

2026



Employee Benefits



Progress[®]
Residential

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Progress Residential is proud to support our employees' overall wellbeing with a variety of benefit options.

This guide offers details on our 2026 offerings for you and your family. Contact the Benefits Team with any questions.

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See page 22 for important information concerning Medicare Part D coverage.

In this Guide, we use the term "company" to refer to Progress Residential. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Welcome

Progress Residential appreciates the hard work and dedication you bring to our team every day. To support you during the moments that matter most, we offer a wide range of benefits, programs, and resources that are competitive, diverse, and flexible to meet your needs. You can customize a selection of benefits that are exactly right for your personal situation.

Use this guide to assist you when making benefit elections and keep it as a reference throughout the year. Please review it carefully and make your elections before the deadline.

What's Changing This Year?

- Open Enrollment is October 17th - November 3rd.
- **This year will be an active enrollment, meaning you must take action to have benefits for 2026! The only benefits that will roll over are your employer paid benefits and your voluntary paid life benefits.**
- The Base, Buy-Up PPO, and HDHP medical plans have changes to the out-of-pocket maximums. Review all plan design changes on the medical summary page to carefully select the plan that will best meet the needs of you and your family. All plan design changes are outlined in **bold**.
- The ID Theft and Legal benefits will now be available through payroll deduction rather than needing to pay the provider directly. You still have access to these great benefits, now with the ease of paycheck deductions.
- Commuter benefits administration will be moving to AmeriFlex. You now may elect your Parking or Transit account amount in Workday, with your other benefits, and it will be easily payroll deducted.
- The Employee Assistance Program (EAP) is being simplified and consolidated to one vendor through Lincoln Financial.



Any Questions?

We're here to help. Contact the Benefits Team by opening a ticket using the service portal.

Why Have Costs Changed?

Healthcare costs in the U.S. continue to rise each year, driven by a growing demand for care, an aging population, and increased costs of prescription drugs. Additionally, the prevalence of chronic illnesses adds to the burden. At Progress Residential, your health is our priority, and we're committed to helping you manage these expenses. This guide will help you explore your options and make informed decisions for you and your family's healthcare needs. Taking advantage of preventive care, focusing on wellness, and budgeting your costs can prepare you for the year ahead.

Ready for Open Enrollment?

Open Enrollment is the once a year opportunity where all eligible employees can enroll in or modify their medical, dental, vision, or other insurance plans. Here are a few reasons why you should review your benefits during Open Enrollment each year:

Open Enrollment Action Items

Understand the changes in your plan(s).



Each year, there could be changes implemented, big or small and could affect your insurance and/or benefits. Reviewing your coverages during Open Enrollment gives you the opportunity to learn about your upcoming changes and ensure your current plan is still the best choice for you. **There are plan design changes for 2026!**

Check the dollar amounts in your Savings and Spending Accounts.



Make sure your contributions accurately reflect your needs. Healthcare and Limited Use FSAs include a carryover feature that allows up to \$660 in unused funds to remain available in the 2026 plan year. If you have a carryover, you may want to consider adjusting your annual contribution this year. Be aware of deadlines to spend these funds and submit claims.



Make sure your dependents (including spouse) are still eligible.

Review your dependent information in Workday to ensure only eligible dependents are included.



Explore new programs and opportunities.

The Company is constantly working to identify new benefits and opportunities to better serve our employees. Various programs are communicated throughout the year and are included in Open Enrollment materials.



Browse other plans.

As you move through different stages of life, your needs may change. Although the medical plan you selected for this year may have been the best fit then, you and your family may have experienced a life changing event(s), requiring a change to your current medical plan. Be sure that you are enrolled in the plan that best fits your needs during this stage of your life.



Review/update beneficiaries.

Now is the time to review the beneficiaries that you have in place for your life insurance plans and make any necessary changes.

Active Enrollment

This is an **ACTIVE enrollment!** Every eligible employee needs to make elections in order to receive benefits. The only benefits that will roll over are your employer paid benefits and your voluntary paid life benefits. Any elections you make will remain in place until the following enrollment period unless you experience a Qualifying Life Event.

Eligibility and Enrollment

Eligibility

If you are a regular full-time employee of Progress Residential and working an average of 30 hours per week, you are eligible to participate in medical, dental, vision, life, disability plans, and additional benefits.

Coverage Dates

Your medical, dental, and vision elections are effective on your date of hire. Life, disability, and supplemental plans are effective on the 1st of the month following your date of hire. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

New Hires and Changing Your Benefits

As a new hire, your medical, dental, and vision elections are effective on your date of hire. Life, disability, and supplemental plans are effective on the 1st of the month following your date of hire. You have 30 days from your date of hire to elect benefits, or you will have to wait until the next open enrollment period, unless you experience a Qualifying Life Event (QLE). Your elections will be deducted retroactively during the next pay period if payroll was processed prior to the date you elect your benefits or your date of hire.

