# EMPLOYEE BENEFITS

## 2022 OPEN ENROLLMENT GUIDE


LUMA RESIDENTIAL

**www.LUMApm.com**

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# Dear LUMA Residential Employees

To reward you for your contributions to our Company, we offer a robust Benefits Program as part of your total compensation package. Our goal for the program is to provide financial protection for things that matter most to you and your family, such as maintaining your health, continuing your income if you become ill or injured and having money available for your survivors should you perish. LUMA Residential has designed these programs to allow you the opportunity to choose the benefits that best suit your needs based upon your personal financial and family situation.

LUMA Residential offers you a Benefit Plan designed to respond to a wide variety of eligible employee's needs. This guide has been designed to assist you with the enrollment process and provides detailed information about each benefit. Please refer to the summary plan descriptions for detailed information, including plan exclusions and limitations.

Below is an overview of our benefits program, which gives you the coverage you need for all types of things life brings your way. The key in getting the most from our benefits program is to take an active role in understanding and using the plans so that you are getting the best value for the money you spend.

## OPEN ENROLLMENT: December 1-13, 2021

### Benefits provided at no cost to you:

- Basic Life Insurance
- Basic Accidental Death & Dismemberment Insurance
- Long Term Disability
- Employee Assistance Program
- Employee Benefits Concierge
- Health Reimbursement Accounts

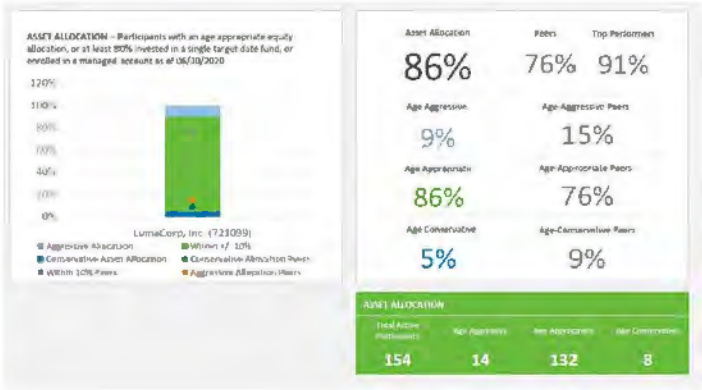
### Benefit cost is paid or shared by Employee:

- Medical and Prescription Drugs
- Dental
- Vision
- Voluntary Life
- Voluntary Accidental Death & Dismemberment
- Voluntary Short Term Disability
- Flexible Spending Accounts
- 401(k)
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity

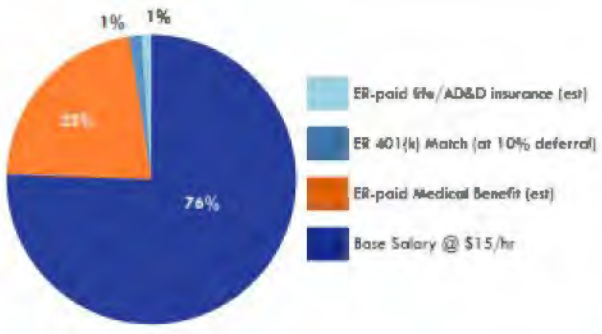

### Did you know?

LUMA Residential is very proud to offer our employees a very competitive benefits plan. In fact, as compared to industry and national benchmarking, our medical plan significantly outperforms our peers in terms of both employee cost-share and benefits.

Our 20% match on your 401(k) retirement savings contributions is also well ahead of our peer group. As a result so is our participation and age-adjusted asset allocation rates.




For a single employee electing only the employer-paid benefits and a 10% 401(k) match, these benefits could be as much as 23% of that employee's total compensation!



# BENEFITS ELIGIBILITY

The choices you make during annual enrollment will become effective January 1st or the first of the month following 60 days of employment for new hires.

## Who is Eligible?

You are eligible for benefits if you are:

- A regular, full-time employee, regularly scheduled to work 25 hours or more per week
- Actively employed for 60 consecutive days

**REMEMBER!**
**Any changes must be made within 30 days of the qualified life event. You will be required to provide written documentation of the event (e.g., a marriage license or birth certificate).**

## Eligible Dependents

Dependents that are eligible for coverage in the benefit plans include:

- Your legal spouse
- Your dependent children to age 26 (includes stepchildren, legally adopted children and children places with you for adoption and foster children)
- Your dependent child, regardless of age, provided he or she is incapable of self• support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return, and is approved by your medical plan to continue coverage past age 26

## Dependent Verification

Your employer has the right to request documentation for any dependents you have covered in its plan at any time.

## Levels of Coverage

You can choose the level of coverage most suitable to your needs from the following categories:

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Employee + Family

Keep in mind that you may select any combination of medical, dental or vision coverage categories. For example, you could select medical coverage for you and your entire family, but select dental coverage for you alone. The only requirement is that an employee must elect coverage for himself/herself in order to elect dependent coverage.

## When Can You Make Changes?

Per IRS rules, you will be locked into your selection until the next annual enrollment period, unless you experience a qualified life event during the plan year. A qualified life event can include, but is not limited to, marriage, divorce, death, birth, adoption, or placement of a child in your home for adoption purposes, or a change in work hours for you or your spouse. You have 30 days from the date of the qualified life event to make any changes to your medical, dental, vision, or accident coverages. If you miss your 30 day window, you must wait until the next enrollment period to make changes.

# ENROLLING

## Enrolling in Your Benefits

**Paycom Enrollment**
www.paycom.com

LUMA Residential is pleased to provide you with important information regarding your benefits and how to enroll online. Complete enrollment information is available online for you to review. Your benefits are effective January 1, 2022. Open Enrollment begins December 1, 2021 and ends December 13, 2021.

Please adhere to the enrollment and change deadlines set forth to ensure timely processing.

The deadline to complete the online enrollment is by December 13, 2021.

***If your enrollment is not completed by December 13, 2021, your changes will not be accepted. If you do not wish to make any changes to your benefits, you do not need to do anything and your current benefits will rollover.***

## How To Access Your Online Benefit Enrollment Profile:

Go to www.paycom.com to complete the online enrollment. Your computer must have Internet Explorer 5.0 or higher.

## How to Get Started:

1. Log in to Paycom Self Service Profile.
2. Select "2022 Benefit Enrollment".
3. To begin, select "Start".
4. Check your Contact Information and select "Next".
5. Review your beneficiary information for the Life and AD&D and 401k coverages.
6. Select "Save and Next".
7. Begin enrolling in your benefits. Be sure to select "Decline Coverage" for any benefit you do not wish to elect.
8. Select "Enroll" at the bottom of each page.
9. You may "Review" or "Finalize" your selections.
10. Once finished, select "Sign and Submit".

## Additional Information:

You will not have the opportunity to enroll again until the next open enrollment for an effective date of January 1, 2023; unless you experience an IRS Qualified Life Event during the benefit year.

If you experience a qualified life event, you must notify LUMA Residential. The IRS allows you 30 days from the date of your event to make changes to your existing elections.

