

# 2021 EMPLOYEE BENEFITS GUIDE

 **SitusAMC™**



# WELCOME

We are pleased to offer you a comprehensive benefits package intended to protect your well-being and financial health. This guide is your opportunity to learn more about the benefits available to you and your eligible dependents beginning January 1, 2021.

Each year during Open Enrollment, you have the opportunity to make changes to your benefit plans. The enrollment decisions you make this year will remain in effect through December 31, 2021. To get the best value from your health care plan, please take the time to evaluate your coverage options and determine which plans best meet the health care and financial needs of you and your family. After Open Enrollment, you may make changes to your benefit elections only when you have a Qualifying Life Event.

## Availability of Summary Health Information

Our Employee Benefits Program offers three health coverage options. To help you make an informed choice and compare your options, a Summary of Benefits and Coverage (SBC) is available which summarizes important information about your health coverage options in a standard format. The SBC is available online at <https://situsamc.smartben.net>.



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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see page 21 for more details.

## The Fine Print

The information contained in this summary should in no way be construed as a promise or guarantee of coverage. The company reserves the right to modify, amend, suspend or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. You can view the plan documents online at <https://situsamc.smartben.net>.

Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from the SitusAMC Benefits Team. This guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act (ERISA) as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description (SPD).



# ELIGIBILITY

## Eligibility

You are eligible for benefits if you are a regular, full-time employee working an average of 30 hours per week. Your benefits are effective the first of the month following your date of hire. You may also enroll eligible dependents for benefits coverage.

### Eligible Dependents Include

- ▶ Your legal spouse or qualified domestic partner
- ▶ Children under the age of 26, regardless of student, dependency or marital status
- ▶ Disabled children of any age

| DEPENDENT CHILD(REN) DEFINITION                               |  |
|---|--|
| <b>Medical, Dental, Vision and Flexible Spending Accounts</b> | <ul style="list-style-type: none"><li>▶ Under age 26</li><li>▶ Any age if physically or mentally unable to support themselves</li><li>▶ Subject to a valid Qualified Medical Child Support Order (QMCSO)</li></ul> |
| <b>Supplemental Life</b>                                      | Under age 26 and financially dependent on you for support, including adopted, foster and stepchildren  |
| <b>Employee Assistance Program</b>                            | Any child residing in your household as well as dependent children who may be away at school   |

### Qualifying Life Events

Once you elect your benefit options, they remain in effect for the entire plan year until the next Open Enrollment. You may only change coverage during the plan year if you have a Qualifying Life Event, and you must do so within 30 days of the event.

### Qualifying Life Events Include

- ▶ Marriage, divorce, legal separation or annulment
- ▶ Birth, adoption or placement for adoption of an eligible child
- ▶ Death of a spouse or child
- ▶ Change in your spouse's employment that affects benefits eligibility
- ▶ Change in your child's eligibility for benefits (e.g., reaching the age limit)
- ▶ Change in residence that affects your eligibility for coverage
- ▶ Significant change in coverage or cost in your, your spouse's or child's benefit plans
- ▶ FMLA leave, COBRA event, court judgment or decree
- ▶ Becoming eligible for Medicare or Medicaid
- ▶ Receiving a Qualified Medical Child Support Order



# ENROLLMENT INSTRUCTIONS

**SmartBen** is our online enrollment tool. The site is accessible via the Internet at <https://situsamc.smartben.net> and can be accessed 24 hours a day, seven days a week. The following tips will help you prepare for and complete the online enrollment process.

**All employees are required to enroll. You must log into SmartBen and enroll to make benefits elections (plan and/or coverage level), even if you are waiving coverage. If you do not enroll, your Medical, Dental, Vision and Voluntary Life and AD&D insurance elections will default to Waive Coverage.**

## Review Your Options and Make Your Choices Before You Enroll

Take time to review the information in the Plans section. It will help you understand your benefit choices. Discuss it with your family, too!

Click on the *Plans* link at the top of your home page and select a plan to review the plan details.

**SmartBen**

For More Information

**855-270-2373**

[situsamcbenefitteam@smartbenassist.com](mailto:situsamcbenefitteam@smartbenassist.com)

## SmartBen Assist

**SmartBen Assist** helps you navigate SmartBen and can help with:

- ▶ **Benefits Enrollment** – completing your online enrollment or making mid-year changes to your benefits due to a Qualifying Life Event
- ▶ **Tech Support** – resetting your password and technical assistance navigating the SmartBen site
- ▶ **Benefits Support** – answering general questions about your benefits including eligibility, dependent verification and evidence of insurability

Contact SmartBen Assist by phone or email Monday through Friday, 8:00 a.m. 8:00 p.m. ET.

## Steps to Complete Your Enrollment

### Step 1

Log on to <https://situsamc.smartben.net> and enter your username (SAMC + first initial + last initial + last five digits of your Social Security number) and password (eight-digit date of birth formatted as MMDDYYYY format).

- ▶ **Example Username** – SAMC + Mary Hall + last five digits of Social Security number = SAMCMH12345
- ▶ **Example Password** – June 10, 1964 date of birth = 06101964

### Step 2

On the home page, you will see a **Benefits Enrollment** box with a countdown of the number of days remaining in Open Enrollment. Underneath the countdown is a *Begin Enrollment* button. Click the button to begin enrollment.

### Step 3

On the next page is a box with **Available Enrollments** indicating what enrollments are available and an *Annual Enrollment* button. Click the button to begin your enrollment session.

# ENROLLMENT INSTRUCTIONS

## Step 4

You enter the enrollment process on the **Benefit Manager** page. To make changes to a benefit, click on the benefit name. To make an election, click on the option you want to elect. You must first select which individuals are being covered using the **Who Is Being Covered** box on the right, then select the plan you want to enroll in. The selection you made will turn green. Click the green *Continue* button at the top right of the page when you are finished.

The **People Manager** page is where your Personal, Spouse/Dependent and Beneficiary information is stored. Adding people into the People Manager section DOES NOT assign them to coverage. You will assign your spouse, dependents and beneficiaries in the enrollment process.

To return to enrollment, click *Manage Benefits* or *Return to Lights*.

## Step 5

Once all of your elections are complete, each benefit will have a green light. To proceed to the next step, click the green button labeled *Elect & Continue*.

## Step 6

Verify required data. If you have not entered all required information, SmartBen will not process your enrollment. Click on each item in the **Enrollment Task List** to access the required page for corrections. Make your changes, click *Submit, Enroll or Save*, whichever is applicable. Be sure to review any items in the Information box on this task page, click the *Click Here* button to make changes and then click the green *Continue* button.

## Step 7

You can now review your confirmation. Examine your elections thoroughly — including dependent and beneficiary assignments — and enter your initials to acknowledge your agreement before clicking *Continue*.

## Step 8

You have successfully completed the enrollment process! Select the *Click Here* link for a copy of your Confirmation Statement.

## Tips

- ▶ If you need to add more than one beneficiary, click on the *Add a Person* button to designate the additional beneficiaries.
- ▶ During enrollment, click on the *Beneficiary Type* drop down box to designate your beneficiary as primary or secondary.

## SmartBen Now Mobile App

The SmartBen Now mobile app provides on-the-go access to benefit information anywhere, anytime. Download the app to your mobile device to:

- ▶ Access benefit information
- ▶ Check current balances and contributions
- ▶ Review deductible and out-of-pocket balances

Use your SmartBen username and password to log in after you install the app. To reset your password, go to <https://situsamc.smartben.net> and click *Recover Password*.

# MEDICAL COVERAGE

Our medical plans through **Blue Cross Blue Shield of Texas (BCBSTX)** provide access to both in-network and out-of-network providers, but you will pay less money by remaining in-network. All out-of-network services are subject to Reasonable and Customary (R&C) limitations and you are responsible for any charges over this allowance.

- ▶ **Plan 1 – HDHP/HSA PPO**
- ▶ **Plan 2 – \$1,500 PPO**
- ▶ **Plan 3 – \$750 PPO**

The HDHP (High Deductible Health Plan) option (Plan 1 – HDHP/HSA PPO) offers the freedom to see your provider of choice and preventive care is fully covered in-network. When you use in-network providers, you receive benefits at a discounted network cost. You pay more for out-of-network providers. However, in exchange for a lower per-paycheck cost, the HDHP requires that you satisfy a higher deductible for almost all health care expenses, including prescriptions. Once your deductible is met, the plan pays 80%. Out-of-network providers are reimbursed at the out-of-network benefit amount.

The PPO options (Plan 2 – \$1,500 PPO and Plan 3 – \$750 PPO) offer the freedom to see any provider when you need care. When you use in-network providers, you receive benefits at a discounted network cost. You pay more for services if you use out-of-network providers. In-network preventive care is covered at 100% and is not subject to your deductible.



