



2024 -  
2025

# Benefits Open Enrollment Guide

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## Welcome

In this guide, you will find an overview of the benefits available to you through Senior Lifestyle. We encourage you to read this guide carefully so that you understand the value that our benefits offer you as you decide what levels of protection best meet your needs.

## Enrollment Process

Professional benefit counselors will be available over the phone to answer your questions, and help you complete the enrollment process.

To schedule an appointment please call the Benefits Participant Service Center at 833-357-8163, Option 1 or visit [SLC.MyBenefitsAppointment.com](https://www.slcmybenefitsappointment.com). Phones are answered Monday – Friday 8:00 am – 5:00 pm and Saturday 8:00 am – 3:00 pm Central. Timeslots to enroll will be available Sunday-Saturday 7:00 a.m. – 7:00 p.m. Central to accommodate employees' schedules.



SCAN ME

## Important Note About the Individual Mandate

The Affordable Care Act (ACA) originally required all employees to carry medical coverage, or be subject to a fine at tax time. The federal mandate is no longer being enforced, however your state may still have a requirement to carry coverage. For more information, visit [healthcare.gov](https://www.healthcare.gov).



## Eligibility

Active regular, full-time, part-time, per diem, exempt (salaried) and non-exempt (hourly) employees are eligible for Senior Lifestyle benefits the **first of the month following date of hire**. Enrollments processed after effective date of coverage may result in missed premium deductions. These deductions will automatically be taken on the next available payroll check.

## Eligible Dependents

Your dependents are eligible for coverage in most plans you elect. Your eligible dependents include:

- your legal spouse or domestic partner.
- you or your spouse's children until age 26, unless otherwise stated.

## Making Careful Choices

Please choose your benefits carefully. Benefits you elect will be effective through September 30, 2025, unless you experience a qualifying life event. Certain life changes may make you eligible to alter your benefits outside of this enrollment. Listed below are examples of events that could be classified as a qualifying life event:

- change in legal marital status.
- change in number of dependents due to birth, adoption, placement for adoption, or death of a dependent.
- change in employment status of employee, spouse, or dependent resulting in eligibility or ineligibility for coverage.

This is an active open enrollment and you will be required to re-elect benefits in order to have coverage after September 30, 2024. Please contact the Benefits Participant Service Center if you have questions about what designates a qualifying event that causes you to need to change your benefit elections outside of open enrollment (qualifying life event).

**If you experience a qualifying event, you have 30 days from the date of the event to change your benefit elections by visiting [my.adp.com](https://my.adp.com) or calling 833-357-8163, Option 2.**



## Understanding Your Medical Plans

Please read below and review the chart for highlights of your plan options. All plans satisfy the ACA Individual Mandate. *The chart represents In-Network benefits only. Please visit [SLC.MyBenefitsLibrary.com](http://SLC.MyBenefitsLibrary.com) to review your plan documents for Out-of-Network coverage details.*

**American Worker MEC Plan** provides preventive care, some hospital and accident coverage, including...

- \$0 deductible.
- Coverage for routine immunizations, designated health screenings for adults and children, comprehensive coverage for women's preventive care.
- Free HealthiestYou telemedicine.
- Benefits for hospital admission and confinement through Voya.
- Accident benefits with up to \$5,000 of coverage per injury.
- Prescription drug coverage for ACA preventive medications and discounts on non-preventive drugs.
- This plan allows you to contribute to a Healthcare Flexible Spending Account.

**American Worker MEC Plus Plan** includes all benefits of the MEC plan, plus...

- Prescription drug copays (24 prescriptions per year).
- Coverage for physician's office visits (6 per year), emergency/urgent care (2 per year), and diagnostic test and labs (3 days per year).
- This plan allows you to contribute to a Healthcare Flexible Spending Account.

### Blue Cross Blue Shield Gold Plan

- \$2,000 single/\$4,000 family in-network deductible.
- **This plan does not pay any benefits until the deductible has been met**, meaning that you will pay \$2,000 (individual) before you receive any benefits from this plan, including prescription costs.
- This plan allows you to contribute to a Health Savings Account and a Limited Purpose Flexible Spending Account.

### BlueCross BlueShield Silver Plan

- \$3,500 single/\$7,000 family in-network deductible.
- **This plan does not pay any benefits until the deductible has been met**, meaning that you will pay \$3,500 (individual) before you receive any benefits from this plan, including prescription costs.
- This plan allows you to contribute to a Health Savings Account and a Limited Purpose Flexible Spending Account.

### BlueCross BlueShield Bronze Plan

- \$7,000 single/\$14,000 family deductible.
- **This plan does not pay any benefits until the deductible has been met**, meaning that you will pay \$7,000 (individual) before you receive any benefits from this plan, including prescription costs.
- This plan allows you to contribute to a Health Savings Account and a Limited Purpose Flexible Spending Account.

### BlueCross BlueShield Bronze Plus Plan

- \$6,000 single/\$12,000 family deductible.
- This plan provides first dollar coverage with copays for emergency room visits, office visits, specialist visits, and prescription drug benefits, unlike the Gold, Silver and Bronze HSA plans.
- This plan allows you to contribute to a Healthcare Flexible Spending Account.

