REEP
RESIDENTIAL

2026 - 2027

EMPLOYEE BENEFITS

ENROLLMENT GUIDE

Benefit Offerings

We are proud to offer our employees a competitive benefits package. All regular, full-time employees actively working 30 hours or more per week may elect to participate in any or all of our benefit programs. Below is a brief overview of available benefits.

Coverage
Medical
Health Savings Account
Dental
Vision
Basic Life and AD&D
Voluntary Life and AD&D
Short Term Disability
Long Term Disability
COBRA

While all components of our benefit offerings are available to eligible employees, some allow enrollment of eligible dependents, including your spouse and children up to the age of 26.

When can I enroll or change my benefit elections?

Current Employees	During our annual open enrollment period
New Hires or Newly Eligible Employees	1st day of the month following 30 days after date of hire
Change in Status / Qualifying Event	Within 30 days of the change in status

Once you have made your benefit elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status. Qualified changes in status include:

- marriage or divorce
- birth or adoption of a child
- changes in dependent eligibility
- death of a spouse, child or other qualified dependent
- change in residence due to an employment transfer for you or your spouse
- commencement or termination of adoption proceedings
- change in spouse's benefits or employment status
- loss of coverage in the Children's Health Insurance Program (CHIP)
- loss or gain of coverage in Medicaid by employee and/or dependents

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. *Please see page 29 for more details.*

Medical & Prescription Drugs

Carrier	**BlueCross BlueShield**
Policy Numnber	397580
Network	Blue Choice HSA / Blue Essentials HMO / Blue Choice PPO
Plan Year	April 1, 2026 – March 31, 2027
ID Cards	Mailed at initial enrollment and available online
Website	www.bcbstx.com

Below is a listing of **IN-NETWORK** services your plan includes and the amount **YOU** are responsible to pay.

In-Network Benefits	**HSA Plan – MTBCP008H**	**Base Plan – MTBEE539**
Plan Type	**HDHP PPO – HSA Eligible**	**HMO – Referrals are required** **Members must select a PCP**
Preventive Services	0%	0%
Office Visit		
- Primary Care	0% after deductible	$45 copay
- Specialist	0% after deductible	$90 copay
Retail Clinics	0% after deductible	$45 copay
Virtual Visits	Up to $48 copay	$0
Deductible	*Starts over Jan. 1st*	*Starts over Jan. 1st*
- Individual	$6,000	$5,000
- Family	$12,000	$15,000
Coinsurance	0%	0%
Emergency Room	0% after deductible	0% after $500 copay & deductible
Urgent Care (facility only)	0% after deductible	$75 copay
Inpatient Hospital	0% after deductible	0% after deductible
Outpatient Surgery	0% after deductible	0% after deductible
Diagnostic Lab & X-ray		
- Physician Office Visit	0% after deductible	0% after deductible
- All Other Facilities & ER	0% after deductible	0% after deductible
Advanced Imaging	0% after deductible	0% after deductible
Prescriptions		
- Retail (30 days)	0% after deductible	Preferred: $0 / $10 / $50 / $100 copay Non – Preferred: $10 / $20 / $70 / $120 copay
- Mail Order (90 days)	0% after deductible	3x retail copay
- Specialty	0% after deductible	Preferred: $150 / Non – Pref: $250 copay
Prescription Deductible	Combined with medical ded	N/A
Out-of-Pocket Max	*Includes copays & deductibles*	
- Individual	$6,000	$8,150
- Family	$12,000	$16,300
Out-of-Network Deductible	*Starts over Jan. 1st*	
- Individual	$12,000	***No Coverage***
- Family	$24,000	***No Coverage***
Out-of-Network Out-of-Pocket Max	*Includes copays & deductibles*	
- Individual	Unlimited	***No Coverage***
- Family	Unlimited	***No Coverage***

Medical & Prescription Drugs Continued

Below is a listing of **IN-NETWORK** services your plan includes and the amount **YOU** are responsible to pay.

