

the
Game
of

LIFE

Evergreene Homes
Special Edition

Evergreene
HOMES



2024

Guide to Benefits

Game Rules

Carefully review your healthcare enrollment options.

Choose the plan and benefit options that best suits you and your family.

Log into Employee Navigator for Online Enrollment.

Complete your enrollment before the deadline.

Make good health care choices all year long.

Take advantage of your \$0 Copay preventative healthcare visits.

Manage your healthcare dollars responsibly and improve your quality of life.

Create and manage Benefits via your Online ID.

Employee Navigator is available 24 / 7 for benefit review.

Immediately Notify Human Resources of any Qualifying Event.

Spin the Wheel!

At Evergreene Homes, we value each one of our employees.

We are excited to share these benefits with you and your family and are honored to play a role in your family's health and well-being.

Evergreene Homes offers benefit options for the well-being of our employees and their families. 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.

This document is designed to help you better understand the benefits provided by Evergreene Homes and to help you evaluate which options are best for you and your family. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Keith Jones.

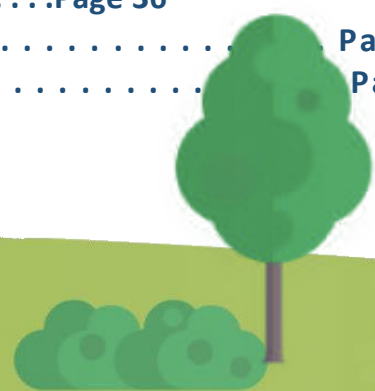
Thank you for all that you do to change the game!



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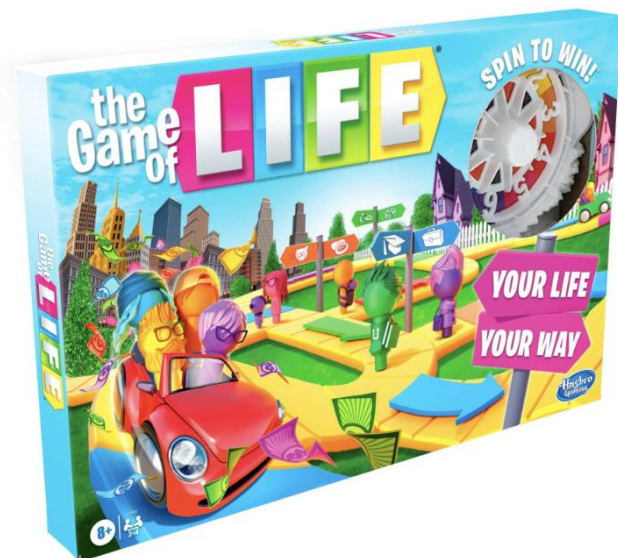
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<u>Disability</u> Principal 800.245.152					
<u>Accident & Critical Illness</u> Principal		<u>Travel Assistance</u> 888.647.2611 Principal.Com/Travel Assistance		<u>Will Preparation</u> AragWill.Com/Principal 800.546.3718	
<u>EAP / Employee Assistance Program</u> Member.MagellanHealthcare.Com 800.450.1327		<u>Pet Insurance</u> ASPCA Pet Health Insurance www.ASPCAPetInsurance.Com/Evergreene Priority Code: EB22Evergreene			
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Game Rules / Enrollment



Who is Eligible to Play the Game?

If you're a full-time employee at Evergreene Homes, you're eligible to enroll in the benefits outlined in this guide. 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 are eligible for medical, dental and vision coverage.

Important Note

YOU MUST REQUEST CHANGE IN COVERAGE WITHIN 30 DAYS OF YOUR QUALIFYING EVENT.

ANY CHANGE REQUESTED AFTER 30 DAYS MUST WAIT UNTIL OPEN ENROLLMENT.

How to Begin Play

The first step is to review benefits, make your benefit elections and complete the enrollment online. Once you have made your elections, you will not be able to change them until next

year's open enrollment period unless you have a Qualifying Event. If you do not enroll now, you may not be able to make changes until open enrollment December 2024.

How to Make Changes Mid Gameplay

Unless you experience a life-changing qualifying event, you cannot make changes to your Health, Dental and Vision benefits until the next open enrollment period. Qualifying events include events such as:

- 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.
- Spouse Open Enrollment with their employer.



Ineligible Players

- Divorced or legally Separated Spouse.
- Foster Children, Siblings, Parents or In-Laws, Grandchildren, Etc.

United HealthCare AllSavers

Evergreene Homes offers our employees with three options for health care for the 2024 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.

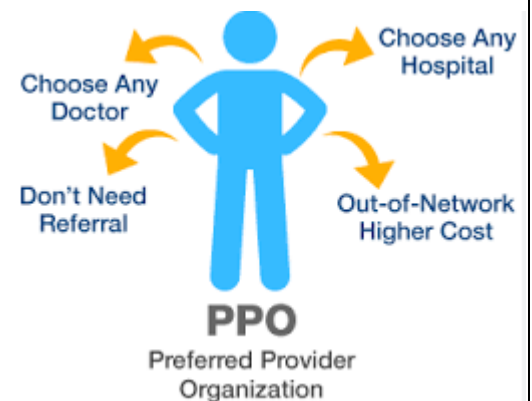
AllSavers Traditional EPO



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 2024. 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 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.

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 \$4,150 for individual coverage or \$8,300 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	Monthly Payroll Deduction	Expense to Employee	Monthly HSA Allocation	Annual HSA Contribution	Annual Deductible	Out of Pocket Expense to Meet Deductible
Employee Only	\$129.90	\$32.40	\$97.50	\$1,170.01	\$5,000	\$3,829.99
Emp & Spouse	\$684.71	\$458.57	\$226.14	\$2,713.66	\$10,000	\$7,286.34
Emp & Child(ren)	\$359.79	\$182.69	\$177.10	\$2,125.19	\$10,000	\$7,874.81
Emp & Family	\$922.94	\$596.83	\$326.12	\$3,913.42	\$10,000	\$6,086.58

This table notes that the Employee Only is paying \$129.90 per month through payroll deductions with \$32.40 allocated to healthcare premiums and the remaining \$97.50 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	\$1,170.01	\$1,170.01	\$1,170.01	\$1,170.01
Additional Out of Pocket Expense Paid by Employee	\$0.00	\$329.99	\$3,829.99	\$3,829.93
Net Savings to Employee	\$1170.71	-\$329.99	-\$3,829.99	-\$3,829.93

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.

