

# BENEFITS DESIGNED WITH YOU IN MIND



**20** EMPLOYEE  
**26** BENEFITS  
**GUIDE**

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# WESLEY WOODS

## SENIOR LIVING

### MISSION

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

### VISION

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

### THE WESLEY WOODS WAY

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



We believe aging has a fulfilling purpose in life.

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

We believe spiritual and personal growth is lifelong.

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

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

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

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

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

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

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

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

# Benefit Eligibility

## WHO IS ELIGIBLE FOR BENEFITS?

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

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

## WHEN DOES COVERAGE BEGIN?

The effective date for Wesley Woods' benefits is January 1<sup>st</sup>, 2026, and the elections you make during Open Enrollment will remain in effect until December 31, 2026. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a qualifying life event (QLE). Newly hired employees and dependents will be effective on Wesley Woods' benefits programs on the first day of employment. The benefits listed in this guide will be effective on the first day of employment. For example, if you were hired on March 15th your enrollment would need to be completed before or on March 30th. Your coverage effective date would be March 15th.

## OPEN ENROLLMENT

Open Enrollment elections are effective January 1<sup>st</sup> 2026, and stay in effect until December 31, 2026, unless you experience a Qualifying Life Event.

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

## QUALIFYING LIFE EVENTS

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

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

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

## THE MOST COMMON QUALIFYING LIFE EVENTS

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



# Frequently Asked Questions

## WHAT IS A DEDUCTIBLE?

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

## WHAT IS COINSURANCE?

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

## WHAT IS A COPAY?

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

## WHAT IS AN OUT-OF-POCKET-MAXIMUM?

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

## WHAT IS AN EXPLANATION OF BENEFITS (EOB)?

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

## WHAT COUNTS AS A PREVENTIVE CARE VISIT?

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

## IF I CHANGE PLANS, CAN I KEEP MY DOCTOR?

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

## WHAT IS COBRA?

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

## WHAT DOES IN-NETWORK MEAN?

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

## WHAT DOES OUT-OF-NETWORK MEAN?

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

## WHAT IS THE PREMIUM?

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



# Medical Benefits

## United Healthcare \$2,500 Plan



The chart below is a brief outline of the \$2,500 Plan administered by UHC. Please refer to the summary plan description for complete plan details.

COVERED SERVICES	UHC \$2,500 PLAN
<b>Calendar Year Deductible</b>	<b>In-Network* UHC Choice Plus</b>
▪ Individual / Family	\$2,500 / \$5,000
<b>Coinsurance (Applies After Deductible)</b>	20% (You Pay)
<b>Out-of-Pocket Maximum (Includes Copays)**</b>	
▪ Individual / Family	\$8,000 / \$16,000
<b>Physician Office Visits</b>	
▪ Primary Care	\$35 copay
▪ Specialists Visits	\$75 copay
<b>Preventive Care (Deductible Does Not Apply In-Network)</b>	100%
<b>Laboratory &amp; X-Ray Services</b>	
▪ Diagnostic X-Ray & Lab	\$0
▪ Complex Radiology	Deductible, then 20%
<b>Hospital Services</b>	
▪ Inpatient / Outpatient	Deductible, then 20%
<b>Emergency Room</b>	\$500 copay
<b>Urgent Care Services</b>	\$75 copay
<b>Prescription Drugs</b>	
<b>Retail copay listed per 30-day supply. Mail Order available for 90-day supply.</b>	
▪ Generic	\$10
▪ Brand (Formulary)	\$35
▪ Brand (Non-Formulary)	\$75
▪ Specialty	\$150

\*Out of Network Benefits Available

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

# Medical Benefits

## Surest \$5,000 Plan

Surest is a **no** deductible, **no** coinsurance, copay plan. The Surest app is designed to show a single price (not an estimate!) for care so you know what you'll owe before a visit. Giving you clear answers about your costs, your coverage and your options when seeking care. Surest uses the same large national network as our UHC plans.

For your reference, we have outlined some of the most frequently used benefits below but encourage you to review the Summary of Benefits & Coverage or Summary Plan Description for complete details on exclusion, limitations and pre-authorization requirements that may apply.