In-Network Benefits	Mid Plan – MTBCB542	Buy – Up Plan – MTBCB525
Plan Type	**PPO**	**PPO**
Preventive Services	0%	0%
Office Visit		
- Primary Care	$50 copay	$40 copay
- Specialist	$100 copay	$80 copay
Retail Clinics	$50 copay	$40 copay
Virtual Visits	$0	$0
Deductible	*Starts over Jan. 1st*	*Starts over Jan. 1st*
- Individual	$5,250	$3,000
- Family	$15,750	$9,000
Coinsurance	20%	0%
Emergency Room	20% after $500 copay & deductible	0% after $500 copay & deductible
Urgent Care (facility only)	$75 copay	$75 copay
Inpatient Hospital	20% after deductible	0% after deductible
Outpatient Surgery	20% after deductible	0% after deductible
Diagnostic Lab & X-ray		
- Physician Office Visit	20% after deductible	0% after deductible
- All Other Facilities & ER	20% after deductible	0% after deductible
Advanced Imaging	20% after deductible	0% after deductible
Prescriptions		
- Retail (30 days)	Preferred: $0 / $10 / $50 / $100 copay Non – Preferred: $10 / $20 / $70 / $120 copay	Preferred: $0 / $10 / $50 / $100 copay Non – Preferred: $10 / $20 / $70 / $120 copay
- Mail Order (90 days)	3x retail copay	3x retail copay
- Specialty	Preferred: $150 / Non – Pref: $250 copay	Preferred: $150 / Non – Pref: $250 copay
Prescription Deductible	N/A	N/A
Out-of-Pocket Max	*Includes copays & deductibles*	*Includes copays & deductibles*
- Individual	$7,500	$4,500
- Family	$16,300	$13,500
Out-of-Network Deductible	*Starts over Jan. 1st*	*Starts over Jan. 1st*
- Individual	$10,500	$6,000
- Family	$31,500	$18,000
Out-of-Network Out-of-Pocket Max	*Includes copays & deductibles*	*Starts over Jan. 1st*
- Individual	Unlimited	Unlimited
- Family	Unlimited	Unlimited

Important! The prescription plan includes **mandatory generics, meaning if a generic drug is available and you choose to receive the brand name drug, you will have to pay the copay of the brand name drug plus the difference in cost between the generic and brand name drug.**

Important! This plan also includes **step therapy** and **requires pre-certification on certain prescriptions**.

Important! CVS is **NOT** a covered pharmacy.

Your Cost per Semi-Monthly Paycheck

Medical Rates	HSA Plan	Base Plan – HMO	Mid Plan - PPO	Buy – Up PPO Plan
Employee Only	$76.26	$39.47	$136.98	$209.58
Employee + Spouse	$195.96	$144.73	$280.50	$381.58
Employee + Children	$310.56	$245.51	$417.92	$546.26
Employee + Family	$430.29	$350.80	$561.47	$718.32

BlueCross BlueShield of Texas

Virtual Visits: **Get Cost-Effective, 24/7 Care**

With Virtual Visits from MDLIVE®, the doctor is always in. This Blue Cross and Blue Shield of Texas (BCBSTX) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

Powered by MDLIVE

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSTX benefit, please call the number on the back of your ID card.

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Texas. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

BlueCross BlueShield of Texas

Blue Points℠ Are Rewards for Healthy Living

It may be hard to consistently maintain a healthy lifestyle. That's why the Well onTarget program offers a little motivation with Blue Points rewards.[1] The program may help you get on track, and stay on track, to reach your wellness goals.

With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points for gift cards for yourself or friends and family.

Well onTarget®

Created with your needs in mind, the Blue Points program has many convenient, user-friendly, personalized and flexible features:

Earn Points Instantly

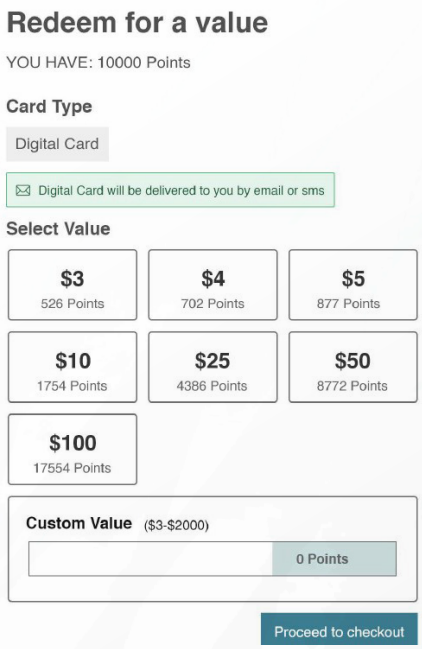
The program gives you points immediately, so you can start using them right away.[2]

Easily Manage Your Points

The interactive Well onTarget portal, available at **wellontarget.com**, employs the the latest user-friendly technology. This makes it easy to find out how many points are available for you to earn. You can also track the total number of points you've earned year-to-date. All of your points information will appear on one screen.

Choose from a Large Selection of Gift Card Rewards.