Medical Plan Comparison

Benefit Description		All Savers Traditional EPO	All Savers Traditional PPO	All Savers HSA High Deductible
		E2000i100LX21	P2000i100LX21	HP5000257521
Office Visit				
	Preventative Services	No Charge	\$0	No Charge
	Primary Office Visit	\$25	\$25	\$25 After Deductible
	Virtual Visit	No Charge	\$0	No Charge
	Specialist Office Visit	\$75	\$75	\$75 After Deductible
	Urgent Care	\$50	\$50	\$50 After Deductible
	Emergency Room	\$300 After Deductible	\$300 After Deductible	\$300 After Deductible
Surgery / Hospitalization				
	Out-Patient Surgery	\$0 After Deductible	\$0 After Deductible	\$0 After Deductible
	In-Patient Hospitalization	\$0 After Deductible	\$0 After Deductible	\$0 After Deductible
Deductibles / Coinsurance				
	Deductible	\$2,000 / \$4,000	\$2,000 / \$4,000	\$5,000 / \$10,000
	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
	Plan Year or Calendar Year Deductible	Plan Year (January thru December)	Plan Year (January thru December)	Plan Year (January thru December)
Prescription				
	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 / 175.00
Out-of-Network				
	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
Lifetime Maximum		Unlimited	Unlimited	Unlimited
Cost Per Monthly Pay Period				
	Employee Only	\$129.90	\$135.13	\$129.90
	Employee Plus Spouse	\$684.71	\$713.10	\$684.71
	Employee Plus Child(ren)	\$359.79	\$374.62	\$359.79
	Employee & Family	\$922.94	\$961.54	\$922.94

Telehealth / Live Health Online

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
- 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

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

Principal Plans



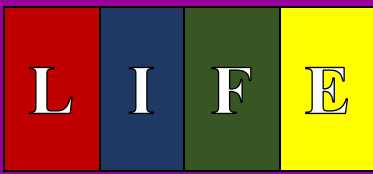
While change is often difficult, it is sometime necessary to continue offering the best benefit package for our employees. That is the reason why Evergreene has decided to form a new partnership with Principal for our **Dental, Vision, Basic Life, Voluntary Life, Short-Term Disability, Long-Term Disability** and our **EAP/Employee Assistance** Programs. We will also be introducing a new **Will & Legal Document Center** along with a new **Travel Assistance Program** for anyone who may be interested.

While we understand that some of you may not take advantage of these benefits, we know that it is important to continue exploring all options and not be afraid to make necessary changes as they are presented.

The change to Principal will increase our network providers for both Dental and Vision as well as a lower premium than the plan offered with our current provider.

This change will require additional paperwork / Navigator Online Portal for all employees, but we are confident that you will find this change beneficial to you and your family.





Basic Life is Paid in Full by Evergreene Homes

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 Life Insurance equal to \$25,000 in Group Life and another \$25,000 for 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.

Voluntary Life Insurance

While Evergreene Homes offers basic life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. **Voluntary Life is not part of Open Enrollment and your only time to enroll may be the later of 2023 Open Enrollment or the date you are hired.**

With voluntary life insurance, you are responsible for paying the full cost of coverage through monthly payroll deductions. You can purchase coverage for yourself in \$10,000 increments to a guaranteed maximum of \$150,000. Additional coverage up to \$500,000 with the approval of an Evidence of Insurability.

If you purchase coverage for yourself, you can also purchase coverage for your:

- Spouse in \$5,000 increments to a maximum of \$50,000 (Coverage cannot exceed the voluntary life you have selected for yourself).
- Dependent Child(ren) up to \$10,000 (Coverage cannot exceed the voluntary life you have selected for yourself).

The chart below outlines the monthly cost of purchasing additional coverage.



Monthly Cost for Every \$1,000 of Employee and Spouse Life Insurance Coverage

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
Life	\$0.065	\$0.105	\$0.118	\$0.132	\$0.199	\$0.306	\$0.573	\$0.881	\$1.697	\$2.754
AD&D	\$0.042	\$0.042	\$0.042	\$0.042	\$0.42	\$0.042	\$0.042	\$0.042	\$0.042	\$0.042
Dependent Children	Benefit is \$10,000 – not to exceed 100% of employee coverage Cost is life \$2.00 per month for \$10,000 in coverage.									

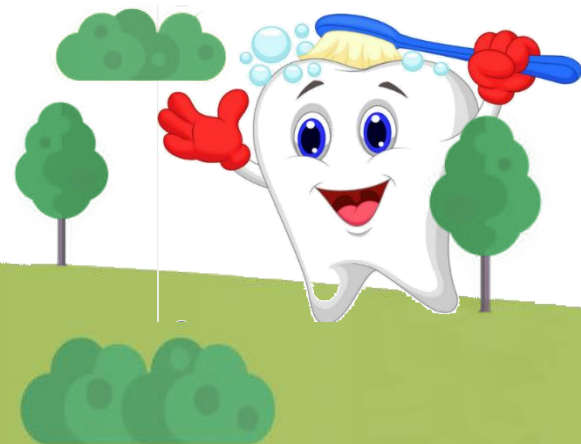
The **guarantee issue** for **employees under age 70 is \$150,000** and for **spouses under age 70 it is \$30,000**. At open enrollment voluntary life members who are already enrolled can purchase up to an additional \$10,000 with no EOI form as long as their benefit does not go over \$150,000. **Employees who are not new hires and not already enrolled in Voluntary Life may be required to complete an Evidence of Insurability.**

Dental

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 through Principal.