### BlueCross BlueShield Copper Plan

- \$3,500 single/\$7,000 family deductible.
- This plan provides first dollar coverage with copays for hospitalization, office visits, and prescription drug benefits, unlike the HSA plans.
- This plan allows you to contribute to a Healthcare Flexible Spending Account.

**BlueCross BlueShield HMO Plan** only available to employees who reside in Illinois

- This plan provides first dollar coverage with copays for hospitalization, office visits, and prescription drug benefits, unlike the HSA plans.
- You must designate a primary care physician. All care is coordinated through that provider, and you are only allowed to see that primary care provider (PCP). Any care that cannot be done by that provider will be referred and coordinated by your PCP.
- HMO members do not have access to telemedicine unless their PCP has access.
- This plan allows you to contribute to a Healthcare Flexible Spending Account.

**Kaiser Plan** only available to employees who reside in California, Georgia, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

- \$1,500 single/\$3,000 family deductible.
- Pay a \$30 copay for office and urgent care visits.
- This plan allows you to contribute to a Healthcare Flexible Spending Account.

## Hospital Indemnity

You have the option to enhance your medical plan with additional hospital benefits. These benefits are designed to provide financial protection by paying you a benefit for hospital admission, hospital confinement, and ICU care. You can use this benefit to pay for out-of-pocket expenses and extra bills that can occur relating to hospitalization. **Enrollment in the BlueCross BlueShield Bronze, BlueCross BlueShield Bronze Plus, BlueCross BlueShield Silver, American Worker MEC, and American Worker MEC Plus plans includes a \$1,000 hospital indemnity benefit through Voya.** If you choose to purchase voluntary, employee-paid hospital coverage and your medical plan also includes the \$1,000 employer-paid hospital benefit plan, you will receive benefits from both plans for a total of \$3,500 per admission and \$300 per day of confinement should you experience a covered claim. To file a claim for this benefit, please contact Voya.

Hospital Benefits <i>(available as an enhancement to your medical plan)</i>		
Event	Included with BCBS Bronze, Bronze Plus and Silver, MEC and MEC Plus Plans	Employee Paid/ Buy-up Plan
Hospital Admission	\$1,000 per admission (up to a maximum of 1 admission per calendar year)	\$2,500 per admission (up to a maximum of 1 admission per calendar year)
Hospital Confinement	\$100 per day, up to 30 days	\$200 per day, up to 30 days
Hospital Intensive Care	\$200 per day, up to 30 days	\$400 per day, up to 30 days
Hospital Observation Stay	\$200 per day, up to 1 day	\$200 per day, up to 1 day

## Find a Provider

- **American Worker:** Visit [Multiplan.com/awp](https://Multiplan.com/awp) to find an in-network provider.
- **BlueCross BlueShield:** Visit [bcbsil.com/find-a-doctor-or-hospital](https://bcbsil.com/find-a-doctor-or-hospital) to find an in-network provider. You can search as a guest if you are not currently covered by a BlueCross BlueShield plan or if you intend to make plan changes.
  - Gold, Silver, Bronze, Bronze Plus, and Copper Plan Network: Participating Provider Organization (PPO)
  - HMO Plan Network: Blue Advantage HMO Network (ADV)
- **Kaiser:** Visit [healthy.kaiserpermanente.org/doctors-locations](https://healthy.kaiserpermanente.org/doctors-locations) to find an in-network provider.



## Medical Plan Features

Network:	American Worker MEC Group #: A16116	American Worker MEC Plus Group #: A16116
<b>Deductibles</b>		
Single/Family	\$0	\$0
<b>Annual Out-of-Pocket Maximum</b>		
Single/Family	N/A. This plan only covers preventive care	N/A
<b>Coinsurance</b>		
After deductible		
<b>Physician Services (after deductible)</b>		
Preventive Visit	Covered 100%	Covered 100%
Physician/Specialist Visit	N/A. This plan only covers preventive care	\$10 copay / \$20 copay, up to 6 combined visits per year
Telemedicine	No cost per visit	No cost per visit
<b>Other Services (after deductible)</b>		
ER/Urgent Care	N/A. This plan only covers preventive care	\$175/\$75 copay, up to 2 visits per year
Inpatient/Outpatient Procedure	N/A	N/A
Retail	\$0 ACA preventive care; Discounts on non-preventive drugs	\$5 generic / \$40 brand, up to 24 per year*
Mail Order	N/A	N/A

\*Coverage based on formulary list and is limited to a combined maximum of 24 prescriptions for retail drugs.



## Medical Plan Features

	BlueCross BlueShield	
	Gold Group #: PH3675	Silver Group #: PH3671
	Participating Provider Organization (PPO)	
<b>Network:</b>		
<b>Deductibles</b>		
Single/Family	\$2,000/\$4,000**	\$3,500/\$7,000
<b>Annual Out-of-Pocket Maximum</b>		
Single/Family	\$7,000/\$14,000**	\$7,000/\$14,000
<b>Coinsurance</b>		
After deductible	80%	80%
<b>Physician Services (after deductible)</b>		
Preventive Visit	100% no deductible	100% no deductible
Physician/Specialist Visit	80%	80%
Telemedicine	\$48 per visit	\$48 per visit
<b>Other Services (after deductible)</b>		
ER/Urgent Care	80%	80%
Inpatient/Outpatient Procedure	80%	80%
Retail***	80%	80%
Mail Order	80%	80%

  