Redeem your points for digital gift cards from a variety of over 75 merchants like Amazon, Best Buy and others.[3, 4] They'll be available at **wellontarget.com** and in the AlwaysOn mobile app. Example of redemption below:



Participate in Activities That Match Your Goals

Look how quickly your Blue Points can add up! Here are some sample activities you can complete to earn Blue Points:

Activities	Potential Blue Points Amounts
Completing the Health Assessment every six months[4]	2,500 points every six months
Complete a Self-management Program	1,000 points per quarter
Using the trackers to track your progress toward your goals	10 points, up to a maximum of 70 points per week
Enrolling in the Fitness Program	2,500 points
Adding weekly Fitness Program center visits to your routine	Up to 300 points each week
Completing Progress Check-ins	Up to 250 points per month
Connecting a compatible fitness device or app to the portal	2,675 points
Tracking progress using a synced fitness device or app	55 points per day

Log on to **wellontarget.com** today to find all the interactive tools and resources you need to start racking up Blue Points. Keep yourself motivated to earn more points by seeing the gift cards you can select from and checking out all the rewards you can earn for adopting — and continuing — healthy habits.

1. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information. Blue Points will expire 90 days after coverage on a qualifying BCBSTX plan terminates.
2. This does not apply to points you earn for completing Fitness Program activities.
3. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.
4. Merchants are subject to change.

Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program. Well onTarget is an informational resource provided to members and is not a substitute for the independent medical judgment of a health care provider. Members are instructed to consult with their health care provider before beginning their journey toward wellness.

The Fitness Program is provided by Tivity Health®, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

Health Savings Account (HSA)

HSA Bank	iSOLVED
Website	www.isolvedbenefitservices.com
Eligible Members	Employees participating in the HDHP medical plan
Annual Contributions - Individual - Family	2026 $4,400 $8,750
Catch-up Contributions	$1,000 per calendar year for individuals 55 years or older
How it Works	You can use the funds in your account to pay for current qualified medical expenses, including expenses that your insurance may not cover, or save the money in your account for future needs.
Things to Know	The money in the account belongs to the employee and has no 'use or lose' provision.
Additional Information	There may be tax implications if money is taken for non-medical expenses.

Important! **If you are enrolled in Medicare Part A only or Parts A & B, you can no longer contribute to your health savings account.** However, you may withdraw money from your HSA after you enroll in Medicare to help pay for medical expenses (deductibles, premiums, copays or coinsurances). If you are Medicare eligible but not enrolled in Parts A & B, you will need to purchase Medicare Part D because the drug card on the HSA plan offered is not creditable.

Set aside funds for current and future healthcare needs, and save money when you do it with a **tax-free** account.

HEALTH SAVINGS ACCOUNT HSA)

Save up to $1,155 a year when you use an HSA for qualified health expenses.*

our hea h is a worthy investmen

Set aside tax-free money so you can save on qualified health expenses, including everyday health products, prescriptions, vision, dental, and much more.

Why HSA?

Employers and employees both win with this enticing tax and health benefit. When employees enroll in an HSA, they can save themselves and their employer in payroll-related costs.

- Maximum tax savings on every dollar contributed to an HSA
- Improved employee health, satisfaction, productivity, mental health & personal financials
- HSA benefits extend to spouses and dependents, too

Savings snapsho

If you contribute $1,700 to your HSA, you can save $510 in income taxes.*

Truly use ul tax sa ings

Just a few things HSA funds can be used for:

- Doctor visits
- Prescription & over-the-counter meds
- Prescription eyeglasses or contacts
- Baby care
- Menstrual care
- First aid & pain relief
- Dental care
- Diagnostics & health tech
- Chiropractic care
- Skincare & sunscreen

Learn More

Tips: Deciding Where to Go for Health Care

Knowing your options when it comes to health care can mean big savings when it comes to cost and time.

Be informed. Know where to go.

If you need emergency care seek help from any doctor or hospital immediately!

CALL 911

$

Virtual Visits
- video access from a mobile device or computer
- doctors available all day, every day
- approximate wait time: less than 5 minutes
- quickest option for non-emergency care

$$

Doctor's Office
- established relationship, knowledge of medical history
- office hours vary
- approximate wait time: 20 – 45 minutes
- generally best choice for non-emergency care

$$

Retail Health Clinic
- convenient locations in stores and pharmacies
- based on retail store hours
- approximate wait time: 1 hour
- minor, non-emergency medical care

$$$

Urgent Care Provider
- check-in online or over the phone
- hours typically include weekends, evenings, and holidays
- approximate wait time: 1 hour
- non-emergency care

$$$$

Free Standing Emergency Room
- multiple bills, condition could require transfer to hospital ER
- doctors available all day, every day
- approximate wait time: commonly less than hospital ER
- emergency care, but not trauma

$$$$$

Hospital Emergency Room
- multiple bills, highest out of pocket cost to you
- doctors available all day, every day
- approximate wait time: 2.5 - 3 hours
- emergency and trauma care

