TEAM MEMBER BENEFITS GUIDE

2026

California 2026

AYRES HOTELS

ELEVATE YOUR STAY

Welcome to Ayres Management!

This guide provides a summary of your benefit options and is designed to help you make choices and enroll in coverage. If the information in this brochure should differ from the Plan Document, the Plan Document shall prevail.

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IMPORTANT INFORMATION

ACA

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2026 tax year – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Ayres Management or another group medical plan meeting the requirements for minimum essential coverage.
- Purchase coverage through a health insurance marketplace.
- Enroll in coverage through a government-sponsored program if eligible.

If you choose to purchase coverage through the marketplace, because Ayres Management medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For More Information
Go to **www.healthcare.gov.**

Annual Notices

Ayres Management plans are partially arranged by Ayres Management and governed by its plan rules and documents. Various state and federal laws require that employers provide disclosure and annual notices to their plan participants.

The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program
- HIPAA Notice of Privacy Practices
- Summary of Benefits and Coverage (SBC)

Ayres Management distributes annual notices to new- hires, and each year during open enrollment. You may also request a copy by contacting the Human Resources Department.

ENROLLMENT INFORMATION

Who May Enroll

If you are a classified full-time Team Member working at least 32 hours per week, you and your eligible dependents may participate in Ayres Management benefits program. A qualified dependent is defined below:

- **Qualified Spouse:** A lawful spouse of the Team Member who is not offered health coverage through his or her employer. If your Spouse is eligible for group health insurance through his or her employer, then he or she will not be eligible to obtain coverage under Ayres Management Medical Plan. Or if your Spouse is a business owner with 1 or more employees or contract workers your Spouse will be excluded from the Ayres Management Medical Plan.
- **Qualified Children:** The coverage for children will extend to age 26 (i.e. child is eligible through age 25). An eligible "child" is one who has a relationship with the Team Member (e.g. a son, daughter, stepson, or stepdaughter of the Team Member, a legally adopted child, a child who is placed with the Team Member for legal adoption, or a foster child).

Benefits Plan Year:
July 1- June 30

The plan requires proof of dependence (i.e. birth certificate, marriage license etc.) if you are enrolling a dependent for the very first time on plan. Please provide the appropriate documentation with your enrollment form to the Human Resource Department for verification within 30 days of requested enrollment.

When You Can Enroll

As an eligible Team Member, you may enroll at the following times:

- The eligible date for group benefits is the 1st of the month following or coinciding 60 days of employment or of a status change to full time classification
- During open enrollment effective July 1st.
- Within 30 days of a qualifying event as defined by the IRS (see *Changes to Enrollment* below)

Changes To Enrollment

Our benefit plans are effective July 1st through June 30th. There is an annual open enrollment period each year, during which you can make new benefit elections for the following July 1st effective date. Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS.

Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact the Human Resources Department immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

Online Carrier Resources

Take advantage of the online resources available through our insurance carriers. You can locate network providers, manage your claims, obtain health and wellness information, and much more! Insurance carrier website addresses are located on page 19 of this guide.

TEAM MEMBER MONTHLY CONTRIBUTIONS

Your Cost Per Month

This chart compares the monthly contributions for our Employee Benefit plans. Your cost for coverage will vary depending on the option and level of coverage you choose. Your Medical and Dental contributions are deducted before taxes are withheld which saves you tax dollars (Section 125). Paying for benefits before-tax means that your share of the costs is deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event. Team Members may opt out of the Section 125 plan and pay contributions with after tax dollars.

