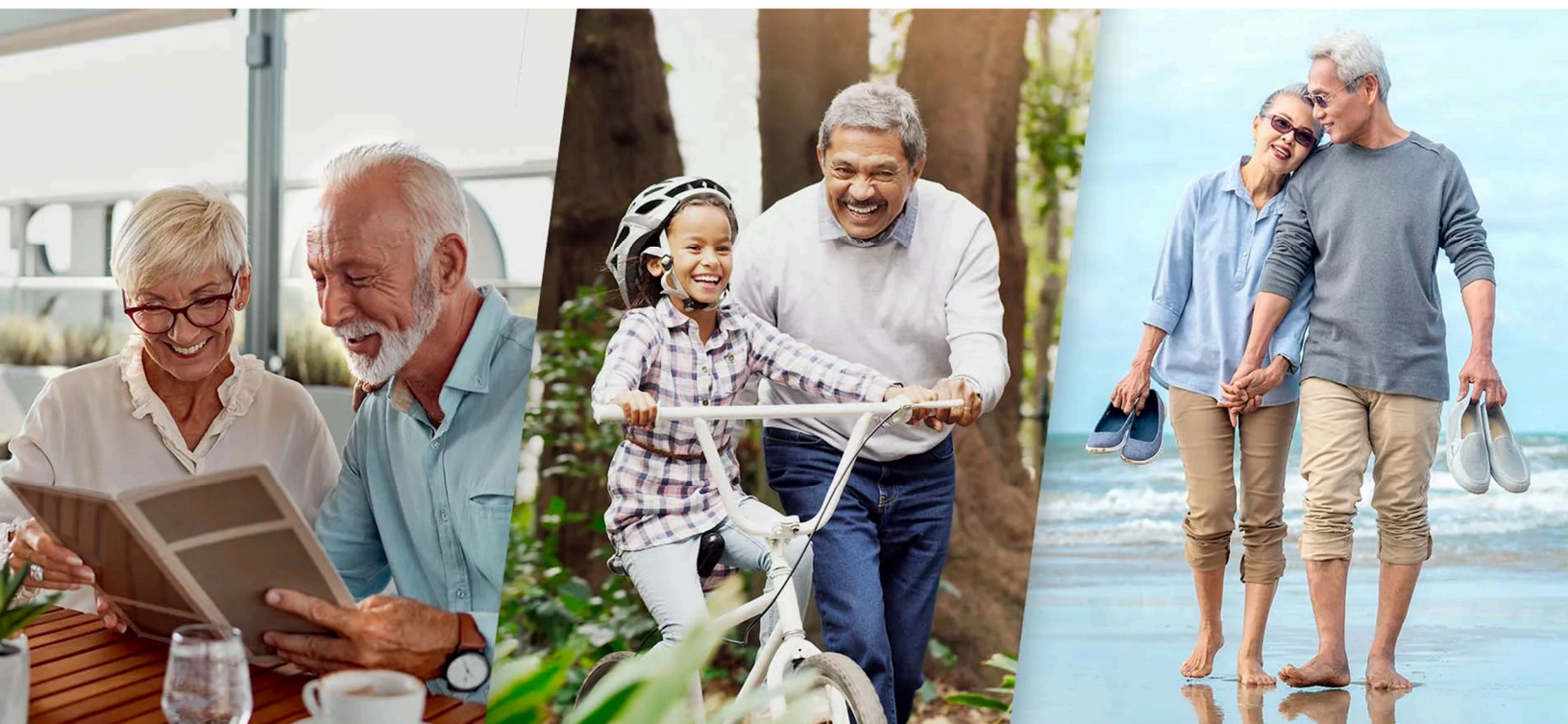
- Employee contributes 1% of eligible salary
Wesley Woods matches it with a 1% contribution
- Employee contributes 2% of eligible salary
Wesley Woods matches it with a 2% contribution
- Employee contributes 3% of eligible salary
Wesley Woods matches it with a 3% contribution

EMPLOYEE CONTRIBUTION AMOUNT

All eligible full-time and part-time employees are immediately eligible to contribute to the retirement plan using pre-tax dollars only. As an employee, you may contribute 100% of your eligible pay up to the annual IRS maximum deferred limits. (Limit is \$23,000 in 2024.) If you are 50 or older, you may defer an additional catch-up amount. For 2024, the additional catch-up contribution amount can be up to \$7,500.

TOTAL ANNUAL CONTRIBUTION

The IRS sets annual limits for the total amount that can be contributed by both the employee and the employer. This limit can change year to year. The IRS provides that the combined annual limit for total plan contributions is 100% of your W-2 compensation or \$68,000, whichever is less.



VANGUARD

Vanguard is one of the world's largest global investment management companies, serving individual investors, institutions, employer-sponsored retirement savings plans and financial professionals. Amid all the "noise" in the marketplace about what you should and shouldn't do to invest successfully, Vanguard believes the key is to pay attention to a few things that really matter: low costs, diversification, and a long-term perspective. Vanguard helps you stay focused on these essentials—and that can make a difference in reaching your financial goals.

Online Information

Vanguard's website provides 24-hour secure online access to your account information, including daily balance and fund performance updates. You'll have access to a wealth of information to help you with your retirement and financial planning. Online tools, calculators, and surveys tailored to your stage in retirement investing can help you determine how much to save, where to invest, how to plan for your retirement, and more.

You can also download Vanguard fund prospectuses at www.vanguard.com.