NOTE: *Ambulance services always subject to coinsurance and deductible. Check your official health plan documents to see what services and providers are covered by your health plan. The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care.*

Voluntary Dental

Carrier	**UnitedHealthcare**
Policy Number	1662199
Network	National Options
Plan Year	April 1, 2026 – March 31, 2027
ID Cards	Electronic only
Website	www.myuhcdental.com

Below is a listing of **IN-NETWORK** services your plan includes and the amount **YOU** are responsible to pay.

In-Network Benefits	Base Plan – P9122	Buy – Up Plan – 35X08
Deductible **- Individual** **- Family**	*Deductible starts over Jan. 1st* $50 $150	*Deductible starts over Jan. 1st* $50 $150
Annual Maximum Benefit	$1,000	Unlimited
Preventive Services **- Services Covered**	0% - deductible waived 2 cleanings per consecutive 12 months, X-Rays (bitewing – 1 per calendar year, Intraoral/Extraoral – 2 per calendar year), Fluoride Treatments (up to age 16 , 2xs per consecutive 12 months, Sealants (up to age 16, 1xs per first or 2nd permanent molar every consecutive 36 months)	0% - deductible waived 2 cleanings per consecutive 12 months, X-Rays (bitewing – 1 per calendar year, Intraoral/Extraoral – 2 per calendar year), Fluoride Treatments (up to age 16 , 2xs per consecutive 12 months, Sealants (up to age 16, 1xs per first or 2nd permanent molar every consecutive 36 months)
Basic Services **- Services Covered**	20% after deductible Restorations (Amalgam or Anterior Composite), Emergency Treatment, Occlusal Guarda, Anesthesia, Simple Extractions	20% after deductible Restorations (Amalgam or Posterior & Anterior Composite), Emergency Treatment, Occlusal Guards, Anesthesia, Simple Extractions (1xs per tooth per lifetime), Surgical Extractions, Periodontics & Endodontics
Major Services **- Services Covered**	***No Coverage***	50% after deductible Implants, Inlays/Onlays/ Crowns, Dentures, Fixed Partial Dentures (Bridges)
Orthodontia **- Lifetime Maximum**	***No Coverage***	***No Coverage***
Waiting Periods	None	None
Out-of-Network Reimbursement	MAC	90th percentile UCR

Your Cost per Semi-Monthly Paycheck

Dental Rates	Base Plan – P9122	Buy – Up Plan – 35X08
Employee Only	$6.68	$22.30
Employee + Spouse	$13.37	$44.59
Employee + Child(ren)	$18.00	$46.04
Employee + Family	$26.19	$71.50

Voluntary Vision

Carrier	**UnitedHealthcare**
Policy Number	1662199
Network	UnitedHealthcare Vision
Plan Year	April 1, 2026 – March 31, 2027
Website	www.myuhcvision.com

Below is a listing of **IN-NETWORK** services your plan includes and the amount **YOU** are responsible to pay.

In-Network Benefits	**SH009**	
Examination	$10 copay	
Frames	$150 retail allowance + 30% off balance	
Lenses	*Additional cost may apply for lens options (e.g. progressive, coatings, UV protection, etc.)*	
- Single Vision	$10 copay	
- Bifocal	$10 copay	
- Trifocal	$10 copay	
Contact Lenses	*In lieu of frames and/or lenses*	
- Medically Necessary	0% - prior authorization is required	
- Elective (Disposable)	$105 allowance	
- Elective (Conventional)	$105 allowance	
- Fitting & Evaluation	Up to $30 copay	
Benefit Frequency	*Based on Date of Service*	
- Vision Exam	Once every 12 months	
- Lenses	Once every 12 months	
- Frames	Once every 12 months	
- Contact Lenses	Once every 12 months	
Lasik	Discounts available	
Out-of-Network Allowances (Reimbursement)	Eye Exam: up to $40 Frames: up to $45 Necessary Contact Lenses: up to $210 Elective Contact Lenses: up to $80	Single Lenses: up to $40 Bifocal Lenses: up to $60 Trifocal Lenses: up to $80 Lasik: Not covered

Your Cost per Semi-Monthly Paycheck

Vision Rates	
Employee Only	$3.36
Employee + Spouse	$7.06
Employee + Child(ren)	$8.29
Employee + Family	$12.23

Important! The following providers are IN-NETWORK: LensCrafters, Costco Optical, Sam's Club, EyeMart Express, Pearle Vision and other independent providers.

