



Your 2024 Benefits Guide

Coverage for you and your family



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This information is intended to provide Associates with a general understanding of the benefits programs of LCCA and Century Park. The information should be helpful to familiarize Associates with eligible benefits. This information, however, cannot anticipate an answer to every question about employment, wages and benefits. IT IS NOT AN EMPLOYMENT CONTRACT. The company must demonstrate flexibility in the administration of policies and procedures and reserves the right to change or revise policies and procedures without notice.



PLEASE NOTE: The benefits illustrated in this booklet are meant to serve as a summary of the benefits available under each carrier's plan. Reference carrier plan summary for full benefit information. Should any discrepancies arise, the carrier's documents supersede these illustrations.



We invest in your wellbeing.

One of our top priorities is to maintain the health and wellbeing of our Associates and their families. To achieve this goal, we offer a comprehensive program with a variety of options to best meet your needs.

Welcome to Your Benefits

Your health and the health of your family are important—this is the reason we offer comprehensive health care coverage with ancillary benefit options to eligible Associates and their families. Your Benefits Package is designed for your total wellbeing.

This guide describes your Benefits Package. Please read through all of your materials very carefully. You have many resources available for any questions related to your plans as you enroll and throughout the year. Take advantage of those resources to be sure you receive the full benefits you need and all that is available to you. The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. The health care benefit year begins January 1st and ends December 31st.

Enrollment Period for the 2024 Plan Year

This Enrollment Guide is designed to assist you in making benefit decisions for you and your family. Please note that this guide is a summary of your benefits. For specific details, you may refer to each carrier's benefit booklet. Copies can be viewed electronically on Village Square. They are located under Department Sites > Benefits > Benefits Shared Documents > Benefit Plan Info.

New hires must enroll online within 45 calendar days of the full-time date of hire. See instructions outlined in this guide to enroll online. Associates making changes to coverage mid-year must make the changes online within 45 calendar days of the status change or event. Coverage changes made due to a qualifying event will take effect the first of the month after the event. Associates will be responsible for all premiums back to the effective date of coverage.

Making Changes During the Year

Changes can only be made mid-year due to a qualifying life event. Changes, along with the required documentation, must be submitted within 45 calendar days of the life event. Examples of a qualifying life event include:

- Marriage or divorce
- Loss or gain of other coverage
- Birth or adoption of a child
- Death

These events give you the opportunity to make changes to your benefits. You will be required to provide proof of the event (i.e., birth certificates, marriage certificates, divorce decree, death certificate, creditable coverage letter, and/or proof of the gain or loss of other coverage) to have your benefit changes approved.

You will also need to provide proof of relationship if adding any dependents. This will need to be provided within 45 days of the date of the event. These changes will take effect on the 1st of the month following the event, with exception of birth of a child. You will be responsible for premiums back to the effective date of coverage.



Eligibility

Associate Eligibility

All full-time Associates working at least 30 hours per week are eligible for benefits on the first day of the month following or concurrent with 60 days of full-time employment. Insured Associates who terminate from employment will be covered under the insurance plan until the last day of the month, in which they are no longer employed.

For your coverage to take effect, you must be working a full-time schedule. If you move to part-time or take a leave prior to your benefit start date, coverage will be delayed until you return to a full-time schedule.

If you are enrolled in benefits as a full-time Associate and move to part-time or PRN, your coverage will not end automatically. **The Reduction in Hours form must be completed by every associate moving to part-time or PRN.**

Dependent Eligibility

Eligible Associates may also cover spouses and dependent child(ren), up to the age of 26, regardless of student status or financial dependency. This eligibility rule applies to the health, dental, vision and life coverage. All relationship documentation (marriage certificate, birth certificate, etc.) must be provided within 45 calendar days of a qualifying event or by the effective date of coverage. Social Security numbers are required for all dependents.

Your eligible dependents include:

- An eligible spouse is the person who you are ceremonially and legally married to
- Your child or step-children up to age 26 (by birth, adoption, legal custody, or marriage)
- Your disabled children age 26 or over. The child must have become disabled before reaching age 18

New Hire Commonly Asked Questions

What if I miss the deadline?

The benefit enrollment system should be available to you within 7 days of your full-time date of hire. **You have 45 calendar days from your date of hire to log on and enroll in benefits.** Your coverage will take effect the 1st of the month following or concurrent with the 60th day of your employment. You must provide all relationship documentation and SSN's for your dependents before your 1st day of coverage.

What if I want to waive these coverages?

You may choose to waive coverage under the Medical Plan. Our medical plans meet Affordability requirements. Therefore, you would not be eligible for a subsidy through the Health Care Marketplace.