## IRS Qualified Life Events are:

- Marriage/Divorce/Legal Separation
- Birth/Adoption/Legal Guardianship
- Loss or Gain of outside coverage
- Dependent loss of eligibility
- Deceased Spouse or Dependent

Examples of appropriate documentation include: marriage certificate/license, death certificate, birth certificate, divorce decree, certificate of creditable coverage from another insurance carrier, etc.
If you have any questions pertaining to the enrollment process or the benefits available, please contact:

**Shetera Van Schepen at LUMA Residential**
Phone: 214-361-6666 ext. 110
Email: svanschepen@lumacorp.com

## The Paycom App

The Paycom app makes it even easier to access Employee-Self Service on your mobile device, with new features that include **fingerprint login** and **notifications**.

Whenever and wherever you need it, you **personal employee data** is accessible here including pay stubs, benefits, tax forms, performance reviews, goals, time off and more. Plus, you can get a quick start on your taxes by accessing you **W-2** from the app, which also syncs with **TurboTax**, saving you time inputting your information.

Just follow these simple steps:
1. Download the app
2. Enter your **username**, **password** and **Social Security number's** last four digits
3. If your device has fingerprint access, Face ID or a PIN you can quickly access the app.
4. Click "Login"

If you have any questions go to www.paycom.com or call **800-580-4505.**

# MEDICAL BENEFITS

The medical insurance provided by your employer is managed by United Healthcare.

## The United Healthcare Network

You and your covered family members can receive care from doctors and facilities that belong to UHC's network. All the providers in the network represent a wide range of services, from basic and routine care (general practitioners, pediatricians, internists), to specialty care (OB/GYNs, cardiologists, urologists), to health care facilities (hospitals, and skilled nursing facilities).

To find a UHC provider in your area, you can visit www.myuhc.com and search the Choice Network.

## Using In-Network Providers

The UHC EPO Medical plan does not cover out-of-network care, with the exception of emergency room visits. If you want your medical visits to be covered you must use an in-network provider.

## Tier 1 Providers and Specialist Care

United Healthcare offers a lower copay for specialist care visits if you utilize a Tier 1 provider. The Tier 1 designation is given to those providers, within the UHC network, that meet national standard benchmarks for quality care and cost savings. To take advantage of the lower copay, please login in to myuhc.com to see if your provider has received this designation. For all care received by a non-Tier 1 provider, you will pay a higher copay.

# WELLNESS PROGRAM AND MEDICAL CONTRIBUTIONS

Beginning January 1, 2022, LUMA Residential employees can participate in our Wellness Program. Participation is voluntary. Employees who participate will qualify for a lower Wellness Program medical contribution in 2022. To qualify, employees must receive both doses of Moderna or Pfizer or the one dose Johnson & Johnson COVID vaccine by December 31, 2021 and provide proof of vaccine status. Employees who do not provide proof of vaccine status will be subject to a higher medical contribution. If you provide proof of vaccine status mid-year, you will qualify for the lower Wellness Premium on the next available pay period. New hires can qualify for the lower Wellness Premiums by providing proof of vaccine status and the lower Wellness Program medical contribution will go into effect on the next available pay period.

## 2022 Bi-Weekly Medical Contributions with Wellness Program Participation

| | EPO Plan |
|---|---|
| Employee Only | $37.29 |
| Employee + Spouse | $224.52 |
| Employee + Child(ren) | $102.62 |
| Employee + Family | $346.95 |

## 2022 Bi-Weekly Medical Contributions without Wellness Program Participation

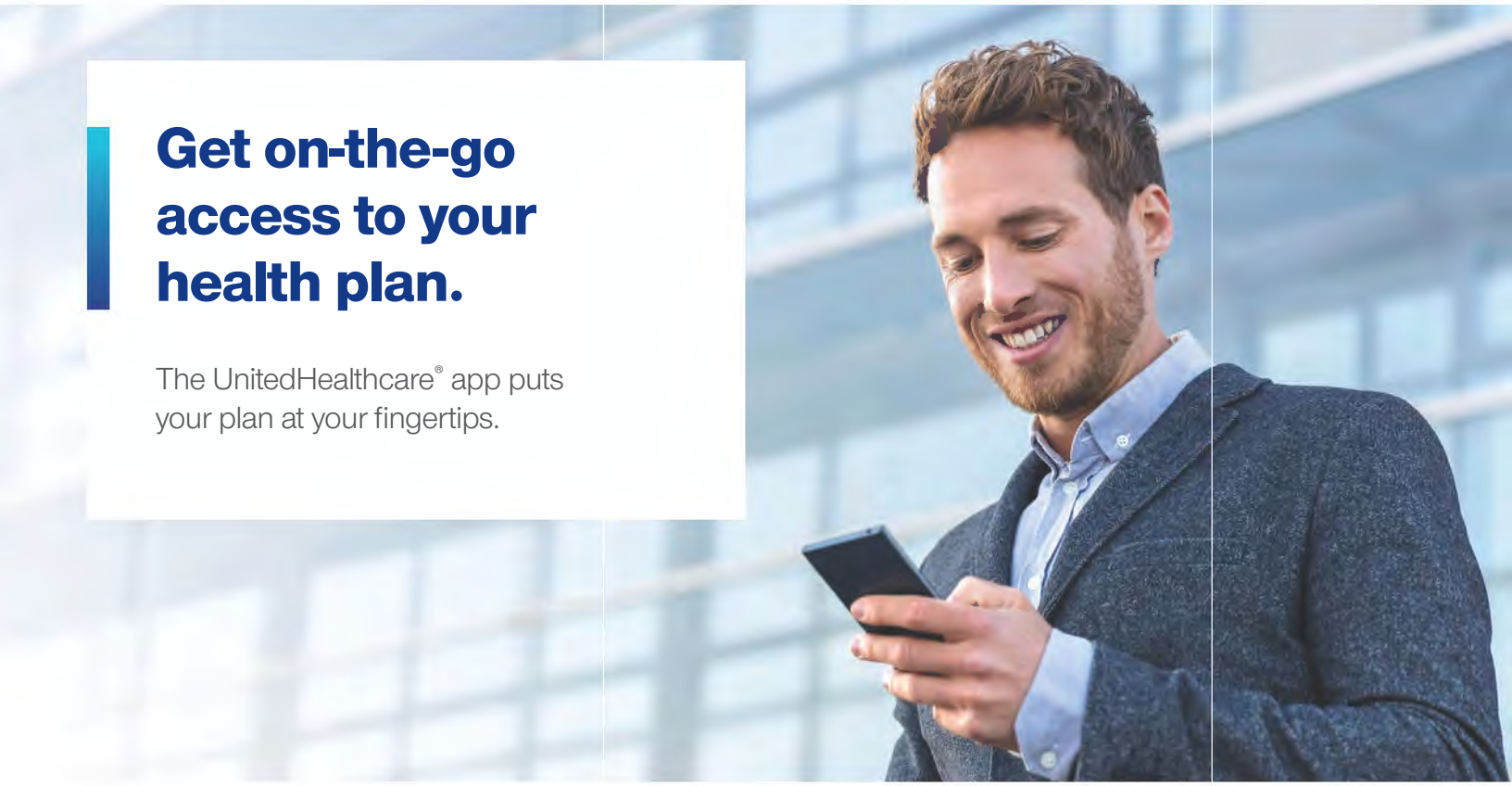
| | EPO Plan |
|---|---|
| Employee Only | $44.75 |
| Employee + Spouse | $269.42 |
| Employee + Child(ren) | $123.14 |
| Employee + Family | $416.34 |

Note: LUMA Residential provides an Alternative Reasonable Standard for employees who wish to participate in this voluntary Wellness Program. Rewards for participating in a Wellness Program are available to all employees. If you think you might be unable to meet a standard for a reward under this Wellness Program, you might qualify for an opportunity to earn the same reward by different means. Contact Shetera Van Schepen and we will work with you (and, if you wish, your doctor) to find a Wellness Program with the same reward that is right for you in light of your health status. The Wellness Program is subject to change in light of any new CDC guidelines and/or recommendations.

