your Benefits Guide

Inspiring personal discovery and growth through physical, intellectual and emotional wellbeing.

Alerislife

FIVE STAR SENIOR LIVING

ENROLLING IN YOUR BENEFITS

Review your benefits. https://flimp.live/AlerisLife-Benefits

Begin the benefits enrollment process in Workday https://www.myworkday.com/5ssl

Elect the benefits you want.

Save or submit your elections.

Print a copy of your elections for your records.

your Benefits

We understand the important role that benefits play in the lives of you and your family. As a new hire and then annually during open enrollment, you have an opportunity to make changes to your benefits package to ensure you and your family have the right coverage.

This benefits guide can help familiarize you with AlerisLife's benefit options. It also provides useful tips, tools and resources to help you think through your options and make wise decisions. As you prepare to enroll:

- Consider your benefit coverage needs for the upcoming year. For example, is your family financially protected if you can't work due to an accident or illness?
- Consider other available coverage.
- Gather information you'll need. If you are covering dependents, you will need their dates of birth and Social Security numbers. **In addition, you may need to provide legal documentation verifying their eligibility — such as a marriage license or birth certificate.**

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.

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your Eligibility

You are eligible to participate in the medical, dental and vision plans if you are a full-time team member working 30 or more hours per week. You are eligible to participate in the Health Care FSA and Dependent Care FSA if you are a full-time team member working 30 or more hours per week and have been employed with AlerisLife for at least 180 days of continuous service.

Most benefits are effective on the day you become eligible as long as you enroll within 30 days of your date of hire or during the open enrollment period. The following dependents are also eligible:

- Your legal spouse (if spouse is not eligible for benefits elsewhere)
- Your children up to age 26

CHANGES TO YOUR BENEFITS

Generally, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Loss or gain of other coverage by the employee or dependent
- Eligibility for Medicare or Medicaid

You have 30 days from the qualified life event to make changes to your coverage. Depending on the type of event, you may need to provide proof of the event, such as a marriage license. **If you do not make the changes within 30 days of the qualified event, you will have to wait until the next open enrollment period to make changes (unless you experience another qualified life event).**

your Plan Overview

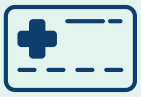
Medical and Pharmacy

We offer the choice of two medical plans through UnitedHealthcare (UHC). Both of the medical options include coverage for prescription drugs through Express Scripts. To select the plan that best suits your family, you should consider the key differences between the plans, the cost of coverage (including payroll deductions), and how the plan covers services throughout the year.

UNDERSTANDING HOW YOUR PLAN WORKS

1. YOUR DEDUCTIBLE

You pay out-of-pocket for most medical and pharmacy expenses, **except those with a copay**, until you reach the deductible.



2. YOUR COVERAGE

Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses. You will pay a co-pay for most services and the plan will pay the rest.

3. YOUR OUT-OF-POCKET MAXIMUM

When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year.

EMBEDDED DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS

Under an embedded approach, each person only needs to meet the individual deductible and out-of-pocket maximum before the plan begins paying its share for that individual. (And, once two or more family members meet the family limits, the plan begins paying its share for all covered family members).

MAKING THE MOST OF YOUR PLAN

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will always pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.
- **Preventive drugs:** Many preventive drugs and those used to treat chronic conditions like diabetes, high blood pressure, high cholesterol and asthma are on the ***Preventive Condition Drug List***. These prescriptions are covered at 100% (no cost to you) when you use an in-network pharmacy.
- **Mail Order Pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the Mail Order Pharmacy to save on a 90-day supply.
- **Pharmacy coverage:** Medications are placed in categories based on drug cost, safety and effectiveness. These tiers also affect your coverage.
  - » Generic – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
  - » Brand preferred – A drug with a patent and trademark name that is considered "preferred" because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
  - » Brand non-preferred – A drug with a patent and trademark name. This type of drug is "not preferred" and is usually more expensive than alternative generic and brand preferred drugs.
  - » Specialty – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