**For More Information**

**800-521-2227**

**[www.bcbstx.com](http://www.bcbstx.com)**

## BCBSTX Mobile App

Download the BCBSTX mobile app to stay organized and in control of your health anytime, anywhere. You can log in to:

- ▶ Track your account balances and deductibles
- ▶ View, fax or email ID card information
- ▶ Find doctors and pharmacies
- ▶ Refill your BCBSTX home delivery prescriptions and review your order history
- ▶ View medication costs based on your plan and search for lower, cost-saving alternatives

Text **BCBSTXAPP** to **33633** to get the BCBSTX app or download from your device's app store.



# MEDICAL COVERAGE

## Health Savings Account

You may be eligible to open a Health Savings Account (HSA) through **HSA Bank** if you enroll in Plan 1 – HDHP/HSA PPO. An HSA is a personal savings account which you can use to pay qualified out-of-pocket medical expenses with pretax dollars. The money in this account grows tax-free and as long as the funds are used to pay for qualified medical expenses, they are spent tax-free.

If you have unused dollars in your account at the end of the year, the balance will roll over to the following year. If you change health plans or jobs, the account is yours to keep.

### HSA Eligibility

You are eligible to open and contribute to an HSA if you:

- ▶ Are enrolled in an HSA-eligible HDHP (Plan 1 – HDHP/HSA PPO)
- ▶ Are not covered by other non-high deductible health plans, such as your spouse's health plan or a Health Care Flexible Spending Account
- ▶ Are not eligible to be claimed as a dependent on someone else's tax return
- ▶ Are not enrolled in Medicare or TRICARE
- ▶ Have not received Veterans Administration benefits

### Important Note

If you enroll in the HDHP/HSA PPO plan, you cannot participate in the Health Care FSA.

## Maximum Contributions

Contributions to your HSA may not exceed the annual maximum amount established by the IRS. The annual contribution maximum is based on the coverage option you elect. Employees age 55 and older may make an additional catch-up contribution of up to \$1,000 annually.

| 2021 HSA CONTRIBUTION LIMITS |         |
|------------------------------|---------|
| Individual                   | \$3,600 |
| Family (filing jointly)      | \$7,200 |

Once you are enrolled, you will receive a debit card from HSA Bank to manage your account reimbursements.

- ▶ Funds available for reimbursement are limited to the balance in your HSA.
- ▶ You are responsible for maintaining ALL records and receipts for HSA reimbursements in the event of an IRS audit.
- ▶ A list of eligible expenses is located in Publication 502 on the IRS website at [www.irs.gov](http://www.irs.gov).



### For More Information

**800-521-2227**

[www.bcbstx.com](http://www.bcbstx.com)



### For More Information

**800-357-6246**

[www.hsabank.com](http://www.hsabank.com)

## Medical Plan Summary

|  | PLAN 1<br>HDHP/HSA PPO |                | PLAN 2<br>\$1,500 PPO |                   | PLAN 3<br>\$750 PPO |                   |
|--|------------------------|----------------|-----------------------|-------------------|---------------------|-------------------|
|  | You Pay                |                | You Pay               |                   | You Pay             |                   |
|  | In-Network             | Out-of-Network | In-Network            | Out-of-Network    | In-Network          | Out-of-Network    |
| <b>Deductible</b>                          |                        |                |                       |                   |                     |                   |
| ‣ Individual                               | \$2,000                | \$3,500        | \$1,500               | \$3,000           | \$750               | \$1,000           |
| ‣ Family                                   | \$4,000                | \$7,000        | \$4,500               | \$9,000           | \$2,250             | \$3,000           |
| <b>Out-of-Pocket Maximum</b>               |                        |                |                       |                   |                     |                   |
| ‣ Individual                               | \$4,000                | \$7,000        | \$3,500               | \$8,000           | \$2,750             | \$5,000           |
| ‣ Family                                   | \$8,000                | \$14,000       | \$10,500              | \$24,000          | \$8,250             | \$15,000          |
| ‣ Lifetime Maximum Benefit                 | Unlimited              | Unlimited      | Unlimited             | Unlimited         | Unlimited           | Unlimited         |
| <b>Coinsurance / Copays</b>                |                        |                |                       |                   |                     |                   |
| <b>Preventive Care</b>                     | \$0                    | 40%*           | \$0                   | 40%*              | \$0                 | 30%*              |
| <b>Primary Care Physician</b>              | 20%*                   | 40%*           | \$25 copay            | 40%*              | \$20 copay          | 30%*              |
| <b>Specialist</b>                          | 20%*                   | 40%*           | \$50 copay            | 40%*              | \$30 copay          | 30%*              |
| <b>MDLIVE</b>                              | 20%*                   | N/A            | \$25 copay            | N/A               | \$20 copay          | N/A               |
| <b>Diagnostics X-ray and Lab</b>           | 20%*                   | 40%*           | \$0                   | 40%*              | \$0                 | 30%*              |
| <b>Urgent Care</b>                         | 20%*                   | 40%*           | \$75 copay            | 40%*              | \$30 copay          | 30%*              |
| <b>Emergency Room</b>                      | 20%*                   | 20%*           | \$250 copay + 20%     | \$250 copay + 20% | \$150 copay + 10%   | \$150 copay + 10% |
| <b>Inpatient Hospital Care</b>             | 20%*                   | 40%*           | 20%*                  | 40%*              | 10%*                | 30%*              |
| <b>Outpatient Surgery</b>                  | 20%*                   | 40%*           | 20%*                  | 40%*              | 10%*                | 30%*              |
| <b>Pharmacy</b>                            |                        |                |                       |                   |                     |                   |
| <b>Retail Rx – Up to 30-day supply</b>     |                        |                |                       |                   |                     |                   |
| <b>Generic</b>                             | 20%*                   | 20%*           | \$10 copay            | 20% after copay   | \$10 copay          | 20% after copay   |
| <b>Preferred Brand</b>                     | 20%*                   | 20%*           | \$35 copay            | 20% after copay   | \$25 copay          | 20% after copay   |
| <b>Non-Preferred Brand</b>                 | 20%*                   | 20%*           | \$60 copay            | 20% after copay   | \$40 copay          | 20% after copay   |
| <b>Mail Order Rx – Up to 90-day supply</b> |                        |                |                       |                   |                     |                   |
| <b>Generic</b>                             | 20%*                   | Not covered    | \$30 copay            | Not covered       | \$30 copay          | Not covered       |
| <b>Preferred Brand</b>                     | 20%*                   | Not covered    | \$105 copay           | Not covered       | \$75 copay          | Not covered       |
| <b>Non-Preferred Brand</b>                 | 20%*                   | Not covered    | \$180 copay           | Not covered       | \$120 copay         | Not covered       |

\* After deductible

When you use in-network providers, you receive benefits at the discounted network rates. If you use out-of-network providers, you will pay more for services.

# MEDICAL COVERAGE

## Health Care Options

Become familiar with your options for medical care. It will save you time and money.

### Non-Emergency Care

| VIRTUAL VISITS/TELEMEDICINE  | Symptoms  | Average Cost | Average Wait         |
|--|---|--------------|----------------------|
|  Access to care via phone, online video or mobile app whether you are home, work or traveling; medications can be prescribed<br><b>24 hours a day, 7 days a week</b> | <ul style="list-style-type: none"> <li>Allergies</li> <li>Cough/cold/flu</li> <li>Rash</li> <li>Stomachache</li> </ul>  | \$           | <b>2-5 minutes</b>   |
| DOCTOR'S OFFICE  | Symptoms  | Average Cost | Average Wait         |
|  Generally, the best place for routine preventive care; established relationship; able to treat based on medical history<br><b>Office hours vary</b>                | <ul style="list-style-type: none"> <li>Infections</li> <li>Sore and strep throat</li> <li>Vaccinations</li> <li>Minor injuries, sprains and strains</li> </ul>                      | \$           | <b>15-20 minutes</b> |
| RETAIL CLINIC  | Symptoms  | Average Cost | Average Wait         |
|  Usually lower out-of-pocket cost than urgent care; when you can't see your doctor; located in stores and pharmacies<br><b>Hours vary based on store hours</b>      | <ul style="list-style-type: none"> <li>Common infections</li> <li>Minor injuries</li> <li>Pregnancy tests</li> <li>Vaccinations</li> </ul>  | \$           | <b>15 minutes</b>    |
| URGENT CARE  | Symptoms  | Average Cost | Average Wait         |
|  When you need immediate attention; walk-in basis is usually accepted<br><b>Generally includes evening, weekend and holiday hours</b>                              | <ul style="list-style-type: none"> <li>Sprains and strains</li> <li>Minor broken bones</li> <li>Small cuts that may require stitches</li> <li>Minor burns and infections</li> </ul> | \$\$         | <b>15-30 minutes</b> |

### Emergency Care

| HOSPITAL ER   | Symptoms  | Average Cost | Average Wait    |
|---|---|--------------|-----------------|
|  Life-threatening or critical conditions; trauma treatment; multiple bills for doctor and facility<br><b>24 hours a day, 7 days a week</b>                       | <ul style="list-style-type: none"> <li>Chest pain</li> <li>Difficulty breathing</li> <li>Severe bleeding</li> <li>Blurred or sudden loss of vision</li> <li>Major broken bones</li> </ul> | \$\$\$\$     | <b>4+ hours</b> |
| FREESTANDING ER   | Symptoms  | Average Cost | Average Wait    |
|  Services do not include trauma care; can look similar to an urgent care center, but medical bills may be 10 times higher<br><b>24 hours a day, 7 days a week</b> | <ul style="list-style-type: none"> <li>Most major injuries except trauma</li> <li>Severe pain</li> </ul>  | \$\$\$\$\$\$ | <b>Minimal</b>  |

Note: Examples of symptoms are not inclusive of all health issues. Wait times described are only estimates. This information is not intended as medical advice. If you have questions, please call the phone number on the back of your medical ID card.

