



California Employees

Benefit Enrollment Guide

January 1, 2026 – December 31, 2026



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This guide summarizes the benefit plans that are available to Sagora Senior Living eligible team members and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this guide is not a guarantee of benefits.



A Message from Sagora Senior Living

At Sagora Senior Living, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each Team Member makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best Team Members available. Through our benefits programs we strive to support the needs of our Team Members and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our Team Members. This brochure will help you choose the type of plan and level of coverage that is right for you.

For more details about our comprehensive benefits program – including summaries, videos and the option to schedule an appointment with a benefits educator – visit our benefits microsite at [Sagora.benefitsinfo.com](https://www.sagora.com/benefitsinfo.com).

Sincerely,

Sagora Senior Living

Eligibility

Eligible Team Members:

You may enroll in the Sagora Senior Living Team Member Benefits Program if you are an active, full-time Team Member, working a minimum of 30 hours or more per week.

Eligible Dependents:

- Legal spouse, who has no other group or retirement coverage. If your spouse works and has access to purchase health insurance coverage through a current employer or through retirement benefits, they are excluded from coverage on our plan.
- Dependent “child” up to age 26. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship.
- Physically or mentally handicapped children that you are the primary caretaker for (regardless of age)

Adding Dependents:

Action is Required on Your Part to Enroll and Verify Your Dependents -

During enrollment, add your dependents and upload acceptable verification documents. If documents are not submitted by the end of your eligibility period, unverified dependents will be removed from all company benefit plans and cannot be re-enrolled until the next Annual Enrollment or a qualifying life event. If you have trouble uploading documents, you may email scanned copies to benefits@sagora.com.

When Coverage Begins:

New Hire: New Team Members, coverage begins on the 1st day of the month following 60 days of service.

Open Enrollment:

Open Enrollment: All benefit-eligible Team Members must elect or decline benefits during Open Enrollment, which runs November 3–17, 2025, for the 2026 plan year (January 1–December 31, 2026).

Adding Dependents During Open Enrollment: If you add new dependents, you must submit acceptable verification (e.g., birth or marriage certificate) by November 30, 2025. Dependents not verified by December 6, 2025, will be removed from coverage.

Re-enrolling verified Dependents: If your dependent has already been verified, you do **not** need to resubmit verification documents.

For questions regarding dependent verification contact the Benefits Team at benefits@sagora.com.

How do I enroll?

Login to UKG, [under myself > Benefits > manage my benefits](#) compare your options and make your elections.

How do I decline coverage?

Login to UKG, [under myself > Benefits > manage my benefits](#) compare your options and make your elections to decline coverage. You will still need to designate a beneficiary for the employer-paid Basic Life/AD&D benefit!



Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

How to Enroll

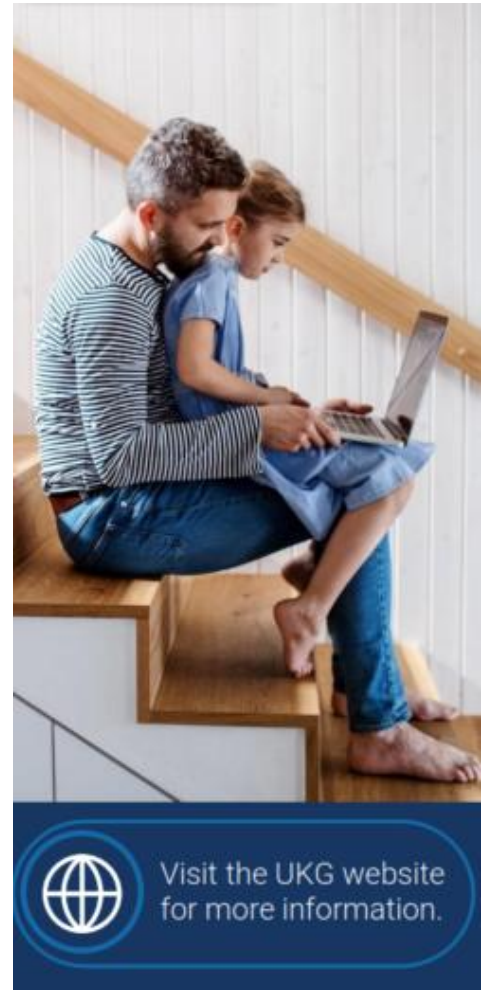
To enroll in the benefits program, you have (2) options.

Options 1: Log onto the UKG website and make your elections.

Options 2: Schedule an appointment with a counselor through the microsite portal at [Sagora.benefitsinfo.com](https://sagora.benefitsinfo.com).

Steps to complete in UKG:

1. Go to [UKG Login](#) page
2. Enter your *username* and *password*
 - a. Username: SSL+6 digit Team Member ID (ex. SSL123456)
 - b. Password: The first time you log in, your password is your birthday (ex. MMDDYYYY)
3. Under “Myself” menu
4. Scroll down to Benefits
5. Select “Manage my Benefits”
6. Click on “Get Started”
7. Review Personal information and My Family – add dependents
8. Shop for Benefits
9. Review your selections and click “Check Out” at the bottom of the page



Tobacco-Free Incentive

To promote health and wellness for our Team members, the company has implemented a Tobacco-Free Incentive. Team members may earn a \$30.00 per month incentive in the form of a decreased contribution for health insurance premiums. To receive this incentive, team members must answer the Tobacco-Free Verification Questions on the UKG system and certify that they do not use tobacco products, including cigarettes, cigars, pipes, chewing tobacco, or smokeless tobacco.