If I don't want to enroll right now, when is my next chance to get insurance?

Your next opportunity to enroll would be at the next Open Enrollment, or within 45 calendar days of another qualifying event, should one happen.

Enrollment

Online Enrollment

As an Associate, you have access to some great benefits. You also have some decisions to make, and this guide provides information about your choices and can help answer your questions. Here's what to do:

- Read through this guide to learn about the benefits available to you.
- Review the information available online about the medical plans available to you.
- Go online and enroll in your benefits within 45 calendar days of your date of hire.

To make your benefit elections and enroll in benefits, follow the steps below:

- From a laptop, desktop, smart phone or tablet go to lcca.hrintouch.com, or scan the QR code on this page.
- Enter your username as your first name plus the first letter of your last name and the last four digits of your SSN. For example: Ken Jones SSN: ****6789, username would be "kenj6789."
 - If you receive an error message, try using your first name plus the first two letters of your last name, and the last four digits of your SSN. If your account becomes disabled, call 866-822-8688 for password resets, and help with your user name.
- Enter your temporary password which is your SSN with no spaces or dashes.
- Choose a new password that is 8-15 characters, has at least one number, one capital letter and at least one lower case letter.
- Choose either English or Spanish as your language of choice.
- Choose and answer three security questions, save this information.
- Click on the "Enroll Now" button on the right hand side of the screen.
- When the Welcome screen comes up, click the blue "Get Started" button.



Follow the on-screen instructions to enroll in benefits. When finished, be sure to click the green box at the bottom of the page that says "Complete Enrollment."

If you do not select "Complete Enrollment" your benefit elections may not be saved. A green checkmark will come up stating you have completed your enrollment, giving you the opportunity to print a confirmation page.

Adding Dependents

When adding your children, spouse or other dependents to the plan, a document manager page will pop up allowing you to upload the required relationship documentation. Uploading these documents directly will speed up the enrollment process. If you are not prepared to upload documents at the time of enrollment, you can log in at a later date and select the "Document Center" icon to upload the documents.

Documentation can also be faxed to 423-339-8387 or given to your Benefit Representative to be forwarded to Associate Benefit Trust (ABT). You will need to provide a marriage certificate for your spouse, and birth certificates or guardianship paperwork for all children you add to your plan. If proof of relationship paperwork is not provided by the effective date of coverage, dependents will not have any coverage.





Plan Premiums and Payroll Deductions

HMO Medical Plan

COVERAGE TIER	MONTHLY PREMIUM	EMPLOYER SHARE	ASSOCIATE SHARE MONTHLY	ASSOCIATE SHARE BI-WEEKLY	COBRA MONTHLY PREMIUM
Associate Only	\$557.52	\$446.02	\$111.50	\$51.46	\$568.67
Associate & Spouse	\$1,115.03	\$557.52	\$557.51	\$257.31	\$1,137.33
Associate & Children	\$1,059.18	\$529.59	\$529.59	\$244.43	\$1,080.36
Associate & Family	\$1,783.96	\$891.98	\$891.98	\$411.68	\$1,819.64

POS Medical Plan

COVERAGE TIER	MONTHLY PREMIUM	EMPLOYER SHARE	ASSOCIATE SHARE MONTHLY	ASSOCIATE SHARE BI-WEEKLY	COBRA MONTHLY PREMIUM
Associate Only	\$711.91	\$533.93	\$177.98	\$82.14	\$726.15
Associate & Spouse	\$1,423.82	\$711.91	\$711.91	\$328.57	\$1,452.30
Associate & Children	\$1,352.65	\$689.85	\$662.80	\$305.91	\$1,379.70
Associate & Family	\$2,278.07	\$934.01	\$1,344.06	\$620.34	\$2,323.63

Delta Dental Plan

COVERAGE TIER	MONTHLY PREMIUM	BI-WEEKLY PREMIUM	COBRA MONTHLY PREMIUM
Associate Only	\$23.13	\$10.68	\$23.59
Associate & Spouse	\$45.70	\$21.09	\$46.61
Associate & Children	\$54.49	\$25.15	\$55.58
Associate & Family	\$81.16	\$37.46	\$82.78

BCBS Vision Plan

COVERAGE TIER	MONTHLY PREMIUM	BI-WEEKLY PREMIUM	COBRA MONTHLY PREMIUM
Associate Only	\$6.91	\$3.19	\$7.05
Associate & Spouse	\$13.13	\$6.06	\$13.39
Associate & Children	\$12.44	\$5.74	\$12.69
Associate & Family	\$20.74	\$9.57	\$21.15



Medical Plan Options

Medical Plans: HMO and POS Plan Options

You have the option to enroll in one of two medical plans through Health Plan of Nevada. Both plans cover preventive care at 100% and protect you with an out-of-pocket maximum.