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

Carrier	**Mutual of Omaha**
Plan Year	April 1, 2026 – March 31, 2027
Website	www.mutualofomaha.com

Benefits Details	Employee
Basic Life Benefit Amount	$25,000
AD&D Benefit Amount	Same as Basic Life amount
Benefit Reduction Schedule	At age 65, benefit reduces to 65% and at age 70 reduces to 50%.
Your Cost per Paycheck	This plan is paid 100% by REEP Residential.

Don't Forget! Review your beneficiary information in Paycom or by contacting Human Resources.

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

Carrier	**Mutual of Omaha**
Plan Year	April 1, 2026 – March 31, 2027
Website	www.mutualofomaha.com

Benefits Details	Employee	Spouse	Child(ren)
Life Benefit Amount	Increments of $10,000	Increments of $10,000	$5,000
AD&D Benefit Amount	Same as Life amount	Same as Life amount	Same as Life amount
Benefit Reduction Schedule	At age 65, benefit reduces to 65% and at age 70 reduces to 50%	Based on the employee's age. At age 65, benefit reduces to 65% and at age 70 reduces to 50%.	Terminates at age 26.
Plan Maximum	5x annual salary up to $100,000	Up to $30,000 but cannot exceed 100% of employee's benefit amount	$10,000 Birth to 6 months: $1,000 but cannot exceed 100% of employee's benefit amount
Evidence of Insurability (EOI)	Guarantee Issue: 5xs salary up to $100,000 EOI required if electing any amount over the guaranteed issue. If approved, payroll deductions will begin at that time.	Guarantee Issue: $30,000 EOI required if electing any amount over the guaranteed issue. If approved, payroll deductions will begin at that time.	Guarantee Issue: $10,000

Your Cost per Paycheck is determined by the amount of coverage you elect and your age. This cost can be found in Paycom when you enroll.

Important! You must purchase voluntary life for yourself if you want to purchase voluntary life for your spouse and/or dependent children.

Don't Forget! Review your beneficiary information in Paycom or by contacting Human Resources.

Disability Insurance

Carrier	**Mutual of Omaha**
Policy Number	G000C72Y
Plan Year	April 1, 2026 – March 31, 2027

Benefit Details	Short-Term Disability (STD)	Long-Term Disability (LTD)
Benefits Begin (waiting period)	8th day accident / 8th day illness	91st day
Percentage of Income Replaced	60%	60%
Maximum Benefit Amount	$1,200 weekly	$6,000
Benefit Duration	13 Weeks	Reducing Benefit Duration to Social Security National Retirement Age
Pregnancy Limitation	6 weeks for normal delivery / 8 weeks for c-section (less the 7-day waiting period)	N/A
Own Occupation Period	N/A	2 years
Pre-Existing Limitation	N/A	12 months prior / 12 months insured
Additional Information	Benefit is taxable.	Benefit is non-taxable.
Your Cost per Paycheck	This plan is paid 100% by REEP Residential.	Rates available in Paycom.

Important! You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Employee Assistance Program (EAP)

Carrier	**BlueCross BlueShield provided thru ComPsych**
Eligible Members	Employees and all family members residing in their household
Services Provided	Confidential counseling and referral services designed to help with any personal, job or family related problems.
Number of Face-to-Face Visits	5
Phone Number	844-213-8968
Website	www.guidanceresources.com Web ID: BCBSTXEAP App: GuidanceNow
Your Cost per Paycheck	This plan is paid 100% by REEP Residential.

Employee Assistance Program (EAP)

Carrier	**Mutual of Omaha provided by Epoq Inc.**
Eligible Members	Employees and all family members residing in their household
Services Provided	Confidential counseling and referral services designed to help with any personal, job or family related problems.
Number of Face-to-Face Visits	3
Phone Number	1-800-316-2796
Website	www.mutualofomaha.com/eap
Your Cost per Paycheck	This plan is paid 100% by REEP Residential.

BlueCross BlueShield of Texas

Get to Know Your Employee Assistance Program

Find professional support when you need it for challenging life events.

ComPsych GuidanceResources is an Employee Assistance Program (EAP) included with your Blue Cross and Blue Shield of Texas (BCBSTX) plan. You and your family members can use EAP services — no copays or deductibles needed.

Reach Out

Don't be afraid to reach out for help. Your health records are kept private from your employer, as required by law.

