Bickford
SENIOR LIVING

2021
2022
OHIO
BENEFITS OVERVIEW

This guide highlights the main features of many of the benefit plans sponsored by Bickford Senior Living. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. Bickford Senior Living reserves the right to modify, amend or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This Guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

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ENROLL BY JUNE 14, 2021!

This year's open enrollment will be May 31 – June 14, 2021. This is your opportunity to elect or make changes for the upcoming plan year. If no action is taken, your current benefits will roll over.

Make Sure You:

- Check out available benefits, contact information and instructions on enrolling on our website, **www.bickfordbenefits.com**
- Log on to **bickfordbenefits.com** to elect, change, or remove your coverage

WHAT'S NEW?

At Bickford Senior Living, we are continually grateful for the effort and enthusiasm that you display at work every day. It is this energy that drives and motivates us to provide a suite of benefits for you and your family. As we prepare for the upcoming plan year, our benefit priorities remain unchanged: keep our plans competitive, cost-effective, and useful for you and your family, so we can offer you the level of support you provide for us daily.

We are happy to announce that all carriers, rates and employee contributions will remain the same for the 2021-2022 plan year. We have even added a few additional benefits for BFMs to take advantage of!

What's New This Year:

- The Vision plan has an enhanced frame and lens allowance of $180 (previously $140).
- IdentityForce offers **identity protection and cyber monitoring** for BFMs and their families. See page 16 for more information.
- **Pet Insurance** will be offered with coverage through Nationwide. Details can be found on page 16.

WHO IS ELIGIBLE

You are eligible to enroll in Bickford Senior Living's benefit plans if you are a regular, full-time Bickford Family Member (BFM) scheduled to work at least 30 hours per week.

Dependent Eligibility

You may also cover your eligible dependents, including:

- Your legal spouse
- "Children" are defined as your natural children, stepchildren, legally-adopted children, and children for whom you are the court-appointed legal guardian
- Children may be covered under medical insurance up to the end of the year of age 26
- For dental and vision insurance, eligible children are covered to the end of the month in which they turn 26
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested

ENROLLMENT INFORMATION

Annual Open Enrollment

You may elect, change or decline benefits by June 16, 2021 for the plan year July 1, 2021-June 30, 2022. To complete the enrollment process you please log on to bickfordbenefits.com by June 16, 2021.

How to Enroll

A new enrollment process which allows you to self-enroll is being introduced for the 2021-2022 plan year. Enrollment instructions can be found on page 5.

Making Changes to Coverage

Once you make your benefit elections, these choices remain in effect until the next Annual Open Enrollment – unless you have a qualified status change or you or your eligible dependents become eligible for coverage through special enrollment rules.

If you have a qualified status change or you have an allowable event, you can make certain changes during the plan year. However, you must make your enrollment change within 31 days of the event by visiting bickfordbenefits.com. If you do not make the changes within 31 days, you will have to wait until the next Open Enrollment to make new elections.

Qualified status changes include, but are not limited to:

- Change in number of eligible dependents due to birth, adoption, placement for adoption, or death
- Gain or loss of dependent status (i.e., your child reaches the age limit for eligibility)
- Change in legal marital status, including marriage, divorce, or death of a spouse
- Change in residence or workplace that changes your or your dependent's eligibility for coverage
- Change in employment status, such as starting or ending employment, for you, your spouse, or your children
- End of the maximum period for COBRA coverage
- Loss of other coverage

For a more complete list of qualified status changes, refer to the Summary Plan Description.

Special Enrollment Rules

If you choose not to enroll yourself or your dependents (including your spouse) because you have other coverage, you may be able to enroll yourself and your dependents at a later date if:

- You or your dependents lose Medicaid or Children's Health Insurance Program ("CHIP") coverage as a result of a loss of eligibility for such coverage, or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP
- You must enroll within 31 days of the qualified events shown in the "Special Enrollment Rules" above

If your dependent had other health coverage and lost that coverage in the above situations, they may be added to your coverage. However, you will not be able to add yourself or your dependents to this coverage if the other coverage was terminated "for cause" (including failure to pay the required premiums on time).

In addition to the changes described above, you may enroll yourself and your spouse (with or without the new dependent) in a Bickford Senior Living health plan following marriage or the adoption, placement for adoption, or birth of a child, as long as you request enrollment within 31 days of the event. You must be enrolled to cover your dependents. If you have a special enrollment event and would like to enroll for health coverage, visit bickfordbenefits.com.