The HMO plan does not provide any services received from a non-network providers except for emergency services or medically necessary services that are not available through an in-network provider. Copays apply to visits and can vary based on the type of provider you visit.

The POS plan includes three tiers of coverage: Tier 1 HMO benefits (lowest cost), Tier 2 Plan Providers (mid-range cost), or Tier 3 Non-Plan Providers (highest cost). You are encouraged to utilize Tier 1 & 2 Plan Providers as possible.

The chart below outlines the highlights of in-network and Tier 2 coverage. For plan details, Tier coverage, and additional copays and services, scan the QR codes below to view the Summary of Benefits and Coverage.

IN-NETWORK PLAN FEATURES	HMO PLAN	POS PLAN
Deductible		
• Individual / Family	\$500 / \$1,000	\$1,000 / \$2,000
Coinsurance (amount insurance company pays after applicable copays/deductibles)	100% after copays / deductible	80%
Out-of-Pocket Maximum		
• Individual / Family	\$6,850 / \$13,700	\$6,250 / \$12,500
Office Visits		
• Preventive Visits	Plan pays 100%	Plan pays 100%
• Primary Care	\$15 copay (assistant) \$25 copay (physician)	\$35 copay (assistant) \$40 copay (physician)
Hospital		
• Inpatient Care	Deductible + \$750 / day (\$2,250 max)	Plan pays 80% after deductible
• Emergency Room	Deductible + \$750 (waived if admitted)	\$250 copay (waived if admitted)
Prescriptions		
• Tier 1	\$25 copay	\$25 copay
• Tier 2	\$50 copay	\$50 copay
• Tier 3	\$75 copay	\$75 copay

Value Added Programs for Your Health Journey

Our medical coverage with Health Plan Nevada come with valuable health education offerings that empower patients with the support, information, and tools to prevent illness, manage existing health concerns, and overcome obstacles that allow them to live healthier lives. Register on healthplanofnevada.com/Member to get access to healthy resources for:

- Diabetes Management
- Asthma Management
- Tobacco Cessation
- Nutrition and Weight Management
- Lactation / Breastfeeding Solutions
- And More

PLEASE NOTE: The benefits illustrated in this booklet are meant to serve as a summary of the benefits available under each carrier's plan. Reference carrier plan summary for full benefit information. Should any discrepancies arise, the carrier's documents supersede these illustrations.



24/7 NowClinic - Virtual Care from Anywhere

Use 24/7 NowClinic when it's not an emergency, and you can't get to a doctor's office. It's available 24/7, and you'll typically pay less than you would for a visit to the office or urgent care clinic.

No appointment needed to get care for non life-threatening and non-urgent medical conditions such as:

- Allergies
- Bladder infection
- Bronchitis
- Pink eye
- Sinus infections
- Viral illnesses

Consultations, follow up care or visits with providers require an appointment for:

- Mental health
- Health education
- Case management
- Specialties

If needed, a provider will reach out to you to schedule an appointment with a case manager or specialist. To make an appointment with a health educator or registered dietitian, call toll-free **1-800-720-7253, TTY 711**. To schedule an appointment for mental health therapy, call toll-free **1-800-873-2246, TTY 711**, and then press zero at the prompt. Restrictions apply. Visit [HealthPlanofNevada.com](https://www.healthplanofnevada.com) to learn more.

Enroll to get care and learn how you can get same-day medication delivery for specific prescriptions! Go to [NowClinic.com](https://www.nowclinic.com) or get the NowClinic app and sign up.

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Where To Go Guide

If you have a choice in prescription medications...

Choosing generic or lower tier drugs will save you money.



TAKE THIS

NOT THAT

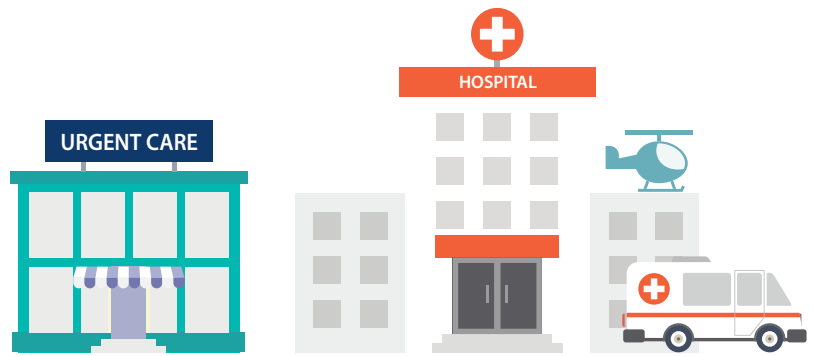
Where to go for care...