Principal Dental		
Type of service	In Network	Out of Network
Preventive Services Exams, Cleaning, X-Rays	100%	100%
Deductible Applies to Basic and Major Medical	\$50	\$100
Basic Services Filings & Simple Extractions	20% After Deductible	20% After Deductible
Major Services Oral Surgery, Root Canal, Crowns	50% After Deductible	50% After Deductible
Annual Maximum	\$1,500	\$1,500
Orthodontic Services	50% - Child & Adults (No Deductible)	50% - Child & Adults (No Deductible)
Orthodontic Lifetime Maximum	\$2,000	\$2,000
Plan Year	Calendar	Calendar
Rollover Benefits Available (Allows portion of unused dollars to roll into next year)	Yes	

Monthly Payroll Deduction	Employee Only	\$15.23
	Employee and Spouse	\$46.77
	Employee and Child(ren)	\$62.62
	Employee and Family	\$100.07



Vision

Driving to work, reading a news article, playing your favorite **Game of Life** 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.

Evergreene Homes' vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Principal Vision Network is facilitated through [VSP Choice Vision](#).

If you seek the services of an in-network provider, your benefits include the following:

Principal VSP Choice Vision	In Network	Out of Network
Exam (Once a Year)	\$10 Copay	Up to \$45
Frames	Up to \$130 plus 20% off Balance	Up to \$70 Single
Lenses	\$25 Copay	Up to \$30 Single / \$50 Bi / \$65 Tri
Contact Lenses	Up to \$130	Up to \$105
Additional Savings	Savings on laser vision correction and additional prescription and non-prescription sunglasses.	None



Monthly Payroll Deduction	Employee Only	\$3.28
	Employee and Spouse	\$9.16
	Employee and Child(ren)	\$11.31
	Employee and Family	\$17.23



Disability

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



Disability Insurance is not part of Open Enrollment and your only time to enroll may be the later of the 2023 Open Enrollment or the date you are hired.

The costs for Voluntary Short-Term Disability are age band rated and are updated in the Employee Navigator portal.

	<i>Voluntary Short-Term Disability</i>	<i>Long-Term Disability</i>
<i>Benefits Begin</i>	8th day Sickness – 8th day Illness	After 90 days
<i>Percentage of Income Replaced</i>	60% weekly salary	60% monthly salary
<i>Maximum Benefit</i>	\$1,000 Weekly	\$6,000 Monthly
<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.



Accident Insurance

In addition to Life and Disability insurance, Evergreene Homes has added Voluntary Accident insurance to our benefit portfolio of coverage options. In the event of an Injury, Accident Insurance provides payment directly to the employee. Below is an outline of some of the benefits provided by Principal.



Accident / Injury	Benefit Amount	Accident / Injury	Benefit Amount
Burn	Up to \$5,000	Fracture	Up to \$10,000
Coma	\$15,000	Injury Not Specified	\$100
Concussion	\$500	Internal Injury	\$1,500
Dental Injury	\$500	Knee Cartilage Injury with Surgical	\$1,500
Dislocation	Up to \$7500	Ruptured Disc with Surgical Repair	\$1,500
Eye Injury with Surgical Repair	\$500	Tendon / Ligament / Rotator Cuff with Surgical Repair	\$1,500
Accidental Death Benefits		Employee	\$25,000
		Spouse	\$12,500
		Child	\$6,250

The Summary Plan Description has a complete list of exclusions, but certain limitations apply including but not limited to zero payment for will self-injury, participation in criminal activities, act of war, drug use not prescribed by a physician, intoxication, sickness or disease. Participation in certain activities including but not limited to flying, ballooning, parachuting, parasailing or other aeronautic activities.



Accident Insurance is not part of Open Enrollment and your only time to enroll may be the later of the 2023 Open Enrollment or the date you are hired.

Monthly Payroll Deduction	Employee Only	\$8.94
	Employee and Spouse	\$14.22
	Employee and Child(ren)	\$17.27
	Employee and Family	\$26.70

You can terminate coverage for Accident Insurance at any time, but the only time you may be eligible to enroll may be the later of 2023 Open Enrollment or the date you are hired.

Critical Illness

Critical Illness can strike at any time and Evergreene now offers Critical Illness and Infectious Disease insurance for all full-time employees.

Benefits vary by illness and/or disease and below are a sample of benefits. The complete list can be found in the plans Summary Plan Description of Benefits.

Illness Include But Not Limited To	Benefit Amount for 1 st Occurrence	Infectious Disease Include But Not Limited to	Benefit Amount for 1 st Occurrence
Alzheimer's Disease	100%	COVID-19	25%
Coma	100%	Diphtheria	25%
Coronary Artery Disease	20%	Legionnaire's Disease	25%
Heart Attack	100%	Lyme Disease	25%
Invasive Cancer	100%	Malaria	25%
Major Organ Failure	100%	Meningitis	25%
Paralysis	100%	Osteomyelitis	25%
Skin Cancer	\$250	Rabies	25%
Stroke	100%	Sepsis	25%

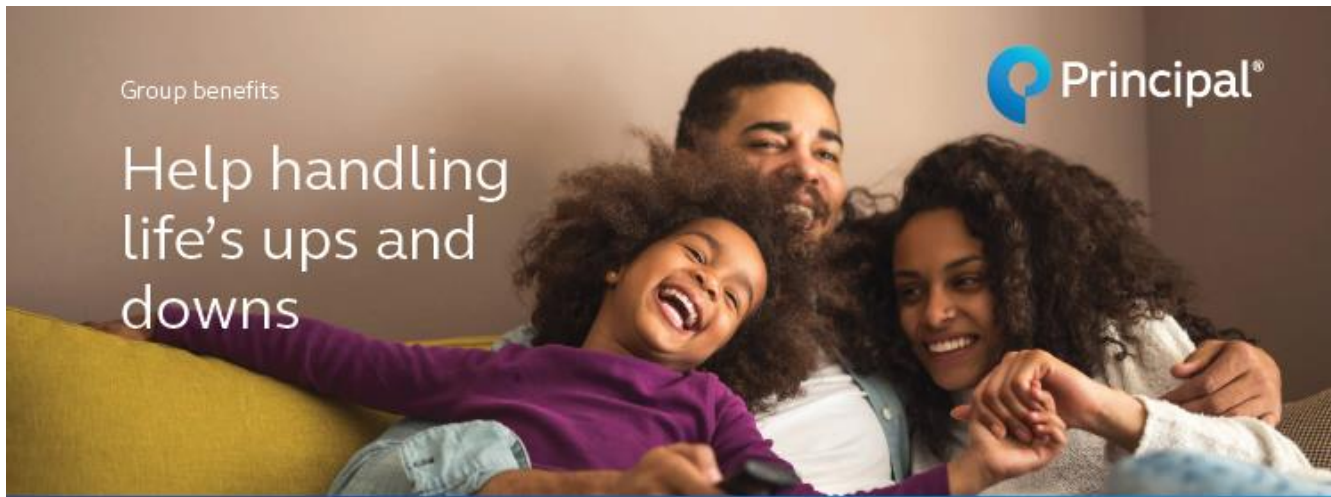
Limitations are in effect for subsequent occurrences including timing from first occurrence and possibility of reduced rates.

