2025 Asset Living

Benefits Summary

Effective April 1, 2025

ASSET

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This benefit summary describes the benefit plans available to you as an employee of Asset Living. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contacts.

This summary is meant only to cover the highlights of each plan; It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of Asset Living.

Welcome!

We are committed to providing competitive benefit programs that are flexible enough to meet your individual needs.

Our comprehensive benefits are carefully designed to give you the tools you need to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement.

This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.

Each year, we work to bring you the highest quality plans at the lowest possible costs. In designing our benefits, we strive to provide affordability and, above all, choice to all our employees!

Open Enrollment: *Take Action!*

This Open Enrollment is a **passive enrollment**, meaning if you are satisfied with current benefit elections, then they will automatically roll over to the next plan year. All your current elected dependents and beneficiaries will also automatically roll over unless you make changes during this open enrollment period. We **strongly encourage** you to review your elections, dependents, and beneficiaries.

If you do not make any changes during this Open Enrollment, then you will not be able to make any changes until Open Enrollment next year, unless you experience a Qualifying Life Event (QLE).

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to your HR team or contact Quantum Health.

2025 *Open* Enrollment

February 24th – March 7th

Eligibility

Benefit Eligibility

You and your eligible family members may participate in the 2025 employee benefits program if you are an active, full-time employee working a minimum of 30 hours per week.

- **Community Managers / Corporate Employees:** All benefits
- **Property Level:** All benefits. Medical plan enrollment is required to receive employer-paid Basic Life/AD&D and LTD plan coverage

Dependent Eligibility

You can enroll the following dependents in our group benefit plans:

- Your legal spouse (unless legally separated)
- Children up to age 26 regardless of student, marital, or tax dependent status
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided)

New-Hire Eligibility

New hires can join the plan the first of the month following 60 days of employment. After your initial enrollment, you will have the opportunity to enroll again during Open Enrollment each year.

Employees Hired Through a Property Takeover

Your benefits will begin the first of the month following your takeover date, provided you have been on the property for more than 60 days.

Questions?

Visit the SWBC portal to see more benefits documents or visit HR Sharepoint.

How Do I Enroll?

Open Enrollment is *Here*!

Your benefit elections made during Open Enrollment will be effective **April 1st, 2025**. You may not make changes to your elections unless you experience a Qualifying Life Event (QLE) until next year's Open Enrollment.

How to Enroll

Enrollment is *easy!*

You can review your current benefits and make your elections by visiting the **SWBC Portal** at https://swb-ep.prismhr.com and logging in.

- Check and update any personal information that has changed in the past year
- Elect the coverage that meets your needs for the coming year
- Confirm your enrollment decisions before submitting your selections
- Keep a copy for your records

If you want your spouse or dependents enrolled in coverage, you will need to add them to the SWBC Portal. Please have on hand their date of birth and social security number to complete your enrollment.

Important!

If you need to make a change before the next Open Enrollment period due to a Qualifying Life Event (QLE), you must submit the required documentation WITHIN 30 DAYS of the qualifying life change event.

Contact HR or login to the SWBC portal to process a Qualifying Life Event (QLE).

Don't forget! Newborns will NOT be automatically added to coverage; you must take action WITHIN 30 days of the birth.

Changing Your Benefits

Outside of Open Enrollment, you may be able to enroll or make changes to your benefit elections if you have a Qualifying Life Event (QLE). QLEs include but not limited to:

- Change in marital status (marriage, divorce, death, legal separation)
- Change in number of dependents or dependent eligibility status (birth, death, adoption, eligibility status, child support order)
- Change in employment status that affects you or your spouse (commencement, termination, leave of absence, full-time to part-time or vice versa)
- Special enrollment rights under HIPAA
- You, your spouse or child gains or loses their other coverage

Generally, elections must be made within 30 days of the Qualifying Life Event (QLE). You are responsible for notifying Human Resources or your benefit team and providing the necessary documentation of the event. Don't forget! Newborns will not be automatically added to coverage; you must take action within 30 days of the birth.

What's New for 2025-2026?

Important Updates to your Benefits: *We are excited to announce several benefit enhancements to the Asset Living benefit package!*

Passive Enrollment:

This year will be a passive enrollment which means if you are happy with your current benefits, you do not need to take any action, and your current benefits will rollover to the next plan year at the new rates, under the new carriers.

EXCEPTION: *Those that would like to continue contributing to their HSA election must re-enroll*

- While this is a passive enrollment, we strongly suggest you review your current election because Open Enrollment is the one time of year you can add coverage, change coverage, drop coverage, or enroll a dependent without a life event.

Non-Medical Carrier Changes and Cost Reductions:

Effective 4/1/2025, we will be transitioning to the below current coverages to new carriers with some changes to your rates and levels of coverage:

- **MetLife** will be the new administrator of our Dental plans, replacing Mutual of Omaha. Employees will still have the same plan options to choose from between the Low, Medium, and High plan options
  - MetLife provides a broad, nationwide network of dental providers to choose from.
  - The cost of coverage for all dental plan options is decreasing.
- **Hartford** will be the new administrator of our Basic Life/AD&D, Voluntary Life/AD&D, Short-Term Disability, Long-Term Disability, Critical Illness, Accident, Hospital Indemnity, and EAP benefits
  - The cost of coverage for our Critical Illness, Accident, and Hospital Indemnity plans is decreasing.

Short-Term Disability Plan Design:

The weekly benefit maximum for our Short-Term Disability (STD) plan will be increasing from $750 up to a $1,000 weekly benefit maximum.

While your monthly rate will be decreasing, you will see a minor increase in your payroll deductions. If your weekly pay multiplied by the disability benefit exceeds $750, your benefit maximum will automatically increase up to the maximum $1,000, which will be the new basis for your premium calculation. Please review the rates in SWBC to see how much will be deducted from your paycheck.

Long-Term Disability Eligibility Change:

Effective 4/1/2025, the employer-paid LTD plan will be provided to all full-time active Community Managers and Corporate employees regardless of Medical plan participation or enrollment.