Medical Plan Comparison

Sagora Senior Living offers two medical plan options that include one HMO Health plan through Kaiser, and one HSA-compatible High-Deductible Health Plan (HDHP) through UMR. Kaiser offers a great network in the Kaiser Permanente areas that include California, Colorado, Oregon, and many others. There is also access to care outside of the Kaiser areas, if needed. To locate in-network providers, visit www.kp.org.

	HMO Health Plan	HDHP Plan (HSA)		
	Kaiser Permanente In-Network benefits ONLY	UMR Choice Plus PPO Network		
Annual Deductible (Ded)				
Individual	\$3,000	\$3,400		
Family	\$6,000	\$6,800		
Coinsurance (Plan/You)	70%/30%	80%/20%		
Maximum Out-of-Pocket (includes Rx)				
Individual	\$6,000	\$6,650		
Family	\$12,000	\$13,300		
Physician Office Visit				
Primary Care	\$40 copay (PCP Designation Required after Enrollment)		20% after ded	
Specialty Care	\$50 (PCP Referral Required)		20% after ded	
Preventive Care	Covered 100%, no deductible		Covered 100%, no copay	
Diagnostic Services				
X-ray and Lab Tests	\$15 copay		20% after ded	
Complex Radiology	30% (\$150 Max per Procedure)		20% after ded	
Urgent Care Virtual Visits	20% after ded		20% after ded	
Urgent Care Facility	\$40 copay		20% after ded	
Emergency Room	30% after ded		20% after ded	
Inpatient	30% after ded		20% after ded	
Outpatient	30% after ded		20% after ded	
Retail Pharmacy (30 Day Supply) Preferred/Non-Preferred Pharmacy				
Tier 1 – Preferred Generic	\$10 copay		20% after ded	
Tier 2 – Non-Preferred Generic	\$30 copay		20% after ded	
Tier 3 – Preferred Brand	\$60 copay		20% after ded	
Tier 4 – Non-Preferred Brand	20% (\$250 Max)		20% after ded	
Mail Order Pharmacy (90 Day)	\$20 / \$60/ \$120		20% after ded	
Employee Contributions Bi-Weekly (26 Deductions per Year)				
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Team Member Only	\$47.34	\$61.19	\$21.76	\$35.60
Team Member + Spouse	\$413.62	\$427.47	\$351.51	\$365.36
Team Member + Child(ren)	\$287.58	\$301.42	\$236.62	\$250.47
Team Member + Family	\$653.46	\$667.30	\$561.18	\$575.02

UMR App on the go!



Download the UMR app

We're making it easier than ever to stay connected to your health care.

With a single tap, you can:

- Access your digital ID card
- View claims information
- Find out if there is a co-pay for your upcoming appointment
- See how much you've paid toward your deductible, and more

To download the app, scan the QR code or visit your app store today!



Manage Your Preferences

In the UMR App:

- Update your profile with your phone number
- Set your notification preferences to text

Choose the messages and information you want to get:

- View claims, prior authorization or referral updates
- Get alerts when there are new documents to review
- Receive secure message notifications
- Find out about new benefits and services



Find care and costs

Be prepared for your next care event.

Search for an in-network provider, procedures, costs of care and more.



View benefits and claims

Get updates on your claims and benefits information.

Keep track of your most recent claims and their status and get important updates about your benefits.



Access your health plan ID card

Never leave home without your health plan ID card.

Have on the go access to your proof of coverage – online or through the UMR app.

Medical Insurance



At the Doctor's Office

It's recommended that you choose an in-network primary care physician (PCP) for your medical coverage, even though it is not required. A PCP can be your Family Practitioner, Internist, General Medicine, Pediatrician, or an OB/GYN (Obstetrician and Gynecologist). Each member of your family may have a different PCP.

If you are newly enrolling in medical benefits, make an appointment with your PCP- even if you're NOT sick once the plan year has begun. This relationship will set the foundation for staying healthy—today and well into the future.

Network Provider/Facility Search

Make sure that your provider or facility is in-network. To locate a network provider, follow the steps below.

- Visit www.umar.com, and select a doctor.
- When prompted for your "Plan," select Choice Plus Plan or HDHP PPO depending on which plan you elected to enroll in.