your Coverage
Medical and Pharmacy

MEDICAL PLAN PROVISIONS GROUP #: 717168	CHOICE PLUS $2,500		CHOICE PLUS $1,000	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	$2,500/$5,000	$3,000/$6,000	$1,000/$2,000	$1,500/$3,000
Out-of-Pocket Maximum (Includes Deductible)	$4,000/$8,000	$5,000/$10,000	$4,000/$8,000	$5,000/$10,000
Preventive Care	Covered at 100%	40%*	Covered at 100%	40%*
Primary Care Provider Office Visit	$40 copay	40%*	$25 copay	40%*
Specialist Office Visit	$80 copay	40%	$50 copay	40%
Telemedicine	$30 copay	40%*	$15 copay	40%*
X-Ray and Lab	20%*	40%*	20%*	40%*
Inpatient Hospital Services	$500 copay	40%*	$250 copay	40%*
Outpatient Hospital Services	$250 copay	40%*	$100 copay	40%*
Urgent Care	$80 copay	40%*	$50 copay	40%*
Emergency Room	$250 copay		$250 copay	
Retail Pharmacy (up to a 30-day supply)				
Generic	$15	Not covered	$15	Not covered
Brand Preferred	$25		$25	
Brand Non-Preferred	$50		$50	
Specialty	$100		$100	
Mail Order Pharmacy (90-day supply)				
Generic	$37.50	Not covered	$37.50	Not covered
Brand Preferred	$62.50		$62.50	
Brand Non-Preferred	$125		$125	
Specialty	$250		$250	

**After deductible*

Your bi-weekly payroll contributions for medical benefits are shown here.

COVERAGE LEVEL	CHOICE PLUS $2,500	CHOICE PLUS $1,000
Employee Only	$48.60	$104.22
Employee + Spouse	$160.57	$273.26
Employee + Child(ren)	$132.53	$224.74
Family	$216.65	$370.33

your Medical Plan Resources

LIVONGO

AlerisLife is proud to provide Livongo, a health benefit that helps team members manage their diabetes and hypertension through personalized coaching paired with the latest technology. Livongo is available at no cost to AlerisLife team members with diabetes or hypertension enrolled in AlerisLife medical plans. The confidential services provided for both diabetes and hypertension care are:

- Real-time support from coaches when you need it
- Personalized tips and articles picked just for you
- Summary reports you can send to your doctor
- Optional family alerts to update your loved ones

Livongo for Diabetes

Millions of Americans have diabetes or are at risk for diabetes. If you or a dependent is enrolled in an AlerisLife medical plan and has Type 1 or Type 2 diabetes, you are eligible for Livongo. This program provides you with the resources you need to manage your condition. In addition to the services provided above, team members enrolled in the diabetes program will receive blood glucose monitors and unlimited strips and lancets.

Livongo for Hypertension

Hypertension, or high blood pressure, is another medical condition millions of people face each year. If you or a dependent is enrolled in an AlerisLife medical plan and has hypertension, you are eligible for Livongo. When you enroll, you will receive help through the Livongo services listed above as well as a blood pressure monitor. Enroll today at https://www.livongo.com/.

RX SAVINGS SOLUTIONS

Pay less for prescription drugs through Rx Savings Solutions. Rx Savings Solutions is the easiest, most comprehensive online prescription service that shows you all the opportunities to save money on your prescriptions, according to your AlerisLife health plan.

Through Rx Savings Solutions, you can:

- Locate better prices for your prescription drugs at pharmacies near you.
- Identify different medications that perform the same as your current or prescribed medication, but with a lower out-of-pocket price (which you can review with your clinician or prescriber).
- Search and compare prices and other options before being prescribed a new medication.
- Learn how to speak with your doctor or prescriber about making any changes to your prescriptions. Or Rx Savings Solutions can do the work for you — it provides access to certified pharmacy technicians for personal assistance.
- Easily see all the ways you can save money on your personal prescriptions, according to YOUR health plan.

Register your free account brought to you by AlerisLife at myrxss.com or call 800-268-4476.

Review the benefits portal for more medical resources including mental health resources andbenefits like AbleTo, Sanvello, and Talk Space.

"QUIT FOR LIFE" SMOKING CESSATION PROGRAM

Have you been thinking about quitting smoking, but don't know how to get started? UHC has resources that can help, including free tips and support tools. Those that enroll also receive a free 8-week supply of a nicotine patch or gum mailed directly to your home.

