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This guide contains summaries of all benefits offered to help you make informed decisions about your coverage. For assistance, contact our Benefits Department at 407-996-1706 or benefits@rosenhoteles.com.

Summary of Benefits and Coverage (SBC)

As an associate, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Choosing health coverage is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. Please refer to pages 8-12.



CONTACT INFORMATION

| CARRIER | DESCRIPTION | PHONE | WEBSITE |
|--|---|--------------------------------------|--|
| MEDICAL/PHARMACY/DENTAL/VISION | | | |
| WEBTPA | Rosen Hotels & Resorts Group Health Plan Customer Service | 855-479-6453 | www.webtpa.com |
| EHIM | Pharmacy Benefits Administrator | 800-311-3446 | |
| OPTUMRX | Prescription Mail Order Program | 800-788-4863 | www.optumrx.com |
| DELTA DENTAL | Group Dental Plan | HMO 800-422-4234 PPO 800-521-2651 | www.deltadentalins.com |
| VSP | Vision Plan | 800-877-7195 | www.vsp.com |
| ROSEN MEDICAL CENTER | Associate & Dependent Primary Care | 407-996-4554 | https://rosenmedicalportalforpatients.com |
| APEX HEALTH | 24 Hour Virtual Care for Medical Concerns & Emergencies | 855-245-8395 | |
| RETIREMENT SERVICES | | | |
| EMPOWER | 401(k) Plan Administrator | 844-465-4455 | www.empowermyretirement.com |
| UBS | 401(k) Plan Investment Advisor | 407-362-5516 | |
| EMPLOYEE ASSISTANCE PROGRAM | | | |
| GUIDANCE RESOURCES | Employee Assistance Program (EAP) | 888-355-6216 | www.guidanceresources <i>Web ID: Rosen</i> |
| SUPPLEMENTAL INSURANCE | | | |
| ALLSTATE BENEFITS | Cancer, Hospital, Critical Illness, Accident Policies | 800-521-3535 | www.allstateatwork.com/mybenefits |
| COLONIAL LIFE | Supplemental Insurance | 800-325-4368 | www.coloniallife.com |
| LEGAL SHIELD | Legal Plan and Identity Theft Protection | 407-719-4897 | www.legalshield.com |
| LINCOLN FINANCIAL | Disability and Life Insurance | 800-423-2765 | www.lfg.com |
| PET PARTNERS | Pet Insurance | 800-956-2495 | www. https://portal.independenceamerican.com/login |
| WORKERS' COMPENSATION | | | |
| SUMMIT CLAIMS | Worker's Compensation Carrier | 800-282-7644 | |
| VISIT THE BENEFITS SECTION IN YOUR INFOR APP OR OUR MOBILE-FRIENDLY WEBSITE FOR EASY ACCESS TO BENEFIT SUMMARIES AND THE 2026 BENEFITS GUIDE. SAVE THE LINK: HTTPS://PREPAREBENEFITS.LIVE/ROSEN | | | |

Group Health Plan



www.webtpa.com



www.orlandohealth.com/mychart



www.deltadental.com



www.vsp.com



www.allstatebenefits.com

GuidanceResources® Employee Assistance Program



www.guidanceresources.com
Access Code: Rosen



www.empower.com



www.lincolffinancial.com

| | |
|-------------------------|---|
| WebTPA | Health plan information, find network providers, ID cards and more |
| Infor | View schedule, timesheet and submit time off requests |
| Orlando Health MyChart | Manage appointments, access test results, request prescription refills and pay bills |
| Delta Dental | Dental insurance information, find a dentist and more |
| VSP | Vision care information, annual vision test, contact lenses or eyeglasses |
| Allstate Benefits | Online access to coverage information, claims and more |
| GuidanceResources® | Behavioral health, counseling sessions, financial counseling, discounted legal referrals. |
| Empower | 401(k) retirement plan |
| Lincoln Financial Group | Disability and life insurance |



Join our Associate Group (RosenAssociates) to learn about company news and more.
www.facebook.com/groups/RosenAssociates



Useful Apps & Websites



Group Health Plan



www.webtpa.com



www.orlandohealth.com/mychart



www.deltadental.com



www.vsp.com



www.allstatebenefits.com

GuidanceResources® Employee Assistance Program



www.guidanceresources.com
Access Code: Rosen



www.empower.com



www.lincolnfinancial.com

| | |
|-------------------------|--|
| WebTPA | Health plan information, find network providers, ID cards and more |
| Infor | View schedule, timesheet and submit time off requests |
| Orlando Health MyChart | Manage appointments, access test results, request prescription refills and pay bills |
| Delta Dental | Dental insurance information, find a dentist and more |
| VSP | Vision care information, annual vision test, contact lenses or eyeglasses |
| Allstate Benefits | Online access to coverage information, claims and more |
| GuidanceResources® | Behavioral health, counseling sessions, financial counseling, discounted legal referrals |
| Empower | 401(k) retirement plan |
| Lincoln Financial Group | Disability and life insurance |



Join our Associate Group (RosenAssociates) to learn about company news and more.
www.facebook.com/groups/RosenAssociates



Useful Apps & Websites



INTRODUCTION

Our team of Rosen associates takes care of our guests and ensures they receive the highest level of service in the industry. The Rosen Hotels & Resorts Group Health Plan and benefits package is our way of taking care of our Rosen family of associates. This booklet will provide you with a summary of all the benefits available to meet your health, wellness, financial and work-life needs including documents provided by our benefit partners.

GENERAL INFORMATION

GROUP HEALTH PLAN COVERAGE ELIGIBILITY

Rosen Hotels & Resorts offers a comprehensive group health plan to full-time associates who have been employed for 30 consecutive days or more. Coverage is effective the first of the month following, or coinciding with, completion of the 30-day waiting period. Associates may be classified as benefit-eligible after an initial 12-month service period if they have worked an average of at least 30 hours per week within the first year of employment in alignment with the Affordable Care Act guidelines.

AVERAGE HOURS AND ANNUAL MEASUREMENT PERIOD

Each year, associates' average hours are calculated over the course of 52 weeks to determine full-time status and eligibility for benefits. This 52-week measurement period occurs from the second Friday of September and continues until the following year before Open Enrollment begins. Average hours during the measurement period will determine eligibility for the following year. An average of less than 30 hours per week results in termination of health insurance coverage at the end of the current calendar year.

DEPENDENT ELIGIBILITY

You can elect coverage for yourself and any eligible dependents. Dependents eligible for coverage include:

- Legally married spouse
- Children up to age 26

Please refer to the Rosen Hotels & Resorts Plan Document and Summary Plan Description for specific details on eligible classes of dependents.

CHANGES TO YOUR INSURANCE COVERAGE

Changes cannot be made to your pre-tax coverage options at any time other than during the Open Enrollment period unless you experience a "Qualified Family Status Change" as defined by IRS Section 125:

- Marriage
- Divorce or legal separation
- Birth or adoption of a dependent child
- Your spouse has a change of employment status affecting benefits coverage
- Change of employment status
- Involuntary loss of other group benefits coverage
- Within 60 days of change relative to Medicaid or CHIP eligibility
- Change of residence in or out of the network service area

Changes must be made within 31 days of the life event, otherwise your next opportunity to make changes will be the next Open Enrollment period unless you experience another qualifying event during the plan year.

Contact the Benefits Team within the Human Resources Department to find out what documentation is required to make coverage changes after a qualifying life event.

For additional information about a specific plan, please view policy information in the Benefits section of Infor or contact the insurance company directly using their toll-free customer service number. For further assistance you may contact the Benefits Department at benefits@rosenhoteles.com or 407-996-1706.

COBRA CONTINUATION OF COVERAGE

Health, Dental, Vision and EAP are available for COBRA continuation of coverage in the case of a qualifying event. For more information, view the General Notice of COBRA Continuation Coverage Rights on page 60.

This benefit guide is intended to highlight or summarize the benefit plans Rosen Hotels & Resorts offers. It is not a summary plan description.

BENEFITS FREQUENTLY ASKED QUESTIONS

How do I verify what benefits I have?

Verify your coverage anytime in the “Current Benefits” section of Infor.

HEALTH PLAN

Who can help me with questions about my health benefits and copays? The WebTPA customer service team will be your main point of contact for questions about your health plan coverage. Call WebTPA at 855-479-6453

Where do I go for primary care? The Rosen Medical Center is the primary care provider for our health plan members 15 years of age and older. Children under the age of 15 will visit an in-network pediatrician. To find a pediatrician, search the network at www.webtpa.com or call WebTPA customer service.

What is our plan called and what is the name of our network? Use the name Evolutions (as in Evolutions Healthcare Systems) when referring to your plan and network. The official plan name is the Rosen Hotels & Resorts Group Health Plan.

How do I view the network of providers? Visit www.webtpa.com and create your member profile or call 855-479-6453. Click on “Find a Provider.” Please note that AdventHealth providers and facilities are not in our Evolutions network.

What if I need help after hours? Rosen Group Health Plan members have 24-hour access to a board-certified medical provider for free. Call Apex Health at 855-245-8395.

DENTAL PLAN

How do I find a dentist? Visit www.deltadentalins.com. If you have the DHMO plan, click on “Find a Dentist” then select DeltaCare USA as the plan network. If you have the PPO plan, select Delta Dental as the plan network. You may also call Delta Dental for assistance.

I have found a dentist. What should I do next? If you have the DHMO you must register the dentist through Delta Dental online or by phone. Registration is not required for the PPO.

Can I change my dentist? Yes, follow the steps above. If you have the DHMO plan, you must be assigned to the new dentist through Delta Dental before your first visit. Call 800-422-4234 to change your dentist or create your profile online at www.deltadentalins.com.

401(K)

How do I change my weekly contribution? You can make changes as often as you like throughout the year at www.empowermyretirement.com, use the mobile app, or call Empower customer service at 844-465-4455.

Does Rosen Hotels & Resorts match my contribution? Rosen Hotels & Resorts will match 50% of your contribution, up to the first 6% of your compensation. The company match can change at any point at the company’s discretion.

Can I make contributions to both the Roth and pre-tax 401(k) option? Yes. You do not have to choose just one 401(k) option. You can choose a percentage of your earnings to contribute to both the Roth and pre-tax 401(k) options.

MENTAL HEALTH

How do I access mental health services? Free counseling is available to all associates and household family members with the Guidance Resources employee Assistance Program. Call 888-355-6216 anytime, day or night, for assistance. The Next Step Counseling Center provides on-site services at the Rosen Medical Center via the Employee Assistance Program. Mental health services are also available via specialist referral for group health plan members.

LINCOLN SUPPLEMENTAL BENEFITS (DISABILITY, LIFE INSURANCE)

How do I file a disability claim? File online at www.lincolffinancial.com and use company code RRESORTS or call the Lincoln Financial Group customer service department at 800-423-2765. Please refer to page 30-35 for a policy summary.