- Property Level employees are required to enroll in Asset's Medical plan in order to receive coverage on the employer-paid LTD plan.

What’s New for 2025-2026?

Additional Benefit Updates *Continued...*

Medical Plan Design:

Base $5,500 Copay Plan

- Urgent Care copay decreasing from $60 per visit to $50 per visit
- Emergency Room (ER) copay changing to $150 copay per visit after deductible, then coinsurance (copay waived if admitted to hospital)
- Specialty medications will be subject to a Specialty Rx copay of $100

HDHP HSA Plan

- The HDHP HSA deductible will be increasing from $3,200 / $6,400 to $3,500 / $7,000. The IRS has increased the minimum deductible for qualified high-deductible health plans that allow you to open a Health Savings Account.

Buy-Up $1,500 Plan

- Urgent Care copay decreasing from $75 per visit to $50 per visit
- Emergency Room (ER) copay changing to $150 copay per visit after deductible, then coinsurance (copay waived if admitted to hospital)
- Specialty medications will be subject to a Specialty Rx copay of $100

Medical Rates:

Medical rates are increasing at around 5%; this is with a cost share with Asset Living / Property owners in the employer contribution. You will experience a greater change in your rates if you select a different plan or move to a different tier. Please review the rates in SWBC to see how much will be deducted from your paycheck.

Health Savings Account *(HSA)* Contribution Limits:

The IRS increased the Health Savings Account (HSA) contribution limit from $4,150 to $4,300 for singles and $8,300 to $8,550 for families.

What's New for 2025-2026?

Additional Benefit Updates *Continued...*

Voluntary Life Evidence of Insurability (EOI):

Evidence of Insurability is waived up to the Guarantee Issue for 4/1/2025 Open Enrollment for all employees! Take advantage of this offering by The Hartford to enroll up to the Guarantee Issue without needing to submit EOI, otherwise you will be subject to EOI the next time you try to enroll or increase your election. If you elect more than the Guarantee Issue, then you will be subject to EOI.

Voluntary Accident & Hospital Indemnity Plan Design:

- The Hartford is keeping the core plan design components the same as Mutual of Omaha. There are some benefit features Hartford similarly matched Mutual of Omaha in order to offer a similar payroll deduction. It is important to review The Hartford plan summary and document for a full overview of what is covered, how much, and how frequent.
- If you wish to remove your benefit election after reviewing the plan design and cost, you may do so through SWBC during Open Enrollment.

Employee Assistance Program (EAP) Update:

- Beginning April 1st, 2025, ComPsych will be the new administrator of our EAP program
- Employees and their family members will still have unlimited access to a wide breadth or resources around work-life balance, legal/financial referrals and assistance, health advocacy, and up to three face-to-face counseling sessions at no charge

Benefits Hub:

- The benefits website for your 2025 benefit offerings has been updated for the new year. To find more information about the benefits offered by Asset Living, click here: https://alliant-insurance.foleon.com/asset-living-2025

Care Navigation with Quantum

Contact Details

Online: AssetLivingBenefits.com

Call: 1-833-740-3261

Hours:
5:30am to 7pm PT
7:30am to 9pm CT
8:30am to 10pm ET

Download the App: MyQHealth-Care Coordinators

Navigating *Your* Benefits

Quantum Health will be available every step of the way to help you navigate the health care system. Quantum Health your **one stop shop** for navigating your medical plan benefits. When in doubt, call Quantum Health.

For all benefit eligible employees, Quantum Health will be your primary contact for all benefit related questions.*

Concierge Services

They are here to simplify your healthcare experience by replacing ID cards, finding in-network providers and so much more. Quantum Health is with you every step of your healthcare journey, from navigating medical claims, check-ups and even pre-certifications.

Make Quantum your first call before scheduling your visit or procedure to ensure you get the best value for your care.

They are here to:

- Explain Asset Living benefits
- Find in-network providers
- Manage chronic conditions
- Contact providers to discuss treatment
- Help with claims and billing
- Create health improvement plans and define wellness goals
- Help avoid unnecessary out-of-pocket spending

Choose Your Medical Plan

Understanding *Your* Plan Options

Your medical plans will be administered by **UMR** utilizing **UHC's Choice Plus network**. Asset Living offers 3 medical plans: Base $5,500 Copay Plan, HDHP $3,500 HSA Plan, and Buy-Up $1,500 Plan.

Each plan utilizes the national PPO network of physicians, hospitals, and other health care providers. Each plan provides you with the freedom to seek services from providers who do not participate in the PPO network; however you will have more out-of-pocket costs for covered services, and you will need to file claims for reimbursement.

Elections you make during Open Enrollment will be effective April 1st, 2025 and remain in effect until March 31st, 2026 unless you experience a Qualified Life Event.

Which Plan Is Right For *You?*

Plan 1: Base $5,500 Copay Plan

- Office Visit Copays
- Lowest Premiums
- Highest Deductible
- Highest Coinsurance

Plan 2: HDHP $3,500 HSA Plan

- Employer HSA Match
- No Copays (Ded / Coins)
- Mid-Range Premiums
- Rx Benefits Subject to Deductible

Plan 3: Buy-Up $1,500 Plan

- Office Visit Copays
- Highest Premiums
- Smallest Deductible

Please review your plan summaries or SBCs for coverage information and full plan details located on the Asset Living Homepage.

Register Online*

Your connection to great healthcare is only a click away. Register for an online account so you can access time- saving tools, tips for healthy living, view lab results, choose a doctor, manage your EOBs, and more!

AssetLivingBenefits.com

Download the Mobile App*

With the Quantum mobile app, you've got the tools you need to manage your healthcare all from your smartphone. The mobile app is available in the Apple and Google Play store.

Call Quantum Health's Care Navigation

For support with understanding your options or making a decision about coverage, reach out to our dedicated team who will help you in any way they can.

1-833-740-3261

*Employees will need their carrier-assigned ID number to register for online services and mobile app.