## MDLIVE

**MDLIVE** provides 24/7/365 access to U.S. board-certified therapists and doctors through the convenience of a phone, mobile device or computer. This is a great alternative to urgent care and emergency room visits.

| MDLIVE CONSULTATION COST |                       |                     |
|--------------------------|-----------------------|---------------------|
| PLAN 1<br>HDHP/HSA PPO   | PLAN 2<br>\$1,500 PPO | PLAN 3<br>\$750 PPO |
| 20% after deductible     | \$25 copay            | \$20 copay          |

MDLIVE doctors and therapists can treat many conditions, including:

- ▶ Cold and flu symptoms
- ▶ Allergies
- ▶ Urinary tract infections
- ▶ Respiratory infections
- ▶ Anxiety or depression
- ▶ Child behavior/learning issues

## Health Advocate

You have access to **Health Advocate**, your independent, personal health care advisor. The experts at Health Advocate are available to answer your questions and take on virtually any health care issue so you and your family get the right care at the right time. All at no cost to you.

**MDLIVE®**

For a Consultation

**888-680-8646**

[www.bcbstx.com](http://www.bcbstx.com) or BCBSTX app

**HealthAdvocate™**

For a Health Care Help

**866-695-8622**

[www.healthadvocate.com/members](http://www.healthadvocate.com/members)

Health Advocate App

## Expert Health Care Help

Personal Health Advocates can answer questions about your health plan, explain your insurance benefits and help you understand your coverage, locate doctors and support all medical and insurance issues, no matter how complex. They can:

- ▶ Support medical issues, from common to complex
- ▶ Answer questions about diagnoses and treatments
- ▶ Research the latest treatment options
- ▶ Coordinate services related to all aspects of your care
- ▶ Find the right in-network doctors and make appointments
- ▶ Coordinate second opinions and transfer medical records
- ▶ Research and locate elder care services
- ▶ Resolve insurance claims and medical billing issues

## Mobile App

Download the Health Advocate mobile app to your mobile device for quick, convenient access to health care help.



# DENTAL COVERAGE

Our DPPO dental plans through **Cigna** help you maintain good oral health through affordable options for preventive care, including regular checkups, orthodontic and other dental work. You may see any dentist and receive benefits. However, using Cigna DPPO network providers will save you money. If you see an out-of-network dentist, you will be responsible for the any amount over the contracted rate in addition to the applicable coinsurance.

Personalized ID cards will not be mailed to you. See page 30 for a generic ID card.

## Dental Plan Summary

| BASE PLAN  |         |
|--|---------|
| Calendar Year Deductible   | You Pay |
| <b>Individual</b>  | \$100   |
| <b>Family</b>  | \$300   |
| Calendar Year Progressive Maximum*   |         |
| <b>Per Person</b>  |         |
| ‣ Year 1   | \$1,250 |
| ‣ Year 2   | \$1,400 |
| ‣ Year 3   | \$1,550 |
| ‣ Year 4   | \$1,700 |
| Services   |         |
| <b>Preventive and Diagnostic Services</b><br>Oral Exams, Routine Cleanings, Bitewing X-rays, Full Mouth X-rays, Panoramic X-rays, Fluoride Applications, Sealants, Space Maintainers | \$0     |
| <b>Basic Services</b><br>Fillings, Simple Extractions, Anesthesia (general and IV sedation)  | 20%     |
| <b>Major Services</b><br>Oral Surgery, Complex Extractions, Bridges, Dentures, Reline/Rebase, Root Canal Therapy, Periodontics, Crown Repair/Recementation, Implants                 | 50%     |
| Orthodontics   |         |
| <b>Children and Adults</b>   | 50%     |
| <b>Lifetime Maximum Benefit</b>  | \$1,000 |



| BUY-UP PLAN  |         |
|--|---------|
| Calendar Year Deductible   | You Pay |
| <b>Individual</b>  | \$50    |
| <b>Family</b>  | \$150   |
| Calendar Year Progressive Maximum*   |         |
| <b>Per Person</b>  |         |
| ‣ Year 1   | \$1,750 |
| ‣ Year 2   | \$2,000 |
| ‣ Year 3   | \$2,250 |
| ‣ Year 4   | \$2,500 |
| Services   |         |
| <b>Preventive and Diagnostic Services</b><br>Oral Exams, Routine Cleanings, Bitewing X-rays, Full Mouth X-rays, Panoramic X-rays, Fluoride Applications, Sealants, Space Maintainers | \$0     |
| <b>Basic Services</b><br>Fillings, Oral Surgery, Simple Extractions, Anesthesia, Root Canal Therapy, Periodontics, Complex Extractions   | 20%     |
| <b>Major Services</b><br>Bridges, Dentures, Reline/Rebase, Crown Repair/Recementation, Inlays and Onlays, Implants   | 50%     |
| Orthodontics   |         |
| <b>Children and Adults</b>   | 50%     |
| <b>Lifetime Maximum Benefit</b>  | \$1,500 |

\* Progressive Maximum is contingent upon receiving preventive services in prior year(s). When you or your family members receive any preventive care service during a plan year, the annual dollar amount maximum will increase in the following plan year.

# VISION COVERAGE

The vision plan is designed to provide your basic eyewear needs and preserve your health and eyesight. In addition to detecting eye problems, vision exams can help identify certain medical conditions such as diabetes or high cholesterol. SitusAMC offers the opportunity to purchase vision coverage through **Cigna**. The plan covers regular visits to an optometrist or ophthalmologist to help you maintain your vision health. Under this plan, you may use the eyecare professional of your choice. However, you receive higher levels of coverage if you use a participating network provider.

Personalized ID cards will not be mailed to you, but a generic ID card is available in the member portal. See page 30 for a generic ID card.

## Vision Plan Summary

| VISION PLAN  |                       |  |
|--|-----------------------|--|
|  | In-Network<br>You Pay | Out-of-Network<br>Reimbursement Amount               |
| Benefit Frequency*   |                       |  |
| <b>Routine Eye Exam</b>  | Once every 12 months  | Once every 12 months                                 |
| <b>Lenses</b>  | Once every 12 months  | Once every 12 months                                 |
| <b>Frames</b>  | Once every 24 months  | Once every 24 months                                 |
| <b>Contact Lenses</b><br>In lieu of lenses and frames                            | Once every 12 months  | Once every 12 months                                 |
| Covered Services   |                       |  |
| <b>Routine Eye Exam</b>  | \$10 copay            | Up to \$45   |
| <b>Lenses</b><br>‣ Single<br>‣ Lined bifocal<br>‣ Lined trifocal<br>‣ Lenticular | \$25 copay            | Up to \$32<br>Up to \$55<br>Up to \$65<br>Up to \$80 |
| <b>Frames</b>  | Up to \$150           | Up to \$83   |
| <b>Contact Lenses</b>  | Up to \$150 allowance | Up to \$120  |
| Additional Services  |                       |  |
| <b>Standard Scratch Coating</b>  | \$25 copay            | Up to \$17   |
| <b>Standard Progressives</b>   | \$25 copay            | Up to \$65   |
| <b>Standard Anti-reflective Coating</b>  | \$25 copay            | Up to \$45   |
| <b>All Plastic Dye Tints</b>   | \$25 copay            | Up to \$17   |

\*Benefit frequency begins January 1.



### For More Information

877-478-7557

[www.mycigna.com](http://www.mycigna.com)

# FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to pay for certain health, dental, vision, dependent care and commuter expenses with pretax dollars, thereby saving you money by reducing your taxable income. When you enroll, you decide how much to set aside for each account. Estimate conservatively, as the IRS requires that you use the money in your account during the plan year or you will lose it. The FSAs are administered by **Discovery Benefits**.

