Gid Avantaj

ou

Alerislife | FIVE STAR SENIOR LIVING

Avantaj 2025 *ou*

Men kote ou kapab jwenn...

Nou konprann enpòtans avantaj yo jwe nan lavi ou ak nan lavi fanmi ou. Kòm yon nouvo anplwaye, epi chak ane pandan enskripsyon lib la, ou ap genyen yon okazyon pou fè chanjman nan avantaj ou yo pou asire ke ou menm ak fanmi ou genyen bonjan kalite pwoteksyon.

Gid sa a ki prezante avantaj yo kapab ede ou vin abitye avèk chwa avantaj yo nan AlerisLife. Gid la bay kèk konsèy itil tou, zouti ak resous pou ede ou reflechi nan chwa ou yo pou ou kapab pran desizyon ki rezonab. Pandan w ap prepare pou enskri:

- Konsidere bezwen pwoteksyon avantaj ou yo pou ane k ap vini an. Pa egzanp, èske fanmi ou pwoteje sou plan finansye si ou pa kapab travay akòz yon aksidan oswa maladi?
- Konsidere lòt pwoteksyon ki disponib.
- Rasanble enfòmasyon ou pral bezwen yo. Si w ap pwoteje kèk depandan, w ap bezwen dat nesans yo ak nimewo Sekirite Sosyal yo. **Answit, ou kapab bezwen bay dokiman legal ki verifye si depandan ou yo kalifye — tankou yon sètifika maryaj oswa yon batistè.**

Rive jwi pifò nan avantaj ou yo depann de fason ou konprann plan ou yo ak fason ou chwazi pou itilize yo. Sonje pou li gid sa a nèt pou jwenn enfòmasyon enpòtan yo sou chwa avantaj ou yo.

Elijibilite *ou*

Elijiblite yon Anplwaye

Ou elijib pou patisipe nan plan medikal, dantè ak vizyon yo si ou se yon manm ekip aplentan ki travay 30 èdtan oswa plis pa semèn. Ou elijib pou patisipe nan FSA Swen Sante ak FSA Swen Depandan a si ou se yon manm ekip aplentan ki travay 30 èdtan oswa plis pa semèn epi ou te travay nan AlerisLife pou omwen 180 jou nan bay sèvis san kanpe. Pifò avamtaj yo efektif jou ou vin kalifye a depi ou enskri nan lespas 30 jou apre dat ou te kòmanse travay ou a oswa pandan peryòd enskripsyon ouvè a.

Elijibilite yon Depandan

Moun ki sou kont ou yo elijib tou:

- Konjwen legal ou (sonje: konjwen ou sèlman elijib pou plan medikal la si li pa genyen aksè a pwoteksyon nan pwòp travay li)
- Pitit ou ki genyen jiska laj 26 lane

Chanjman nan Avantaj ou yo

Anjeneral, ou kapab sèlman chwazi avantaj oswa chanje avantaj ou te chwazi deja lè ou se yon nouvo anplwaye oswa pandan peryòd enskripsyon lib la. Men ou kapab chanje chwa avantaj ou yo pandan ane a, si ou genyen yon evènman tankou:

- Maryaj, divòs oswa separasyon legal
- Nesans oswa adopsyon yon timoun
- Si ou pèdi oswa vin genyen lòt pwoteksyon asirans avèk anplwaye oswa depandan
- Si ou vin kalifye pou Medicare oswa Medicaid

Ou genyen 30 jou apati yon evènman nan lavi w' ki kapab pèmèt pou fè chanjman nan pwoteksyon asirans ou. Selon kalite evènman an, ou kapab bezwen bay prèv evènman an, tankou yon sètifika maryaj. **Si ou pa fè chanjman yo nan 30 jou apre evènman ki elijib la, w ap genyen pou rete tann jouk nan pwochen peryòd enskripsyon lib la pou w kapab fè chanjman yo (sof si ou genyen yon lòt evènman nan lavi ki elijib la).**

Enskri nan Avantaj yo

Revize avantaj ou yo nan flimp.live/AlerisLife-Benefits

Komanse pwosesis enskripsyon an nan Workday myworkday.com/wday/authgwy/5ssl/login.htmld

Chwazi avantaj ou vle yo

Gade oswa soumèt chwa ou yo

Enprime yon kopi chwa ou yo pou dosye ou yo

Apèsi sou Avantaj Medikal ak Famasi *ou*

Nou ofri chwa de plan medikal avèk UnitedHealthcare (UHC). Tou de chwa medikal yo genyen kouvèti pou medikaman sou preskripsyon atravè Express Scripts. Pou chwazi plan k ap pi bon pou fanmi ou, ou ta dwe konsidere diferans kle ki genyen ant plan yo, pri pwoteksyon asirans lan (ansanm avèk dediksyon yo nan pewòl ou), ak fason plan an ap kouvri sèvis yo pandan tout ane a.

Konprann kijan plan ou an fonksyone

Dediktib ou

Ou ap genyen pou peye pifò depans medikal ak famasi nan pòch ou, eksepte sa yo ki genyen yon kopeman, jiskaske ou rive nan franchiz la.

Kouvèti ou

Lè ou fin peye franchiz ou a, ou menm ak plan an pral pataje pri depans medikal ak famasi ki kouvri yo. W ap peye yon kopeman pou pifò sèvis yo epi plan an ap peye rès la.

Depans Maksimòm avèk Lajan nan Pòch ou

Lè ou rive nan maksimòm depans ou fè ak lajan nan pòch ou a, plan an ap peye 100% depans medikal ak famasi ki kouvri yo pou rès ane plan an.

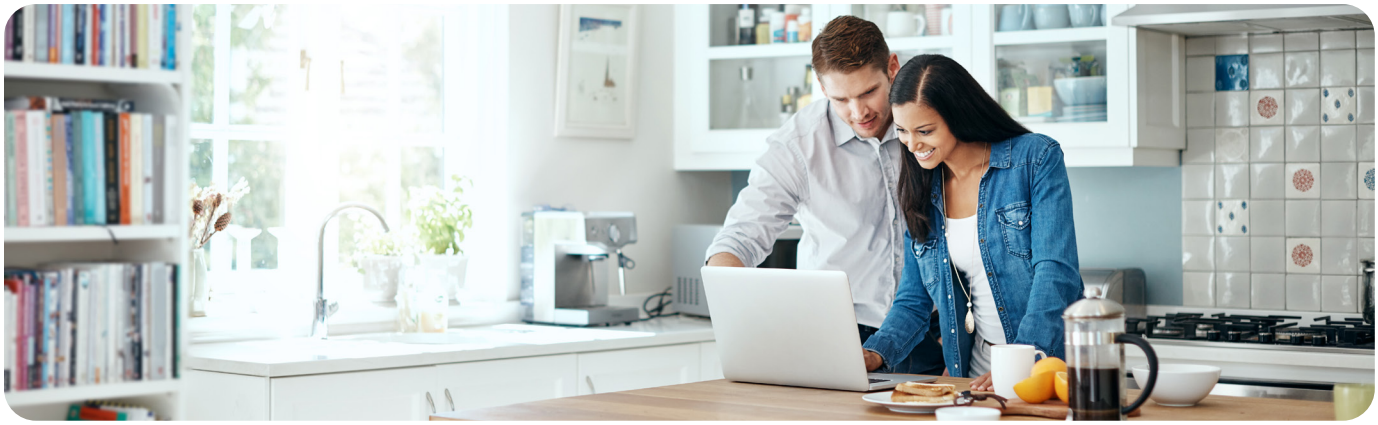
Franchiz Entegre ak Depans Maksimòm ou kapab fè avèk Lajan Pòch ou

Dapre yon apwòch entegre, chak moun genyen pou l peye sèlman franchiz endividyèl ak depans maksimòm avèk lajan nan pòch li anvan plan an kòmanse peye pòsyon pali pou moun nan. (Epi lè de oswa plis manm nan fanmi an rive nan limit fanmi an, plan an ap kòmanse peye pòsyon pali a pou tout manm fanmi yo ki genyen pwoteksyon asirans lan).