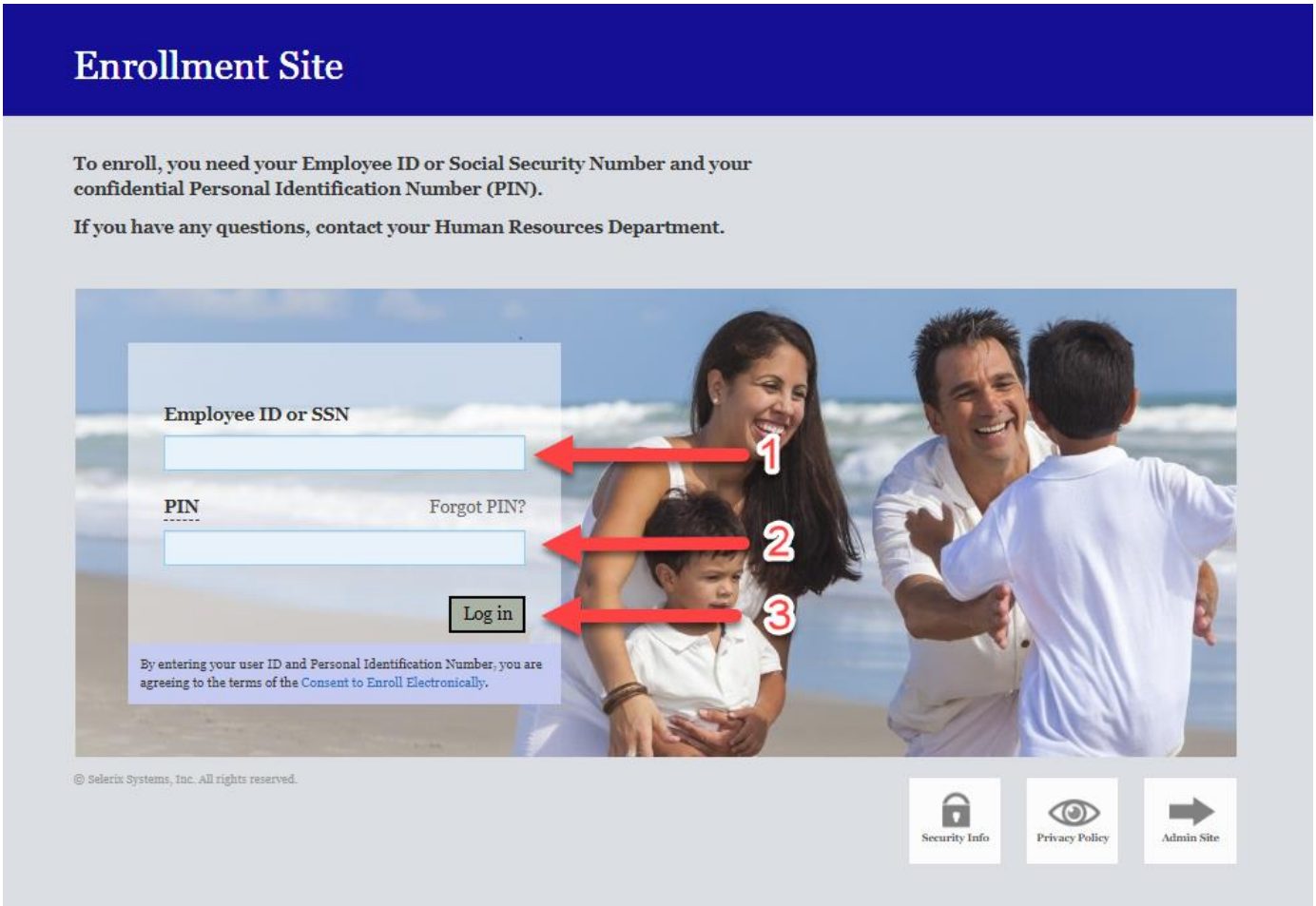
HOW TO ENROLL IN BENEFITS FOR THE 2021-2022 PLAN YEAR

Detailed enrollment instructions, along with a copy of this benefit guide and plan documents may be accessed at **bickfordbenefits.com**

For any benefit or enrollment questions, please call 866-672-3992 to speak with a benefit counselor.

To begin your 2021-2022 Benefit Enrollment please visit: **www.bickfordbenefits.com**, and click on the "Enroll" button.

You will then see the following screen:



To log in, follow these steps:

1. In the "Employee ID or SSN" field, enter your Social Security Number
2. PIN = The last four of your Social Security Number and the last two digits of your birth year
3. Click **LOGIN**

WELLNESS PROGRAM: A HEALTHIER YOU

Bickford has partnered with Blue Cross Blue Shield of Kansas City to offer a Wellness Program, A Healthier You™. We encourage you to continue participating in the Wellness Program as getting and staying healthy is one of the best things we can do to keep our health care costs down.

To receive the wellness plan rates – **a savings of nearly $500 per year!** – you must complete a Blue KC Health Risk Assessment and receive a biometric screening (branch support) or routine annual preventive exam by a physician prior to April 30, 2022. If both requirements are fulfilled by April 30, 2022, the wellness rates will be effective beginning July 1, 2022.

A Healthier You™ has both online and mobile experiences that make staying healthy and managing your conditions easy. You can access all of your health and wellness tools and information online with your laptop, tablet or smartphone. Plus, you will be rewarded for meeting your health goals. See the following pages for more information.

Schedule your health screening, take the health risk assessment and more through the **A Healthier You™** portal.

- Visit mybluekc.com.
- If you are a first-time visitor, click on "REGISTER" Have your member ID card available for reference.
- Once logged in, click on "Health & Wellness" to access **A Healthier You**

You may also download the "Blue KC A Healthier You" app, available on the App Store and Google Play Store.

Kansas City | a healthier you

Accessing A Healthier You™

A Healthier You (AHY) is Blue KC's suite of health and wellness services. The cornerstone of AHY is your personalized member portal, which can be accessed online or via our mobile app.

2. Click on A Healthier You OR you may choose to check out the redesigned MyBlueKC.com

1. Log into MyBlueKC.com from your computer using google chrome.

If you are a first-time visitor you will need to register using your member card.