Medical Plan Comparison

For those enrolled in the UMR medical plans – when your providers office asks "Who is your health insurance carrier? Simply reply your coverage is through UMR with the **UHC Choice Plus Network**. Claims are submitted to UMR with instructions on the back of your ID for your provider. When in doubt, providers should contact Quantum's Provider Customer Service at 1-833-740-3261

	Base $5,500 Copay Plan		HDHP $3,500 HSA Plan		Buy-Up $1,500 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
PLAN FEATURES						
Annual Deductible (Individual/Family)	$5,500 / $11,000	$11,000 / $22,000	$3,500 / $7,000	$7,000 / $14,000	$1,500 / $4,500	$2,000 / $6,000
Annual Out-of-Pocket Maximum (Individual/Family)	$6,000 / $12,000	$15,000 / $30,000	$4,500 / $9,000	$15,000 / $30,000	$4,000 / $12,000	$10,000 / $30,000
Annual HSA Employee Match (Individual/Family)	N/A		$500 / $1,000		N/A	
YOUR COSTS FOR CARE						
Coinsurance	30%* Coinsurance	50%* Coinsurance	10%* Coinsurance	50%* Coinsurance	10%* Coinsurance	40%* Coinsurance
Preventive Care	No cost	50%* Coinsurance	No cost	50%* Coinsurance	No cost	40%* Coinsurance
Primary Care Physician (PCP)	$35 Copay	50%* Coinsurance	10%* Coinsurance	50%* Coinsurance	$15 Copay	40%* Coinsurance
Specialist Visit	$70 Copay	50%* Coinsurance	10%* Coinsurance	50%* Coinsurance	$35 Copay	40%* Coinsurance
Urgent Care	$50 Copay	50%* Coinsurance	10%* Coinsurance	50%* Coinsurance	$50 copay	40%* Coinsurance
Emergency Room	150 Copay per visit + 30%* coinsurance (copay waived if admitted)		10%* Coinsurance		150 Copay per visit + 30%* coinsurance (copay waived if admitted)	
Ambulance	30%* Coinsurance		10%* Coinsurance		10%* Coinsurance	
Inpatient Hospital	30%* Coinsurance	50%* Coinsurance	10%* Coinsurance	50%* Coinsurance	10%* Coinsurance	40%* Coinsurance
Outpatient Hospital	30%* Coinsurance	50%* Coinsurance	10%* Coinsurance	50%* Coinsurance	10%* Coinsurance	40%* Coinsurance
Mental Health **Inpatient** **Outpatient**	30%* Coinsurance $35 Copay	50%* Coinsurance	10%* Coinsurance	50%* Coinsurance	10%* Coinsurance $15 Copay	40%* Coinsurance
Lab/X-Ray (Outpatient)	30%* Coinsurance	50%* Coinsurance	10%* Coinsurance	50%* Coinsurance	10%* Coinsurance	40%* Coinsurance

* After deductible

Pharmacy Benefits

Prescription drug coverage through OptumRx is included with all of our medical plans. You can also purchase a 90-day supply through OptumRx mail order pharmacy. Review the chart for the amount you will pay for a 30-day supply of the prescription drug category listed. Your medical ID card will also include information on your prescription drug coverage.

	Base $5,500 Copay Plan		HDHP $3,500 HSA Plan		Buy-Up $1,500 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
PHARMACY COSTS						
RETAIL 30-DAY SUPPLY						
Generic	$10 Copay	N/A	0%* Coinsurance	N/A	$10 Copay	N/A
Preferred Brand	$35 Copay	N/A	0%* Coinsurance	N/A	$35 Copay	N/A
Non-preferred Brand	$60 Copay	N/A	0%* Coinsurance	N/A	$60 Copay	N/A
Specialty	$100 Copay	N/A	0%* Coinsurance	N/A	$100 Copay	N/A
MAIL ORDER 90-DAY SUPPLY						
Generic	$20 Copay	N/A	0%* Coinsurance	N/A	$20 Copay	N/A
Preferred Brand	$70 Copay	N/A	0%* Coinsurance	N/A	$70 Copay	N/A
Non-preferred Brand	$120 Copay	N/A	0%* Coinsurance	N/A	$120 Copay	N/A
Specialty	N/A	N/A	N/A	N/A	N/A	N/A

* After deductible is met

Important Terms

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles.

An example:

If your deductible is $1,000, your plan won't pay anything until you've met your $1,000 deductible for covered health care services subject to the deductible.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe.

An example:

If the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.

Copayment

A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

Out-of-Pocket Maximum

The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.

Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly.

In-Network Provider

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called "preferred provider" or "participating provider."

Out-of-Network Provider

A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of- network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider."

Which Plan is Right For You?

When choosing between a PPO (Preferred Provider Organization) and an HDHP (High Deductible Health Plan) there are several factors to consider.

High Deductible Health Plan:

Higher deductible:
As the name suggests, HDHPs have a higher deductible compared to other plans. This means you'll need to pay more out of pocket before your insurance coverage kicks in.

Lower premiums:
HDHPs typically come with lower monthly premiums. This can be advantageous if you want to save on your regular health insurance costs.

Health Savings Account (HSA):
With an HDHP, you're eligible to open an HSA. An HSA allows you to make tax-free contributions, accumulate tax-free growth, and use the money tax-free for medical expenses.

Employer match:
Asset Living offers an HSA match, which means the company contributes to your HSA alongside your own contributions. More details will be shared later within the guide.

Broader provider network:
HDHPs may provide access to a wider list of healthcare providers, which can be beneficial if you travel frequently.

Preferred Provider Organization:

Lower deductible:
PPOs have a lower deductible compared to HDHPs.

Higher premiums:
PPOs come with higher monthly premiums.

Flexibility:
PPOs allow you to see any doctor or specialist without a referral. You're not restricted to a specific network.

Cost-sharing:
PPOs typically have cost-sharing arrangements, where you pay a percentage of the cost for services (such as copayments or coinsurance).

Coverage for out-of-network:
Providers: PPOs cover out-of-network providers, although at a higher cost.