Easy Account Management

You can manage your account and get investment help anytime:

With personal assistance. Vanguard Participant

Services associates are available to assist you at

800-569-4903 Monday through Friday from 8:30 a.m. to 8 p.m., ET.

Simple Investment Changes

If you ever want to change how your money is invested, you can always move your money to new funds, rebalance your account, or redirect your contributions to new funds. It only takes a couple of minutes either online or by calling Vanguard. Transactions are generally \$15.00.*

Transfers

If you ever wish to transfer funds from another vendor to Vanguard, you can simply contact Vanguard to request the appropriate form. Once that form has been completed and returned to Vanguard, Vanguard handles acquiring your assets from the other provider. While it largely depends upon the transferee institution, most asset transfers are completed within three to four weeks.

Prospectus

For more information about any fund, including investment objectives, risks, charges and expenses, call Vanguard at 800-569-4903 to obtain a prospectus. The prospectus contains this and other important information about the fund. Read and consider the prospectus information carefully before you invest.

* Some Vanguard funds are subject to a frequent trading policy, which restricts moving money back and forth between funds within a given number of days. Some core funds are subject to a specified redemption fee for the date of shares held for less than a given number of days. If you wish to speak to a Vanguard Representative, contact them at 800-569-4903.

ADDITIONAL RESOURCES

BENEFITS RESOURCE CENTER

Wesley Woods Senior Living Inc is excited to offer access to the USI Benefit Resources Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time via phone 855-874-0835 or via e-mail BRCSouth@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Some of the services the Benefits Resource Center Provides are:

- Provide claim appeals information & explain the process
- Provide vendor plan contact information
- Research patient out of pocket expenses
- Assist with eligibility and claim problems with carriers
- Explain allowable family status election changes
- Guidance on disability claim filing

MEDICARE ASSISTANCE

When you become eligible for Medicare, you can face a confusing array of choices. Wesley Woods Senior Living has teamed up with My Benefits Advisor (MBA) to help guide you through the Medicare maze and find the right coverage solutions for your needs.

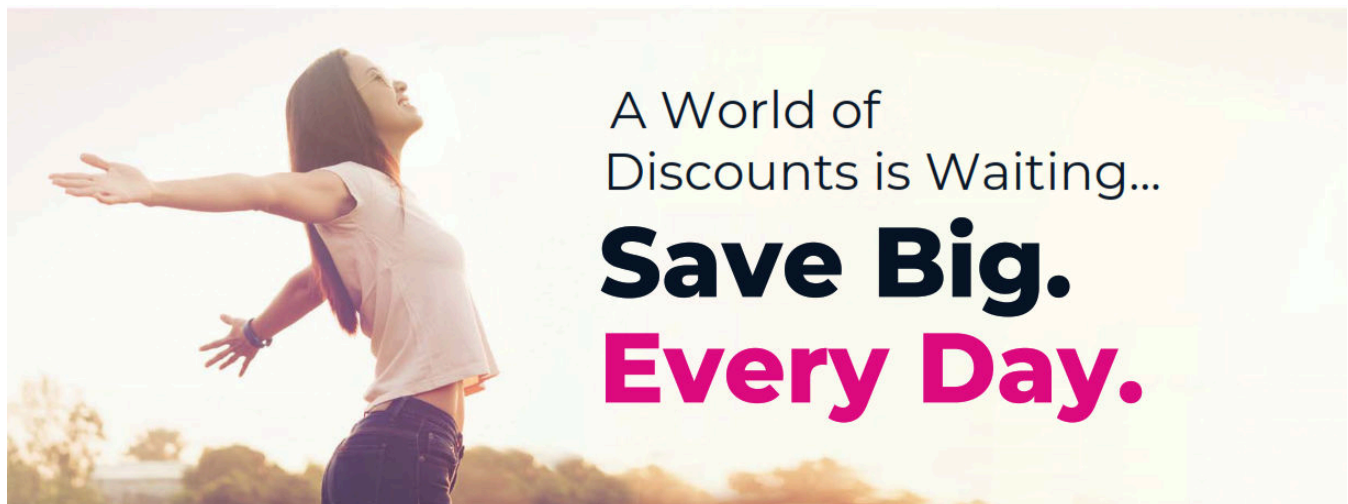
Dedicated Benefits professionals will:

- Help Educate
- Review Plan Options
- Simplify Enrollment
- Complete an Annual Medicare Review

Your dedicated benefits professional is Karen Coia and her contact information is 856-334-4356.



BENEFITHUB



A World of
Discounts is Waiting...

**Save Big.
Every Day.**

Sign up for the Wesley Woods BenefitHub Perk Program!

**Enjoy discounts, rewards, and perks on 1,000s of brands
you love in a variety of categories:**

- Travel
- Apparel
- Entertainment
- Beauty & Spa
- Auto
- Local Deals
- Restaurants
- Tickets
- Electronics
- Education
- Health & Wellness
- Auto & Home Insurance

Hertz

LEGOLAND

**Office
DEPOT**

Lenovo

GROUPON

Budget

TrueCar

sam's club



GARMIN

CityPASS

AVIS

It's easy to access and start saving!

1. Go to: <https://wesleywoodspersks.benefithub.com>
2. Not Registered? Click on link for "Don't have an account? Signup"
3. Complete Registration using Referral Code: 2CTQ69

Or scan here now!



Questions? Call 1-866-664-4621 or email customer care@benefithub.com



WESLEY WOODS

Inspired Living

2024 BENEFITS GUIDE