ALLSTATE BENEFITS

How can I learn more about filing my claim with Allstate? Page 29 contains information and instructions for filing your claim. Access your account and file your claims online at www.allstateatwork.com/mybenefits


VISION

How do I find a provider? Visit the website at www.vsp.com, use the VSP mobile app, or call 800-877-7195.

Do I need an ID card to visit a provider? ID cards are not required for service and are not provided by VSP. Please inform your provider’s office that you have coverage with VSP and they will verify your benefits.

 The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call (407) 996-1706. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary in Self-Service <https://tinyurl.com/RosenPRD> or call (407) 996-1706 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|--|
| What is the overall <u>deductible</u> ? | \$ 0 | See the Common Medical Events chart below for your costs for services this plan covers. |
| Are there services covered before you meet your <u>deductible</u> ? | Yes. <u>Preventive care</u> and primary care services are covered before you meet your <u>deductible</u> . | This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other <u>deductibles</u> for specific services? | No | You don't have to meet deductibles for specific services. |
| What is the <u>out-of-pocket limit</u> for this <u>plan</u> ? | \$8,550 individual / \$17,100 family | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| What is not included in the <u>out-of-pocket limit</u> ? | Premiums, health care this plan doesn't cover, balance-billing charges, or any out-of-network charges | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> . |
| Will you pay less if you use a <u>network provider</u> ? | Yes. See www.webtpa.com or call 855-479-6453 for a list of <u>network providers</u> . | This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an out-of-network <u>provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |
| Do you need a <u>referral</u> to see a <u>specialist</u> ? | Yes. | This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> . |

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|--|--|--|---|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | \$5 copay /visit | Not covered | Primary care (PCP) must be rendered at Rosen Medical Center (RMC) for members aged 15+, with a few exceptions. |
| | Specialist visit | \$20 copay /visit | Not covered | None |
| | Preventive care/screening/immunization | No charge | Not covered | None You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. |
| If you have a test | Diagnostic test (x-ray, blood work) | No charge | Not covered | None |
| | Imaging (CT/PET scans, MRIs) | CT scan - \$10 copay /test MRI/PET - \$25 copay /test | Not covered | Preauthorization is required for PET scans. Failure to obtain preauthorization can result in a denial of payment. |
| If you need drugs to treat your illness or condition More information about prescription drug coverage is available at 1-800-311-3446. | Generic drugs (Tier 1) | \$10 copay /prescription No copay at Walmart or Sam's Club | | Covers up to a 90-day supply (retail and mail order prescriptions). Certain medications covered in limited quantities as outlined on page 5 of the Prescription Drug Program Summary of Benefits. |
| | Preferred brand drugs (Tier 2) | \$15 copay /prescription \$13 at Walmart or Sam's Club | | |
| | Non-preferred brand drugs (Tier 3) | \$30 copay /prescription \$25 at Walmart or Sam's Club | | |
| | Specialty drugs | \$30 copay | | |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | \$100 copay | Not covered | None |
| | Physician/surgeon fees | No charge | Not covered | None |

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|--|--|--|---|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you need immediate medical attention | Emergency room care | \$75 copay /visit | \$75 copay /visit | None |
| | Emergency medical transportation | No charge | No charge | None |
| | Urgent care | \$35 copay /visit | Not covered | In-network options include Guide Well Emergency Doctors, Night Lite Pediatrics, and CareSpot |
| If you have a hospital stay | Facility fee (e.g., hospital room) | \$750 copay /admission | \$1,000 copay /admission | Total inpatient copays per calendar year will not exceed: \$1,500 for individual coverage and \$3,000 for family coverage. |
| | Physician/surgeon fees | No charge | Not covered | None |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | \$20 copay /visit | Not covered | None |
| | Inpatient services | \$750 copay /admission | Not covered | Total inpatient copays per calendar year will not exceed: \$1,500 for individual coverage and \$3,000 for family coverage. |
| If you are pregnant | Office visits | \$20 copay /visit | Not covered | None |
| | Childbirth/delivery professional services | No charge | Not covered | Preauthorization must be obtained for an out of network hospital. Failure to obtain preauthorization can result in a denial of payment. |
| | Childbirth/delivery facility services | \$750 copay /admission | \$1,000 copay /admission | |
| If you need help recovering or have other special health needs | Home health care | No charge | Not covered | 100 visit limit or 400 hour calendar year max Preauthorization is required. |
| | Rehabilitation services | No charge | Not covered | 60 days maximum per treatment plan |
| | Habilitation services | No charge | Not covered | 60 days maximum per treatment plan |
| | Skilled nursing care | No charge | Not covered | 90 day calendar year maximum. Preauthorization is required. |
| | Durable medical equipment | No charge | Not covered | Precertification required if over \$1,000 |
| | Hospice services | No charge | Not covered | Preauthorization is required. |
| If your child needs dental or eye care | Children's eye exam | Not covered | Not covered | Not covered; coverage purchased under separate program. |
| | Children's glasses | Not covered | Not covered | |
| | Children's dental check-up | Not covered | Not covered | |

[* For more information about limitations and exceptions, see the plan or policy document Self-Service <https://tinyurl.com/RosenPRD>]

Excluded Services & Other Covered Services:

| Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .) | | | |
|---|--|----------------------------|--|
| • Acupuncture | • Infertility treatment | • Private-duty nursing | |
| • Cosmetic surgery | • Long-term care | • Routine eye care (Adult) | |
| • Dental care (Adult) | • Non-emergency care when traveling outside the U.S. | • Routine foot care | |
| • Hearing aids | | | |
| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document .) | | | |
| • Bariatric surgery | • Chiropractic care | • Weight loss programs | |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: WebTPA

Attn: Claims
P.O. Box 99906
Grapevine, TX 76099-9706
855-479-6453

Does this plan provide Minimum Essential Coverage? Yes.
[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes.
If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 855-479-6453.

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 855-479-6453.

[Chinese (中文): 如果需要中文的帮助，请拨打这个号码 855-479-6453.

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 855-479-6453.

_____To see *examples of how this plan might cover costs for a sample medical situation*, see the *next section*.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's overall deductible](#) \$0
- [Specialist copayment](#) \$20
- [Hospital copayment](#) \$750
- [Other copayment](#) \$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

| | |
|---------------------------|-----------------|
| Total Example Cost | \$11,840 |
|---------------------------|-----------------|

In this example, Peg would pay:

| Cost Sharing | |
|-----------------------------------|--------------|
| Deductibles | \$0 |
| Copayments | \$800 |
| Coinsurance | \$0 |
| What isn't covered | |
| Limits or exclusions | \$60 |
| The total Peg would pay is | \$860 |

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's overall deductible](#) \$0
- [Specialist copayment](#) \$20
- [Hospital \(facility\) copayment](#) \$750
- [Other copayment](#) \$0

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

| | |
|---------------------------|----------------|
| Total Example Cost | \$5,380 |
|---------------------------|----------------|

In this example, Joe would pay:

| Cost Sharing | |
|-----------------------------------|--------------|
| Deductibles | \$0 |
| Copayments | \$220 |
| Coinsurance | \$0 |
| What isn't covered | |
| Limits or exclusions | \$60 |
| The total Joe would pay is | \$280 |

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's overall deductible](#) \$0
- [Specialist copayment](#) \$20
- [Hospital \(facility\) copayment](#) \$750
- [Other copayment](#) \$0

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

| | |
|---------------------------|----------------|
| Total Example Cost | \$2,700 |
|---------------------------|----------------|

In this example, Mia would pay:

| Cost Sharing | |
|-----------------------------------|--------------|
| Deductibles | \$0 |
| Copayments | \$100 |
| Coinsurance | \$0 |
| What isn't covered | |
| Limits or exclusions | \$0 |
| The total Mia would pay is | \$100 |

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

WEBTPA IS YOUR BENEFITS ADMINISTRATOR

WebTPA administers all claims for the Rosen Hotels & Resorts Group Health Plan.

What this means for you. A customized experience. WebTPA offers high-touch customer service to provide assistance to members when you need it most. Log on to www.webtpa.com to manage your benefit information and claims. You may also contact the WebTPA Customer Service team at 855-479-3453.

Pharmacy Benefit Manager (PBM). EHIM serves as your PBM. To find an in-network pharmacy and learn more about your pharmacy benefits, call 800-311-3446.

Member Portal. Members can access information about their plan benefits and claim information at webtpa.com. This secure site keeps member information safe and ensures strict HIPAA-compliant confidentiality. The member portal provides self-service tools designed to save you time.

- View eligibility information for subscribers and dependents
- View, print or order an ID card
- View claim status and history
- View your Explanation of Benefits
- Search for a provider near you
- Download plan-specific forms and documents
- Communicate with Customer Service

Logging on to www.webtpa.com

- Go to www.webtpa.com.
- Click Member Log In.
- Click Register Now. Read the License Agreement and click Agree.
- Enter your date of birth, zip code, and member ID.
- Create a username and password of your choice (password must be at least 8 alphanumeric characters) and enter three security questions and answers.
- Confirm your information and start enjoying the benefits of your new secure online account immediately!

Download the WebTPA mobile app to use your mobile ID card and access your claims.





W 855-245-8395

Available 24/7

Rosen Hotels & Resorts Group Health Plan now provides comprehensive telehealth care with **APEX Health**. Get virtual care and guidance from board-certified medical providers as an extension of primary care, all at **NO COST** to you.



65 % of ER Visits are **avoidable**

Source UnitedHealth Group Report

Get medical treatment or advice after hours.

Avoid ER completely.

Save time and money.

Speak to a trained provider within minutes



SCAN ME



APEX Health is there when:

- ✓ You need medical treatment or advice after hours.
- ✓ You're seeking answers to questions about medication or treatment.
- ✓ You're seeking help after surgery or hospitalization. If you have after-hours questions or concerns, call APEX Health. **We are available 24 hours a day every day.**
- ✓ You check into the ER or hospital. APEX Health will proactively check in to help you recover faster.

Who is eligible?

You and every family member covered under your benefit plan.

Do I need to take action before my first call?

No. First-time callers can contact us immediately.

Do I need to inform my Primary Care Doctor about my APEX Health visit?

No worries, APEX Health will notify your primary care doctor.

Do I need to send my medical records to Apex Health?

No, our Team will proactively request medical records directly.