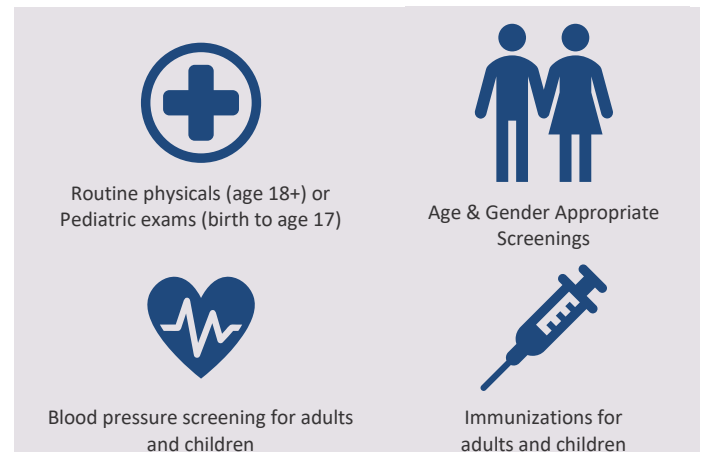


Preventive Care

You and your family have access to a wide range of preventive services under the Affordable Care Act. These services are 100% covered by your medical plan when using in-network providers. For more details about the services covered please visit:

www.healthcare.gov/coverage/preventive-care-benefits.

Common preventive services include:



Member Service Portal

Your medical carrier's member portal is your access to secure, personalized services with interactive health tools built around you, your benefits, and your health. Access the Health Benefits portal at <https://member.umar.com/sign-in>

Fast, secure online self-service of your benefit plan & health care spending anytime. Once you are registered your personal health information will be available to you 24/7, including:

- Finding care
- Managing prescriptions
- Staying healthy
- Opt in for electronic communications
- Access your benefits and claims
- Review all your expenses in one place
- Connect through the message center
- Get a full look at your benefits

Virtual Visits: Get 24/7 Care, Anywhere



We're excited to remind you that our Telemedicine benefit through AllyHealth is paid by Sagora for all benefit eligible team members and their eligible dependents. That means you pay nothing to access or use this service. Whether you need to consult with a doctor, get a prescription or seek medical advice, Allyhealth is available to you at no cost. It's part of our commitment to supporting your health and well-being.

If you haven't already registered, now is a great time to take advantage of this valuable benefit!

Virtual Visits, provided by AllyHealth, are a convenient alternative for treatment of more than 80 health conditions, including:

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

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

- Anxiety
- Depression
- Stress Management
- And more

Virtual Visits doctors can even send an e-prescription to your local pharmacy.

Activate your AllyHealth account today:

- Log on to www.allyhealth.net
- Click "Login" for "Members"
- Then "Register Now"
- You can call 877-283-3777 ext. 2 to register over the phone

Services Covered at NO COST:

Urgent Care

Provides you on-demand access to licensed physicians for common illnesses and medications when appropriate, 24/7/365.

Scheduled Therapy and Psychology Visits

Access to scheduled talk therapy and psychology sessions for ongoing, proactive mental health therapy. 100% private and confidential with free visits included in your plan!

Psychiatry and Medication Management

Access to virtual visits with our network of psychiatrists for initial evaluations and ongoing medication management. 100% private and confidential with free visits included in your plan!

HOW IT WORKS

Log into your account or call AllyHealth anytime, 24/7/365, to connect directly with a licensed physician by phone or video call within minutes at no cost to you and your family.

FEATURES INCLUDE

- ✓ No copays, deductibles, or per-call charges
- ✓ Prescriptions called into your local pharmacy
- ✓ Plan covers the entire family
- ✓ Fast and easy access, 24/7/365
- ✓ Avoid germ-filled waiting rooms
- ✓ Flexible and easy to use (available via web, mobile app, or simply by phone)

COMMON CONDITIONS WE TREAT

- Sore Throat
- Sinus Infection
- Cough
- Allergies
- Urinary Tract Infections
- Skin Rash/ Infections
- Fever/Headache
- Covid-19/Flu
- Rx Refill
- Pink Eye
- Constipation/ Diarrhea
- Stomach Pain
- Stress and Anxiety
- Ear Pain
- And More

WHEN TO USE ALLYHEALTH

- ✓ Instead of going to the ER or urgent care center for a non-emergency medical issue
- ✓ During or after normal business hours, nights, weekends, and even holidays
- ✓ If your primary care doctor or pediatrician is not available
- ✓ To request prescriptions or refills (when appropriate)
- ✓ If traveling and in need of medical care

What Are My Options For Care?

You have many options for how and where you can receive care through your medical plan. But which one is best for your situation? Use the chart below to help you decide and see the benefit grid on the next page for service costs.

Care Center	What is it?	What can they treat?
Telemedicine / Virtual Visits 	■ Convenient, low-cost option for treating common, non-urgent health concerns ■ A doctor will diagnose the issue over the phone and write a prescription, if necessary. ■ Available 24/7/365 days a year, by web, phone or mobile app	■ Minor illnesses ■ Minor infections ■ Cold and flu symptoms ■ Bronchitis ■ Allergies ■ And more...
Doctor's Office 	■ Routine care or treatment for a current health issue ■ Your primary doctor knows you and your health history ■ To refer you to a specialist ■ Normally available Monday-Friday. Check with your provider for actual office hours.	■ Routine checkups and preventive services ■ Immunizations ■ Minor injuries, such as sprains ■ Illnesses ■ Manage your general health and chronic conditions
Urgent Care Clinic 	■ Treatment of non-life-threatening injuries or illnesses ■ Staffed by qualified physicians ■ Generally open night and weekends; some open 24/7	■ Cold and flu symptoms ■ Minor accidents or falls ■ Minor sprains or fractures ■ Minor cuts and burns ■ Vomiting, diarrhea
Emergency Room 	■ Immediate treatment for serious, life-threatening conditions. ■ Ready to treat any critical situation ■ Can be hospital-based or freestanding ■ Available 24/7/365 days a year	■ Chest pain ■ Difficulty breathing ■ Severe abdominal pain ■ Broken bones ■ Head injuries ■ Uncontrolled bleeding