Consider an HDHP if:

- You're relatively healthy and don't visit the doctor frequently.
- You want to take advantage of the tax benefits of an HSA.
- You're comfortable with higher out-of-pocket costs when you need medical care.

Consider a PPO if:

- You have specific doctors or specialists you prefer to see.
- You want more flexibility in choosing healthcare providers.
- You're willing to pay higher premiums for lower out-of-pocket costs.

Remember...

Your decision should align with your overall health needs, financial situation, and preferences. Assess your own health history, anticipated medical expenses, and comfort level with risk to determine which plan best suits your needs.

Telehealth Benefits

We've all been there - it's the middle of the night and you have a sick child or maybe you are trying to get an appointment with your primary care provider, but the first appointment isn't for two weeks. Good news... there's an easier way!

Telehealth provided by **Teladoc** is a convenient option for scheduling virtual doctor visits from your own home. With telehealth, you don't have to drive to the doctor's office or sit in a waiting room when you're sick - you can see your doctor from the comfort of your own home.

With telehealth, you can schedule a virtual appointment with board-certified doctors and paediatricians who can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headache
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections

Register and get started today:

Visit: www.TeladocHealth.com

Call: 1-800-835-2362

Download the Teladoc app

In addition, you can:

- See a board-certified, licensed, telehealth trained doctor on your schedule with on-demand virtual visits 24/7, including holidays.
- Get treated for more than 80 common conditions including colds, flu, allergies and more.
- Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby, in less time than your usual doctor visit.
- Avoid the costly copays and deductibles of the ER and Urgent Care Clinic.

Costs

There are no costs for you to use an in-network Teladoc provider. You will still need to pay the cost share for your prescriptions ordered by the physician. If you do not use a Teladoc provider, you will be subject to the primary care and specialist copays.

Contact Teladoc for *free*, regardless on medical plan enrollment!

Additional Programs

Lower quality medical care can lead to higher complications, unnecessary procedures, and a higher chance of misdiagnosis – costing you more of your time and money. In tandem with Quantum, Healthcare Bluebook helps take the guess work out of choosing a quality provider while also saving you money. This benefit can help you find the highest quality care at the best value based on your specific needs.

Healthcare Bluebook helps provide pricing transparency (web & mobile applications) for health care:

- Offer the best value on medical services and procedures
- Provide the cost ranges in area of service
- Help you save money by providing you price transparency for a selection of high-quality providers

Healthcare Bluebook™

Losing extra pounds, no matter how many or how few, is a difficult task, especially when you try doing it alone.

Take advantage of the **Real Appeal** weight management program through UMR. With the help of experts in weight management behavior change, Real Appeal uses the secrets to weight loss that may help people lose weight.

Coaching

- One-on-one coaching with a weight-loss expert
- Weekly group coaching and live online discussion

Personalized Support

Tools to help support success based on individualized needs:

- Nutrition guides, meal plans, recipes, shopping lists and tips for dining out
- Video workouts and fitness guides

Engaging Entertainment

- Education videos featuring popular celebrities and experts

Tools and Tracking

- Hands-on tools tailored to participant needs
- Online support tools, including educational website and digital applications
- Online or mobile tracking tools to monitor nutrition and exercise —such as changing moods, cravings, feelings of satiety, exercise and food intake

Real Appeal

Register and get started today:

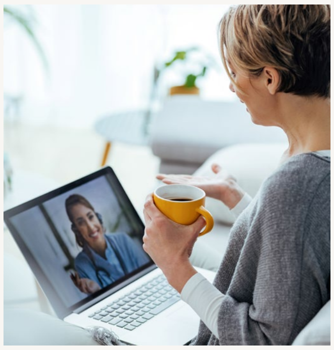
Visit: www.realappeal.com

Call: 1-833-740-3261

Where To Go For Care

Choose the right care option to save time & money

When you need care, it's important to select a care option that meets your needs while reducing your out-of-pocket cost.



	CARE OPTIONS				
	EAP offered through The Hartford No Cost	**Teladoc Virtual Care** No Cost or $	**Doctor Visit** $	**Urgent Care** $$	**Emergency Room** $$$
	USE THIS CARE OPTION FOR:				
CARE TYPE	No-cost support for any life concern you or your household members are facing	Minor conditions or concerns that don't require to see a doctor in-person	Conditions and concerns that require in-person treatment	Non-emergency concerns that cannot wait for your primary doctor	Life threatening conditions or illnesses
Substance Dependency	X	X	X	X	
Stress, Anxiety, and Depression	X	X	X	X	
Minor Headache		X	X	X	
Nausea, Vomiting, Diarrhea		X	X	X	
Bumps & Scrapes		X	X	X	
Couch, Sore Throat, Congestion		X	X	X	
Urinary Burning		X	X	X	
Mild Abdominal Pain		X	X	X	
Earache			X	X	
Rash			X	X	
Back Pain			X	X	
Sprain & Strain			X	X	
Vaccination			X	X	
High Blood Pressure			X	X	
Cuts & Stitches				X	
Severe Pain				X	
Broken Bone				X	
Ongoing Blood Loss					X
Chest Pain and Numbness in Face, Arm, or Leg					X
Sharp Abdominal Pain with High Fever					X
Loss of Consciousness					X
Life Threatening Injury or Illness					X

Dental Plan

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. Dental coverage is offered for basic and major services.

The dental plan also includes 100% coverage for preventive care. You and your eligible dependents may enroll in one of the two dental coverage options administered by **MetLife.**

In-Network Benefits	Low Plan	Medium Plan	High Plan
Calendar Year Annual Deductible (Individual / Family)	$50 / $150	$50 / $150	$25 / $75
Calendar Year Annual Maximum (Per Person)	$750	$1,500	$2,250
Preventive Care Routine Cleanings, Exams (twice a year)	No Charge (deductible waived)	No Charge (deductible waived)	No Charge (deductible waived)
Basic Services Fillings, Routine Extractions	50% after deductible	20% after deductible	20% after deductible
Major Services Crowns, Dentures, Bridges	50% after deductible	50% after deductible	50% after deductible
Orthodontia Adults and Children	Not Covered	Not Covered	50% after deductible
Orthodontia Lifetime Maximum (Per Person)	Not Covered	Not Covered	$1,500

*You have the option to visit any dental provider you wish, but you will pay less by utilizing in-network care.