- Go to www.myuhc.com
- Select "Health Resources" tab on the right
- Hit "Get Started" in the "Ready to Quit Tobacco?" box

Call UnitedHealthcare at 800-362-9054 or visit www.myuhc.com.

your Flexible Spending Accounts

A Flexible Spending Account (FSA) helps to save money by paying for certain health care or dependent care costs, lowering your taxable income and increasing your spendable income. Your contribution is deducted from your paycheck on a pretax basis and is put into the FSA. When you incur expenses, you can access the funds in your account to pay for eligible expenses. This chart shows the eligible expenses for each FSA and how much you can contribute each year. Each of these options reduces your taxable income.

ACCOUNT TYPE	ELIGIBLE EXPENSES	ANNUAL CONTRIBUTION LIMITS
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copays, coinsurance, deductibles, eyeglasses and prescriptions)	Maximum contribution is $3,200 per year. Funds are deducted throughout the year, but all funds are available on October 1, 2024.
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) for children under age 13 or elder care so you and your spouse can work or attend school full-time	Maximum contribution is $5,000 per year ($2,500 if married and filing separate tax returns).

IMPORTANT INFORMATION ABOUT FSA

Your FSA elections are effective from October 1 through September 30. Claims for reimbursement must be submitted by December 31 for the previous plan year.

You can carry over up to $640 of unused healthcare FSA funds into the following plan year however funds over this amount will be forfeited. Note that FSA elections do not automatically continue from year to year; **you must actively enroll each year.**

your Dental Plan

It's important to have regular dental exams and cleanings so problems are detected before they become painful — and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. We offer a dental plan through MetLife.

USING IN-NETWORK DENTAL PROVIDERS

While you have the option of choosing any provider, you will save money when you use in-network dentists. When using an out-of-network dental provider, you will pay more because the provider has not agreed to charge you a negotiated rate.

PLAN PROVISIONS Group #: 235283	**BI-WEEKLY RATES** In-Network
Annual Deductible (Individual/Family)	$50/$150
Calendar Year Maximum	$2,000 per individual
Orthodontia Lifetime Maximum	$1,500 per individual
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	Covered at 100%
Basic and Restorative Services (e.g.,fillings)	20%*
Major Services (e.g., dentures, crowns, bridges)	50%*
Orthodontia	50%* for children under age 19

**For out-of-network coverage, the plan pays a percentage of reasonable and customary (R&C) charges, so you may be balance-billed for any amounts over the R&C amount.*

Your bi-weekly payroll contributions for dental benefits are shown here.

COVERAGE LEVEL	**DENTAL PPO**
Employee Only	$9.00
Employee + Spouse	$23.46
Employee + Child(ren)	$15.67
Family	$27.96

your Vision Plan

The vision plan provided through Vision Service Plan (VSP), provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can choose any provider; however, you always save money if you see in-network providers.

PLAN PROVISIONS GROUP #: 12314233	IN-NETWORK	OUT-OF-NETWORK NON-VSP PROVIDER ALLOWANCES
Exam	$20 copay	$45
Frames	**Standard:** $180 allowance and 20% off remaining balance* **Featured Brands:** $230 allowance and 20% off remaining balance	$70
Lenses with prescription glasses		
• Single vision lenses	$20 copay	$30
• Bifocal lenses	Included with prescription glasses	$50
• Trifocal lenses		$65
Contact Lenses (in lieu of glasses)	$180 allowance; 15% savings on a contact lens exam	Elective $105 Necessary $210
Frequency		
• Exam	12 Months	
• Lenses	12 Months	
• Frames	24 Months	
• Contact lenses	12 Months	

**$100 frame allowance at Walmart, Sam's Club and Costco.*

EXTRA SAVINGS:

Glasses and Sunglasses

- Extra $50 to spend on featured frame brands. Go to www.vsp.com/specialoffers for details.
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision exam.

Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price; discounts available only from contracted facilities.

Your bi-weekly payroll contributions for dental benefits are shown here.

COVERAGE LEVEL	VSP CHOICE
Employee Only	$2.90
Employee + Spouse	$5.81
Employee + Child(ren)	$6.22
Family	$9.93

your Life Insurance and Disability

LIFE AND AD&D INSURANCE

AlerisLife provides basic life and AD&D insurance for team members and offers supplemental coverage options for team members and their dependents.

