

EMPLOYEE BENEFITS

2023 OPEN ENROLLMENT GUIDE



LUMA
RESIDENTIAL

www.LUMAp.com

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Dear LUMA Residential Employees

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

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

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

OPEN ENROLLMENT: November 15 - December 2, 2022

Benefits provided at no cost to you:

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

Benefit cost is paid or shared by Employee:

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

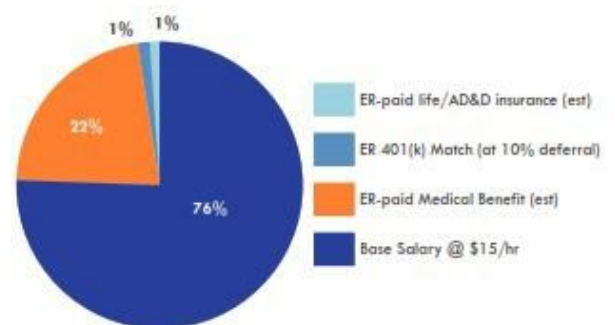
Did you know?

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

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



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



BENEFITS ELIGIBILITY

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

Who is Eligible?

You are eligible for benefits if you are:

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

Eligible Dependents

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

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

Dependent Verification

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

Levels of Coverage

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

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

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

When Can You Make Changes?

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

REMEMBER!

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



ENROLLING

Enrolling in Your Benefits

Paycom Enrollment

www.paycom.com

LUMA Residential is pleased to provide you with important information regarding your benefits and how to enroll online. Complete enrollment information is available online for you to review. Your benefits are effective January 1, 2023. Open Enrollment begins November 15, 2022, and ends December 2, 2022.

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

The deadline to complete the online enrollment is by December 2, 2022.

If your enrollment is not completed by December 2, 2022, your changes will not be accepted. If you do not wish to make any changes to your benefits, you do not need to do anything, and your current benefits will rollover.

How To Access Your Online Benefit Enrollment Profile:

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

How to Get Started:

1. Log in to Paycom Self Service Profile.
2. Select "2023 Benefit Enrollment".
3. To begin, select "Start".
4. Check your Contact Information and select "Next".
5. Review your beneficiary information for the Life and AD&D and 401k coverages.
6. Select "Save and Next".
7. Begin enrolling in your benefits. Be sure to select "Decline Coverage" for any benefit you do not wish to elect.
8. Select "Enroll" at the bottom of each page.
9. You may "Review" or "Finalize" your selections.
10. Once finished, select "Sign and Submit".

Additional Information:

You will not have the opportunity to enroll again until the next open enrollment for an effective date of January 1, 2024; unless you experience an IRS Qualified Life Event during the benefit year.

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

IRS Qualified Life Events are:

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

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

Shetera Van Schepen at LUMA Residential

Phone: 214-361-6666 ext. 110

Email: svanschepen@lumacorp.com

The Paycom App

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

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

Just follow these simple steps:

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

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

MEDICAL BENEFITS

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

The United Healthcare Network

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

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

Using In-Network Providers

The UHC EPO and HMO Medical plans do not cover out-of-network care, with the exception of emergency room visits. If you want your medical visits to be covered, you must use an in-network provider. **The UHC Charter HMO plan is for Texas residents only. If you do not reside in Texas, you must elect the EPO.**

Disclaimer- CVS Pharmacy is no longer an option for in-network prescriptions.

Tier 1 Providers and Specialist Care (EPO)

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

2023 Bi-Weekly Medical Contributions

	EPO Plan	HMO Plan
Employee Only	\$48.48	\$39.90
Employee + Spouse	\$291.88	\$240.24
Employee + Child(ren)	\$133.41	\$109.80
Employee + Family	\$451.04	\$371.24