Access your dental coverage

To review your benefits and eligibility information, find in-network dentists, track claims, get cost estimates, print additional copies of your ID card, and more, log into www.metlife.com.

Save money with a PPO network dentist

Save money with MetLife's PPO network dentists for deeper discounts and higher benefits. Beware of balance billing with out-of-network dentists, which can lead to additional costs beyond your plan's coverage limits.

Vision Plan

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Your vision insurance is provided by VSP and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Vision Plan	In-Network Benefits
Provider Choice	**VSP Network Provider**
Eye Exam (Once Every 12 Months)	$10 Copay
Materials	$10 Copay
Lenses (Once Every 12 Months) Single Vision / Bifocal / Trifocal –	Included in materials copay
Lenses Enhancements (Once Every 12 Months) Standard Progressive – Premium Progressive – Custom Progressive –	$0 copay $95 - $105 copay $150 - $175 copay Average savings of 30% on other lens enhancements
Frames (Once Every 24 Months) Featured Brands – All Others –	Included in materials copay Featured Brands: Up to $240 allowance: All Others: Up to $220 allowance + 20% discount on cost over allowance
Contact Lenses* (Once Every 12 Months) Contact Lenses – Fitting & Evaluation –	No copay ($130 allowance for contacts) Up to $60 for contact lens exam

* In lieu of glasses

Access your vision coverage

To check your coverage, access your vision card, find in-network eye doctors, view special offers and discounts, shop eyewear fashions, and more, visit www.vsp.com.

Health Savings Account (HSA)

What is a Health Savings Account?

A Health Savings Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified healthcare expenses like deductibles, copays, co-insurance, prescriptions, vision and dental expenses. They are paired with high deductible health plans that have lower premiums and may result in lower annual medical costs. These plans offer several advantages to reward you for taking an active role in your healthcare spending.

- Lower paycheck costs
- Tax-advantaged savings account

Who is Eligible for an HSA?

- Must be enrolled in a high deductible health plan
- Cannot be covered by any other medical plan that is not a qualified HDHP. This includes a spouse's medical coverage unless it's also a qualified HDHP
- Cannot be enrolled in a traditional health care FSA
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid or Tricare
- Cannot be claimed as a dependent on another person's tax return
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months

How Much Can I Contribute to an HSA?

The IRS maximums set out below will include any employer contributions.

- Employee only coverage: $4,300 per calendar year
- Employee plus dependents coverage: $8,550 per calendar year
- If you are 55 or older, you can make an additional annual catch-up contribution of $1,000

How Much Does Asset Living Contribute to my HSA?

Employees must contribute to an HSA account to receive an upfront contribution. New hires will receive a pro-rated upfront contribution and additional pro-rated matches throughout the year.

Employee only:

Asset Living will match your contributions up to $500 for individual coverage

Employee + spouse/child/family:

Asset Living will match your contributions up to $1,000 for family coverage

HSAs and Your Taxes

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the company or retire. After age 65, you can withdraw funds for any reason without a tax penalty - you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

Note:

You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.

Upon enrollment in a qualified HDHP, OMEGA Benefits will send you an email with a link to activate your HSA. Once they receive confirmation from you, OMEGA Benefits will set-up your account and contributions will automatically be deposited. OMEGA Benefits will mail you a Health Savings Account (HSA) debit card to your home address within 10-14 days.

Flexible Spending Accounts (FSA)

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

Health Care FSA (HCFSA)

What does it cover?

Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance.

Who can participate?

Employees not enrolled in a medical plan, or employees enrolled in the company PPO Plan. You cannot participate in the healthcare FSA if you are enrolled in an HDHP plan.

What are the contribution limits?

Employees can contribute up to $3,300 per plan year. The FSA runs on a calendar plan year (1/1 – 12/31).

What happens at the end of the year?

FSA funds expire at the end of each year; they are use it or lose it funds.

Contributions must be spent for claims incurred by the end of the plan year (12/31). Up to $660 will roll over to the next year. Any contributions in excess of $660 are forfeited.

Limited Purpose FSA (LPFSA)

What does it cover?

You can use the funds for any qualified dental or vision expenses. No medical plan co-pays, deductibles, prescription drugs or alternative healthcare are eligible expenses through a Limited Purpose FSA.

Who can participate?

Employees enrolled in an HDHP high-deductible health plan.

What are the contribution limits?

Employees can contribute up to $3,300 per plan year. The FSA runs on a calendar plan year (1/1 – 12/31).

What happens at the end of the year?

FSA funds expire at the end of each year; they are use it or lose it funds.

Contributions must be spent for claims incurred by the end of the plan year (12/31). Up to $660 will roll over to the next year. Any contributions in excess of $660 are forfeited.

Choosing the Correct FSA

Your chosen medical plan determines which type of Health Care FSA you can elect.

Flexible Spending Accounts (FSA)

If you care for a child or adult who is incapable of self-care, who lives in your home for at least eight hours each day, and whom you can claim as a dependent on your income taxes, you may be able to take advantage of dependent care through a flexible spending account (FSA).

Dependent Care FSA (DCFSA)

What does it cover?

Qualified day care expenses for children younger than age 13 and adult dependents who are incapable of caring for themselves.

Typical eligible expenses you can use your DCFSA to pay for include, adult day care facilities, application fees for daycare, babysitting (work-related), extended care (before or after regular school hours), late pickup fees for daycare, licensed nursery schools and preschool tuition.

Who can participate?

All full-time employees are eligible regardless of enrollment in the medical plan

What are the contribution limits?

Employees can contribute up to $2,500 annually per family or $5,000 if filing separately.

Unlike the healthcare FSA, your full election for the plan year is not available on the day your plan starts. For the dependent care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.