Fason pou resevwa pifò avantaj nan plan ou

Pou w' kapab resevwa pifò avantaj nan plan ou a depann de fason ou konprann li tou. Toujou sonje konsèy enpòtan sa yo lè w ap itilize plan ou:

- **Pwofesyonèl swen sante ak famasi ki nan rezo a:** W ap toujou peye mwens lajan si ou wè yon pwofesyonèl swen sante ki nan rezo medikal la ak rezo famasi a.
- **Swen prevantif:** Swen prevantif nan rezo a kouvri a 100% (gratis pou ou). Anpil fwa ou resevwa swen prevantif pandan yon egzamen fizik anyèl epi li genyen ladan iminizasyon, tès nan laboratwa, tès depistaj ak lòt sèvis ki fèt pou prevni maladi oswa pou detekte pwoblèm anvan ou remake nenpòt sentòm.
- **Medikaman prevantif:** Anpil medikaman prevantif ak sa ki sèvi pou trete pwoblèm medikal kwonik tankou dyabèt, ipètansyon, ak opresyon fè pati lis medikaman prevantif. Yo kouvri preskripsyon sa yo a 100% (gratis pou ou) lè ou itilize yon famasi ki nan rezo a.
- **Acha nan Famasi pa Lapòs:** Si w ap pran yon medikaman antretyen sou yon baz kontinyèl pou yon kondisyon tankou kolestewòl ki wo oswa ipètansyon, ou kapab itilize famasi pa lapòs la pou ekonomize sou yon rezèv pou 90 jou.
- **Pwoteksyon pou famasi:** Nou mete medikaman yo nan kategori dapre pri, sekirite ak efikasite medikaman an. Nivo sa yo afekte pwoteksyon ou tou.
  - Jenerik – Se yon medikaman ki ofri itilizasyon, dòz, fòs, kalite ak pèfòmans tankou yon medikaman ki komèsyal, men li pa genyen yon non komèsyal.
  - Medikaman Komèsyal Rekòmande – Yon medikaman ki genyen yon patant ak non komèsyal ke nou konsidere kòm "rekòmande" paske li apwopriye pou itilize pou objektif medikal epi anjeneral li koute mwen chè pase lòt medikaman ki genyen non komèsyal yo.
  - Non Komèsyal ki pa-rekòmande – Yon medikaman ki genyen yon patant ak yon non komèsyal. Kalite medikaman sa a "pa rekòmande" epi anjeneral li pi chè pase lòt kalite medikaman jenerik ak non komèsyal rekòmande.
  - Espesyalite – Yon medikaman ki egzije prekosyon, administrasyon ak kontwòl espesyal. Ou kapab jwenn pifò nan medikaman sa yo nan yon famasi espesyalize epi yo egzije apwobasyon siplemantè ki obligatwa.



Komparezon Plan Medikal ak Preskripsyon

Dispozisyon Plan Medikal Gwoup #: 717168	CHOICE PLUS $2,500		CHOICE PLUS $1,000	
	Nan rezo a	Andeyò rezo a	Nan rezo a	Andeyò rezo a
Franchiz Anyèl Endividyèl Fanmi	$2,500 $5,000	$3,000 $6,000	$1,000 $2,000	$1,500 $3,000
Depans maksimòm avèk lajan nan pòch ou (li genyen franchiz ladan) Anplwaye Sèlman Fanmi	$4,000 $8,000	$5,000 $10,000	$4,000 $8,000	$5,000 $10,000
Swen Prevantif	Kouvri a 100%	40%*	Kouvri a 100%	40%*
Vizit doktè Swen Sante Prensipal ou	Kopeman $40	40%*	Kopeman $25	40%*
Vizit espesyal	Kopeman $80	40%	Kopeman $50	40%
Telemedicine	Kopeman $30	40%*	Kopeman $15	40%*
Radyografi ak Laboratwa	20%*	40%*	20%*	40%*
Sèvis nan Lopital pou Pasyan ki Entène	Kopeman $500	40%*	Kopeman $250	40%*
Sèvis nan Lopital pou Pasyan ki pa Entène	Kopeman $250	40%*	Kopeman $100	40%*
Swen an Ijans	Kopeman $80	40%*	Kopeman $50	40%*
Sal dijans	Kopeman $250	Kopeman $250	Kopeman $250	Kopeman $250
Medikaman sou preskripsyon	Peman Anplwaye yo			
Andetay (kantite medikaman pou 30 jou) Nivo 1 — medikaman jenerik Nivo 2 — rekòmande Nivo 3 — ki pa rekòmande Nivo 4 — espesyalite	$15 $25 $50 $100	Ki Pa Kouvri	$15 $25 $50 $100	Ki Pa Kouvri
Kòmann pa lapòs (kantite medikaman pou 90 jou) Nivo 1 — medikaman jenerik Nivo 2 — rekòmande Nivo 3 — ki pa rekòmande Nivo 4 — espesyalite	$37.50 $62.50 $125 $250	Ki Pa Kouvri	$37.50 $62.50 $125 $250	Ki Pa Kouvri

**Apre franchiz*

Lopital ak preskripsyon kontribisyon pewòl anplwaye chak de semèn

Nivo Pwoteksyon	CHOICE PLUS $2,500	CHOICE PLUS $1,000
Anplwaye	$52.25	$123.08
Anplwaye + Madanm/Mari	$189.63	$322.71
Anplwaye + timoun (yo)	$156.52	$265.41
Fanmi	$255.86	$437.35

Anplwaye yo kapab chwazi plan medikal ak medikaman sou preskripsyon san yo pa enskri nan plan dantè oswa vizyon an.

Materyèl sou Plan Medikal *ou*

Livongo

AlerisLife fyè pou li ofri Livongo, yon benefis sante ki ede manm ekip yo jere dyabèt ak ipètansyon atravè antrenè pèsonalize ki itilize dènye teknoloji yo. Livongo disponib gratis pou manm ekip AlerisLife ki genyen dyabèt oswa ipètansyon ki te enskri nan plan medikal AlerisLife yo. Sèvis konfidansyèl yo bay pou swen dyabèt ak ipètansyon yo se:

- Sipò an tan reyèl nan men antrenè yo lè ou bezwen sa
- Konsèy pèsonalize ak kèk atik ke ou kapab chwazi jis pou ou
- Rezime Rapò ke ou kapab voye bay doktè w la
- Alèt familyal ki opsyonèl pou bay moun ou renmen yo aktyalizasyon

Livongo pou dyabèt

Genyen plizyè milyon Ameriken ki genyen dyabèt oubyen ki a risk pou yo genyen l. Si ou menm oswa yon moun ki sou kont ou enskri nan yon plan medikal AlerisLife epi genyen dyabèt tip 1 oswa tip 2, ou elijib pwogram pou Livongo. Pwogram sa a ba ou resous ou bezwen pou jere kondisyon w lan. Anplis sèvis nou bay pi wo yo, manm ekip ki enskri nan pwogram dyabèt la ap resevwa aparèy pou kontwole sik nan san ak bann mezi ak lansèt san limit.