2023 EPO MEDICAL PLAN

UnitedHealthcare	EPO Plan Choice	
	In-Network	Out-of-Network
Annual Deductible	\$3,000 / Individual \$6,000 / Family	Not Covered
HRA Reimbursement	\$2,500	N/A
Member Coinsurance	20%	Not Covered
Out-of-Pocket Maximum (includes deductible, copay, and coinsurance)	\$7,150 / Individual \$14,300 / Family	Not Covered
Preventive Care (Approved services)	Covered at 100%	Not Covered
Office Visit Primary Care Specialist Virtual Visit	\$15 PCP \$50/\$100 Specialist* \$0 Copay	Not Covered
Lab, X-Ray and Diagnostics -Outpatient	20% after deductible	Not Covered
Urgent Care	\$25 Copay	Not Covered
Emergency Room (copay waived if admitted)	\$300 copay then 20% after deductible	\$300 copay then 80% after deductible
Inpatient Care	20% after deductible	Not Covered
Outpatient Care	20% after deductible	Not Covered
Prescription Drugs - Retail (up to 31-day supply)		
Generic Formulary Brand Non- form. Brand	\$10 copay \$65 copay \$125 copay	Not Covered
Prescription drugs - Mail Order (up to 90-day supply)		
Generic Formulary Brand Non-formulary Brand	\$25 copay \$162.50 copay \$312.50 copay	Not Covered

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

2023 HMO MEDICAL PLAN

UnitedHealthcare	HMO Plan Charter	
	In-Network	Out-of-Network
Annual Deductible	\$3,000 / Individual \$6,000 / Family	Not Covered
HRA Reimbursement	\$2,500	N/A
Member Coinsurance	20%	Not Covered
Out-of-Pocket Maximum (includes deductible, copay, and coinsurance)	\$6,000 / Individual \$12,000 / Family	Not Covered
Preventive Care (Approved services)	Covered at 100%	Not Covered
Office Visit Primary Care Specialist Virtual Visit	\$10 PCP \$60 Specialist \$0 Copay	Not Covered
Lab, X-Ray and Diagnostics -Outpatient	\$40 Copay	Not Covered
Urgent Care	\$25 Copay	Not Covered
Emergency Room (copay waived if admitted)	\$500 copay then 20% after deductible	\$500 copay then 80% after deductible
Inpatient Care	20% after deductible	Not Covered
Outpatient Care	20% after deductible	Not Covered
Prescription Drugs - Retail (up to 31-day supply)		
Generic Formulary Brand Non-form. Brand	\$10 copay \$65 copay \$125 copay	Not Covered
Prescription drugs - Mail Order (up to 90-day supply)		
Generic Formulary Brand Non-formulary Brand	\$25 copay \$162.50 copay \$312.50 copay	Not Covered

*HMO plan is for Texas residents *only*

Choosing your primary care physician.

UnitedHealthcare Charter requires you to select a network PCP for each covered family member.

To get started:

1

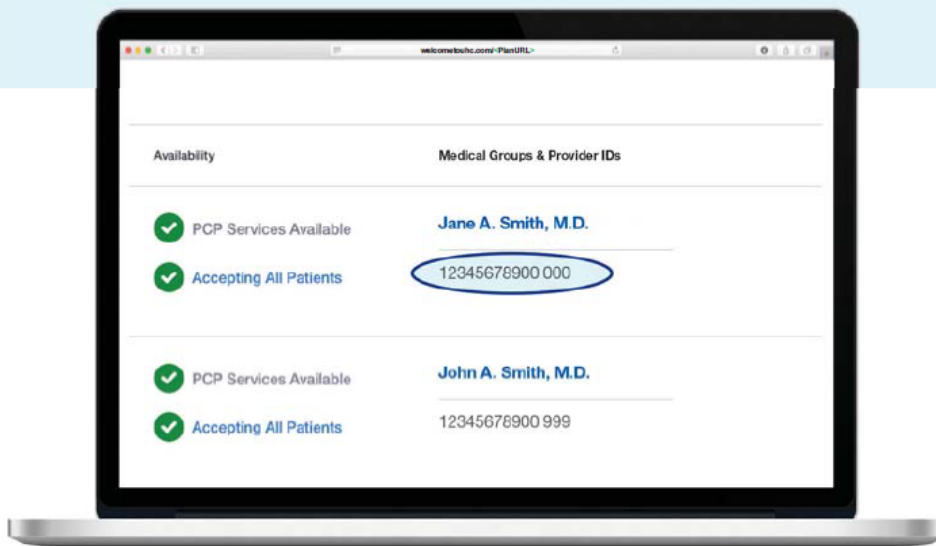
Go to welcometouhc.com/charterdallas, select **Benefits** in the top navigation and choose **Find a Doctor or Facility**. Then, select **UnitedHealthcare Charter**.

2

To make your PCP selection from a list of providers within the network, choose **People > Primary Care**, then find and click on the name of the PCP you want.