Some of the most common Qualifying Life Events include:

- Marriage or divorce
- Birth/adoption of a child
- Gain or loss of other coverage
- Change in employment status or benefits eligibility

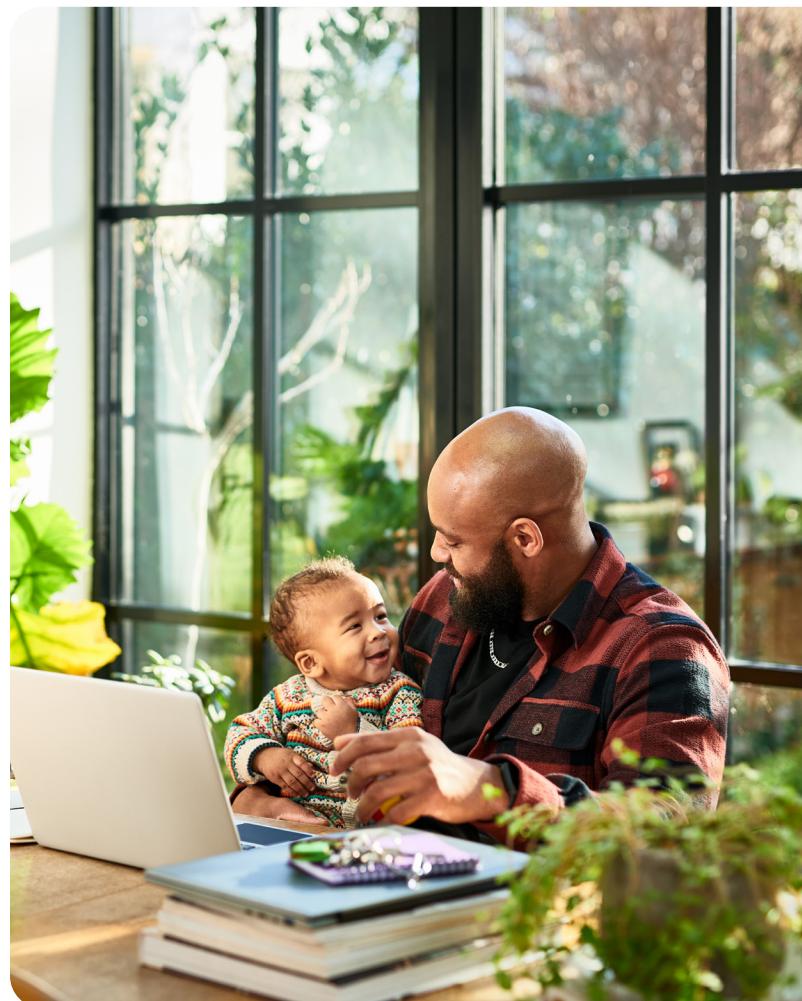
You have 30 days from the date of the QLE to make new elections in Workday as well as provide the required documentation.

Dependents

Dependents eligible for coverage include:

- Your legal spouse or qualified domestic partner (an affidavit must be signed for a qualified domestic partner).
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, and children for whom you, your spouse or domestic partner have legal guardianship).
- Dependent children 26 or more years old, unmarried, and are primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility may be required upon enrollment.



Medical Benefits

Our medical coverage helps maintain your well-being through preventive care, access to an extensive network of providers, and affordable prescription medication. Medical coverage is administered by United Healthcare. To see a current list of network providers online, visit myuhc.com, and search for the Choice Plus network. Medical premium contributions are deducted from your paycheck on a pre-tax basis.* Your level of coverage determines your monthly contributions.

Medical Premiums

	BASE PPO	BUY-UP PPO	HDHP/HSA
MONTHLY CONTRIBUTIONS			
EMPLOYEE ONLY	\$185.00	\$234.74	\$133.16
EMPLOYEE + SPOUSE/ DOMESTIC PARTNER	\$505.00	\$685.00	\$405.82
EMPLOYEE + CHILD(REN)	\$395.00	\$577.95	\$327.00
EMPLOYEE + FAMILY	\$680.00	\$900.00	\$584.86

*Please note that domestic partner coverage is deducted post-tax.

Tobacco User Surcharge

The tobacco user surcharge is \$50 per month per employee. This surcharge is applicable to employees enrolled in the medical plan. It will apply to any employee who regularly uses tobacco products.

If you make the decision to eliminate tobacco use, we offer a tobacco cessation program to support this effort. Quit4Life is a tobacco cessation program offered through United Healthcare. Enroll today at quitnow.net, text START to 34191, or call 866-QUIT-4-LIFE (TTY 771).

Once you complete the program and download the confirmation from United Healthcare, the surcharge will be removed on the next payroll cycle.



Note

To get the most value out of your medical plan, be sure to visit in-network providers whenever possible.

Medical Plan Summary

This chart summarizes the 2026 medical coverage provided by United Healthcare. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations. All plan design changes for 2026 are in **bold**.

	BASE PPO		BUY-UP PPO		HDHP/HSA	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE						
EMPLOYEE ONLY	\$2,000	\$5,250	\$750	\$2,250	\$2,500	\$7,000
EMPLOYEE + DEPENDENT(S)	\$4,000	\$10,500	\$1,500	\$4,500	\$5,000	\$14,000
COINSURANCE (YOU PAY)	20%*	50%*	20%*	50%*	10%*	50%*
ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)						
EMPLOYEE ONLY	\$5,000	\$10,500	\$3,500	\$6,500	\$6,000	\$10,500
EMPLOYEE + DEPENDENT(S)	\$10,000	\$21,000	\$7,000	\$13,000	\$10,600	\$21,000
COPAYS/COINSURANCE						
PREVENTIVE CARE	No charge	50%*	No charge	50%*	No charge	50%*
PRIMARY CARE	\$30	50%*	\$30	50%*	10%*	50%*
SPECIALIST SERVICES	\$75	50%*	\$50	50%*	10%*	50%*
LAB/X-RAY	20%*	50%*	20%*	50%*	10%*	50%*
MENTAL HEALTH - INPATIENT	20%*	50%*	20%*	50%*	10%*	50%*
MENTAL HEALTH - OUTPATIENT	\$30	50%*	\$30	50%*	10%*	50%*
URGENT CARE	\$50	50%*	\$50	50%*	10%*	50%*
EMERGENCY ROOM	\$400+20%*	\$400+20%*	\$300+20%*	\$300+20%*	10%*	10%*
RETAIL RX (30-DAY SUPPLY)						
TIER 1	\$10	\$10	\$10	\$10	\$10*	\$10*
TIER 2	\$40	\$40	\$40	\$40	\$40*	\$40*
TIER 3	\$80	\$80	\$80	\$80	\$80*	\$80*
MAIL ORDER RX (90-DAY SUPPLY)						
TIER 1	\$25	N/A	\$25	N/A	\$25*	N/A
TIER 2	\$100	N/A	\$100	N/A	\$100*	N/A
TIER 3	\$200	N/A	\$200	N/A	\$200*	N/A