Livongo pou ipètansyon

Tansyon wo, oubyen ipètansyon, se yon lòt pwoblèm medikal plizyè milyon moun ap fè fas chak ane. Si ou menm oswa yon moun ki sou kont ou enskri nan yon plan medikal AlerisLife epi genyen ipètansyon, ou elijib pou Livongo. Lè w enskri, w ap resevwa èd atravè sèvis Livongo ki nan lis anwo a ansanm ak yon aparèy pou kontwole tansyon. Si ou menm oswa depandan ou genyen dyabèt oswa ipètansyon, ou kapab enskri nan livongo.com.

Rx Savings Solutions

Atravè Rx Savings Solutions, ou kapab:

- Jwenn pi bon pri pou medikaman sou preskripsyon ou yo nan famasi ki toupre w la.
- Idantifye diferan medikaman ki genyen menm pèfòmans ak medikaman w ap peye kounye a oswa medikaman yo te preskri w la, men ki genyen yon pri ki pi ba ke wap kapab pou peye nan pòch ou.
- Chèche medikaman epi konpare pri yo.
- Aprann kijan pou pale ak doktè w la oswa moun ki preskri medikaman w lan pou fè nenpòt chanjman nan preskripsyon w yo, oubyen Rx Savings Solutions kapab fè travay sa pou ou.

Enskri sou myrxss.com oubyen rele nan 800-268-4476.

Pwogram pou kite fimen ki rele “Quit for life”

Èske w t'ap reflechi pou w kite fimen? Enskri nan pwogram "Quit for life" UHC a epi resevwa yon rezèv patch nikotin oswa chiklèt gratis pou 8 semèn ke yo pral voye dirèkteman lakay ou pa lapòs. Ale sou myuhc.com oswa rele nan 800-362-9054 pou w' kapab enskri.

Kont Depans Fleksib ou

Yon Kont Depans Fleksib (FSA) ap kapab ede ou mete lajan sou kote anvan taks pou peye kèk nan swen sante oswa depans swen pou moun ki sou kont ou. Sa diminye revni ki elijb pou taks epi li ogmante revni ou ka depanse, Yo retire kontribisyon FSA ou a nan chèk travay ou anvan taks epi yo mete l nan FSA a. Lè ou fè depans ki elijib, ou kapab jwenn aksè a lajan ki nan kont ou a pou peye depans sa yo.

Tablo sa a montre depans ki elijib pou chak FSA ak konbyen ou kapab kontribye chak ane.

Ki kalite Kont	Depans ki elijib yo	Limit Kontribisyon Anyèl
FSA pou Swen Sante	Pifò depans medikal, dantè ak swen vizyon ki pa kouvri nan plan sante w la (tankou kopeman, ko-asirans, franchiz, linèt ak preskripsyon).	Kontribisyon maksimòm lan se $3,300 pa ane. AlerisLife pral prefinanse FSA ou a ak tout montan kontribisyon ou an nan dat 1ye oktòb 2025, sa ki pral fè tout balans lan disponib pou ou touswit. Apre sa, y ap rekipere montan sa a atravè dediksyon anvan taks sou chak chèk pandan tout ane plan an.
FSA pou Swen Sante Depandan	Depans pou w kapab pran swen depandan ou yo (tankou gadri, pwogram pou timoun aprè lekòl oswa pwogram pou pran swen granmoun aje) pou timoun ki poko gen 13 lane oswa nenpòt moun ki depandan ou kèlkeswa laj yo epi ki pa kapab pran swen tèt yo akoz pwoblèm fizik oswa mantal.	Kontribisyon maksimòm lan se $5,000 pa ane ($2,500 si w marye epi ou lè w ap fè taks ou ou fè l' separe). AlerisLife pral prefinanse FSA ou a ak tout montan kontribisyon ou an nan dat 1ye oktòb 2025, sa ap fè tout balans lan disponib pou ou touswit. Apre sa, y ap rekipere montan sa a atravè dediksyon anvan taks sou chak chèk pandan tout ane plan an.

Enfòmasyon enpòtan sou kont FSA yo

Chwa FSA ou yo ap efektif apati 1ye oktòb 2025 pou rive 30 septanm 2026. Ou genyen jiska 31 desanm 2026 pou ou soumèt Reklamasyon yo. Ou kapab transfere jiska $660 nan lajan FSA Swen Sante ki pa itilize pandan ane plan an nan lòt ane a. Men, tout lajan ki depase montan sa a ap pèdi. Remake byen ke chwa FSA yo pa kontinye otomatikman ane apre ane; ou dwe **enskri chak ane**.

Plan Dantè *ou*

Nou ofri yon plan pou swen zye avèk MetLife. Li enpòtan pou fè egzamen ak netwayaj dan regilye pou dantis la kapab detekte pwoblèm yo anvan yo vin ba ou doulè — epi anvan yo vin koute pi chè. Si ou kenbe dan ou ak jansiv ou pwòp epi an sante sa ap ede pou evite pifò nan dan ou yo gate epitou se yon bagay enpòtan ki pèmèt ou kenbe sante jeneral ou.

Itilizasyon Pwofesyonèl Swen Dan ki nan Rezo a

Menmsi ou genyen posiblite pou chwazi nenpòt pwofesyonèl swen dan, w ap ekonomize lajan lè ou itilize sèvis dantis ki nan rezo a. Lè ou itilize yon pwofesyonèl swen dan ki pa nan rezo a, w ap peye plis lajan paske pwofesyonèl swen dan an pa t dakò pou negosye pou fè ou peye tarif la .

Dispozisyon Plan Dantè Gwoup #: 235283	Kouvèti nan rezo a
Franchiz Anyèl Endividyèl Fanmi	 $50 $150
Maksimòm Kalandriye Ane	$2,000 pou chak moun
Òtodonti pou tout lavi omaksimòm	$1,500 pou chak moun
Swen Dyagnostik ak Swen Prevantif (pa egzanp., radyografi, netwayaj, egzamen)	Kouvri a 100%
Sèvis debaz ak restorasyon (pa egzanp, plonbaj)	20%*
Gwo Sèvis (pa egzanp, pwotèz dantè, kouwòn, pon)	50%*
Òtodonti	Kouvri pou timoun ki poko genyen 19 lane a 50%*

**Pou pwoteksyon andeyò rezo a, plan an peye yon pousantaj chaj rezonab ak òdinè (R&C), kidonk yo kapab faktire w balans pou nenpòt montan ki depase montan R&C a.*

Sa yo se Kontribisyon ou fè chak de semèn sou pewòl ou pou avantaj dantè yo.

Nivo Pwoteksyon	Dental Pro
Anplwaye	$9.36
Anplwaye + Madanm/Mari	$24.39
Anplwaye plis timoun (yo)	$16.29
Fanmi	$29.07

Plan Vizyon *ou*

Plan vizyon atravè Vision Service Plan (VSP) a bay pwoteksyon pou egzamen woutin nan zye epi plan an peye pou tout oswa yon pòsyon nan depans pou linèt oswa vè-kontak. Ou kapab chwazi nenpòt pwofesyonèl swen zye; men, w ap toujou ekonomize lajan si ou wè pwofesyonèl swen zye ki nan rezo a.

Dispozisyon Plan Vizyon Gwoup #: 12314233	Nan rezo a	Deyò Rezo a Alokasyon pou Founisè ki pa VSP
Egzamen	Kopeman $20	$45
Monti linèt	**Estanda**: Alokasyon $180 ak 20% rabè balans ki rete a* **Mak ki rekoni yo**: Alokasyon $230 ak 20% rabè sou balans ki rete a	$70
Lantiy ak linèt preskripsyon Lantiy Vizyon Senp Lantiy Bifokal Lantiy Trifokal	Kopeman $20 Lantiy ak linèt preskripsyon	 $30 $50 $65
Lantiy kontak (nan plas linèt)	Alokasyon $180; 15% ekonomi sou yon egzamen lantiy kontak	Opsyonèl $105 Sa ki Nesesè $210
Kantite fwa Egzamen Lantiy Monti linèt Lantiy Kontak	 12 Mwa 12 Mwa 24 Mwa 12 Mwa	 12 Mwa 12 Mwa 24 Mwa 12 Mwa

**$100 pou yon rabè pou monti nan Walmart, Sam's Club ak Costco.*

Ekonomi siplemantè

Vè ak Linèt solèy

- $50 anplis pou depanse sou mak monti ki pi popilè yo. Ale sou vsp.com/specialoffers pou plis detay.
- 20% rabè sou vè ak linèt solèy adisyonèl, ki genyen ladan amelyorasyon lantiy, nan men nenpòt doktè VSP nan lespas 12 mwa apre dènye egzamen WellVision ou a.

