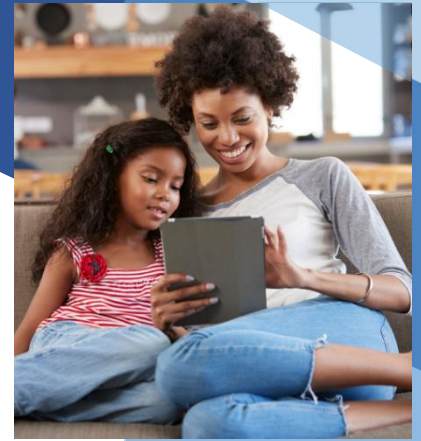




Your Health    Your Family    Your Life

# Benefits

2023 Enrollment Guide



Evergreene  
HOMES



# Evergreene Homes Guide to Benefits

## Welcome

Your benefits are an important part of your overall compensation and Evergreene Homes is pleased to offer a comprehensive array of quality benefits to protect you, your family and your way of life.



Recognizing that the benefits package comprises not only a major part of your total compensation, but also an important personal benefit, it is the goal of Evergreene Homes to provide a comprehensive yet cost effective benefits package.

**THE INFORMATION IN THIS BOOKLET HAS BEEN PREPARED FOR INFORMATIONAL PURPOSES ONLY.**

**THE SUMMARY OF BENEFITS AND COVERAGE WILL SUPERSEDE ANY INFORMATION NOTED IN THIS OUTLINE.**

This booklet provides you with an overview of your benefits; however, please refer to the specific carrier booklets and summary plan descriptions for additional detail.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Keith Jones in Human Resources.

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# Evergreene Homes Guide to Benefits

## Contact Information

### Human Resources

Keith Jones

1.703.667.7869

[KJones@EvergreeneHomes.Com](mailto:KJones@EvergreeneHomes.Com)

<https://MyEvergreeneHome.Com/Human-Resources/>

### Health

United Healthcare AllSavers

1.800.291.2634

<https://www.MyAllsavers.Com>

### Virtual Healthcare

Healthiest You

1.866.703.1250

<https://Member.HealthiestYou.Com/Login>

### Dental

Guardian Dental

1.866.627.4200

<https://www.GuardianLife.Com>

### Vision

Guardian / Davis Vision

1.866.627.4200

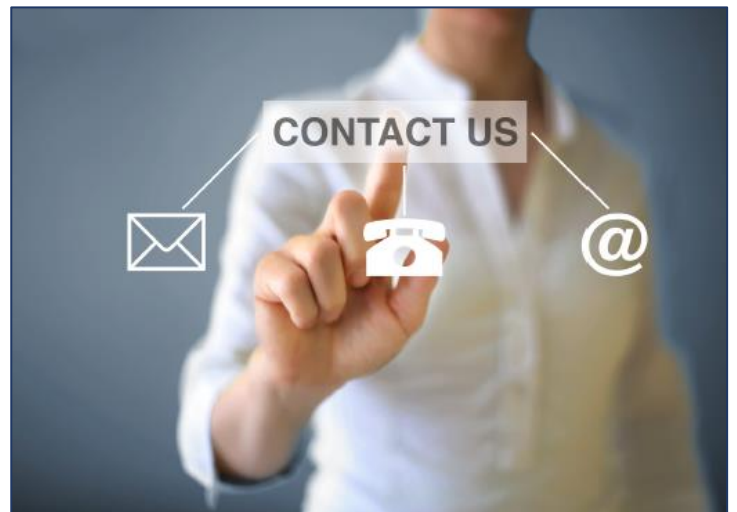
<https://www.GuardianLife.Com>

### Life and Disability

Guardian Life Insurance Company

1.866.627.4200

<https://www.GuardianLife.Com>



### WorkLive / EAP – Employee Assistance Program

Guardian Life Insurance Company

1.800.386.7055

<https://WorkLife.UpriseHealth.Com> Access Code: WorkLife

### Broker Hilb Group

Tracy Teague – Account Manager: [TTeague@HilbGroup.Com](mailto:TTeague@HilbGroup.Com)

1.571.918.1087

### 401k

Lincoln Financial

<https://www.LincolnFinancial.Com>

Fellows Wealth Management

Michael Schimmel

1.571.205.1515

[Michael@FellowsFG.Com](mailto:Michael@FellowsFG.Com)



# Evergreene Homes Guide to Benefits

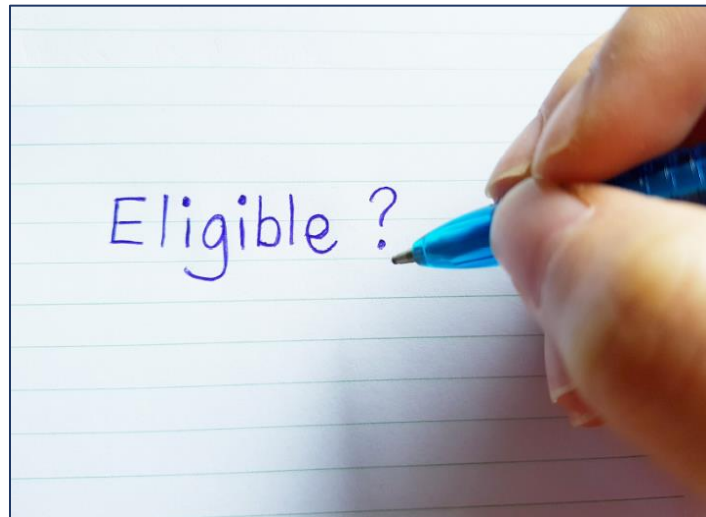
## Enrollment

### Who is Eligible

You are eligible for benefits if you are full-time employee at Evergreene Homes. Full-time employees are those who work 30 or more hours per week. In addition, your spouse and dependent children up to the age of 26 may be eligible for certain plans including medical, dental and vision coverage.

### Who is Ineligible to Add to Your Policy

- Divorced or legally separated spouse
- Foster Children
- Siblings, parents or in-laws, grandchildren, Etc.



### Qualifying Events

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period.

Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan.