	BlueCross BlueShield		
	Bronze Group #: PH3668	Bronze Plus Group #: PM4975	Copper Group #: PL1317
	Participating Provider Organization (PPO)		
<b>Network:</b>			
<b>Deductibles</b>			
Single/Family	\$7,000/\$14,000	\$6,000/\$12,000	\$3,500 / \$7,000
<b>Annual Out-of-Pocket Maximum</b>			
Single/Family	\$7,000/\$14,000	\$8,500/\$17,000	\$8,500 / \$17,000
<b>Coinsurance</b>			
After deductible	100%	80%	80%
<b>Physician Services (after deductible)</b>			
Preventive Visit	100% no deductible	100% no deductible	100% no deductible
Physician/Specialist Visit	Deductible then 100%	\$40 copay / \$60 copay	\$40 copay / \$60 copay
Telemedicine	\$48 per visit	\$40+ copay, depending on service	\$40+ copay, depending on service
<b>Other Services (after deductible)</b>			
ER/Urgent Care	100%	\$400 copay, no deductible / 80%	\$400 copay / \$100 copay, no deductible
Inpatient/Outpatient Procedure	100%	80%	80%
Retail***	100%	variable copays, no deductible	variable copays, no deductible
Mail Order	100%	available; refer to the plan summary for more information	available; refer to the plan summary for more information

## Medical Plans Continued - Available to Illinois Residents Only

Medical Plan Features	
<b>Network:</b>	BlueCross BlueShield HMO Group #: B00935
	Blue Advantage HMO
<b>Deductibles</b>	
Single/Family	\$0
<b>Annual Out-of-Pocket Maximum</b>	
Single/Family	\$3,000 / \$6,000
<b>Coinsurance</b>	
After deductible	N/A
<b>Physician Services (after deductible)</b>	
Preventive Visit	100% no deductible
Physician/Specialist Visit	\$50 copay / \$70 copay, no deductible
Telemedicine	N/A
<b>Other Services (after deductible)</b>	
ER/Urgent Care	\$500 copay, no deductible
Inpatient/Outpatient Procedure	\$500 per admission, no deductible
Retail***	\$10 generic / \$40 formulary / \$60 non-formulary copay, no deductible
Mail Order	2x 30-day, no deductible

\*\*\*Does not include CVS in-network.



**Medical Plans Continued - Available to California, Georgia, Maryland, Oregon, Virginia, Washington, and Washington, D.C. Residents Only**

**Medical Plan Features**

	<p><b>Kaiser</b>  CA Group #: 234973  GA Group #: 10657  OR: 24910  MD, VA &amp; D.C. Group #: 29787  WA: 2382600</p>
<b>Deductibles</b>	
Single/Family	\$1,500/\$3,000
<b>Annual Out-of-Pocket Maximum</b>	
Single/Family	\$3,000 / \$6,000
<b>Coinsurance</b>	
After deductible	80%
<b>Physician Services (after deductible)</b>	
Preventive Visit	Covered 100%
Physician/Specialist Visit	\$30 copay / \$50 copay WA: \$20 copay / \$30 copay
Telemedicine	No cost per visit
<b>Other Services (after deductible)</b>	
ER/Urgent Care	80% / \$30 copay WA: \$250 copay / \$20 copay
Inpatient/Outpatient Procedure	80%
Retail	\$20/\$40/\$60 WA: \$10/\$30/\$60
Mail Order	50% SPC (up to \$150 max) <i>Prescription plan details may differ slightly depending on state of residence</i>



## Accident Insurance

Since accidents can happen at any time, 24 hours a day, 7 days a week, it's important to prepare for the unexpected. This policy can help you pay for out-of-pocket expenses associated with an accident by paying you a benefit depending on the injuries you suffer and the treatment you receive. You can use the money as you see fit, whether to pay for expenses associated with your accident, like a trip to the emergency room, or to pay for childcare so you can get to the doctor for a follow-up visit. The policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides.

## Critical Illness Insurance

Critical illness insurance protects your family and your assets. No one saves to get sick, which is why being diagnosed with a covered condition can be especially draining, both emotionally and financially. The policy provides you with a lump sum cash benefit in the event you or an insured loved one is diagnosed with a covered condition such as cancer, heart attack, or stroke. You have the option of picking from four levels of coverage so you can make sure you have the right protection for your family. The policy will also pay an annual wellness benefit of \$75 for completing an eligible health screening. **During your new hire enrollment period only, elect coverage without answering medical questions!**

## Telemedicine

**American Worker HealthiestYou** | HealthiestYou is included in the American Worker MEC and MEC Plus plans. With HealthiestYou, 24/7/365 access to a doctor is only a phone call away. Visit [healthiestyou.com](https://healthiestyou.com) for access to licensed U.S. based physicians for medical information, general advice and for evaluation, diagnosis and prescription medication as appropriate.

**BlueCross BlueShield Telehealth** | Employees who enroll in a BlueCross BlueShield medical plan will have access to virtual visits through MDLIVE. This service is not available on the BlueCross BlueShield HMO plan.

- Access a board-certified medical doctor from your phone, video enabled smart phone, or computer 24/7 and from any location. Sign up via [MDLIVE.com/bcbsil](https://MDLIVE.com/bcbsil), mobile app, or call 888-676-4204 directly.
- Doctors can prescribe medication, if needed.
- Great for non-life threatening conditions such as sore throat, fever, rash, headache, cold and flu, etc.