Health Savings Account

A **Health Savings Account (HSA)** is available to **Team Members** enrolled in the **High-Deductible Health Plan (HDHP)**. An HSA is an account owned by the team member for the purpose of paying for eligible Medical, Dental and Vision (IRS Schedule 213-d) expenses.

There will be no employer contribution or match to the Health Savings Accounts for the 2026 plan year. Team members are encouraged to review their personal contribution options to maximize tax benefits.

An HSA is a tax-sheltered bank account that you own to pay for eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

HSAs offer a triple tax advantage:

- Tax-free contributions
- Tax-free earnings
- Tax-free withdrawals (when used for eligible expenses)

If HSA funds are used for non-qualified expenses, you may be charged a 20% penalty tax. Save your receipts!

At retirement age, funds can be withdrawn and used for any reason – normal taxes would just be paid.

If you leave your current employment, you may use your HSA funds to pay for COBRA premium.

Key HSA Points

2026 IRS Maximum Contribution Limits

Individual: \$4,400

Family: \$8,750

HSA Limits Include the amounts of employer funding and matching as well as the Team Member contributions. It is the Team Member’s responsibility to keep track of the total amount as to not exceed the limits.

Catch-Up Contributions

Participants age 55 or older can make an additional \$1,000 contribution to their account, but must not be eligible for Medicare

Qualified Expenses

Healthcare costs that are not reimbursed by insurance and are out-of-pocket costs for medical, prescription, dental, or vision

Refer to the IRS Publication 502 titled Medical and Dental Expenses to see a complete list of qualified healthcare expenses

<https://www.irs.gov/pub/irs-pdf/p502.pdf>



Website: www.abymbenefits.com

Phone: 817-731-6258

Manage your Health Savings Account (HSA) online:

Access real-time account balances, transaction history and statements, as well as track your expenses online. Sign up for online banking today.

How to deposit funds into your HSA

To maximize HSA tax and savings benefits, begin funding your account as soon as you can. Alt Bentley Yates offers several convenient methods for making contributions to your HSA.

- **Payroll Deductions** – if your employer offers this option, Alt Bentley Yates will facilitate recurring pre-tax payroll deductions. Contact your employer to complete the appropriate paperwork.
- **Online Transfers** – On Alt Bentley Yates’ member website, you can transfer funds from an external bank account, such as personal checking or savings account, to your HSA.
- **Check** – Mail your personal check and completed contribution form to:

Alt Bentley Yates – PO Box 867599, Plano, TX 75086

How to pay for expenses from your HSA: Debit Card, Checks, Online Transfers, Online Bill Pay

Take Control of Your Healthcare Costs

Whatever your situation, the HSA can help; **available to Team Members enrolled in the High-Deductible Health Plan (HDHP).**

The Theory

Like its name suggests, a health savings account (HSA) helps you pay for current, qualified health care expenses and save for future expenses. You can contribute funds pre-tax through payroll deductions* and watch these funds grow tax-free over time, much like you do with a 401(k).

Michelle 25 / Single / Runner	Enrique 40 / Married / 2 Kids	Tony & Cherie 55 / Married / No Kids
Because Michelle leads a healthy life, she rarely has to visit a doctor, although she does have an annual preventive care exam.	In addition to the family's annual preventive care visits, Enrique's wife comes down with the flu and his daughter Sofia needs braces.	Tony takes a maintenance medication to manage his diabetes, while Cherie needs new glasses.

In Practice

	Michelle	Enrique	Tony & Cherie
	Numbers provided are for illustrative purposes only		
HSA Monthly Team Member Contribution	\$75.00	\$408.33	\$408.33
HSA Annual Team Member Catch-Up Contribution*	N/A	N/A	\$1,000.00
Total Annual HSA Contribution	\$900	\$4,900	\$5,900
Annual Projected Healthcare Costs	\$500	\$3,000	\$4,000
Remaining HSA Funds That Rollover to Following Year	\$400	\$1,900	\$1,900

What is an HSA?



How to Optimize your HSA



**Note: Annual HSA contributions may not exceed \$4,400 (2026) for single coverage and \$8,750 (2026) for family coverage. Individuals age 55 and older may make additional catch-up contributions up to an additional \$1,000.*

Flexible Spending Account (FSAs)



The Flexible Spending Account (FSA) plan with ABY allows you to set aside pre-tax dollars to cover qualified healthcare and dependent care expenses you would normally pay out of your pocket with post-tax dollars. You pay no federal or state income taxes on the money you place in an FSA.