# 2022 MEDICAL PLAN

| UnitedHealthcare | EPO Plan | |
|---|---|---|
| | **In-Network** | **Out-of-Network** |
| **Annual Deductible** | $3,000 / Individual<br>$6,000 / Family | Not Covered |
| **HRA Reimbursement** | $2,500 | N/A |
| **Member Coinsurance** | 20% | Not Covered |
| **Out-of-Pocket Maximum** (includes deductible, copay, and coinsurance) | $7,150 / Individual<br>$14,300 / Family | Not Covered |
| **Preventive Care** (approved services) | Covered at 100% | Not Covered |
| **Office Visit**<br>Primary Care<br>Specialist<br>Virtual Visit | $15 PCP<br>$50/$100 Specialist*<br>$0 Copay | Not Covered |
| **Lab, X-Ray and Diagnostics** -Outpatient | 20% after deductible | Not Covered |
| **Urgent Care** | $25 Copay | Not Covered |
| **Emergency Room** (copay waived if admitted) | $300 copay then 20% after deductible | $300 copay then 20% after deductible |
| **Inpatient Care** | 20% after deductible | Not Covered |
| **Outpatient Care** | 20% after deductible | Not Covered |
| **Prescription Drugs - Retail (up to 31 day supply)** | | |
| **Generic**<br>**Formulary Brand**<br>**Non-form. Brand** | $10 copay<br>$35 copay<br>$60 copay | Not Covered |
| **Prescription drugs - Mail Order (up to 90 day supply)** | | |
| **Generic**<br>**Formulary Brand**<br>**Non-formulary Brand** | $25 copay<br>$87.50 copay<br>$150 copay | Not Covered |

* If you use a Tier 1 provider you will pay the lower copay when visiting a specialist. To find a Tier 1 provider, login to myuhc.com.



# Get on-the-go access to your health plan.

The UnitedHealthcare® app puts your plan at your fingertips.

## The app has you covered.

When you're out and about, you can do everything from managing your plan to getting convenient care. Just download the app to:

- Find nearby care options in your network.
- Estimate costs.
- Video chat with a doctor 24/7.
- View and share your health plan ID card.
- See your claim details and view progress toward your deductible.

**Get the app and log on with Touch ID®.**

**The UnitedHealthcare app is available for download for iPhone® or Android™.**

GET IT ON Google Play

Download on the App Store



UnitedHealthcare®

# Visit with a doctor 24/7 — whenever, wherever.

With a Virtual Visit, you can talk—by phone or video—to a doctor who can diagnose common medical conditions and even prescribe medications, if needed.*

## Virtual Visits may make it easier than ever to get treated by a doctor.

Whether using **myuhc.com®** or the UnitedHealthcare® app, Virtual Visits let you video chat with a doctor 24/7—without setting up additional accounts or apps. But, if you'd rather just speak with a doctor, you can simply do a Virtual Visit over the phone.

With a UnitedHealthcare plan, your cost for a Virtual Visit is $0.**

### Use a Virtual Visit for these common conditions:

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches
- And more

**$0 cost**

An estimated 25% of ER visits could be treated with a Virtual Visit—bringing a potential $2,100*** cost down to $0.

## Get started.

Sign in at **myuhc.com/virtualvisits** | Download the UnitedHealthcare app | Call **1-855-615-8335**

United Healthcare®

*Certain prescriptions may not be available, and other restrictions may apply.

**The Designated Virtual Visit Provider's reduced rate for a virtual visit is subject to change at any time.

***UnitedHealthcare data: based on analysis of 2016 UnitedHealthcare ER claim volumes, where ER visits are low acuity and could be treated in a Virtual Visit, primary care physician or urgent/convenient care setting.

The UnitedHealthcare® app is available for download for iPhone® or Android™. iPhone is a registered trademark of Apple, Inc. Android is a trademark of Google LLC.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company and its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

# HEALTH REIMBURSEMENT ACCOUNT

The Health Reimbursement Account (HRA) will continue to be administered by Tax Saver for 2022. When you enroll in the medical plan, you will automatically be set up with a HRA administered by Tax Saver. An HRA Card will be mailed to your home.

The HRA will be $2,500 for 2022 for Employee Only or Employee+ Family.

The HRA will pay the first $2,500 of expenses that will count toward your deductible. The HRA will reimburse you or an enrolled family member for the qualified deductible expenses. The money spent in your HRA counts toward meeting your deductible.

In no event will the HRA fund more than $2,500 per employee or family in the 2022 plan year. Funds will not roll over from year to year.

## Tax Saver HRA Reimbursement

| | |
|---|---|
| **Employee Only** | HRA Pays $0 to $2,500 |
| **Employee + Family** | HRA Pays $0 to $2,500 |

### When does the HRA start reimbursing me for my Out- of• Pocket expenses?

The HRA is a "front-ended" HRA, meaning that the HRA will reimburse you for the first $2,500 for Individual or Family of expenses you incur after January 1, 2022, including co-pays and deductibles owed for office visits and medical procedures.

### What happens when the HRA has been exhausted?

After the HRA has been exhausted the member will be responsible for paying the remainder of their deductible and coinsurance up to the Out-of-Pocket maximum.

### How do I get reimbursed through the HRA?

There are two ways you can access your HRA dollars.

1. Use of debit card-swipe your debit card at the provider's office for immediate access or
2. Turn in an EOB after a claim has been processed for reimbursement.

### Will I have an ID card for the HRA?

Yes, there is a separate ID card for the HRA. Just show your provider the HRA debit card to access money at time of payment if your provider accepts credit/debit cards.

### When can I start using my HRA debit card?

You may use your HRA debit card for any claims that have a date of service on or after January 1, 2022.

### Do unused HRA funds roll over from year to year?

No. If you do not use your funds in any given year they do not roll over to the following year.

### Will all pharmacies accept the HRA Debit Card as payment for prescriptions?

No, the HRA is for eligible expenses that go towards the deductible. Your pharmacy benefit has copays which you will continue to pay out-of-pocket.

### How many cards will I receive and how do we obtain additional cards?

Participants will receive 2 debit cards. Note the last four digits are different for each card. Please contact Tax Saver for additional debit cards.

### How can I access my HRA Employee account?

There is information on the Tax Saver website for participants. We encourage you to logon and setup your employee user account for direct access to your HRA account along with the tools and resources that are available to participants. Please logon to www.taxsaverplan.com to setup your HRA Employee account. You can also download the Mobile App.

# ALIGHT—HEALTHCARE CONCIERGE

Everyone needs help answering questions about their benefits. Through Alight services you and your family can get help that's easy, convenient and confidential, and free!