*After deductible

All medical plans have an aggregate deductible and out-of-pocket maximums. This means that if you enroll dependents, the family deductible amount must be met before coinsurance begins. The family out-of-pocket maximums must be met before the plan pays 100%. The family amounts may be satisfied by one member, or a combination of two or more members, covered under your medical plan.

Lantern Surgery Care

Have an upcoming surgery? Progress Residential offers a supplemental benefit, at no cost to you, for planned non-emergency surgeries. Lantern provides a personalized concierge experience with a dedicated Care Advocate, as well as access to high-quality care through a network of providers. Lantern is available for you and your dependents who are enrolled in one of the Company's UHC medical plans. When you call Lantern, a Care Advocate can help you:

- Choose the right surgeon
- Schedule appointments
- Coordinate medical record transfers and travel arrangements

Covered procedures may include orthopedics, spine, general surgery, gynecology, ear nose and throat, gastrointestinal, cardiac, and pain management. **If you are enrolled in the Base or Buy-Up PPO Plan and have a pre-planned surgery and choose to utilize a Lantern provider, Progress Residential will waive your coinsurance and deductible. If you are enrolled in the HDHP/HSA plan you will only be responsible for the amount up to the IRS plan deductible minimum.*** A dedicated Care Advocate will manage the entire procedure process for you, including scheduling appointments, transferring medical records, and arranging all logistics. To get in touch with Lantern, you can call 855-676-2678 or visit the member portal at my.lanterncare.com.

Below outlines how Lantern can save you money for a pre-planned surgery, such as a knee replacement. Besides getting paired with a high quality doctor, you save significant money!

LANTERN SURGERY COST EXAMPLE							
OUTPATIENT KNEE REPLACEMENT	TOTAL COST	BASE PPO THROUGH UHC	BASE PPO THROUGH LANTERN	BUY-UP PPO THROUGH UHC	BUY-UP PPO THROUGH LANTERN	HDHP/HSA THROUGH UHC	HDHP/HSA THROUGH LANTERN*
		EMPLOYEE COST					
DEDUCTIBLE AMOUNT (EMPLOYEE ONLY)*	\$40,000	\$2,000	Waived	\$750	Waived	\$2,500	\$1,700
OUT-OF-POCKET MAXIMUM (EMPLOYEE ONLY)		\$3,000	Waived	\$2,750	Waived	\$3,500	Waived
TOTAL OUT-OF-POCKET EXPENSES		\$5,000	\$0	\$3,500	\$0	\$6,000	\$1,700

*Deductible waived on the HDHP Plans after the IRS minimum of \$1,700 (Employee Only) and \$3,400 (Family)

Health Savings Account & Flexible Spending Accounts

Health Savings Account

A Health Savings Account (HSA) is a personal healthcare savings account used to pay for eligible medical, dental, and vision expenses, if you enroll in the HDHP/HSA plan. Contributions and withdrawals for qualified healthcare expenses are tax-free,** and any unused funds roll over each year. Progress Residential provides an HSA employer contribution if you enroll in the HDHP/HSA plan, that will be prorated and deposited on a per paycheck basis. Optum Bank is the HSA account administrator. If you are newly enrolled in the HDHP/HSA plan, your Optum Bank HSA will need to be open prior to transferring any funds. Keep in mind that you can change your HSA contributions at any time during the year. The annual maximum contribution limit to HSAs is set by the IRS each year and includes any employer contribution. For more information on how to manage your HSA account, go to optumbank.com.

2026 HSA CONTRIBUTIONS

	IRS MAXIMUM CONTRIBUTIONS*	PROGRESS RESIDENTIAL CONTRIBUTION
INDIVIDUAL	\$4,400	\$750
FAMILY	\$8,750	\$2,000
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000	N/A

*2026 IRS Maximum contributions include Progress Residential's contributions



Flexible Spending Accounts

The Company offers three types of FSAs to help you save for out-of-pocket expenses. These accounts are "use it or lose it" accounts, and any unused funds over the rollover amount (if applicable) will be forfeited. Once you set your goal amount for the year, it cannot be changed. Here are some highlights:

Healthcare Flexible Spending Account

You can contribute up to \$3,400 annually for qualified medical expenses (deductibles, copays and coinsurance, PPE, over-the-counter medications, etc.) with pre-tax** dollars, reducing the amount of your taxable income and increasing your take-home pay. Any funds you elect to contribute become available on January 1, 2026. Please note, if you are enrolled in the HDHP/HSA, you are not eligible to participate in this account unless you are 65 or older and enrolled in Medicare and are not contributing to a Health Savings Account.

Limited Use Flexible Spending Account

Designed to complement a Health Savings Account, a Limited Use Flexible Spending Account (LUFSA) allows for reimbursement of eligible dental and vision expenses. You may contribute up to \$3,400 in the LUFSAs.

Dependent Care Flexible Spending Account

This account allows you to set aside pre-tax** dollars for expenses associated with caring for elderly or child dependents. With the Dependent Care FSA, you are allowed to set aside up to \$7,500 to pay for these expenses on a pre-tax basis. These funds become available as they are deducted throughout the year with each pay period.