Benefits for Infectious Disease require participant to be confined to a hospital for at least three days. Illness or Disease will not be paid for any condition that was treated within six months of enrollment.

The chart below outlines the monthly cost of purchasing voluntary Critical Illness coverage.

Monthly Cost for Every \$1,000 of Critical Illness Coverage											
Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
Cost per \$1k	\$0.251	\$0.417	\$0.518	\$0.637	\$0.927	\$1.137	\$2.093	\$2.967	\$4.352	\$6.223	\$9.067
\$5k	\$1.26	\$2.09	\$2.59	\$3.19	\$4.64	\$5.69	\$10.47	\$14.84	\$21.76	\$31.12	\$45.34
\$10k	\$2.51	\$4.17	\$5.18	\$6.37	\$9.27	\$11.37	\$20.93	\$29.67	\$43.52	\$62.23	\$90.67
\$15k	\$3.77	\$6.26	\$7.77	\$9.56	\$13.91	\$17.06	\$31.40	\$44.51	\$65.28	\$93.35	\$136.01
\$20k	\$5.02	\$8.34	\$10.36	\$12.74	\$18.54	\$22.74	\$41.86	\$59.34	\$87.04	\$124.46	\$181.34
\$25k	\$6.28	\$10.43	\$12.95	\$15.93	\$23.18	\$28.43	\$52.33	\$74.18	\$108.80	\$155.58	\$226.68
\$30k	\$7.53	\$12.51	\$15.54	\$19.11	\$27.81	\$34.11	\$62.79	\$89.01	\$130.56	\$186.69	\$272.01

EAP / Employee Assistance Program



Group benefits

Help handling life's ups and downs

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the employee assistance program (EAP), provided by Magellan Healthcare, is all about.

With an EAP, you and your family have access to **free, confidential** resources to help handle life's everyday—and not so everyday—challenges.

You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things.

In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counseling sessions per year are included.

Legal, financial, and identity theft services

You and your family have access to these services:

- **Legal services.** Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.

- **Financial wellness.** Receive three free 30-minute consultations. This may include help with budget planning, debt consolidation, or retirement planning.
- **Identity theft resources.** Receive a free 60-minute consultation to help restore your identity if stolen.

Work-life web services

You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.

Help when and where you need it—day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.



800-450-1327
International: 800-662-4504
TTY: 711



Member.MagellanHealthcare.com
When you create an account, enter **Principal Core** as the program name.



Will & Legal Document Center



If you're like most of us, you want to be in the driver's seat when it comes to your wishes for the future, like who will inherit your assets or make medical decisions for you if you're not able to. Especially since life can be so unpredictable.

That's why it's important to be proactive and make a plan to help protect your family and finances. With your group term or voluntary term life insurance through Principal®, you can do just that with access to resources from the **Will & Legal Document Center** provided by ARAG®.

Resources for help with legal documents

Having the proper documents in place can help ensure you're still in control in case something happens to you. With ARAG's online resources, you and/or your spouse can prepare these documents:

Standard Will. Specify what happens to your property and assets after you die, and appoint the person who will carry out your wishes. You can also name a guardian for your minor children.

Health care power of attorney. Grant someone permission to make medical decisions on your behalf in case you're no longer able to make them yourself.

Durable power of attorney. Grant someone permission to make financial decisions in case you're no longer able to make them yourself.

Living will. Let your family and health care providers know your wishes for medical treatment if you're unable to speak for yourself.

Authorization for a Minor's Medical Treatment. Grant consent for medical personnel to treat your child(ren) if you're away and can't be reached.

HIPAA authorization. Designate person/s to access your protected medical records and health information.

Plus, you can also access:

Personal Information Organizer. Record your personal and financial information—as well as funeral arrangements—in one convenient spot.

Estate planning education, tools, and resources. Get access to a variety of articles and legal resources.

Protect your identity

It's not just inconvenient to have your identity stolen. It can have a direct impact on your credit rating and your financial security. The good news is you can help protect your identity with online resources from ARAG, including:


An Identity Theft Victim Action Kit to help speed your recovery if you experience identity theft. Guidebooks and articles that outline how you can prevent identity theft- and what steps to take if it happens.

Guidebooks and articles that outline how you can prevent identity theft- and what steps to take if it happens.

It's easy to get started

Follow these simple steps to start using these resources today:

- 1 | Visit aragwills.com/principal.
- 2 | Register by completing the required fields.
- 3 | You're in! Complete the forms or download the materials you need.

 Let's connect

Need help with registration? Call ARAG Customer Care at **800.546.3718**.
Or, if you have questions about the services, call Principal at **866.539.1728**.



Insurance products and plan administrative services provided through Principal Life Insurance Company®, a member of the Principal Financial Group®, Des Moines, IA 50392..

The value-added resources provided through ARAG Services, LLC (ARAG®) are not a part of any insurance products and plan administrative services provided through Principal Life Insurance Company® or affiliated with any company of the Principal Financial Group®. All resources may be changed or canceled at any time. Not available to group policies issued in New York.

The use of resources provided by ARAG should not be considered a substitute for consultation with an attorney or advisor. Principal® is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG Will & Legal Document Center resources.

Please remember that the ARAG legal documents are accurate and useful in many situations. Due to possible changes by a state, it is a good idea to periodically review a template used to be sure it is the most current template. Whether or not the document is right for you and your situation depends on your circumstances. If you want specific advice regarding your situation, consult an attorney.

This information is intended to be educational in nature and is not intended to be taken as a recommendation.