Koreksyon Vizyon pa mwayen Lazè

- An mwayèn 15% rabè sou pri regilye a oswa 5% rabè sou pri pwomosyonèl la; rabè yo disponib sèlman nan etablisman ki genyen kontra.

Sa yo se Kontribisyon ou fè chak de semèn sou pewòl ou pou benefis dantè yo.

Nivo Pwoteksyon	VSP Choice
Anplwaye	$2.90
Anplwaye + Madanm/Mari	$5.81
Anplwaye + timoun (yo)	$6.22
Fanmi	$9.93

Plan Asirans Lavi ak Andikap

ou

Asirans-Vi: FLX-966800 | Asirans pou moun ki andikape: LK-751842

Asirans-Vi Debaz ak Asirans AD&D

Asirans lavi ak asirans lanmò ak ranbousman aksidantèl (AD&D) pwoteje sekirite finansyè fanmi ou si ou ta mouri. AlerisLife bay asirans lavi debaz ak asirans domaj AD&D san ou pa peye okenn frè, ki egal a 1 fwa salè anyèl debaz ou, jiska yon maksimòm de $500,000. Pwoteksyon an otomatik; ou pa bezwen enskri.

Asirans-Vi Siplemantè ak Asirans AD&D

Ou kapab chwazi achte pwoteksyon asirans-vi ak AD&D siplemantè pou oumenm ak depandan ou yo nan tarif angwoup ki rezonab. Tarif yo baze sou laj ak nivo pwoteksyon ou chwazi a. Ou dwe achte yon asirans siplemantè pou tèt ou pou kapab achte asirans pou mari oswa madanm ou oswa pitit ou.

Asirans pou Andikap

Ou kapab elijib pou asirans pou andikap. Tanpri kontakte depatman avamtaj ou a pou plis detay.

Lwa sou Konje Medikal Fanmi (FMLA)

Si ou genyen 12 mwa depi w ap travay nan konpayi an, ou kapab kalifye pou jiska 12 semèn konje san peye pa ane anba Lwa sou Konje Fanmi ak Medikal (FMLA). Ou kapab itilize FMLA si ou malad,pou swen ou bezwen pou yon manm fanmi w, swen pou yon tibebe ki fèk fèt ak kèk lòt bezwen medikal. Lòt benefis konje peye ki espesifik pou eta a kapab aplike.

Asirans-Vi Debaz ak Asirans AD&D Volontè pou ou
Anplwaye
• 1 a 5 fwa salè/rembousman anyèl la, awondi nan pwochen $1,000 ki pi wo a • Jiska yon maksimòm $1,000,000 • Emisyon garanti jiska $300,000 (nouvo anplwaye sèlman)

Asirans-Vi Debaz ak Asirans AD&D Volontè pou depandan ou yo	
Madanm/Mari	Timoun (yo)
• Inite $5,000 pou rive nan pi piti a ant $50,000 oswa 100% nan lavi volontè ou ak montan AD&D ou. • Jiska yon maksimòm $50,000 • Emisyon garanti jiska $25,000 (nouvo anplwaye sèlman)	• Depi lè timoun nan fet jouk rive nan 6 mwa: $1,000 • Depi 6 mwa jouk rive 26 lane: Inite ant $1,000 ak $10,000 • Tout Pwoblèm Garanti • Li dwe ajoute nan 31 jou apre nesans

Plan Retrèt 401(k)

ou

Gwoup #: 385087-01

Kit ou panse retrete byento oswa li preske rive, li enpòtan pou ou genyen objektif epay ak objektif envestisman ki byen presi. Pou ede w atenn objektif ou yo, nou ofri yon Plan Epay pou Retrèt 401(k), ke Empower Retirement administre, avèk plizyè opsyon envestisman ak yon kontribisyon konpayi an. Detay ak karakteristik prensipal plan nou an ki nan lis anba a.

Périòd kote lajan an ap vinn pou ou nèt

Peryòd sa refere a dwa pwopriyetè ou sou lajan ki nan 401(k) li a. Tout kontribisyon nan plan an yo akeri imedyatman.

Kontribisyon Anplwaye yo

Ou kapab kontribye jiska $23,500 an 2025, epi si ou gen 50 an oswa plis, ou ka kontribye jiska $7,500 anplis kòm yon kontribisyon “ratrapaj”. Yo ka fè kontribisyon yo sou yon baz anvan taks oswa sou yon baz Roth apre taks.

Kontribisyon Patwon yo

AlerisLife bay 100% nan premye 3% ou kontribye nan 401(k) ou a, epi 50% nan 2% ki vin apre yo.

Plis Enfòmasyon

- Lè ou elijib, ou kapab enskri nan plan an epi fè chanjman nan kontribisyon ak alokasyon envestisman ou yo nenpòt ki lè.
- Empower Retirement genyen anpil opsyon envestisman diferan pou ou chwazi, ansanm ak zouti ak resous ou kapab itilize pou detèmine ki opsyon ki pi bo pouobjektif envestisman ou yo.

Pou kèk lòt detay sou Plan Epay pou Retrèt 401(k) la oubyen pou enskri oubyen chanje to kontribisyon w yo oswa chwa envestisman w yo, vizite empowermyretirement.com oubyen rele nan 800-338-4015.

Avantaj Byennèt *ou*

AlerisLife dedye a envesti nan sante ak byennèt tout moun, ki genyen ladan sante fizik, mantal ak finansye ou. AlerisLife kontinye devlope òf ki pi siblé pou angaje epi sipòte manm ekip yo pandan tout vwayaj byennèt yo.

Pwogram Asistans pou Anplwaye

Paske pwoblèm pèsonèl kapab afekte tout aspè nan lavi ou, nou otomatikman bay ou menm ak fanmi ou yon Pwogram Asistans pou Anplwaye (EAP) atravè ComPsych, **san okenn frè** pou ou. Rele EAP a 24 sou 24, 7 jou sou 7 pou jwenn asistans konfidansyèl san limit pou prèske nenpòt pwoblèm pèsonèl ou ka genyen. Ou menm ak manm fanmi ou genyen dwa pou jiska **twa** konsiltasyon ak resevwa konsey pwofesyonèl lisansye pou chak ensidan, pou chak moun, pou chak ane almannak.

Men kèk nan sèvis yo:

- **Sèvis Legal:** Konsiltasyon pou pwoblèm ki genyen rapò ak dwa sivil, dwa konsomatè, dwa pèsonèl ak dwa fanmi, zafè finansye, dwa biznis, byen imobilye, planifikasyon siksesyon ak plis ankò.
- **Sèvis Finansye:** Bidjè, kredi ak konsèy finansye, planifikasyon retrèt ak asistans ak pwoblèm taks.
- **Asistans pou Swen Timoun ak Granmoun aje:** Evalyasyon bezwen ansanm ak referans bay moun ki bay swen pou timoun ak granmoun aje.
- **Sèvis Rekiperasyon Vòl Idantite:** Enfòmasyon sou prevansyon vòl idantite, yon twous repons ijans pou vòl idantite ak èd si w viktim.
- **Konsèy pou Sipò nan Dèy ak Moun k ap Bay Swen:** Pa genyen yon bon oswa yon move fason pou fè dèy nan ka yon lanmò yon manm fanmi, yon rezidan oswa yon lòt moun ou renmen. Nou kapab ede w.