DENTAL PLAN COMPARISON



| | DELTACARE – DHMO | Delta Dental PPO | |
|--|--|---|--|
| | In-Network Only | In-Network** | Out-of-Network** |
| | | | |
| Annual Maximum <i>(Including diagnostic and preventative)</i> | No Annual Maximum | \$1,000 | \$1,000 |
| Office Visit Co-pay | \$5.00 (each visit) | None | None |
| Deductible * | No Deductible | \$50.00/individual \$150.00/family | \$100.00/individual \$300.00/family |
| Dentist Network | You select a primary dentist from the list of DeltaCare USA dental facilities and <u>you must visit this dentist in order to receive benefits</u> . This dentist will refer you to a specialist when necessary. | Freedom to choose any licensed dentist No referral required for specialty care | |
| Changing your dentist | Change your selected or assigned dentist online or by telephone by the 15 th of the month. | Change your dentist at any time without contacting Delta Dental. | |
| AMOUNT YOU PAY | | | |
| Preventative Services | | | |
| Routine Cleanings | No Cost | 0% | 0% |
| Fluoride Treatments | No Cost | 0% | 0% |
| Sealants – limited to permanent molars through age 15 | \$10.00 | 0% | 0% |
| Basic Services | | | |
| Oral Surgery | \$0 - \$130.00 | 20% | 20% |
| Fillings | \$0 - \$350.00 | 20% | 20% |
| Periodontics | \$40.00 - \$55.00 / Quadrant | 20% | 20% |
| Root Canal | \$110.00 - \$350.00 | 20% | 20% |
| Major Services | | | |
| Crowns | \$160.00- \$380.00 (includes lab fee) | 50% | 50% |
| Orthodontic Services | | | |
| Adults | \$2,100.00 | No Coverage | |
| Dependent Children (to age 19) | \$1,900.00 | 50% (\$1,000 lifetime max) | 40% (\$500 lifetime max) |

Definitions of Terms

| | |
|--------------------------|---|
| Annual Deductible | The amount you owe for services before your plan begins to pay. |
| Annual Maximum | The maximum dollar amount the plan will pay toward the cost of care in a calendar year. You are responsible for paying costs above the annual maximum |

* Deductible does not apply to Diagnostic and Preventive Services. ** Reimbursement is based on PPO contracted fees for all dentists.



Easy access to your information

- Download the mobile app
- Access your coverage online at www.deltadentalins.com

Your Smile, Your Choice

Delta Dental PPOSM & DeltaCare[®] USA



Your company lets you choose between two dental plans from Delta Dental. Either way, you'll get reliable dentist networks and affordable preventive care. Your options are:

Delta Dental PPO¹

This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a Delta Dental PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

DeltaCare USA

Under this HMO-type plan, you'll have your choice of skilled primary care dentists from the DeltaCare USA network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist.² Covered services provided by your DeltaCare USA dentist have preset copayments (dollar amounts), which are listed in your plan booklet. There are no maximums or deductibles.³

Turn the page for more details to help you choose the best plan for your needs.

¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

² In WY, you do not need to select a primary care dentist, but you must visit a network dentist to receive benefits. In the following states, you can maximize your savings when you visit a network dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

³ Refer to your plan booklet for more information about covered services, deductibles and maximums.



We keep you smiling[®]
deltadentalins.com/enrollees

Compare Plan Features

| | Delta Dental PPO | DeltaCare USA |
|---|--|---|
| Can I go to any dentist? | You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist. | You must select a DeltaCare USA primary care dentist and visit this dentist to receive benefits. ² |
| What procedures are covered? | Your plan covers a wide range of services, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, is offered at low or no cost. | Your plan covers over 300 procedures, with no exclusions for most pre-existing conditions. Preventive care, like routine cleanings and exams, has low or no copayments. |
| Are there deductibles and maximums? | Yes, most plans have an annual deductible and maximum. | No, there are no annual deductibles or maximums. ⁴ |
| Am I covered for treatment I began under a different employer-sponsored dental plan? | Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule. | Coverage is provided only for treatment started and completed after your effective date. ⁵ Orthodontic treatment may be an exception to this rule. |
| What if I started orthodontic treatment under my previous dental plan? | Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan. | You are responsible for the copayments and fees subject to the provisions of your prior dental plan. |
| What happens if I need to see a specialist? | You do not need a referral from your dentist. | Contact your DeltaCare USA primary care dentist to coordinate your referral. ⁶ |
| What is my out-of-area coverage? | You can visit any licensed dentist. | You have a limited benefit to go out of network for emergency care. |
| How do I change my dentist? | You can change your dentist at any time without contacting us. | You can change your selected or assigned primary care dentist online or by telephone. ⁷ |
| Do I need to fill out claims? | If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a non-Delta Dental dentist, you may have to submit the claim yourself. | There are generally no claim forms under your plan. ⁸ |

⁴ In AK, CT, ND and SD, you have an out-of-network calendar year maximum of \$500 when you visit an out-of-network dentist.

⁵ Except in Texas; please refer to your plan booklet for details.

⁶ Most services not performed by your primary care dentist must be authorized by Delta Dental. In some states, specialty care benefits are only available for services performed by an in-network specialist. Refer to your plan booklet for details.

⁷ In the following states, you can change your dentist any time without contacting Delta Dental: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

⁸ You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment or in the following states: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT.

PRODUCT ADMINISTRATION

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Delta Dental PPO is underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV and UT and by not-for-profit dental service companies in these states: CA — Delta Dental of California; PA, MD — Delta Dental of Pennsylvania; NY — Delta Dental of New York, Inc.; DE — Delta Dental of Delaware, Inc.; WV — Delta Dental of West Virginia, Inc. In Texas, Delta Dental Insurance Company provides a Dental Provider Organization (DPO) plan.

Keep Smiling

Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

DELTA DENTAL PPO PLAN SUMMARY

Plan Benefit Highlights for: Rosen Hotels & Resorts

Group No: 18950

Effective Date: 1/1/2022

| | | | | |
|--|---|------------------------|------------------------|----------------------|
| Eligibility | For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer). | | | |
| Deductibles | Delta Dental PPO dentists: \$50 per person / \$150 per family each calendar year Non-Delta Dental PPO dentists: \$100 per person / \$300 per family each calendar year | | | |
| Deductibles waived for Diagnostic and Preventive (D & P) and Orthodontics? | Yes | | | |
| Maximums | \$1,000 per person each calendar year | | | |
| D & P counts toward maximum? | Yes | | | |
| Waiting Period(s) | Basic Services None | Major Services None | Prosthodontics None | Orthodontics None |

| Benefits and Covered Services* | Delta Dental PPO dentists** | Non-Delta Dental PPO dentists** |
|--|------------------------------------|--|
| Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants | 100 % | 100 % |
| Basic Services Fillings and denture repairs/reline | 80 % | 80 % |
| Endodontics (root canals) Covered Under Basic Services | 80 % | 80 % |
| Oral Surgery Covered Under Basic Services | 80 % | 80 % |
| Periodontics (gum treatment) Covered Under Basic Services | 80 % | 80 % |
| Major Services Crowns, inlays, onlays and cast restorations | 50 % | 50 % |
| Prosthodontics Bridges and dentures | 50 % | 50 % |
| Orthodontic Benefits Dependent children to age 19 | 50 % | 40 % |
| Orthodontic Maximums | \$1,000 Lifetime | \$500 Lifetime |

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

| | | |
|--|---|---|
| Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009 | Customer Service 800-521-2651 | Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809 |
|--|---|---|

deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

WEEKLY INSURANCE RATES 2026

Weekly deductions for health coverage are based on each associate's compensation and position. A transfer of position may lead to a change in bracket. These rates represent a 5% increase above 2025 rates.

| WEEKLY HEALTH INSURANCE RATES | | | | | | | |
|---------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | BRACKET 1 | BRACKET 2 | BRACKET 3 | BRACKET 4 | BRACKET 5 | BRACKET 6 | BRACKET 7 |
| ASSOCIATE | | | | | | | |
| | \$17.49 | \$21.87 | \$27.28 | \$34.35 | \$42.95 | \$51.56 | \$61.88 |
| ASSOCIATE & CHILD | | | | | | | |
| | \$37.81 | \$47.81 | \$60.05 | \$76.32 | \$95.93 | \$115.53 | \$139.06 |
| ASSOCIATE & SPOUSE | | | | | | | |
| | \$39.32 | \$49.65 | \$62.32 | \$79.09 | \$99.37 | \$119.64 | \$143.95 |
| ASSOCIATE & CHILDREN | | | | | | | |
| | \$42.47 | \$53.39 | \$67.03 | \$85.07 | \$106.85 | \$128.65 | \$154.81 |
| ASSOCIATE & FAMILY | | | | | | | |
| | \$57.44 | \$67.53 | \$85.07 | \$108.44 | \$136.58 | \$164.73 | \$198.49 |

DENTAL ONLY RATES

| DENTAL ONLY RATES | | |
|---------------------------|------------|-------------|
| TIER OF COVERAGE | BASIC DHMO | UPGRADE PPO |
| ASSOCIATE ONLY | \$0 | \$6.96 |
| ASSOCIATE PLUS CHILD(REN) | \$2.53 | \$15.47 |
| ASSOCIATE PLUS SPOUSE | \$2.63 | \$16.99 |
| ASSOCIATE PLUS FAMILY | \$5.76 | \$27.43 |

COMPANY PAID LIFE INSURANCE



Rosen Hotels and Resorts, Inc.
Life/AD&D insurance



HOURLY ASSOCIATES

What is it?

Life and accidental death and dismemberment (AD&D) insurance provide cash benefits in the unfortunate event that you or a covered family member passes away or suffers a traumatic injury.

Why is this coverage valuable?

Life and AD&D insurance can offer reassurance that you, or the people you love, will have access to money to help cover expenses during a challenging time.

Your life insurance and AD&D coverage

| | |
|---|--|
| Eligibility description | All other full-time hourly employees and all other full-time commission employees |
| Contribution | Your employer pays the cost of your coverage |
| Employee life coverage amount | \$20,000 |
| AD&D coverage amount | Your AD&D coverage is equal to the life benefit amount. |
| Benefit reductions | 35% reduction at age 65, and an additional 15% of the original amount at age 70. Benefits end when you retire. |
| Conversion: Allows you to continue coverage after your group plan has terminated. | Yes, with restrictions. See certificate of benefits. |
| LifeKeys® services: Access to counseling, financial, and legal support services. | Included |
| TravelConnect® services: Access to emergency medical assistance for you and your family when you're on a trip 100 or more miles from home. | Included |

Benefit exclusions

Like any insurance, this life and AD&D insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

For AD&D, benefits won't be paid if death/dismemberment occurs as the result of:

- War, declared or undeclared, or any act of war
- Intentionally self-inflicted injuries, while sane or insane
- Suicide, or suicide attempt, while sane or insane
- Active participation in a riot
- Committing or attempting to commit a felony
- Disease, bodily or mental illness, or medical or surgical treatment thereof
- Infections
- Controlled substances voluntarily taken, ingested, or injected, unless prescribed or administered by a physician
- Serving on full-time active duty in the armed forces of any country or international authority
- The presence of alcohol in the covered person's blood, which raises the presumption that the covered person was under the influence of alcohol and contributed to the cause of the accident

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.



Reminder: Please review your beneficiary(ies) to ensure they're up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations (except in Vermont).

State limitations apply. Beneficiary grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

TravelConnect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations.

On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access only program exclude payment for paid services.

Not available in New York and Washington.

Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

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PDF 5/24 Z01

Order code: GP-LADEP-FLI001

COMPANY PAID LIFE INSURANCE



Rosen Hotels and Resorts, Inc.
Life/AD&D insurance



SALARIED ASSOCIATES

What is it?