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Travel Assistance Program

Group life insurance



Ease some of the worries of traveling

Travel assistance program offers reassurance. Anytime. Anywhere.

Whether you're traveling within the United States or leaving the country, you can rely on AXA Assistance USA (AXA) to help your travel experience go off without a hitch. And because you're covered by group term life insurance from Principal®, you have access to many travel assistance services for free—no matter if you're traveling for business or pleasure.

Near or far, you're covered

No matter where you're going—on a cross-country flight, a short road trip, or a destination requiring a passport—consider AXA your trusted travel companion. This program helps address the challenges of travel, like:

Lost or stolen items

We all hope it won't happen to us, but it could. Lost items can be a travel reality. AXA can help you recover or replace lost or stolen items (including cash and credit cards), so you don't miss a beat.

Medical assistance

Getting sick or hurt while traveling is no picnic. AXA is there when you need it most to assist with finding medical and dental care when you're away from home.

Connecting easily

Sometimes, you need more than the phone book. And when you do, AXA is there to help with message delivery, overcoming language barriers, or legal concerns.

Traveling farther away from home

The more miles you're away from home, the more you may need to do additional planning. AXA helps you get ready to head out with pre-trip research, including travel requirements, cultural differences, and precautions you should be aware of.



TRAVEL ASSISTANCE PROGRAM

Call us when you're traveling and need assistance.
888-647-2611 in the U.S.
630-766-7696 call collect outside the U.S.

Learn more and plan for your trip with our website.
principal.com/travelassistance



Who's eligible? You, your spouse, and your dependent children can access this service when traveling 100+ miles away from home for up to 120 consecutive days. And your spouse and dependent children are covered whether or not they're traveling with you.



Emergency medical transportation

Unfortunately, medical emergencies sometimes interrupt a trip, and you just need to get to a hospital—or get home. This service is per member or qualifying dependent per trip for emergency situations, including:

- Emergency medical transportation to a different facility if medically necessary
- Medically supervised return to your home country (known as repatriation)
- Transportation for a family member to join you
- Transportation for a traveling companion to join you in a different hospital or treatment facility
- Transportation home for dependent child(ren)
- Return of vehicle
- Return of mortal remains

To be eligible for services under this program, your treatment must be authorized and arranged by designated staff from AXA. Claims for reimbursement won't be accepted. Please contact AXA for further benefit details.

How to use this service

With two convenient ways to connect, you'll be ready for anything that comes your way:

1 | Website. Plan your trip with helpful resources at principal.com/travelassistance. Learn how to create an account giving you access to travel information online. You can get medical and security information about a country, search for a local medical provider, and view practical information, like business culture and currency descriptions.

2 | Phone. When you're traveling and need assistance, call **888-647-2611 in the U.S.** Or call collect when **outside the U.S. at 630-766-7696.** Help is available 24/7—365 days a year.

This program is not insurance.

Travel assistance services will be provided as permitted under applicable law.

Group life insurance from Principal® is issued by Principal Life Insurance Company®, Des Moines, IA 50392.

Services won't be provided or available for any loss or injury that's caused by, or results from: normal childbirth, normal pregnancy (except complications of pregnancy), voluntary induced abortion, mental or nervous conditions (unless hospitalized), traveling against the advice of a physician, traveling for medical treatment, or traveling to a destination country that is at a Level 4 Travel Advisory.

Participants are responsible for any incurred fees or expenses, including medical. When traveling 100 miles or more away from home for up to 120 consecutive days, medical emergency transportation services include the arrangement and payment for any reasonable and customary charges determined by AXA Assistance USA, Inc. **No reimbursements for out-of-pocket expenses will be accepted.** This service is not a part of any Principal Life insurance contract and may be changed or discontinued at any time. Not available to group policies issued in New York. Although Principal® has arranged to make this program available to you, the third-party provider is solely responsible for its products and services. AXA is not a member of the Principal Financial Group®.

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Name _____
Company _____ Contract number _____

The participant is entitled to AXA Assistance USA, Inc. medical and travel services.
El portador de esta tarjeta es miembro de AXA Assistance USA, Inc. y tiene derecho a los servicios personales y de asistencia médica de AXA Assistance USA, Inc.

This program is not insurance.
All services must be provided by AXA Assistance USA, Inc.
No claims for reimbursement will be accepted.
Travel assistance services will be provided as permitted under applicable law.

Pet Insurance

www.ASPCAPetInsurance.Com/Evergreene

ASPCA PET HEALTH INSURANCE



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worry less about cost and focus on care

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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



* 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. Preventive and Wellness Care reimbursements are based on a schedule. Complete CoverageSM 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



the coverage
they need
the way you want

Our best plan ever

Complete CoverageSM

With an accident & illness plan provided by the ASPCA® 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 | 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. Preventive Care coverage reimbursements are based on a schedule. Complete CoverageSM 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 #0E36937).

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.

U1022-COVERAGE

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 2024 tax year, employees may defer up to 100% of their pre-tax salary, but not more than \$23,000.00 (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 \$30,500.



The Company currently pays all plan expenses and may also make a discretionary contribution at the end of the plan year if you are an active participant at the end of the plan year.

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.

You are always 100% vested in the contributions you choose to defer and funds may be withdrawn without special tax consequences by an employee or beneficiary in the event of:

- Retirement
- Total and/or permanent disability
- Death
- Termination of Employment

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

Paid Time Off

The Company combines vacation, sick and personal time into one policy called Paid Time Off or PTO. PTO is provided to all Full-Time, Non-Temporary employees and can be used for Vacation, Sick or Personal Time.

Employees become eligible to begin accruing PTO on their first day of employment with the Company and must be actively employed (not on leave) to accrue time.

Although not earned, employees are allowed to begin using PTO at the beginning of their employment and the beginning of each calendar year. PTO does not become fully earned at the end of each calendar year. Employees accrue PTO time for each pay period they remain active and not on a Leave of Absence. The PTO that employees receive each year increases with the length of employment:

<i>Years of Eligible Service</i>	<i>PTO Days Each Year</i>
During first calendar year of employment	1.16 day for each calendar month of service
January 1 st following your 1 st Service Anniversary	Fourteen (14) Days
January 1 st following your 5 th Service Anniversary	Twenty (20) Days
January 1 st following your 10 th Service Anniversary	Twenty-Two (22) Days

Employees who have a service anniversary in the middle of the year will receive a pro-rated new accrual rate for the appropriate number months following the service anniversary.