**Kaiser Telehealth** | Kaiser medical plan participants have free access to telehealth services via the Kaiser smartphone app. Speak with a licensed U.S. based physician for medical information and general advice and for evaluation, diagnosis and prescription medication as appropriate at no cost to you.

- Register and log in to your account to access specific information related to your telehealth program at [healthy.kaiserpermanente.org/southern-california/front-door](https://healthy.kaiserpermanente.org/southern-california/front-door)

## Health Savings Account (HSA)

A Health Savings Account (HSA) allows employees who participate in the BlueCross BlueShield Gold, Silver or Bronze medical plan to contribute funds to a personal HSA on a pre-tax basis, which can be used to pay for eligible medical expenses.

Total contributions to the plan cannot exceed the IRS maximum for 2024 of \$4,150 for an employee and \$8,300 for a family; employees age 55 or over may contribute an additional \$1,000. The maximum contributions for 2025 will be \$4,300 for an employee and \$8,550 for a family (subject to change based on IRS legislation). The HSA is your account and will roll over from year to year and will stay with you if you depart from Senior Lifestyle. To be eligible for this account, you must not have coverage under another medical plan. Some highlights about the plan can be found below:

- The HSA is your individually owned tax-advantaged account.
- You cannot be covered under other health insurance.
- You cannot be claimed as a dependent on someone else's tax return.
- You may withdraw from your HSA (tax-free) to pay for qualified medical expenses.

## Health Savings Account Eligibility

If you cease to be HSA eligible for any reason, including being entitled to Medicare, it is your duty to notify Senior Lifestyle Corporation. Upon notification, your Health Savings Account employee contributions will be stopped. If you don't notify Senior Lifestyle Corporation, you may be subject to penalties.

**Important Note: If you have an HSA you may only have a Limited Purpose Flexible Spending Account (FSA).**

## Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using pre-tax dollars. The money deposited into your spending account is deducted from your paycheck before taxes are withheld, which lowers your taxable income. Unlike HSA's, FSA's have a use it or lose it provision. This means any funds not used during the plan year will be lost. **Please note that the FSA elections you made during last year's open enrollment period will remain in effect until 9/30/2024. The new elections you make will be in effect from 10/1/2024 - 9/30/2025.**

A **Health Care Flexible Spending Account** helps you pay for medical, dental, and vision expenses not covered by insurance. The annual maximum contributions are \$3,200 in 2024 and 2025 (subject to change due to IRS legislation). You can use this account to pay for things such as medical deductibles and copayments, orthodontia, glasses, and contact lenses. Employees who participate in the BlueCross BlueShield Gold, Silver or Bronze medical plan are not eligible to participate.

Before you enroll in a Healthcare FSA, you should evaluate what your out-of-pocket medical, dental, and vision expenses will be for the coming year. Remember, the key to effective use of the flexible spending accounts is planning ahead. Since FSA's have a use it or lose it provision, at the end of the plan year unused funds will be forfeited based on IRS rules depending on the type of account. See chart below for more details.

A **Limited Purpose Flexible Spending Account** is available for those who are contributing to an HSA. This account only reimburses you for eligible dental and vision expenses. Employees who participate in the BlueCross BlueShield Gold, Silver or Bronze medical plan are eligible to participate.

A **Dependent Care Flexible Spending Account** can help fund the care of children under the age of 13, or a disabled spouse or parent while you work. The annual maximum contribution is \$5,000. You can use this account to pay for things like payments to a licensed daycare provider or nursery school, before and after school care or summer day camp program, and elder care. Unlike the Limited Purpose FSA, these funds are not front-loaded. Funds are available for use after they are deducted from your paycheck.

## Understanding How HSAs and FSAs Differ

It is important to understand how HSAs differ from FSAs, and who is eligible for what type of account. The chart below highlights some important details about these accounts to help you understand how they work.

HSA vs. FSA			
	Health Savings Account (HSA)	Flexible Spending Account (FSA)	Limited Purpose Flexible Spending Account (FSA)
<b>Purpose</b>	<ul style="list-style-type: none"> <li>Pay for current and future expenses on a tax-free basis</li> <li>Save for retirement</li> </ul>	<ul style="list-style-type: none"> <li>Pay for current expenses on a tax-free basis</li> <li>Both medical and dependent care accounts available</li> </ul>	<ul style="list-style-type: none"> <li>Pay for current dental and vision expenses on a tax-free basis</li> </ul>
<b>Unused Funds</b>	<ul style="list-style-type: none"> <li>Rollover year to year</li> <li>You own your account – money is yours to keep</li> </ul>	<ul style="list-style-type: none"> <li><b>Medical FSA:</b> Rollover up to \$640*. Any unused funds in excess are forfeited October 1 of the following year. <i>*Subject to change due to IRS regulations Rollover is allowed even if FSA is not elected for the following plan year.</i></li> <li><b>Dependent Care FSA:</b> No rollover. There is a 75-day grace period (2.5 months) after the plan years ends to use any remaining funds before they are lost. Expenses must be incurred by December 15th to be eligible. Funds must be claimed by December 31st. All unused funds are forfeited after 90 days (January 1 of the following year).</li> </ul>	<ul style="list-style-type: none"> <li>Rollover up to \$640 to the next plan year</li> </ul>
<b>Annual Funding Limits</b>	<ul style="list-style-type: none"> <li>\$4,150 2024 individual / \$8,300 2024 family account max</li> </ul>	<ul style="list-style-type: none"> <li>\$3,200 medical FSA</li> <li>\$5,000 dependent care FSA</li> </ul>	<ul style="list-style-type: none"> <li>\$3,200 limited purpose FSA</li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>Funds are only available once they have been contributed</li> </ul>	<ul style="list-style-type: none"> <li>Funds are deducted pre-tax</li> <li>Full medical FSA amounts available immediately; dependent care FSA only reimbursed once contributed</li> </ul>	<ul style="list-style-type: none"> <li>Funds are deducted pre-tax</li> <li>Funds available immediately</li> </ul>