### Very Important Note:

*Must request change in coverage within 30 days of your qualifying event.*

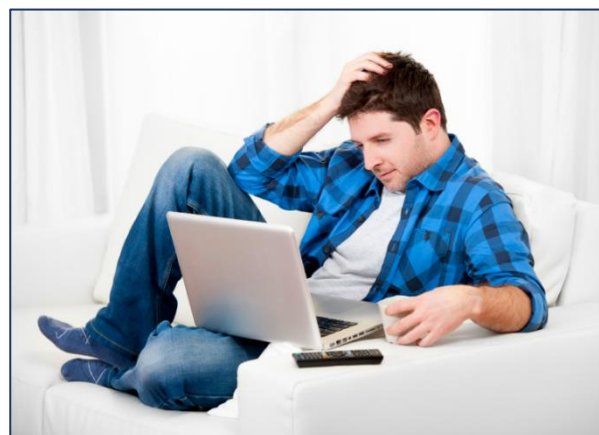
*Any change requested after 30 days must wait until the next open enrollment.*

### When Does Coverage Begin

Benefits for new hires will become effective on the **1<sup>st</sup> of the month following 30 days of service** and the decisions you make during **Open Enrollment** will become effective **January 1, 2023**.

### How to Enroll

Refer to Page 32 for easy Online Enrollment Instructions, but first, you will want to review your options on the following pages.





# Evergreene Homes Guide to Benefits

## United HealthCare AllSavers

Evergreene Homes offers our employees with three options for health care for the 2023 plan year. The following page details additional information regarding the difference between the three plans. Please review carefully and ask questions to make sure that you are selecting the best plan for you and your family.



	All Savers Traditional EPO	All Savers Traditional PPO	All Savers HSA High Deductible
<b>In-Network</b>	E2000i100LX21	P2000i100LX21	HP5000257521
Primary Office Visit	\$25	\$25	\$25 After Deductible
Specialist Office Visit	\$75	\$75	\$75 After Deductible
Virtual Visit	\$0	\$0	\$0
Preventative Visit	No Charge	No Charge	No Charge
Deductible	\$2,000 / \$4,000	\$2,000 / \$4,000	\$5,000 / \$10,000
Plan Year	Calendar Year	Calendar Year	Calendar Year
Coinsurance	0% After Deductible	0% After Deductible	0% After Deductible
Annual Out-of-Pocket Maximum	\$4,000 / \$8,000	\$4,000 / \$8,000	\$6,900 / \$13,800
Out-Patient Surgery Center	0% After Deductible	0% After Deductible	0% After Deductible
Urgent Care	\$50	\$50	\$50 After Deductible
Emergency Room	\$300 After Deductible	\$0 After Deductible	\$300 After Deductible
In-Patient Hospitalization	0% After Deductible	0% After Deductible	0% After Deductible
RX Deductible	None	None	Combined with Medical
Pharmacy Copays (30-day supply)	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$70
Mail Order Drug Copays (90- day supply)	\$25/\$87.50/\$187.50	\$25/\$87.50/\$187.50	\$25/\$87.50/\$187.50
<b>Out-of-Network</b>			
Deductible	Not Covered	\$4,000 / \$8,000	\$10,000 / \$20,000
Coinsurance	Not Covered	50% after Deductible	50% after Deductible
Annual Out-of-Pocket Maximum	Not Covered	\$8,000 / \$16,000	\$20,000 / \$40,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited
<b>Cost Per Pay Period (Monthly).</b>			
Employee Only	\$125.58	\$127.22	\$125.58
Employee Plus Spouse	\$661.23	\$670.12	\$661.23
Employee Plus Child(ren)	\$347.53	\$352.17	\$347.53
Employee & Family	\$891.04	\$903.12	\$891.04

**Contact Information:**

United Healthcare AllSavers

1.800.291.2634

<https://www.MyAllsavers.Com>

# Evergreene Homes Guide to Benefits

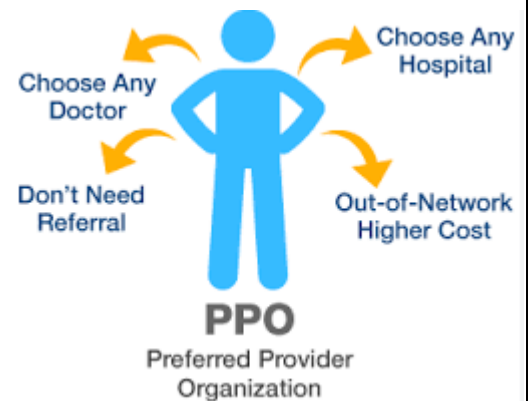
## AllSavers Traditional EPO



The AllSavers Traditional EPO is the most common plan with our employees and includes a network of physicians covering Virginia, Delaware and Maryland. All healthcare services must be provided by a United Healthcare AllSavers network of providers.

## AllSavers Traditional PPO

The AllSavers Traditional PPO offers all of the conveniences of the EPO plan, but also adds the option for employees and their dependents to seek Out of Network benefits from providers who may not participate in the AllSavers network of providers.



## HSA AllSavers High Deductible Plan

The HSA (Health Savings Account) AllSavers plan was first offered in 2022 and will continue for 2023. This High Deductible Plan is an economical plan that has been designed for employees who do not expect to have medical expenses, but have the protection for a serious medical event. Preventative and Virtual Visits have a zero-dollar copay and are the only benefits received prior to meeting your deductible. Any employee covering a dependent must meet the Family Deductible before any claims will be paid.

The payroll deductions are exactly the same as our Traditional EPO plan, but a portion of your payroll deduction will be automatically reallocated to your HSA account for you to save and use for medical expenses. The funds contributed to your HSA will be allocated to an interest-bearing investment fund acting as your personal healthcare account to be used for medical services. You are also welcome to increase your HSA contributions which will allow you to contribute additional money for medical expenses on a pre-tax basis. The money you allocate to your HSA account must be used for medical services and is yours to keep. Funds will carry over into the new plan year and even has a portability option if you should leave the company.



# Evergreene Homes Guide to Benefits

Due to their tax-favored status, HSAs have strict rules regarding eligibility and contributions. In order to make or receive HSA contributions, employees must meet the following qualifications:

- Be covered by a high deductible health plan (HDHP)
- Not have any other health coverage (with some exceptions)
- Not be claimed as a dependent on another person's tax return
- Not be covered by Medicare

Employees can contribute up to a maximum of \$3,850 for individual coverage or \$7,750 for family coverage during the plan year. Additionally, any employee over the age of 55 can contribute an extra \$1,000 each plan year.

The plan costs that the Company pays for the HSA Plan are less expensive than the Traditional EPO plan, so the Company will allocate 100% of the plan savings to your HSA account. The table below helps explain how these costs are allocated. Please pay special attention to the "Expense to Employee" column as this amount represents the actual cost you are contributing to your healthcare plan; the remainder of your Payroll Deduction is allocated to your HSA account.