This account can be used to care for your child or elder while you and/or your spouse work or go to school. Expenses like day care, summer camps, and elder care are eligible.

Mental Health

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong, but your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out. Calm and Talkspace are available if you are enrolled in a UHC medical plan.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) through Lincoln Financial helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. The Lincoln Financial Group EAP program offers five face-to-face sessions per issue per year with no cost to you. All services provided are confidential and will not be shared with Progress Residential. You may access information, benefits, educational materials, and more by phone at 888-628-4824 or online at guidanceresources.com (username: LFGsupport, password: LFGsupport1).

The Program provides referrals to help with:

- Emotional health and wellbeing
- Job pressures
- Alcohol or drug dependency
- Stress, anxiety, depression
- Marriage or family problems
- Grief and loss
- Financial or legal advice

Calm Health

As a United Healthcare member, Calm Health is included in your health plan and available at no additional cost. After an assessment, Calm Health will suggest certain programs for you to consider based on where you are in your well-being journey.

- Learn techniques to improve well-being – Find tools, music, and sounds to help you meditate, improve focus, move mindfully, and feel calm.
- Work toward goals – Join self-guided self-care programs, and track your progress along the way.
- Support your mind and body. Access mental health information and support to help you strengthen the mind-body connection.
- You'll need to first sign in to your account on myuhc.com or the UHC app to get started.

Talkspace

Talkspace is another online resource you have through UHC where you can access online therapy. You can safely and securely communicate with a therapist from the comfort of your own home using your phone or computer.

- With Talkspace, you can message directly with a licensed therapist.
- You can find the right therapist through their online matching tool, then start therapy within hours.
- Message your therapist whenever — no appointments necessary and choose face-to-face video visits by appointment when you need.
- Register at talkspace.com/connect to get started.

Please note that copays and deductibles may apply to visits with Talkspace.

Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.



988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.



Crisis Text Line

Text "HOME" to 741741.

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



War Vet Call Center

Veterans and their families can call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

According to the National Institute of Mental Health, it is estimated that more than one in five U.S. adults live with a mental illness.



The Big Five of Emotional Wellness

An important aspect of your overall wellbeing is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.



Practice mindfulness.

Practice deep breathing, take a walk, enjoy nature, and stay present in each moment.



Strengthen social connections.

Reach out to a friend or family member daily — even if it's just a call or text.



Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.



Improve your outlook.

Treat people with kindness, including yourself.



Deal with your stress in healthy ways.

Think positively, exercise regularly, and set priorities.

Dental Benefits

Just as brushing and flossing are vital for oral health, so are regular dental visits. Progress Residential provides two affordable dental plan options for routine care and more, and both coverages are offered through Cigna.

One dental plan option is the Dental PPO, which allows for in-network and out-of-network dental coverage. The other option is the Dental HMO, which only offers in-network coverage.

To check if your dentist is in network, you can call 800-244-6224 or go to [Cigna.com](https://www.cigna.com). On the home screen, click on "Find a Doctor," enter what you are looking for (General Dentist for example) and your ZIP code. Then search the Cigna DPPO Advantage or Cigna DHMO Access. Please note, the DHMO plan has limited access in select ZIP codes and requires you to select a primary care dentist for all of your dental care.

Note that the Dental PPO has a deductible and an annual maximum while the cost of services under the Dental HMO are based on a charge schedule. Review your options below carefully and choose the dental plan that best meets the needs of you and your family.

		DENTAL PPO	DENTAL HMO
MONTHLY CONTRIBUTIONS			
EMPLOYEE ONLY		\$23.99	\$11.04
EMPLOYEE + SPOUSE/DOMESTIC PARTNER		\$60.98	\$27.67
EMPLOYEE + CHILD(REN)		\$77.64	\$35.47
EMPLOYEE + FAMILY		\$127.58	\$55.11
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
ANNUAL DEDUCTIBLE			
INDIVIDUAL		\$50	N/A
FAMILY		\$150	N/A
ANNUAL MAXIMUM			
PER PERSON		\$1,750	N/A
COVERED SERVICES (YOU PAY)			
PREVENTIVE SERVICES	100%		Examples of copays include: Cleaning - \$0 copay Sealant - Non Molars \$7 copay Root Canal - Anterior \$65 copay Orthodontic - Child \$1,224 Orthodontic - Adult \$1,728
BASIC SERVICES	10%*	20%*	
MAJOR SERVICES	40%*	50%*	
ORTHODONTICS Dependent Child(ren) to Age 19	50%*		
ORTHODONTIC LIFETIME MAXIMUM	\$1,200		Child: \$1,224 ; Adult: \$1,728

*After deductible

Note

According to the CDC, untreated cavities can lead to abscess (a severe infection) under the gums which can spread to other parts of the body and have serious, and in rare cases fatal, results.



Vision Benefits

Regular eye exams are important, even if you don't wear glasses or contacts. We offer vision care for you and your family through VSP.

To see if your vision provider is in network, you can go to vsp.com. You can find a provider by clicking on "Find a Doctor" and entering your ZIP code.