## Important Note

If you enroll in Plan 1 – HDHP/HSA PPO, you cannot participate in the Health Care FSA.

|  | HEALTH CARE FSA   | DEPENDENT CARE FSA  | COMMUTER FSA   |
|--|---|---|--|
| <b>Eligible Expenses</b><br>A list of qualified expenses can be found on the IRS website at <a href="http://www.irs.gov">www.irs.gov</a> . | Most medical, dental and vision expenses not covered by the plans (such as copays, coinsurance, deductibles and doctor-prescribed over-the-counter medications) | Dependent care expenses (such as day care, after-school programs or elder care programs) so you and your spouse can work or attend school full-time | Parking and commuter expenses, including mass transit and van pooling          |
| <b>Contribution Limits</b>   | IRS limit   | \$5,000 per year (\$2,500 if married and filing separate tax returns)   | IRS limit for transit and IRS limit for parking expenses                       |
| <b>Debit Card</b>  | Available*  | Not available   | Available*   |
| <b>Claim Deadline</b>  | You must incur expenses by December 31 and claims must be submitted by March 31   | You must incur expenses by December 31 and claims must be submitted by March 31   | You must incur expenses by December 31 and claims must be submitted by June 30 |

\*The same debit card can be used for both Health FSA and Commuter FSA. New debit cards will not be issued unless your current debit card is expired. Please check the expiration date on your card to see when you should order a replacement card(s).

## Over-the-Counter Items

Health care reform legislation requires that certain over-the-counter (OTC) items require a prescription in order to be considered an eligible Health Care FSA expense. You will need to obtain a one-time prescription for the 2021 year.

You can continue to purchase your regular prescription medications with your FSA debit card.

## Save Your Receipts

FSAs are subject to IRS regulations and a possible audit. Please be sure to keep your documentation.



## For More Information

**866-451-3399**

Claims:

[www.discoverybenefits.com](http://www.discoverybenefits.com)

Email:

[customerservice@discoverybenefits.com](mailto:customerservice@discoverybenefits.com)

## FSA and HSA Comparison

|   | FSA  | HSA  |
|---|--|--|
| <b>Stands for</b>                               | Flexible Spending Account  | Health Savings Account   |
| <b>Who is eligible?</b>                         | Regular, full-time employees working an average of 30 hours per week.  | Employees enrolled in a high deductible health plan (HDHP) who do not have any other non-HDHP health plan, including coverage under Medicare, a spouse's health plan or Flexible Spending Account.   |
| <b>Contribution limits</b>                      | IRS limit  | Single coverage: \$3,600/ Families: \$7,200  |
| <b>Who owns the account?</b>                    | Employer   | You  |
| <b>Are contributions subject to income tax?</b> | No   | No   |
| <b>Does interest accrue?</b>                    | No   | Yes  |
| <b>Contributions</b>                            | Money is deducted (pretax) from your salary every pay period. Additional individual contributions are NOT allowed.   | Money is deducted (pretax) from your salary every pay period. Additional individual contributions ARE allowed.   |
| <b>Disbursement of funds</b>                    | The entire annual contribution amount is available from the beginning of the year, even if the account is not fully funded.  | Only funds paid in by you are available for health care expenses.  |
| <b>Catch-up contribution for older workers</b>  | No   | Yes. If you are age 55 to 65, you may contribute up to \$1,000 more to your account per year.  |
| <b>Portability and forfeiture</b>               | You lose any unspent money when employment is terminated.  | Your HSA balance is not forfeited when you change employers or health plans.   |
| <b>Expiration</b>                               | All money expires and is lost at the end of the year.  | Your money never expires.  |
| <b>Balance carry over (or rollover)</b>         | No. The "use it or lose it" provision applies.   | Yes. Unused funds are carried over to the following year.  |
| <b>Changes to contributions</b>                 | You can make a change for Qualifying Life Events such as a marriage, divorce, birth or during Open Enrollment.   | You can change your contribution on a monthly basis.   |
| <b>Eligible medical expenses</b>                | Qualified medical expenses are those specified in the plan that would generally qualify for the medical, dental and vision expenses deduction (e.g., copays, coinsurance, deductible, prescription drugs, braces, dental and eye care expenses). | Qualified medical expenses defined under IRC 213(d), except for amounts distributed to pay health insurance premiums. HSAs can be used to pay premiums for temporary continuation of coverage, long term care and health insurance for retirees. |
| <b>Non-medical expenses</b>                     | FSA funds cannot be used for non-medical expenses.   | HSA funds can be used for non-health care distributions but are included in gross income and subject to a 20% penalty if under age 65.   |
| <b>Proof of expenses required?</b>              | Yes. Keep your receipts in case you are subject to an IRS audit.   | No. However, you should be prepared to substantiate to the IRS that the expense has been incurred, the amount of the expense and its eligibility.  |

# LIFE AND AD&D INSURANCE

Life and Accidental Death and Dismemberment (AD&D) insurance is an important part of your financial security, especially if others depend on you for support. Coverage is provided through **Reliance Standard**.

## Basic Life and AD&D Coverage

SitusAMC provides Basic Life and AD&D insurance at no cost to you.

| BASIC LIFE AND AD&D      |   |
|--------------------------|---|
| Coverage For             | Coverage Provided   |
| <b>Employee Life</b>     | 1.5 × your base annual earnings to a maximum of \$800,000 |
| <b>Employee AD&amp;D</b> | 1.5 × your base annual earnings to a maximum of \$800,000 |



## Supplemental Life and AD&D Coverage

You may purchase additional Life and AD&D insurance. If you are applying after initial eligibility or you request a coverage amount over the Guarantee Issue amount, you must provide Evidence of Insurability (EOI) – proof of good health.

If you are a newly-eligible employee, you may purchase up to the Guarantee Issue amount without providing EOI.

You must elect Supplemental coverage for yourself in order to elect coverage for your spouse. You do not need to elect Supplemental coverage to elect coverage for your children.

| SUPPLEMENTAL LIFE AND AD&D |   |
|----------------------------|---|
| Coverage For               | Coverage Provided   |
| <b>Employee</b>            | <ul style="list-style-type: none"><li>‣ Available in increments of \$10,000 up to 5 × your annual base salary or \$500,000, whichever is less.</li><li>‣ New Hires Only: Guarantee issue amount is \$150,000 without providing EOI.</li></ul>       |
| <b>Spouse</b>              | <ul style="list-style-type: none"><li>‣ Available in increments of \$5,000 up to \$150,000 not to exceed 100% of Employee coverage.</li><li>‣ New Hires Only: Guarantee issue amount is \$50,000 without providing EOI (if under age 70).</li></ul> |
| <b>Child(ren)</b>          | <ul style="list-style-type: none"><li>‣ Available in increments of \$5,000 to a maximum of \$10,000 for children from 14 days to age 26.</li><li>‣ \$0 for children birth to 14 days.</li></ul>   |
| <b>Reduction Schedule</b>  | Life and AD&D benefits reduce by 50% of the original amount at age 70.  |

## Designating a Beneficiary

Designating a beneficiary ensures how your Life and AD&D insurance benefits are paid in case of your death. You can name more than one beneficiary and you can change beneficiaries at any time. If you name more than one beneficiary, identify the share for each.

# DISABILITY INSURANCE

Disability insurance replaces a portion of your income if you are injured or sick and cannot work. Coverage is provided at no cost to you through **Reliance Standard**.

Disability insurance is designed to cover a portion of your salary when you are unable to work due to an accident or sickness. STD and LTD benefits may be offset by any other income sources such as Social Security payments and state mandated short term disability. For a full list, review the Reliance Standard STD and/or LTD benefit booklet posted in SmartBen.