The FSA plan year is January 1st to December 31st each calendar year. You can participate in a Health Care FSA and/or the Dependent Care FSA, but **you MUST re-enroll in the FSA each plan year. Prior year elections will not carry over.** Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.

Plan	Full Healthcare FSA/Limited Purpose FSA	Dependent Care FSA
Who's Eligible	For Team Members enrolled in any of the PPO Medical plans or another non-HSA medical plan.	For all benefit eligible Team Members
Put In:	Contribute up to \$3,300 per FSA Plan Year.	Contribute up to \$7,500 per year, or \$3,750 if married and filing separate tax returns.
Who's Covered	You, your spouse, and dependent children, even if not covered on your medical plan.	Dependent children under age 13 or any dependent claimed on federal income taxes who is incapable of self-care.
Eligible Expenses	Full Healthcare: Medical, dental or vision copays, coinsurance, deductibles, eyeglasses, and many over-the-counter medications. Limited Purpose FSA: If enrolled in the Value HDHP plan, you can only elect this option. Covers dental and vision expenses only.	Day care and after-school programs for dependents up to age 13 or day care for a tax-claimed dependent of any age. Care must be necessary for you and your spouse to work or attend school full-time.
Spend By:	Carryover up to \$660 to the next plan year. Unused funds over this amount will be forfeited.	Any unused funds in your account after December 31st will be forfeited under the IRS "use-it-or-lose-it" rules.

How to Submit a Claim

Claims may be uploaded to your account on the participant Alt Bentley Yates Web Portal, www.abybenefits.com or using the Alt Bentley Yates Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

Getting Reimbursed

Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website (www.abybenefits.com) or submit a completed Direct Deposit Information Form.

Our plans offer a debit card; you may use this card at the point of purchase to access your FSA dollars.

Dental Insurance



Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to be healthy. Sagora Senior Living offers a dental program through UnitedHealthcare. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

To find a dentist by name or location, go to member.uhc.com/myuhc and select the “Find a Dentist”. By using an In-Network dentist you will maximize your dental benefits. If you do see a dental provider out-of-network, you will be responsible for any amount that is balance billed by the dental provider.

	UnitedHealthcare DPPO Plan	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible (Ded)		
Individual	\$50	\$50
Family	\$150	\$150
Waived for Preventive Care?	Yes	Yes
Annual Maximum		
Per Person / Family	\$1,500	\$1,500
Preventive <i>Exams, X-Rays, Cleanings</i>	100% - No ded	100% of R&C* – No ded
Basic <i>Fillings, Simple Extractions, Anesthesia</i>	20% after ded	20% of R&C* after ded
Major <i>Crowns, Bridges, Dentures, Oral Surgery, Endodontics, Periodontics</i>	50% after ded	50% of R&C* after ded
Team Member Contributions Bi-Weekly (26 Deductions per Year)		
Team Member Only	\$13.32	
Team Member + Spouse	\$26.01	
Team Member + Child(ren)	\$28.09	
Team Member + Family	\$40.97	

*The Reasonable and Customary charge is based on the lowest of the “Actual Charge” (the dentist’s actual charge); or “Usual Charge” (the dentist’s usual charge for the same or similar services; or “Customary Charge” (the 95th percentile charge of most dentists in the geographic area for the same or similar services as determined by Mutual of Omaha.)

Vision Insurance

Sight, it's a beautiful thing and not to be taken for granted. Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol.

Whether you want to be incognito and wear contact lenses or stand out in the crowd with the latest stylish frames, this vision plan has you covered. Go anywhere in the network for an exam, but we suggest you use a major retail chain when getting your frames and lenses.

Find An Eye Doctor In Your Network

Choose from local and national providers in the **"UnitedHealthcare" Vision Network**. It offers a broad choice with more than 100,000 access points for care.

Visit member.uhc.com/myuhc to search by provider name, specialty or location.

Put healthy on the menu.

A diet rich in fruits, vegetables and fish high in omega-3 fatty acids can benefit eye health.



	UHC Vision Plan	
	In-Network Benefits	Out-of-Network Reimbursement
Copay		
Eye Exam (Every 12 Months)	\$10 copay	Up to \$40
Vision Materials		
Materials Copay	\$25 copay	N/A
Lenses (Every 12 Months) <i>Single</i> <i>Bifocal</i> <i>Trifocal</i> <i>Lenticular</i>	100%	Up to \$40 Up to \$60 Up to \$80 Up to \$80
Frames (Every 12 Months)	\$100% to \$150	Up to \$45
Contacts (Every 12 Months) <i>Covered in lieu of frames</i> Elective Medically Necessary	\$25 copay; 100% to \$150 Covered at 100%	N/A Up to \$125 Up to \$210
Team Member Contributions Bi-Weekly (26 Deductions per Year)		
Team Member Only	\$3.09	
Team Member + Spouse	\$5.67	
Team Member + Child(ren)	\$6.14	
Team Member + Family	\$8.52	

Life and AD&D Insurance

Basic Life and AD&D Insurance

Sagora Senior Living provides Basic Life and AD&D benefits to eligible Team Members. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Voluntary Life and AD&D Insurance

You have the option to purchase Voluntary Life Insurance and Accidental Death & Dismemberment to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage for yourself or for your spouse. You can also purchase coverage for your dependent children aged 14 days to 26 years up to \$10,000.