VISION PLAN

MONTHLY CONTRIBUTIONS			
	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EMPLOYEE ONLY		\$6.56	
EMPLOYEE + SPOUSE/DOMESTIC PARTNER		\$10.49	
EMPLOYEE + CHILD(REN)		\$10.71	
EMPLOYEE + FAMILY		\$17.27	
EXAMS			
COPAY	\$10	Up to \$45 Reimbursement	Every calendar year
LENSES			
SINGLE VISION	\$25	Up to \$30 reimbursement	Every calendar year
BIFOCAL	\$25	Up to \$50 reimbursement	
TRIFOCAL	\$25	Up to \$65 reimbursement	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION*	\$60	N/A	Every calendar year
ELECTIVE	\$150 allowance	Up to \$105 reimbursement	
MEDICALLY NECESSARY	\$25	Up to \$210 reimbursement	
FRAMES			
COPAY	\$25	N/A	Every calendar year
ALLOWANCE	Up to \$200	Up to \$70 reimbursement	

*Fitting and Evaluation fee applied to contact lens allowance.



Supplemental Health Benefits

Progress Residential offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan.

Accident Coverage

Accidents are inevitable. While you can't always avoid them, you can take measures to lessen their financial burden. Accident coverage, offered through Lincoln Financial, provides benefits for you and your covered family members if you incur expenses from an accident, whether it happens on or off the job. While health insurance helps with medical expenses, this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you to use as you wish.



ACCIDENT COVERAGE	
BRIEF SUMMARY OF BENEFITS*	
HOSPITAL ADMISSION (WITHIN 180 DAYS OF ACCIDENT)	\$2,000
HOSPITAL CONFINEMENT (WITHIN 180 DAYS OF ACCIDENT, UP TO 365 DAYS)	\$400
INTENSIVE CARE ADMISSION (WITHIN 30 DAYS OF ACCIDENT)	\$4,000
INTENSIVE CARE CONFINEMENT (WITHIN 30 DAYS OF ACCIDENT, UP TO 15 DAYS)	\$800
AMBULANCE (AIR/GROUND)	\$2,000/\$500
INITIAL CARE VISIT (PHYSICIAN'S OFFICE OR URGENT CARE WITHIN 60 DAYS OF ACCIDENT)	\$200
EMERGENCY CARE TREATMENT (WITHIN 72 HOURS OF THE ACCIDENT)	\$250
PHYSICIAN FOLLOW-UP CARE (WITHIN 365 DAYS OF ACCIDENT)	\$200
MAJOR DIAGNOSTIC EXAM (CT OR CAT SCANS, MRI, PET SCAN, EEG, SPECT, JOINT IMAGING, DTI SCAN, MRA SCAN) WITHIN 60 DAYS OF THE ACCIDENT	\$300
X-RAY (AT INITIAL OR AT ANY VISIT WITHIN 60 DAYS OF THE ACCIDENT)	\$300
MEDICAL MOBILITY DEVICES (CANE, CRUTCHES, KNEE WALKER, WALKER, WALKING BOOT, OTHER)	\$250
OPEN FRACTURES	Up to \$12,000
OPEN DISLOCATIONS	Up to \$12,000
BLOOD, PLASMA, PLATELETS	\$600
BURNS	Up to \$17,500
CONCUSSION	\$500
TRAUMATIC BRAIN INJURY	\$10,000
OPEN ABDOMINAL OR THORACIC SURGERY	\$2,500
OCCUPATIONAL, PHYSICAL, AND CHIROPRACTIC THERAPY	\$65

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

WELLNESS BENEFIT: A \$50 annual Wellness Benefit is payable for each covered family member who completes eligible wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test. This benefit is available one time per year.

MONTHLY CONTRIBUTIONS	
EMPLOYEE ONLY	\$11.02
EMPLOYEE + SPOUSE	\$21.49
EMPLOYEE + CHILD(REN)	\$25.64
EMPLOYEE + FAMILY	\$30.31

Critical Illness Coverage

Critical Illness coverage through Lincoln Financial pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example, to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs, or any of your regular household expenses.

Highlights

- **Guaranteed Issue Coverage (no medical questions).**
- Benefits are payable based on the date of the covered event occurring or the date of diagnosis. Illnesses or occurrences prior to the effective date of coverage will not be payable events.
- **Wellness Benefit: The \$50 wellness benefit is payable once per person, per calendar year. Wellness services include colonoscopies, mammograms, bone marrow testing, and more. This benefit is available one time per year.**

Coverage Amounts:

- Employee: \$10,000 OR \$20,000
- Spouse: 50% of employee benefit
- Children: 50% of employee benefit

CRITICAL ILLNESS COVERAGE*	
SUMMARY OF REIMBURSEMENT BY DIAGNOSIS	
ALZHEIMER'S	100%
BENIGN BRAIN TUMOR	100%
CARCINOMA IN SITU	25%
COMA	100%
HEART ATTACK	100%
LIFE THREATENING CANCER	100%
LOSS OF HEARING	100%
LOSS OF SIGHT	100%
LOSS OF SPEECH	100%
MAJOR ORGAN FAILURE	100%
MOTOR NEURON DISEASE (ALS, LOU GEHRIG'S)	100%
MULTIPLE SCLEROSIS	100%
PARALYSIS	100%
PARKINSON'S	100%
SKIN CANCER	\$250
STROKE	100%

SUMMARY OF REIMBURSEMENT BY DIAGNOSIS (CHILD)	
CEREBRAL PALSY	100%
CYSTIC FIBROSIS	100%
DOWN SYNDROME	100%
SPINA BIFIDA	100%
TYPE 1 DIABETES	100%

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

CRITICAL ILLNESS COVERAGE (MONTHLY CONTRIBUTION)