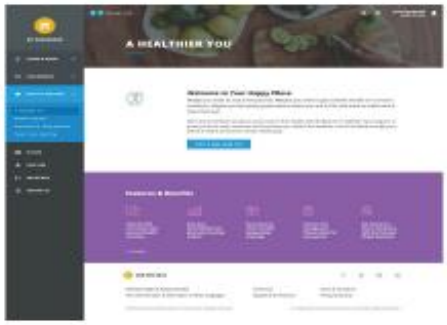
OR

DOWNLOAD THE APP

1. *Go to the Apple App Store or Google Play Store.*
2. *Search for the BLUE KC A Healthier You app by HealthMine Services, Inc.*

Google play | App Store

3. Click on Health & Wellness to access A Healthier You.



The first time you access the AHY portal, you will be prompted to complete a series of personalization questions. Questions are specific to health goals and current lifestyle activities. After completing the questions you will be awarded points and will be taken to your personalized AHY portal.

*NOTE: answering these questions is not completing the Health Risk Assessment.

PORTAL FEATURES:

- Take your Health Risk Assessment (HRA).
- Access the health library for a variety of educational topics.
- Connect a device to track your steps, sleep, nutrition and more!
- Stay on track with preventive care reminders.
- View your biometric screening results (if available).
- Earn points to enter into sweepstakes.

Having Trouble? Email AHY@BlueKC.com

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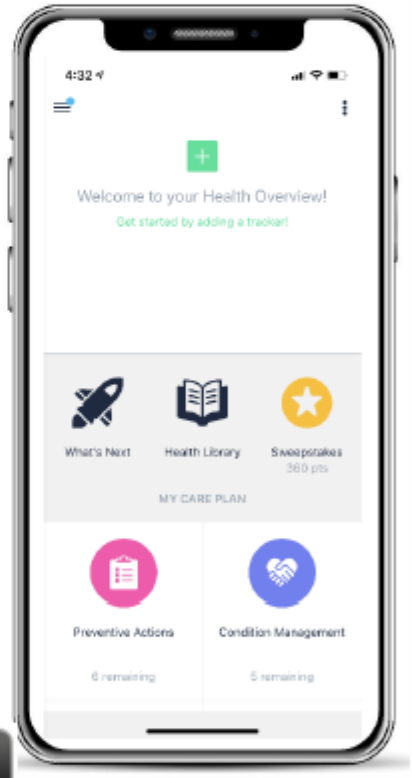
A Healthier You (AHY) App

The Blue KC A Healthier You app provides easy access to the AHY program on the go and at your fingertips! You can easily access all program features through the app, such as completing your biometric screening registration (if offered by your employer), finish your Health Risk Assessment, connect devices or manually input your data all while earning points! You can even enter monthly sweepstakes using the points you've earned through the App.

Follow these quick steps to download the App now!

1. Visit the Apple App Store or Google Play Store
2. Search for the "Blue KC A Healthier You" app by HealthMine Services, Inc.
3. Install and open the App
4. Click Register Now
5. Blue KC Member ID information is required (fields are case sensitive.) Review the terms and conditions and click Accept.
6. View your personal tracking cards, connect devices or track your data manually and begin earning points!



ANDROID APP ON Google play

Download on the App Store

Using an iPhone or Apple Watch to track your steps? For your data to display on the AHY portal you must use the A Healthier You App since this data is stored on your Apple device.

Visit the FAQs on your AHY portal for more information
Having Trouble? Email AHY@BlueKC.com

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MEDICAL AND PRESCRIPTION DRUG PLAN

Bickford Senior Living's medical options provide coverage for the same types of expenses, such as doctor's office visits, preventive care, prescription drugs, and hospitalization. You choose the option that makes the most sense for you and your family based on your needs and what you want to pay for coverage.

For the 2021-2022 plan year, you again have the choice of two PPO plans: **base PPO plan** and **buy-up PPO plan**. If you choose the buy-up plan, you will have higher payroll deductions taken out of your paychecks, but your out-of-pocket expenses will be lower. If you choose the base plan, your payroll deductions will be lower, but your out-of-pocket expenses will be greater.

For more details on our benefit plans, including out of network benefits, go to **www.bickfordbenefits.com**.

Please note, if you are a new hire and do not log in to Selerix to elect or decline your benefits for the plan year, you will be automatically enrolled in the Base PPO medical plan as well as all employer-paid benefits, including Basic Life and Accidental Death & Dismemberment (AD&D)

Benefit/Service	**Preferred-Care Blue Base PPO Plan**	**Preferred-Care Blue Buy-Up PPO Plan**
	In-network	*In-network*
Annual Deductible (Individual/Family)	$2,500 / $5,000	$1,000 / $2,000
Coinsurance (you pay)	20%	20%
Annual OOP Max (Individual/Family)	$5,300 / $10,600	$3,800 / $7,600
Physician Office Visit	$25 copay	$25 copay
Specialist Office Visit	$50 copay	$50 copay
Emergency Room Visit	$250 copay, then deductible + coinsurance	$250 copay, then deductible + coinsurance
Virtual (Telehealth) visits	$0 copay	$0 copay
Preventive Care	100%	100%
Inpatient Hospital Services	Deductible + 20%	Deductible + 20%
Retail Pharmacy Tier 1 Tier 2 Tier 3	 $10 copay 40% up to $75 60% up to $75	 $10 copay 40% up to $75 60% up to $75
Mail-Order Pharmacy Tier 1 Tier 2 Tier 3	 $30 copay 40% up to $225 60% up to $225	 $30 copay 40% up to $225 60% up to $225

Medical Plan Contributions

Monthly BFM Contributions	PPO Base Plan				PPO Buy-Up Plan			
	BFM Only	BFM + Spouse	BFM + Child(ren)	Family	BFM Only	BFM + Spouse	BFM + Child(ren)	Family
OHIO Wellness Participant	$86.52	$605.64	$389.34	$821.94	$146.00	$713.79	$497.49	$984.17
OHIO Non-Wellness Participant	$126.52	$645.64	$429.34	$861.94	$186.00	$753.79	$537.49	$1,024.17

Telehealth Benefit Through BlueKC Virtual Care

Blue KC members can schedule and see a doctor online from their phone, tablet or computer through the BlueKC Virtual Care app or on the web at bluekcvirtualcare.com. With Telehealth services, members can take care of most common medical issues, like colds, flu, fever, rash, abdominal pain, sinusitis, pinkeye, ear infection, migraines and more. It's free to enroll, and the copay is **$0 per visit**.