Life and accidental death and dismemberment (AD&D) insurance provide cash benefits in the unfortunate event that you or a covered family member passes away or suffers a traumatic injury.

Why is this coverage valuable?

Life and AD&D insurance can offer reassurance that you, or the people you love, will have access to money to help cover expenses during a challenging time.

Your life insurance and AD&D coverage

| | |
|---|--|
| Eligibility description | All other salaried employees, full-time hourly managers and full-time commission only sales employees |
| Contribution | Your employer pays the cost of your coverage |
| Employee life coverage amount | \$30,000 |
| AD&D coverage amount | Your AD&D coverage is equal to the life benefit amount. |
| Benefit reductions | 35% reduction at age 65, and an additional 15% of the original amount at age 70. Benefits end when you retire. |
| Conversion: Allows you to continue coverage after your group plan has terminated. | Yes, with restrictions. See certificate of benefits. |
| LifeKeys® services: Access to counseling, financial, and legal support services. | Included |
| TravelConnect® services: Access to emergency medical assistance for you and your family when you're on a trip 100 or more miles from home. | Included |

Benefit exclusions

Like any insurance, this life and AD&D insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

For AD&D, benefits won't be paid if death/dismemberment occurs as the result of:

- War, declared or undeclared, or any act of war
- Intentionally self-inflicted injuries, while sane or insane
- Suicide, or suicide attempt, while sane or insane
- Active participation in a riot
- Committing or attempting to commit a felony
- Disease, bodily or mental illness, or medical or surgical treatment thereof
- Infections
- Controlled substances voluntarily taken, ingested, or injected, unless prescribed or administered by a physician
- Serving on full-time active duty in the armed forces of any country or international authority
- The presence of alcohol in the covered person's blood, which raises the presumption that the covered person was under the influence of alcohol and contributed to the cause of the accident

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.



Reminder: Please review your beneficiary(ies) to ensure they're up to date. It's good practice to review, and if necessary update, your beneficiary(ies) annually.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

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State limitations apply. Beneficiary grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

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On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access only program exclude payment for paid services.

Not available in New York and Washington.

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LCN-6448858-030124

PDF 5/24 Z01

Order code: GP-LADEP-FLI001

401(K) RETIREMENT PLAN

CREATE THE FUTURE YOU WANT

PURSuing YOUR LONG-TERM FINANCIAL INDEPENDENCE BEGINS NOW



Who is eligible to participate?

All associates who are at least 18 years of age are eligible to participate after six months of employment. To help you prepare for retirement, our plan offers an automatic enrollment feature. All eligible associates are automatically enrolled in the pre-tax plan at a 2% weekly contribution and will automatically increase by 2% annually until reaching a 10% contribution. Associates can opt out of automatic enrollment prior to their first deduction being deposited into their account by completing a 401(k) waiver form or contacting Empower.

Managing Your Account

You may access your account using the Empower Retirement mobile app, by calling 844-465-4455 or by visiting www.empowermyretirement.com.

Making Contributions

You may contribute up to the maximum amount allowed by the IRS each calendar year. The annual limits can be found by visiting www.irs.gov. Your Empower retirement plan allows you to make both pretax and Roth contributions to your 401(k).

The Basics: Pre-Tax vs. Roth

Pre-Tax

- You could lower your current taxable income
- Any earnings grow tax deferred
- Distributions are taxed as regular income

Roth

- You pay taxes on contributions now
- Earnings grow tax deferred
- Qualified distributions are tax-free.¹

Company Match

Rosen Hotels & Resorts will match 50% of your contribution, up to the first 6% of your compensation. The company match can change at any point at the company's discretion.

Vesting Schedule

A vesting schedule determines what percentage of ownership you can apply to your account at specific points in time. You are always 100% vested in your own contributions. The schedule applies to your ownership of the company's matching contributions. Your years of service for vesting purposes begin on your date of hire.

| Years of Service | 0 | 1 | 2 | 3 | 4 | 5 |
|-------------------|----|-----|-----|-----|-----|------|
| Vested Percentage | 0% | 20% | 40% | 60% | 80% | 100% |

When may I withdraw money from the plan?

- Conclusion of employment
- Upon reaching age 59 ½
- Retirement
- Hardship for specified reasons
- Death

May I take out loans from the plan?

You may take up to one loan and it must be repaid within 5 years.

Designate your beneficiary

Ensure you pass your plan benefits on to the people you intend. Log on to the website and follow these steps:

1. Choose your plan name.
2. Click on Beneficiaries.

Access Your Account From Anywhere

The Empower website and app provide an easy, convenient way to:

- Make contributions
- View your account balance
- Check your investment allocation
- Easily model different savings scenarios

Financial Wellness

Empower Learning Center – Boost your financial IQ and feel inspired about your financial future with learning modules, tools, calculators and articles about the financial topics that interest you.

- Saving
- Investing
- Retirement
- Protecting
- Life Events
- Spending

Visit the Learning Center at: https://www.empower.com/learning_center/#/

¹ Earnings on Roth contributions will be taxed unless withdrawals are a qualified distribution as defined by the IRS.

VISION PLAN- VSP

A summary of vision care benefits for the associates of Rosen Hotels & Resorts

| COST FOR VISION INSURANCE | WEEKLY COST |
|---------------------------|-------------|
| For you | \$1.58 |
| For you and your family | \$4.50 |

| VISION INSURANCE SCHEDULE | | | |
|--|--|--|---|
| Benefit | Frequency | In-Network Member Cost | Out-of-Network Benefit |
| Vision Exam – focuses on your eye health and overall wellness | Every 12 months | \$10 copay | Up to \$52 |
| Laser Vision Correction Discount | Once per eye per lifetime | <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. | N/A |
| Lenses Single Lined Bifocal Lined Trifocal Lenticular | Every 12 months | \$25 copay (for lenses and frame) | Up to \$55 Up to \$75 Up to \$95 Up to \$125 |
| Frames | Every 12 months | \$130 allowance for frames of your choice and 20% off the amount over your allowance. | \$57 |
| Elective Contact Lenses Contact lenses are in place of lenses and frame. | Every 12 months | \$130 allowance for contact lens exam (fitting and evaluation) and materials. If you choose contact lenses you will be eligible for frames 12 months from the date the contact lenses were obtained. | Up to \$105 |
| Additional Glasses and Sunglasses Discount | 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam. | | N/A |

Locating an In-Network VSP Doctor

You get the most from your vision benefits when you visit a VSP doctor. You'll find a listing of doctors at vsp.com or by calling 800.877.7195. VSP doctors offer flexible hours, a variety of office settings, and eyewear choices.

Using your Vision Benefit

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. No ID cards required!

Out-of-Network Providers

If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider call VSP at 800.877.7195 for more details.

Eligibility

You are eligible to participate if you are a full-time or part time employee working 24 or more hours per week, as defined

by your employer, at active work and working in the United States. Other policyholder-defined eligibility requirements may apply. Temporary or seasonal workers are not eligible.

Dependent Eligibility

Those qualified to be covered under your vision plan include your spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

Late Entrants

If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

This information is a summary of your benefit. In the event of a discrepancy between this information and the insurance contract, the terms of the contract will prevail.

ALLSTATE BENEFITS

Allstate Benefits supplemental insurance pays benefits directly to you. Allstate Benefits can provide you and your family with an additional level of financial protection in the event of an accident or illness.

ALLSTATE BENEFITS GROUP ACCIDENT PLAN

Helps provide a financial cushion if an off-the-job accident occurs

- Initial Hospital Confinement
- Physical, Occupational or Speech Therapy
- Intensive Care

ALLSTATE BENEFITS GROUP HOSPITAL INDEMNITY PLAN

Provides a financial benefit for medical treatment

- Initial Hospitalization Confinement
- Daily Hospital Confinement
- Inpatient Physician's Treatment

ALLSTATE BENEFITS GROUP CRITICAL ILLNESS PLAN

Pays a lump sum benefit when a covered health event occurs

- Options to purchase up to \$30,000 of coverage
- Heart attack, stroke, major organ transplant, invasive cancer
- No age reductions or maximum age for participation

ALLSTATE BENEFITS CANCER PLAN

Provides financial benefits related to cancer diagnosis and treatment

- Cancer Initial Diagnosis
- Surgery
- Radiation/Chemotherapy



How can Allstate Benefits help you?

www.allstatebenefits.com/mybenefits

Customer Service Support

Assistance with verifying coverage and questions about your benefits

800-521-3535 (English)

800-211-5533 (Spanish)

AB-CustomerCare@allstate.com

Claims Support

Assistance with filing your claim and following up on claim status

800-348-4489

AB-Claims@allstate.com

FILING A CLAIM

You may access your policy documents, benefit information, file claims, and check claim status electronically at www.allstatebenefits.com/mybenefits.

The coverage is provided under forms GVAP6, GVSP1, GVCIP2, and GVCP3, or state variations thereof. The coverage has exclusions and limitations. Contact your benefits representative for full details. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

FILE CLAIMS ON THE MYBENEFITS MOBILE APP

- The app saves you time and streamlines your claims submissions
- Take pictures of your supporting claim documents and upload them via the MyBenefits app
- Scan the QR code to download



Apple iOS



Android

Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Been denied a warranty or insurance claim?
- ☐ Been overcharged or had a billing dispute?
- ☐ Purchased or leased a home?

- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?
- ☐ Been involved in a data breach?
- ☐ Had someone commit tax or employment fraud in your name?
- ☐ Had your driver's license or medical information stolen/used?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal or business issues
- **Letters/Calls** made on your behalf (initial letter or call on an unlimited basis)
- **Contracts/Documents** Reviewed up to 10 pages per document
- **Will Preparation** Last Will and Testament (for the named member)
- **Moving Traffic Violations** (must be on the road legally) 15 day waiting period
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, and other matters outside of normal coverage)
- **24/7 Emergency Access** for covered situations

The IDShield Membership Includes:

- **Continuous Credit Monitoring** IDShield continuously monitors your credit report. If changes occur, you'll receive an instant alert.
- **High Risk Application and Transaction Monitoring** We monitor the largest proprietary database of new account application data to detect potentially fraudulent new accounts when an application is submitted.
- **Dark Web Monitoring** Monitors your Personally Identifiable Information (PII) across the dark web, where criminals purchase personal data.
- **Username/Password (Credential) Monitoring** This powerful feature helps protect against takeovers of your social, financial and other online accounts.
- **Identity Threat & Credit Threat Alerts** You'll receive a threat alert if your PII is found.
- **\$1 Million Protection Policy** Offers coverage for lost wages, legal defense fees, stolen funds and more.
- **Unlimited Consultation** On any cyber security issue.
- **Full-Service Restoration** Our Licensed Private Investigators will work tirelessly to restore your identity to its pre-theft status.
- **24/7 Emergency Access** We're here in the event of an identity theft emergency.



Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

| Plan | Family Price WEEKLY Payroll | Individual Price WEEKLY Payroll |
|-------------|--------------------------------|------------------------------------|
| LegalShield | \$3.68 | \$3.68 |
| IDShield | \$3.22 | \$2.99 |
| Combined | \$5.98 w/discount | \$5.98 w/discount |

Prepared for: ROSEN HOTELS & RESORTS - Payroll Grp. #140302 - + \$1 MILLION Protection Policy

For more information, contact your Independent Associate:

Yvette Mayo, LEA, CITRMS - Servicing Director
www.idshield.cloud/login OR mylegalshield.com
 Email: mayogrouppenefits@msn.com
 Cell/Text: 407-719-4897 Fax: 407-671-2496

LegalShield legal plans cover the member; member's spouse; never married dependent children under 21 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 23 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.



What is it?

Short-term disability insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability policy provides money that can help you pay your bills.

Your short-term disability coverage

| | |
|---|---|
| Eligibility description | All full-time and part-time employees working a minimum of 24 hours per week |
| Contribution | You pay the cost of your coverage. |
| Coverage amount | 60% of your weekly salary to a maximum of \$1,200 per week |
| Maximum payment period | 13 weeks |
| Accident elimination period | 0 Days |
| Illness elimination period | 14 Days |
| Recurrent disability benefits | If you become disabled for the same condition within 2 weeks following your prior disability, your benefits will continue under the same claim. |
| Evidence of insurability (EOI): A health statement requiring you to answer a few medical history questions. | Health statement may be required. |
| Preexisting conditions: Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. | 3 months lookback; 6 months after exclusion |
| Premium waived if disabled: Premium won't need to be paid when you're receiving benefits. | Yes |



Exclusions, limitations, and reductions

Like any insurance, this short-term disability insurance policy does have exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Your benefits may be reduced if you're eligible to receive income or benefits from:

- State disability or no-fault insurance
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance plan
- Sick leave
- State paid family leave benefits
- Any other group insurance plan
- Unemployment
- Recovery from third party

State variations apply.

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PDF 4/24 **Z01**

Order code: GP-STDEP-FLI001

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.



HOURLY ASSOCIATES

What is it?

Long-term disability insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability policy provides money that can help you pay your bills.

Your long-term disability coverage

| Long-term disability | | | | | | | | | |
|--|---|-------------------|------------------------|------------------|---------|-------|--------------------------------------|-----|--------|
| Eligibility description | All full-time hourly employees | | | | | | | | |
| Contributions | You pay the cost of your coverage. | | | | | | | | |
| Coverage amount | 60% of your monthly salary to a maximum of \$5,000 per month | | | | | | | | |
| Maximum payment period | <p>Social Security Normal Retirement Age (SSNRA) or maximum benefit period outlined below, whichever is later:</p> <table> <tr> <th>Age at disability</th><th>Maximum benefit period</th></tr> <tr> <td>Less than age 65</td><td>5 years</td></tr> <tr> <td>65-69</td><td>To age 70 (but not less than 1 year)</td></tr> <tr> <td>70+</td><td>1 year</td></tr> </table> | Age at disability | Maximum benefit period | Less than age 65 | 5 years | 65-69 | To age 70 (but not less than 1 year) | 70+ | 1 year |
| Age at disability | Maximum benefit period | | | | | | | | |
| Less than age 65 | 5 years | | | | | | | | |
| 65-69 | To age 70 (but not less than 1 year) | | | | | | | | |
| 70+ | 1 year | | | | | | | | |
| Elimination period | 90 days | | | | | | | | |
| Preexisting condition(s): Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. | 3 months lookback; 12 months after exclusion | | | | | | | | |
| Premium waived if disabled: Premium won't need to be paid when you're receiving benefits. | Yes | | | | | | | | |
| EmployeeConnect SM services: Gives you and your family confidential access to counselors, along with personal, legal, and financial assistance. | Included | | | | | | | | |



Exclusions, limitations, and reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot
- Your disability occurs while you're imprisoned for committing a felony
- Your disability occurs while you're residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

Your benefits may be reduced if you're eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance
- Sick leave

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

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Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial Group[®] companies. Product availability and/or features may vary by state. Limitations and exclusions apply.



SALARIED ASSOCIATES

What is it?

Long-term disability insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability policy provides money that can help you pay your bills.

Your long-term disability coverage

| Long-term disability | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------|------------------------|----------|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|----|-----------|-----|-----------|
| Eligibility description | All full-time salaried employees excluding vice president, central office directors, sales directors, convention service directors, physicians, all full-time general managers, assistant general managers, current and past executive assistants to president and executives chefs | | | | | | | | | | | | | | | | | | | | | | | | |
| Contributions | You pay the cost of your coverage. | | | | | | | | | | | | | | | | | | | | | | | | |
| Coverage amount | 60% of your monthly salary to a maximum of \$10,000 per month | | | | | | | | | | | | | | | | | | | | | | | | |
| Maximum payment period | <p>Social Security Normal Retirement Age (SSNRA) or maximum benefit period outlined below, whichever is later:</p> <table> <tr> <th>Age at disability</th><th>Maximum benefit period</th></tr> <tr> <td>Under 60</td><td>To age 65</td></tr> <tr> <td>60</td><td>60 months</td></tr> <tr> <td>61</td><td>48 months</td></tr> <tr> <td>62</td><td>42 months</td></tr> <tr> <td>63</td><td>36 months</td></tr> <tr> <td>64</td><td>30 months</td></tr> <tr> <td>65</td><td>24 months</td></tr> <tr> <td>66</td><td>21 months</td></tr> <tr> <td>67</td><td>18 months</td></tr> <tr> <td>68</td><td>15 months</td></tr> <tr> <td>69+</td><td>12 months</td></tr> </table> | Age at disability | Maximum benefit period | Under 60 | To age 65 | 60 | 60 months | 61 | 48 months | 62 | 42 months | 63 | 36 months | 64 | 30 months | 65 | 24 months | 66 | 21 months | 67 | 18 months | 68 | 15 months | 69+ | 12 months |
| Age at disability | Maximum benefit period | | | | | | | | | | | | | | | | | | | | | | | | |
| Under 60 | To age 65 | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | 60 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 61 | 48 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 62 | 42 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 63 | 36 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 64 | 30 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 65 | 24 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 66 | 21 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 67 | 18 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 68 | 15 months | | | | | | | | | | | | | | | | | | | | | | | | |
| 69+ | 12 months | | | | | | | | | | | | | | | | | | | | | | | | |
| Elimination period | 90 days | | | | | | | | | | | | | | | | | | | | | | | | |
| Preexisting condition(s): Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs. | 3 months lookback; 12 months after exclusion | | | | | | | | | | | | | | | | | | | | | | | | |
| Premium waived if disabled: Premium won't need to be paid when you're receiving benefits. | Yes | | | | | | | | | | | | | | | | | | | | | | | | |
| EmployeeConnectSM services: Gives you and your family confidential access to counselors, along with personal, legal, and financial assistance. | Included | | | | | | | | | | | | | | | | | | | | | | | | |



Exclusions, limitations, and reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot
- Your disability occurs while you're imprisoned for committing a felony
- Your disability occurs while you're residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

Your benefits may be reduced if you're eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' compensation
- Salary continuance
- Sick leave

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

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Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial Group[®] companies. Product availability and/or features may vary by state. Limitations and exclusions apply.



VOLUNTARY ASSOCIATE PAID LIFE INSURANCE

What is it?

Life insurance provides cash benefits in the unfortunate event that you or a covered family member passes away.

Why is this coverage valuable?

Life insurance can offer reassurance that you or the people you love will have access to money to help cover expenses during a challenging time.

Your life insurance coverage

| | |
|---|--|
| Eligibility description | All full-time and part-time employees working a minimum of 24 hours |
| Contribution | You pay the cost of your coverage. |
| Employee life coverage amount | \$10,000, \$25,000, \$50,000, \$100,000, \$150,000 or \$200,000 |
| Employee life coverage maximum | This amount may not exceed the lesser of 5 times annual earnings rounded to the next higher \$1,000 or \$200,000. |
| Spouse coverage | The amount of dependent life insurance coverage cannot be greater than 50% of the employee benefit. \$5,000, \$10,000, \$25,000, or \$50,000 |
| Spouse coverage maximum | This amount may not exceed \$50,000. |
| Dependent child(ren) coverage | Live birth to 6 months: \$250 At least six months to 26 years: \$10,000 |
| Guarantee issue: You're not required to answer health questions to qualify for coverage up to and including the specified amount when you sign up for coverage during the initial enrollment period. | Employee: \$200,000 Spouse: \$50,000 |
| Evidence of insurability (EOI): A health statement requiring you to answer a few medical history questions. | Health statement may be required. |
| Benefit reductions | Employee: 35% reduction at age 65, an additional 25% reduction of the original amount at age 70, and an additional 15% of the original amount at age 75. Benefits end when you retire. Spouse: 35% reduction at age 65. Benefits end when you retire. |
| Portability: Allows you to continue maintaining coverage if you terminate your employment. | Yes |
| Conversion: Allows you to continue coverage after your group plan has been terminated. | Yes, with restrictions. See certificate of benefits. |
| Accelerated life benefit: A lump-sum benefit is paid to you if you're diagnosed with a terminal condition as defined by the plan. | Yes. See certificate of benefits. |
| Waiver of premium: Relieves you from paying premiums during a period of disability that's lasted for a specific length of time. | Included |
| LifeKeys® services: Access to counseling, financial, and legal support services. | Included |

VOLUNTARY ASSOCIATE PAID LIFE INSURANCE



TravelConnect® services: Access to emergency medical assistance for you and your family when you're on a trip 100 or more miles from home.

Included

Life insurance rate information

| Option | Weekly rate |
|------------------------------------|------------------------|
| Employee and spouse life insurance | See rate tables below. |
| Child(ren) life insurance rate | \$0.462 per child |

Employee life insurance weekly rate per \$1,000:

| Age range | Premium weekly rate |
|-----------|---------------------|
| 0 – 29 | \$0.070 |
| 30 – 34 | \$0.080 |
| 35 – 39 | \$0.110 |
| 40 – 44 | \$0.170 |
| 45 – 49 | \$0.270 |
| 50 – 54 | \$0.530 |
| 55 – 59 | \$0.860 |
| 60 – 64 | \$1.040 |
| 65 – 69 | \$1.800 |
| 70 – 74 | \$4.260 |
| 75+ | \$16.270 |

Spouse life insurance weekly rate per \$1,000:

| Age range | Premium weekly rate |
|-----------|---------------------|
| 0 – 29 | \$0.070 |
| 30 – 34 | \$0.080 |
| 35 – 39 | \$0.110 |
| 40 – 44 | \$0.170 |
| 45 – 49 | \$0.270 |
| 50 – 54 | \$0.530 |
| 55 – 59 | \$0.860 |
| 60 – 64 | \$1.040 |
| 65 – 69 | \$1.800 |
| 70 – 74 | \$4.260 |
| 75+ | \$16.270 |

Benefit exclusions

Like any insurance, this life insurance policy does have exclusions.