EMPLOYEE'S AGE	\$10,000 EMPLOYEE BENEFIT \$5,000 SPOUSE/CHILD BENEFIT				\$20,000 EMPLOYEE BENEFIT \$10,000 SPOUSE/CHILD BENEFIT			
	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	EMPLOYEE + FAMILY
<25	\$4.40	\$5.85	\$5.40	\$6.85	\$8.80	\$11.70	\$10.80	\$13.70
25-29	\$5.00	\$6.55	\$6.00	\$7.55	\$10.00	\$13.10	\$12.00	\$15.10
30-34	\$5.80	\$7.60	\$6.80	\$8.60	\$11.60	\$15.20	\$13.60	\$17.20
35-39	\$7.20	\$9.30	\$8.20	\$10.30	\$14.40	\$18.60	\$16.40	\$20.60
40-44	\$9.40	\$12.05	\$10.40	\$13.05	\$18.80	\$24.10	\$20.80	\$26.10
45-49	\$12.50	\$15.90	\$13.50	\$16.90	\$25.00	\$31.80	\$27.00	\$33.80
50-54	\$15.90	\$20.25	\$16.90	\$21.25	\$31.80	\$40.50	\$33.80	\$42.50
55-59	\$21.30	\$27.25	\$22.30	\$28.25	\$42.60	\$54.50	\$44.60	\$56.50
60-64	\$27.70	\$35.45	\$28.70	\$36.45	\$55.40	\$70.90	\$57.40	\$72.90
65-69	\$37.80	\$48.40	\$38.80	\$49.40	\$75.60	\$96.80	\$77.60	\$98.80
70+	\$49.80	\$63.60	\$50.80	\$64.60	\$99.60	\$127.20	\$101.60	\$129.20



Hospital Indemnity Coverage

You already know the importance of living well and staying well. But life is unpredictable — expenses associated with a hospital stay can be financially difficult if you are not prepared. Hospital indemnity insurance through Lincoln Financial Group pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU). You can use these benefits to help cover medical expenses such as deductibles and copays, as well as travel, food, lodging, or everyday costs like groceries and utilities.

Highlights

- Benefits are payable for pregnancy on the first day of coverage.
- Coverage is guaranteed issue; no medical questions.

HOSPITAL INDEMNITY COVERAGE

	LOW PLAN	HIGH PLAN
HOSPITAL ADMISSION WITHIN 180 DAYS	\$1,000	\$2,000
INTENSIVE CARE ADMISSION WITHIN 30 DAYS	\$2,000	\$4,000
HOSPITAL CONFINEMENT UP TO 180 DAYS	\$330	\$425
INTENSIVE CARE UNIT CONFINEMENT UP TO 180 DAYS	\$660	\$850
NEWBORN CARE UP TO 2 DAYS	\$100	\$100
HOSPITAL NICU ADMISSION*	25%	25%
HOSPITAL NICU CONFINEMENT*	25%	25%

*Increases the benefit when a dependent newborn child is admitted or confined to the ICU or NICU for care or treatment.
NOTE: This is a summary. Please refer to plan documents for details.

MONTHLY CONTRIBUTIONS

	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$29.56	\$39.81
EMPLOYEE + SPOUSE	\$57.67	\$77.57
EMPLOYEE + CHILD(REN)	\$47.96	\$63.69
EMPLOYEE + FAMILY	\$76.06	\$101.43

Survivor Benefits

In the event something unexpected happens to you, it's important to have a plan in place to provide for your family. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Progress Residential provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Lincoln Financial Group.

Your Basic Life and AD&D insurance benefit is 1x your annual base earnings, up to \$300,000. You automatically receive Life and AD&D insurance even if you waive other coverage.

Voluntary Life and AD&D Insurance

For added peace of mind, you might consider extra coverage. Eligible employees can purchase additional Voluntary Life and AD&D insurance, with premiums paid through payroll deductions. Spouses who BOTH work for Progress Residential are not allowed to elect Voluntary Spouse Life on one another.

BASIC EMPLOYEE LIFE/AD&D

COVERAGE AMOUNT 1x annual base earnings, minimum of \$50,000

WHO PAYS Progress Residential

BENEFITS PAYABLE To the life beneficiary upon the death of the employee

MAXIMUM BENEFIT \$300,000

EVIDENCE OF INSURABILITY (EOI) REQUIRED No

VOLUNTARY EMPLOYEE LIFE/AD&D

COVERAGE AMOUNT Increments of \$10,000

WHO PAYS Employee

BENEFITS PAYABLE To the life beneficiary upon the death of the employee

MAXIMUM BENEFIT Up to the lesser of 5x salary or \$500,000

EVIDENCE OF INSURABILITY (EOI) REQUIRED Yes, EOI is required over \$150,000 at initial enrollment and during Open Enrollment if the requested increase is more than two increments

VOLUNTARY SPOUSE LIFE/AD&D

COVERAGE AMOUNT Increments of \$5,000

WHO PAYS Employee

BENEFITS PAYABLE To the employee upon the death of the spouse/domestic partner

MAXIMUM BENEFIT Up to 50% of employee's election, up to \$250,000. Coverage terminates when you attain age 70

EVIDENCE OF INSURABILITY (EOI) REQUIRED Yes, EOI is required over \$30,000 at initial enrollment and during Open Enrollment if the requested increase is more than two increments

VOLUNTARY CHILD LIFE

COVERAGE AMOUNT \$10,000 up to age 26 (\$250 for infants age 14 days-6 months)

WHO PAYS Employee

BENEFITS PAYABLE To the employee upon the death of the dependent child

EVIDENCE OF INSURABILITY (EOI) REQUIRED No

Note: If you waive coverage as a new hire, EOI will be required to enroll or increase your coverage during a subsequent enrollment period.