3

Finally, write down the **provider's 14-digit ID number**—and keep it handy. You'll need it to enroll!



Call: 1-866-873-3903 (TTY 711)

Visit: welcometouhc.com/charterdallas



Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. UnitedHealthcare also covers other routine services, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

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

Images with PCP names and Physician ID numbers are for illustration only. Physician ID number will be different for each provider.

Please see your official health plan documents for all coverage details, which includes limitations and exclusions.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

[Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare) [Twitter.com/UHC](https://twitter.com/UHC) [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare) [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

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Choose *Choice* Network for EPO and *Charter* for HMO

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

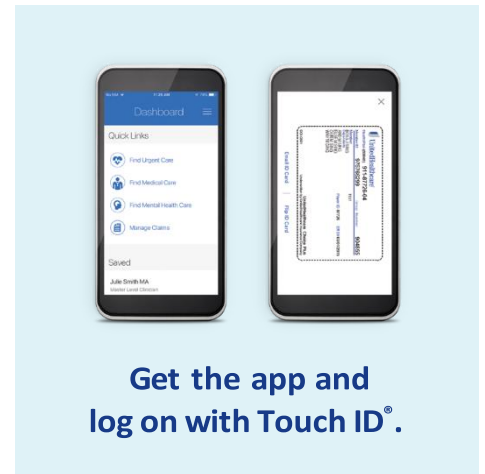
The UnitedHealthcare® app puts your plan at your fingertips.



The app has you covered.

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

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



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



Apple, App Store, iPhone, Touch ID and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. Android is a trademark of Google LLC. Google Play and the Google Play logo are registered trademarks of Google Inc.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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*Data rates may apply.





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

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



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

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

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

Use a Virtual Visit for these common conditions:

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

\$0 cost

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

Get started.

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

United Healthcare®

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

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

***UnitedHealthcare data: based on analysis of 2016 UnitedHealthcare ER claim volumes, where ER visits are low acuity and could be treated in a Virtual Visit, primary care physician or urgent/convenient care setting. The UnitedHealthcare® app is available for download for iPhone® or Android™. iPhone is a registered trademark of Apple, Inc. Android is a trademark of Google LLC.

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

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

HEALTH REIMBURSEMENT ACCOUNT

The Health Reimbursement Account (HRA) will continue to be administered by Tax Saver for 2023. When you enroll in the medical plan, you will automatically be set up with a HRA administered by Tax Saver. An HRA Card will be mailed to your home.

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

In no event will the HRA fund more than \$2,500 per employee or family in the 2023 plan year. **Funds will not roll over from year to year.**

Tax Saver HRA Reimbursement

Employee Only	HRA Pays \$0 to \$2,500
Employee + Family	HRA Pays \$0 to \$2,500

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

The HRA is a "front-ended" HRA, meaning that the HRA will reimburse you for the first \$2,500 for Individual or Family of expenses you incur after January 1, 2023, including co-pays and deductibles owed for office visits and medical procedures.

What happens when the HRA has been exhausted?

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

How do I get reimbursed through the HRA?

There are two ways you can access your HRA dollars.

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

Will I have an ID card for the HRA?

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

When can I start using my HRA debit card?

You may use your HRA debit card for any claims that have a date of service on or after January 1, 2023.

Do unused HRA funds roll over from year to year?

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

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

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

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

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

How can I access my HRA Employee account?

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

ALIGHT—HEALTHCARE CONCIERGE

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

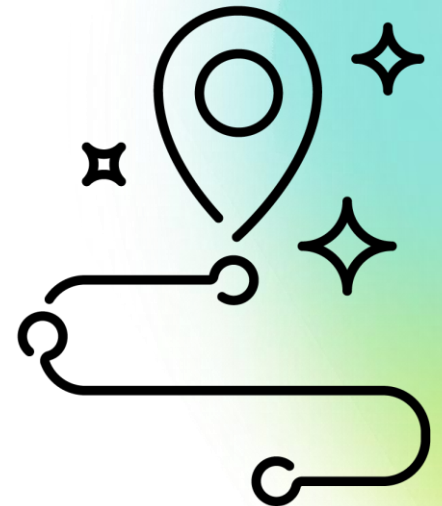
Alight Key Services Include:

- Answering benefit questions
- Auditing bills/claims and resolving errors/issues
- Finding any needed healthcare provider on network, quality, and employee's personal needs/preferences (gender, appointment availability, location, etc.).
- Price Transparency - recommending lowest cost, highest quality providers for procedures, test, etc. as well as a full estimate on cost with a breakdown of patient responsibility and covered charges. Alight will verify the in-network prices with the providers whenever possible.
- Prescription Recommendations — Alight can review prescribed medications and advise lower cost alternatives based on their benefits
- Concierge — Alight can request medical records to be transferred as well as make appointments, follow up on items, coordinating treatments with multiple appointments, etc.
- Contact your Alight Health Pro Margaret Schneider at 800-513-1667 x818 or via email Margaret.Schneider@alight.com.
- You can also visit member.alight.com

Alight can help you find providers in your area!

alight

Meet your personal Health Pro!



Ways your Health Pro can help:



Understand your benefits



Pay less for prescriptions



Find great doctors



Schedule appointments



Save money on health care



Review healthcare claims/bills

Margaret Schneider
800-513-1667 x818
Margaret.Schneider@alight.com
member.alight.com

NEED ASSISTANCE UNDERSTANDING YOUR MEDICARE OPTIONS?

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

We Make Medicare Easier for You

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

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

MBA Can Help You With



Understanding Medicare

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



Review Plan Options

MBA has access to an extensive list of insurance companies and their plans.



Simplifying Enrollment

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



Plan Review

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

Get Answers to Your Questions:

How & when do I enroll in Medicare?

What is Medicare Part A, B, C, & D?

How much will it cost?

Which insurance plan is right for me?

Will my doctors, hospital, and prescriptions be covered?

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

YOUR DENTAL BENEFITS

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

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

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

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

DENTAL BI-WEEKLY CONTRIBUTIONS

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



YOUR VISION BENEFITS

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

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

VISION BI-WEEKLY CONTRIBUTIONS

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



FLEXIBLE SPENDING ACCOUNTS

Health Flexible Spending Accounts

Healthcare Flexible Spending Account (FSA) annual contributions are capped at \$3,050 per Plan Year, per employee in 2023.

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

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

Eligible Expenses

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

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



How FSAs Help You Save—Savings Example

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

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

Dependent Care Flexible Spending Accounts

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

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

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

FLEXIBLE SPENDING ACCOUNTS

Consider the "Use it or Lose it Rule"

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

Carryover Exception: FSA Carryover for your Plan applies. You may carryover up to \$610 from one Plan Year to the next with no cost or penalty.

REMEMBER!

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

How FSAs Help You Save—Savings Example

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

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



LIFE AND AD&D

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

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

Employee Life Benefit Amount	\$25,000
Employee AD&D Benefit Amount	\$25,000
Age/Benefit Reduction	Age 65: Reduced to 65% Age 70: Reduced to 50%

Beneficiary Designation

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



VOLUNTARY LIFE AND AD&D

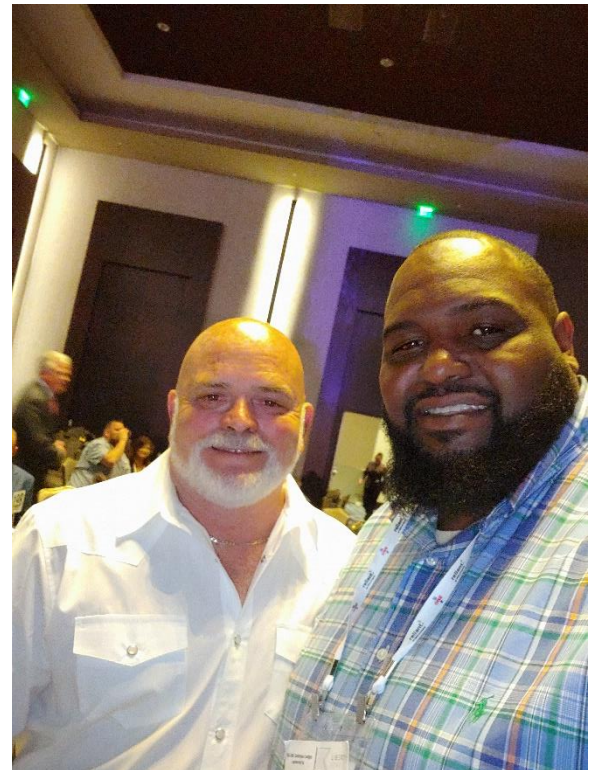
Additional Life Insurance

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

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

Additional Term Life Rates

Current Age	Employee/Spouse Rates per \$1,000 of coverage
Under 25	\$0.050
25-29	\$0.058
30-34	\$0.071
35-39	\$0.099
40-44	\$0.137
45-49	\$0.218
50-54	\$0.334
55-59	\$0.545
60-64	\$0.870
65-69	\$1.528
70-74	\$2.759
75-99	\$5.586
Child Life per \$1,000	\$0.180