Plan Level	Payroll Deduction	Expense to Employee	HSA Allocation	Annual HSA Contribution	Deductible	Out of Pocket Expense to Meet Deductible
Employee Only	\$125.58	\$64.52	\$61.06	\$732.72	\$5,000	\$4,267.28
Emp & Spouse	\$661.23	\$528.44	\$132.79	\$1,593.48	\$10,000	\$8,406.52
Emp & Child(ren)	\$347.53	\$239.11	\$108.02	\$1,296.24	\$10,000	\$8,703.76
Emp & Family	\$891.04	\$698.25	\$192.79	2,313.48	\$10,000	\$7,686.52

This table notes that the Employee Only is paying \$125.58 per month through payroll deductions with \$64.50 allocated to healthcare premiums and the remaining \$61.06 is then allocated their HSA account.

As previously noted, the Deductible must be met before expenses will be paid by the plan, but the HSA Contribution can be used to cover part of the Deductible and the remainder must be paid Out of Pocket. Using an Employee Only as an example:

Employee Only Coverage	\$0 Medical Expenses	\$1500 Medical Expenses	\$5,000 Medical Expenses	Hospitalized with \$10,000 Medical Expenses
Annual Medical Expenses	\$0.00	\$1,500.00	\$5,000.00	\$10,000.00
Annual Deductible	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
HSA Annual Contribution	\$732.72	\$732.72	\$732.72	\$732.72
Additional Out of Pocket Expense Paid by Employee	\$0.00	\$767.28	\$4,267.28	\$4,267.28
Net Savings to Employee	\$732.72	-\$767.28	-\$4,267.28	-\$4,267.28

The HSA Funds are yours to keep, so any HSA Funds remaining at the end of the plan year will carry over into the new year.

We are proud to add this plan to our healthcare options, but please understand that this plan is obviously not for everyone. Careful consideration of your healthcare expenses should be reviewed before making this selection. Remember that only Preventive and Virtual Visits will be paid prior to meeting your Deductible. Many employees may want to avoid selecting this plan due to the High Deductible, Plan Administration required to monitor your HSA and Healthcare expenses.

# Evergreene Homes Guide to Benefits

## Virtual Visit to Care Anytime with Zero Dollar Copay



**See a Doctor 24 Hours a day / 7 Days a Week**

You will want to consider this alternative healthcare option when scheduling non-emergency services. Note that this service has a ZERO DOLLAR COPAY and can be accessed from the convenience of your home.



### What is HealthiestYou™:

- Allows you to talk to a doctor from anywhere, anytime without leaving home
- 24/7 virtual visits at no copay or cost to you
- Offers a price-comparison tool that may save you up to 85 percent on prescriptions, often beating your copay
- Allows you to compare prices for procedures and research doctors
- One-stop shop to view your medical plan deductibles in real time

### How to sign up for HealthiestYou:

- Go to <https://Member.HealthiestYou.Com/Login> or call 1.866.703.1250
- Register for your HealthiestYou account and download the app

### Also included is Best Doctors®:

- Provides you and your eligible dependents the guidance and reassurance needed when facing any medical situation
- If you have received a serious diagnosis, are considering multiple treatment options, need help deciding if surgery is right for you or have medical questions, Best Doctors can have a carefully selected expert physician conduct an in-depth review of your medical case and/or questions and provide a personalized response and recommendation

### How to sign up for Best Doctors:

- Access Best Doctors through your HealthiestYou app at the click of a button






# Evergreene Homes Guide to Benefits

## Understanding Healthcare Treatment Options:

First and foremost, if there is a **life-threatening situation**, you should **go immediately to the nearest Emergency Room for treatment** and then **report back to your Primary Care Physician**. This will help ensure that your treatment is processed as an in-network benefit.

Below is a list of treatment types and options that might be available to you. Please review this list now and know your options should the need arise for other types of healthcare services.

Copays	Virtual Visit	Urgent Care	Emergency Room
EPO	\$0	\$50	\$300 After \$2,000 Deductible
PPO	\$0	\$50	\$300 After \$2,000 Deductible
HSA	\$0	\$50 After Deductible	\$300 After \$5,000 (\$10k Family) Deductible
	<b>Live consultation 24/7 with a board-certified doctor.</b>	<b>For help with <u>serious illnesses</u> and <u>injuries</u>.</b>	<b>For when you have <u>life threatening event</u>.</b>
	Treatment for: <ul style="list-style-type: none"> <li>• Cold</li> <li>• Fever</li> <li>• Flu</li> <li>• Allergies</li> <li>• Congestion</li> <li>• Pink eye</li> <li>• Sinus pain</li> <li>• Sore throat</li> <li>• Headache</li> <li>• Vomiting</li> <li>• Bronchitis</li> <li>• Cold sores</li> <li>• Rashes (poison ivy, etc.)</li> <li>• Ear pain</li> <li>• COVID</li> </ul>	Treatment for: <ul style="list-style-type: none"> <li>• Sprains</li> <li>• Strains</li> <li>• Minor broken bones</li> <li>• Minor infections</li> <li>• Small cut that may need a few stitches</li> <li>• Minor burns</li> <li>• X-Rays</li> <li>• COVID</li> </ul>	Treatment for: <ul style="list-style-type: none"> <li>• Heavy bleeding and large open wounds</li> <li>• Sudden change in vision</li> <li>• Chest pain</li> <li>• Sudden weakness or trouble talking</li> <li>• Minor burns</li> <li>• Severe head or spinal injury</li> <li>• Difficulty breathing</li> <li>• Major broken bones</li> <li>• COVID</li> </ul>
			

# Evergreene Homes Guide to Benefits

## Dental Insurance

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

The following chart outlines the dental benefits we offer.



### Your dental coverage

**PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

Your Dental Plan	PPO	
<b>Your Network is</b>	DentalGuard Preferred	
<b>Calendar year deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
<b>Annual Maximum Benefit</b>	\$1500	\$1500
<b>Preventive Services Exempt from Maximum</b>	Yes	
<b>Maximum Rollover</b>	Yes	
Rollover Threshold	\$700	
Rollover Amount	\$350	
Rollover In-network Amount	\$500	
Rollover Account Limit	\$1250	
<b>Lifetime Orthodontia Maximum</b>	\$2000	
<b>Dependent Age Limits</b>	26	

<b>Monthly Payroll Deduction</b>	Employee Only	\$13.85
	Employee and Spouse	\$41.52
	Employee and Child(ren)	\$55.59
	Employee and Family	\$88.84

**Contact Information:**  
**Guardian**  
**1.866.627.4200**  
<https://www.GuardianLife.Com>

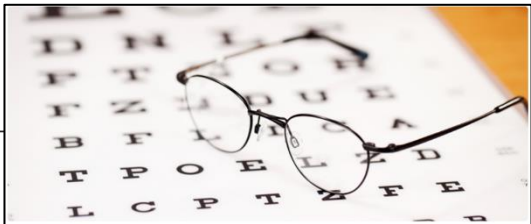
# Evergreene Homes Guide to Benefits

## Vision Insurance

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

### Your vision coverage

**Option 1:** Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Davis Vision's network locations including retail centers such as Costco®, Wal-Mart®, JCPenney®, Target®, Sam's Club®, Pearle®, Visionworks®. You can also use your network benefits online at Visionworks®.com, glasses®.com, or 1800contacts®.com.