**surest**<sup>™</sup>

A UnitedHealthcare Company



Scan or click the QR Code for an Introduction video to learn more about Surest!

COVERED SERVICES	SUREST \$5,000 PLAN
<b>Calendar Year Deductible</b>	<b>In-Network* UHC Choice Plus</b>
▪ Individual / Family	\$0 / \$0
<b>Coinsurance (Applies After Deductible)</b>	Not Applicable
<b>Out-of-Pocket Maximum (Includes Copays)**</b>	
▪ Individual / Family	\$5,000 / \$10,000
<b>Physician Office Visits</b>	
▪ Primary Care	\$20 - \$105
▪ Specialists Visits	\$20 - \$105
<b>Preventive Care (Deductible Does Not Apply In-Network)</b>	100%
<b>Laboratory &amp; X-Ray Services</b>	
▪ Diagnostic X-Ray & Lab	\$0
▪ Complex Radiology	\$125 - \$850
<b>Hospital Services</b>	
▪ Inpatient / Outpatient	Inpatient: \$200 - \$3,000 Outpatient: \$35 - \$3,000
<b>Emergency Room</b>	\$600
<b>Urgent Care Services</b>	\$60
<b>Prescription Drugs</b>	
<b>Retail copay listed per 30-day supply. Mail Order available for 90-day supply.</b>	
▪ Generic	\$10
▪ Brand (Formulary)	\$60
▪ Brand (Non-Formulary)	\$90
▪ Specialty	Tier 1: \$10 / Tier 2: \$150 / Tier 3: \$300

\*Out of Network Benefits Available

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

# Medical Benefits

## Surest \$6,000 Plan

Surest is a **no** deductible, **no** coinsurance, copay plan. The Surest app is designed to show a single price (not an estimate!) for care so you know what you'll owe before a visit. Giving you clear answers about your costs, your coverage and your options when seeking care. Surest uses the same large national network as our UHC plans.

For your reference, we have outlined some of the most frequently used benefits below but encourage you to review the Summary of Benefits & Coverage or Summary Plan Description for complete details on exclusion, limitations and pre-authorization requirements that may apply.

**surest**<sup>™</sup>

A UnitedHealthcare Company



Scan or click the QR Code for an Introduction video to learn more about Surest!

COVERED SERVICES	SUREST \$6,000 PLAN
<b>Calendar Year Deductible</b>	<b>In-Network* UHC Choice Plus</b>
▪ Individual / Family	\$0 / \$0
<b>Coinsurance (Applies After Deductible)</b>	Not Applicable
<b>Out-of-Pocket Maximum (Includes Copays)**</b>	
▪ Individual / Family	\$6,000 / \$12,000
<b>Physician Office Visits</b>	
▪ Primary Care	\$40 - \$150
▪ Specialists Visits	\$40 - \$150
<b>Preventive Care (Deductible Does Not Apply In-Network)</b>	100%
<b>Laboratory &amp; X-Ray Services</b>	
▪ Diagnostic X-Ray & Lab	\$0
▪ Complex Radiology	\$150 - \$1,200
<b>Hospital Services</b>	
▪ Inpatient / Outpatient	Inpatient: \$700 - \$4,500 Outpatient: \$70 - \$4,500
<b>Emergency Room</b>	\$1,000
<b>Urgent Care Services</b>	\$90
<b>Prescription Drugs</b>	
<b>Retail copay listed per 30-day supply. Mail Order available for 90-day supply.</b>	
▪ Generic	\$10
▪ Brand (Formulary)	\$60
▪ Brand (Non-Formulary)	\$90
▪ Specialty	Tier 1: \$10 / Tier 2: \$150 / Tier 3: \$300

\*Out of Network Benefits Available

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

# Transition of Care from Kaiser to United Healthcare

## HOW WILL TRANSITION OF MY CARE WORK MOVING FROM A KAISER DOCTOR TO A UNITED HEALTHCARE DOCTOR?

### **MEDICAL:**

**Transition of Care** gives new UnitedHealthcare members the opportunity to request extended coverage for their current, out-of-network health care professional at network rates due to qualifying medical conditions, until the safe transfer to a network health care professional can be arranged. Members must apply for Transition of Care no later than 30 days after the effective date of coverage.