Remember, where you go makes a BIG difference. Typically, the BIGGER the building, the BIGGER the bill.



Where to go for care...

After PCP hours for non-life-threatening health issues, choose Urgent Care over an Emergency Room visit.



GO HERE

NOT THERE

Where to go for imaging...

If you need outpatient imaging (CT, MRI, etc.), stand-alone imaging centers are typically less expensive than in a hospital setting.



GO HERE

NOT THERE



Dental (Delta Dental)

Dental Plan: PPO | Network: Delta Dental PPO and Premier

You are provided with the opportunity, through payroll deduction, to purchase dental coverage. As a member of Delta Dental of Tennessee, you have access to the nation's largest dental network Delta Dental PPO and Delta Dental Premier. With more than 600,000 dental locations participating, this nationwide network provides great access to care as well as the privilege of reduced rates through our agreed upon fees with dentists. When visiting a Delta Dental PPO or Delta Dental Premier provider, you cannot be balance billed – giving you added savings. You are also free to visit non-network dentists, but you may be balance billed.

View Your Delta Dental Benefits Online at deltadentaltn.com. Use the member portal to review claims, amounts used towards annual maximum, print ID cards, and more. To find a Delta Dental Provider, visit deltadentaltn.com or call 800-223-3104.

CALENDAR YEAR DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK**
Individual	\$50 (max 3 per family)	\$50 (max 3 per family)
Waived for	Preventive Care	Preventive Care
CHARGES YOU PAY (CO-INSURANCE)	IN-NETWORK	OUT-OF-NETWORK**
Diagnostic and Preventive Care	0%	0%
Basic Services	20%	20%
Major Services*	50%	50%
Orthodontia*	50%	50%
ANNUAL BENEFIT	IN-NETWORK	OUT-OF-NETWORK**
Annual Maximum Benefit (Basic and Major)	\$1,500	\$1,500
Lifetime Maximum Benefit (Orthodontia)	\$1,000	\$1,000
Late Entrant Waiting Period	12 months	12 months

*A 12 month waiting period for new enrollees applies.

**You are not responsible for charges exceeding the maximum plan allowance (MPA) if you go to a participating Delta Dental dentist. You are responsible for charges exceeding the MPA if you go to a nonparticipating dentist. The MPA charges are based on fees charged in your geographic area maximum plan allowance (MPA) if you go to a nonparticipating dentist. The MPA charges are based on fees charged on your geographic area.

Preventive Care

- Oral Examinations (One per 6 months)
- Cleanings (One per 6 months)
- Bitewings (Allowed once in a benefit period)

Basic Services

- Amalgam/Resin Restorations (Fillings)
- Simple Extractions
- Full mouth and periapical X-Rays
- Periodontics
- Endodontics

Major Services*

- (*You must be insured under dental for 12 months to be eligible for major services)
- Complex Oral Surgery
 - Crowns
 - Bridges
 - Dentures

Orthodontia*

- You and your dependents must be insured under the dental plan for 12 months to be eligible for Orthodontics Procedures



Vision (BlueCross BlueShield of TN)

Vision Plan | Network: VisionInsight

You are also provided with the opportunity, through payroll deduction, to purchase vision coverage through BlueCross BlueShield of TN. Your routine vision exams, eyeglasses, or contact lenses are available through the national network of vision care providers.

Tell your provider you are a BlueCross BlueShield of TN member with coverage through your employer. Provide your member ID number, name and date of birth or Social Security number. Do the same for your covered dependents seeking vision services. Your provider will take care of the rest. Log on to your member site at bcbst.com or call 877-342-0737 to search for providers or request an ID card.

SAMPLE OF COVERED SERVICES	IN-NETWORK
Eye Exams	\$10
Standard Lenses	\$25
Frames	\$0 Copay; \$150 Allowance, 20% off balance over \$150
Contact Lens Fit and Follow-Up	Standard: \$25 Copay, Paid-in-full and two follow up visits Premium:\$25 Copay, 10% off Retail Price, then apply \$55 allowance
Contact Lenses	Conventional: \$0 Copay; \$130 allowance, 15% off balance over \$130 Disposable: \$0 Copay; \$130 allowance, plus balance over \$130 Medically Necessary: \$0 Copay, Paid-in-Full

SERVICE FREQUENCY

Exams	Every 12 months
Lenses (for glasses or contact lenses)	Every 12 months
Frames	Every 24 months





Flexible Spending Accounts

Healthcare FSA (HealthEquity)

A HealthEquity Healthcare Flexible Spending Account (FSA) is a pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't fully covered by your insurance plan. A HealthEquity Health Care FSA is a smart, simple way to save money while keeping you and your family healthy and protected. **Important:** This coverage can only be elected at open enrollment and associates must be employed for six months prior to OE to be eligible for this plan.