## Alight Key Services Include:

- Answering benefit questions
- Auditing bills/claims and resolving errors/issues
- Finding any needed healthcare provider on network, quality and employees personal needs/preferences (gender, appointment availability, location, etc).
- Price Transparency - recommending lowest cost, highest quality providers for procedures, test, etc. as well as a full estimate on cost with a breakdown of patient responsibility and covered charges. Alight will verify the in-network prices with the providers whenever possible.
- Prescription Recommendations — Alight can review prescribed medications and advise lower cost alternatives based on their benefits
- Concierge — Alight can request medical records to be transferred as well as make appointments, follow up on items, coordinating treatments with multiple appointments, etc.
- Contact your Alight Health Pro at (800) 513-1667, Monday-Friday 8am-6pm CST, or visit **www.alight.com/compass.**

## Alight can help you find Tier 1 providers in your area!

# NEED ASSISTANCE UNDERSTANDING YOUR MEDICARE OPTIONS?

LUMA Residential is providing access to a free resource to help you navigate your options for Medicare and answer questions you might have when comparing your employer Medical Plan and Medicare. This is a third-party service not associated with LUMA Residential so your questions are confidential and will not be shared the company.

# We Make Medicare Easier for You

Medicare is complex and confusing, but My Benefit Advisor (MBA) provides you with the resources you need to understand its complexities and find the solution that is right for you.

When you, or someone you know, decides it's time to transition to Medicare, we provide personal help from one of our Medicare specialists at no cost.

## MBA Can Help You With

**Understanding Medicare**
We provide you with educational materials and a personal Medicare specialist.

**Review Plan Options**
MBA has access to an extensive list of insurance companies and their plans.

**Simplifying Enrollment**
MBA reduces the stress of the enrollment process by providing step-by step guidance.

**Plan Review**
If requested, we will review your benefits and provide alternatives.

## Get Answers to Your Questions:

- How & when do I enroll in Medicare?
- What is Medicare Part A, B, C, & D?
- How much will it cost?
- Which insurance plan is right for me?
- Will my doctors, hospital, and prescriptions be covered?

To learn more about how we can help you with Medicare, contact Kyle DePeppe at 631.961.5204 or kyle.depeppe@mybenefitadvisor.com

# YOUR DENTAL BENEFITS

You can use any licensed dental provider for covered services and receive benefits. The Dental Plan covers 100% of preventive and diagnostic care expenses with no deductible, up to plan limits.

Your benefits are administered through **United Healthcare**. To find a dentist in your area, you can use the online provider directory at www.myuhc.com or contact them by phone at 877-816-3596.

| | Dental PPO |
|---|---|
| **Annual Maximum Benefit** | $1,000 / person |
| **Orthodontia Lifetime Maximum Benefit for Children under age 19** | $1,000 / person |
| **Deductible** | $50 / person; $150 / family |
| **Services** | |
| • Preventive and Diagnostic Care | $0, no deductible |
| • Basic and Restorative Care | 20% after deductible |
| • Major Care | 50% after deductible |
| • Orthodontic Care (under age 19) | 50%; no deductible |

*If orthodontic treatments began prior to admittance into the plan, the treatment regimen will not be covered under the new plan.

# DENTAL BI-WEEKLY CONTRIBUTIONS

| | Dental PPO |
|---|---|
| Employee Only | $12.86 |
| Employee + Spouse | $24.93 |
| Employee + Child(ren) | $33.79 |
| Employee + Family | $45.87 |

# YOUR VISION BENEFITS

The Vision Plan, through **United Healthcare**, provides coverage through in- and out-of-network providers. Every 12 months, you and your covered dependents can visit an optometrist for an eye exam and one pair of eyeglasses or contacts. If you go to an out-of-network provider, the plan pays an allowance for covered services, and you may have to file your own claim.

| | In-Network Providers | Out-of-Network Providers |
|---|---|---|
| **Eye Exam** | $20 copay | Up to $40 |
| **Glasses** | | |
| • Lenses | $20 copay | Up to $80 |
| • Frames | $130 allowance | Up to $45 |
| **Contact Lenses** | | |
| • Elective contact lenses | $130 allowance | Up to $105 |
| • Necessary | 100% after $20 copay | Up to $210 |
| • Contact lens fitting and evaluation | $60 copay | Up to $0 |
| **Service Frequencies** | | |
| Exams | Once every 12 months | |
| Lenses (for glasses or contact lenses)* | Once every 12 months | |
| Frames | Once every 24 months | |

# VISION BI-WEEKLY CONTRIBUTIONS

| | Vision |
|---|---|
| Employee Only | $4.04 |
| Employee + Spouse | $6.46 |
| Employee + Child(ren) | $6.60 |
| Employee + Family | $10.63 |


# FLEXIBLE SPENDING ACCOUNTS

## Health Flexible Spending Accounts

Healthcare Flexible Spending Account (FSA) annual contributions are capped at $2,850 per Plan Year, per employee.

The following guidelines apply to this healthcare regulation: The limit applies only to employee salary reduction contributions to a Health FSA. (Employer contributions are not included when calculating this limit.)

- Limit is for the Plan Year, per employee.
- Husband and wife can both elect the maximum in their respective Health FSAs (even if working for the same employer).
- Employees changing jobs can elect up to the limit in their prior employer's Health FSA and up to the limit in their new employer's Health FSA as long as the employers are not related entities.
- Rehired employees and employees with a qualifying change in status mid-year are limited to the maximum for the entire Plan Year.
- Limit must be pro-rated based on the number of months for short Plan Years (Plan Years less than 12 months).
- Limit is indexed annually for cost of living adjustments.

## Eligible Expenses

FSA funds may only be used for eligible expenses under your Healthcare FSA. Some eligible expenses include:

- Medical care services
- Dental care services
- Vision care expenses
- Prescriptions

## How FSAs Help You Save—Savings Example

Doug and his wife Lisa are both pretty healthy, but they still have some health care expenses. Doug contributes $2,500 to the Health Care FSA. Here's how much they save on health care costs by contributing pre-tax dollars to the account.

| | Savings Example | |
|---|---|---|
| **Benefit Coverage** | **Without FSA** | **With FSA** |
| Doug's annual pay | $50,000 | $50,000 |
| What Doug puts into the Health Care FSA | $0 | -$2,500 |
| Doug's taxable pay | $50,000 | $47,500 |
| Taxes (15% federal, 7.65% Social Security & Medicare) | -$11,825 | -$11,234 |
| Doug's after-tax health care expenses | -$2,500 | $0 |
| Doug's take-home pay | $35,675 | $36,266 |
| Amount Doug saves by using account | $0 | $592 |

## Dependent Care Flexible Spending Accounts

The Dependent Care FSA sets aside pre-tax funds to help pay for expenses associated with caring for child or elder dependents. Unlike the Health Care FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time.

- With the Dependent Care FSA, you are allowed to set aside up to $5,000 (per household, per year) to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children younger than the age of 13 and dependents of any age that are incapable of caring for themselves.
- Dependent care expenses are reimbursable as long as the provider is not anyone considered your dependent for income tax purposes.
- In order to be reimbursed, you must provide the tax identification number or Social Security number of the party providing care.

Due to Federal regulations, expenses for your domestic partner and/or your domestic partner's children may not be reimbursed under the Reimbursement Account programs.