THE NEW BLUE KC VIRTUAL CARE APP IS ALWAYS ON.

SO YOU HAVE AFFORDABLE ACCESS TO 24/7 HEALTHCARE.

Schedule a video visit with a board-certified doctor or behavioral health therapist right from your smartphone, tablet or computer. Blue KC Virtual Care is convenient for everyday medical and behavioral health care.

ALWAYS PRIVATE AND SECURE.

URGENT OR SICK CARE NEEDS

- No appointment necessary
- $0 per visit for Bickford Family Members on the BlueKC medical plan!

BEHAVIORAL HEALTH NEEDS

- Psychologists and counselors are available for scheduled sessions
- Visits start at $85 but vary by provider type, and may be less based on your plan's cost share

Download the Blue KC Virtual Care app or visit BLUEKCvirtualcare.com

Download on the App Store | GET IT ON Google Play

Kansas City

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Bickford

Save up to $300

on Your Prescription Drug Costs this year

BFMs are now eligible for prescription drug fills through ValuMed!

It's Fast!

Get prescriptions delivered to your Branch **the next business day**

It's Easy!

Call **877-471-4040, option 7** to get started

Most Importantly, it's Cost Effective!

BFMs can **save up to $300 per prescription* per year.** ***Here's how:***

Drug Tier	Current Cost (90-day Supply)	Cost using ValuMed (90-day Supply)	Possible Savings
Generic	$30	$15	$15 ($60 per year!)
Preferred Brand	40% coinsurance to a maximum of $225	40% coinsurance to a maximum of $150	$75 ($300 per year!)
Non-Preferred Brand	60% coinsurance to a maximum of $225	60% coinsurance to a maximum of $150	$75 ($300 per year!)

* Only available for certain maintenance medications, restrictions apply.
To check that your medications qualify, please call ValuMed at 877-471-4040.

DENTAL COVERAGE

Bickford Senior Living's dental plan is administered through Delta Dental of Kansas and provides you and your family with coverage for typical dental expenses, such as cleanings, X-rays, fillings, and orthodontia for children. You are free to go to any dentist of your choice; however, there may be a difference in the amount you pay if the dentist is not a Delta Dental PPO/Premier participating dentist.

To see if your dentist is included in the Delta Dental PPO/Premier list, go to deltadentalks.com and click on "Locate a Dentist."

Dental Benefit/Service	Benefit
Deductible (Single/Family)	$50/$150
Diagnostic/preventive services	100% no deductible
Basic services	80% after deductible
Major services	50% after deductible
Annual maximum	$1,500 per individual
Orthodontic services (dependents to age 19)	50% after deductible
Lifetime maximum benefit	Orthodontia per individual $1,500

Dental Plan Contributions

Coverage	Monthly Premium
BFM only	$8.50
Entire family	$42.00

IMPORTANT

The frequencies for diagnostic and preventive services are two times per calendar year. Periodontal surgical re-entry is a 36-month waiting period

VISION COVERAGE

Bickford Senior Living's Vision Plan promotes preventive care through regular eye exams and provides coverage for corrective materials, such as glasses and contact lenses. The Vision Plan is administered through Vision Service Plan (VSP). All BFMs and their dependents enrolled in the medical plan are eligible for one annual vision exam if you enroll in the **vision exam-only** plan. You are responsible for a $25 copay at the time of the exam.

Visit vsp.com to search for a participating optometrist or ophthalmologist. No ID card is required. Just provide the last four digits of the BFM's Social Security number and the patient's date of birth.

You may purchase additional vision insurance through the **buy-up vision plan** that allows you and each of your family members new lenses every 12 months and new frames every 24 months for adults and adult dependents. Dependent children up to the end of the month in which they turn 18 may receive new lenses and new frames every 12 months. See **http://www.bickfordbenefits.com** for more details.

Vision Plan Contributions

Buy-up Vision Plan	Monthly Premium
BFM only	$8.04
Entire family	$17.12

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Basic Life and AD&D Insurance

Bickford Senior Living provides you with basic life and AD&D insurance equal to one-times your base annual salary, to a maximum of $50,000. You automatically receive this coverage **at no cost to you**.

VOLUNTARY BENEFITS

Supplemental Term Life Insurance

You may elect additional coverage, up to $300,000, to supplement the existing term life coverage provided to you by Bickford Senior Living. Below are the monthly premium rates per $1,000 of coverage

Age	Rate
< 20	$0.08
20-24	$0.08
25-29	$0.08
30-34	$0.10
35-39	$0.14
40-44	$0.21
45-49	$0.32
50-54	$0.52
55-59	$0.92
60-64	$1.41
65-69	$2.71
70+	$4.39

Supplemental AD&D Insurance

You may elect coverage for yourself if you are enrolled in supplemental term life coverage. The amount of supplemental AD&D coverage will match the amount of supplemental life elected.