- Call: **844-213-8968**
- Online: **guidanceresources.com**
- App: **GuidanceNow**
- Web ID: **BCBSTXEAP**

GuidanceResources®

Make a Positive Change

Connect with a therapist for confidential emotional support. A trained mental health professional can counsel you through concerns like:

- Sadness, worry and stress
- Alcohol or drug use
- Grief, loss and personal struggles
- Conflicts with people in your life

Your EAP includes 5 free therapy sessions per issue. Once you've used these free sessions, you can use your BCBSTX network benefits to keep seeing the same therapist in most cases.

Check off Your To-dos

Specialists can save you time by searching for local services so you don't have to. They can help find:

- Child care, elder care or pet care
- Movers or home repair services
- And much more

Have Your Legal Questions Answered

Talk to a lawyer for help with legal questions, including:

- Divorce, adoption and family law
- Wills and trusts
- Landlord/tenant issues

Get Help with Your Finances

Experts that include accountants and financial planners can help with a wide range of money matters. Call to discuss:

- Retirement planning or taxes
- Relocation, mortgages or insurance
- Budgeting, debt or bankruptcy

Access Online Tools 24/7

GuidanceResources Online is your link to information and support whenever you need it. Log on for:

- Articles, podcasts, videos and slideshows
- On-demand trainings
- "Ask the Expert" responses to your questions

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EMPLOYEE ASSISTANCE PROGRAM

Available Services When You Need Help the Most

REEP Management, LLC
C72Y

Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap
or call us: 1-800-316-2796

Enhanced EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	• An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments • Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters • Access to subject matter experts in the field of EAP service delivery
Counseling Options	• Three sessions per year (per household) conducted by face-to-face* counseling or telehealth (text, chat, phone or video) via a secure, HIPAA compliant portal

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions in a six-month period per person.

Continued on back.

Mutual of Omaha

Enhanced EAP Services *(continued)*

Features	Value to Company and Employees
Exclusive Provider Network	• National network of more than 10,000 licensed clinical providers for face-to-face counseling • National network of more than 30,000 licensed clinical providers for telehealth counseling • Network continually expanding to meet customer needs • Flexibility to meet individual client/member needs
Access	• 1-800 hotline with direct access to a Master's level EAP professional • 24/7/365 services available • Telephone support available in more than 120 languages • Online submission form available for EAP service requests • EAP professionals will help members develop a plan and identify resources to meet their individual needs
Employee Family Legal Services	• Valuable resources — legal libraries, tools and forms — available on EAP website • A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney • 25% discount for ongoing legal services for same issue
Employee Family Financial Services	• Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health • A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney
Employee Family Work/Life Services	• Child care resources and referrals • Elder care resources and referrals

Online Services	• An inclusive website with resources and links for additional assistance, including:
	  ◦ Current events and resources
	  ◦ Family and relationships
	  ◦ Emotional well-being
	  ◦ Financial wellness
	  ◦ Substance abuse and addiction
	  ◦ Legal assistance
	  ◦ Physical well-being
	  ◦ Work and career
	• Bilingual article library

Employee Communication	• All materials available in English and Spanish
Eligibility	• Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	• EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Travel Assist

Carrier	Mutual of Omaha provided thru AXA
Policy Number	G000C72Y
Eligible Members	Employees and family members residing in their household
Services Provided	Helps you cope with emergencies when you travel more than 100 miles from home or internationally.
Phone Number	U.S.: 1-800-856-9947 Internationally: (312) 935-3658
Your Cost per Paycheck	This plan is paid 100% by REEP Residential.

Will Preparation

Carrier	Mutual of Omaha provided thru Epoq
Eligible Members	G000C72Y
	Employees and family members residing in their household
Services Provided	Helps with preparation of wills and other legal documents
Website	www.willpreservices.com Code: MUTUALWILLS
Your Cost per Paycheck	This plan is paid 100% by REEP Residential.

Mutual Solutions

Worldwide Travel Assistance That Travels With You

Take comfort in knowing that Travel Assistance* travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

Enjoy Your Trip – We'll Be There If You Need Us – 24/7

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

Pre-trip Assistance**

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

Emergency Travel Support Services

- Telephonic translation and interpreter services – 24/7 access to telephone translation services
- Locating legal services – referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- Baggage – assistance with lost, stolen or delayed baggage while traveling on a common carrier
- Emergency payment and cash – assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- Emergency messages – assistance with recording and retrieving messages between you, your family and/or business associates at any time
- Document replacement – coordination of credit card, airline ticket or other documentation replacement
- Vehicle return – if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company

*Brought to you by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Services provided by AXA Assistance USA (AXA)
**Available at any time, not subject to 100 mile travel radius

452632

Mutual of Omaha

WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the U.S. call toll free:
1-800-856-9947

Outside the U.S. call collect:
(312) 935-3658

WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

For inquiries within the U.S. call toll free:
1-800-856-9947

Outside the U.S. call collect:
(312) 935-3658

Medical Assistance

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

Identity Theft

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

Education and Prevention

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

Recovery Information

- Information regarding the steps to recover from credit card and check fraud
- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

Assistance

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.