Does being divorced affect use of a DCFSA?

Yes, if you are divorced, only the custodial parent may use a DCFSA.

What is the reimbursement process?

Instead of using FSA money to pay for expenses directly, you pay those costs out-of-pocket and then apply for reimbursement. You'll need to complete a claim form provided by your employer and attach receipts or proof of payment.

Remember to keep your receipts and other supporting documentation related to your DCFSA expenses, as the IRS may request itemized receipts to verify the eligibility of your expenses.

THE HARTFORD

Life Insurance

Basic Life and Accidental Death and Dismemberment (AD&D)

The Basic Life and AD&D plan provides a benefit in the event of your death, dismemberment or paralysis. This benefit is sponsored by Asset Living, so you will automatically be enrolled at no cost to you.

Property Level Employee are eligible for 1x annual salary to a max of $200,000. Participation in a medical plan is required to receive this coverage.

Community Managers / Corporate Employees are eligible for 1.5x salary to a maximum of $300,000. Participation in a medical plan is NOT required.

Voluntary Life Insurance: *Employee*

You may purchase additional life insurance at group rates:

- Available in increments of $10,000 up to $500,000, but no more than 5x your annual salary
- You pay the full cost of this plan and the amount deducted depends on the age of the employee and the amount of coverage elected
- If you do not elect this coverage when first becoming eligible or an election over $250,000 is made, you are subject to medical underwriting (EOI) by the carrier

Voluntary Life Insurance: *Spousal and Child*

You may purchase additional dependent life insurance at group rates:

- Spousal and child cover is only available in addition to voluntary employee cover
- Spousal life is available in increments of $5,000 up to a max of $250,000, but no more than 100% of the employee amount
- Spousal life can be elected up to $50,000 without medical underwriting as a new hire
- Child life is available from day of birth to 25 years old: Increments of $2,500 up to $10,000
- Children are not subject to medical underwriting
- The cost remains the same regardless of the number of children you have

Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI).

If the amount requested is more than the GI, you will need to provide EOI before the amount over GI becomes effective.

For those who previously waived coverage or those who wish to increase their cover you will need to provide EOI.

Imputed Income

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds $50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your pay check and shown on your W-2 statement.

Don't forget to update your beneficiary in SWBC!

Your beneficiary is the person who will receive the cash benefit should you experience a covered incident. Many states require that a spouse be named as the beneficiary unless they sign a waiver.

Benefit amounts are subject to age reduction when a covered person reaches and/or exceeds the age of 65. See the plan document for full details.

Disability Coverage

We want to do everything we can to protect you and your family. That's why Asset Living provides you with a Voluntary STD plan and Employer-Sponsored LTD plan.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Short-Term Disability (STD) Plan

The STD benefits are offered on a voluntary basis with employees being responsible for the full cost of coverage.

The STD plan provides full-time employees with income replacement while disabled and unable to work due to a non-occupational illness or injury, including pregnancy. The benefit payment is based on your exemption/union status.

Weekly benefit amount:

60% of your total pre-disability weekly earnings up to a maximum of $1,000 per week

Benefits begin:

After 8 days of time off unless admitted to hospital

Maximum payment period:

25 weeks (26 weeks includes the 7-day elimination period)

Filing a Short-Term Disability Claim

In order to receive benefits, you must report your disability claim to The Hartford if you will be out of work for more than three days.

You can contact The Hartford by phone, website, or through their app.

Long-Term Disability (LTD) Plan

The LTD benefits are sponsored by Asset Living at no cost to you.

Property Level Employee: participation in the medical plan is required.

Community Managers / Corporate Employees: participation in the medical plan is NOT required

Total covered earnings is your basic salary not including commissions, bonus or overtime.

This benefit continues until you recover or reach your Social Security normal retirement age, whichever is sooner.

Monthly benefit amount:

50% of your total pre-disability monthly earnings up to a maximum of $5,000

Benefits begin:

After 180 days of disability

Maximum payment period:

Social Security normal retirement age

Employee Assistance Program

Visit: guidanceresources.com

Call: 800-327-1850

Download the app

Use the company code HLF902 for initial registration and when calling for support

Your Employee Assistance Program, through **ComPsych** offered by The Hartford, is your go-to support line whenever you're facing a life situation and are unsure about how to proceed. Whether you or a family member are dealing with stress, anxiety, depression, chemical dependency, care concerns, financial concerns, legal concerns, or anything else, the EAP offers you confidential 24/7 support. All employees are eligible for this no-cost benefit.

Contact the EAP for support with (but not limited to):

- Family concerns including going through a divorce, caring for an elderly family member, and returning to work after having a baby
- Work concerns including job relocation, building relationships with co-workers and managers, and navigating reorganization
- Money matters including budgeting, financial guidance, retirement planning, buying or selling a home, and tax issues
- Legal services including issues relating to civil, personal and family law, financial matters, real estate and estate planning
- Identity theft recovery including ID theft prevention tips and help from a financial counselor if you are victimized
- Health concerns including coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- Everyday life concerns including moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, and training a new pet

In addition to over the phone counselor support, you and your family members also have access to three in-person sessions for face-to-face support, *for free.*

Voluntary Benefits

Accident Insurance

Accident Insurance pays out a lump sum if you become injured because of an accident — even if the injuries you incur do not keep you out of work. While health insurance companies pay your provider or facility, Accident Insurance pays you directly.

How does Accident Insurance work?

Accident Insurance provides you an additional level of financial protection if you experience a covered non-work-related accident such as a broken bone, concussion, or laceration.

Example scenario – Regina breaks her ankle…

Regina loves to hike but slips and breaks her ankle. To treat her condition, she undergoes a number of care services including x-rays, surgery, medical equipment, and ongoing physical therapy. Because Regina had Accident Insurance, she receives a cash payment of $3,345 which she uses towards her monthly bills and expenses.*

Covered expenses typically include:

- Emergency room visits
- Hospital stays
- Fractures and dislocations
- Medical exams
- Physical therapy
- Transportation and lodging

Critical Illness Insurance

Critical Illness provides you a cash payment if you or a covered person experiences a covered condition such as heart attack, cancer, and/or stroke. You can purchase:

- Employee: $5,000 increments up to $20,000.
- Spouse: $5,000 increments up to $10,000 (cannot exceed 100% of employee amount).
- Child(ren): 25% of employee's amount up to $5,000.