BASIC LIFE AND AD&D AGE REDUCTIONS

BENEFIT REDUCED BY:

Age 65	35%
Age 70	50%
Age 75	65%

VOLUNTARY LIFE INSURANCE

RATES/\$1,000 (MONTHLY)

EMPLOYEE AGE (AS OF JANUARY 1, 2026)	EMPLOYEE	EMPLOYEE AGE (AS OF JANUARY 1, 2026)	SPOUSE/ DOMESTIC PARTNER
Under 24	\$0.06	Under 24	\$0.06
25-29	\$0.06	25-29	\$0.06
30-34	\$0.08	30-34	\$0.08
35-39	\$0.09	35-39	\$0.09
40-44	\$0.15	40-44	\$0.15
45-49	\$0.23	45-49	\$0.23
50-54	\$0.44	50-54	\$0.44
55-59	\$0.69	55-59	\$0.69
60-64	\$0.75	60-64	\$0.75
65-69	\$1.38	65-69	\$1.38
70-74	\$2.83	70-74	N/A
75-79	\$8.12	75-79	N/A
80-99	\$17.92	80-99	N/A

Note: Benefits subject to age reduction schedule

VOLUNTARY AD&D INSURANCE

PREMIUM RATES - MONTHLY

\$0.25 per \$1,000

VOLUNTARY CHILD LIFE INSURANCE

PREMIUM RATES - MONTHLY

\$2.00 per \$10,000

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE/AD&D COVERAGE WILL COST:

\$	÷ 1,000 =	\$	x Age Based Rate =	\$
Benefit Elected				Monthly Premium

Income Protection

Your regular income is essential for you and your loved ones. That's why we provide disability coverage to safeguard your finances if you are unable to work due to a serious illness or injury. This coverage ensures a portion of your income is protected until you can return to work or reach retirement age.

Short-Term Disability (STD) Insurance

Progress Residential provides Short-Term Disability (STD) benefits to you at no cost. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Please note that certain exclusions and limitations related to pre-existing conditions may apply.

See your plan documents or the Benefits Team for details.

WEEKLY MAXIMUM BENEFIT	\$2,300
ELIMINATION PERIOD	14 days
MAXIMUM BENEFIT PERIOD	90 days or you cease to be disabled

Long-Term Disability (LTD) Insurance

Progress Residential provides Long-Term Disability (LTD) benefits to you at no cost. This insurance replaces 60% of your income if you become partially or totally disabled for an extended period of time. Certain exclusions, along with pre-existing condition limitations, may apply.

See your plan documents or the Benefits Team for details.

MONTHLY MAXIMUM BENEFIT	\$10,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later.



Retirement Planning

No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Planning for retirement is always a smart move, no matter where you are in your career. At Progress Residential, we want to help you secure your future through our 401(k) plan. We offer matching contributions, meaning we'll contribute 50% of your 401(k) contributions, up to a maximum of 3% of eligible earnings.

PLAN AT A GLANCE	
PLAN NAME	Progress Residential 401(k) Plan
RECORDKEEPER	Fidelity
WEBSITE	www.401k.com
ELIGIBILITY	Must be at least 21 years of age and complete two months of service.

All About 401(k)

This employer-sponsored retirement account can help your future self by saving tax-free money from your paycheck. The sooner you participate in a 401(k), the more time your assets can grow.

Eligible employees can invest for retirement while receiving tax advantages. Administrative services are provided by Fidelity.

Pre-tax vs. Roth 401(k): What's the difference? If you contribute to your 401(k) pre-tax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose the available Roth 401(k), contributions are deducted from your paycheck after taxes — so although you are paying taxes on those dollars now, you won't pay taxes when you withdraw during retirement.

Contributing to the Plan

As a participant in the 401(k) Plan, you are able to save for retirement to help you achieve your retirement goals. The IRS limits the amount you can save annually, but if you are over age 50, you can contribute even more to the plan through catch-up contributions.

The annual IRS limit for 2025 is \$23,500 (2026 is forthcoming), and the standard catch-up contribution limit for individuals ages 50 and older is \$7,500. The years you turn ages 60, 61, 62, and 63, you can save an additional amount up to \$11,250. **Note: The standard catch-up limit resumes the year you turn age 64.**

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in and you won't be subject to penalties for overcontributing.

Additional Benefits

Commuter Expense Reimbursement Account (CERA)

With the Commuter and Parking accounts, now offered through AmeriFlex, you may use pre-tax money to pay for commuter/transit or parking related expenses. Now with AmeriFlex, you can elect your Parking or Transit desired amount in Workday along side your other benefits and the amount will be easily payroll deducted. The funds will be available as of the date they are taken from your paycheck and loaded onto the AmeriFlex provided debit card to purchase your transit passes or pay for your parking. You can elect to spend up to \$340 in pre-tax money on transit and/or parking each month.

To manage your CERA monthly election, visit Workday. To access your account balance, manage your account, or answer questions regarding the debit card, please visit myameriflex.com, 888-868-3539, or service@myameriflex.com.

Home/Auto Insurance

Progress Residential provides you access to discounted Auto and Homeowners insurance through Farmers Insurance. Your coverage will belong to you and stay with you, even if you leave the Company, so you can always take advantage of low rates. Homeowners insurance includes coverage for your house, condo, or rental property. Residency restrictions may apply.

Auto insurance includes coverage for your automobile, boat, motor home, or recreational vehicle. You may start or stop your coverage at any time during the year. Call Farmers Insurance at 844-530-0656 to sign up today or visit www.farmers.com/groupselect.

Prepaid Legal Services

LegalShield coverage is available for \$17.75 per month and covers your whole family, now payroll deducted for ease! Services include:

- Legal Consultation and Advice
- Court Representation
- Dedicated Law Firm
- Legal Document Prep and Review
- Uncontested Divorce
- Speeding Ticket Assistance
- Will Prep
- 24/7 Emergency Legal Access
- Mobile App

For more information, visit shieldbenefits.com/pretium.