For life insurance, a suicide exclusion may apply.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Reminder: Please review your beneficiary(ies) to ensure they're up to date. It's good practice to review, and if necessary, update, your beneficiary(ies) annually.

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LifeKeys® services are provided by ComPsych® Corporation, Chicago, IL. ComPsych® is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations (except in Vermont).

State limitations apply. Beneficiary grief counseling is the only benefit available to a beneficiary(ies) of policies issued in the state of New York. Online will prep is the only benefit available to insured employee and dependents of policies issued in the state of Washington.

TravelConnect® services are provided by On Call International, Salem, NH. On Call International is not a Lincoln Financial Group® company and Lincoln Financial Group does not administer these services. Each independent company is solely responsible for its own obligations.

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On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect®* program is not available to insured employees and dependents of policies issued in the state of New York and Washington. Access only program available to insured employees and dependents of policies issued in the state of Missouri and Texas. Benefits provided under the Access only program exclude payment for paid services. **Not for use in New York or Washington.**

Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

LifeKeys® services

EstateGuidance® — step-by-step online instructions to:

- Name an executor to manage your estate
- Choose a guardian for your children
- Specify wishes for your property
- Provide funeral and burial instructions

GuidanceResources® — online access to information on:

- Law and regulations
- Money and investing
- Family and relationships
- Health and wellness
- Work and education
- Leisure and home

Identity theft resources — online information to help you:

- Spot the warning signs
- Protect your cell phone, computer, and tax records from fraud
- Repair your credit if you become a victim
- Access credit reporting bureaus, the ID Theft Resource Center, and other essential resources

Support resources for your beneficiaries



Because life doesn't always go as planned.

No matter how well you plan your life, you can be sure a few unforeseen challenges will arise. When they do, it's reassuring to know that help and support are close at hand — thanks to *LifeKeys*® services from Lincoln Financial Group. If you are enrolled in life and/or AD&D insurance, this program provides access to a wide array of services to help you and your loved ones through life's ups and downs — and prepare you for whatever lies ahead.

LifeKeys® services include:

Online will preparation

Having a will is important because it allows you to designate who will receive your property and assets when you die. Without one, your state determines how your estate is distributed. EstateGuidance® will preparation is a quick and easy way to create and execute a will.

Information on important life matters

You have access to GuidanceResources® Online, where you'll find articles, tutorials, videos, and "Ask the Expert" advice on a wide range of topics — including legal, financial, family, and career. It's a way to stay "in the know" on important matters that impact both your personal and professional life.

Protection against identity theft

Identity theft is widespread, and everyone is vulnerable. *LifeKeys* includes an online resource for the information you need to recognize and prevent identity theft — and restore your good name.

Guidance and support for your beneficiaries

The *LifeKeys* comprehensive program offers resources to help your loved ones address a range of common concerns. Services include grief counseling, advice on financial and legal matters, and help coping with the occasional challenges of day-to-day life.

See the other side for important services for your beneficiaries. >

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York

For your beneficiaries: help, guidance and support at a difficult time

The emotional impact of losing a loved one can be profound and long-lasting. All too often, financial or legal issues can add to the stress. That's why *LifeKeys*® services can be a welcome resource for your beneficiaries.

These services are available for up to one year after a loss. They may be accessed by any combination totaling six in-person sessions for grief counseling, or legal or financial information, and unlimited phone counseling.

Grief counseling — advice, information, and referrals on:

- Grief and loss
- Stress, anxiety, and depression
- Memorial planning information
- Concerns about children and teens

Financial services — online resources or advice from financial specialists on:

- Estate planning
- Budgeting
- Overcoming debt
- Bankruptcy
- Investments

Legal support — access to quick legal information on:

- Estate and probate law
- Real estate transactions
- Social Security survivor and child benefits
- Important documents your beneficiaries need

Help with everyday life — comprehensive information on:

- Planning a memorial service
- Finding child care or elder care
- Selecting a mortgage
- Moving and relocation
- Making major purchases

**It's easy to access *LifeKeys*® services. Just call 1-855-891-3684
or visit [GuidanceResources.com](https://www.GuidanceResources.com).** (First-time user: Enter Web ID LifeKeys)

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[LincolnFinancial.com](https://www.LincolnFinancial.com)

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LCN-1854802-072517

MOS 8/17 **Z04**

Order code: LFE-SERV-FLI002

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Caring support and assistance when you travel



TravelConnect® services offer help, comfort and reassurance – helping make travel less stressful. If you're enrolled in life and/or AD&D insurance, you and your loved ones can count on *TravelConnect* services 24 hours a day, 7 days a week.

TravelConnect services you can count on during an emergency.*

You'll have dedicated support if you face an emergency when you're 100 or more miles from home. *TravelConnect* helps with:

- Arranging travel if you're injured and need emergency medical evacuation to a medical facility.
- Managing travel for a companion and/or your dependent children, including transportation expenses and accommodations of a qualified escort.
- Planning and paying for a safe evacuation because of a natural disaster, or a political or security threat.
- Arranging transportation of a deceased traveler.
- Securing emergency pet boarding and/or return and vehicle return.

Ongoing support when you're far from home.

From planning the trip until flying home, these *TravelConnect* services can help you on your way.

- Medical record requests
- Medication and vaccine delivery
- Medical, dental and pharmacy referrals
- Corrective lenses and medical device replacement
- Legal consultation
- Recovering lost or stolen documents or luggage
- ID recovery assistance
- Language translation services
- Destination information

TravelConnect®

GLOBAL ASSISTANCE PROGRAM

Provided by On Call International
Medical, security and travel assistance services
for participants traveling 100+ miles from home

Visit mysearchlightportal.com and enter Group ID #: LFGTravel123 for access to plan documents, international calling instructions and destination information.



Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life Assurance Company of Boston

LFE-TRVFE-FLI001



For a complete list of *TravelConnect*® services, go to mysearchlightportal.com and enter your Group ID: LFGTravel123.

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*On Call International must coordinate and provide all arrangements in order for eligible services to be covered. Coverage is subject to contract language that contains specific terms, conditions, and limitations, which can be found in the program description.

The *TravelConnect*® program is not available to insured employees and dependents of policies issued in the state of New York.

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LCN-3115607-060520

MAP 7/20 **Z01**

Order code: LFE-TRVFE-FLI001



If you need medical, security or travel assistance, regardless of the nature or severity of your situation, **contact On Call 24 hours a day:**

Call collect from anywhere in the world:
+1-603-328-1955
Call toll free from U.S. or Canada:
866-525-1955
Email: mail@oncallinternational.com

Global Assistance Services must be coordinated and approved by On Call in order to be covered.

See your plan description for full terms and conditions of the services offered in your plan.



On Call International
A member of the Tokio Marine HCC group of companies

Life is challenging. We can help.

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Talk to us for the tools you need to handle any of life's challenges, big or small.

Our Services:



Confidential Counseling

- Anxiety, depression, stress
- Grief, loss, life adjustments
- Relationship/marital conflicts



Legal Guidance

- Divorce, adoption, family law
- Wills, trusts, estate planning
- Free consultation and discounted local representation



Financial Resources

- Financial planning, retirement, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy
- WellthSourceSM financial wellness, planning and will prep tool



Digital Tools and Support

- Immediate connection to counseling, work-life support, and more
- Personalized guided behavioral health and well-being programs
- Interactive articles, videos, on-demand trainings, digital self-care tools
- Accessible resources for anxiety, stress, mindfulness, sleep, and more



Well-Being Support

- One-on-one Well-Being Coaching for positive lifestyle changes
- Personalized Health Assessment to identify risks and areas for improvement
- Interactive activities to improve mental well-being
- Guidance for nutrition and exercise, motivation, overall well-being

Explore your program:
Scan for video tour!



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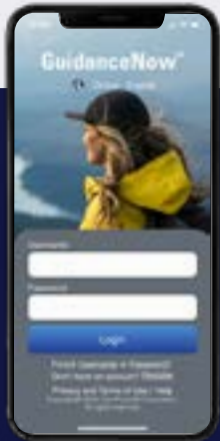
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and password.



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Just call your ComPsych® GuidanceResources® toll-free number or log on to guidanceresources.com to reach a Work-Life Specialist. They will research your question and find the answers. If they can't provide an immediate answer, they'll send you a complete packet of practical information, including maps, referrals, articles on your topic, estimated costs, and much more, in just a few business days. The materials can be delivered to you via email or, if you prefer, second-day air.

“

GuidanceResources gives you someone to talk to for any of life's challenges, big or small.

How can we help you?



Finding child
or elder care



Housing
searches



Seeking
financial
assistance



Locating
pet care



Sending a
child off to
school



Planning a
major project
or event

Easy Access

Call **888.355.6216**
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using your organization's
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WORK/LIFE BENEFITS

Rosen Hotels & Resorts Family Outreach Center

The Family Outreach Center is dedicated to supporting the needs of our family of associates. Your Family Outreach Center professionals can guide in your time of need and provide assistance with a variety of services such as:



REFERRALS TO SOCIAL SERVICES

Assessments, information, and referrals to community agencies that meet the needs of our associates and their family members.



CHILDCARE BENEFIT AND REFERRAL SERVICES

Rosen Hotels has a partnership with the Early Learning Coalition to match the childcare assistance available for eligible families. Even if you do not qualify for the childcare benefit, we are here to assist with finding a childcare option that works for your family.



EDUCATIONAL ASSISTANCE PROGRAMS

Tuition reimbursement and scholarship programs for full-time associates and dependents.



CITIZENSHIP COURSE

A review course for associates interested in becoming U.S. citizens.



FOOD ASSISTANCE

Associates can receive emergency assistance with basic necessities for breakfast, lunch, and dinner.



IMMIGRATION ASSISTANCE

Employment authorization card renewal and citizenship applications.



TRANSLATIONS

Translation of documents and onsite translation during specialist medical appointments (Arrangements must be made with the Outreach Center before scheduling the medical appointment).



**Rosen Hotels & Resorts
Family Outreach Center**

(407) 578-2100
outreach@rosenhoteles.com

EDUCATIONAL ASSISTANCE

Educational assistance programs are coordinated by the Rosen Hotels & Resorts Family Outreach Center. Please refer to the Associate Handbook in Infor for full program requirements or call the Family Outreach Center at 407-578-2100.

TUITION REIMBURSEMENT

Associates

Full-time associates who are on the active payroll for a period of at least six consecutive months are eligible. Classes must be related to the business of RH&R and taken at accredited educational institutions including technical or vocational schools. Students may be reimbursed at the end of each course and reimbursements will be limited to \$2,500 per calendar year. A minimum 2.0 grade point average is required.