**Please reach out to HR for a copy of the Transition of Care form for United Healthcare or Surest – depending which plan you elect.**

### **PHARMACY:**

We also have **Pharmacy Transition of Care** in place to allow new UHC members to receive a **one-time** 30-day grace fill override on certain medications that are excluded or require prior authorization. This allows members more time to work with their provider to either switch to a covered alternative or satisfy the prior authorization requirement in place. To be eligible, members must adhere to the specific requirements below.

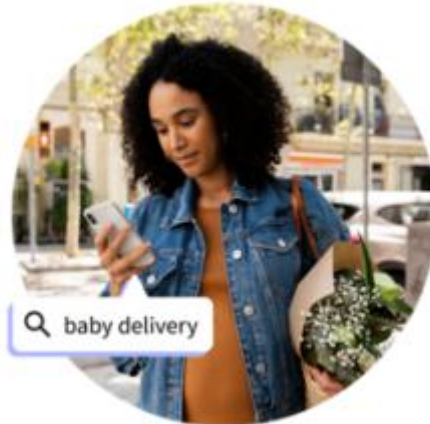
- The member must call UnitedHealthcare member services using the number located on the back of their ID card to obtain the override.
- New members are asked to verbally confirm their prior carrier had been covering the drug in question. They do not need to show proof.
- The UHC representative will provide education on preferred alternatives and/or the Prior Authorization process.
- The UHC representative will evaluate whether the drug in question is eligible for Transition of Care in the Formulary Lookup. Specialty medications are not eligible for transition of care.
- If the drug is eligible for Transition of Care, the UHC representative will facilitate the override request by engaging OptumRx member services, if necessary.
- Transition of Care does not apply to all medications. To check if a drug is eligible prior to contacting UnitedHealthcare, members can go to **[Pharmacy benefits \(whyuhc.com\)](https://www.whyuhc.com)**, scroll about halfway down the page, select the PDL specific to the plan they are enrolling in and enter the drug name in the search field. After searching for the drug, click on coverage details then scroll to the bottom of the page and it will say “yes” next to Transition of Care if it applies.

# Surest Tools



Register as a user on [Benefits.Surest.com](https://Benefits.Surest.com) and download the Surest App on your smartphone or tablet.

From resources that help locate in-network providers, improve your health, to tools that help manage your health spending, there's so much you can do on the Surest website or app. You may also follow this link for frequently asked questions about Surest: [FAQs](#)



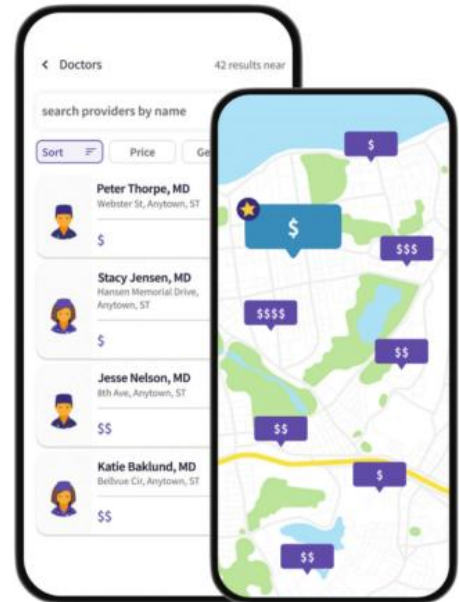
## Start here:

- 1 Download the Surest app.
- 2 Activate your free account.
- 3 Start finding opportunities to save.

(It's that easy.)



Members annual **out-of-pocket costs** are **46% lower** than the national average.<sup>1</sup>



Illustrative example only. Costs and coverage may vary.



Scan the QR Code to start checking prices today!



Surest \$5,000

Surest \$6,000

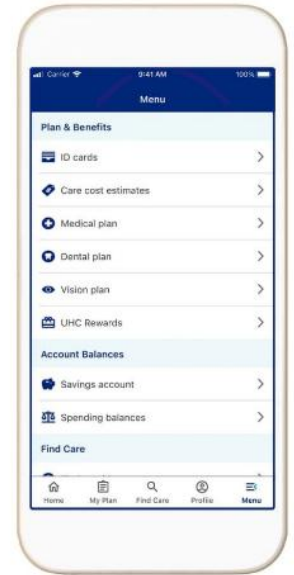


Register as a user on myUHC.com and download the UHC App on your smartphone or tablet. From resources that help locate in-network providers, improve your health, to tools that help manage your health spending, there's so much you can do on the myUHC® website or app!