Spouse and Child Term Life Insurance

- You must be covered to elect spouse and/or child coverage.
- For spousal coverage, you may elect up to 50% of the BFM coverage amount, up to a maximum of $150,000. Premium rates per $1,000 of spousal coverage are the same as BFM rates.
- Child term life insurance is available, up to a maximum of $10,000. Rates are as listed below.

Child Life	
Per $2,000	$0.40

Evidence of Insurability

New hires may elect up to $150,000 without providing evidence of insurability. The insurance company will require you answer health questions before approving any amount over $150,000 or any new/additional coverage you elect during open enrollment.

Accident Insurance

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. The amount paid depends on type of injury and care received. Accident insurance can help with: medical expenses, home healthcare costs, lost income due to missed time at work and everyday expenses.

If you enroll in accident insurance, you also have access to a wellness benefit which provides an annual benefit of $50 if you complete a health screening test, whether or not there are any out-of-pocket costs. You, your spouse and children are eligible for accident insurance. You must be covered to elect spouse and/or child coverage.

Monthly Premium Rates	
BFM only	$13.44
BFM + Spouse	$22.45
BRM + Child(ren)	$26.25
Family	$35.26

Critical Illness Insurance

Critical illness insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. You can use this money to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home healthcare costs or any of your regular household expenses. If you enroll in critical illness insurance, you have access to the wellness benefit. The wellness benefit provides an annual benefit of $75 if you complete a health screening test, whether or not there are any out-of-pocket costs. This benefit is designed to encourage you to maintain a healthy lifestyle as the tests can help screen for a wide range of potential illnesses and diseases. You, your spouse and children are eligible for critical illness insurance. You must be covered to elect spouse and/or child coverage.

Critical Illness monthly rates (includes wellness benefit rider):

BFM:

	Non-Tobacco User					Tobacco User				
Age	$5,000	$10,000	$15,000	$20,000	$30,000	$5,000	$10,000	$15,000	$20,000	$30,000
<30	$3.80	$5.65	$7.50	$9.35	$13.05	$4.65	$7.35	$10.05	$12.75	$18.15
30-39	$5.00	$8.05	$11.10	$14.15	$20.25	$6.90	$11.85	$16.80	$21.75	$31.65
40-49	$8.80	$15.65	$22.50	$29.35	$43.05	$13.25	$24.55	$35.85	$47.15	$69.75
50-59	$13.55	$25.15	$36.75	$48.35	$71.55	$21.10	$40.25	$59.40	$78.55	$116.85
60-64	$18.35	$34.75	$51.15	$67.55	$100.35	$29.60	$57.25	$84.90	$112.55	$167.85
65-69	$24.95	$47.95	$70.95	$93.95	$139.95	$37.10	$72.25	$107.40	$142.55	$212.85
70+	$36.95	$71.95	$106.95	$141.95	$211.95	$54.80	$107.65	$160.50	$213.35	$319.05

Spouse:

	Non-Tobacco User			Tobacco User		
Age	$5,000	$10,000	$15,000	$5,000	$10,000	$15,000
<30	$4.55	$7.15	$9.75	$5.80	$9.65	$13.50
30-39	$5.80	$9.65	$13.50	$8.05	$14.15	$20.25
40-49	$10.75	$19.55	$28.35	$16.15	$30.35	$44.55
50-59	$19.05	$36.15	$53.25	$30.20	$58.45	$86.70
60-64	$25.05	$48.15	$71.25	$41.40	$80.85	$120.30
65-69	$33.65	$65.35	$97.05	$51.25	$100.55	$149.85
70+	$46.80	$91.65	$136.50	$70.30	$138.65	$207.00

Child:

Coverage Amount	Rate
$2,500	$1.23
$5,000	$2.45

Voluntary Short-Term Disability Insurance

Short-term disability (STD) insurance can help protect your finances if you experience an illness or injury that leaves you unable to work. Your STD benefits will replace 60% of your base pay for up to 13 weeks. These weekly benefits allow you to concentrate on getting better and back to work when possible. The premium amount will be based on your income, age and amount of coverage purchased.

Monthly Premium Rates (per $10 of weekly benefit)	
<24	$1.09
25-29	$1.27
30-34	$1.29
35-39	$0.99
40-44	$0.85
45-49	$0.88
50-54	$0.99
55-59	$1.17
60-64	$1.38
65-69	$1.60
70+	$1.67

Additional Assistance

If you would like to speak with a benefit counselor regarding any of the voluntary benefits listed, please call **866.672.3992** For detailed plan information, updating beneficiary elections, or to file a claim, go to presents.voya.com/eb/landingpage/bickfordcoverage.

Life Insurance with Long-Term Care

Bickford is excited to be offering a new permanent life insurance plan to all benefit eligible BFMs. Permanent Life insurance is uniquely designed to match the needs of BFMs throughout their lifetime by providing coverage that is meant to follow you wherever you may go in life. With locked in rates and long-term benefits included, this coverage offers more flexibility compared to traditional life insurance. This plan is also being offered without medical questions and a variety of coverage options are available to accommodate your needs and budget. Coverage is available for you, your spouse and/or your children.

Identity Protection and Cyber Monitoring

IdentityForce includes identity and credit monitoring with additional privacy protection features to alert you of suspicious activity most commonly associated with identity theft. It is estimated that 3 out of 5 people will fall victim to Identity Theft each year, and we make coverage available, so that you can choose to protect yourself and those you love.