Medical

Coverage Tier*	LEA Network EPO	Coverage Tier	LEA Traditional PPO
Team Member Only	$90.00	Team Member Only	$624.00
Team Member + Spouse	$424.00	Team Member + 1 Dep	$1,166.00
Team Member + 1 Child	$324.00	Team Member + Family	$1,950.00
Team Member + 2 Child	$560.00		
Team Member + Spouse + 1 Child	$660.00		
Team Member + Spouse + 2 Child	$893.00		

**** Each additional child is +$270***

Dental

Coverage Tier	Guardian DHMO	Guardian PPO
Team Member Only	$3.16	$33.49
Team Member + 1 Dependent	$16.36	$79.51
Team Member + Family	$28.73	$166.70

Basic Life/AD&D

Coverage Tier	Enrolled in Ayres Medical Plan	Not Enrolled in Ayres Medical Plan
Team Member Only	No Additional Cost	$.70

The following benefits are provided to you at no charge and are paid by Ayres Management:

- Employee Assistance Program
- Travel Assistance Program

It is **important** to recognize we've consistently prioritized our employees and their access to quality benefits and we will remain committed to continuing that approach moving forward. Ayres has not increased employee contribution rates in five consecutive years, which is truly unprecedented in today's benefits environment given the continued rise in healthcare costs and market pressures. Our goal has always been to balance a strong employee benefits program while continuing to support our employees.

Ayres Management Medical Plans

Network EPO Medical Plan

With the Exclusive Provider Organization (EPO) plan, you may self-refer to any physician within the Anthem Blue Cross Blue Card PPO network. This plan requires that you only utilize doctors, clinics, and hospitals that belong to the network, except in the case of an emergency. If you choose to see a provider who is not part of the network, you will be required to pay the full cost for your care.

Traditional PPO Medical Plan

The Preferred Provider Organization (PPO) plan allows you to direct your own care. You are not limited to the physicians within the Anthem Blue Cross National Blue Card PPO network and you may self-refer to specialists. If you receive care from a physician who is a member of the network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Finding a Medical Provider

Visit **www.anthem.com/ca**. EPO and PPO participants should select to the National PPO (Blue Card PPO) only network when prompted.

You may also scan the QR code to download the Sydney Health app to find care, compare costs, check plan progress, and fill prescriptions.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC) posted on Ayres PropelHR website. This guide is designed to help you understand the medical plan options offered to you by Ayres Management. Please refer to the SBC and carrier contracts provided by Anthem Blue Cross for additional plan details.

This Team Member Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

BENEFITS

Ayres Management Medical Plans

Plan Name	LEA Network EPO	LEA Traditional PPO	
	In-Network Only	In-Network	Non-Network
Deductible (Annual) - Individual - Family	 $150 $450	 $300 $900	 $300 $900
Out-of-Pocket Maximum - Individual - Family	 $10,600 $21,200	 $10,600 $21,200	 $10,600 $21,200
Office Visit Copay - Preventive Care - LiveHealth Online - Primary Care Physician - Specialist Office Visit - Urgent Care	 No Charge $20 or $40 Copay $20 Copay $40 Copay $20 Copay	 No Charge $20 or $40 Copay $20 Copay $40 Copay $20 Copay	 Deductible, 30% Deductible, 30% Deductible, 30% Deductible, 30%
Hospitalization - Inpatient - Outpatient	 Deductible, 20% Deductible, 20%	 Deductible, 20% Deductible, 20%	 Deductible,30% Deductible, 30%
Lab and X-Ray - Diagnostic Complex	Deductible, 20%	Deductible, 20%	Deductible, 30%
Emergency Services	$150 Copay, then 20% coinsurance	$150 Copay + 20%	
Mental Health/Substance Abuse - Inpatient - Outpatient (Group Therapy)	Deductible, 20% $20 Copay	Deductible, 10% $20 Copay	Deductible,30% Deductible, 30%
Ambulance	Deductible, 20%	Deductible, 20%	Deductible, 20%
Annual Eye Exam	Refer to page 16	Refer to page 16	Refer to page 16
Durable Medical Equipment	Deductible, 20%	Deductible, 10%	Deductible, 30%
Physical, Occupational, Speech Therapy	$40 Copay Max 60 Visits/Year combined	$40 Copay Max 20 Visits/Year	Deductible, 30%