Ou kapab jwenn asistans konfidansyèl nenpòt ki lè lè w rele 800-344-9752 oubyen sou entènèt nan guidanceresources.com (ID entènèt: NYLGBS).

Chèk Peman Fleksib Payactiv

Paske pafwa sa ka rive ou pa kapab tann jou peman an! Avèk Payactiv, resevwa peye jan ou vle – chak jou, chak semèn, lè ou bezwen li!

PayActiv disponib pou manm ekip nou yo ki touche pa èdtan. Li bay Aksè pou Salè Ou touche ansanm ak yon varyete sèvis konsèy finansye. Payactiv ba ou aksè a lajan ou te travay pou li a lè ou poko resevwa peman an. Lajan ou jwenn aksè a ap dedwi nan pwochen chèk peman ou, sa ki ba ou fleksibilite pou peye kèk bagay yo jan ou vle.

Jwenn aksè a jiska 50% nan salè ou touche anvan jou peman ou pwograme a.

- Transfere salè ou touche yo nan kont labank ou oswa yon kat debi Payactiv Visa®
- Founisè ou fè konfyans nan AlerisLife
- Li Pa yon prè
- Frè gratis oswa minimòm selon kalite tranzaksyon an
- Ou pa bezwen yon kat kredi oswa verifikasyon kredi
- Tout manm ekip ki touche pa èdtan yo elijib – pa genyen peryòd datant.
- Pa genyen frè renouvlab

Ale sou get.payactiv.com pou aprann plis epi pou enskri.

Sa w ap bezwen pou enskri:

- Non konpayi
- # ID anplwaye: [4 dènye chif sosyal ou + Pyès idantite anplwaye a]

Avantaj Byennèt

ou

Avantaj Volontè

Nou asosye avèk UHC ak Chubb pou ofri avantaj volontè ki peye yon sèl kou si ou genyen yon pwoblèm sante oswa yon aksidan, si ou bezwen swen alontèm oswa si ou mouri.

Sa yo se anplwaye yo ki peye yo a 100% epi yo enkli:

- Aksidan
- Konpansasyon Lopital
- Maladi Grav
- Asirans pou Andikap
- Asirans lavi siplemantè ak yon swen adisyonèl alontèm

Pifò plan yo peye anplwaye a lajan kach, anplis nenpòt lòt pwoteksyon ou kapab genyen.

Pou enskri nan Benefis Volontè yo atravè US Enrollments, rele 877-231-8423 oubyen ale sou alerislife.mybenefitsinfo.com pou pran yon randevou.

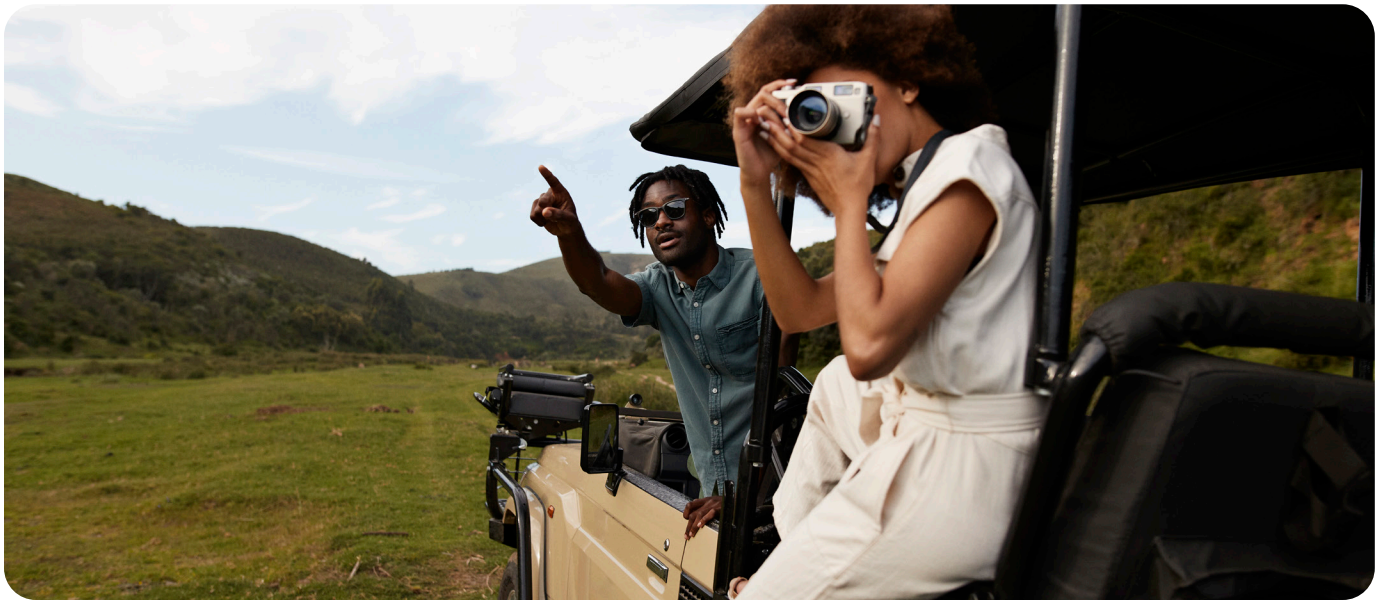
Konje Peye

Manm ekip yo elijib pou Konje Peye. Pwogram sa a konbine vakans tradisyonèl yo, konje maladi ak jou ferye nan yon sèl pwogram.

Manm ekip Home Office yo kalifye pou plan vakans tradisyonèl ak konje maladi. Pou plis enfòmasyon, kontakte manadjè ou.

Konje Paran

Ou gen yon semèn konje paran peye apre yon ane travay. Sa a se pou sipòte ou apre nesans oswa adopsyon yon timoun.



Avantaj Byennèt *ou*

Benefis Kach PTO

Konpayi an ofri Pwogram Very Important Payout (VIP) pou manm ekip Ageility ak AlerisLife ki kalifye pou PTO.

Pandan yon peryòd enskripsyon espesyal nan mwa desanm nan, ou genyen opsyon pou retire jiska yon semèn PTO nan mwa jen an ak jiska yon semèn PTO nan mwa novanm ane apre a pou kontribye nan vakans ete oswa ivè fanmi ou.

Avèk Plan Retire Lajan Kach PTO nan Difikilte nou an, ou kapab tou retire lajan kach PTO a pou ede kouvri yon evènman katastwofik nan lavi, tankou yon ekspilsyon oswa yon sezi, yon gwo aksidan oswa maladi, oswa yon dezas natirèl.

Ou dwe kenbe yon balans minimòm omwen yon semèn PTO apre ou fin retire lajan an.

TicketsAtWork

TicketsAtWork se founisè prensipal Benefis Divètisman pou Kòporasyon yo, li ofri rabè eksklizif, òf espesyal ak aksè a plas preferansyèl ak tikè pou atraksyon prensipal yo, pak amizman, espektak, evènman espòtif, tikè sinema, otèl ak anpil lòt bagay ankò.

Avantaj pou pasaje transpò komen

Kounye a, ou kapab diminye depans ou pou ale travay ak plan benefis pou ale travay. Ou ka mete sou kote jiska $650 anvan taks pou depans transpò piblik ak pakin, men fòk ou toujou ke lajan yo konsidere kòm de bokit lajan separe keou pa ka melanje yo. Kidonk, asire w ou kalkile depans transpò piblik ak pakin ou yo ki genyen rapò ak transpò chak jou ou, epi chwazi kontribisyon yo kòmsadwa.