BASIC LIFE AND AD&D INSURANCE

Life insurance is an important part of your financial wellbeing, especially if others depend on you for support. AlerisLife provides basic life and accidental death and dismemberment insurance at no cost equal to 1x your base annual earnings, up to a maximum of $500,000. Coverage is automatic; you do not need to enroll.

SUPPLEMENTAL LIFE AND AD &D INSURANCE

You may choose to purchase additional life and AD&D coverage for yourself and your dependents at affordable group rates. Rates are based on age and the coverage level chosen. You must purchase supplemental coverage in order to buy life insurance for your spouse or child.

DISABILITY INSURANCE

You may be eligible for disability coverage. Please check with your benefits department for details.

SUPPLEMENTAL LIFE AND AD&D INSURANCE FOR YOU

Employee

- 1 to 5 times annual compensation salary/wage rounded to the next higher $1,000
- Up to a $1,000,000 maximum
- Guaranteed issue up to $300,000 (new hires only)

SUPPLEMENTAL LIFE AND AD&D INSURANCE FOR YOUR DEPENDENTS

Spouse

- Units of $5,000 to the lesser of $50,000 or 100% of your voluntary life and AD&D amount
- Up to a $50,000 maximum
- Guaranteed issue up to $25,000 (new hires only)

Child(ren)

- Birth to 6 months: $1,000
- 6 months to 26 years: Units of $1,000 to $10,000
- All Guaranteed Issue
- Must be added within 31 days of birth

LIFE INSURANCE: FLX-966800
DISABILITY INSURANCE: LK-751842

FAMILY MEDICAL LEAVE ACT (FMLA)

If you have been with the company for 12 months, you may be eligible for up to 12 work weeks of unpaid leave per year under the Family and Medical Leave Act (FMLA). FMLA can be used for an illness of your own, care needed for a family member, care for a newborn and certain other medical needs. Other state specific paid leave benefits may apply.

your 401(k) Retirement Savings Plan

Whether retirement is way down the road or just around the corner, it's important to have savings goals and specific investment objectives. To help you meet your goals and objectives, we offer a 401(k) Retirement Savings Plan, administered by Empower Retirement, with multiple investment options and a company match. Key details and features of our plan are listed below.

VESTING

Vesting refers to your ownership of the money in your 401(k). All contributions to the plan are immediately vested.

EMPLOYEE CONTRIBUTIONS

You can contribute up to $22,500 in 2023, and if you are age 50 or older, you may contribute up to an additional $7,500 as a "catch-up" contribution.

Contributions may be made on a pretax or Roth after-tax basis.

EMPLOYER CONTRIBUTIONS

AlerisLife matches 100% of the first 3% you contribute to your 401(k), and 50% of the next 2%.

GROUP #: 385087-01

MORE INFORMATION

- You can enroll in the plan and make changes to your contributions at any time
- Empower Retirement has many different investment options for you to choose from, along with tools and resources you can use to determine which options best meet your investment objectives.

For additional details about the 401(k) Retirement Savings Plan or to enroll or change your contribution rates or investment elections, visit www.empowermyretirement.com or call **1-800-338-4015**.

your Other Wellbeing Benefits

AlerisLife is dedicated to investing in whole person health and wellness, including your physical, mental and financial health. AlerisLife has continued to build upon more targeted offerings to engage and support team members throughout their wellness journey.

EMPLOYEE ASSISTANCE PROGRAM

Because personal issues can affect every aspect of your life, we automatically provide you and your family with an Employee Assistance Program (EAP) through ComPsych, at **no cost** to you. Call the EAP 24/7 for unlimited confidential assistance with nearly any personal matter you may be experiencing. You and your family have access to **three** free consultations with a licensed clinician per need, per individual, per calendar year.

Services include:

- **Legal Services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning, and more.
- **Financial Services:** Budgeting, credit and financial guidance, retirement planning, and assistance with tax issues.
- **Childcare and Eldercare Assistance:** Needs assessment along with referrals to childcare and eldercare providers.
- **Identity Theft Recovery Services:** Information on identity theft prevention, an identity theft emergency response kit, and help if you are victimized.
- **Grief and Caregiver Support Counseling:** There is no right or wrong way to grieve the death of a family member, resident or other loved one. We can help.