Employees should submit Paid Time Off (PTO) requests to their manager as far in advance as possible. Approval will be evaluated and approved based on various factors including but not limited to workload and staffing considerations. You will know that your PTO has been approved when you receive the calendar invite adding the time to you, your manager and the Human Resource outlook calendars.



Employees taking time off for unexpected events such as illness should submit a PTO form to their manager immediately upon their return to work. The completed form should then be forwarded to Human Resources for recordkeeping.

Employees with PTO Days remaining at the end of the year will be permitted to carry over a maximum of 5 days from the current calendar year into the next calendar year. Up to 5 Days will be automatically added to the PTO balance for each employee. Days accrued in excess of 5 Days at the end of the calendar year will be forfeited.

Should you voluntarily resign from the company, earned but unused PTO will be paid. If an employee has been paid for more PTO time than earned at the time of separation, the time in excess of time earned will be deducted from the final pay. In the event an employee is terminated for misconduct, all accrued PTO pay may be forfeited.



Holiday Pay

All full-time, non-temporary personnel are eligible for holiday pay. The following are the holidays included in this compensation:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day
- Floating Holiday



Holiday dates will be determined at the beginning of each calendar year. Full time employees will receive their regular salary for Company designated holidays. Eligible employees will receive pro-rated pay based on their average work hours. You must work the scheduled workday before and the day after the holiday to be eligible to receive holiday pay. If a holiday occurs before, during or after your scheduled PTO, you are eligible for holiday pay. You are not eligible to receive holiday pay when you are on a leave of absence.

If you are a full time hourly/non-exempt employee and you are required to work on a holiday, you will receive your regular pay for all hours worked as well as for the eight hours holiday pay.

If you are an exempt employee and required to work on a holiday, you may, upon approval of your Supervisor, receive a "substitute" holiday during the same pay period. Holiday comp time cannot be carried into any subsequent pay periods. Requests for employees to work on scheduled holidays require the approval of the appropriate Supervisor.

Bereavement Leave

Should you be faced with this unfortunate occurrence, we will make every effort possible to accommodate your personal needs. Family Bereavement leave is available in the event of the death of an immediate family member including parent, spouse, child, brother or sister. Employees will be granted up to three (3) days Bereavement Leave with pay, due to the death of these family members.



Payday

You will be paid on a monthly pay cycle with payday on the third business day of the month for services performed during the previous month. The monthly pay schedule is made up of twelve (12) pay periods per year. The Company strongly encourages the use of direct deposit to avoid any unintended delays in receipt of payment.



Should you notice an error in your pay statement, please bring it to the attention of the Human Resource department immediately so that the appropriate correction can be made.

Benefit Hub Discount Program

You have landed on the Benefit Hub Discount Program and you can now [move ahead 10 spaces and celebrate with a night out on the town](#) or discounted shopping experience!

1. Please go to: summitinsurance.benefithub.com/
2. Click on any offer
3. Complete registration



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Plan Definitions

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.

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, if the health insurance or plan's allowed amount for a hospital stay is \$1,000 and you've met your deductible, your coinsurance payment of 20% would be \$200. The health insurance or plan pays the rest of the allowed amount.

Out-of-Network: Means that the doctor or facility providing your care does not have a contract with our insurance plan. 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 our plan allowance and the total billing.



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

Questions and Answers

When will my benefits become effective?

Annual enrollment changes become effective on January 1st 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 seasonal) 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 1st to December 31st.

When does open enrollment occur?

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

Can I enroll in one or more of Evergreene Homes benefit plans outside of open enrollment?

New hires may enroll in any of Evergreene Homes benefit plans during their first 30 days of employment. All other employees must have a qualifying event to enroll outside of open enrollment or to make benefit changes.

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.

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.MyUHC.Com. You can log in or register at this link 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 how committed you are to 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 the AllSavers 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 they do not participate in our network; what should I do?

Good job, you are several steps ahead of others. If your doctor does not accept AllSavers, you will have a choice of selecting another doctor who accepts our plan enroll in a plan with Out of Network benefit options. Again, this is up to you and your family.

If I say Page 31 not want to elect medical coverage beginning January 1st, can I enroll later in the year?

Unfortunately, no. Your opportunity to enroll in these benefits will be during Open Enrollment. The only exception to this is if you have a Qualifying Event that would allow you or your family's eligibility status to change to allow you to enroll midyear.

Who is considered an eligible dependent?

In addition to covering yourself, you may also elect to cover your spouse and your children to age 26. Coverage for your children will last until the end of the month they turn 26.

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 UHC 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 including life and limb threatening situations. Your care will be processed as in-network. Notify your Primary Care Physician as soon as you are able to ensure your emergency visit will be processed as in-network emergency services.

I did not previously enroll in Disability; can I enroll later in the year?

That is a tricky question. Disability is not part of Open Enrollment and you can complete an application or cancel coverage at any time. Completing an application does not guarantee coverage and prior health conditions will be taken into consideration during the insurance company's review of your application. The review process generally takes 30 to 60 days.

I enrolled in an HSA plan and did not use all of my funds; does this mean that I forfeited the money?

No, any unused HSA funds remaining at the end of the year will be carried into the next plan year.

Legal Notices

As a sponsor of benefit plans, Evergreene Homes is periodically required to provide notices and disclosures to employees. This packet includes some of those documents. Other notices can be found withing benefit enrollment materials and the Human Resource Department.

COBRA

Consolidated Omnibus Budget Reconciliation Act

Continuation of Coverage

Public law requires Evergreene Homes to offer enrolled employees and their dependents the opportunity for a temporary extension of health coverage at group rates in certain instances where coverage under the current plan would otherwise end, which is called Continuation of Coverage or COBRA.