## Short Term Disability

Short Term Disability begins at the end of a 14-day elimination period for accident or sickness and continues up to 24 weeks. Sickness includes pregnancy, childbirth, miscarriage, abortion or any complications therefrom.

| SHORT TERM DISABILITY     |                             |
|---------------------------|-----------------------------|
| <b>Benefit</b>            | 60% of your weekly earnings |
| <b>Maximum Benefit</b>    | \$2,308 per week            |
| <b>Elimination Period</b> | 14 days                     |
| <b>Benefit Duration</b>   | Up to 24 weeks              |

## New York Residents

The company-paid Short Term Disability plan coordinates with any state mandated disability program. For employees in the state of New York, coverage will also be administered by **Reliance Standard**. The elimination period on this program is seven days and the benefits are paid up to 25 weeks. Disability must be related to a non-work related illness or injury.

| SHORT TERM DISABILITY     |                             |
|---------------------------|-----------------------------|
| New York                  |                             |
| <b>Benefit</b>            | 50% of your weekly earnings |
| <b>Maximum Benefit</b>    | \$170 per week              |
| <b>Elimination Period</b> | 7 days                      |
| <b>Benefit Duration</b>   | Up to 25 weeks              |

## Long Term Disability

Long Term Disability replaces a portion of your income in the event of long term sickness or injury. Benefits begin after a 180 day elimination period and continue up to Social Security Normal Retirement Age (SSNRA). If you earn more than \$200,000 per year, you may purchase additional Long Term Disability (Buy-up Plan).

| LONG TERM DISABILITY      |   |
|---------------------------|---|
| Base Plan                 |   |
| <b>Benefit</b>            | 60% of your monthly earnings                |
| <b>Maximum Benefit</b>    | \$10,000 per month                          |
| <b>Elimination Period</b> | 180 days                                    |
| <b>Benefit Duration</b>   | Up to Social Security Normal Retirement Age |
| Buy-up Plan               |   |
| <b>Benefit</b>            | 60% of your monthly earnings                |
| <b>Maximum Benefit</b>    | \$5,000 per month                           |
| <b>Elimination Period</b> | 180 days                                    |
| <b>Benefit Duration</b>   | Up to Social Security Normal Retirement Age |

**RELIANCE STANDARD**

A MEMBER OF THE TOKIO MARINE GROUP

For More Information

**800-351-7500**

[www.reliancestandard.com](http://www.reliancestandard.com)

Claims hotline:

**855-469-3652**

Claims information website:

[www.matrixabsence.com](http://www.matrixabsence.com)

# SUPPLEMENTAL BENEFITS

Additional benefits are available to you and your family through **Reliance Standard**. These programs are offered on a group basis with payroll deduction options that allow the cost to be much lower than you would pay if purchased on your own.

## Accident Insurance

Accident insurance benefits are paid direct to you based on a fixed schedule that includes benefits for hospitalization, fractures and dislocations, emergency room visits, major diagnostic exams, physical therapy and more.

## Critical Illness Insurance

Critical Illness insurance pays a fixed benefit if you are diagnosed with a covered critical illness. It helps cover costs such as lost income, child care, travel to and from treatment, high deductibles and copays, out-of-network care and alternative treatments. Benefits can be paid direct to you when you or a covered family member is diagnosed with conditions such as:

- ▶ Cancer
- ▶ Heart attack
- ▶ Stroke
- ▶ Major organ transplant

Coverage is available to you and your spouse. In addition, children are covered at 50% of the primary insurance benefit.



### For More Information

800-351-7500

[www.reliancestandard.com](http://www.reliancestandard.com)

## Legal Plan

You have access to a group legal plan available through **Hyatt Legal Plans**. An affordable attorney provides telephone or in-person advice on a number of personal legal matters as well as representation for a variety of legal services, such as:

- ▶ Estate planning documents, including Wills and Trusts
- ▶ Identity theft defense
- ▶ Financial matters, such as debt-collection defense
- ▶ Traffic offenses
- ▶ Family law, including adoption and name change



### For More Information

800-821-6400

[info.legalplans.com](mailto:info.legalplans.com)

## Employee Assistance Program (EAP)

This company paid plan administered by **Reliance Standard** and **ACI Specialty Benefits** is available to all benefits eligible employees. The EAP is a professional, confidential program can help you deal with personal issues and problems that could affect your health, relationships with others or job performance. Contact them any time of day or night to talk to a licensed clinical counselor who can help you address any concerns. They can also refer you to other resources. The program provides **three face-to-face counseling visits per issue per year**, as well as unlimited phone support. A work-life assistance plan is available that offers support from child care to consumer education and limited legal and financial services are also available.



### Confidential Assistance

855-RSL-HELP (855-775-4357)

<http://rsli.acieap.com>

[rsli@acieap.com](mailto:rsli@acieap.com)

## 24-Hour Travel Assistance Services

Through your group coverage with **Reliance Standard**, you automatically receive travel assistance services provided by **On Call International**. Whether you need help with an illness or injury, lost passport, missing luggage or even a prescription refill, you (and your covered dependents) have access to personal travel emergency help anytime you are more than 100 miles away from home. On Call is a 24-hour, toll-free service that provides a comprehensive range of information, referral coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may encounter when traveling. On Call also offers assistance with passport and visa requirements, foreign currency and weather information.



### For More Information

U.S.: toll free **800-456-3893**

Worldwide:

collect **603-328-1966**

[www.reliancestandard.com](http://www.reliancestandard.com)

## Pet Insurance

SitusAMC offers you the opportunity to purchase pet insurance. **ASPCA Pet Health Insurance** provides benefits for veterinary treatments related to accidents and illnesses, including cancer. You can choose the care you want when your pet is hurt or sick and take comfort in knowing you have coverage. Customize your coverage for accidents, illnesses, cancer, dental disease, hereditary conditions or behavioral issues. You can pick the following:

- ▶ **Annual Limit** – \$5,000 to unlimited
- ▶ **Deductible** – \$100, \$250 or \$500 to be satisfied once during a 12-month period
- ▶ **Add Preventive Care** – Reimbursement for vaccines, dental cleanings and screenings
- ▶ **Select Accident Only Coverage** – Care due to accidents only

Plans are simple to use. You just pay your vet bill, submit your claim and get reimbursed. You can visit any vet, specialist or emergency care clinic of your choice. You can also choose to receive reimbursement via mail or direct deposit.

To get a customized quote and to enroll, call **877-343-5314** or go to [www.aspcapetinsurance.com/situsamc](http://www.aspcapetinsurance.com/situsamc). Use priority code **EB19SitusAMC**.



### For More Information

**877-343-5314**

[www.aspcapetinsurance.com/situsamc](http://www.aspcapetinsurance.com/situsamc)

# RETIREMENT PLAN

## 401(k)

SitusAMC sponsors a 401(k) plan through [T. Rowe Price](#) to help you save for retirement. You are eligible to contribute to the plan the first day of the month after your hire date.

You may contribute on both a pretax and a Roth (post-tax) basis up to the dollar limits allowable by the IRS. If you do not make your own deferral election or opt out within 60 days, you will be automatically enrolled with a 3% pretax deferral election. In addition, your deferral elections will automatically increase annually by 1% on April 1. The company matches your deferral contribution up to 2% of your eligible compensation (base salary, bonus and overtime if applicable).

You are always 100% vested in all money you contribute to the plan. Any contributions SitusAMC makes on your behalf, such as the match, is subject to a vesting schedule. For each year of service you accumulate, you gain a 25% vested interest in the matching contribution in your account. Once you have reached four years of service, you will be 100% vested.

The plan offers you a diverse variety of mutual fund options from which to choose. All amounts contributed to the plan are invested according to your elections in one or more of the many investment options available. If you do not make an investment decision, you will be defaulted into the appropriate T. Rowe Price Retirement Date fund that corresponds to your retirement date.

To make changes or to view your account, visit [rps.troweprice.com](#) or call [800-922-9945](#). Representatives are available to assist you on business days from 7:00 a.m. – 10:00 p.m. ET.

| 401(K) VESTING SCHEDULE |                    |
|-------------------------|--------------------|
| Years of Service        | Vesting Percentage |
| 1                       | 25%                |
| 2                       | 50%                |
| 3                       | 75%                |
| 4                       | 100%               |



**T.RowePrice®**

For More Information

**800-922-9945**

[rps.troweprice.com](http://rps.troweprice.com)

# REQUIRED NOTICES

## Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- 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; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

## Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

### **Loss of Other Coverage or Becoming Eligible for Medicaid or a state Children's Health Insurance Program (CHIP)**

If you are declining coverage for yourself or your dependents because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must enroll within 31 days after your or your dependents' other coverage ends (or after the employer that sponsors that coverage stops contributing toward the other coverage).

If you or your dependents lose eligibility under a Medicaid plan or CHIP, or if you or your dependents become eligible for a subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents in this plan. You must provide notification within 60 days after you or your dependent is terminated from, or determined to be eligible for, such assistance.

### **Marriage, Birth or Adoption**

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 31 days after the marriage, birth, or placement for adoption.

### **For More Information or Assistance**

To request special enrollment or obtain more information, contact:

SitusAMC Holdings Corp.  
Human Resources  
5065 Westheimer, Suite 700E  
Houston, TX 77056  
713-328-4336

## 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 SitusAMC Holdings Corp. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to enroll in a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage through a Medicare Prescription Drug Plan or a Medicare Advantage Plan that offers prescription drug coverage. All Medicare prescription 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.

# REQUIRED NOTICES

2. SitusAMC Holdings Corp. has determined that the prescription drug coverage offered by the SitusAMC Holdings Corp. medical plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare prescription drug plan, as long as you later enroll within specific time periods.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare. If you decide to wait to enroll in a Medicare prescription drug plan, you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7 but as a general rule, if you delay your enrollment in Medicare Part D after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. See the Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting SitusAMC Holdings Corp. at the phone number or address listed at the end of this section.