How It Works

Simply decide how much to contribute. Funds are withdrawn from each paycheck for deposit into your Healthcare FSA before taxes are deducted. Your total annual election amount is available on day one of your plan year. Be sure to estimate your annual healthcare expenses and make your contributions carefully.

You have 90 days from the end of the calendar year or your employment term date, whichever comes first, to submit receipts for services prior to your last day covered under the Health Care FSA. Active associates enrolling in the Healthcare FSA for 2024 can carry over up to \$610 of their unused funds into the following plan year. Unspent balances in excess of the allowed carryover will be forfeited.

How You Use It

With a variety of payment and reimbursement options, your HealthEquity Healthcare FSA is easy to use. The convenient HealthEquity card associated with your account can be used to pay for hundreds of eligible healthcare products and services for you, your spouse, and your dependents.

How Much You Can Contribute

If you elect this plan, you must contribute a minimum of \$360 per plan year. If you contribute less than \$360 per plan year, your account will be closed and no deductions taken. The maximum amount you can contribute is governed by the IRS and reviewed on an annual basis. The maximum amount for 2024 is \$3,050.

Payroll Deductions

Deductions for this plan will continue for the entire calendar year, as long as your employment continues, even if your status changes.

Dependent Day Care FSA (HealthEquity)

A HealthEquity Dependent Care Flexible Spending Account (FSA) is a pre-tax benefit account used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare. A HealthEquity Dependent Care FSA is a smart, simple way to save money while taking care of your loved ones so that you can work.

How You Use It

With a variety of payment and reimbursement options, your HealthEquity Dependent Care FSA is easy to use. Arrange for convenient direct payments to your care provider or be reimbursed for payments you make. You can even have your dependent care provider sign receipts using your mobile device.

How It Works

Simply decide how much to contribute to your account each year and funds are withdrawn from each paycheck for deposit into your account before taxes are deducted. If you elect this plan, you must contribute a minimum of \$360 per plan year. As soon as your account is funded, you can use your balance to pay for many eligible dependent care expenses. Be sure to estimate your annual dependent care expenses and make your contributions carefully. You have 90 days from the end of the calendar year to submit receipts for services prior to your last day covered under the DCFSA.

How You Manage It

Manage your account via a secure website on any computer or mobile device that's connected to the Internet or via the HealthEquityEZ Receipts® mobile app.

How Much You Can Contribute

If you elect this plan, you must contribute a minimum of \$360 per plan year. You can contribute up to a maximum of \$5,000 to your HealthEquity Dependent Care FSA.

How You Get It

Ready to save? Enroll in a HealthEquity Dependent Care FSA now. Enroll now by going online to lca.hrntouch.com. Learn more at healthequity.com/dcfsa.



Flexible Spending Accounts

FSA Eligible Medical Expenses:

- Deductible
- Coinsurance
- Doctor Visits
- Prescriptions
- Dental and Vision Care
- Lab Work
- X-Rays
- And More

FSA Eligible Dependent Care Expenses:

- Daycare
- Before/After School Programs
- Babysitting (work-related)
- Custodial Elder Care (work-related)
- Day Camp
- And More

Still Have Questions?

Health Care FSA:

healthequity.com/fsa

Dependent Care FSA:

healthequity.com/dcfsa

Ready to save?

Enroll in HealthEquity FSA now at lcca.hrintouch.com

Manage your account.

Manage your account at healthequity.com or via the HealthEquity EZ Receipts® mobile app.





Life/AD&D Insurance (Dearborn National)

Basic Life and Accidental Death & Dismemberment

You are provided with, at no cost to you, Term Life Insurance with Accidental Death & Dismemberment coverage through Dearborn National. This insurance is in an amount equal to 100% of your Basic Annual Earnings subject to a maximum of \$50,000.

Voluntary Life Insurance

You are also provided with the opportunity, through payroll deduction, to purchase additional life insurance to supplement the employer provided Basic Life coverage. Initially you may elect an amount of term insurance in increments of \$10,000 to a maximum of \$250,000 or 3x your salary. During Open Enrollment you may purchase up to \$50,000 of Term Life in increments of \$10,000, not to exceed \$250,000 or 3x your basic annual earnings in total. Please log into the benefit website for personalized rates.