Dependents

The intention of this program is to help qualified dependents obtain a college degree in the subject or field of their choice. This program is separate from the scholarship program outlined below and cannot be used in conjunction with that program. The parent must be a full-time associate on the active payroll for at least 6 consecutive months and the student must be a bona fide dependent who has been accepted to an accredited educational institution. Reimbursement assistance will be for \$4,000 maximum payable at \$1,000 per year for four years. Paid as coursework is completed. A minimum cumulative grade point average of 2.0 or better is required.

SCHOLARSHIP PROGRAMS

Associate Scholarship

The purpose of this scholarship program is to act as a safety net fund for tuition, and books for associates who qualify under the parameters of the program. The application for the scholarship program will include financial aid, and other scholarship opportunities. Full-time associates are eligible to apply for the Rosen Associate Scholarship immediately upon hire.

The program will assist with the process of attaining financial aid through the PELL grant program, or other appropriate programs, as well as scholarships for which the student is eligible. The program will fund the unmet financial need for tuition and books. Attendance to a Florida public university, community college or technical school is required. The program covers undergraduate courses only. Classes must enhance particular skills which directly relate to the associate's current job or desired career direction within Rosen Hotels & Resorts.

Dependent Scholarship

The purpose of this scholarship program is to act as a safety net fund for tuition, and books for dependents who qualify under the parameters of the program. The application for the scholarship program will include financial aid, and other scholarship opportunities. Dependents are eligible after associates meet three full years of continuous full-time employment.

An eligible associate's unmarried children from the date of high school graduation to the limiting age of 23 years will be initially eligible. Spouses are not eligible. The program will assist with the process of attaining financial aid through the PELL grant program, or other appropriate programs, as well as scholarships for which the student is eligible. The program will fund the unmet financial need for tuition and books. (Attendance to a Florida public university, community college or technical school is required.) The program covers undergraduate courses only.

Master's Program

Coursework can be eligible for reimbursement, under specific criteria and pre-approval.





TRANSITIONING FROM WORK TO RETIREMENT

RosenNext program benefits:

- Helps associates with their transition from work to retirement
- Identifies resources that can aid in retirement planning
- Provides support and referrals for Medicare and Social Security
- Addresses barriers to retirement

Associates retiring at age 60+ with at least 15 years of tenure will receive RosenNext membership with exclusive discounts at Rosen properties.

Call 407-996-1706 or email benefits@rosenhoteles.com for more information.



Rosen Hotels & Resorts Wellness Program

At Rosen Hotels & Resorts, we make wellness a priority. We're committed to creating a culture where associates feel supported, encouraged, and inspired to prioritize their well-being. From staying active and building healthy habits to finding connection and community, our wellness offerings are designed to help you feel your best inside and outside of work.

Below are some of the wellness opportunities available to you in 2026:



W.O.W. Factor Program

Our W.O.W. (Workout for Wellness) Factor Program brings associates together through complimentary group exercise classes. Whether you want to dance it out in Zumba, stretch and reset with Yoga, build strength in Pilates, or power through a Spinning class, there's something fun and energizing for everyone.

Wellness Initiative Network (W.I.N.)

The Wellness Initiative Network (W.I.N.) is an associate-led impact group dedicated to building a culture of wellness, connection, and support across our company. Members meet regularly to brainstorm ideas, plan wellness initiatives, and bring programs to life—from fitness and nutrition to mental health and community impact. Open to all associates, W.I.N. is a great way to get involved, share your voice, and help shape the future of wellness at Rosen.

Wellness Happenings:

Stay motivated and engaged with a variety of wellness events and initiatives throughout the year! These opportunities are designed to help you build healthy habits and connect with colleagues in a fun way. Past events have included educational sessions on topics such as intuitive eating, as well as friendly challenges where you can track progress and win prizes.

Rosen Mighty Milers (RMM):

Part of the Wellness Initiative Network (W.I.N.), RMM is for associates who want to stay active through walking and running. Whether you're just starting out or already racing, RMM offers motivation, camaraderie, and access to free company-sponsored race events—all designed to keep you moving toward better health, one mile at a time.

Company Sport Leagues

Looking for a little friendly competition? Associates can join company sports leagues throughout the year—like our Rosen Thunder Bats softball team—open to all properties, schedules, and skill levels. It's a great way to stay active, meet new people, and have fun outside of work.

Stay in the Know: The Wellness Corner

Don't miss a thing! The Wellness Corner is your go-to source for all things wellness at Rosen Hotels & Resorts. This dedicated section in our weekly company e-newsletter, The Buzz, keeps you informed about all upcoming events, classes, and initiatives. Be sure to read The Buzz each week to get the most out of our wellness program.

Questions? Reach out anytime at wellness@rosenhoteles.com or 407-996-7483.



ROSEN AQUATIC® & FITNESS CENTER



MEMBERSHIP

These rates reflect a 50% discount. No Joiner Fee. You must provide proof of employment. Payroll deduction is only available to full-time Rosen Hotels & Resorts associates.

Visit the Benefits Life Events section of Infor to enroll!
8422 International Drive Orlando, FL 32819 • 407-996-3444

| MEMBERSHIP PLANS | | |
|--------------------------------------|--------------|------------------|
| Adult Plans | Monthly Rate | Weekly Deduction |
| Hospitality Young Adult (Age 19-25) | \$15.00 | \$3.75 |
| Hospitality (1) Adult | \$20.00 | \$5.00 |
| Hospitality (2) Adults | \$30.00 | \$7.50 |
| Family Plans | Monthly Rate | Weekly Deduction |
| Hospitality (1) Adult + Dependent(s) | \$30.00 | \$7.50 |
| Hospitality Family | \$35.00 | \$8.75 |
| Hospitality Family + (1) Adult | \$45.00 | \$11.25 |
| Hospitality Family + (2) Adults | \$55.00 | \$13.75 |
| Hospitality Family + (3) Adults | \$65.00 | \$16.25 |
| Other Plans | Monthly Rate | Weekly Deduction |
| Hospitality Teen (Age 13-18) | \$10.00 | \$2.50 |
| Hospitality (1) Senior (Age 65+) | \$15.00 | \$3.75 |
| Hospitality (2) Seniors (Age 65+) | \$25.00 | \$6.25 |



CORPORATE WELLNESS MEMBERSHIP

| | | |
|--------------------------------|---------------|--------------------|
| Single-includes 1 amenity | \$31.94 w/tax | (\$15.97 biweekly) |
| Single-includes all amenities | \$37.26 w/tax | (\$18.63 biweekly) |
| Couples-includes 1 amenity | \$53.24 w/tax | (\$26.62 biweekly) |
| Couples-includes all amenities | \$58.56 w/tax | (\$29.28 biweekly) |
| Family-includes 1 amenity | \$74.54 w/tax | (\$37.27 biweekly) |
| Family-includes all amenities | \$79.86 w/tax | (\$39.93 biweekly) |



CONTACT US

Learn more about Fitness CF
<https://fitnesscfgyms.com/orlandofl/>

To sign up for membership
contact Human Resources at
Wellness@RosenHotels.com



Membership Information

Rates as of 7/10/2023



Start your membership today at the J!

Contact Information:

11184 S. Apopka-Vineland Rd., Orlando, FL 32836 | 407-387-5330 | rosenjcc.org | Follow us @RosenJCC



RATES

| | Monthly Rate | Joiner's Fee |
|---|--------------|--------------|
| FAMILY (Includes parents and children in household under 25) | | |
| 2-parent household | \$83 | \$20 |
| 1-parent household | \$57 | \$20 |
| COUPLE | | |
| Ages 18-64 | \$52 | \$20 |
| Ages 65+ | \$42 | \$20 |
| INDIVIDUAL | | |
| Ages 15-29 | \$21 | \$20 |
| Ages 30-64 | \$31 | \$10 |
| Ages 65+ | \$28 | \$20 |

Interested in Corporate Memberhips?

Please contact Alyda Geronimo, at 407-387-5330 for more information.

HOURS*

| Day | JCC & Fitness Center |
|-----------|----------------------|
| Sunday | 9:00 AM-4:00 PM |
| Monday | 6:30 AM-9:00 PM |
| Tuesday | 6:30 AM-9:00 PM |
| Wednesday | 6:30 AM-9:00 PM |
| Thursday | 6:30 AM-9:00 PM |
| Friday | 6:30 AM-6:00 PM |
| Saturday | 9:00 AM-5:00 PM |



*Hours subject to change. Please visit us online at RosenJCC.org for more info.

ASSOCIATE

Discounts

All discounts are based on availability and subject to change without notice.

DINING DISCOUNTS: 25 – 50% OFF

Discount varies by location and day of the week.

In dining outlets where there is no automatic service charge, associates and their party are expected to give gratuity based on the retail (non-discounted) total on the bill.

ASSOCIATE ROOM RATES FRIENDS & FAMILY RATES

Leisure Properties: \$55 / \$69 per night
Rosen Plaza: \$79 / \$99 per night
Rosen Centre: \$109 / \$129 per night
Rosen Shingle Creek: \$129 / \$149 per night

GOLF CLUB DISCOUNTS

Call (407) 996-1559

SPA TREATMENTS: 50% OFF*

Rules Apply

The Spa at Rosen Centre
The Spa at Shingle Creek

*Discount varies by location and day of the week.

MOVIE THEATER TICKETS AND BUSS PASSES

Tickets available for purchase at the General Cashier Office at Rosen Plaza, Rosen Centre, Rosen Shingle Creek and SC OPS Building Destination Cafe (movie tickets only)

- Regal Cinemas
- AMC Theaters
- Lynx

Sam's Club, BJ's, AAA, HIA

Email benefits@rosenhotels.com



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YOUR COMPANY CODE

RosenHotels

Now You Can Play More and Worry Less

Protect your furry family members with plans available now during Open Enrollment.



We've Got You Covered



Common Illnesses



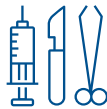
Broken Bones



Diagnostics



Prescription Medication



Surgery



Alternative Treatments**



Toxin Ingestion



Digestive Issues



Behavioral Issues**



Cancer



Hospitalization

Take the Stress Out of Unexpected Vet Bills

Pet insurance reimburses you for the cost of accidents and illnesses throughout your pet's life.