## Get the most out of your benefits

Register for your personalized website on [myuhc.com](https://myuhc.com)® and download the UnitedHealthcare® app. These digital tools are designed to help you understand your benefits and make informed decisions about your care.

- Find care and compare costs for providers and services in your network
- Check your plan balances, view your claims and access your health plan ID card
- Access wellness programs and view clinical recommendations
- 24/7 Virtual Visits – Connect with providers by phone or video\* to discuss common medical conditions and get prescriptions,\*\* if needed
- Compare prescription costs and order refills



## How to register

- 1 Go to [myuhc.com](https://myuhc.com) or download the UnitedHealthcare app and click **Register Now**
- 2 Complete the required fields and create your username/password
- 3 Enter your contact information and security questions
- 4 Agree to the terms and conditions and select your email preferences
- 5 Go paperless—from your account settings, choose paperless in your communication preferences

Scan the QR Code to download the app!



# Medical Rates

MEDICAL RATES			
Bi-Weekly Employee Contributions (pre-tax)	UHC \$2,500 Plan	Surest \$5,000 Plan	Surest \$6,000 Plan
Employee Only	\$79.80	\$96.61	\$33.51
Employee + Spouse	\$250.15	\$302.88	\$142.65
Employee + Child(ren)	\$222.63	\$269.55	\$126.94
Family	\$354.28	\$428.95	\$202.03

## Vital Medication Program

The United Healthcare Vital Medication Program offers certain drugs at no additional cost. This means there may be no out-of-pocket costs for preferred insulins and certain other medications, including:

- Insulin – rapid, shot and long-acting
- Epinephrine – allergic reactions
- Glucagon – hypoglycemia (low blood sugar)
- Naloxone – opioid overuse
- Albuterol - asthma

To see if you’re eligible for no out-of-pocket costs on preferred insulins and other prescription drugs, sign in to [myuhc.com/rx](https://myuhc.com/rx)

**\*Please note – this does NOT apply to the Surest plan.**



# Health & Wellness Resources



## VIRTUAL CARE

Life is demanding. It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plans through UHC and Surest include access to minor medical and behavioral/mental health virtual care.

Whether it's late at night and your doctor or therapist isn't available, or you just don't have the time or energy to leave the house, you can:

- Access care from anywhere via video or phone.
- Get minor medical virtual care 24/7/365 – even on weekends and holidays.
- Schedule a behavioral/mental health virtual care appointment online in minutes.
- Connect with quality board-certified doctors and pediatricians as well as licensed counselors and psychiatrists.
- Have a prescription sent directly to your local pharmacy, if appropriate.

### Minor Medical Virtual Care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Allergies
- Asthma
- Cold and flu
- Pink eye
- Rashes
- Ear infections
- Sore throat
- Fever

Access Virtual Visits through the UHC or Surest mobile apps.



# Health & Wellness Resources



**UHC Cancer Support Program (CSP)** provides compassionate guidance and answers for you or a family member who's faced with cancer.

## How does it work?

If you're preparing for cancer treatment or have already started, a nurse can help you navigate treatment options and find a network provider from a high-quality Centers of Excellence (COE) facility. Here's more of what you can expect:

- **Connect with a nurse** specially trained in oncology for support throughout your treatment journey.
- **Get help exploring your options**, finding answers to questions, and managing symptoms and side effects.
- **Receive support** working with your doctors, so you feel informed to make decisions for your health.
- **Access digital tools** to help provide real-time guidance and identify care needs immediately.

Call an oncology nurse at **1-866-936-6002**, TTY 711, from 7 a.m. to 7 p.m. CT, Monday through Friday, or visit [myuhc.phs.com/cancerprograms](https://myuhc.phs.com/cancerprograms).

**Surest MyCancerJourney** program provides support in navigating your cancer diagnosis, offering an objective view of treatment options tailored to you.