## Commuter Transit & Parking *Intended for our team members based in Illinois!*

Commuter benefits allow you to put up to \$315 from your paycheck aside each month, before taxes are taken out, for qualified mass transit and parking expenses. You can adjust the amount you contribute to the plan each month at any time; no qualifying event is needed. The commuter plan is flexible and your funds will continue to roll over month to month until the funds are used. Your funds will no longer be available if you terminate employment.

## Dental Insurance

Because maintaining your smile is important, Senior Lifestyle offers two dental plans through BlueCross BlueShield. Although you have the option to see any provider you wish, you will receive the best benefits when you choose an in-network dentist.

Dental Plan Features		
	Gold Plan Group #: 232750	Platinum Plan Group #: 232751
<b>Deductible</b> <i>individual/family</i>	\$100/\$300	\$50/\$150
<b>Preventive Services</b>	80%	100%
<b>Basic Services</b>	80%	80%
<b>Major Services</b>	50%	50%
<b>Orthodontia</b>	Not covered	50%*
<b>Annual Maximum</b>	\$1,500	\$1,500
<b>Orthodontia Lifetime Maximum</b>	Not covered	\$1,000*

\*Includes Adult Orthodontia

To locate a dentist in your area, please visit [c4.go2dental.com/member/dental\\_search/searchprov.cgi?brand=il&product=ppo&State=IL&ReturnSite=http://www.bcbsil.com/providers/dppo.htm](http://c4.go2dental.com/member/dental_search/searchprov.cgi?brand=il&product=ppo&State=IL&ReturnSite=http://www.bcbsil.com/providers/dppo.htm).

## Vision Insurance

We are proud to offer vision benefits through BlueCross BlueShield EyeMed. Although you have the option to see any provider you wish, you will get the most out of your benefit and have lower out-of-pocket costs when you see a BCBS EyeMed doctor.

Vision Plan Features		
Benefit	Standard Plan	Enhanced Plan
Exam	\$10 copay	\$10 copay
<b>Eye Glasses</b>		
Prescription Glasses	\$25 copay	\$25 copay
Frames	\$100 allowance, 20% off balance	\$150 allowance, 20% off balance
Lenses	Included in prescription glasses copay	Glasses copay includes scratch- and UV-resistant coating
<b>Contacts</b>		
Conventional	\$140 allowance	\$230 allowance
<b>Frequency</b>		
Exam	Every 12 months	Every 12 months
Lenses or Contacts	Every 12 months	Every 12 months
Frame	Every 24 months	Every 12 months

To locate a BCBS EyeMed provider in your area, visit: [eyemedvisioncare.com/bcbsil](http://eyemedvisioncare.com/bcbsil)

## Senior Lifestyle Employee Resources Program

Our Senior Lifestyle Employee Resources program is administered by ComPsych. Our Employee Assistance Program takes a comprehensive, global approach to addressing employee needs through an extensive in-house staff of specialists. The Senior Lifestyle Employee Resources program includes services for confidential emotional support, work-life solutions (i.e. finding child or elder care, hiring movers or home repair contractors, and more), legal guidance, and financial resources (i.e. retirement planning, budgeting, and more). It is available to employees 24/7 through the online support or via phone at 855-654-5319.

## Disability Insurance

### Basic Short Term Disability (STD) Insurance

Basic Short Term Disability (STD) Insurance is provided through Voya for full-time officers, corporate employees, and exempt employees working 35 or more hours per week. The plan protects up to 60% of your income, not to exceed \$2,000 per week for officers and not to exceed \$750 per week for corporate and exempt employees, if you become disabled due to a covered off the job injury or illness. Benefits begin after seven days and are available for 13 weeks. For eligible employees, this benefit is available at no cost to you and is paid for by Senior Lifestyle. Employees who are not eligible for this benefit may elect Voluntary Short Term Disability through Chubb. See below to learn more.

### Voluntary Short Term Disability (STD) Insurance

Voluntary Short Term Disability (STD) Insurance protects up to 60% of your monthly income (up to 45% if you have state disability available to you), not to exceed \$5,000 per month, if you become disabled due to a covered off the job injury or illness. Benefits begin after 14 days and can last up to six months. Includes benefits for pregnancy and limited benefits for disabilities due to mental illness, alcoholism and/or drug addiction. **During your new hire enrollment period only, elect coverage without answering medical questions!**

### Long Term Disability (LTD) Insurance

Long Term Disability (LTD) Insurance is provided through Voya for full-time officers, corporate employees, and exempt employees working 35 or more hours per week. The plan protects up to 60% of your monthly income, not to exceed \$10,000 per month for officers and \$5,000 per month for corporate and exempt employees, if you become disabled due to a covered off the job injury or illness. LTD benefits begin after 90 days of disability, with carrier approval, following the 13 week STD benefit period. For eligible employees, this benefit is available at no cost to you and is paid for by Senior Lifestyle.