Confidential assistance is available any time by calling 800-344-9752 or online at guidancereources.com (Web ID: NYLGBS).

PACYACTIV FLEXIBLE PAYCHECK

Because sometimes you can't wait 'til payday! With Payactiv, get paid on your terms – daily, weekly, when you need it!

PayActiv is available to our hourly team members. It provides Earned Wage Access as well as a variety of financial counseling services. Payactiv gives you access to the money you worked for but haven't been paid yet. The money that you access is then deducted from your next paycheck, giving you the flexibility to pay for things on your own schedule.

Access up to 50% of your earned wages before your scheduled payday.

- Transfer earned wages to your bank account or a Payactiv Visa® debit card
- Trusted vendor of Five Star
- Not a loan
- Free or minimal fees depending on transaction type
- No credit cards or credit check
- All hourly team members are eligible – no waiting period
- No recurring fees

Go to https://get.payactiv.com to learn more and enroll.

- What you'll need to enroll:
  - » Company name
  - » Employee ID: [last 4 of social + employee ID]

your Other Wellbeing Benefits *continued*

VOLUNTARY BENEFITS

US Enrollments partners with UHC and Chubb to provide voluntary benefits to our team members protect yourself and your family even further.

These voluntary benefits include:

- Accident
- Hospital Indemnity
- Critical Illness
- Disability Insurance
- Supplemental life insurance- includes LTC rider

Most plans pay cash to the employee, over and above any other coverage you may have.

To enroll in the Voluntary Benefits through US Enrollments, call 877-231-8423 or go to https://alerislife.mybenefitsinfo.com/ to book an appointment.

PAID TIME OFF

Team members are eligible for Paid Time Off. This program combines traditional vacation, sick time and holidays into one program.

Home Office team members are eligible for the traditional vacation and sick time plan. For more information, contact your manager.

PARENTAL LEAVE

One week of paid parental leave is available for you after one year of employment. This is to support you after the birth or adoption of a child.

VERY IMPORTANT PTO CASHOUT BENEFIT

Along with being ALL IN for investing in you and your future, the company offers the Very Important Payout (VIP) Program for Ageility and Five Star team members who are PTO-eligible.

During a special enrollment time in December, team members have the opportunity to cash out up to one week of PTO in June and up to one week of PTO in November of the following year to contribute to your family's summer or winter vacation, or help relieve financial stress. It's your choice! Team members must maintain a minimum balance of at least one week of PTO.

TICKETSATWORK

TicketsatWork is the leading Corporate Entertainment Benefits provider, offering exclusive discounts, special offers and access to preferred seating and tickets to top attractions, theme parks, shows, sporting events, movie tickets, hotels and much more. You can even get discounts on pet insurance for your fury family members!

FUTURE YOU EDUCATIONAL REIMBURSEMENT PROGRAM

To encourage you to build your professional knowledge and skills, AlerisLife offers a tuition reimbursement program. Through this program, you may be reimbursed for expenses for courses related to your job or to progress toward your career goals. Under this program, tuition costs for both job-related and non-job-related courses may be covered up to $3,000 per calendar year, as long as they contribute to your career advancement at AlerisLife.

your Other Wellbeing Benefits

continued

COMMUTER BENEFITS

Now you can reduce your commuter expenses with commuter benefits plan. You can set aside up to $630 pretax total for both transit and parking costs, but keep in mind that the funds are considered two separate buckets of money and cannot be mixed and mingled. So be sure to calculate both your transit and parking expenses related to your daily commute, and elect contributions accordingly.

Eligible Commuter Options:

- **Parking**

  Parking at or near your place of employment

  Parking at a location from which you connect with another transit option

  Multiple / flexible parking payment and reimbursement options are available, depending on your employer's plan design

- **Buses**
- **Trains & subways**
- **Ferries**
- **Van pools**

How to spend transit funds?

- **Rechargeable payment card**
- **Transit vouchers**
- **Direct fare media**
- **Van pool vouchers**

How to spend parking funds?

- **Rechargeable payment card**
- **Parking cash reimbursement**
- **Parking vouchers**
- **Direct pool to garages**

COMING IN 2025!