***Rates per pay period will be calculated for Voluntary Life and AD&D when going through the enrollment system**

Rules for Coverage:

- Team Member must elect coverage to elect spouse/dependent coverage.
- For new hires, amounts over the guaranteed issue for Team Member/spouse will require an Evidence of Insurability (EOI) form.
- To submit the EOI, go to: www.mutualofomaha.com/eoi
- Team Members who do not enroll when initially eligible or who request coverage amounts that exceed the Guaranteed Issue amount will be required to complete the Evidence of Insurability (EOI) form to receive underwriting approval.

***Rates per pay period will be calculated for Vol Life/AD&D when going through the enrollment system**

Mutual of Omaha	
Basic Life and AD&D	
Benefit Amount	\$15,000
Age Reduction Schedule	To 65% at Age 65, To 50% at Age 70
Conversion	Included

Mutual of Omaha	
Voluntary Life and AD&D	
Team Member	
Benefit Maximum	Increments of \$10,000 up to the lesser of 5 times your basic annual earnings, or \$500,000
Guaranteed Issue	\$200,000, not to exceed 5x earnings
Spouse	
Benefit Maximum	Increments of \$5,000 up to 100% of Ee Amt to \$250,000
Guaranteed Issue	\$50,000
Child(ren)	
Benefit Maximum	\$10,000



Voluntary Short-Term Disability (STD)

Your ability to earn income may be your most important asset. Disability insurance provides financial security for you and your family should you become unable to work due to sickness or injury.

Sagora Senior Living offers a short-term disability option through Mutual of Omaha for you to purchase. This benefit covers either 30% or 60% of your weekly base salary up to \$1,500/week.

To submit a claim, go to: www.mutualofomaha.com use code **G000CIWN**

Pre-Existing Condition Limitation Explained: If you go out on disability within 6 months of being on the policy, Mutual of Omaha will look back 3 months from your effective date of coverage. If you were seen, treated, or prescribed medication for the disability you are filing for, during that 3-month lookback, you would not be benefit eligible for that condition. Once you have been on the plan for at least 6 months, the pre-ex-limitation no longer applies.

***Rates per pay period will be calculated for STD when going through the enrollment system in UKG**

Mutual of Omaha	
Short Term Disability	
Benefit amount	30% Basic Weekly Earnings OR 60% Basic Weekly Earnings
Maximum Benefit	Up to \$1,500 per week
Elimination Period	7 days
Maximum Benefit Duration	12 weeks
Pre-Existing Condition Limitation	3 month look back / 6 month exclusion

Voluntary Long-Term Disability (LTD)

Sagora Senior Living offers long-term income protection through Mutual of Omaha for you to purchase in the event you become unable to work due to a non-work-related illness or injury. This benefit covers either 30% or 60% of your monthly base salary up to \$5,000. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Under the LTD plan, if you have received treatment 12 months prior to the coverage effective date for a pre-existing condition, are provided for during the first 12 contract.

Mutual of Omaha	
Long Term Disability	
Benefit amount	30% of Basic Monthly Earnings OR 60% Basic Monthly Earnings
Maximum Benefit	Up to \$5,000 per month
Elimination Period	90 days
Maximum Benefit Duration	60 months
Pre-Existing Condition Limitation	12 / 12

no LTD benefits that condition months of the

Voluntary Accident Insurance

For covered accidental injuries, fixed benefits are paid directly to you regardless of any other coverage you may have, and you can spend it any way you choose. Benefits are paid according to a fixed schedule that includes benefits for hospitalization, fracture and dislocations, emergency room visits, major diagnostic exams, physical therapy and more.

Key Advantages of Accident Insurance

- Benefits are payable directly to you to be spent any way you choose.
- Pays in addition to any other coverage you may have.
- No health questions or pre-existing conditions limitations.
- Fast and accurate claims services.
- Coverage is fully portable- If you change jobs, you can take your coverage with you.

Cash Benefit Amounts Paid for Covered Services	
\$400	Ambulance
\$2,000	Hospital Admission
\$400	Emergency Room Visit
\$400	Hospital Confinement (1 Day)
\$400	Magnetic Resonance Imaging (MRI)
\$2,000	Surgery – Repair of Torn Knee Cartilage
\$525	3 Follow-Up Visits
\$6,120	Total Amount Plan Paid to John

How it works

While John was hiking in a local park, he fell and tore his knee cartilage. He went to the hospital emergency room for treatment and stayed overnight. The doctor told him he needed surgery to repair the cartilage. See how accident insurance offset John's expenses.