Who is Eligible and When

Employees must have coverage under the current plan the day before the qualifying event and must become ineligible for group coverage due to one of the following qualifying events:

- Termination of employment (for voluntary reasons and reasons other than gross misconduct)
- Reduction of hours

A covered spouse or child has the right to choose continuation of group coverage due to any one of the following qualifying events:

- Death of the employee
- Termination of the employee's employment (for voluntary reasons and reasons other than gross misconduct)
- Divorce or legal separation
- The employee becoming entitled to Medicare
- A dependent child losing dependent status

Notice Requirements

The qualified employee or family member must notify Evergreene Homes of the intent to continue coverage within 60 days of the event. The first payment must be made within 45 days and consists of paying 102% of the full premium for the coverage.

Period of Continuation

The continuation of group coverage varies based on the type of qualifying event:

- 18 months if loss of coverage is due to termination of employment or a reduction in hours
- 29 months for a qualified beneficiary who is determined under Title II (OASDI) or Title XVI (SSI) of the Social Security Act to have been disabled within 60 days of the qualifying event
- 36 months if loss of coverage is due to any other qualifying event (death, divorce or legal separation, or loss of dependent status)

Generally, continuation of coverage will remain in force until one of the following occurs:

- The date you fail to submit payments on a timely basis (there is a grace period of at least 30 days for payment of the regularly scheduled premium)
- The expiration of your continuation period or the date you notify Evergreene Homes of your intent to terminate your continuation of coverage
- The employer no longer provides group health coverage, or you or your spouse/dependents become covered by another plan
- You become entitled to Medicare and you extend coverage for up to 29 months due to your disability and there has been a final determination that you are no longer disabled

For additional information about specific details of COBRA coverage, rights, and costs, please contact the Human Resources Department.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Beginning 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 (9.56 percent for 2015), 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 in Human Resources.

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,

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 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 your dependents in this Plan. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

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, Suite 120
City, State: Chantilly VA 20151
Telephone: 703.667.7869
Email: KJones@EvergreeneHomes.Com

Newborn's and Mother's Health Protection Act

Group plans and health insurance insurers 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 insurers may not, under Federal law, require that a provider obtain authorization from the Plan or the insurance insurer 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?

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
- 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. Until you make this designation, Evergreene Homes may designate one for you. 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 or KJones@EvergreeneHomes.Com.

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 or KJones@EvergreeneHomes.Com.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

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

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.

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 ebsa.opr@dol.gov and reference the OMB Control

Important Notice from Evergreene Homes About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with 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. Evergreene Homes has determined that the prescription drug coverage offered by the Anthem 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 15 to December 7.

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 coverage will not be affected.

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 Evergreene Homes 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: Keith Jones
Address: 3684 Centerview Drive, Chantilly, VA 20151
Phone Number: (703) 667-7869

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

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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).

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Remember: Keep this Creditable Coverage 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).

This booklet has been designed to provide you with an overview of your benefits and should be used for informational purposes only; please refer to the specific carrier booklets and summary plan descriptions for additional detail. The Summary of Benefits and Coverage will supersede any information noted in this outline.

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.



Online Enrollment:



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

Company Identifier: [Evergreene Homes](#)

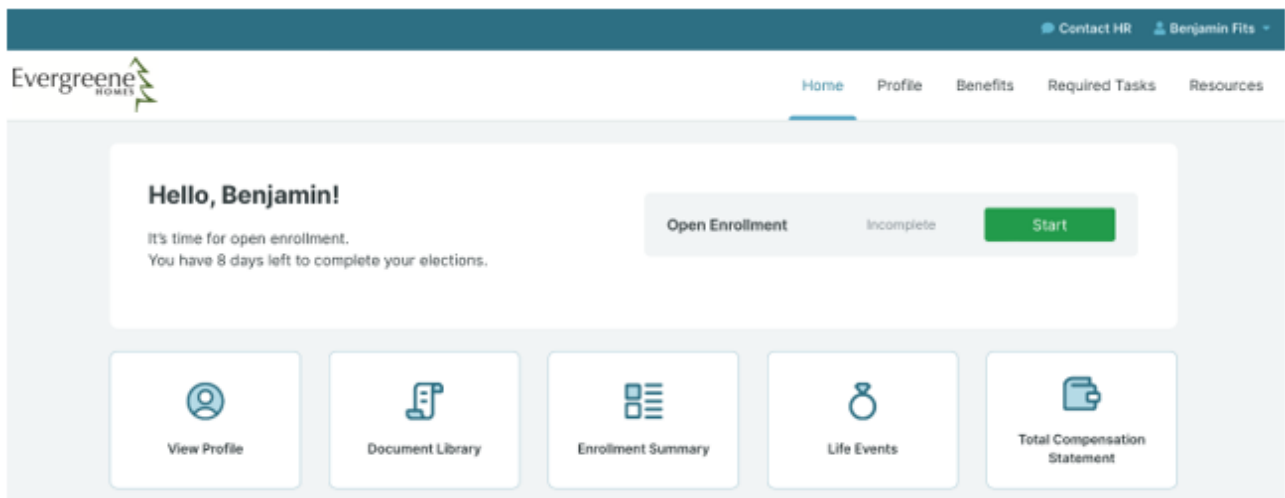
Most people find that the enrollment process is so simple that they do not need any further direction, but if needed, following are Step-by-Step directions for your Online Enrollment.

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

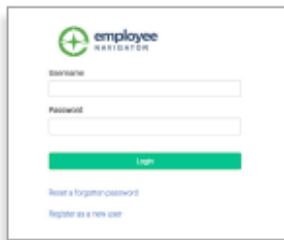
Should there be any issue, Human Resources will contact you within 48 hours of your submission.



You can login to review your benefits 24/7



ENROLL IN YOUR BENEFITS: One step at a time



Step 1: Log In

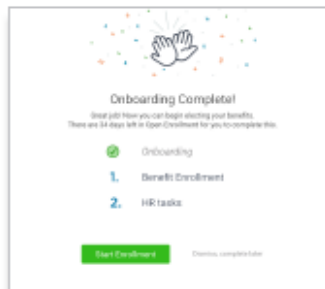
Go to www.employeenavigator.com and click **Login**

- **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: Integrity Homes**



Step 2: Welcome!