## Patients who use MyCancerJourney:

- **Better understand** their prognosis.
- **Report higher satisfaction** with their care.
- **Have more** realistic expectations of treatments and the associated side effects.
- **Are less likely** to make suboptimal treatment decisions.

Schedule your initial 30-minute meeting with a board-certified patient advocate:

[Mycancerjourney.com/join-surest](https://mycancerjourney.com/join-surest). Or call Surest Member Services at **1-866-683-6440** 6 a.m. to 9 p.m. CT Monday through Friday.

## Real Appeal Program for UHC & Surest

Real Appeal is a practical online weight management program. It's available to you and eligible family members at no additional cost as part of our health plan benefits. Click this [link](#) for a video to learn more!



Scan the QR code to get started on your well-being journey with Real Appeal today!



# Flexible Spending Accounts

PROVIDED THROUGH INSPIRA



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

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

**You can contribute up to \$3,400 in a Healthcare FSA and up to \$7,500 in a Dependent Care FSA (or \$3,750 if married filing separately).**

## BENEFITS OF AN FSA

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

## HEALTH CARE FSA

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

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

## DEPENDENT CARE FSA

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

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

## USE IT OR LOSE IT

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

## THE BENEFITS DEBIT CARD

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

## WAYS TO GET REIMBURSED

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

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

## GO MOBILE WITH YOUR FSA

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



# Dental Benefits

PROVIDED BY MUTUAL OF OMAHA



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

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

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

# Mutual of Omaha Dental Rollover Benefits



PROVIDED BY MUTUAL OF OMAHA

## How it Works

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

Rollover benefit is administered automatically for all enrolled members.

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

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



# Vision Benefits



PROVIDED BY MUTUAL OF OMAHA

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

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

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

VISION PLAN		
Plan Features	In-Network	Out-of-Network
<b>Exam</b>	\$0 copay	Up to \$45
<b>Frames</b>	\$150 Allowance	Up to \$66
<b>Lenses</b>		
Single	\$0 Copay	Up to \$40
Bifocal	\$0 Copay	Up to \$56
Trifocal	\$0 Copay	Up to \$84
<b>Contacts</b> (in lieu of glasses)		
Elective	\$150 Allowance	Up to \$102
Medically Necessary	\$0 Copay	Up to \$210
<b>Bi-Weekly Employee Contributions (pre-tax)</b>		
Employee Only		\$5.00
Employee + Spouse		\$9.50
Employee + Child(ren)		\$10.00
Employee + Family		\$14.69



# Life and AD&D Benefits



## COMPANY PAID

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

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

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

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



## VOLUNTARY

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

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

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

### IMPORTANT THINGS TO CONSIDER

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

# Disability Benefits



## PROVIDED THROUGH MUTUAL OF OMAHA

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

### VOLUNTARY SHORT-TERM DISABILITY (STD)

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

The amount you receive is based on your base earnings before your disability began. If you suffer from a qualified accident or illness, Mutual of Omaha will pay 60% of your weekly earnings, up to \$2,500 per week, for up to 22 weeks. Benefit payments will begin on the 31<sup>st</sup> day from the date the disability occurred.

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

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

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

### COMPANY-PAID LONG-TERM DISABILITY (LTD)

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

LTD insurance provides a benefit after 180 days of a continuous disability. LTD begins when STD ends. You are eligible to receive 60% of your monthly earnings up to a \$15,000 maximum.

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



# Voluntary Benefits



## PROVIDED THROUGH MUTUAL OF OMAHA

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

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

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

#### Accident

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

#### Critical Illness

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

#### Hospital Indemnity

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



# Faculty Staff Assistance Program (FSAP)

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

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

## *Services to Enhance Work Productivity and Performance*

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

## *Services to Enhance Your Personal Health and Well-Being*

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

## *How to Contact FSAP:*

- (404) 727-4328 or (404) 727-WELL
- Visit the FSAP Website at [www.fsap.emory.edu](http://www.fsap.emory.edu)