## Life Insurance

**Basic Life Insurance** provides active, full-time employees working 35 or more hours per week with coverage of one times your annual salary, up to a maximum of \$500,000. Benefits for accidental death and dismemberment are also included. This benefit is available at no cost to you and is paid for by Senior Lifestyle.

**Supplemental Life Insurance** is available in addition to your employer-provided basic life. You may also purchase life insurance for your dependents if you purchase additional coverage for yourself. This benefit is available through Voya for full-time officers, corporate employees and exempt employees working 35 or more hours per week. All new elections by existing employees for themselves or their spouses are subject to medical underwriting and coverage is not guaranteed.

*Employee* \$10,000 increments up to \$250,000 (or 3 times salary, whichever is less), without medical questions, not to exceed policy maximum of \$500,000, not exceeding 10 times annual salary.

*Spouse* \$10,000 increments up to \$30,000 without medical questions, not to exceed policy maximum of 100% of employee's supplemental life coverage.

*Children* Up to \$10,000 in increments of \$2,500.

### Supplemental Spouse and Children Accidental Death and Dismemberment (AD&D) Insurance

	Benefit Amount	Reduction Schedule
Active Eligible Employees		
Spouse	\$10,000 to a maximum of \$500,000 in \$10,000 increments, not to exceed 100% of the employee's Supplemental Life insurance amount.	Benefit amount reduces to 65% at age 65, to 40% at age 70 and to 25% at age 75. Coverage terminates at retirement unless retiree coverage is provided.
Children	\$2,500 up to a maximum of \$10,000 in \$2,500 increments	No Reductions. Child coverage terminates when the child is no longer eligible

## Life Insurance Continued

### LifeTime Benefit Term Insurance with Long-Term Care

LifeTime Benefit Term Insurance with Long-Term Care includes living benefits that provide financial support to cover the cost of long-term care such as nursing home care or assisted living facilities that you might need as a result of an accident, illness, or aging. Like life insurance, the program also protects your family with money that can be used any way they choose like your mortgage or rent, education for children, retirement, and final expenses.

- **Employees:** During your new hire enrollment period only, you can elect up to \$150,000 without answering medical questions.
- **Spouse:** Spouses who wish to enroll must answer up to four questions depending on their age and the amount of coverage they are selecting.

## Cancer Advocate Plus (CAP)

CAP is a first-of-its-kind-genetics-based cancer insurance program that customizes cancer care. It is more than advocacy - it's developed to help save lives. CAP is a personal, precise, and proactive way for you to manage your health. CAP combines financial protection and cancer care, including genetic cancer screening, to help you determine your risk for cancer and pharmacogenomic testing to determine your best treatment based on your own DNA. In addition to testing and treatment, CAP provides a dedicated oncology nurse advocate to coordinate clinical trial enrollment, expert medical review, and so much more.

## LifeLock Identity Theft Protection

Safeguard your personal information and defend against attacks with 24/7, proactive identity theft protection from LifeLock. Using the latest advancements, LifeLock alerts members of fraudulent credit, utility, and service applications detected within their extensive network, helps stop online identity threats, reduces the potential for mail fraud, helps to deter theft arising from a lost or stolen wallet, and much more. LifeLock uses proprietary technology that searches for potential threats to your identity. If there is activity using your personal information, LifeLock alerts you. If you are ever victimized by identity theft, a member of LifeLock's U.S.-Based Identity Restoration Team will be dedicated to your case. To know more, visit [lifelock.com](https://lifelock.com) or call 800-607-9174.

**MetLaw Legal Services**, offered through MetLife, gives you direct access to a national network of more than 18,000 attorneys that provide telephonic advice and office consultations on a broad range of personal legal needs. Covered legal services include preparation of wills and trusts, real estate matters, traffic matters, document preparation and review, debt matters, and more. To learn more, visit [info.legalplans.com](https://info.legalplans.com) or call 800-821-6400.

## 401(k)

Employees are eligible to participate in the Senior Lifestyle Corporation 401(k) Retirement Plan the first quarter following 2 months of employment and the attainment of age 21. Entry in the 401(k) plan always starts on the quarter; January 1, April 1, July 1 and October 1 of each year. You can contribute on a pre-tax or post-tax basis and choose to invest your money in a variety of financial tools. You may contribute up to the 2024 IRS limit of \$23,000 plus \$7,500 in catch-up contributions if you are age 50 or older. You will not automatically be enrolled in the 401(k) Retirement Plan. To register and make elections, visit [mykplan.adp.com](https://mykplan.adp.com).

### Discretionary Company Match

Beginning the start of the next fiscal quarter after your first year anniversary, SLC will match \$0.25 on the dollar up to 6%, capped at \$1,500 annually. The employer contribution will be deposited into your account each pay cycle, with an annual true-up.

### Vesting

You are always 100% vested in the money you contribute to your retirement account — meaning the money is always yours! SLC uses a graded vesting schedule for the company match, which determines how much of the match you have available for distribution or rollover should you leave SLC.