Opsyon pou pasaje ki elijib:

- Pakin
  - Ou kapab itilize lajan anvan taks pou peye pou pakin nan oswa toupre travay ou, oswa nan yon kote ou konekte ak lòt opsyon transpò piblik.
- Bis
- Tren ak métro
- Feri
- Pataj van

Kijan pou depanse lajan transpò piblik la?

- Kat peman rechajab
- Vouchè pou transpò piblik
- Medya pri tikè dirèk
- Vouchè pou pataj van

Kijan pou depanse lajan transpò piblik la?

- Kat peman rechajab
- Ranbousman lajan kach pakin
- Vouchè pou pakin
- Aksè dirèk nan garaj yo

Avantaj Byennèt *ou*

Pwogram Ranbousman Edikasyonèl Future You

Pou ankouraje w devlope konesans ak konpetans pwofesyonèl ou yo, AlerisLife ofri yon pwogram ranbousman frè ekolaj. Atravè pwogram sa a, ou kapab jwenn ranbousman pou depans pou kou ki gen rapò ak travay ou oswa pou pwogrese nan direksyon objektif karyè ou. Anba pwogram sa a, yo kapab kouvri depans ekolaj pou kou yo jiska $3,000 pa ane kalandriye, depi yo kontribye nan pwogrè karyè ou nan AlerisLife.

Planifikasyon Finansye PersonalSAGE

PersonalSAGE bay zouti finansye, teknoloji ak konsèy endividyèl pou ede w konprann sitiyasyon finansye w epi planifye pou lavni. Ou kapab pwograme reyinyon ak yon konseye finansye pou diskite sou planifikasyon pou retrèt, envestisman, jesyon dèt ak plis ankò. Platfòm lan ofri tou Atelye sou Byennèt Finansye chak mwa ak yon bibliyotèk atik ak videyo edikatif. Pou ou kapab kòmanse, vizite mypersonalsage.com epi antre kòd **AlerisLife00134** la pou w kapab jwenn aksè nan Sant Edikasyon ak Coaching Finansye a.

Nourish you

Avèk pwogram Nourish You nou an, ou kapab benefisye yon manje gratis epi ekilibre pandan chak chanjman – menm lannwit ak wikenn! Ekonomize sou depans manje ki pral fèt pa ou, elimine estrès pou prepare epi anbwate manje midi, epi detann ou pou w kapab rechaje fòs pandan poz ou yo.

Asirans pou Bèt-kay

Nou ofri asirans bèt kay ak rabè atravè MetLife pou ede sipòte manm fanmi ou ki akable fouri apre yon aksidan oswa yon maladi. Avèk plan fleksib yo, ou kapab chwazi nivo pwoteksyon, franchiz ak to ranbousman jiska 90%. Ou lib pou vizite nenpòt veterinè ameriken ki genyen lisans, epi ou kapab jwenn swen prevantif opsyonèl ak sèvis konsyèj telesante 24 sou 24, 7 jou sou 7. Pou ou kapab enskri, vizite metlife.com/getpetquote oubyen rele 1-800-GET-MET8.

Asirans pou Kay/Machin

Nou ofri asirans machin, kay ak pou lokatè a rabè atravè Farmers Insurance Choice®, yon platfòm ki pèmèt ou konpare pri nan men pi bon konpayi asirans yo trapde. W ap benefisye opsyon peman pratik ak yon pwoteksyon pèsonalize. Pou jwenn yon estimasyon gratis san okenn obligasyon, rele nan 866-586-6048 oswa ale sou farmersinsurancechoice.com/alerislife.

Glosè

Andeyò rezo a – Founisè swen sante ki pa nan rezo plan an epi ki pa negosye pri rabè. Pri sèvis founisè swen sante ki pa nan rezo a pi chè pou ou menm ak pou konpayi an. Yo ap aplike franchiz ak ko-asirans ki pi wo yo.

Espesyalis – Yon founisè swen sante ki genyen fòmasyon espesyalize nan yon branch medikal patikilye (pa egzanp, yon chirijyen, yon kadyològ oswa yon newològ).

Espesyalite – Yon medikaman ki egzije prekosyon, administrasyon ak kontwòl espesyal. Ou kapab jwenn pifò nan medikaman sa yo nan yon famasi espesyalite epi yo gen apwobasyon siplemantè ki obligatwa.

Famasi ki pèmèt ou kòmande pa Lapòs – Famasi ki vann pa lapòs yo jeneralman bay yon rezèv medikaman sou preskripsyon pou 90 jou a yon pri rabè. Anplis, lè ou kòmande nan famasi pa lapòs sa bay posiblite pou voye pwodui yo dirèkteman lakay ou.

Founisè Swen Prensipal (PCP) – Se yon doktè (jeneralman yon pratikan fanmi, yon entènist oswa yon pedyat) ki bay swen medikal kontinyèl. Yon doktè swen prensipal trete yon pakèt pwoblèm sante.

Franchiz – Montan ou dwe peye pou sèvis ki kouvri yo anvan plan sante w la kòmanse peye.

Frè yo toujou chaje epi ki Rezonab (R&C) – Sa vle di pri mache a ki an vigè pou sèvis pwofesyonèl swen sante yo bay nan yon kèk zòn pou kèk pwosedi. Tarif rezonab ak òdinè ki kapab aplike pou chaj ki pa nan rezo a.

Jenerik – yon medikaman ki ofri itilizasyon, dòz, fòs, kalite ak pèfòmans ekivalan kòm yon medikaman non komèsyal, men li pa gen non komèsyal.

Ko-asirans – Pataj depans ant ou menm ak plan an. Pa egzanp, 80% ko-asirans la vle di plan an ap kouvri 80% nan pri sèvis la apre ou fin peye yon franchiz. Ou pral responsab pou peye 20% ki rete nan pri a.

Kont Depans Fleksib (FSA) – FSA pèmèt ou peye pou swen sante ak depans swen sou depandans pou depadan, ki elijib lè w sèvi ak lajan ou pa peye taks sou li. Lajan ki nan kont sa sijè a règ ki rele "si w pa itilize li w'ap pèdi li" ki vle di ou dwe depanse lajan ki nan kont lan anvan fen ane plan an.

Kopeman – Yon montan fiks (pa egzanp $25) ou peye pou yon sèvis swen sante ki kouvri, anjeneral lè ou resevwa sèvis la. Kantite lajan an kapab chanje selon kalite sèvis la.

Maksimòm depans pou ou fè nan pòch ou – Montan maksimòm ou menm ak fanmi ou dwe peye pou depans ki lijib chak ane plan an. Kou depans ou yo rive nan maksimòm ou kapab peye a, plan an peye benefis yo a 100% pou depans ki elijib pou rès ane a. Franchiz anyèl ou a fè pati maksimòm peman dirèk ki soti nan pòch ou.

Maksimòm pou Ane Kalandriye a – Montan maksimòm benefis ki peye chak ane pou chak manm fanmi ki enskri nan plan dantè a.

Nan rezo a – Yon lis founisè swen sante (doktè, dantis, elatriye) ke founisè asirans lan negosye pri espesyal avèk yo. Lè ou itilize Sèvis ak founisè swen sante ki nan rezo a, sa diminye pri sèvis yo pou ou menm ak pou konpayi an.

Non Komèsyal ki pa-rekòmande – Yon medikaman ki genyen yon patant ak yon non komèsyal. Kalite medikaman sa a "pa rekòmande" epi anjeneral li pi chè pase lòt kalite medikaman jenerik ak non komèsyal rekòmande.