PET INSURANCE & AUTO/HOME INSURANCE

GLOSSARY

- Brand preferred drugs – A drug with a patent and trademark name that is considered "preferred" because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
- Brand non-preferred drugs – A drug with a patent and trademark name. This type of drug is "not preferred" and is usually more expensive than alternative generic and brand preferred drugs.
- Calendar Year Maximum – The maximum benefit amount paid each year for each family member enrolled in the dental plan.
- Coinsurance – The sharing of cost between you and the plan. For example, 80% coinsurance means the plan covers 80% of the cost of service after a deductible is met. You will be responsible for the remaining 20% of the cost.
- Copay – A fixed amount (for example $25) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.
- Deductible – The amount you have to pay for covered services before your health plan begins to pay.
- Flexible Spending Accounts (FSA) – FSAs allow you to pay for eligible health care and dependent care expenses using tax-free dollars. The money in the account is subject to the "use it or lose it" rule which means you must spend the money in the account before the end of the plan year.
- Generic drugs – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
- In-network – A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.
- Inpatient – Services provided to an individual during an overnight hospital stay.
- Mail Order Pharmacy – Mail order pharmacies generally provide a 90-day supply of a prescription medication at a discounted rate. Plus, mail order pharmacies offer the convenience of shipping directly to your door.
- Out-of-network – Providers that are not in the plan's network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Higher deductibles and coinsurance will apply.
- Out-of-pocket maximum – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.
- Outpatient – Services provided to an individual at a hospital facility without an overnight hospital stay.
- Primary Care Provider (PCP) – A doctor (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.
- Reasonable & Customary Charges (R&C) – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.
- Specialist – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).
- Specialty drugs – A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

Legal Notices

NOTICE OF AVAILABILITY OF HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION. AlerisLife Inc. Benefits Plan (the "Plan") provides health benefits to eligible employees of AlerisLife (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan's Notice of Privacy Practices https://flimp.live/AlerisLife-Benefits#compliance.

HIPPA NOTICE OF SPECIAL ENROLLMENT PERIOD

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 enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as 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. Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: all stages of reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment of physical complications of the mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NEWBORNS' ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

PATIENT PROTECTION DISCLOSURE

The health plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from the health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

Legal Notices

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information: When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace? The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November each year for coverage starting as early as the immediately following January 1.

Can I Save Money on my Health Insurance Premiums in the Marketplace? You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace? Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5%* of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.**

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

*As that percentage is adjusted by inflation from time to time.
**An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

MASSACHUSETTS MINIMUM CREDITABLE COVERAGE

This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law and will satisfy the individual mandate that you have health insurance.

Legal Notices

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

Legal Notices

IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075

Legal Notices

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

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CONTACT INFORMATION

COVERAGE	CARRIER	PHONE	WEBSITE/EMAIL
Medical	UnitedHealthcare	800-362-9054	www.myuhc.com
Pharmacy	Express Scripts	800-375-0685	www.express-scripts.com
Pharmacy Discounts	Rx Savings Solutions	800-268-4476	myrxss.com
Diabetes and Hypertension	Support Livongo	800-945-4355	www.get.livongo.com/
Dental	MetLife	800-GET-MET8 (800-438-6388)	www.metlife.com/mybenfits
Vision	VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts	UnitedHealthcare	877-311-7849	www.myuhc.com
Life and AD&D Insurance	NY Life	800-644-5567	www.mynylgbs.com
Voluntary Benefits	US Enrollment Services	877-231–8423	alerislife.mybenefitsinfo.com
Employee Assistance Program (EAP)	ComPsych	800-344-9752	guidanceresources.com web ID: NYLGBS
401(k) Retirement Savings	Plan Empower Retirement	855-756-4738	www.participant.empowerretirement.com
Payactiv Flexible Paycheck		877-937-6966	www.payactiv.com/help
AlerisLife Benefits Team			BenefitsQuestions@5ssl.com

The AlerisLife Benefits Portal keeps all of your benefit contacts and information in one place. For easy access to your benefit carriers' group numbers, phone numbers and websites from your smartphone, tablet or computer, bookmark https://flimp.live/AlerisLife-Benefits

ABOUT THIS GUIDE

This benefit summary provides selected highlights of the AlerisLife benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. AlerisLife reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

Advancing others.
ADVANCING *you.*