*Employees employed by Senior Suites entities are not eligible to participate in SLC 401k plan.*

## The Cost of Your Benefits

The tables below show the per paycheck employee cost for medical insurance.

Bi-Weekly Medical Rates Available to All						
	American Worker MEC Group #: A16116	American Worker MEC Plus Group #: A16116	BlueCross BlueShield Gold Group #: PH3675		BlueCross BlueShield Silver Group #: PH3671	
			Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee	\$17.08	\$58.92	\$117.77	\$164.88	\$86.85	\$121.59
Employee + Spouse	\$42.45	\$154.97	\$473.16	\$662.42	\$406.23	\$568.73
Employee + Child(ren)	\$41.12	\$181.15	\$403.47	\$564.85	\$288.08	\$403.31
Family	\$55.93	\$256.26	\$794.85	\$1,112.79	\$502.70	\$703.77

Bi-Weekly Medical Rates Available to All								
	BlueCross BlueShield Bronze Group #: PH3668				BlueCross BlueShield Bronze Plus Group #: PM4975		BlueCross BlueShield Copper Group #: PL1317	
	Employees making \$12.99 or less per hour		Employees making \$13.00 or more per hour		Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco				
Employee	\$36.46	\$51.05	\$65.08	\$91.11	\$83.27	\$116.58	\$123.82	\$173.35
Employee + Spouse	\$338.39	\$473.74	\$341.16	\$477.62	\$379.02	\$530.63	\$440.22	\$616.31
Employee + Child(ren)	\$238.45	\$333.83	\$235.56	\$329.78	\$269.73	\$377.63	\$348.80	\$488.32
Family	\$415.00	\$581.01	\$417.31	\$584.24	\$471.07	\$659.50	\$523.22	\$732.51

Bi-Weekly Medical Rates Available to Illinois Residents Only		
	BlueCross BlueShield HMO Group #: B00935	
	Non-Tobacco	Tobacco
Employee	\$62.31	\$87.23
Employee + Spouse	\$327.69	\$458.77
Employee + Child(ren)	\$221.54	\$310.15
Family	\$392.31	\$549.23

Bi-Weekly Medical Rates Available to California, Georgia, Maryland, Oregon, Virginia, Washington, and Washington, D.C. Residents Only				
	Kaiser			
	Refer to Page 7 for Kaiser Group Numbers			
	CA	OR, WA	GA	MD, VA, D.C.
Employee	\$73.85	\$73.85	\$66.92	\$64.62
Employee + Spouse	\$378.46	\$379.38	\$369.23	\$366.92
Employee + Child(ren)	\$267.69	\$268.62	\$267.69	\$253.85
Family	\$461.54	\$472.62	\$461.54	\$450.00

**14** The cost of your other benefit choices depends on different factors, such as who you choose to cover and the amount of coverage you'd like. The benefit counselor will give you a customized rate during your meeting.

## The Cost of Your Benefits Continued

The tables below show the per paycheck employee cost for dental and vision insurance.

<b>Bi-Weekly Dental and Vision Rates</b> <i>Available to All</i>				
	<b>Dental Gold</b>	<b>Dental Platinum</b>	<b>Standard Vision</b>	<b>Enhanced Vision</b>
Employee	\$10.72	\$16.39	\$2.64	\$5.72
Employee + Spouse	\$22.50	\$34.41	\$4.23	\$9.18
Employee + Child(ren)	\$19.82	\$30.30	\$4.32	\$9.38
Family	\$30.00	\$45.88	\$6.96	\$15.11

The cost of your other benefit choices depends on different factors, such as who you choose to cover and the amount of coverage you'd like. The benefit counselor will give you a customized rate during your individual meeting.

### Tobacco Affidavit

BlueCross BlueShield members must complete the electronic tobacco use affidavit during the telephonic enrollment process to qualify for the non-tobacco rates for BlueCross BlueShield plans. Employees designated as tobacco users have an opportunity to qualify for the tobacco-free premium discount by participating in the BlueCross BlueShield cessation program. Program participation is defined as completing the tobacco cessation program which requires employees to complete a minimum of 6 coaching sessions. The sessions can begin as early as October 1, 2024 and must be completed by November 30, 2024, to qualify for the reduced tobacco-free premium. Once you have met the requirements, you will receive a certificate of completion. Please save it as a PDF and send it to [benefits@seniorlifestyle.com](mailto:benefits@seniorlifestyle.com) so your premiums can be updated.

### The Definition of Tobacco Use:

Senior Lifestyle Corporation defines tobacco use as smoking cigarettes, clove cigarettes, cigars or pipes, or using smokeless tobacco such as chewing tobacco, e-cigarettes, or snuff. Regular tobacco users are individuals who have used tobacco products more than one time per month, over the last 12 months. Non-tobacco users are individuals whose tobacco use has been one or less times per month for at least 12 months.

### Senior Lifestyle HEART Fund

The Senior Lifestyle HEART Fund offers financial assistance to our team members during difficult times. The HEART Fund is a financial assistance program that aims to provide a helping hand during times of unexpected hardship. We understand that life can be unpredictable, and we are committed to offering resources and support when you need them most. Whether you face a medical emergency, natural disaster or another unforeseen challenge, Senior Lifestyle wants to be there for you.

Please know that you are not alone. Just as you stand by our residents and your fellow team members, Senior Lifestyle stands beside you, ready to offer support and assistance whenever it is needed.