# FLEXIBLE SPENDING ACCOUNTS

## Consider the "Use it or Lose it Rule"

It is important to be conservative in making elections because unused funds left in your account at the close of the Plan Year are not refundable to you and are returned to your employer. You are urged to take precautionary steps to avoid having leftover funds in your account at year-end.

Carryover Exception: FSA Carryover for your Plan applies. You may carryover up to $570 from one Plan Year to the next with no cost or penalty.

**REMEMBER!**

**FSA's have a "use it or lose it" rule in place. Any money left over after you submit all expenses and deduct the carryover must be forfeited.**

## How FSAs Help You Save—Savings Example

Stephanie has a 4-year-old son enrolled in day care. She contributes $5,000 to the Dependent Care FSA. Here's how much she saves on day care costs by contributing pre-tax dollars to the account:

| | Savings Example | |
|---|---|---|
| **Benefit Coverage** | **Without FSA** | **With FSA** |
| Stephanie's annual pay | $50,000 | $50,000 |
| What Stephanie puts into the Dependent Care FSA | $0 | -$5,000 |
| Stephanie's taxable pay | $50,000 | $45,000 |
| Taxes (15% federal, 7.65% Social Security & Medicare) | -$11,325 | -$10,192 |
| Stephanie's after-tax health care expenses | -$5,000 | $0 |
| Stephanie's take-home pay | $33,675 | $34,808 |
| Amount Stephanie saves by using account | $0 | $592 |

# LIFE AND AD&D

## Employer Paid Basic Life & AD&D (Accidental Death and Dismemberment) Insurance

Your Basic Life Insurance benefit is $25,000 and is provided by your employer at no cost to you. Your family could incur an unexpected financial hardship should an untimely death occur as a result of an accident. For this reason, your employer provides you with $25,000 of Accidental Death and  Dismemberment (AD&D) coverage at no cost to you.

| | |
|---|---|
| **Employee Life Benefit Amount** | $25,000 |
| **Employee AD&D Benefit Amount** | $25,000 |
| **Age/Benefit Reduction** | Age 65: Reduced to 65%<br>Age 70: Reduced to 50% |

## Beneficiary Designation

Your beneficiary designation is the person you name to receive your life insurance benefits in the event of your death. This includes any life insurance benefits payable under the voluntary life insurance plan available through your employer. Benefits payable for a dependent's death under the voluntary life insurance plan are payable to you if living; otherwise, benefits may, at the option of the insurance company, be payable to your surviving spouse or to the executors or administrators of your estate. It is important that your beneficiary designation be clear so that there will be no questions as to your meaning. It is also important that you name a primary and contingent beneficiary.

# VOLUNTARY LIFE AND AD&D

## Additional Life Insurance

You may also purchase Additional Life Insurance on top of what your employer provides. You must purchase Additional Life insurance on yourself in order to have coverage on your spouse and/or child(ren).

| | |
|---|---|
| **Employee** (All Classes) | You may purchase Additional Term Life insurance in increments of $10,000 up to the lesser of 5 times your annual salary or $500,000. If you enroll as a new employee, you can receive up to $100,000 without answering any medical questions. If your election is over $100,000 or if you wait to enroll after you become eligible as a new hire, you will have to provide a statement of good health (EOI Form). |
| **Spouse** | You can purchase coverage in units of $5,000 up to $500,000 but cannot exceed 100% of the employee amount. If you enroll as a new employee, your spouse can receive up to $25,000 without answering any medical questions. If your election is over $25,000 or if you wait to enroll your spouse after you become eligible as a new hire, you will have to provide a statement of good health (EOI Form). |
| **Child(ren)** | Birth to 14 to 6 months: $1,000.<br>6 months to age 19 (or age 26 if full-time student): Increments of $2,000 to a maximum of $10,000 |

## Additional Term Life Rates

| Current Age | Employee/Spouse Rates per $1,000 of coverage |
|---|---|
| Under 25 | $0.050 |
| 25-29 | $0.058 |
| 30-34 | $0.071 |
| 35-39 | $0.099 |
| 40-44 | $0.137 |
| 45-49 | $0.218 |
| 50-54 | $0.334 |
| 55-59 | **$0.545** |
| 60-64 | $0.870 |
| 65-69 | **$1.528** |
| 70-74 | **$2.759** |
| 7599 | **$5.586** |
| **Child Life per $1,000** | **$0.180** |

## Additional AD&D Rates

| | |
|---|---|
| **Employee AD&D Rate per $1,000** | $0.030 |
| **Spouse AD&D Rate per $1,000** | $0.030 |
| **Child(ren) AD&D Rate per $2,000** | $0.030 |

# DISABILITY BENEFITS

## Voluntary Short-Term Disability

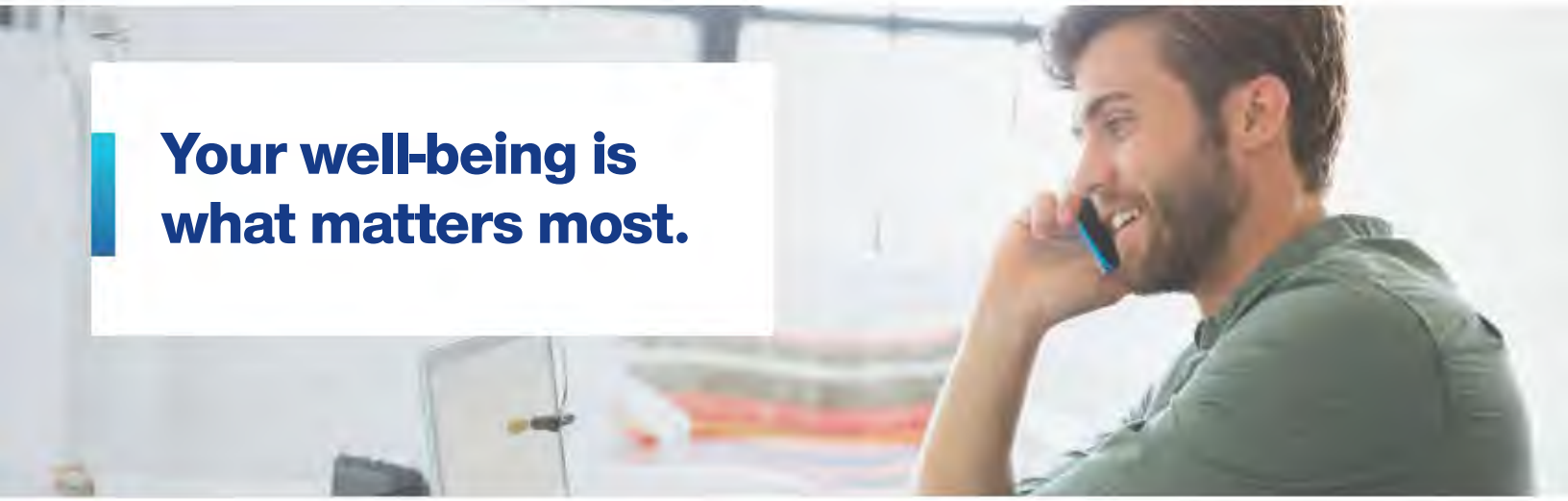
LUMA Residential is now offering Voluntary Short-Term Disability insurance through United Healthcare. You can enroll in the Voluntary Short-Term Disability program through Paycom.