Non Komèsyal Rekòmande – Yon medikaman ki genyen yon patant ak non komèsyal nou konsidere kòm "rekòmande" paske li apwopriye pou itilize pou objektif medikal epi anjeneral li koute mwen chè pase lòt medikaman ki genyen non komèsyal yo.

Sèvis Pasyan ki Entène – Se tout sèvis yo bay yon moun pandan yon rete nan lopital pou yon nwit.

Sèvis Pasyan ki pa Entène – Se tout sèvis yo bay yon moun nan yon lopital san yo pa oblije pase yon nwit lopital.

Kontak

	Konpayi	Enfòmasyon pou Pran Kontak
Plan Medikal	United Healthcare	myuhc.com 800.362.9054
Famasi	Express Scripts	express-scripts.com 800.375.0685
Rabè nan famasi	Rx Savings Solutions	myrxss.com 800.268.4476
Dyabèt ak ipètansyon	Support Livongo	get.livongo.com 800.945.4355
Swen Dan	MetLife	metlife.com/mybenefits 800.438.6388
Swen Vizyon	VSP	vsp.com 800.877.7195
Kont Depans Fleksib	UnitedHealthcare	myuhc.com 877.311.7849
Asirans-Vi ak AD&D	NYLife	mynylgbs.com 800.644.5567
Avantaj Volontè	US Enrollment Services	alerislife.mybenefitsinfo.com 877.231.8423
Pwogram Asistans pou Anplwaye	ComPsych	guidanceresources.com ID entènèt: NYGLabs 800.344.9752
Plan retrèt 401(k)	Plan Empower Retirement	participant.empower-retirement.com 855.756.4738
Chèk Peman Fleksib	Payactiv	payactiv.com 877.937.6966
Ekip Avantaj	AlerisLife	benefitsquestions@5ssl.com

Paj entènèt Benefis AlerisLife la kenbe tout kontak ak enfòmasyon benefis ou yo nan yon sèl kote. Pou kapab jwenn aksè fasil a nimewo gwoup konpayi asirans ou yo, nimewo telefòn yo ak sit entènèt yo sou telefòn entelijan ou, tablèt ou oswa òdinatè w, mete flimp.live/AlerisLife-Benefits nan makè paj ou yo.

Avi Obligatwa yo

AlerisLife, Inc.

HEALTH PLAN NOTICES

TABLE OF CONTENTS

IMPORTANT NOTICE

This packet of notices related to our health care plan includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice From AlerisLife, Inc. About Your Prescription Drug Coverage and Medicare."

IMPORTANT NOTICE FROM ALERISLIFE, INC. 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 AlerisLife, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

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. AlerisLife, Inc. has determined that the prescription drug coverage offered by the AlerisLife, Inc. Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

Special Enrollment Period Exceptions to the Late Enrollment Penalty
There are "special enrollment periods" that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes "creditable" prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage
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. See the AlerisLife, Inc. Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage With Medicare Part D
Generally speaking, if you decide to join a Medicare drug plan while covered under the AlerisLife, Inc. Plan due to your employment (or someone else's employment, such as a spouse or parent), your coverage under the AlerisLife, Inc. Plan 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 this issue of 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 below.

If you do decide to join a Medicare drug plan and drop your AlerisLife, Inc. prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

For More Information About This Notice or Your Current Prescription Drug Coverage…
Contact the person listed below for further information, or call (617) 796-8387. **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 AlerisLife, Inc. changes. You also may request a copy.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	October 1, 2025
Name of Entity/Sender:	Lauren Duffy
Contact—Position/Office:	Senior Director, Human Resources
Address:	255 Washington St. Suite 230 Newton, MA 02458
Phone Number:	(617) 796-8387

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

HIPAA COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

ALERISLIFE, INC.
IMPORTANT NOTICE
COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

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.

This notice is provided to you on behalf of:

AlerisLife Inc. Benefits Plan*

* This notice pertains only to healthcare coverage provided under the plan.

For the remainder of this notice, AlerisLife, Inc. is referred to as Company.

1. Introduction: This Notice is being provided to all covered participants in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and is intended to apprise you of the legal duties and privacy practices of the Company's self-insured group health plans. If you are a participant in any fully insured group health plan of the Company, then the insurance carriers with respect to those plans is required to provide you with a separate privacy notice regarding its practices.

2. General Rule: A group health plan is required by HIPAA to maintain the privacy of protected health information, to provide individuals with notices of the plan's legal duties and privacy practices with respect to protected health information, and to notify affected individuals follow a breach of unsecured protected health information. In general, a group health plan may only disclose protected health information (i) for the purpose of carrying out treatment, payment and health care operations of the plan, (ii) pursuant to your written authorization; or (iii) for any other permitted purpose under the HIPAA regulations.

3. Protected Health Information: The term "protected health information" includes all individually identifiable health information transmitted or maintained by a group health plan, regardless of whether or not that information is maintained in an oral, written or electronic format. Protected health information does not include employment records or health information that has been stripped of all individually identifiable information and with respect to which there is no reasonable basis to believe that the health information can be used to identify any particular individual.

4. Use and Disclosure for Treatment, Payment and Health Care Operations: A group health plan may use protected health information without your authorization to carry out treatment, payment and health care operations of the group health plan.

- An example of a "treatment" activity includes consultation between the plan and your health care provider regarding your coverage under the plan.
- Examples of "payment" activities include billing, claims management, and medical necessity reviews.
- Examples of "health care operations" include disease management and case management activities.

The group health plan may also disclose protected health information to a designated group of employees of the Company, known as the HIPAA privacy team, for the purpose of carrying out plan administrative functions, including treatment, payment and health care operations.

5. Disclosure for Underwriting Purposes. A group health plan is generally prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of underwriting.

6. Uses and Disclosures Requiring Written Authorization: Subject to certain exceptions described elsewhere in this Notice or set forth in regulations of the Department of Health and Human Services, a group health plan may not disclose protected health information for reasons unrelated to treatment, payment or health care operations without your authorization. Specifically, a group health plan may not use your protected health information for marketing purposes or sell your protected health information. Any use or disclosure not disclosed in this Notice will be made only with your written authorization. If you authorize a disclosure of protected health information, it will be disclosed solely for the purpose of your authorization and may be revoked at any time. Authorization forms are available from the Privacy Official identified in section 23.

7. Special Rule for Mental Health Information: Your written authorization generally will be obtained before a group health plan will use or disclose psychotherapy notes (if any) about you.

8. Uses and Disclosures for which Authorization or Opportunity to Object is not Required: A group health plan may use and disclose your protected health information without your authorization under the following circumstances:

- When required by law;
- When permitted for purposes of public health activities;
- When authorized by law to report information about abuse, neglect or domestic violence to public authorities;
- When authorized by law to a public health oversight agency for oversight activities;
- When required for judicial or administrative proceedings;
- When required for law enforcement purposes;
- When required to be given to a coroner or medical examiner or funeral director;
- When disclosed to an organ procurement organization;
- When used for research, subject to certain conditions;
- When necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat; and
- When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

9. Minimum Necessary Standard: When using or disclosing protected health information or when requesting protected health information from another covered entity, a group health plan must make reasonable efforts not to use, disclose or request more than the minimum amount of protected health information necessary to accomplish the intended purpose of the use, disclosure or request. The minimum necessary standard will not apply to: disclosures to or requests by a health care provider for treatment; uses or disclosures made to the individual about his or her own protected health information, as permitted or required by HIPAA; disclosures made to the Department of Health and Human Services; or uses or disclosures that are required by law.

10. Disclosures of Summary Health Information: A group health plan may use or disclose summary health information to the Company for the purpose of obtaining premium bids or modifying, amending or terminating the group health plan. Summary health information summarizes the participant claims history and other information without identifying information specific to any one individual.