Additional AD&D Rates

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

DISABILITY BENEFITS

Voluntary Short-Term Disability

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

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

Long-Term Disability

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

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



Your well-being is what matters most.

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

The help you may need, at no extra cost.

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

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

Access your MAP benefit today.



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



Visit liveandworkwell.com.

There are 2 ways to access:

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

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



¹Optum internal network analysis, February 2019.

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

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

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

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

ADDITIONAL VOLUNTARY BENEFITS

ACCIDENT INSURANCE

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

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

HOSPITAL INDEMNITY PLAN

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

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

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

PLAN OPTIONS				MONTHLY COST			
Covered Benefit	Option A	Option B	Option C		Option A	Option B	Option C
Hospital Admission Non-ICU (1 day/plan year)	\$500 / day	\$1,000 / day	\$1,500 / day	Employee	\$5.97	\$10.70	\$15.42
				Employee + Spouse	\$13.20	\$23.72	\$34.24
Hospital Confinement (up to 364 days/plan year)	\$100 / day	\$150 / day	\$200 / day	Employee + Child (ren)	\$11.37	\$20.25	\$29.13
				Employee + Family	\$19.99	\$35.73	\$51.46
ICU Confinement (up to 364 days/plan year)	\$100 / day	\$150 / day	\$200 / day				
ICU Admission (1 day/plan year)	\$500 / day	\$1,000 / day	\$1,500 / day				

ADDITIONAL VOLUNTARY BENEFITS

CRITICAL ILLNESS

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

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

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

ADDITIONAL VOLUNTARY BENEFITS

CRITICAL ILLNESS (CONTINUED)

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



401(k)

Planning for Retirement (Available to all Employees)

A consistent savings plan throughout your career is the

foundation for security during your retirement years. According to financial experts, company sponsored plans may provide approximately two-thirds of your necessary retirement income.

Who is Eligible?

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

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

Beneficiary Designation

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

How the 401(k) Plan Works

Employees may contribute from 1% to 60% of compensation not to exceed IRS limits. LUMA Residential will match 20% of

the employee's contribution. You may make changes at any time to your plan and changes will go into effect on the first of the following month. Employee contributions and company match are 100% vested immediately.

2023 IRS Contribution Limits

The deferral limit for 2023 is \$22,500

Catch-up Contributions

Individuals age 50 or older who are maximizing their 401(k) contribution may make an additional contribution to their 401(k) savings plan under an IRS "catch-up" provision. The catch-up contribution is intended to help you accelerate your progress toward your retirement goals. The maximum catch-up contribution is \$7,500 for 2023.



HOLIDAY SAVINGS PLAN

Holiday Savings Plan for all Full-time Associates

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

Personnel Holiday Saving Plan Enrollment Purpose

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

Scope

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

Responsibility

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

Policy

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

Contributions and distribution of balance

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

Enrollment Agreement For Participation In The LUMA Residential Holiday Savings Plan

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

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

CLEVER Rx DISCOUNT CARD

As an extension of care for our clients, Launchways provides a complimentary partnership with Clever Rx, a pharmacy discount card that automatically routes deep Rx discounts to you at point of transaction. If you are paying for a prescription drug with a high copay, it may be less expensive to pay for the drug with the Clever Rx card.

- Search Clever Rx in the app store and download (Good Rx usually appears first, but scroll down and you will see Clever Rx appear)
- Register the app and use the **Group Number 1028**, and the **Member ID 1000**
- Select your Rx profiles and search your prescription drugs to identify savings
- Present the coupon to your pharmacist when you pay for your prescription



For additional support regarding claims, please reach out to
benefits@launchways.com



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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 actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

IMPORTANT CONTACTS

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

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

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