Your Vision Plan	Full Feature - Designer	
Your Network is	Davis Vision	
<b>Your Monthly Premium</b>	\$3.70	
<b>You and Your Spouse</b>	\$10.34	
<b>You and Your Child(ren)</b>	\$12.77	
<b>You, Spouse and Child(ren)</b>	\$19.46	
<b>Copay</b>		
Exams Copay	\$ 10	
Materials Copay (waived for elective contact lenses)	\$ 25	
<b>Sample of Covered Services</b>	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$50
Single Vision Lenses	\$0	Amount over \$48
Lined Bifocal Lenses	\$0	Amount over \$67
Lined Trifocal Lenses	\$0	Amount over \$86
Lenticular Lenses	\$0	Amount over \$126
Frames	80% of amount over \$130*2	Amount over \$48
Contact Lenses (Elective and conventional)	85% of amount over \$130*	Amount over \$105
Contact Lenses (Planned replacement and disposable)	85% of amount over \$130*	Amount over \$105
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Cosmetic Extras	Avg. 40-60% off retail price	No discounts
Glasses (Additional pair of frames and lenses)	Courtesy discount from most providers	No discounts
Laser Correction Surgery Discount	Up to 25% off the usual charge or 5% off promotional price	No discounts
<b>Service Frequencies</b>		
Exams	Every calendar year	
Lenses (for glasses or contact lenses)‡‡	Every calendar year	
Frames	Every calendar year	
Network discounts (glasses and contact lens professional service)	Applies to first purchase & courtesy discount from most providers on subsequent purchases.	
<b>Dependent Age Limits</b>	26	

Visit [www.GuardianLife.com](http://www.GuardianLife.com) and click on "Find a Provider"

This is only a partial list of vision services. Your certificate of benefits will show exactly what is covered and excluded.

**Contact Information:**  
 Guardian / Davis Vision  
 1.866.627.4200  
<https://www.GuardianLife.Com>

# Evergreene Homes Guide to Benefits

## Basic Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. Evergreene Homes provides full-time employees with \$25,000 in group life and accidental death and dismemberment (AD&D) insurance.

Evergreene Homes pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact Keith Jones if you would like to update your beneficiary information.

## Voluntary Life Insurance



While Evergreene Homes offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage in \$10,000 increments to a maximum of \$100,000. If you purchase coverage for yourself, you can purchase for your spouse in \$5,000 increments to a maximum of \$50,000. Elections above the guarantee issue will require evidence of insurability. The guarantee issue for:

- Employees is \$100,000,
- Spouses is up to \$50,000 (no more than 50% of the employee election) and
- Dependent child(ren) is \$10,000 (no more than 100% of the employee election).

At open enrollment, you can increase your election by up to \$50,000, as long as it does not exceed the guarantee issue amount, without completing Evidence of Insurance (EOI). Any other changes require EOI. Additionally, if you are not currently enrolled in the benefit, and you wish to enroll at open enrollment, EOI will be required.

The chart below outlines the monthly costs of purchasing additional coverage:

<i>Monthly Cost for Every \$1,000 of Employee and Spouse Life Insurance Coverage</i>										
<i>Age</i>	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
<i>Life</i>	\$.067	\$.107	\$.150	\$.120	\$.201	\$.308	\$.575	\$.883	\$1.699	\$2.756
<i>AD&amp;D</i>	\$.040	\$.040	\$.040	\$.040	\$.040	\$.040	\$.040	\$.040	\$.040	\$.040
<i>Total per \$1k</i>	\$.107	\$.147	\$.160	\$.174	\$.241	\$.348	\$.615	\$.923	\$1.739	\$2.796
<i>Dependent Children</i>	<b>Benefit: \$10,000 - not to exceed 100% of employee coverage</b> Cost: Life .120 and AD&D is .040									

Evergreene Homes provides Life Insurance as an option for all new hires without requiring an Evidence of Insurability. An Evidence of Insurability form must be completed and approved **after the initial new**



# Evergreene Homes Guide to Benefits

**hire enrollment period.** The EOI form will be submitted to the carrier for approval which could take up to two months for a response. Employee can request termination of coverage at any time for any reason.

## Disability Income Benefits

Evergreene Homes provides full-time employees the opportunity to enroll in Voluntary Short and Long-Term disability income benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

At Evergreene Homes, we want to do everything we can to protect you and your family.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.



	<i>Voluntary Short-term Disability</i>	<i>Voluntary Long-term Disability</i>
<i>Benefits Begin</i>	After 8th day Sickness / Illness	After 90 days
<i>Percentage of Income Replaced</i>	60% of Weekly Salary	60% of Monthly Salary
<i>Maximum Benefit</i>	\$1,000	\$6,000
<i>Maximum Benefit Duration</i>	12 weeks	Social Security Retirement Age

Evergreene Homes provides Disability Insurance as an option for all new hires without requiring an Evidence of Insurability. An Evidence of Insurability form must be completed and approved **after the initial new hire enrollment period**. The EOI form will be submitted to the carrier for approval which could take up to two months for a response.

Employee can request termination of coverage at any time for any reason.

You can terminate coverage for Life and Disability at any time, but any increase in coverage will require an Evidence of Insurance form to be completed, submitted and approved by the carrier prior to enrollment after your first 30 days of employment.



# Evergreene Homes Guide to Benefits

## WorkLife – EAP Employee Assistance Program



**Provides guidance on personal, financial and legal matters.**

Provides you with confidential, personal and web-based support – from stress management, dependent/elder care, nutrition and fitness – to legal and financial issues.