11. Disclosures of Enrollment Information: A group health plan may disclose to the Company information on whether an individual is enrolled in or has disenrolled in the plan.

12. Disclosure to the Department of Health and Human Services: A group health plan may use and disclose your protected health information to the Department of Health and Human Services to investigate or determine the group health plan's compliance with the privacy regulations.

13. Disclosures to Family Members, other Relations and Close Personal Friends: A group health plan may disclose protected health information to your family members, other relatives, close personal friends and anyone else you choose, if: (i) the information is directly relevant to the person's involvement with your care or payment for that care, and (ii) either you have agreed to the disclosure, you have been given an opportunity to object and have not objected, or it is reasonably inferred from the circumstances, based on the plan's common practice, that you would not object to the disclosure.

For example, if you are married, the plan will share your protected health information with your spouse if he or she reasonably demonstrates to the plan and its

representatives that he or she is acting on your behalf and with your consent. Your spouse might to do so by providing the plan with your claim number or social security number. Similarly, the plan will normally share protected health information about a dependent child (whether or not emancipated) with the child's parents. The plan might also disclose your protected health information to your family members, other relatives, and close personal friends if you are unable to make health care decisions about yourself due to incapacity or an emergency.

14. Appointment of a Personal Representative: You may exercise your rights through a personal representative upon appropriate proof of authority (including, for example, a notarized power of attorney). The group health plan retains discretion to deny access to your protected health information to a personal representative.

15. Individual Right to Request Restrictions on Use or Disclosure of Protected Health Information: You may request the group health plan to restrict (1) uses and disclosures of your protected health information to carry out treatment, payment or health care operations, or (2) uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the group health plan is not required to and normally will not agree to your request in the absence of special circumstances. A covered entity (other than a group health plan) must agree to the request of an individual to restrict disclosure of protected health information about the individual to the group health plan, if (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (b) the protected health information pertains solely to a health care item or service for which the individual (or person other the health plan on behalf of the individual) has paid the covered entity in full.

16. Individual Right to Request Alternative Communications: The group health plan will accommodate reasonable written requests to receive communications of protected health information by alternative means or at alternative locations (such as an alternative telephone number or mailing address) if you represent that disclosure otherwise could endanger you. The plan will not normally accommodate a request to receive communications of protected health information by alternative means or at alternative locations for reasons other than your endangerment unless special circumstances warrant an exception.

17. Individual Right to Inspect and Copy Protected Health Information: You have a right to inspect and obtain a copy of your protected health information contained in a "designated record set," for as long as the group health plan maintains the protected health information. A "designated record set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the group health to make decisions about individuals.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may contact the Secretary of the U.S. Department of Health and Human Services.

18. Individual Right to Amend Protected Health Information: You have the right to request the group health plan to amend your protected health information for as long as the protected health information is maintained in the designated record set. The group health plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the group health plan is unable to comply with the deadline. If the request is denied in whole or part, the group health plan must provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your protected health information.

19. Right to Receive an Accounting of Protected Health Information Disclosures: You have the right to request an accounting of all disclosures of your protected health information by the group health plan during the six years prior to the date of your request. However, such accounting need not include disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own protected health information; (3) prior to

the compliance date; or (4) pursuant to an individual's authorization.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the group health plan may charge a reasonable fee for each subsequent accounting.

20. The Right to Receive a Paper Copy of This Notice Upon Request: If you are receiving this Notice in an electronic format, then you have the right to receive a written copy of this Notice free of charge by contacting the Privacy Official (see section 23).

21. Changes in the Privacy Practice. Each group health plan reserves the right to change its privacy practices from time to time by action of the Privacy Official. You will be provided with an advance notice of any material change in the plan's privacy practices.

22. Your Right to File a Complaint with the Group Health Plan or the Department of Health and Human Services: If you believe that your privacy rights have been violated, you may complain to the group health plan in care of the HIPAA Privacy Official (see section 24). You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. The group health plan will not retaliate against you for filing a complaint.

23. Person to Contact at the Group Health Plan for More Information: If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Official.

Privacy Official

The Plan's Privacy Official, the person responsible for ensuring compliance with this notice, is:

Lauren Duffy
Senior Director, Human Resources
(617) 796-8387

Effective Date

The effective date of this notice is: October 1, 2025.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

ALERISLIFE, INC. EMPLOYEE HEALTH CARE PLAN

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within *30 days* after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within ***60 days*** of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within ***60 days*** after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within *30 days* after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Lauren Duffy
Senior Director, Human Resources
(617) 796-8387

**** This notice is relevant for healthcare coverages subject to the HIPAA portability rules.***

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

AlerisLife, Inc. Employee Health Care Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

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

The AlerisLife, Inc. Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

Choice Plus $2,500	In-Network	Out-of-Network
Individual Deductible	$2,500	$3,000
Family Deductible	$5,000	$6,000
Coinsurance	0	0
Choice Plus $1,000	In-Network	Out-of-Network
Individual Deductible	$1,000	$1,500
Family Deductible	$2,000	$3,000
Coinsurance	0	0

If you would like more information on WHCRA benefits, please refer to your or contact your Plan Administrator at:

Lauren Duffy
Senior Director, Human Resources
(617) 796-8387

MICHELLE'S LAW NOTICE

(To Accompany Certification of Dependent Student Status)

Michelle's Law is a federal law that requires certain group health plans to continue eligibility for adult dependent children who are students attending a post-secondary school, where the children would otherwise cease to be considered eligible students due to a medically necessary leave of absence from school. In such a case, the plan must continue to treat the child as eligible up to the earlier of:

- The date that is one year following the date the medically necessary leave of absence began; or
- The date coverage would otherwise terminate under the plan.

For the protections of Michelle's Law to apply, the child must:

- Be a dependent child, under the terms of the plan, of a participant or beneficiary; and
- Have been enrolled in the plan, and as a student at a post-secondary educational institution, immediately preceding the first day of the medically necessary leave of absence.

"Medically necessary leave of absence" means any change in enrollment at the post-secondary school that begins while the child is suffering from a serious illness or injury, is medically necessary, and causes the child to lose student status for purposes of coverage under the plan.

If you believe your child is eligible for this continued eligibility, you must provide to the plan a written certification by his or her treating physician that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

If you have any questions regarding the information contained in this notice or your child's right to Michelle's Law's continued coverage, you should contact Lauren Duffy, Senior Director, Human Resources, (617) 796-8387.

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

https://lockton.seismic.com/Link/Content/DC4V9B4MQ37XV8HXV37g3GDcVjBP

ILLINOIS DOL EMPLOYER EHB LIST MODEL NOTICE

https://lockton.seismic.com/Link/Content/DC2f3jQcCddcmGc23qCVbd4pC8BG

Alerislife

FIVE STAR SENIOR LIVING

Rezime avantaj sa a bay kèk pwen enpòtan nan pwogram avanjatj AlerisLife la. Li pa yon dokiman legal epi li pa dwe entèprete kòm yon garanti ni pou avantaj ni pou kontinye travay nan konpayi an. Tout plan avantaj yo gouvène pa règleman prensipal, kontra ak dokiman plan. Nenpòt diferans ki ta kapab genyen nan nenpòt enfòmasyon yo bay nan rezime sa a ak kondisyon reyèl règleman, kontra ak dokiman plan sa yo dwe gouvène pa kondisyon règleman, kontra ak dokiman plan sa yo. AlerisLife rezève dwa pou modifye, sispann oswa mete fen nan nenpòt plan avantaj, kit an antye oswa an pati, nenpòt ki lè. Se Administratè Plan an ki genyen otorite pou fè chanjman sa yo.