Travel Assistance Plan Limitations

AXA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- A single trip lasts more than 120 days in length
- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)

There is a maximum benefit amount per person associated with emergency evacuation, medical repatriation and/or return of mortal remains.

All additional costs would be the responsibility of the member. This includes medical costs which are the responsibility of the person receiving medical services. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. No reimbursement claims for out-of-pocket expenses will be accepted.

Carry this card with you when you travel

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA.

Carry this card with you when you travel

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Services provided by AXA Assistance

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Mutual Solutions

Will Preparation Services

Services provided by Epoq, Inc.

Create your will at
www.willprepservices.com
and use the code MUTUALWILLS
to register

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.

Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).

Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

Epoq provides the following FREE documents:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

Here's how it works:

- Log on to www.willprepservices.com and use the code MUTUALWILLS to register
- Answer the simple questions and watch the customization of your document happen in real time
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding — Check with your state for requirements

Mutual of Omaha

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United of Omaha Life Insurance Company
A Mutual of Omaha Company

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Important Notices

Women's Health & Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician, for:

1) All stages of reconstruction of the breast on which the mastectomy was performed;
2) Surgery and reconstruction of the other breast to produce a symmetrical appearance:
3) Prostheses; and
4) Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to the other medical and surgical benefits provided under this plan. For more information, contact Human Resources.

Newborn's and Mother's Health Protection Act (Newborn Act)

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

Important Notices

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

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

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

If it is determined that you or your dependents are eligible for premium assistance subsidy under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**.

You may be eligible for assistance paying your employer health plan premiums. You should contact your state for further information on eligibility.

TEXAS
www.gethipptexas.com
800-440-0493

For more information on special enrollment rights, you can contact either:

U.S. Department of Labor

U.S. Department of Health and Human Services

Employee Benefits Security Administration

Centers for Medicare & Medicaid Services
www.dol.gov/ebsa

www.cms.gov
866-444-EBSA (3272)

877-267-2323, Ext. 61565

IMPORTANT: If your child gains coverage through CHIP after open enrollment, you are not allowed to drop coverage for your child on the group plan. Gaining coverage is NOT a qualified change in status. If your child loses CHIP coverage during the year, they are able to come on to the group plan within 30 days of the last day of coverage.

Important Notices
Who is Eligible for CHIP/Children's Medicaid?

Texas families with uninsured children may be eligible for health insurance through Children's Medicaid and the Children's Health Insurance Program (CHIP). Both programs offer healthcare benefits, including regular check-ups and dental care. You can apply online at www.chipmedicaid.org, or by phone 800-647-6558. If you qualify for CHIP, you may be subject to a yearly enrollment fee of $0, $35 or $50 based on your monthly income.
CHIP and Children's Medicaid both offer a lot of benefits:

- choice of doctors, regular checkups and office visits
- dentist visits, cleanings and fillings
- prescription drugs and vaccines
- access to medical specialists and mental health care
- hospital care and services
- medical supplies, x-rays and lab tests
- treatment of special health needs
- treatment of pre-existing conditions

A child must be 18 or younger, a Texas resident and a U.S. citizen or legal permanent resident.

Any adult who lives more than half the time with an uninsured child may apply. This includes: parents, step-parents, grandparents, other relatives, legal guardians or adult brothers or sisters.
Income Guidelines must be met to be eligible:

Family Members (Adults plus children)	MEDICAID Monthly Family Income*	CHIP Monthly Family Income*
1**	$1,735	$2,622
2	$2,345	$3,543
3	$2,954	$4,464
4	$3,564	$5,386
5	$4,173	$6,307
6	$4,783	$7,228
7	$5,393	$8,149
8	$6,002	$9,071
For each additional person, add:	$610	$922

* Income is money you paid before taxes are taken out. Subject to change monthly.
** A family of one might be a child who does not live with a parent.

Important Notice

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?
When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "**balance billing**." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:
Emergency services
If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact your health insurance carrier.

Visit https://www.cms.gov/nosurprises/Policies-and-Resources/Overview-of-rules-fact-sheets for more information about your rights under federal law. Visit https://www.tdi.texas.gov/medical-billing/index.html for more information about your rights under Texas law.