### Employee Program Highlights

- Unlimited telephonic consultations with an EAP Counselor
- Referrals to local counselors with up to 3 sessions at no charge
- State-of-the-art website featuring planning tools
- Free consultations with financial and legal professionals – plus discounts on legal services



Employees can connect to a counselor for free support services  
1-800-386-7055  
Available 24 hours a day,  
7 days a week



<https://WorkLife.UpriseHealth.Com>

Access Code: WorkLife

### Education

- Admissions testing and procedures
- Adult re-entry programs
- College planning
- Financial aid resources

### Legal and Financial

- Basic tax planning
- Credit and debt
- Immigration
- Legal forms
- Personal Legal
- Retirement planning
- Will making

### Working Smarter

- Balancing work and home life
- Career development
- Effective managing
- Relocation
- Training development
- Workspace diversity

### Lifestyle and Fitness Management

- Anxiety and depression
- Divorce and separation
- Drugs and alcohol
- Grief and loss
- Health and well-being
- Pet care
- Relationship issues

# Evergreene Homes Guide to Benefits

## Pet Insurance

[www.ASPCAPetInsurance.Com/Evergreene](http://www.ASPCAPetInsurance.Com/Evergreene)



Visit [www.ASPCAPetInsurance.Com/Evergreene](http://www.ASPCAPetInsurance.Com/Evergreene) and save with your discount!



# worry less about cost and focus on care

OUR BEST PROTECTION  
**Complete Coverage**<sup>SM</sup>

### We keep it simple!

You customize your annual limit, deductible and reimbursement for the right coverage at the right price.

**\$3,600**  
COVERED  
VET BILL

**-\$250**  
ANNUAL  
DEDUCTIBLE

**x90%**  
REIMBURSEMENT  
PERCENTAGE

**\$3,015**  
**CASH BACK**



accidents  
illnesses  
dental  
diseases

cancer  
hereditary  
conditions  
behavioral  
issues

exam fees • diagnostic imaging • lab tests  
hospitalization • surgery • rehabilitation  
chemotherapy • acupuncture  
stem cell therapy • prescription food\*  
supplements • and more

We also offer an **Accident-only Coverage** plan.  
**Preventive Care Coverage** can be added to  
all plans for an additional cost.

\* To treat a covered condition (not for general maintenance or weight management). Pre-existing conditions are not covered. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit [www.aspcapetinsurance.com/terms](http://www.aspcapetinsurance.com/terms). Preventive and Wellness Care reimbursements are based on a schedule. Complete Coverage™ reimbursements are based on the invoice. Levels 1-4 reimbursements are based on usual and customary eligible costs. Products, schedules, discounts, and rates may vary and are subject to change. More information available at checkout. The ASPCA® is not an insurer and is not engaged in the business of insurance. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution. Products are underwritten by United States Fire Insurance Company (NAIC #21113, Morristown, NJ), produced and administered by C&F Insurance Agency, Inc. (NPN # 3974227), a Crum & Forster company.  
U0522-EB79



# Evergreene Homes Guide to Benefits



the coverage  
they need  
the way you want

Our best plan ever

## Complete Coverage<sup>SM</sup>

With an accident & illness plan provided by the ASPCA<sup>®</sup> Pet Health Insurance program, you have help choosing the care you want when your pet is hurt or sick. You can take comfort in knowing they have coverage.

### Simple to Use

Just pay your vet bill, submit claims, and get reimbursed for eligible expenses! You're free to visit any licensed vet, specialist or emergency clinic in the US or Canada, and you can choose to receive reimbursement by direct deposit or mail.

### Exam Fees, Diagnostics, and Treatments for Covered Conditions

- Accidents
- Hereditary Conditions
- Dental Disease
- Illnesses
- Behavioral Issues
- Cancer

### Customizable Options

**Annual Limit** - from \$3,000 to \$10,000.

**Reimbursement Percentage** - 90%, 80%, or 70% of your eligible vet bill.

**Annual Deductible** - select \$100, \$250, or \$500. You'll only need to satisfy it once per 12-month policy period.

**Add Preventive Care Coverage** - Get reimbursed scheduled amounts for things that protect your pet from getting sick, like vaccines, dental cleanings, and screenings for a little more per month.

**Select Accident-Only Coverage** - If you're just looking to have some cushion when your pet gets hurt, you can choose coverage that only includes coverage for accidents.

Let us help you find the perfect plan for you and your pet.

[www.ASPCAPetInsurance.Com/Evergreene](http://www.ASPCAPetInsurance.Com/Evergreene) | Priority Code: EB22EVERGREENE

Pre-existing conditions are not covered. Waiting periods, annual deductible, co-insurance, benefit limits and exclusions may apply. For all terms and conditions visit [www.aspcapetinsurance.com/terms](http://www.aspcapetinsurance.com/terms). Preventive Care coverage reimbursements are based on a schedule. Complete Coverage<sup>SM</sup> reimbursements are based on the invoice. Products, schedules, discounts, and rates may vary and are subject to change. More information available at checkout.

Insurance products are underwritten by United States Fire Insurance Company (NAIC #21113, Morristown, NJ), and produced and administered by PTZ Insurance Agency, Ltd. (NPN: 5328528, Domiciled in Illinois with offices at 1208 Massillon Road, Suite G200, Akron, Ohio 44306), (California residents only: PTZ Insurance Agency, Ltd., d.b.a PIA Insurance Agency, Ltd. CA license #DE36937).

The ASPCA<sup>®</sup> is not an insurer and is not engaged in the business of insurance. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution.

U1022-COVERAGE



# Evergreene Homes Guide to Benefits

## 401k / Retirement

The Company offers a 401(k) Employee Incentive Plan designed to provide additional economic security after retirement. All employees who are at least 21 years old and expect to work at least 1,000 hours/year are eligible to enroll on the first day of the month following the first anniversary from date of employment. For the 2023 tax year, employees may defer up to 100% of their pre-tax salary, but not more than \$22,500.00 (adjusted annually) for investment in their choice of several investment options. Employees 50 and older may choose to have an additional \$7,500 catch-up contribution to bring their total annual 401k deductions up to \$30,000.

The Company currently makes contributions by paying all plan expenses.

Funds may be withdrawn without special tax consequences by an employee or beneficiary in the event of:

- Retirement
- Total and permanent disability
- Death
- Termination of Employment
- Hardship



### Helping you every step of the way—from hired through retired

Lincoln Financial provides help during every stage of retirement planning—from enrollment through retirement. Whether you're a first-time participant or simply are new to the plan, we will provide step-by-step instructions for making the most of your employer-sponsored retirement plan.

### Enroll online! It's fast and easy.

- Online Account Access is available at:  
<https://www.LincolnFinancial.Com>
- Follow the prompts, and after registration, you will be directed to your account page to enroll and update your plan information.
- Choose your contribution rate and investment options.

Additional details on the plan and a copy of the plan document are available from the Human Resource department.

# Evergreene Homes Guide to Benefits

## Benefit Hub Discount Program

Evergreene Homes is now offering a discount program to all employees free of charge!