When you make a gift to the fund, you help people recover from times of crisis. Your donation has a direct and lasting impact on the lives of those affected by a catastrophic or personal disaster. [Click here](#) to learn more.

## Benefit Contact Information

Plan	Carrier	Phone Number	Website/E-mail
<b>SLC Benefits Participant Service Center</b>	ADP	833-357-8163	<a href="http://my.adp.com">my.adp.com</a>
<b>Medical</b> MEC and MEC Plus	American Worker	855-495-1190	<a href="http://theamericanworker.fbg.com">theamericanworker.fbg.com</a>
Gold, Silver, Bronze, Bronze Plus & Copper	BlueCross BlueShield	800-828-3116	<a href="http://bcbsil.com">bcbsil.com</a>
Kaiser	Kaiser	CA: 800-464-4000 GA: 888-865-5813 MD, VA, D.C.: 800-777-7902 Portland, OR: 503-813-2000 OR: 800-813-2000 S. WA: 800-813-2000 WA: 888-901-4636	<a href="http://kp.org">kp.org</a>
<b>Hospital Indemnity</b>	Voya	800-955-7736	<a href="http://presents.voya.com/EBRC/seniorlifestylecorporation">presents.voya.com/EBRC/seniorlifestylecorporation</a>
<b>Accident</b>	Voya	800-955-7736	<a href="http://presents.voya.com/EBRC/seniorlifestylecorporation">presents.voya.com/EBRC/seniorlifestylecorporation</a>
<b>Critical Illness</b>	Voya	800-955-7736	<a href="http://presents.voya.com/EBRC/seniorlifestylecorporation">presents.voya.com/EBRC/seniorlifestylecorporation</a>
<b>American Worker HealthiestYou</b> (MEC and MEC Plus)	American Worker/ HealthiestYou	866-703-1259	<a href="http://healthiestyou.com">healthiestyou.com</a>
<b>BlueCross BlueShield Telehealth</b> (Gold, Silver, Bronze, Bronze Plus & Copper)	BlueCross BlueShield/ MDLive	888-676-4204	<a href="http://MDLIVE/bcbsil.com">MDLIVE/bcbsil.com</a>
<b>Kaiser Telehealth</b>	Kaiser		<a href="http://healthy.kaiserpermanente.org/southern-california/front-door">healthy.kaiserpermanente.org/southern-california/front-door</a>
<b>Consumer Accounts (HSA, FSA, Dependent Care, Parking &amp; Transit) &amp; COBRA</b>	WEX	866-451-3399	<a href="http://wexinc.com">wexinc.com</a>
<b>Dental</b>	BlueCross BlueShield	800-367-6401	<a href="http://bcbsil.com">bcbsil.com</a>
<b>Vision</b>	BlueCross BlueShield EyeMed	855-362-5539	<a href="http://eyemedvisioncare.com/bcbsil">eyemedvisioncare.com/bcbsil</a>
<b>Basic Short Term Disability</b>	Voya	866-228-8742	<a href="http://presents.voya.com/EBRC/seniorlifestylecorporation">presents.voya.com/EBRC/seniorlifestylecorporation</a>
<b>Voluntary Short Term Disability</b>	Chubb	833-542-2013 NY: 833-896-2968	<a href="http://chubb.com/us-en/contact.html">chubb.com/us-en/contact.html</a> <a href="mailto:cwbclaimsteam@chubb.com">cwbclaimsteam@chubb.com</a>
<b>Basic Long Term Disability</b>	Voya	888-305-0602	<a href="http://presents.voya.com/EBRC/seniorlifestylecorporation">presents.voya.com/EBRC/seniorlifestylecorporation</a>
<b>Basic Life</b>	Voya	888-238-4840	<a href="http://presents.voya.com/EBRC/seniorlifestylecorporation">presents.voya.com/EBRC/seniorlifestylecorporation</a>
<b>Supplemental Life</b>	Voya	888-238-4840	<a href="http://presents.voya.com/EBRC/seniorlifestylecorporation">presents.voya.com/EBRC/seniorlifestylecorporation</a>
<b>LifeTime Benefit Term Insurance</b>	Chubb	855-241-9891	<a href="http://chubb.com/us-en/contact.html">chubb.com/us-en/contact.html</a>
<b>Cancer Advocate Plus</b>	Chubb	833-542-2013 NY: 833-896-2968	<a href="http://chubb.com/us-en/contact.html">chubb.com/us-en/contact.html</a>
<b>LifeLock Identity Theft Protection</b>	LifeLock	800-607-9174	N/A
<b>MetLaw Legal Services</b>	MetLife	800-821-6400	<a href="http://info.legalplans.com">info.legalplans.com</a>
<b>401(k)</b>	ADP	888-822-9238	<a href="http://my.adp.com">my.adp.com</a>
<b>SLC Employee Resources</b>	ComPsych	855-654-5319	<a href="http://guidanceresources.com">guidanceresources.com</a>





*This guide summarizes the key features of Senior Lifestyle Health benefit plans. If any conflict arises between the information stated here and any plan provisions, the terms of the actual plan documents or other applicable documents will govern in all cases. Provisions of the plans and eligibility for coverage do not constitute a contract of employment with any individual. Plans described in this guide are subject to change at the discretion of Senior Lifestyle.*