Important Notices

CREDITABLE COVERAGE NOTICE Regarding Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with REEP Residential and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. REEP Residential has determined that the prescription drug coverage offered by BlueCross BlueShield is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current REEP Residential coverage will not coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under REEP Residential's plan will end for the individual and all covered dependents.

If you do decide to join a Medicare drug plan and drop your current REEP Residential coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with REEP Residential and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact: Mellissa Barajas
Phone: 210-542-1786

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through REEP Residential changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

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

Important Notices

Special Enrollment Notice from REEP Residential

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

Marriage, Birth, or Adoption

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

Example: When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP
If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired by us, your children received health coverage under CHIP and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

For More Information or Assistance
To request special enrollment or obtain more information, please contact:

REEP Residential
Mellissa Barajas
7410 Blanco Rd. Suite 250
San Antonio, TX 78216

Questions & Answers

Enrollments & Changes That Can Be Made Effective April 1, 2026:

- Enroll or terminate individual and/or dependent coverage in the Medical, Dental, Vision, Voluntary Life, Short-Term Disability, and Long-Term Disability.
- Make changes to plans you are currently enrolled in.

How Do I Enroll?

- Employee benefit plan enrollment is now done in Paycom through the Benefits tab in the menus of eSELFSERVE.
- Within your eSELFSERVE profile, you should also have access to a link for a short video explaining the basics of the enrollment process.
- If you need assistance with this process, please reach out to Mellissa Barajas at mellissa@reepresidential.com or 210-542-1786.

Who Do I Contact With Questions?

- Contact Human Resources, Melissa Barajas at mellissa@reepresidential.com or 210-542-1786.
- Contact HUB International, Inc.

Contact List

Name / Organization	Phone	Email / Website
Tina Burger – HUB International, Inc.	210-298-7165	Tina.burger@hubinternational.com
BlueCross BlueShield Customer Service	800-521-2227	www.bcbstx.com
BlueCross BlueShield Nurse Line	800-581-0393	www.bcbstx.com
UnitedHealthcare Dental Customer Service	800-445-9090	www.myuhcdental.com
UnitedHealthcare Vision Customer Service	800-638-3120	www.myuhcvision.com
Mutual of Omaha Customer Service	800-228-7104	www.mutualofomaha.com
iSOLVED Health Savings Account (HSA)		www.isolvedbenefitsolutions.com
BlueCross BlueShield EAP	844-21-8968	www.guidanceresources.com Web ID: BCBSTXEAP
Mutual of Omaha EAP	800-316-2796	www.mutualofomaha.com/eap
Mutual of Omaha Travel Assistance	U.S.: 1-800-856-9947 Internationally: 312-935-3658	
Mutual of Omaha Will Prep		www.willprepservices.com Code: MUTUALWILLS

Glossary of Terms

This glossary has many commonly used terms, but it is not a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs.

Co-insurance - Your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. You pay co-insurance plus any deductibles you owe.

Co-payment - A fixed amount you pay for a covered service, usually due when you receive the service. The amount can vary by the type of covered service.

Deductible - The amount you owe for services your plan covers before your plan begins to pay. The deductible may not apply to all services.

In-network Co-insurance - The percent you pay of the allowed amount for covered services to providers who contract with your insurer or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

In-network Co-payment - A fixed amount you pay for covered services to providers who contract with your insurer or plan. In-network co-payments usually are less than out-of-network co-payments.

Network - The facilities, providers and suppliers your insurer or plan has contracted with to provide services.

Non-Preferred Provider - A provider who doesn't have a contract with your insurer or plan to provide services to you. You'll pay more to see a non-preferred provider.

Out-of-network Co-insurance - The percent you pay of the allowed amount for covered services to providers who do not contract with your insurer or plan. Out-of- network co-insurance usually costs you more than in-network co-insurance.

Out-of-network Co-payment - A fixed amount you pay for covered services from providers who do not contract with your insurer or plan. Out-of-network copayments usually are more than in-network co-payments.

Out-of-Pocket Maximum - The most you pay during a policy period before your plan begins to pay 100% of the allowed amount. Some plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Preauthorization - A decision by your insurer or plan that a service, treatment plan, prescription drug or durable medical equipment is medically necessary; sometimes called prior authorization, prior approval or precertification. Your insurer or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider - A provider who has a contract with your insurer or plan to provide services to you at a discount.

Primary Care Physician - A physician who directly provides or coordinates a range of health care services for a patient.

UCR (Usual, Customary and Reasonable) - The amount paid for a service in a geographic area based on what providers in the area usually charge for the same or similar service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care - Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Notes

The information in the enrollment guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your guide, contact the Human Resources Department.

HUB