1. Please go to: <https://SummitInsurance.BenefitHub.Com/App/Discounts/Home>
2. Click on any offer
3. Complete registration

### Shopping Center

The screenshot shows a shopping center interface. At the top right, there is a dropdown menu labeled "Shop By Category". Below this is a "Featured" section with two main offers. The first offer is for HP, showing a man eating a bowl of cereal, with the text "School's In Session". The second offer is for Capella University, showing a woman sitting on a couch using a laptop, with the text "Capella Univers... \$3-20k Scholarships Exclusive education savings and schola... Get Deal". Below the featured section is a "Recommended For You" carousel with four small square icons. Underneath is a "Top Categories" section with a grid of nine category tiles: "Quarantine Relief" (man and child on laptop), "Travel" (resort building), "Tickets" (cinema tickets), "Auto" (car headlight), "Electronics" (laptop and tablet), "Apparel & Accessories" (handbag, watch, sunglasses), "Food" (burger and fries), "Local Deals" (woman in apron), and "Home & Family" (living room).

# Evergreene Homes Guide to Benefits

## Plan Definitions

**Deductible:** The amount that you must pay toward covered services before the insurance plan will begin to pay their portion.

**Copay:** The amount you pay when visiting a provider. For example, on the EPO plan, the in-network copay for a primary care physician is \$25.00.

**Coinsurance:** Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. For example, a hospital stay may require you to meet your deductible and then pay 20% for the remainder of the bill up to an annual out of pocket maximum.

**Out-of-Network:** Means that the doctor or facility providing your care does not have a contract with United Healthcare. You'll generally pay more to see an out-of-network provider than an in-network provider. Your policy will explain what those costs may be. Out of network providers usually balance bill the amount between what United Healthcare will pay and what the provider bills.

**Out-of-Pocket Maximum:** Yearly amount an individual or family can be required to pay in cost sharing during the plan year for covered, in-network services. Copays, deductibles and coinsurance will all apply towards your out-of-pocket maximum.



**Preventive Services:** Routine health care, including screenings, check-ups, and patient counseling, to prevent or discover illness, disease or other health problems. Under the Patient Protection and Affordable Care Act (PPACA) most health plans are required to cover asset of preventive services at no cost to the member.

**PPO (Preferred Provider Organization):** Allows member to access in-network provider without a referral. Members have the option of seeking care out-of-network, but may be responsible for charges in excess of the plan allowance

**HMO (Health Maintenance Organization):** Allows member to access in-network benefits and generally requires a referral to see a specialist.

## Questions and Answers



### **When will my benefits become effective?**

Annual enrollment changes become effective on January 1<sup>st</sup> and benefits for new hires become effective on the first of the month following 30 days of service.

### **How do I know if I am eligible for these benefits?**

All full-time/regular (not temporary) employees working more than an average of 30 hours a week will become eligible for benefits.

### **What is Evergreene Homes benefit plan year?**

Evergreene Homes plan year is January 1<sup>st</sup> to December 31<sup>th</sup>.



# Evergreene Homes Guide to Benefits

## **When does Open Enrollment occur?**

Open Enrollment will occur in December with plan changes going into effect on January 1<sup>st</sup>.

## **If I say I do not want to elect medical when I am hired or at Open Enrollment, can I enroll later in the year?**

Unfortunately, no. Your opportunity to enroll in these benefits will be during your first 30 days of employment or during Open Enrollment. The only exception to this would be if you have a qualifying event that would allow you to make a change midyear change to your benefits.

## **Are Life and Disability options available during Open Enrollment?**

No, you should make elections for Life and Disability during your first 30 days of employment. You can cancel at any time without a qualifying event, but any enrollment or increase in coverage will require a Statement of Health to be submitted and approved prior to being accepted for coverage.

## **Where can I find copies of Evergreene Homes benefit plan summaries and additional information?**

Plan summaries, claim forms and additional information can be found in your Human Resource Department or copies can be downloaded from the HR Web Page at <https://MyEvergreeneHome.Com/Human-Resources/>.

## **I have not received my medical ID card or I need a replacement medical ID card.**

### **Where can I request this?**

ID cards can be ordered via your personal online account at [www.MyAllSavers.Com](http://www.MyAllSavers.Com). You can use this link to log in and register to request new cards.

## **Which health plan is the best choice for my family and me?**

That depends on you and your personal situation including where you and your dependent live and your relationship with your current physician. You will need to evaluate the benefits, physicians, medical facilities and cost associated with each plan to make the best decision for you and your family.

## **How will I know if my doctor accepts United Healthcare AllSavers?**

You can review the information on United Healthcare website, but we recommend that you contact your doctor directly to confirm if they are in the medical network of the plan you are selecting.

## **I have checked with my doctor and he/she does not participate in the United Healthcare AllSavers network; what should I do?**

Good job, you are several steps ahead of others. If your doctor does not accept United Healthcare AllSavers, you will have a choice of selecting another doctor who accepts United Healthcare AllSavers or your plan may have the option for you to pay a deductible which would allow Out-Of-Network treatment by a physician that is not part of the United Healthcare network of physicians. Again, this is up to you and your family.

## **I see I all the plans have a copay for doctor office visits, so why is there also a deductible?**

The deductible does not apply to the doctor visits, but it would apply to other services such as hospitalization that may have a copay or coinsurance (percentage of billing).

## **Should I expect United Healthcare AllSavers to remain as our healthcare carrier as long as I work at Evergreene Homes?**

As much as we would like to say yes and maintain consistency, we will continue to evaluate our health and welfare options each year. Any decision to change or even remain with United Healthcare AllSavers will obviously be made with both you and the company's best interest.

## **I am enrolled in the Local plan and have an emergency out of town, what should I do?**

Go immediately to the emergency room for complex or critical needs. Notify your Primary Care Physician as soon as you are able to ensure your emergency visit will be processed as in-network emergency services.



# Evergreene Homes Guide to Benefits

## New Health Insurance Marketplace Coverage Options and Your Health Coverage



Beginning back in 2014, there is a new way to buy health insurance: The **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers, "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Each year, the open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the previous year. After Dec. 15, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent of your household income for the year or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact *Keith Jones*.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

# Evergreene Homes Guide to Benefits

## COBRA

### Consolidated Omnibus Budget Reconciliation Act

#### Introduction

You are receiving this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

#### Read This Notice Carefully to Help Understand Your COBRA Right

Keep in mind that when you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. This notice does not fully describe COBRA continuation coverage or other rights under the Plan. For additional and more complete information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

#### What is COBRA Continuation Coverage?

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

#### *Employee*

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either of the following qualifying events happens:

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

#### *Spouse*

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;

# Evergreene Homes Guide to Benefits

- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B or both); or
- You become divorced or legally separated from your spouse. In the event your spouse, who is the employee, reduces or terminates your coverage under the Plan in anticipation of a divorce or legal separation that later occurs, the divorce or legal separation may be considered a qualifying event even though the coverage was reduced or terminated before the divorce or separation.