Team Member Contributions Bi-Weekly (26 Deductions per Year)	
Team Member	\$5.52
Team Member & Spouse	\$8.68
Team Member & Child(ren)	\$9.60
Team Member & Family	\$14.92

Voluntary Hospital Indemnity

Hospital Indemnity Benefit pays a benefit when a covered person is admitted and confined as an inpatient in a hospital due to an injury or covered sickness. This benefit is only payable once per period of confinement. A hospital is not an institution, or part thereof, used as a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

For example, you will receive cash when you:

- Are admitted to the hospital
- Stay overnight
- Have a baby
- Need observation
- Neonatal/Pediatric ICU

Mutual of Omaha	
Hospital Stay – Admission	\$1,300
Hospital Stay – Daily	\$200 (30 day max combined)
Hospital Stay – ICU Admission	\$1,300
Hospital Stay – ICU	\$400 (30 day max combined)
HSA Compatible?	Yes
Pre-Existing Condition Limitation	None
Team Member Contributions Bi-Weekly (26 per Year)	
Team Member	\$12.81
Team Member & Spouse	\$24.26
Team Member & Child(ren)	\$26.45
Team Member & Family	\$39.65

Benefits are paid directly to you, above, beyond, and regardless of any other coverage.

We want to share a quick reminder about a valuable feature included with your *Hospital Indemnity* benefit through Mutual of Omaha as part of this benefit, you are eligible for a \$50.00 reimbursement when you complete a health screening. This is a great way to take care of your health and receive a little extra back”. To file a claim call 800-877-5176

Voluntary Critical Illness Insurance

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. For many, a critical illness can expose an individual to an unexpected gap in protection. While health plans may help cover many of the direct costs associated with a critical illness, related expenses such as lost income, childcare, travel to and from treatment; high deductibles and co-pays may quickly diminish savings.

Critical illness insurance pays a fixed benefit upon initial diagnosis of a covered critical illness- while you are living and when you may need it most.

Key Advantages of Critical Illness Insurance

- Benefits are payable directly to you to be spent any way you choose.
- Pays in addition to any other coverage you may have.
- Flexible coverage options to meet your individual needs.
- Fast and accurate claims service
- \$50 annual benefit per covered person for getting a health screening

	Mutual of Omaha		
	Team Member	Spouse	Child(ren)
Benefit	\$5,000 to \$30,000	\$5,000 increments to \$15,000 Not to Exceed 100% of Team Member Benefit	25% of Team Member Amount
Covered Conditions			
Invasive Cancer	100%		
Non-Invasive Cancer	25%		
Heart Attack	100%		
Coronary Artery Disease	25% (Major) / 25% (Minor)		
Major Organ Failure	100%		
End Stage Renal Failure	100%		
Advanced Alzheimer's	100%		
Amyotrophic Lateral Sclerosis (ALS)	100%		
Parkinson's Disease	100%		
Pre-Existing Condition Limitation	None		

How it works

Sue suffers a heart attack and receives a cash payment of \$10,000 from her Critical Illness plan. Four years later she is diagnosed with non-invasive cancer and receives an additional payment of \$2,500 from her plan. During both illnesses, her plan provided financial support to cover a variety of expenses, such as mortgage and car payments, while she recovered.

Critical Illness Contributions (Bi-Weekly)			
Age Band	Team Member Rate per \$1,000	Spouse (Based on Team Member's Age) Rate per \$1,000	Child(ren)
< 30	\$0.22	\$0.22	Included in Team Member Rate
30-39	\$0.40	\$0.40	
40-49	\$0.87	\$0.87	
50-59	\$1.62	\$1.62	
60-69	\$2.56	\$2.56	
70-79	\$2.56	\$2.56	

***Rates per pay period will be calculated for Critical Illness when going through the enrollment system**

We want to share a quick reminder about a valuable feature included with your *Critical Illness* benefit through Mutual of Omaha as part of this benefit, you are eligible for a \$50.00 reimbursement when you complete a health screening. This is a great way to take care of your health and receive a little extra back". To file a claim call 800-877-5176

Team Member Assistance Program

Available Services When You Need Help the Most – AT NO COST TO YOU!

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

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

Enhanced TMAP Services

Features	Value to Company and Team Members
Team Member Family Clinical Services	• An in-house team of Master's level TMAP professionals who are available 24/7/365 to provide individual assessments • Outstanding customer service from a team dedicated to ongoing training and education in Team Member assistance matters
Counseling Options	• 3 sessions per year (per household) conducted by either face-to-face counseling or video telehealth via a secure portal
Exclusive Provider Network	• National network of more than 10,000 licensed clinical providers for face-to-face counseling • National network of more than 30,000 licensed clinical providers for telehealth counseling • Network continually expanding to meet customer needs
Access	• 1-800 hotline with direct access to a Masters level TMAP professional • 24/7/365 services available • Telephone support available in more than 120 languages
Team Member Family Legal Services	• Valuable resources – legal libraries, tools and forums, - available on TMAP website • A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney • 25% discount for ongoing legal services for same issue
Team Member Family Financial Services	• Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health • A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney
Team Member Family Work/Life Services	• Childcare resources and referrals • Elder care resources and referrals

Learn more about the TMAP services available to you below and at www.mutualofomaha.com/eap or call **1-800-316-2796**.

Financial Wellness

401(k)

Sagora Senior Living's 401(k) Plan is administered by Fidelity NetBenefits. After 60 days of employment with Covenant Group or an affiliated company (Sagora Senior Living, Inc or TCG Development, LLC), Team Members are eligible to participate in the plan.