Voluntary Dependent Life Insurance

You may elect spousal coverage in \$5,000 increments but not to exceed 50% of your Supplemental Life coverage, and a maximum of \$50,000. Children age 6 months up to age 26 are eligible for a \$5,000 or \$10,000 benefit. Your children age 15 days but less than 6 months may be insured for \$500. Please log into the benefit website for personalized rates.

PLEASE NOTE: The benefits illustrated in this booklet are meant to serve as a summary of the benefits available under each carrier's plan. Reference carrier plan summary for full benefit information. Should any discrepancies arise, the carrier's documents supersede these Illustrations.





Disability Insurance (The Hartford)

You're provided with the opportunity, through payroll deduction, to purchase a Short and/or Long Term Disability plan through The Hartford. To file a disability claim, please call 800-549-6514.

How do these benefits work?

- Disability insurance protects you and your family by providing a portion of your income during times when you are unable to work due to an accident or sickness.
- Duration of disability is determined by your treating physician. Periods below are the maximum allowable.
- Benefits will be based on scheduled hours in payroll multiplied by the hourly rate. Please log into the benefit website for personalized rates.



Benefit Reduction

Under both disability policies, your benefit payments will be reduced by other income you may be eligible to receive, such as:

- State mandated disability funds
- Workers' Compensation
- Other employer-based insurance coverage you may have
- Unemployment benefits
- Settlements for income loss
- Any other private disability insurance
- Sick time, paid out by your employer
- Social Security insurance
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)

Short-Term Disability (STD)

COVERAGE	OPTION 1	OPTION 2
Elimination Period	Illness or Injury: 15 days	Illness or Injury: 15 days
Benefit Amount	60% of weekly earnings to a maximum benefit of \$1,000 per week	70% of weekly earnings to a maximum benefit of \$1,000 per week
Benefit Duration	Up to 24 weeks or until no longer disabled	Up to 24 weeks or until no longer disabled

Long-Term Disability (LTD)

COVERAGE	BENEFITS
Elimination Period	180 days
Benefit Amount	60% of monthly earnings to a maximum benefit of \$5,000 per month
Benefit Duration	If you become disabled prior to age 61, benefits may continue for as long as you remain disabled, up to 5 years.

Exclusions/Limitations Anything you have been diagnosed with, taken medication for, or treated for in the 6 months prior to the effective date of coverage will not be covered under this plan. Disabilities resulting from substance abuse or mental illness are limited to a total of 24 months for all disability periods during your lifetime.



401(k) Retirement Savings Plan

Who can Join?

To participate in the 401(k), your plan requires:

- You must be age 21
- You must have completed six months of service with no hours requirement

To Enroll in Your Plan

Once you have met the requirements, you can enroll in the plan immediately by calling Empower¹ at 1-877-778- 2100. Empower¹ will mail enrollment materials to your home. Complete the Designation of Beneficiary Form and return it to:

Life Care Centers of America, Inc.
ATTN: 401(k) Department
P.O. Box 3480
Cleveland, TN 37320

Your Contributions

Employee pre-tax contributions

You may contribute to the plan on a pre-tax basis – which means your contributions are deducted from your paycheck before taxes are taken out. You do not pay taxes on your pre-tax contributions or earnings until you take a distribution from the plan.

Rollover Contributions

Rollovers are accepted into the plan immediately upon being hired. Contact an Empower¹ Representative at 1-877-778-2100 for details. If you are not yet 401(k) eligible, please contact the corporate office for assistance at (423) 339-8304.

Employer Contributions

Employer Matching Contributions

The match contribution amount is determined by Life Care's Board of Directors. Beginning December 2, 2011 the match is suspended until further notice from the Board.

24-Hour Account Access

You can access account information or make changes to your investments by calling Empower¹, at 1-877-778-2100, or



logging on to www.prudential.com/online/Retirement for the following:

- Account balance information
- Fund information
- Transfer current account balances from one fund to another at the then-current net asset value
- Change how future contributions will be invested
- Change your contribution percentage²
- Stop contributions², and
- Loan information and processing.

More Information

You will receive account statements from Empower¹ on a quarterly basis.

If you have questions about your retirement plan, need account information, or Internet access to your account, you can speak with an Empower¹ Retirement Representative. Representatives are available Monday through Friday, 8 a.m. to 9 p.m. Eastern Time, by calling 1-877-778-2100 and saying "Representative".

¹ Empower, formerly Prudential Retirement

² Payroll changes are transmitted weekly on Monday. The change should take effect within one to two pay checks.