## *Dependent Children*

Your dependent children (including any child born to or placed for adoption with you during the period of COBRA coverage who is properly enrolled in the Plan and any child of yours who is receiving benefits under the Plan pursuant to a qualified medical child support order) will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

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

## **When is COBRA Coverage Available?**

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

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

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.** You must provide this notice to Keith Jones. The Plan procedures for this notice, including a description of any required information or documentation, can be found in the most recent Summary Plan Description or by contacting the Plan Administrator. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator during the 60-day notice period, you will lose your right to elect COBRA continuation coverage.

## **How is COBRA Coverage Provided?**

Once the Plan Administrator receives timely notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. If COBRA continuation coverage is not elected within the 60-day election period, a qualified beneficiary will lose the right to elect COBRA continuation coverage.

COBRA continuation coverage is a temporary continuation of coverage.

- When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage may last for up to a total of **36 months**.

# Evergreene Homes Guide to Benefits

- When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of **18 months**. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Also, when the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

## *Disability Extension*

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

The Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice, can be found in the most recent Summary Plan Description or by contacting the Plan Administrator. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator during the 60-day notice period and within 18 months after the covered employee's termination of employment or reduction of hours, there will be no disability extension of COBRA continuation coverage. The affected individual must also notify the Plan Administrator within 30 days of any final determination that the individual is no longer disabled.

## *Second Qualifying Event Extension*

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

The Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice, can be found in the most recent Summary Plan Description or by contacting the Plan Administrator. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator during the 60-day notice period, there will be no extension of COBRA continuation coverage due to a second qualifying event.

## **Are There Other Coverage Options Besides COBRA?**

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



# Evergreene Homes Guide to Benefits

## Can I Enroll in Medicare Instead of COBRA Coverage After My Group Health Plan Coverage Ends?

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

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

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

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

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

## If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Patient Protection and Affordable Care Act and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

## Keep Your Plan Informed of Address Changes

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

## Plan Contact Information

Name	Keith Jones / Evergreene Homes
Address	3684 Centerview Drive
City, State	Chantilly VA 20151
Telephone	703-667-7869
Email	<a href="mailto:KJones@EvergreeneHomes.Com">KJones@EvergreeneHomes.Com</a>

## Special Enrollment Notice

**This notice is being provided to make certain that you understand your rights to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.**

### Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you

# Evergreene Homes Guide to Benefits

or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

## Marriage, Birth or Adoption

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

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

## Medicaid or CHIP

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

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

## For More Information or Assistance

To request special enrollment or obtain more information, please contact:

Name	Keith Jones / Evergreene Homes
Address	3684 Centerview Drive
City, State	Chantilly VA 20151
Telephone	703-667-7869

## Newborn's and Mother's Health Protection Act

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

## WHCRA NOTICE

### Women's Health and Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

# Evergreene Homes Guide to Benefits

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. Evergreene Homes has provided detailed information regarding the deductible and co-insurance. Call your plan administrator at 703-667-7869 for more information.

## Patient Protection Choice of Providers

Evergreene Homes generally permits the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Keith Jones at 703-667-7869.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Evergreene Homes or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Keith Jones at 703-667-7869.

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-

# Evergreene Homes Guide to Benefits

KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –

<p style="text-align: center;"><b>ALABAMA – Medicaid</b></p> <p>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447</p>	<p style="text-align: center;"><b>CALIFORNIA – Medicaid</b></p> <p>Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a></p>
<p style="text-align: center;"><b>ALASKA – Medicaid</b></p> <p>The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a></p>	<p style="text-align: center;"><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p> <p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442</p>
<p style="text-align: center;"><b>ARKANSAS – Medicaid</b></p> <p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p style="text-align: center;"><b>FLORIDA – Medicaid</b></p> <p>Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268</p>
<p style="text-align: center;"><b>GEORGIA – Medicaid</b></p> <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: (678) 564-1162, Press 2</p>	<p style="text-align: center;"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p style="text-align: center;"><b>INDIANA – Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid</p>	<p style="text-align: center;"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a></p>



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Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584	Phone: 1-800-657-3739
<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>MISSOURI – Medicaid</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>KANSAS – Medicaid</b>	<b>MONTANA – Medicaid</b>
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
<b>KENTUCKY – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>LOUISIANA – Medicaid</b>	<b>NEVADA – Medicaid</b>
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>MAINE – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711  Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: -800-977-6740. TTY: Maine relay 711	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>SOUTH DAKOTA - Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW YORK – Medicaid</b>	<b>TEXAS – Medicaid</b>

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Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NORTH CAROLINA – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>NORTH DAKOTA – Medicaid</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
<b>OREGON – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>PENNSYLVANIA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>SOUTH CAROLINA – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

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

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

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

# Evergreene Homes Guide to Benefits

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebssa.opr@dol.gov](mailto:ebssa.opr@dol.gov) and reference the OMB Control Number 1210-0137 (expires 1/31/2023).



# Evergreene Homes Guide to Benefits



## Online Benefit Enrollment / Employee Navigator

Our benefits are maintained by an online portal that will allow all users the opportunity to complete their enrollment during their own time. You can also log into the system to view your benefits at any time throughout the year.

Web Link: [www.EmployeeNavigator.Com](http://www.EmployeeNavigator.Com)