Benefits are payable for a maximum of 11 weeks for illness or injury with the required substantiating medical documentation and review. This benefit will pay employees 60% of their weekly earnings to a weekly maximum of $2,000. There is a 14 day elimination period for this benefit. The elimination period will begin once you are determined to be disabled. Benefits will begin to pay once you satisfy the 14 day elimination period.

## Long-Term Disability

LUMA Residential offers Long Term Disability insurance to all full-time employees to provide additional financial protection. The Long-Term Disability (LTD) Plan pays a percentage of your base pay after an elimination period of 90 days if you are disabled and unable to work due to an injury, illness, or pregnancy.

| Long Term Disability | |
|---|---|
| Benefit Begins | After 90 days |
| Benefit Amount | 60% of pre-disability earnings |
| Maximum Benefit | Up to $6,000/month |
| Pre-Existing Conditions | If you receive medical treatment, consultation, care, or services including diagnostic measures, or took prescription drugs or medication in the 3 months just prior to your effective date of coverage, this condition will not be covered until you have been on the policy for 12 months. |



# Your well-being is what matters most.

Unresolved medical issues can take a serious toll on your work and home life. To help you through difficult times, the UnitedHealthcare Member Assistance Program (MAP) provides members and their families personal and confidential support, available 24 hours a day, 7 days a week.

## The help you may need, at no extra cost.

- **Unlimited phone access to master's-level specialists, 24/7.**
- **Up to 3 referrals for face-to-face counseling sessions.**[1] Our national network includes 144,000+ clinicians.*
- **One legal consultation of 30 minutes.** You can choose to meet with an attorney by telephone or in-person to discuss legal concerns. You can also retain an attorney for ongoing services at a 25% discounted rate.**
- **A 30 – 60 minute financial consultation.** Credentialed financial professionals can help discuss estate taxes and other financial matters with you.
- **Access to liveandworkwell.com.** From your desktop, mobile device or smartphone, you can easily and securely find a provider, discover community and work-life resources near you, and quickly and confidentially connect to expert guidance. You can also access news, events and thousands of expert articles and advice.

Maintaining your privacy and confidentiality is of the greatest importance. All records, referrals and evaluations are kept private and confidential in accordance with federal and state laws.

## Access your MAP benefit today.

Call **1-877-660-3806,** TTY **711,** for personal and confidential assistance. Translators are available for non-English speakers.

Visit **liveandworkwell.com.**

There are 2 ways to access:

Sign in using your **HealthSafe ID®** to securely access your personal benefit information.

Enter anonymously using access code: **FP3EAP.**

UnitedHealthcare

[1]Optum internal network analysis, February 2019.

*There is no charge for referrals or for seeing a clinician within our network for up to 3 visits per issue.

**Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare, its affiliates or any entity through which the caller is receiving services directly or indirectly.

Noninsurance services are offered only on specific lines of coverage and are not insurance. These services may be modified or terminated at any time, may not be available in all states and may vary depending on state laws and regulations. Employee Assistance Program (EAP) is offered through Optum. Optum is an affiliate of UnitedHealthcare.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company is located in Milwaukee, WI.

**Facebook**.com/UnitedHealthcare **Twitter**.com/UHC **Instagram**.com/UnitedHealthcare **YouTube**.com/UnitedHealthcare

# ADDITIONAL VOLUNTARY BENEFITS

## ACCIDENT INSURANCE

If you are injured in an accident this plan will pay you money based on the injury and the treatment you receive, from a simple sprain to a more serious injury. This plan will pay you a benefit for an emergency room treatment, stitches, crutches, injury-related surgery and a whole list of other accident-related expenses. The benefit is paid directly to you and you can decide how to spend it. This coverage is also offered to spouses and children of employees.

| MONTHLY COST | | | |
|---|---|---|---|
| | Option A | Option B | Option C |
| Employee | $4.85 | $6.47 | $8.37 |
| Employee + Spouse | $7.75 | $10.33 | $13.34 |
| Employee + Child(ren) | $9.140 | $12.73 | $16.94 |
| Employee + Family | $14.26 | $19.68 | $26.04 |

## HOSPITAL INDEMNITY PLAN

The Hospital Indemnity Insurance (HII) plan is provided through United Healthcare.

The HII pays a flat dollar amount for admission or confinement in a hospital for treatment of injuries resulting from an accident or sickness, subject to certain limitations.

You have a choice of three comprehensive plans that provide payments in addition to any other insurance payments you might receive. Plan payments can be used at your discretion either to offset your share of medical expenses, or to pay non-medical expenses.

| PLAN OPTIONS | | | |
|---|---|---|---|
| Covered Benefit | Option A | Option B | Option C |
| Hospital Admission Non-ICU (1 day/plan year) | $500 / day | $1,000 / day | $1,500 / day |
| Hospital Confinement (up to 364 days/plan year) | $100 / day | $150 / day | $200 / day |
| ICU Confinement (up to 364 days/plan year) | $100 / day | $150 / day | $200 / day |
| ICU Admission (1 day/plan year) | $500 / day | $1,000 / day | $1,500 / day |

| MONTHLY COST | | | |
|---|---|---|---|
| | Option A | Option B | Option C |
| Employee | $5.97 | $10.70 | $15.42 |
| Employee + Spouse | $13.20 | $23.72 | $34.24 |
| Employee + Child (ren) | $11.37 | $20.25 | $29.13 |
| Employee + Family | $19.99 | $35.73 | $51.46 |

# ADDITIONAL VOLUNTARY BENEFITS

## CRITICAL ILLNESS

This plan covers illnesses like a stroke, heart attack, cancer, permanent paralysis, just to name a few. The medical treatment for these types of conditions can be very expensive. Critical Illness insurance can help by paying a lump sum payment directly to you at the first diagnosis of a covered condition and you decide how to spend it. This coverage is also offered to spouses and children of employees.

| Option 1 | | | | |
|---|---|---|---|---|
| Age Range | Employee Only | Employee + Spouse | Employee + Child(ren) | Family |
| Under 25 | $1.05 | $1.60 | $1.23 | $1.78 |
| 25-29 | $1.50 | $2.23 | $1.68 | $2.40 |
| 30-34 | $1.85 | $2.80 | $2.03 | $2.98 |
| 35-39 | $2.55 | $3.80 | $2.73 | $3.98 |
| 40-44 | $3.85 | $5.75 | $4.03 | $5.93 |
| 45-49 | $5.70 | $8.70 | $5.88 | $8.88 |
| 50-54 | $8.75 | $12.58 | $8.93 | $12.75 |
| 55-59 | $11.00 | $16.38 | $11.18 | $16.55 |
| 60-64 | $17.50 | $24.30 | $17.68 | $24.48 |
| 65-69 | $24.75 | $33.60 | $24.93 | $33.78 |
| 70-74 | $15.95 | $22.06 | $16.13 | $22.24 |
| 75+ | $19.50 | $27.98 | $19.68 | $28.15 |

| Option 2 | | | | |
|---|---|---|---|---|
| Age Range | Employee Only | Employee + Spouse | Employee + Child(ren) | Family |
| Under 25 | $2.10 | $3.20 | $2.45 | $3.55 |
| 25-29 | $3.00 | $4.45 | $3.35 | $4.80 |
| 30-34 | $3.70 | $5.60 | $4.05 | $5.95 |
| 35-39 | $5.10 | $7.60 | $5.45 | $7.95 |
| 40-44 | $7.70 | $11.50 | $8.05 | $11.85 |
| 45-49 | $11.40 | $17.40 | $11.75 | $17.75 |
| 50-54 | $17.50 | $25.15 | $17.85 | $25.50 |
| 55-59 | $22.00 | $32.75 | $22.35 | $33.10 |
| 60-64 | $35.00 | $48.60 | $35.35 | $48.95 |
| 65-69 | $49.50 | $67.20 | $49.85 | $67.55 |
| 70-74 | $31.90 | $44.13 | $32.25 | $44.48 |
| 75+ | $39.00 | $55.95 | $39.35 | $56.30 |