Here's how it works:

1. Visit any licensed vet or clinic
2. Pay your vet and submit a claim
3. Get reimbursed for eligible expenses

Employee Plan

- Visit any licensed vet
- Enjoy great perks such as Rx discounts, 24/7 live vet & more
- Pre-existing condition coverage*
- Prior Coverage Credit
- Simple, straightforward pricing
- Premiums paid through payroll deduction

Don't wait! Enroll today for peace of mind tomorrow

<https://portal.independenceamerican.com/login>

Policies are administered by PetPartners, Inc. and underwritten by Independence American Insurance Company (rated A- "Excellent" by A.M. Best), with offices at 11333 N. Scottsdale Rd, Suite 160, Scottsdale, AZ 85254. PetPartners, Inc. (CA agency #OF27261) is a licensed insurance agency located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617. Eligibility restrictions apply. Terms and conditions may apply. See policy/certificate for details on coverage, terms, limitations and conditions. *Pre-Existing condition coverage may require a 365-day waiting period. Waiting period may be waived for groups over 200 employees or with prior coverage for Accident & Illness plans. Participation in this plan is voluntary and not subject to ERISA. **Eligible with optional Alternative & Behavioral Care rider

Questions? Call us at 800-956-2495

Plan Options

| | Accident & Illness | Accident & Illness Plus Wellness |
|------------------------|--|--|
| Annual Deductible | \$500 | Rabies Vaccine \$30 |
| Coinsurance | 70% | Flea/Tick Prevention \$50 |
| Annual Limit | \$5,000 | Heartworm Prevention \$50 |
| Age Requirements | Minimum = 8 Weeks Maximum = 10 Years No Expiration Age | Blood, Fecal, Parasite Test \$30 |
| Waiting periods | Injuries: Waived Illnesses: Waived Cruciate Ligament (knee) Injury: 6 months Pre-Existing Conditions: Covered after 12 months (look back period is 6 Months) Prior Coverage Credit: Included | Preventive Vaccines (as recommended by AVMA) Limit shown is maximum paid for all vaccinations, regardless of number \$45 |
| Additional Benefits | Rehabilitation and Physical Therapy ¹ Inherited and Congenital Care ² Alternative and Behavioral Care ³ Final Respects ⁴ | Urinalysis or ERD \$30 Heartworm Test or Feline Leukemia (FeLV) Test \$30 Spay/Neuter \$50 Microchip \$50 Office Visit/Exam Preventive (Wellness) Exam Only \$35 |
| Weekly Cost Per pet | Dog: \$11.57 Cat: \$5.36 | Dog: \$15.86 Cat: \$8.67 |

Group Pet Insurance Employee FAQs

How do I enroll?

You can view pricing and enroll at <https://portal.independenceamerican.com/login>

When can I enroll?

You can enroll your existing pet(s) during your company's designated open enrollment period. If you decide not to enroll your pet(s) during this time, then you must wait until your company's next Annual Open Enrollment.

What if I get a new pet after Open Enrollment is over?

If you get a new pet, your newly acquired pet may be eligible for a Special Enrollment Period. Make sure to notify your HR representative right away as you must enroll your new pet within 31 days of a Qualified Life Event.

Can I still use my vet?

Absolutely! You can use any licensed veterinarian, including emergency and specialty vets, within the United States and its territories. This coverage also extends to Emergency Treatment* while traveling abroad.

What pets are eligible for coverage?

Dogs and cats that are age 8 weeks and older are eligible for coverage. Please refer to your benefits guide to determine if there is a maximum age limit for enrollment.

Will my pet lose coverage because of age?

No, we will never cancel your pet's coverage because of its age.

What if my pet has pre-existing conditions?

Not to worry! PetPartners offers coverage for pre-existing conditions on Accident and Illness plans after a 12-month waiting period. We cover commonly excluded symptoms and conditions such as cancer, urinary tract infections, chronic ear infections, gastrointestinal issues, and more.

I currently have pet insurance with a different provider, but I'm curious about the PetPartners Group plan. What happens if I decide to switch?

If you currently have coverage with another pet insurance carrier, we may be able to credit your policy for previously covered pre-existing conditions. Simply provide us with your prior policy documents and you may get coverage for those pre-existing conditions sooner! As per the policy guidelines, we will need proof of prior comparable coverage and there should be no gap in coverage between plans in order to provide you with the credit.

How do I file a claim and how am I reimbursed?

Filing a claim is easy and can be completed through the Group Pet Portal. During the claim filing process, you can select if you want to be reimbursed by check or via direct deposit.

What happens to my pet(s) coverage under the Group Pet Insurance Policy if I leave my company?

If you leave your company, you'll be given the opportunity to purchase an "individual" Independence American pet insurance policy through PetPartners. You can even receive credit for time covered under the Group Pet Insurance Policy toward satisfying the Injury and Illness Waiting Periods and Pre-Existing Condition provision as long as there is no gap in coverage between the two policies.

Still have more questions?

Contact our Customer Care team at 800-956-2495 or mypolicy@petpartners.com

*Emergency Treatment is defined as requiring immediate medical attention to prevent compromising your pet's well-being or life. Policies are administered by PetPartners, Inc. and underwritten by Independence American Insurance Company (rated A- "Excellent" by A.M. Best), with offices at 11333 N. Scottsdale Rd, Suite 160, Scottsdale, AZ 85254. PetPartners, Inc. (CA agency #OF27261) is a licensed insurance agency located at 8051 Arco Corporate Drive, Suite 350, Raleigh, NC 27617. Eligibility restrictions apply. Terms and conditions may apply. See policy/certificate for details on coverage, terms, limitations and conditions. Pre-Existing condition coverage may require a 365-day waiting period. Waiting period may be waived for groups over 200 employees or with prior coverage for Accident & Illness plans. Participation in this plan is voluntary and not subject to ERISA.

PLAN NOTICES

Notice Regarding Designation of a Primary Care Provider

Rosen Hotels & Resorts Group Health Plan requires the designation of a primary care provider. The primary care provider who participates in our network is the Rosen Medical Center. For children under 15 years of age, you may designate an in-network pediatrician as the primary care provider.

You do not need prior authorization from the Rosen Hotels & Resorts Group Health Plan or from any other person (including a primary care provider) to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator at 407-996-1706.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS-NOW (543-7669) or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your state for more information on eligibility.

Florida – Medicaid

<https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

For a full list of states and to see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

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

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

Women's Health and Cancer Rights Act (WHCRA)

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: \$0 deductible; specialist copays (\$20); outpatient surgical (\$100) or hospital admission (\$750/\$1,000) as applicable.

If you would like more information on WHCRA benefits, call your plan administrator at 407-996-1706.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information that identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims, and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 407-996-1706.

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself 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 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Plan Administrator, Rosen Hotels & Resorts, Inc. Human Resources Department at 407-996-1706; 4000 Destination Parkway, Orlando, FL 32819; benefits@rosenhoteles.com.

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 balance 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 WebTPA at 855-479-6453.

Visit The U.S. Centers for Medicare and Medicaid Services (CMS) at <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

General Notice of COBRA Continuation Coverage Rights

Introduction

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Human Resources Benefits Department, 4000 Destination Parkway, Orlando, FL 32819.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. The employee must notify the Plan Administrator as soon as is feasible. To qualify for the disability extension, the Qualified Beneficiary must provide the Plan Administrator with notice of the disability determination.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information, visit <https://www.medicare.gov/medicare-and-you>.

1 <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

If you have questions

If you have a question concerning your Plan or your COBRA continuation coverage rights, please address it to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Plan Name: Rosen Hotels & Resorts Group Health Plan

Plan Administrator: Rosen Hotels & Resorts, Inc. Human Resources Department

4000 Destination Parkway, Orlando, FL 32819

Important Notice About 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 Rosen Hotels & Resorts 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. Rosen Hotels & Resorts has determined that the prescription drug coverage offered by the Rosen Hotels & Resorts plan 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 to 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 Rosen Hotels & Resorts coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Rosen Hotels & Resorts coverage, be aware that you and your dependents will need to refer to the company policy regarding guidelines for reenrollment if applicable.

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 Rosen Hotels & Resorts 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 nineteen 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.

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 Rosen Hotels & Resorts 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 1-800-772-1213 (TTY 1-800-325-0778).

Phone Number: 407-996-1706

Address: 4000 Destination Parkway, Orlando, FL 32819

Phone Number: 407-996-1706

Benefits Timeline

Rosen Hotels & Resorts

| EMPLOYMENT STATUS | | | | ELIGIBILITY TIME LINE | | | | | |
|--|--|---------|-----------|-----------------------|---------|----------|-----------|-----------|---------------|
| Full Time | Part Time | On Call | Immediate | 30 days | 90 days | 6 months | 1 year | 24 months | > 2 years |
| Group Health Plan | | | | | | | | | |
| Life | X | | | X | | | | | |
| Medical and Prescription | Available if averaging 30 hours a week | | | X (FT) | | | X (PT/OC) | | |
| Dental | X | X | | X (FT/PT) | | | X (OC) | | |
| Supplemental Insurance Programs | | | | | | | | | |
| Vision Care through VSP | X | | | X | | | | | |
| Allstate Benefits Products | X | X | | X | | | | | |
| Legal Shield | X | X | | X | | | | | |
| Lincoln Products | X | X | | X | | | | | |
| GuidanceResources® Employee Assistance Program (EAP) | X | X | X | | | | | | |
| Pet Insurance | X | X | | X | | | | | |
| Paid Time Off | | | | | | | | | |
| Holiday Pay | | | | | | | | | |
| Full Time | X | | X | | | | | | |
| Part Time | | X | | | X** | | | | |
| Vacation Pay | | | | | | | | | |
| Full Time | X | | X | | | | | | |
| Part Time | | X | | | | | | X | |
| Personal Days | | | | | | | | | X |
| Birthday Paid Day Off | X | | X | | | | | | |
| Bereavement Days | X | X** | | | X | | | | |
| Jury Duty Leave | X | X** | X | | | | | | |
| Leave of Absence Programs | | | | | | | | | |
| Family Medical Leave of Absence (FMLA) | X | X | | | | | X* | | |
| Military Leave | X | X | X | | | | | | |
| Personal Leave | X | X | | | X | | | | |
| 401(k) Retirement Plan | | | | | | | | | |
| Associate | X | X | | | | X | | | |
| Full Tuition Scholarships (Tuition and Books) | | | | | | | | | |
| Associate (Safety net for unmet funds) | X | | X | | | | | | |
| Dependent (Safety net for unmet funds) | X | | | | | | | | After 3 years |
| Financial Aid for Daycare | | | | | | | | | |
| Associate* | X | | X | | | | | | |
| Tuition Reimbursement | | | | | | | | | |
| Associate and Child Dependent | X | | | | | X | | | |
| Referral Bonuses | | | | | | | | | |
| Hourly Associates Only | X | X | X | | | | | | |
| Banking Benefits | | | | | | | | | |
| Weekly Pay | X | X | X | | | | | | |
| Direct Deposit and Pay Cards | X | X | X | | | | | | |
| Memberships and Discounts | | | | | | | | | |
| Sam's, BJ's, AAA, Gym Discounts, HIA | X | X | X | | | | | | |
| TicketsatWork Discount Program | X | X | X | | | | | | |
| Rosen Hotels Dining Discounts | X | X | X | | | | | | |
| Friends & Family Rosen Hotel Discounts | X | X | X | | | | | | |
| Other Benefits | | | | | | | | | |
| W.O.W. Factor Program ® (Fitness Classes) | X | X | X | | | | | | |
| Community Events | X | X | X | | | | | | |
| Family Outreach Center | X | X | X | | | | | | |

*Based on Eligibility

**Based on average hours worked per shift

Updated 10/13/2025