If you choose to enroll in a Medicare prescription drug plan and cancel your current SitusAMC Holdings Corp. prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage, you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

If you cancel or lose your current coverage and do not have prescription drug coverage for 63 days or longer prior to enrolling in the Medicare prescription drug coverage, your monthly premium will be at least 1% per month greater for every month that you did not have coverage for as long as you have Medicare prescription drug coverage. For example, if nineteen months lapse without coverage, your premium will always be at least 19% higher than it would have been without the lapse in coverage.

**For more information about this notice or your current prescription drug coverage:**

Contact the Human Resources Department at **713-328-4336**.

**NOTE:** You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You may also request a copy.

**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 will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://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 **877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at [www.socialsecurity.gov](http://www.socialsecurity.gov), or you can call them at **800-772-1213**. TTY users should call **800-325-0778**.

**Remember:** Keep this Creditable Coverage notice. If you enroll in one of the new plans approved by Medicare which offer prescription drug coverage, 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 whether or not you are required to pay a higher premium (a penalty).

January 1, 2021  
SitusAMC Holdings Corp.  
Human Resources  
5065 Westheimer, Suite 700E  
Houston, TX 77056  
713-328-4336

# Notice of HIPAA Privacy Practices

**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.**

**Effective Date of Notice: September 23, 2013**

SitusAMC Holdings Corp.'s Plan is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. the Plan's uses and disclosures of Protected Health Information (PHI);
2. your privacy rights with respect to your PHI;
3. the Plan's duties with respect to your PHI;
4. your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services; and
5. the person or office to contact for further information about the Plan's privacy practices.

The term "Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, electronic).

## **Section 1 – Notice of PHI Uses and Disclosures**

### **Required PHI Uses and Disclosures**

Upon your request, the Plan is required to give you access to your PHI in order to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the Plan's compliance with the privacy regulations.

### **Uses and disclosures to carry out treatment, payment and health care operations.**

The Plan and its business associates will use PHI without your authorization to carry out treatment, payment and health care operations. The Plan and its business associates (and any health insurers providing benefits to Plan participants) may also disclose the following to the Plan's Board of Trustees: (1) PHI for purposes related to Plan administration (payment and health care operations); (2) summary health information for purposes of health or stop loss insurance underwriting or for purposes of modifying the Plan; and (3) enrollment information (whether an individual is eligible for benefits under the Plan). The Trustees have amended the Plan to protect your PHI as required by federal law.

**Treatment** is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers.

For example, the Plan may disclose to a treating physician the name of your treating radiologist so that the physician may ask for your X-rays from the treating radiologist.

**Payment** includes but is not limited to actions to make coverage determinations and payment (including billing, claims processing, subrogation, reviews for medical necessity and appropriateness of care, utilization review and preauthorizations).

For example, the Plan may tell a treating doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

**Health care operations** include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. However, no genetic information can be used or disclosed for underwriting purposes.

For example, the Plan may use information to project future benefit costs or audit the accuracy of its claims processing functions.

### **Uses and disclosures that require that you be given an opportunity to agree or disagree prior to the use or release.**

Unless you object, the Plan may provide relevant portions of your protected health information to a family member, friend or other person you indicate is involved in your health care or in helping you receive payment for your health care. Also, if you are not capable of agreeing or objecting to these disclosures because of, for instance, an emergency situation, the Plan will disclose protected health information (as the Plan determines) in your best interest. After the emergency, the Plan will give you the opportunity to object to future disclosures to family and friends.

# REQUIRED NOTICES

## Uses and disclosures for which your consent, authorization or opportunity to object is not required.

The Plan is allowed to use and disclose your PHI without your authorization under the following circumstances:

1. For treatment, payment and health care operations.
2. Enrollment information can be provided to the Trustees.
3. Summary health information can be provided to the Trustees for the purposes designated above.
4. When required by law.
5. When permitted for purposes of public health activities, including when necessary to report product defects and to permit product recalls. PHI may also be disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if required by law.
6. When required by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In which case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.
7. The Plan may disclose your PHI to a public health oversight agency for oversight activities required by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
8. The Plan may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request.
9. When required for law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the Plan is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Plan's best judgment.
10. When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
11. When consistent with applicable law and standards of ethical conduct if the Plan, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
12. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization.

## Uses and disclosures that require your written authorization.

Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, the Plan will not use or disclose your psychiatric notes; the Plan will not use or disclose your protected health information for marketing; and the Plan will not sell your protected health information, unless you provide a written authorization to do so. You may revoke written authorizations at any time, so long as the revocation is in writing. Once the Plan receives your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

## **Section 2 – Rights of Individuals**

### **Right to Request Restrictions on Uses and Disclosures of PHI**

You may request the Plan to restrict the uses and disclosures of your PHI. However, the Plan is not required to agree to your request (except that the Plan must comply with your request to restrict a disclosure of your confidential information for payment or health care operations if you paid for the services to which the information relates in full, out of pocket).

You or your personal representative will be required to submit a written request to exercise this right. Such requests should be made to the Plan's Privacy Official.

### **Right to Request Confidential Communications**

The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations if necessary to prevent a disclosure that could endanger you.

You or your personal representative will be required to submit a written request to exercise this right.

Such requests should be made to the Plan's Privacy Official.

### **Right to Inspect and Copy PHI**

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Plan maintains the PHI. If the information you request is in an electronic designated record set, you may request that these records be transmitted electronically to yourself or a designated individual.

### **Protected Health Information (PHI)**

Includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form.

### **Designated Record Set**

Includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for the Plan; or other information used in whole or in part by or for the Plan to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained off site. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to submit a written request to request access to the PHI in your designated record set. Such requests should be made to the Plan's Privacy Official.

If access is denied, you or your personal representative will be provided with a written denial, setting forth the basis for the denial, a description of how you may appeal the Plan's decision and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

The Plan may charge a reasonable, cost-based fee for copying records at your request.

### **Right to Amend PHI**

You have the right to request the Plan to amend your PHI or a record about you in your designated record set for as long as the PHI is maintained in the designated record set.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Such requests should be made to the Plan's Privacy Official.

You or your personal representative will be required to submit a written request to request amendment of the PHI in your designated record set.

### **Right to Receive an Accounting of PHI Disclosures**

At your request, the Plan will also provide you an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting will not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; (3) pursuant to your authorization; (4) prior to April 14, 2003; and (5) where otherwise permissible under the law and the Plan's privacy practices. In addition, the Plan need not account for certain incidental disclosures.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

# REQUIRED NOTICES

If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

Such requests should be made to the Plan's Privacy Official.

## Right to Receive a Paper Copy of This Notice Upon Request

You have the right to obtain a paper copy of this Notice. Such requests should be made to the Plan's Privacy Official.

## A Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

1. a power of attorney for health care purposes;
2. a court order of appointment of the person as the conservator or guardian of the individual; or
3. an individual who is the parent of an unemancipated minor child may generally act as the child's personal representative (subject to state law).

The Plan retains discretion to deny access to your PHI by a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

## Section 3 – The Plan's Duties

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of the Plan's legal duties and privacy practices.

This Notice is effective September 23, 2013, and the Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice is changed, a revised version of this Notice will be provided to all participants for whom the Plan still maintains PHI. The revised Notice will be distributed in the same manner as the initial Notice was provided or in any other permissible manner.

If the revised version of this Notice is posted, you will also receive a copy of the Notice or information about any material change and how to receive a copy of the Notice in the Plan's next annual mailing. Otherwise, the revised version of this Notice will be distributed within 60 days of the effective date of any material change to the Plan's policies regarding the uses or disclosures of PHI, the individual's privacy rights, the duties of the Plan or other privacy practices stated in this Notice.

## Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. When required by law, the Plan will restrict disclosures to the limited data set, or otherwise as necessary, to the minimum necessary information to accomplish the intended purpose.

However, the minimum necessary standard will not apply in the following situations:

1. disclosures to or requests by a health care provider for treatment;
2. uses or disclosures made to the individual;
3. disclosures made to the Secretary of the U.S. Department of Health and Human Services;
4. uses or disclosures that are required by law; and
5. uses or disclosures that are required for the Plan's compliance with legal regulations.

## De-Identified Information

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

## Summary Health Information

The Plan may disclose "summary health information" to the Trustees for obtaining insurance premium bids or modifying, amending or terminating the Plan. "Summary health information" summarizes the claims history, claims expenses or type of claims experienced by participants and excludes identifying information in accordance with HIPAA.

## Notification of Breach

The Plan is required by law to maintain the privacy of participants' PHI and to provide individuals with notice of its legal duties and privacy practices. In the event of a breach of unsecured PHI, the Plan will notify affected individuals of the breach.