# ADDITIONAL VOLUNTARY BENEFITS

## CRITICAL ILLNESS (CONTINUED)

| Option 3 | | | | |
|---|---|---|---|---|
| **Age Range** | **Employee Only** | **Employee + Spouse** | **Employee + Child(ren)** | **Family** |
| Under 25 | $4.20 | $6.40 | $4.90 | $7.10 |
| 25-29 | $6.00 | $8.90 | $6.70 | $9.60 |
| 30-34 | $7.40 | $11.20 | $8.10 | $11.90 |
| 35-39 | $10.20 | $15.20 | $10.90 | $15.90 |
| 40-44 | $15.40 | $23.00 | $16.10 | $23.70 |
| 45-49 | $22.80 | $34.80 | $23.50 | $35.50 |
| 50-54 | $35.00 | $50.30 | $35.70 | $51.00 |
| 55-59 | $44.00 | $65.50 | $44.70 | $66.20 |
| 60-64 | $70.00 | $97.20 | $70.70 | $97.90 |
| 65-69 | $99.00 | $134.40 | $99.70 | $135.10 |
| 70-74 | $63.80 | $88.25 | $64.50 | $88.95 |
| 75+ | $78.00 | $111.90 | $78.70 | $112.60 |

# 401(k)

## Planning for Retirement (Available to all Employees)

A consistent savings plan throughout your career is the foundation for security during your retirement years. According to financial experts, company sponsored plans may provide approximately two-thirds of your necessary retirement income.

## Who is Eligible?

You may participate in the Plan when you have met the following requirements:

- Are employed
- You must be at least 20 years of age
- Eligible  first of the month following 6 months of service
- Employees will automatically be enrolled to contribute 5% of their monthly salary or you must decline via the Website www.401k.com or by calling 800-835-5097.

## Beneficiary Designation

As with Life insurance, designating a beneficiary is an important way to ensure your 401(k) passes on to your heirs, without  the costs and burdens of probate. Only 23% of LUMA Residential 401(k) plan participants had a designated beneficiary. Visit www.401k.com to quickly and easily do so now!

## How the 401(k) Plan Works

Employees may contribute from 1% to 60% of compensation not to exceed IRS  limits. LUMA Residential will match 20% of the employee's contribution. You may make changes at any time to your plan and changes will go into effect on the first of the following month. Employee contributions and company match  are 100% vested immediately.

## 2022 IRS Contribution Limits

The deferral limit for 2022 is $20,500

## Catch-up Contributions

Individuals age 50 or older who are maximizing their 401(k) contribution may make an additional contribution to their 401(k) savings plan under an IRS "catch-up" provision. The catch-up contribution is intended to help you accelerate your progress toward your retirement goals. The maximum catch-up contribution is $6,500 for 2022.

# HOLIDAY SAVINGS PLAN

## Holiday Savings Plan for all Full-time Associates

- Associates may designate an amount to be deducted from each paycheck and deposited into a trust account.
- Contributions will not earn interest.
- Contributions will stop at the end of October.
- Distributions will be delivered by the 2" paycheck in November.

## Personnel Holiday Saving Plan Enrollment

**Purpose**

- To provide a holiday savings plan for all full time associates.

**Scope**

- All full time associates that elect to have payroll deductions set aside in a trust account with distribution of the dollar balance in their account mid November of each year.

## Responsibility

Each employee is responsible for understanding this policy. For those associates who choose to participate, the enrollment form must be completed at the beginning of each year or upon hiring, and delivered to the personnel administrator.

## Policy

Associates who elect to participate in the Holiday Savings Plan must complete the Holiday Savings Plan Enrollment form (PP-F5049) at the beginning of each year or with the new hire paperwork for an effective date following 90 days of employment.

Contributions and distribution of balance

- Associates will designate an amount to be deducted from each paycheck and deposited into a trust account
- Contributions will not earn interest
- Contributions will stop at the end of October
- Distributions will be delivered the 2" paycheck in November
- If a hardship request is made prior to the normal distribution above, the balance in the account will be forwarded within 10 days and future contributions for that year to the plan will cease. Additionally, the employee must wait a full plan year before participating in future plans.

## Enrollment Agreement For Participation In The LUMA Residential Holiday Savings Plan

You need to sign this Enrollment Agreement if you wish to participate in the LUMA Residential Holiday Savings Plan. By signing this Enrollment Agreement, you are also consenting to be bound by the LUMA Residential Holiday Savings Trust Agreement. You will be provided a copy of this Trust Agreement if you want; however, the essentials of the Plan and the Trust are as follows:

1. You may enroll in the Plan at either January 1 or the first day after your ninety day probationary period when you are first hired. You must enroll again every year that you want to participate.
2. You need to designate the amount you want withheld from each paycheck and deposited into the Plan. This amount will be withheld from each paycheck from January until the end of October. You may not change the amount to be withheld during the year.
3. Your deposits into the Plan will NOT be held by LUMA Residential; instead, they will be held in the Trust, of which LUMA Residential is trustee. Your deposits will be placed in a checking account maintained by the Trust, although the Trust may place them in another kind of account, such as a money market fund.
4. Your deposits into the Plan and the Trust will not bear interest or any other kind of earnings. Any interest or other earnings earned on deposits in the Trust will be paid to LUMA Residential as payment for acting as trustee. LUMA Residential will pay all costs, if any, of maintaining the Trust.
5. The amounts that you deposit into the Trust will be paid to you at the 2" paycheck in November. They will also be paid to you earlier if you request (for instance, if you need the money for an emergency). Any request for the money to be paid early must be in writing. You may only request that ALL of the money held for you in the Trust be paid out (i.e., no requests for partial payments) and once the money is disbursed to you, you may not participate in the Plan or the Trust any more that year.
6. You are holding LUMA Residential harmless from any losses that may occur on the money held in the Trust.