Identity Theft Protection

IDShield offers identity theft protection services for \$7.45 per month for employee only coverage and \$14.05 per month for family coverage, now payroll deducted for ease! This coverage includes:

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity and Credit Monitoring
- Social Media Monitoring
- Child Monitoring
- Comprehensive Identity Restoration
- Identity and Credit Theft Alerts
- 24/7 Emergency Access
- Mobile App

For more information, visit shieldbenefits.com/pretium.

Pet Insurance

We know your pets are part of the family, and just like any other family member, our furry friends are bound to have some medical expenses from time to time. For the most part, these expenses come from standard checkups and immunizations, but the occasional unexpected illness or injury can rack up some significant bills when you least expect it. Pet insurance through ASPCA provides coverage for veterinary expenses related to accidents and illnesses, including X-rays, medications, vet visits, surgeries, and hospital stays. Policies are available for dogs, cats, birds, reptiles, and exotic pets. Optional wellness coverage is also available for dogs and cats, providing reimbursement for preventive care. To enroll or for additional information, contact ASPCA at www.aspcapetinsurance.com/pretium with code EBPreium.

One Pass Select

If you are enrolled in the United Healthcare medical plans, you have the opportunity to participate in One Pass Select. One Pass Select is a membership that gives you access to a nationwide network of fitness locations.

No matter what your fitness goals are, One Pass is designed with flexibility in mind to help meet your needs. To register or to find out more info, go to onepassselect.com.

- Choose from 5 different membership tiers that fit your lifestyle and provide everything you need for whole body health in one easy, affordable plan.
- Visit any fitness location within your membership tier. Enjoy multi-location access to gyms and studios anywhere in the country.
- Create your fitness routine. Explore a variety of group classes and workouts that match your interests.



Perks

Dell Technologies Member Purchase Program

Member Benefits Include:

- Member monthly offers
- Best price guarantee on consumer PCs from Dell
- Free expedited shipping on every order
- Free enrollment in Dell Rewards Loyalty Program: 3% back + free expedited shipping
- Military and veterans discount
- End to End customer service
- White Glove Quoting — Contact Tramain_Swindall@Dell.com for a quote request.

Members can access this site 24/7 and will not need to enter additional information to receive the benefits. These offers will automatically apply at checkout as "Additional Member Savings" in your cart.

Member site:

www.dell.com/mpp/pretiumenterpriseservices.

Verizon Discount Program

With Verizon Up and a standard mobile account, you can enjoy special upgrades and offers, plus access to concerts, shows, and entertainment. Customize a service level that meets your needs with myPlan, which lets you get exactly what you want — and pay for what you need. Build your own plan from scratch in two easy steps or start with a popular pre-built plan option.

For details, visit www.verizon.com/discounts.

Microsoft Workplace Discount Program

As an employee of Progress Residential, you're eligible for the Microsoft Workplace Discount Program. This program allows you to shop for select Microsoft products at discounted prices. Sign in with your personal Microsoft account to shop for products.

Required Notices

Important Notice From Progress Residential About Your Prescription Drug Coverage and Medicare Under the United Healthcare Plan(s)

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Progress Residential has determined that the prescription drug coverage offered by the United Healthcare plan(s) 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 Progress Residential coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

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

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

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

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 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.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information.

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 Progress Residential changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

- » Visit www.medicare.gov
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 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).

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

Date:	January 1, 2026
Name of Entity/Sender:	Progress Residential
Contact—Position/Office:	Benefits Team
Address:	7500 N. Dobson Road, St. 300 Scottsdale, AZ 85256
Phone Number:	benefits@prettium.com

Women's Health and Cancer Rights Act

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. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Benefits Team at benefits@premium.com.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which 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 Benefits Team at benefits@premium.com.

HIPAA Special Enrollment Rights

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 later 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 towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Benefits Team at benefits@premium.com.

Important Contacts

Medical

United Healthcare
866-633-2446
myuhc.com
Policy #:931398

Surgery Care Benefit

Lantern Surgery Care
855-676-2678
my.lanterncare.com

Health Savings Account

Optum Bank
866-234-8913
optumbank.com

Flexible Spending Accounts

United Healthcare
866-314-0335
myuhc.com

Dental

Cigna
800-244-6224
mycigna.com
Policy #: 0611507

Vision

VSP
800-244-6224
vsp.com
Policy #: 30055138

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

Lincoln Financial Group
800-423-2765
[www.mylincolnportal.com/
customer/public/login](http://www.mylincolnportal.com/customer/public/login)

Life and AD&D

Lincoln Financial Group
800-423-2765
lincolnfinancial.com
Employer Paid Life/AD&D:
Policy #: 000010200752
Voluntary Life/AD&D:
Policy #: 000400001000-19389

Disability

Lincoln Financial Group
800-423-2765
lincolnfinancial.com
STD Policy #: 000010200755
LTD Policy #: 000010200753

Retirement

Fidelity
800-835-5097
www.401k.com

Employee Assistance Program

Lincoln Financial Group
888-628-4824
guidanceresources.com
Username: LFGSupport
Password: LFGSupport1

Commuter Benefits

AmeriFlex
888-868-3539
myameriflex.com

Home/Auto

Farmers Insurance
844-530-0656
www.farmers.com/groupselect

Pet Insurance

ASPCA
888-716-1203
[www.aspcapetinsurance.com/
premium](http://www.aspcapetinsurance.com/premium)
Priority Code: EBPremium

Identity Theft & Legal

LegalShield + IDShield
800-654-7757
shieldbenefits.com/premium

Progress Residential Benefits Team

Tickets can be opened using the
service portal.





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