With IdentityForce, BFMs have access to remediation services, ransomware protection, mobile VPN and expense reimbursement to help restore your credit and identity if your personal information has been stolen and used fraudulently. If you elect coverage, you will receive an email with a registration link for IdentityForce where you can set-up your account(s) for monitoring. View more information on the IdentityForce flyer and enroll on www.BickfordBenefits.com.

Pet Insurance

You work hard to provide your family with everything they need. So, whether your family includes kids with two feet or kids with four paws, two wings or scaly feet… you know what responsibility looks like.

My Pet Protection® from Nationwide® helps you provide for your pets with the best care possible by reimbursing you for eligible vet bills. You can get cash back for accidents, illnesses, hereditary conditions and more. Choose 50%, 70% or 90% reimbursement for the level of coverage that fits your needs. Note that pre-existing conditions are not covered.

BFMs and their pets are free to use any vet and coverage includes benefits for emergency boarding, lost pet advertising and more. Plus, the 24/7 Vet*Helpline*® is included as a service to all members ($150 value).

Get a fast, no-obligation quote today at benefits.petinsurance.com/bickfordseniorliving or by calling 877-738-7874.

FLEXIBLE SPENDING ACCOUNTS (FSA)

FSAs allow you to pay for certain health care and dependent care expenses using tax-free money deducted from your paychecks.

To participate in an FSA, you have the opportunity to enroll or re-enroll for the 2022 calendar year during the FSA annual enrollment period held in November 2021. If you are interested in learning more about how the program works, please contact a Benefit Counselor at 866.672.3992.

- New FSA participants will receive a debit card that allows you to pay for eligible expenses directly with funds in your account — no claim forms needed! (Current FSA participants keep their debit cards to use in the new year)
- If you enroll in an FSA, be sure to save your receipts in case you need to validate medical expenses

Health Care FSA

- You can contribute up to $2,750 per year on a before-tax basis

Dependent Care FSA

- You can set aside up to $5,000 per year.
- However, if you are married and you and your spouse file separate tax returns, the maximum you can contribute is $2,500 each

Eligible Expenses

- Eligible 2021 healthcare and dependent care expenses must be incurred no later than March 15, 2022
- Claims must be submitted by March 31, 2022

PLAN CAREFULLY!

REMEMBER: The IRS has a "use it or lose it" rule which requires that any amounts still in FSAs at year-end must be forfeited.

EMPLOYEE ASSISTANCE PROGRAM

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.

Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and quickly refer you to telephonic counseling and other resources for:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
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FINANCIAL WELLNESS

PayActiv Earned Wage Access

BFMs now have on-demand access to earned wages through PayActiv. You can use your earned wages when you need money to pay bills or handle emergencies. No more costly payday loans, overdrafts or late charges! Get up to 50% to a maximum of $500 of your earned wages when you need it by downloading PayActiv, available on the App Store and Google Play Store

Student Loan Repayment Assistance

Bickford Senior Living offers a student loan repayment assistance program that allows BFMs with FAFSA documented loans to receive loan advisory services at no charge. This allows you to view all loans, loan rates and determine whether loans might be consolidated or refinanced to better fit with the current financial situation.

Bickford offers a monthly payment towards FAFSA-documented loans in our program. In order to qualify, you must be full- or part-time and employed with Bickford for at least 60 days. The amount contributed will depend on scheduled hours and be set annually with a lifetime maximum benefit from Bickford of $3,000.

529 Plan

Bickford Senior Living wants to help make saving for college easier. A 529 plan allows BFMs to put money aside for your child or grandchild's college education. There is a minimum $25 per pay period deposit. This deposit is payroll deducted on an after-tax basis. Full- and part-time BFMs are eligible to enroll.

401(k) Plan

Smart saving and investing is the foundation for financial security during your retirement years. Our 401(k) plan is designed to help you reach your retirement goals and can be a powerful tool in your secure financial future.

The 401(k) plan is administered by Securian Retirement. Bickford Senior Living will match 0.5% for every 1% contributed by the BFM, up to 6%. For all full- and part-time BFMs age 21 and older, you are eligible on the first of the month following two months of employment.

To enroll, go to securianretirementcenter.com/enroll and enter **plan number** 068978 and **enrollment code** 068978enroll.

IMPORTANT CONTACTS

Resource	Phone Number	Website/E-mail
Bickford Benefit Assistance	866.672.3992	**Website**: www.bickfordbenefits.com **Email**: bfmbenefits@bickfordseniorliving.com
Medical and Prescription Blue Cross Blue Shield	888.989.8842	**Website**: BlueKC.com
Mail-order Prescription Drug Plan Optum	800.228.1436	**Website**: OptumRx.com
Mail-order Prescription Drug Plan ValuMed	877.471.4040	**Email**: michelle.kolker@valumedltc.com
Dental Delta Dental of Kansas	800.234.3375	**Website**: DeltaDentalKS.com
Vision VSP	800.877.7195	**Website**: VSP.com
Life and Disability Voya	877.221.6117	**Website**: Presents.voya.com/eb/landingpage/bickford-coverage
Flexible Spending Accounts Discovery Benefits	866.451.3399	**Website**: DiscoveryBenefits.com
ID Theft and Cyber Monitoring IdentityForce	800.295.0136	**Website**: IdentityForce.com/support/member-support
Pet Insurance Nationwide	877.738.7874	**Website**: Benefits.petinsurance.com/bickfordseniorliving
401(k) Retirement Securian Retirement Ivon Even	913.782.3200	**Website**: securianretirementcenter.com **Email**: Ivon.Even@bickfordseniorliving.com
Earned Wage Access PayActiv	877.937.6966	**Website**: Payactiv.com/help
Student Loan Repayment Assistance Student Loan Genius		**Website**: Studentloangenius.com **Email**: genius@studentloangenius.com
529 Plan Renaissance Financial Tyler Anderson	913.344.7756	**Email**: Tyler.Anderson@rfconline.com