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

# Wesley Woods Retirement Plan



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

## WESLEY WOODS MATCHING CONTRIBUTIONS

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

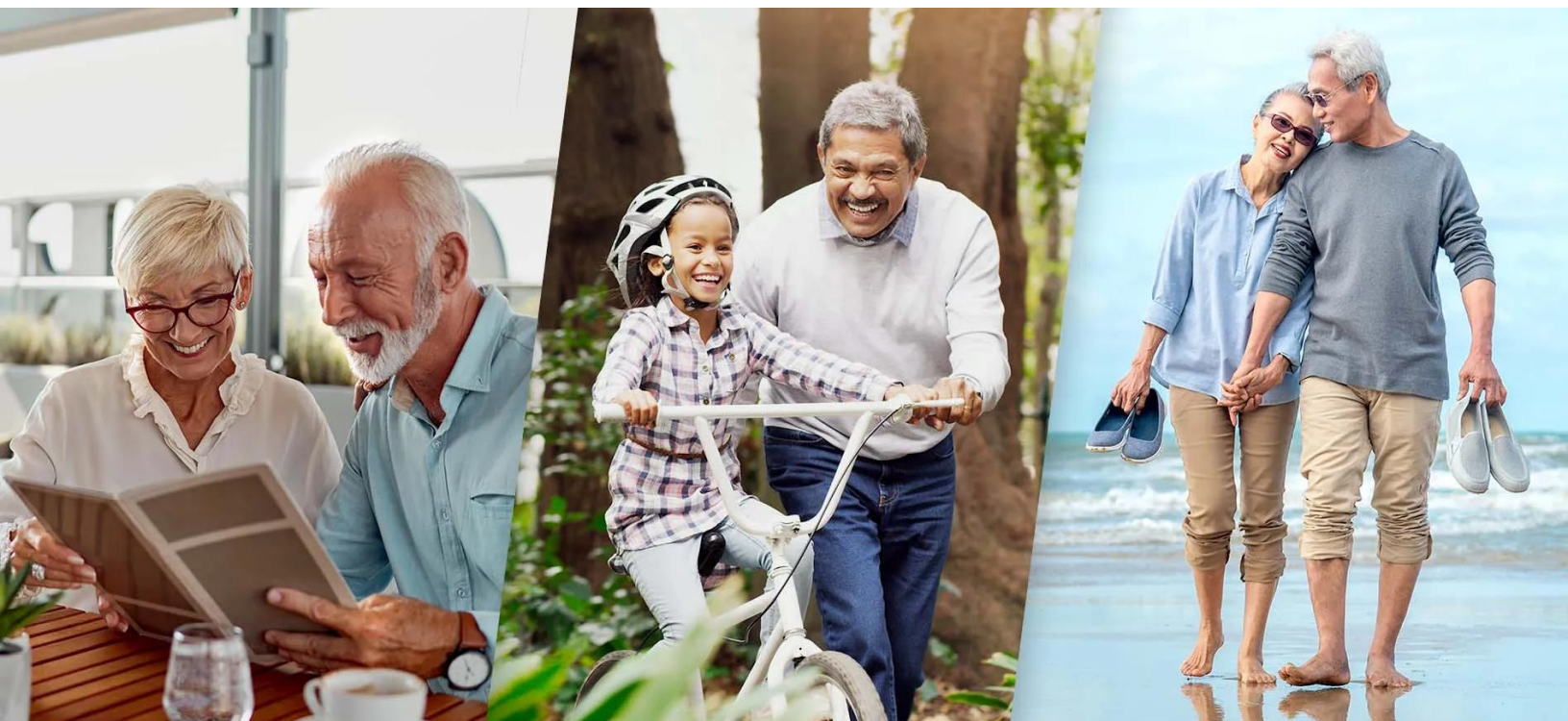
### For Example:

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

All eligible full-time and part-time employees are immediately eligible to contribute to the retirement plan using pre-tax dollars only. As an employee, you may contribute 100% of your eligible pay up to the annual IRS maximum deferred limits. (Limit is \$24,500.) If you are 50 or older, you may defer an additional catch-up amount. For 2026, the additional catch-up contribution amount can be up to \$8,000.

## TOTAL ANNUAL CONTRIBUTION

The IRS sets annual limits for the total amount that can be contributed by both the employee and the employer. This limit can change year to year. The IRS provides that the combined annual limit for total plan contributions is 100% of your W-2 compensation or \$72,000, whichever is less.