Example scenario – Dave has a stroke…

Thankfully, he's expected to make a full recovery. Because he was signed up for $20,000 of Critical Illness Insurance, he receives a check for $20,000 which he uses to cover his out-of-pocket medical expenses. The rest he deposits into his savings for later use.*

Covered conditions typically include:

- Heart attack
- Multiple Sclerosis
- Stroke
- Alzheimer's disease
- Parkinson's disease
- Major organ failure

*All scenarios are for illustrative purposes only.
Actual payments may vary.

Voluntary Benefits

Hospital Indemnity Insurance

Hospital Indemnity insurance is a plan designed to pay for the costs of a hospital admission that may not be covered by other insurance. The plan covers employees who are admitted to a hospital or ICU for a covered sickness or injury. Even if your Medical insurance covers most of your hospitalization, you can still receive payments from your Hospital Indemnity insurance plan to cover extra expenses while you recover.

Covered events typically include:

- Hospital admission
- Hospital confinement
- Hospital intensive care
- Surgical care
- Diagnostic imaging

How does Hospital Indemnity Insurance work?

Hospital Indemnity insurance provides you a cash payment due to hospitalization. You have three plan options to choose from to fit your needs.

Example scenario - Emily has a baby...

Emily and her spouse are excited to have their second child. Emily knows she will be hospitalized for the delivery, so she enrolls in the High Plan. Everything goes according to plan and after three days in the hospital, Emily and her new baby are on their way home. Because Emily had Hospital Indemnity Insurance, she receives a cash payment of $650 which she uses for a new baby swing and other items for the nursery.*

*All scenarios are for illustrative purposes only.
Actual payments may vary.

Covered Events	Your Benefit Payments
Admission Benefit	$1,000
Confinement Benefit	$100
ICU Supplemental Admission (paid concurrently with admission benefit)	$2,000
ICU Supplemental Confinement (paid concurrently with the Confinement Benefit)	$200

Voluntary Benefits

LifeLock by Norton

Identity Theft Protection

Identity Theft insurance provides credit monitoring and fully managed identity restoration services should you or an immediate family member become a victim of identity theft. This will help you remain productive at home and at work while your identity is restored to pre-theft status.

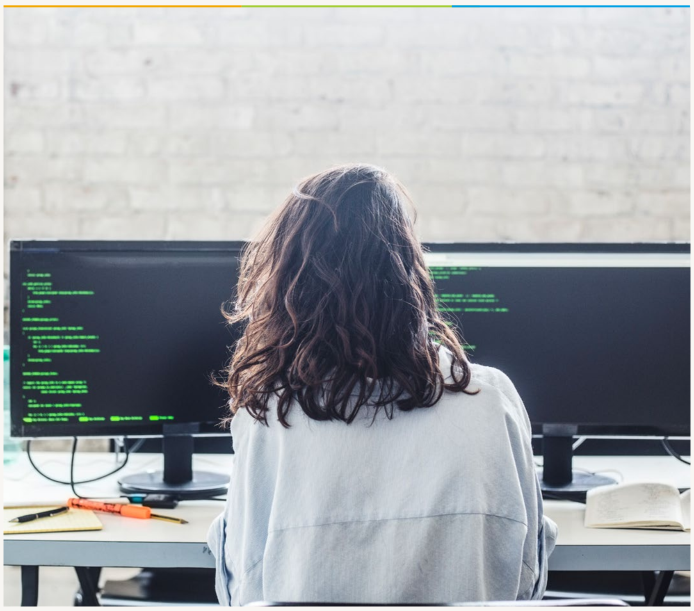
Identity theft protection through **Norton LifeLock** provides all-in-one protection for your identity. Once enrolled, you will receive an email with instructions on how to take full advantage of your membership.

Identity theft protection looks for uses of your personal information and, with proprietary technology, alerts you to a wide range of potential threats to your identity.

Device Security protects against existing and emerging threats, including ransomware, viruses, spyware, malware and other online threats.

Parental Control helps keep your kids safer online. Help your kids explore the web more safely by staying informed of sites they are visiting and blocking harmful or inappropriate ones.

Privacy Monitor scans common public people-search websites for your personal information and helps you opt out, giving you peace of mind and greater control over your online privacy.



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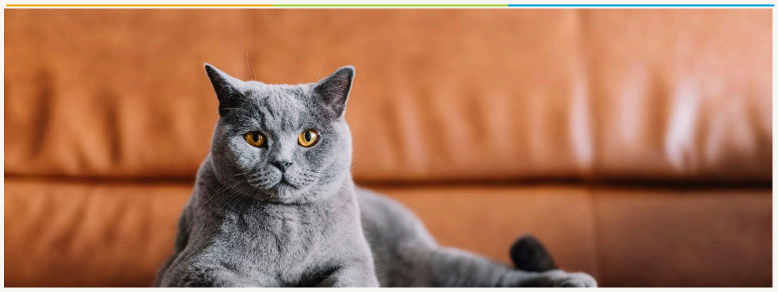

Pet Insurance

Pets are family too! That's why Asset Living offers you a voluntary pet insurance benefit through Nationwide.

The plan:

This plan pays you back for routine pet care, accidents, and injuries. Coverage is available for dogs, cats, avian, and exotic pets. The "my pet protection plan" provides coverage for the following types of services and more (excluding pre-existing conditions):

- Accidental poisonings and allergic reactions
- Injuries including cuts, sprains, and broken bones
- Common illnesses like ear infections or UTIs
- Serious/chronic illnesses such as cancer and diabetes
- Hereditary and congenital conditions
- Surgeries and hospitalisations
- X-rays, MRIs, and CT scans
- Prescription medications and therapeutic diets
- Emergency boarding, lost pet advertising, and more

Please note that coverage does not cover pre-existing conditions. Please reach out to Nationwide directly at the number below with any questions.