For 2026, Sagora Senior Living will match 100% of every dollar that Team Members contribute up to 3% of Team Member's annual salary, and 50% of salary deferrals that are between 4% and 5% of a Team Member's annual salary. The employer match is reviewed annually and is not guaranteed.

Team Members may enroll after they have met eligibility requirements by logging onto the carrier website. Enrollment is completed on the carrier website. Team Members can view their 401(k) account or enroll by following the steps below.

To Enroll:

1. Visit www.401k.com
2. Enter your email address and set up your password
3. Click the link to enroll!

To View:

1. Visit www.401k.com
2. Sign-In
3. Access the Profile Section within NetBenefits

Team Members may also call the Fidelity customer service number at (800) 835-5097.



Perks At Work



Perks at Work is a free savings program that is available to all Sagora Senior Living Team Members and their families. Participants can enjoy exclusive savings on favorite brands, travel, dining and more.

Register Now:

- Visit: <http://perksatwork.com>
- Login with your email address and password

*First time users: click "Register for Free" button and follow the on-screen instructions to set up your account

Payday Advance

Sagora Senior Living is excited to offer all Team Members the opportunity to request a pay advance for hours worked in the current pay period through UKG Wallet.



Follow the steps below to complete your pay advance request.

1. Access the UKG wallet app
2. Select the \$ icon in the bottom middle of the screen
3. Specify the requested amount and bank account
4. Select access money
5. Indicate the delivery method (Delivery method will indicate when funds will be available)
6. Lastly, select load funds
7. Any pay advance will be deducted from the next paycheck



USI Benefit Resource Center



Call the Benefit Resource Center ("BRC"),
We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



Benefit Resource Center
BRC.Southwest@usi.com | Toll Free: 855-874-0110
Monday through Friday 8:00am to 5:00pm
Eastern & Central Standard Time

Helpful Terminology

- **Brand preferred drugs** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
- **Brand non-preferred drugs** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.
- **Calendar Year Maximum** – The maximum benefit amount paid each year for each family member enrolled in the dental plan.
- **Coinsurance** – The sharing of cost between you and the plan. For example, 80 percent coinsurance means the plan covers 80 percent of the cost of service after a deductible is met. You will be responsible for the remaining 20 percent of the cost.
- **Copay** – A fixed amount (for example \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.
- **Deductible** – The amount you must pay for covered services before your health plan begins to pay.
- **Elimination Period** – The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.
- **Generic drugs** – A drug that offers equivalent uses, doses, strength, quality, and performance as a brand-name drug, but is not trademarked.
- **In-network** – A designated list of health care providers (doctors, dentists, etc.) with whom the health insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.
- **Inpatient** – Services provided to an individual during an overnight hospital stay.
- **Mail Order Pharmacy** – Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.
- **Out-of-network** – Health care providers that are not in the plan’s network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Additional deductibles and higher coinsurance will apply.
- **Out-of-pocket maximum** – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.
- **Outpatient** – Services provided to an individual at a hospital facility without an overnight hospital stay.
- **Primary Care Provider (PCP)** – A doctor (generally a family practitioner, internist, or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.
- **Reasonable & Customary Charges (R&C)** – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.
- **Specialist** – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist, or neurologist).
- **Specialty drugs** – A drug that requires special handling, administration, or monitoring. Most can only be filled by a specialty pharmacy and have additional required approval



Carrier Contacts

Please contact the Sagora Senior Living Benefits Team to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	POLICY NUMBER	PHONE NUMBER	WEBSITE
Benefits Questions	USI Benefits Resource Center (BRC)	N/A	(855) 874-0110	BRC.Southwest@usi.com
Medical	UMR	76-412483	(877) 370-5217	www.umar.com
Prescription Coverage	RX Benefits	C01128	(800) 334-8134	Email: RxHelp@rxbenefits.com
Telemedicine	Ally Health	Refer to Sagora	(888) 850-5621	www.allyhealth.net
FSA, HSA, Dependent Care FSA	Alt Bentley Yates	Refer to Sagora	(817) 731-6258	www.abbybenefits.com
Dental	UnitedHealthcare	936829	(877) 816-3596	www.myuhc.com
Vision	UnitedHealthcare	936839	(800) 521-3605	www.myuhc.com
Life and AD&D	Mutual of Omaha	G000CLWM	(800) 877-5176	www.mutualofomaha.com
Disability (STD / LTD)	Mutual of Omaha	G000CLWM	(800) 877-5176	www.mutualofomaha.com
Worksite (Accident / Critical Illness / Hospital)	Mutual of Omaha	G000CLWM	(800) 877-5176	www.mutualofomaha.com
Filing Claims – Life, Disability, Accident, CI, Hospital	Mutual of Omaha	G000CLWM	(800) 775-8805	www.mutualofomaha.com/support/forms
Team Member Assistance Program (TMAP)	Mutual of Omaha	G000CLWM	(800) 316-2796	www.mutualofomaha.com/eap



This brochure summarizes the benefit plans that are available to Sagora Senior Living eligible Team Members and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. The information provided in this brochure is not a guarantee of benefits.