ANNUAL COMPLIANCE NOTICES

- Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)
- Health Insurance Marketplace Coverage Options and Your Health Coverage
- Notice of Privacy Practices
- Newborn & Mothers Health Protection Notice
- Medicare Part D Notice
- COBRA Rights Notice
- Women's Health and Cancer Rights Act
- Expanded Coverage for Women's Preventive Care
- Notice of Special Enrollment Rights
- Wellness Program and Reasonable Alternatives Notice

SUMMARIES OF BENEFITS AND COVERAGE

The government-required Summaries of Benefits and Coverage (SBCs), which summarize important information about your Blue Cross Blue Shield of Kansas City medical plan options, are available on **www.bickfordbenefits.com**. A paper copy is also available upon request.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, 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, dial **1-877-KIDS NOW**, or visit **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the States here, you may be eligible for assistance paying your employer health plan premiums. The list of States is current as of January 31, 2021. Contact your State for further information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

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

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

State	Website/E-mail	Phone
Alabama (Medicaid)	http://www.myalhipp.com	1-855-692-5447
Alaska (Medicaid)	*Premium Payment Program:* http://myakhipp.com *Medicaid Eligibility:* http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx ***E-mail:*** CustomerService@MyAKHIPP.com	*1-866-251-4861*
Arkansas (Medicaid)	http://myarhipp.com/	1-855-692-7447
California (Medicaid)	http://dhcs.ca.gov/hipp	916-445-8322
Colorado (Medicaid and CHIP)	*Medicaid:* https://www.healthfirstcolorado.com/ *CHIP:* https://www.colorado.gov/pacific/hcpf/child-health-plan-plus *HIBI:* https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program	1-800-221-3943 1-800-359-1991 1-855-692-6442 State relay 711
Florida (Medicaid)	https://www.flmedicaidtplrecovery.com/hipp/index.html	1-877-357-3268
Georgia (Medicaid)	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp	678-564-1162 ext. 2131
Indiana (Medicaid)	***Healthy Indiana Plan for low-income adults 19-64:*** http://www.in.gov/fssa/hip/ ***All other Medicaid:*** https://www.in.gov/medicaid	1-877-438-4479 1-800-457-4584
Iowa (Medicaid and CHIP)	Medicaid: https://dhs.iowa.gov/ime/members CHIP: http://dhs.iowa.gov/Hawki	1-800-338-8366 1-800-257-8563
Kansas (Medicaid)	https://www.kancare.ks.gov/	1-800-792-4884
Kentucky (Medicaid and CHIP)	*Medicaid:* https://chfs.ky.gov ***KI-HIPP:*** https://chfs.ky.gov/agencies/dms/members/Pages/kihipp.apsx ***KI-HIPP E-mail:*** KIHIPP.PROGRAM@ky.gov ***KCHIP:*** https://kidshealth.ky.gov/Pages/index.aspx	1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	www.medicaid.la.gov www.ldh.la.goc/lahipp	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	https://www.maine.gov/dhhs/ofi/applications-forms	*Enroll:* 1-800-442-6003 *Private HIP:* 1-800-977-6740 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	https://www.mass.gov/info-details/masshealth-premium-assistance-pa	1-800-862-4840
Minnesota (Medicaid)	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp	1-800-657-3739
Missouri (Medicaid)	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana (Medicaid)	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	1-800-694-3084
Nebraska (Medicaid)	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 *Lincoln:* 402-473-7000 *Omaha:* 402-595-1178
Nevada (Medicaid)	http://dhcfp.nv.gov/	1-800-992-0900
New Hampshire (Medicaid)	https://www.dhhs.nh.gov/oii/hipp.htm	603-271-5218 or 1-800-852-3345, ext. 5218
New Jersey (Medicaid and CHIP)	*Medicaid:* http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ *CHIP:* http://www.njfamilycare.org/index.html	*Medicaid:* 609-631-2392 *CHIP:* 1-800-701-0710
New York (Medicaid)	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831
North Carolina (Medicaid)	https://medicaid.ncdhhs.gov/	919-855-4100
North Dakota (Medicaid)	http://www.nd.gov/dhs/services/medicalserv/medicaid/	1-844-854-4825
Oklahoma (Medicaid and CHIP)	http://www.insureoklahoma.org	1-888-365-3742
Oregon (Medicaid)	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html	1-800-699-9075
Pennsylvania (Medicaid)	https://www.dhs.pa.gov/providers/providers/pages/medical/HIPP-program.aspx	1-800-692-7462
Rhode Island (Medicaid and CHIP)	http://www.eohhs.ri.gov/	1-855-697-4347 or 401-462-0311 (Direct RIte)
South Carolina (Medicaid)	https://www.scdhhs.gov	1-888-549-0820