# Escalated Claims or Benefit Concerns?

## Contact the Benefit Resource Center ("BRC")!

**Toll Free: 855-874-0110**

**BRCSouthwest@usi.com**

Our Benefits Specialists can assist you Monday through Friday, 8am to 5pm EST & CST

# IMPORTANT CONTACTS

Learn more about your benefits by calling these providers or visiting their websites:

| FOR QUESTIONS ABOUT: | WEBSITE/CONTACT INFORMATION |
|---|---|
| **Medical Benefits**<br>UnitedHealthcare (UHC) | **www.myuhc.com**<br>833-894-5445 |
| **Flexible Spending Account (FSA)**<br>Sterling Administration | **www.sterlingadministration.com**<br>800-617-4729; Option 5 |
| **Health Reimbursement Account (HRA)**<br>TaxSaver | **www.taxsaverplan.com**<br>800-328-4337 |
| **Dental Benefits**<br>UnitedHealthcare (UHC) | **www.myuhc.com**<br>877-816-3596 |
| **Vision Benefits**<br>UnitedHealthcare (UHC) | **www.myuhcvision.com**<br>800-638-3120 |
| **Disability Benefits**<br>UnitedHealthcare (UHC) | **www.myuhc.com**<br>888-299-2070 |
| **Life Insurance**<br>UnitedHealthcare (UHC) | **www.myuhc.com**<br>888-299-2070 |
| **Accident Insurance**<br>UnitedHealthcare (UHC) | 888-299-2070 |
| **Critical Illness Plan**<br>UnitedHealthcare (UHC) | 888-299-2070 |
| **Hospital Indemnity Plan**<br>UnitedHealthcare (UHC) | 888-299-2070 |
| **401(k)**<br>Fidelity | **www.401k.com**<br>800-835-5097 |

# LEGAL NOTICES

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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.

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to 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 of when you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

## NOTICE REGARDING WELLNESS PROGRAMS

LUMA Residential's Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary wellness activity. Employees who choose to participate in the Wellness Program will receive an incentive.

**Protections from Disclosure of Medical Information**
We are required by law to maintain the privacy and security of your personally identifiable health information. Although the Wellness Program may use aggregate information it collects to design a program based on identified health risks in the workplace, the Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the Wellness Program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Shetera Van Schepen at 214-361-6666 x-110.

## WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a Wellness Program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 214-361-6666 x-110 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA provides that all participants shall be entitled to:

**Receive Information about Your Plan and Benefits**

- Examine, without charge, at the Plan Administrator’s office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.

- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

**Continue Group Health Plan Coverage**
If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

**Prudent Actions by Plan Fiduciaries**
In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

**Enforce your Rights**
If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $156 per day (up to a $1,566 cap per request), until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

**Assistance with your Questions**
If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

## CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Shetera Van Schepen
5151 Belt Line Rd., Suite 1150
Dallas, Texas United States 75254
214-361-6666 x-110
svanschepen@lumacorp.com

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

# Your Information. Your Rights. Our Responsibilities.

*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

## Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

## Our Uses and Disclosures

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

**How else can we use or share your health information?**
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

**Help with public health and safety issues**
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do research**
We can use or share your information for health research.

**Comply with the law**
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

OMB 0938-0990

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

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

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

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **LUMA Residential has determined that the prescription drug coverage offered by LUMA Residential 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 15thto December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**CMS Form 10182-CC** **Updated April 1, 2011**



OMB 0938-0990

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

## 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 LUMA Residential 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 will 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 LUMA Residential and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information.

| | |
|---|---|
| Contact: | Shetera Van Schepen |
| Address: | 5151 Belt Line Rd., Suite 1150 Dallas, Texas United States 75254 |
| Phone Number: | 214-361-6666 x-110 |

OMB 0938-0990

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

## For More Information About Your Options Under Medicare Prescription Drug Coverage…

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this 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).**

| | |
|---|---|
| Date: | 1/1/2022 |
| Name of Entity/Sender: | LUMA Residential |
| Contact: | Shetera Van Schepen |
| Address: | 5151 Belt Line Rd., Suite 1150 Dallas, Texas United States 75254 |
| Phone Number: | 214-361-6666 x-110 |

**CMS Form 10182-CC** **Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## 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)**.

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**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, 2021. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Health First Colorado Website: https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711<br>CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program<br>HIBI Customer Service: 1-855-692-6442 |
| **ALASKA – Medicaid** | **FLORIDA – Medicaid** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |
| **ARKANSAS – Medicaid** | **GEORGIA – Medicaid** |

| | |
|---|---|
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162 ext 2131 |

| CALIFORNIA – Medicaid | INDIANA – Medicaid |
|---|---|
| Website:<br>Health Insurance Premium Payment (HIPP) Program<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Email: hipp@dhcs.ca.gov | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>Phone 1-800-457-4584 |
| **IOWA – Medicaid and CHIP (Hawki)** | **MONTANA – Medicaid** |
| Medicaid Website:<br>https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563<br>HIPP Website:<br>https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br>HIPP Phone: 1-888-346-9562 | Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 |
| **KANSAS – Medicaid** | **NEBRASKA – Medicaid** |
| Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884 | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **KENTUCKY – Medicaid** | **NEVADA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br><br>KCHIP Website:<br>https://kidshealth.ky.gov/Pages/index.aspx<br>Phone: 1-877-524-4718<br><br>Kentucky Medicaid Website: https://chfs.ky.gov | Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 |
| **LOUISIANA – Medicaid** | **NEW HAMPSHIRE – Medicaid** |
| Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) | Website: https://www.dhhs.nh.gov/oii/hipp.htm<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext 5218 |
| **MAINE – Medicaid** | **NEW JERSEY – Medicaid and CHIP** |
| Enrollment Website:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br><br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: -800-977-6740.<br>TTY: Maine relay 711 | Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 |

| | |
|---|---|
| **MASSACHUSETTS – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa<br><br>Phone: 1-800-862-4840 | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **MINNESOTA – Medicaid** | **NORTH CAROLINA – Medicaid** |
| Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 | Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 |
| **MISSOURI – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **UTAH – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **OREGON – Medicaid** | **VERMONT– Medicaid** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 | Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 |
| **PENNSYLVANIA – Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx<br>Phone: 1-800-692-7462 | Website: https://www.coverva.org/hipp/<br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-855-242-8282 |
| **RHODE ISLAND – Medicaid and CHIP** | **WASHINGTON – Medicaid** |
| Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line) | Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |
| **SOUTH CAROLINA – Medicaid** | **WEST VIRGINIA – Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://mywvhipp.com/<br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **SOUTH DAKOTA - Medicaid** | **WISCONSIN – Medicaid and CHIP** |
| Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 | Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 |
| **TEXAS – Medicaid** | **WYOMING – Medicaid** |

| | |
|---|---|
| Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 | Website:<br>https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since January 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**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**
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 Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 6-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be 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 and employment based health coverage offered by your employer.

### 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. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### 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% 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.1

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.

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, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 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.

# PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | |
|---|---|---|
| 3. Employer name<br>LumaCorp Plus, LLC dba LUMA Residential | 4. Employer Identification Number (EIN)<br>85-3115518 | |
| 5. Employer address<br>5151 Belt Line Rd., Suite 1150 | 6. Employer phone number<br>214-361-6666 ext. 110 | |
| 7. City<br>Dallas | 8. State<br>Texas | 9. ZIP code<br>75254 |
| 10. Who can we contact about employee health coverage at this job?<br>Shetera Van Schepen | | |
| 11. Phone number (if different from above) | 12. Email address<br>svanschepen@lumacorp.com | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

  [X] All employees. Eligible employees are:

  Full-time employees regularly scheduled to work 25 hours or more per week and actively employed for 60 consecutive days.

  [ ] Some employees. Eligible employees are:

- With respect to dependents:

  [X] We do offer coverage. Eligible dependents are:

  Your legal spouse, dependent children to age 26 (includes stepchildren and children places with you for adoption and foster children), and/or dependent child, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return, and is approved by your medical plan to continue coverage past age 26.

  [ ] We do not offer coverage.

[X] If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

* 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 (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)