Coverage levels and submitting claims

When enrolling, you may have options for different levels of coverage. This coverage allows you to see any veterinarian, anywhere in the world, including specialists and emergency providers, with no pre-approval necessary. Simply submit your claim to be reimbursed for eligible expenses.

Enroll at Benefits.PetInsurance.com/AssetLiving

Call 855-672-7093 and mention Asset Living

Time Away From Work

Paid Time Off Policies

Time off with pay is available to employees who are regularly scheduled to work 30 hours per week, to provide opportunities for rest, relaxation, and personal pursuits. Time off may also be used for illness or personal business. Examples of personal business include dental appointments, parent-teacher conferences, ball games, etc. Employees who do not regularly work 30 hours per week do not accrue paid time off. *Please note, Paid Leave is governed by the Employee Handbook. If you have any questions regarding your eligibility for PTO or paid holidays, please refer to the Asset Living Employee Handbook.

The amount of PTO employees receive each year increases with the length of their employment. Before PTO can be requested, a 90-day waiting period must be completed (any time off taken in the first 90 days of employment will be without pay). After that, employees may request the use of earned paid time off. PTO will not accrue while you are on unpaid leave or paid leave under state or local law (unless running concurrently with PTO).

PTO for *Exempt* Employees

Years of Eligible Service	Accrual Rate	Annual Accrual
Up to one year	3.077 hours per pay period	Up to 80 hours / 10 days
1-5 years	4.615 hours per pay period	Up to 120 hours / 15 days
5-15 years	6.154 hours per pay period	Up to 160 hours / 20 days
15+ years	7.692 hours per pay period	Up to 200 hours / 25 days

PTO for *Hourly / Non-Exempt* Employees

Years of Eligible Service	Accrual Rate	Annual Accrual
Up to one year	0.038462 hours per pay hour	Up to 80 hours / 10 days
1-5 years	0.057692 hours per pay hour	Up to 120 hours / 15 days
5-15 years	0.076923 hours per pay hour	Up to 160 hours / 20 days
15+ years	0.096154 hours per pay hour	Up to 200 hours / 25 days

2025 Paid Holidays

Regular full-time employees who are scheduled to work 30 or more hours each week are eligible for holiday time off. The holiday must occur on the employee's scheduled work week. The employee must work or be on an authorized paid leave on both the last scheduled day before and after the holiday.

Due to the nature of our business, skeleton crews will be required on most holidays at the on-site offices.
Time off for holidays may be rescheduled and not taken on the actual holiday to meet the needs of the Company. The Property Manager and Regional Supervisor will coordinate those schedules.

Floating Holiday*	At your discretion
New Year's Day	January 1st
MLK Day	January 20th
Memorial Day	May 26th
Independence Day	July 4th
Labor Day	September 1st
Thanksgiving Day	November 27th
Christmas Day	December 25th

**Employees will receive holiday pay for one day each year to be used at the employee's discretion. The floating holiday must be scheduled and approved. Floating holidays must be used each year, or they are forfeited. Please get in touch with HR with any questions or for more information on Asset Living leave policies.*

Financial Security

401(k) Plan

Helping you prepare for retirement is extremely important to Asset Living. To help you achieve long-term retirement security, Asset Living offers you the ability to build individual wealth through the 401(k) employee contributions.

The Asset Living 401(k) Plan offers resources, planning tools and fund options to help you increase your savings opportunities and manage your investment strategies. Some of our key plan features are listed below.

- You can contribute 1%–98% of your eligible base pay on a pre-tax or post tax basis, up to the annual IRS dollar limits. You can request to change your contributions at any time through the Slavic 401k website.

- The Asset Living Retirement Plan helps your retirement savings grow by matching your contributions. You are eligible for the company match after one year of service with Asset Living. Asset Living will contribute 50% of the first 4% of eligible compensation that you contribute each payroll period. The matching contribution will not exceed $2,000 a year.

Employee Type	Enrollment / Contribution Eligibility	Company Match
Regular Full-Time Regular Part-Time	1st of the month following 3 months	12 month (1,000 hours) waiting period

Vesting Schedule for Non-Safe Harbor Employer Contributions	Vested Interest
After one year of service	0%
At least 1 years of service but less than 2	20%
At least 2 years of service but less than 3	40%
At least 3 years of service but less than 4	60%
At least 4 years of service but less than 5	80%
5 years or more	100%

Visit the Slavic website to:

- View your current 401(k) balance and investments
- Add or change your beneficiary on the plan
- Rollover funds from a previous employer plan or qualified 401(k) plan

For more information and access to the Slavic site, go to slavic401k.com or call Slavic at 800-356-3009 (customer service hours: 9am – 8pm EST)

Employee Contributions

UMR	Base $5,500 Copay Plan	HDHP $3,500 HSA Plan	Buy-Up $1,500 Plan
Medical Premiums – Bi-Weekly			
Employee	$19.24	$40.44	$174.93
Employee & Spouse	$382.57	$443.79	$726.65
Employee & Child(ren)	$307.35	$360.30	$616.48
Family	$666.67	$759.10	$1,142.67

MetLife	Low Plan	Medium Plan	High Plan
Dental Premiums – Bi-Weekly			
Employee	$9.50	$12.42	$15.06
Employee & Spouse	$18.42	$24.83	$32.97
Employee & Child(ren)	$21.17	$25.98	$34.47
Family	$28.03	$36.00	$47.48

VSP	Vision Plan
Vision Premiums - Biweekly	
Employee	$3.04
Employee & Spouse	$4.86
Employee & Child(ren)	$7.99
Family	$3.04

Premiums listed on this page are per pay period.

While payroll is every 26 weeks, benefit deductions will be taken out of 24 pay periods.

Refer to the Asset Living payroll calendar to determine which pay periods are premium free.

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