Company Identifier: **Evergreene Homes**

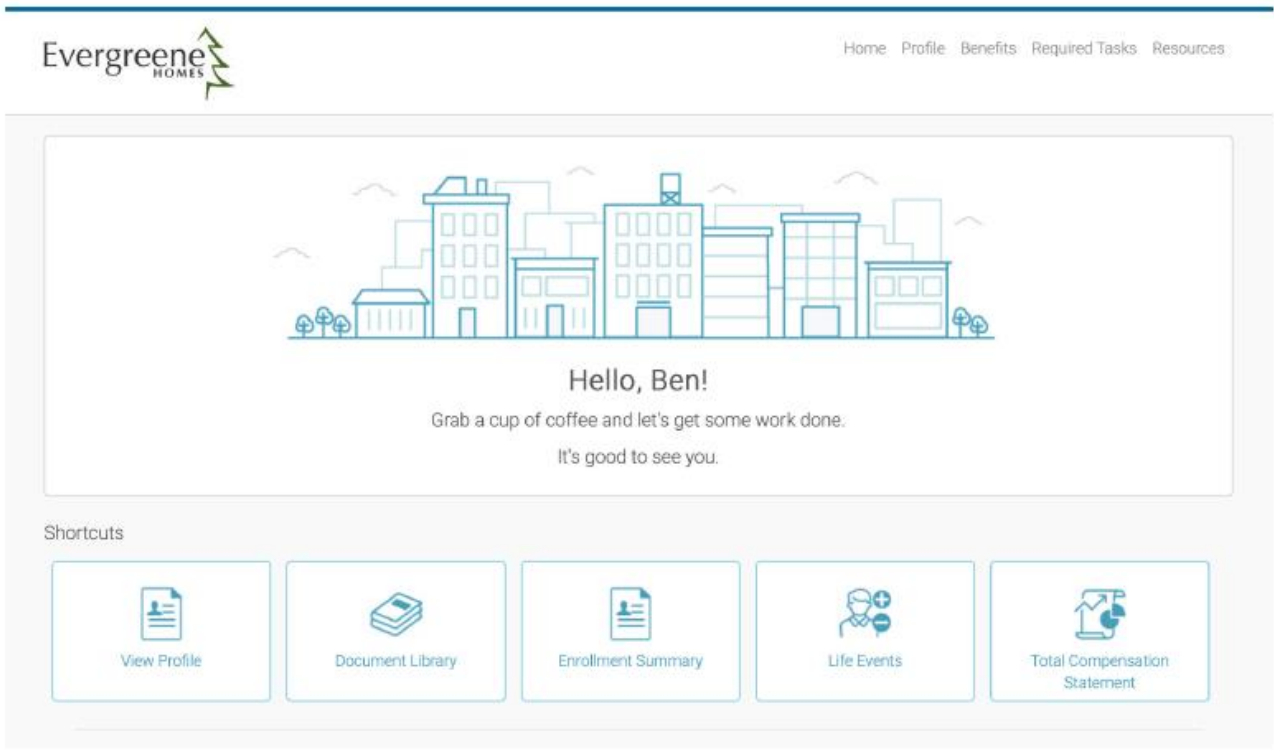
Most people find that the enrollment process is so simple that they do not need any further direction, but if needed, following are Step-by-Step directions for your Online Enrollment.

Once completed, you will have an opportunity to electronically sign your enrollment which will automatically be forwarded to Human Resources for review.

Should there be any issue, Human Resources will contact you within 48 hours of your submission.



You can login to review your benefits 24/7





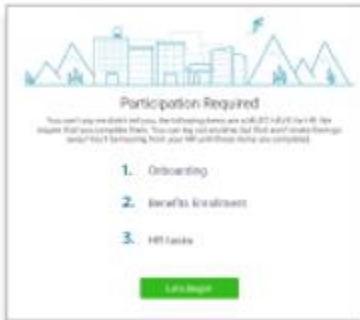
# Evergreene Homes Guide to Benefits



## Step 1: Log In

Go to [www.employeenavigator.com](http://www.employeenavigator.com) and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.
- **Company Identifier:** Evergreene Homes



## Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

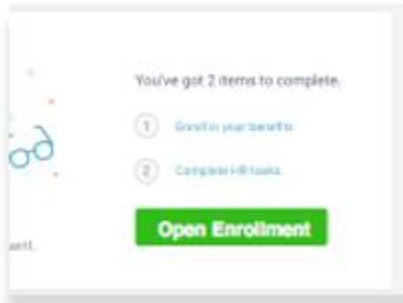


## Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Open Enrollment** to begin your enrollments.

### TIP

If you hit "Dismiss, complete later" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **Open Enrollment**



## Step 4: Open Enrollment

After clicking **Open Enrollment** you'll need to complete some personal & dependent information before moving to your benefit elections.

### TIP

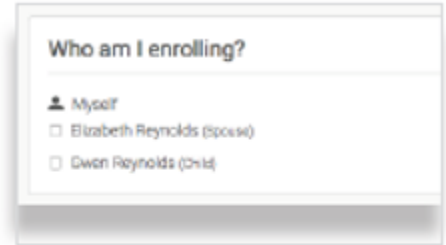
Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

# Evergreene Homes Guide to Benefits

## Step 5: Benefit Elections

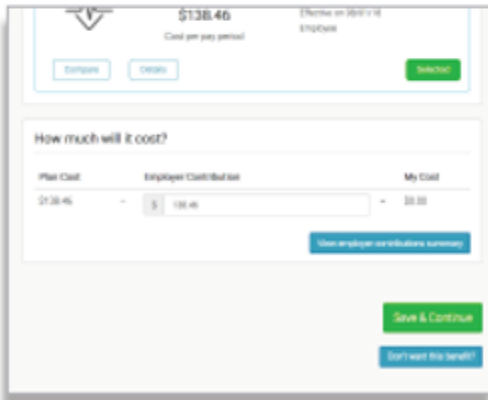
To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.



Who am I enrolling?

- Myself
- Elizabeth Reynolds (Spouse)
- Owen Reynolds (Child)



\$138.46 Cost per pay period Effective on 06/01/18

Complete Details **Select Plan**

How much will it cost?

Plan Cost	Employer Contributed Cost	My Cost
\$138.46	\$138.46	\$0.00

[View employer contributions summary](#)

**Save & Continue** [Don't want this benefit](#)

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

## Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.



Enrollment Summary

Progress 6/18

**Enrollment Not Complete**

Completed Plans

- Medical

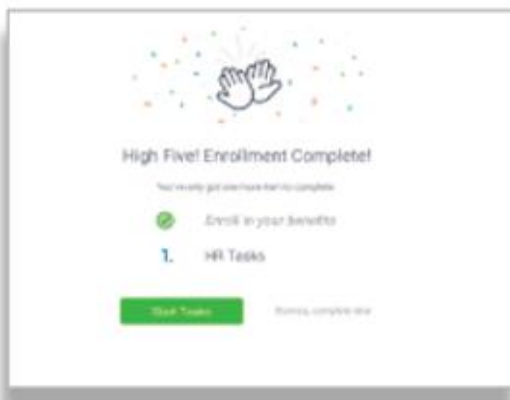
- 1. Health Insurance
- 2. Life Insurance
- 3. Vision
- 4. Dental
- 5. Flex
- 6. FSA
- 7. 401(k)
- 8. Retirement Savings

## Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

### TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.



High Five! Enrollment Complete

You nearly got one more item to complete

- Enroll in your benefits
- 1.** HR Tasks

**Start Tasks** Items complete 0/1

## Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7