# Wesley Woods Retirement Plan



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

## Online Information

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

**You can also download Vanguard fund prospectuses at [www.vanguard.com](http://www.vanguard.com).**

### Easy Account Management

You can manage your account and get investment help anytime:

With personal assistance. Vanguard Participant Services associates are available to assist you at  
800-569-4903  
Monday through Friday from  
8:30 a.m. to 8 p.m., ET.

## Simple Investment Changes

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

## Transfers

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

## Prospectus

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

\*Some Vanguard funds are subject to a frequent trading policy, which restricts moving money back and forth between funds within a given number of days. Some core funds are subject to a specified redemption fee for the date of shares held for less than a given number of days.

If you wish to speak to a Vanguard Representative, contact them at 800-569-4903.

# Additional Resources



## BENEFITS RESOURCE CENTER

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

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

Some of the services the Benefits Resource Center Provides are:

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

## MEDICARE ASSISTANCE

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

Dedicated Benefits professionals will:

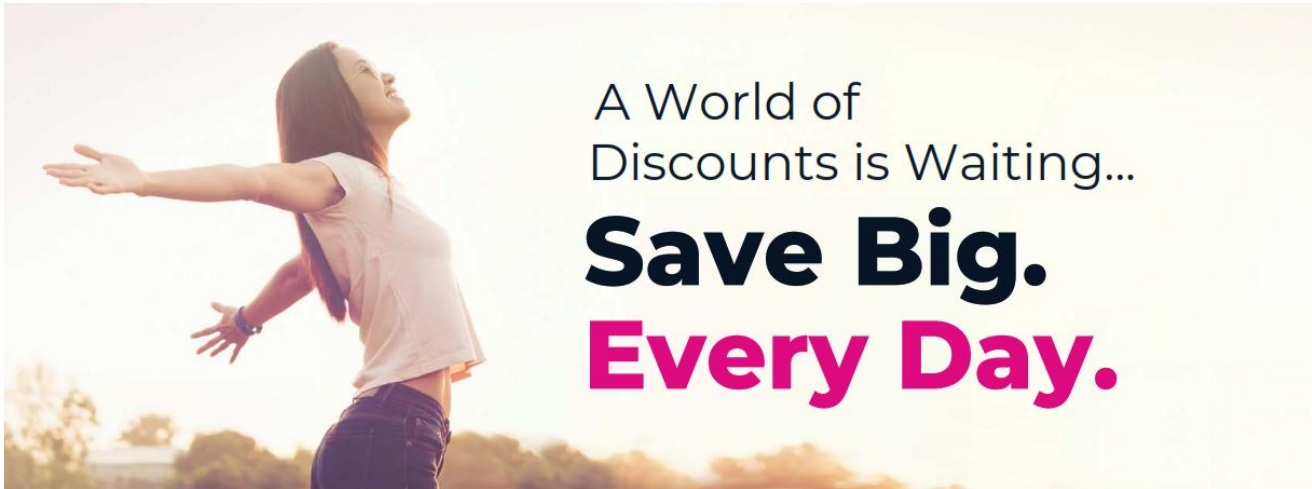
- Help Educate
- Review Plan Options
- Simplify Enrollment
- Complete an Annual Medicare Review

Your dedicated benefits professional is Patty Norton and her contact information is 954-607-4151 or email: [patty.norton@mybenefitadvisor.com](mailto:patty.norton@mybenefitadvisor.com)

MY BENEFIT  
ADVISOR



# BenefitHub



A World of Discounts is Waiting...

**Save Big.  
Every Day.**

**Sign up for the Wesley Woods BenefitHub Perk Program!**

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

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

**Hertz**

**LEGOLAND**

**Office  
DEPOT**

**Lenovo**

**GROUPON**

**Budget**

**TrueCar**

**sam's club**



**GARMIN**

**CityPASS**

**AVIS**

**It's easy to access and start saving!**

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

Or scan here now!



Questions? Call 1-866-664-4621 or email [customer@benefithub.com](mailto:customer@benefithub.com)



# WESLEY WOODS

*Inspired Living*

## 2026 BENEFITS GUIDE

This brochure summarizes the benefit plans that are available to Wesley Woods Senior Living's eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Benefits Department. Information provided in this brochure is not a guarantee of benefits.