South Dakota (Medicaid)	http://dss.sd.gov	1-888-828-0059
Texas (Medicaid)	http://gethipptexas.com/	1-800-440-0493
Utah (Medicaid and CHIP)	*Medicaid:* https://medicaid.utah.gov/ *CHIP:* http://health.utah.gov/chip	1-877-543-7669
Vermont (Medicaid)	http://www.greenmountaincare.org/	1-800-250-8427
Virginia (Medicaid and CHIP)	https://www.coverva.org/hipp	*Medicaid:* 1-800-432-5924 *CHIP:* 1-855-242-8282
Washington (Medicaid)	https://www.hca.wa.gov/	1-800-562-3022
West Virginia (Medicaid)	http://mywvhipp.com/	1-855-699-8447
Wisconsin (Medicaid and CHIP)	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming (Medicaid)	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.83% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Bickford Senior Living Group, LLC	4. Employer Identification Number (EIN) 48-1102899	
5. Employer address 13795 S Mur-Len Rd	6. Employer phone number 913.782.3200	
7. City Olathe	8. State KS	9. ZIP code 66062
10. Who can we contact about employee health coverage at this job? Christy Dienstbier, Vice President of BFM Support		
11. Phone number (if different from above)	12. E-mail address Christy.dienstbier@bickfordseniorliving.com	

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

- As your employer, we offer a health plan to some employees.

  Eligible employees are:
  - All fulltime employees working 30 or more hours per week

- With respect to dependents, we do offer coverage.

  Eligible dependents are:
  - Legal spouse and dependent children (up to the end of the month that they turn age 26). Disabled children over age 26 with supporting documentation.

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

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

IMPORTANT NOTICE FROM BICKFORD SENIOR LIVING ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

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

BlueCross BlueShield of Kansas City (BCBSKC) has determined that the prescription drug coverage offered by the Bickford plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from **October 15th through December 7th**.

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

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current plan with BCBSKC will not be affected. If you do decide to join a Medicare drug plan and drop your current BCBSKC plan coverage, be aware that you and your dependents may not be able to get this coverage back until next open enrollment.

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

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

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

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

Contact the person listed below for further information. **NOTE**: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through BCBSKC changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

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

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

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

July 1, 2021

Bickford Senior Living

13795 S Mur-Len Rd, Olathe, KS 66062

Human Resources

Christy Dienstbier 913.782.3200

Christy.dienstbier@bickfordseniorliving.com

Model General Notice of COBRA Continuation Coverage Rights

Introduction

You are receiving this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

What is COBRA continuation coverage?

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

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

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

When is COBRA continuation coverage available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Christy Dienstbier (contact information included at the end of this notice).

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

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

Second qualifying event extension of 18-month period of continuation coverage

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

Are there other coverage options besides COBRA Continuation Coverage?

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

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period1 to sign up for Medicare Part A or B, beginning on the earlier of

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

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

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

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

If you have questions

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

Keep your Plan informed of address changes

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

Plan contact information

July 1, 2021

Bickford Senior Living

13795 S Mur-Len Rd, Olathe, KS 66062

Human Resources

Christy Dienstbier 913.782.3200

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WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact your medical plan administrator.

July 1, 2021

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HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires group health plans to provide a special enrollment opportunity to an employee (or COBRA enrollee) upon the occurrence of specific events. This Chart summarizes the qualifying events and the corresponding special enrollment rights. This notice is being provided to ensure that you understand your right to apply for the Bickford Group Health Care Plan. You should read this notice even if you plan to waive coverage at this time.

EVENT	SPECIAL ENROLLMENT RIGHT
Acquisition of New Dependent(s) due to Marriage	• Employee may enroll the employee (if not previously enrolled). • Employee may also enroll newly-eligible spouse and/or newly-eligible stepchild(ren).
Acquisition of New Child due to birth or adoption (including placement for adoption)	• Employee may enroll the employee (if not previously enrolled). • Employee may also enroll spouse and/or newly-eligible child(ren).
Gain Eligibility for Premium Assistance Subsidy under Medicaid or CHIP	• Employee may enroll the employee and the spouse or child(ren) who have become eligible for the premium assistance.

Loss of Other Health Coverage if due to:
• Loss of eligibility.
  ○ Death of spouse; divorce, legal separation
  ○ Child loses status (e.g. reaches age limit)
  ○ Employment change (e.g. termination, reduction in hours, unpaid FMLA)
• Expiration of COBRA maximum period
• Moving out of HMO plan's service area
• Other employer terminates its plan (or discontinues employer contributions)
	• Employee may enroll the employee (if not previously enrolled).
	• Employee may also enroll spouse and/or children who have lost other health coverage.
	
	Note: Person losing the Other Health Coverage must have had the other coverage since the date of this employer plan's most recent enrollment opportunity.

Loss of Medicaid or CHIP coverage	• Employee may enroll the employee and the spouse or child(ren) who have lost Medicaid/CHIP entitlement.

Notes:

1. HIPAA Special Enrollees must be given 31 days (from the date of the event) to enroll.
2. For events related to Medicaid/CHIP, the special enrollment period is 60 days.
3. Special enrollment, if elected, must take effect no later than the first day of the month following the enrollment request. If the event is the birth or adoption of a child, the special enrollment must take effect retroactively on the date of birth or adoption (or placement for adoption).

To request special enrollment or obtain more information, please contact:
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NOTICE REGARDING WELLNESS PROGRAM

Bickford Senior Living Wellness Program, administered by BlueKC, is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for [be specific about the conditions for which blood will be tested.] You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive as outlined in the Open Enrollment Guide for completing the HRA and biometric screening or routine preventive exam. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are business associates of Bickford Senior Living in order to provide you with services under the wellness program.

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact:

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NOTES

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your benefits manager.