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

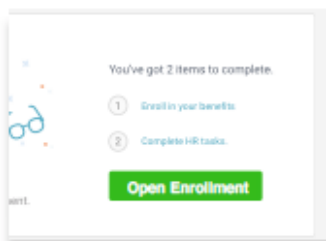


Step 3: Onboarding (For first time users, if applicable)

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.

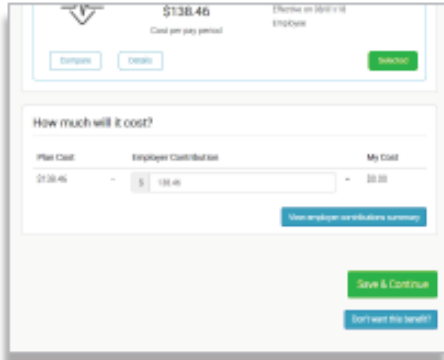
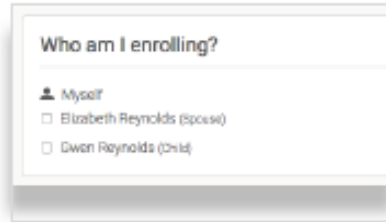
TIP

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

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.



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.

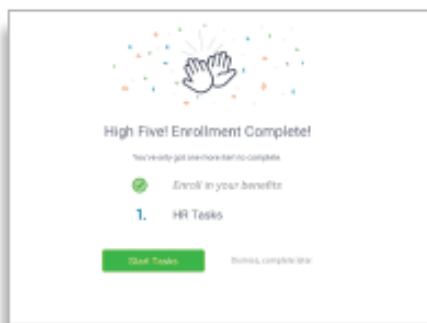


Step 7: Review & Confirm Elections

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.



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



The Game of LIFE

By Milton Bradley

START CAREER

START COLLEGE

3684 Centerview Drive
Title

Evergreene Homes

CountrySide Acres
Title

MILL TOWN USA
Title

Evergreene Homes
Title

- START COLLEGE**: Buy books, Collect \$30,000, Scholarship, Borrow \$10,000, Study abroad, Part time job, Collect \$5,000.
- START CAREER**: Miss next turn, Write term paper, Dean's List, Spring break, Study abroad, Study for exams, Mess next turn, Collect \$5,000.
- PAY DAY**: Buy a house, Collect \$10,000, Rent apartment, Pay \$5,000, Invested, Collect \$10,000.
- GET MARRIED**: Wedding reception, Pay \$10,000, Buy life insurance, Hire a lawyer, Hire maid, Pay \$10,000, Upgrade car, Pay \$10,000, Upgrade computer, Pay \$10,000, Car accident, Pay \$10,000, Car needed, Pay \$10,000, Agreeed high-tech, Pay \$20,000, Mortgage, Pay \$20,000.
- PAY DAY**: Buy a house, Collect \$30,000, Move in, Pay \$10,000, Pay mortgage, Pay \$10,000, Mortgage, Pay \$20,000, Mortgage, Pay \$20,000.
- BUY A HOUSE**: Move in, Pay \$10,000, Pay mortgage, Pay \$10,000, Mortgage, Pay \$20,000, Mortgage, Pay \$20,000.
- PAY DAY**: Baby girl, Baby boy, Furnish baby room, Pay \$5,000, Pay \$5,000, Pay \$5,000, Start new career, Lose your job, Visit relatives, When healthy, Collect \$50,000, Caretaker, Collect \$30,000.
- PAY DAY**: Trade salary card with any player, Family portrait, Pay \$35,000, Pay \$35,000, Baby girl, Baby boy, Pay \$5,000, Pay \$5,000, Start new career, Lose your job, Visit relatives, When healthy, Collect \$50,000, Caretaker, Collect \$30,000.
- PAY DAY**: Taxes due, Collect \$80,000, Find buried treasure!, Collect \$80,000, Taxes due, Collect \$80,000, Taxes due, Collect \$80,000.
- PAY DAY**: Pay \$50,000 per child, House flooded!, Pay \$40,000 if not insured, House flooded!, Pay \$40,000 if not insured.
- PAY DAY**: Trade salary card with any player, Family portrait, Pay \$35,000, Pay \$35,000, Baby girl, Baby boy, Pay \$5,000, Pay \$5,000, Start new career, Lose your job, Visit relatives, When healthy, Collect \$50,000, Caretaker, Collect \$30,000.
- PAY DAY**: Buy high definition TV, Pay \$5,000, Buy high definition TV, Pay \$5,000, Buy high definition TV, Pay \$5,000.
- PAY DAY**: Buy high definition TV, Pay \$5,000, Buy high definition TV, Pay \$5,000, Buy high definition TV, Pay \$5,000.
- PAY DAY**: Trade salary card with any player, Family portrait, Pay \$35,000, Pay \$35,000, Baby girl, Baby boy, Pay \$5,000, Pay \$5,000, Start new career, Lose your job, Visit relatives, When healthy, Collect \$50,000, Caretaker, Collect \$30,000.
- PAY DAY**: Car stolen! Pay \$15,000 if not insured, Trade salary card with any player, Family portrait, Pay \$35,000, Pay \$35,000, Baby girl, Baby boy, Pay \$5,000, Pay \$5,000, Start new career, Lose your job, Visit relatives, When healthy, Collect \$50,000, Caretaker, Collect \$30,000.
- PAY DAY**: Buy a house, Collect \$10,000, Rent apartment, Pay \$5,000, Invested, Collect \$10,000, Buy a house, Collect \$10,000, Rent apartment, Pay \$5,000, Invested, Collect \$10,000.
- PAY DAY**: Buy a house, Collect \$10,000, Rent apartment, Pay \$5,000, Invested, Collect \$10,000, Buy a house, Collect \$10,000, Rent apartment, Pay \$5,000, Invested, Collect \$10,000.
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- PAY DAY**: Buy a house, Collect \$10,000, Rent apartment, Pay \$5,000, Invested, Collect \$10,000, Buy a house, Collect \$10,000, Rent apartment, Pay \$5,000, Invested, Collect \$10,000.
- PAY DAY**: Buy a house, Collect \$10,000, Rent apartment, Pay \$5,000, Invested, Collect \$10,000, Buy a house, Collect \$10,000, Rent apartment, Pay \$5,000, Invested, Collect \$10,000.