## Section 4 – Your Right to File a Complaint With the Plan or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to the Plan. Such complaints should be made to the Plan's Privacy Official.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, D.C. 20201. The Plan will not retaliate against you for filing a complaint.

#### **Section 5 – Whom to Contact at the Plan for More Information**

If you have any questions regarding this notice or the subjects addressed in it, you may contact the Plan's Privacy Official. Such questions should be directed to the Plan's Privacy Official at:

SitusAMC Holdings Corp.  
Human Resources  
5065 Westheimer, Suite 700E  
Houston, TX 77056  
713-328-4336

#### **Conclusion**

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. The Plan intends to comply with these regulations. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

## **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 are 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 are not eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed, 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 go to [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can 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 are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2020. Contact your State for more information on eligibility.**

| ALABAMA – MEDICAID  |
|---|
| Website: <a href="http://www.myalhipp.com/">http://www.myalhipp.com/</a><br>Phone: 1-855-692-5447   |
| ALASKA – MEDICAID   |
| The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br><a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>   |
| ARKANSAS – MEDICAID   |
| Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br>Phone: 1-855-MyARHIPP (1-855-692-7447)  |
| CALIFORNIA– MEDICAID  |
| Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a><br>Phone: 1-800-541-5555/FAX: 916-440-5676   |
| COLORADO – MEDICAID AND CHIP  |
| Health First Colorado (Medicaid) website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br><a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a><br>HIBI Customer Service: 1-855-692-6442 |
| FLORIDA – MEDICAID  |
| Website: <a href="https://www.flmedicaidtplrecovery.com/">https://www.flmedicaidtplrecovery.com/</a><br><a href="http://flmedicaidtplrecovery.com/hipp/index.html">flmedicaidtplrecovery.com/hipp/index.html</a><br>Phone: 1-877-357-3268   |

# REQUIRED NOTICES

|  |   |
|--|---|
| <b>GEORGIA – MEDICAID</b>  | <b>MINNESOTA – MEDICAID</b>   |
| Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br>Phone: 678-564-1162 ext. 2131  | Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a><br>Phone: 1-800-657-3739           |
| <b>INDIANA – MEDICAID</b>  | <b>MISSOURI – MEDICAID</b>  |
| Healthy Indiana Plan for low-income adults 19-64<br>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a><br>Phone: 1-800-403-0864/1-800-457-4584  | Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br>Phone: 573-751-2005   |
| <b>IOWA – MEDICAID AND CHIP</b>  | <b>MONTANA – MEDICAID</b>   |
| Medicaid Website:<br><a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br><a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br>Hawki Phone: 1-800-257-8563   | Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br>Phone: 1-800-694-3084   |
| <b>KANSAS – MEDICAID</b>   | <b>NEBRASKA – MEDICAID</b>  |
| Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a><br>Phone: 1-800-792-4884  | Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178   |
| <b>KENTUCKY – MEDICAID</b>   | <b>NEVADA – MEDICAID</b>  |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br><a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a><br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> | Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a><br>Phone: 1-800-992-0900   |
| <b>LOUISIANA – MEDICAID</b>  | <b>NEW HAMPSHIRE – MEDICAID</b>   |
| Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)   | Website: <a href="http://www.dhhs.nh.gov/oi/hipp.htm">http://www.dhhs.nh.gov/oi/hipp.htm</a><br>Phone: 603-271-5218<br>Toll free number HIPP program: 1-800-852-3345 ext.5218   |
| <b>MAINE – MEDICAID</b>  | <b>NEW JERSEY – MEDICAID AND CHIP</b>   |
| Website: <a href="http://www.maine.gov/dhhs/ofi/applications-forms">http://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br><a href="http://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a><br>Phone: 800-977-6740 TTY: Maine Relay 711   | Medicaid Website:<br><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br>Medicaid Phone: 609-631-2392<br>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br>CHIP Phone: 1-800-701-0710 |
| <b>MASSACHUSETTS – MEDICAID</b>  | <b>NEW YORK – MEDICAID</b>  |
| Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a><br>Phone: 1-800-862-4840  | Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a><br>Phone: 1-800-541-2831   |
| <b>NORTH CAROLINA – MEDICAID</b>   | <b>NORTH DAKOTA – MEDICAID</b>  |
|  | Website: <a href="https://medicaid.ncdhrs.gov">https://medicaid.ncdhrs.gov</a><br>Phone: 919-855-4100   |
| <b>OKLAHOMA – MEDICAID</b>   | <b>NORTH DAKOTA – MEDICAID</b>  |
|  | Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br>Phone: 1-844-854-4825   |
|  | Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br>Phone: 1-888-365-3742   |

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|--|---|
| OREGON – MEDICAID  | WISCONSIN – MEDICAID AND CHIP   |
| Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a><br>Phone: 1-800-699-9075 | Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002   |
| PENNSYLVANIA – MEDICAID  | WYOMING – MEDICAID  |
| Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a><br>Phone: 1-800-692-7462  | Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269             |
| RHODE ISLAND – MEDICAID AND CHIP   | To see if any other States have added a premium assistance program since <b>July 31, 2020</b> , or for more information on special enrollment rights, you can contact either:                               |
| Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 855-697-4347 or 401-462-0311 (Direct RIte Share Line)   | U.S. Department of Labor<br>Employee Benefits Security Administration<br><b><a href="http://www.dol.gov/agencies/ebsa">www.dol.gov/agencies/ebsa</a></b><br><b>1-866-444-EBSA (3272)</b>                    |
| SOUTH CAROLINA – MEDICAID  | U.S. Department of Health and Human Services<br>Centers for Medicare & Medicaid Services<br><b><a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a></b><br><b>1-877-267-2323, Menu Option 4, Ext. 61565</b> |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820  |   |
| SOUTH DAKOTA - MEDICAID  |   |
| Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a><br>Phone: 1-888-828-0059  |   |
| TEXAS – MEDICAID   |   |
| Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br>Phone: 1-800-440-0493  |   |
| UTAH – MEDICAID AND CHIP   |   |
| Medicaid Website: <a href="https://medicaid.utah.gov">https://medicaid.utah.gov</a><br>CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br>Phone: 1-877-543-7669  |   |
| VERMONT- MEDICAID  |   |
| Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br>Phone: 1-800-250-8427  |   |
| VIRGINIA – MEDICAID  |   |
| Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a><br>Medicaid Phone: 1-800-432-5924<br>CHIP Phone: 1-855-242-8282   |   |
| WASHINGTON – MEDICAID  |   |
| Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br>Phone: 1-800-562-3022  |   |
| WEST VIRGINIA – MEDICAID   |   |
| Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Toll Free Phone: 1-855-MyWVHIPP (1-855-699-8447)   | SitusAMC Holdings Corp.<br>Human Resources<br>5065 Westheimer, Suite 700E<br>Houston, TX 77056<br>713-328-4336  |

## Continuation of Coverage Rights Under COBRA

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), if you are covered under the SitusAMC Holdings Corp. group health plan you and your eligible dependents may be entitled to continue your group health benefits coverage under the SitusAMC Holdings Corp. plan after you have left employment with the company. If you wish to elect COBRA coverage, contact your Human Resources Department for the applicable deadlines to elect coverage and pay the initial premium.

### Plan Contact Information

SitusAMC Holdings Corp.  
Human Resources  
5065 Westheimer, Suite 700E  
Houston, TX 77056  
713-328-4336

# ID CARDS

Personal ID cards for Dental and Vision will not be mailed to homes. You can download a generic ID card online or use the cards on this page.

**Total Cigna DPPO**  
Cigna Health and Life Insurance Company



**SitusAMC Holdings Corp**  
Participant Name:  
Participant Number: Use Cigna ID  
Dependent Name:

To find a network dentist or verify coverage call toll free:

1.800.Cigna24 or 1.800.244.5224

Cigna Dental  
P.O. Box 188037  
Chattanooga, TN 37422-8037

Insured Plan ID:  
3343014

Adrenaline, LLC

Cigna Vision



CIGNA Health and Life Insurance Company

Customer ID:

Account No: 3343014

Customer Service Toll-Free: 1.877.478.7557

Find a Doctor: Visit myCigna.com, click the link on your Vision Coverage page or cigna.com; Provider Directory, click on Vision.

**RELIANCE STANDARD**

A MEMBER OF THE TOKIO MARINE GROUP



employee assistance

Your employee assistance program  
is only a phone call away!  
Toll-free: **855-RSL-HELP**  
(855-775-4357)  
[rsl.eacleap.com](http://rsl.eacleap.com)  
<http://rsl.acleap.com>

Help with personal  
problems, financial and  
legal difficulties, child  
care, elder care and  
many other issues.