Employee Assistance Program (EAP)

We all experience times when we need a little help with life's challenges. We understand this and provide, at no cost to you, the LifeMatters program. This program offers support, guidance and resources to help you and your family resolve personal issues. The LifeMatters Care Center is staffed with masters-prepared counselors 24/7, including weekends and holidays.

Confidential services are available to you, your eligible dependents and household members 24 hours a day, every day of the year by calling 800-634-6433. You may also go online to mylifematters.com and enter the password LCCA1 to access resources, educational information and self-service options.

EAP Access

- Free and confidential services to Associates and eligible dependents*
- Unlimited 24/7 assessment, counseling and individual crisis intervention
- Multiple modes of access and engagement available (phone, face-to-face video, private chat, texting, email)**
- Access to language line services (140+ languages)
- TDD/TTY capabilities for the deaf and hard of hearing

Life and Wellbeing Resources

- Up to four face-to-face sessions with a local provider (per issue, per year)
- Verified referrals as needed to services and community programs
- Comprehensive adoption, child/elder care and education resources
- Telephonic personal convenience resources and referrals
- Legal consultation
- Financial consultation
- Identity theft consultation and resources
- 6-session telephonic smoking cessation program



Online and Mobile Tools

- Highly interactive website: mylifematters.com
- Access to interactive services, member website and more through the EAP mobile app
- Well-being assessment, including profile results, goal-setting tools, goal trackers, and a resource library
- Physical and behavioral health risk assessments
- Webinars and learning modules covering topics in life, work, family and well-being

Scan the QR code to the right to view a video about your EAP benefits.



*Services provided directly by LifeMatters are free. If referred to outside resources, client will be responsible for any costs. The contract with LifeMatters is reviewed for renewal on a quarterly basis.

**Not all modes are currently available to members in California



Fit For Life Wellness Program

The Fit for Life Wellness Program is sponsored by the Wellness Committee. All corporate and facility associates are eligible to participate. Points will be tracked electronically for chances to win prizes listed below. All information related to this program can be found on the Village Square Wellness website.

The Fit for Life Wellness Program aims to improve and promote mind and body well-being by offering a balanced wellness rewards strategy. Fit for Life tracks exercise, health, financial and community activities for a comprehensive, holistic approach.

Track your healthy lifestyle choices for a chance to win big in 2024! Earn points for:

- Having a gym membership
- Adopting a shelter pet
- Getting a flu shot
- And many more activities!

Visit the Fit for Life page on Village Square and enter activities daily, weekly or monthly.

Note - Continuation of the program is subject for review and can be discontinued at any time.

Annual Prizes

- One winner in each level will be randomly selected from all participants in that level.
- Gold: \$3,000 + 3 vacation days
- Silver: \$2,000 + 2 vacation days
- Bronze: \$1,000 + 1 vacation day

Quarterly Prizes

- The 25 participants with the most points at the end of each quarter in each level will be entered in a drawing for a gift card.
- Gold: \$300 American Express card
- Silver: \$200 American Express card
- Bronze: \$100 American Express card

Start today!

Visit the Fit for Life page on Village Square for complete details and rules. Winners are announced via email and on the Fit for Life page on Village Square.





Additional Voluntary Benefits

LegalShield

Unexpected legal questions arise every day and with LegalShield on your side, you'll have access to a quality law firm for covered personal situations.

Dedicated law firms are prepaid with a sole focus to serve you, rather than bill you. For more information, visit benefits.legalshield.com/lifecarecenters.

Pet Insurance

With MetLife Pet Insurance, you can take the worry out of covering the cost of unexpected pet care. Fetch your quote by visiting metlife.com/getpetquote -- (Enter "Life Care Centers of America, Inc." as your Employer) or calling 855-847-5543.

Personal Property Insurance

Farmers Insurance and Liberty Mutual® Insurance can help you protect your auto, home and other personal property with an insurance policy tailored to your individual needs.

With discounts such as your Associate savings and automated payment savings, you can help maximize your benefits! Plus you can save even more when you bundle multiple policies. In addition to auto and home, coverage is offered for boats, renters, precious belongings and more.

Call the carrier and mention where you work to receive special discounts. Farmers, call 800-438-6381 and mention Discount Code: E7K. Liberty Mutual, call 844-669-3661 and mention Client Code 136812.





PerkSpot is a free, one-stop-shop for exclusive discounts to hundreds of your favorite national and local merchants. Use PerkSpot to find deals on everything from household essentials to once-in-a-lifetime vacations!