RE-2512 (01/2014)

**24-Hour Travel Assistance**

On Call International provided through Reliance Standard



In the U.S., toll free  
**(800) 456-3893**



Worldwide, collect  
**(603) 328-1966**

Administered By



**RELIANCE STANDARD**

A MEMBER OF THE TOKIO MARINE GROUP

For emergency medical, legal and travel assistance information and  
referral service 24 hours a day, 365 days a year, call the numbers below.  
To place a collect call, dial the INTERNATIONAL COUNTRY CODE  
followed by On Call's collect call number

# IMPORTANT CONTACTS

| BENEFIT  | CARRIER   | POLICY NUMBER   | PHONE   | WEBSITE/EMAIL   |
|--|---|---|---|---|
| <b>Medical</b>                                 | BCBSTX  | Plan 1 – 219701<br>Plans 2 & 3 – 219653                   | 800-521-2227  | <a href="http://www.bcbstx.com">www.bcbstx.com</a>  |
| <b>Health Savings Account</b>                  | HSA Bank  | N/A   | 800-357-6246  | <a href="http://www.hsabank.com">www.hsabank.com</a>  |
| <b>Telemedicine</b>                            | MDLIVE  | N/A   | 888-680-8646  | <a href="http://www.bcbstx.com">www.bcbstx.com</a>  |
| <b>Health Care Advisor</b>                     | Health Advocate   | N/A   | 866-695-8622  | <a href="http://www.healthadvocate.com/members">www.healthadvocate.com/members</a>  |
| <b>Dental</b>                                  | Cigna   | 3343014   | 800-244-6224  | <a href="http://www.mycigna.com">www.mycigna.com</a>  |
| <b>Vision</b>                                  | Cigna   | 3343014   | 877-478-7557  | <a href="http://www.mycigna.com">www.mycigna.com</a>  |
| <b>Flexible Spending Accounts and Commuter</b> | Discovery Benefits  | N/A   | 866-451-3399  | <a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a><br><a href="mailto:customerservice@discoverybenefits.com">customerservice@discoverybenefits.com</a>    |
| <b>Life and AD&amp;D</b>                       | Reliance Standard   | Basic – GL158159<br>Supplemental<br>Dependent – VAR207651 | 800-351-7500  | <a href="http://www.reliancestandard.com">www.reliancestandard.com</a>  |
| <b>Disability</b>                              | Reliance Standard   | STD – 165795<br>STD NY – DBL252236<br>LTD – 129126        | 800-351-7500<br>Claims:<br>855-469-3652                               | <a href="http://www.reliancestandard.com">www.reliancestandard.com</a><br>Claims: <a href="http://www.matrixabsence.com">www.matrixabsence.com</a>                              |
| <b>Accident and Critical Illness Insurance</b> | Reliance Standard   | N/A   | 800-351-7500  | <a href="http://www.reliancestandard.com">www.reliancestandard.com</a>  |
| <b>Legal Services</b>                          | Hyatt Legal   | Access code 9902958                                       | 800-821-6400  | <a href="http://info.legalplans.com">info.legalplans.com</a>  |
| <b>Employee Assistance Program</b>             | Reliance Standard/ACI Specialty Benefits                                  | N/A   | 855-RSL-HELP (855-775-4357)   | <a href="http://rsli.acieap.com">http://rsli.acieap.com</a><br><a href="mailto:rsli@acieap.com">rsli@acieap.com</a>   |
| <b>Travel Assistance</b>                       | Reliance Standard/On Call International                                   | N/A   | U.S. (toll-free)<br>800-456-3893<br>Worldwide collect<br>603-328-1966 | <a href="http://www.reliancestandard.com">www.reliancestandard.com</a>  |
| <b>Pet Insurance</b>                           | ASPCA   | Priority code EB19SitusAMC                                | 877-343-5314  | <a href="http://www.aspcapetinsurance.com/situsamc">www.aspcapetinsurance.com/situsamc</a>  |
| <b>Retirement</b>                              | T. Rowe Price   | N/A   | 800-922-9945  | <a href="http://rps.troweprice.com">rps.troweprice.com</a>  |
| <b>Human Resources</b>                         | SitusAMC Benefits Team  | N/A   | 866-695-8622  | <a href="mailto:benefitshelpdesk@situsamc.com">benefitshelpdesk@situsamc.com</a>  |
| <b>Benefit Questions</b>                       | SmartBen Assist   | N/A   | 855-270-2373  | <a href="https://situsamc.smartben.net">https://situsamc.smartben.net</a><br><a href="mailto:situsamcbenefitteam@smartbenassist.com">situsamcbenefitteam@smartbenassist.com</a> |
| Benefits Enrollment                            | <a href="https://situsamc.smartben.net">https://situsamc.smartben.net</a> |   |   |   |



HIGGINBOTHAM™

This brochure highlights the main features of the SitusAMC Holdings Corp. Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. SitusAMC Holdings Corp. reserves the right to change or discontinue its employee benefits plans at any time.

# EMPLOYEE CONTRIBUTIONS

Situs knows how important good benefits are to you and your family. We strive to attract and retain the best talent, which is why offering high-quality benefits programs that provide choice, flexibility and financial protection remains among our highest priorities. We are committed to continuing this path for 2021 by paying the large majority of employees' insurance premiums.

**Spousal Surcharge – Effective January 1, 2021,** employees with spouses who enroll in the medical plan and are eligible for medical coverage through their own employer group health plan will be assessed a \$200 monthly surcharge (\$100 per pay period). The surcharge is intended to encourage people who have coverage available at another company to take advantage of that coverage.

| CONTRIBUTIONS                        |                                    |                                       |   |
|--------------------------------------|------------------------------------|---------------------------------------|---|
|                                      | Total Monthly Premium <sup>1</sup> | Employee Monthly Premium <sup>1</sup> | Employee Per Pay Period <sup>2</sup> Premium <sup>1</sup> |
| <b>Medical Plan 1 – HDHP/HSA PPO</b> |                                    |                                       |   |
| <b>Employee Only</b>                 | \$515.86                           | \$53.74                               | \$26.87   |
| <b>Employee + Spouse</b>             | \$1,083.31                         | \$112.85                              | \$56.43   |
| <b>Employee + Child(ren)</b>         | \$1,005.93                         | \$104.79                              | \$52.40   |
| <b>Employee + Family</b>             | \$1,599.17                         | \$166.60                              | \$83.30   |
| <b>Medical Plan 2 – \$1,500 PPO</b>  |                                    |                                       |   |
| <b>Employee Only</b>                 | \$576.94                           | \$116.69                              | \$58.35   |
| <b>Employee + Spouse</b>             | \$1,211.57                         | \$245.05                              | \$122.53  |
| <b>Employee + Child(ren)</b>         | \$1,125.03                         | \$227.55                              | \$113.78  |
| <b>Employee + Family</b>             | \$1,788.51                         | \$361.75                              | \$180.87  |
| <b>Medical Plan 3 – \$750 PPO</b>    |                                    |                                       |   |
| <b>Employee Only</b>                 | \$618.30                           | \$159.32                              | \$79.66   |
| <b>Employee + Spouse</b>             | \$1,298.43                         | \$334.58                              | \$167.29  |
| <b>Employee + Child(ren)</b>         | \$1,205.68                         | \$310.68                              | \$155.34  |
| <b>Employee + Family</b>             | \$1,916.72                         | \$493.90                              | \$246.95  |
| <b>Dental – Base Plan</b>            |                                    |                                       |   |
| <b>Employee Only</b>                 | \$24.96                            | \$0.00                                | \$0.00  |
| <b>Employee + Spouse</b>             | \$49.78                            | \$24.21                               | \$12.11   |
| <b>Employee + Child(ren)</b>         | \$68.39                            | \$42.36                               | \$21.18   |
| <b>Employee + Family</b>             | \$98.36                            | \$71.59                               | \$35.80   |
| <b>Dental – Buy-up Plan</b>          |                                    |                                       |   |
| <b>Employee Only</b>                 | \$41.41                            | \$16.04                               | \$8.02  |
| <b>Employee + Spouse</b>             | \$81.93                            | \$55.56                               | \$27.78   |
| <b>Employee + Child(ren)</b>         | \$105.25                           | \$78.31                               | \$39.16   |
| <b>Employee + Family</b>             | \$153.38                           | \$125.26                              | \$62.63   |
| <b>Vision</b>                        |                                    |                                       |   |
| <b>Employee Only</b>                 | \$5.44                             | \$0.00                                | \$0.00  |
| <b>Employee + Spouse</b>             | \$10.88                            | \$5.44                                | \$2.72  |
| <b>Employee + Child(ren)</b>         | \$10.99                            | \$5.55                                | \$2.78  |
| <b>Employee + Family</b>             | \$17.55                            | \$12.11                               | \$6.06  |

<sup>1</sup> Rates are guaranteed for 2021 only and are subject to change at renewal.

<sup>2</sup> There will be 24 deductions made over 26 pay periods.