Quickly and easily register for this new benefit at our exclusive PerkSpot website: lcca.perkspot.com. Google Chrome users can add the PerkSpot Chrome Extension to their browser to automatically check for deals when shopping online.

What kinds of discounts can I get from PerkSpot?

- Restaurants
- Tickets and entertainment
- Computers and electronics
- Travel and hotels
- Apparel
- Home, garden and pets
- Cell phones
- Flowers and gifts

Savings on-the-go with PerkSpot Mobile App

Download the PerkSpot Mobile App to conveniently browse and save in your Discount Program - Whenever and wherever.

- Stay Updated: Shop your weekly deals with regular notifications on when it's time to save.
- Shop with Ease: Browse a variety of categories with thousands of discounts on items - big or small.
- Discover Local: Save on neighborhood finds or browse as you travel with the Local Deals feature.

From your preferred mobile device app store, search for the PerkSpot Mobile App and download to your device to begin saving on-the-go.

Scan the QR code to the right to download the PerkSpot mobile app.



Terms To Know

Deductible - Amount an Associate pays out of pocket prior to the insurance company paying a percentage of the provider charges.

Coinsurance - The amount of payment split between the Associate and the insurance company. Example: Insurance company pays 70% and Associate pays 30% of the charges after the deductible is met.

Out-of-Pocket Maximum - The maximum an Associate is responsible for paying out of pocket in any one calendar year prior to the insurance company paying the entire eligible amount for the remaining of the calendar year.

Network Providers - Doctors, Hospitals and other healthcare providers who have an agreement/contract with insurance companies agreeing to charge a discounted amount for services they render.

Pre-Authorization - Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

Pre-Determination - If you are having a major procedure done, your doctor or dentist can submit a pre-determination to the insurance company so you can know in advance of treatment how much of the bill you will be responsible for.

Explanation of Benefits (EOB) - The EOB is mailed to the Associate after a claim is received and processed by the insurance company. The EOB will describe how the claim was processed and outline what portion of the charges are applied to the deductible, what portion the Associate is responsible for, and explain if there is a denial or error processing the claim.

Appeal - If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

Guaranteed Issue - The maximum amount of voluntary life insurance you can choose when making your initial election that does not require the answering of medical questions.

Evidence of Insurability (EOI) - The form containing medical questions that are required to be answered if you decide to elect voluntary Long Term Disability insurance after you have previously declined coverage.

ADDITIONAL BENEFIT RESOURCES

More details about the benefits offered to you can be found by:

- Logging on to lcca.hrintouch.com
- Registering on the carrier websites
- Downloading the insurance company apps
- Calling the insurance company directly

If you have questions or need assistance enrolling, contact your Business Office.





Benefit Contact Information

COVERAGE/CARRIER	PHONE NUMBER	WEBSITE/EMAIL	CLAIMS ADDRESS
BenefitFocus Password or Account Reset	866-822-8688		
LCCA Associate Benefit Trust Monday—Friday 8am–5pm EST	866-353-0441	lcca.hrintouch.com abt@lcca.com	
Medical - Health Plan Nevada (Group # VD-10002352A001)	800-777-1840	healthplanofnevada.com/Member	P.O. Box 15645 Las Vegas, NV 89114-5645
Dental - Delta Dental (Group #6807)	800-223-3104	deltadentaltn.com	240 Venture Circle Nashville, TN 37228
Vision – BlueCross BlueShield of TN (Group #111169)	877-342-0737	bcbst.com	First American Administrators EyeMed Vision Care ATTN: Out-of-Network Claims P.O. Box 8504 Mason, OH 45040
FSA / DCFA - HealthEquity Monday—Friday 8am-8pm EST	877-924-3967	healthequity.com	
Life and AD&D - Dearborn National (Group #FHM111169-001)	800-778-2281	mydearborngroup.com	
Disability - The Hartford (Group #402743)	800-549-6514	thehartford.com/mybenefits	PO Box 14301 Lexington, KY 40512-4301
LifeMatters EAP	800-634-6433	mylifematters.com Password: LCCA1	
Farmers Insurance	800-438-6381	Code: E7K	
Liberty Mutual Insurance	844-669-3661	Code: 136812	
LegalShield		benefits.legalshield.com/lifecarecenters	
MetLife Pet Insurance	855-847-5543	metlife.com/pethealth (Enter “Life Care Centers of America, Inc.” as your Employer) or calling 855-847-5543.	

All Plan materials and required notices are available for review at lcca.com/associates/abt. To request a free paper copy, please send an email to abt@lcca.com. Your request must provide the name of each document(s) requested, your name, Associate ID Number and your current mailing address.





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