Pharmacy Benefits

Retail & Mail Order			
Generic Formulary	30% with a minimum of $5 co-pay and a maximum of $20	30% with a minimum of $5 co-pay and a maximum of $20	Not Covered
Brand Name Formulary	30% coinsurance	30% coinsurance	
Non-Formulary	$15 co-pay + 30% coinsurance	$15 co-pay + 30% coinsurance	
Supply Limit	30 Days Retail	30 Days Retail	
Specialty Rx			
Generic	30% coinsurance	30% coinsurance	Not Covered
Brand Name	$25 co-pay + 30% coinsurance	$25 co-pay + 30% coinsurance	
Non-Formulary	$50 co-pay + 30% coinsurance	$50 co-pay + 30% coinsurance	

Ayres Management Medical Plans

Tips for Using Your Medical Benefits

❶ Understand the Explanation of Benefits (EOB) Statement if you are enrolled in an EPO/PPO option.

If you enroll in one of the Ayres Group medical plan options, you will receive an Explanation of Benefits (EOB) document after you or a covered family member receives healthcare services. EOBs provide necessary details about claim payment information including your responsibility amount. An EOB is NOT a bill. It is to help you understand how your claim was processed. The EOB is a statement detailing your medical benefits account activity.
To access your current EOBs, claim history and benefits (SBC), you will need to register on the MESA portal: **https://mesa.leadingedgeadmin.com**. Once registered, you have access to your plan coverage , claim history, EOB access to view or print, as well as print a temporary ID card.

❷ Use urgent care centers versus hospital emergency rooms whenever possible.

Frequently, patients seek the services of the hospital emergency department for ailments or injuries that could be treated more economically, and just as effectively, at an urgent care center. It is not always easy to determine when you should choose urgent care over the hospital emergency department. The following lists offer some guidance, but are not necessarily all-inclusive.
*Make sure the Urgent Care provider bills as an Urgent Care and not an Emergency Room.

Examples of URGENT CARE situations	Examples of EMERGENCY situations
Any illness or injury that would prompt you to see your primary care physician including but not limited to: • Accidents and falls • Sprains • Back problems • Breathing difficulties • Abdominal pain • Minor bleeding/cuts • High fever • Vomiting, diarrhea or dehydration • Severe sore throat or cough • Mild to moderate asthma	Any accident or illness that may lead to loss of life or limb, serious medical complication or permanent disability including but not limited to: • Chest pain* • Seizures • Shock • No pulse • Unconscious or catatonic state • Sudden dizziness, loss of coordination or balance • Severe abdominal pain • Severe or uncontrollable bleeding • Broken bones or compound fractures • Severe difficulty breathing or shortness of breath • Spinal cord or back injury • Severe burns • Major head injuries • Ingestion of poisons or obstructive objects • Animal, snake or human bites

*If you believe you may be experiencing a heart attack, call 911 immediately! Do not drive yourself to the emergency room!

❸ Use generic and over the counter drugs when available.

The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.
All specialty medication will go through CarelonRx.

❹ Use the mail-order prescription drug benefit for maintenance medications.

The mail order pharmacy is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication at a discount. See carrier provisions for details.

Tips for Using Your Medical and Pharmacy Benefits

5 **Utilize your preventive care benefits to stay healthy at no cost to the participant.**
In order to receive the full value of your plan, schedule your preventive care exams! Our plans cover these exams 100% when you use in-network providers. Preventive exams can help identify any potential health problems early on. Not all preventive care is recommended for everyone, so talk with your doctor to decide which services are right for you and your family. Preventive care services include, but are not limited to the services listed below.

Females
- Pap tests
- Mammograms
- Annual physicals
- Flu shots
- FDA-approved contraception
- Immunizations
- Colonoscopy
- Blood pressure checks
- Cholesterol (total and HDL)
- Diabetes mellitus: baseline for high-risk individuals

Males
- Colonoscopy
- Prostate cancer screening
- Annual physicals
- Flu shots
- Immunizations
- Blood pressure checks
- Cholesterol (total and HDL)
- Diabetes mellitus: baseline for high-risk individuals

Children
- Well-baby care
- Annual physicals
- Flu shots
- Immunizations
- Medical/family history and physical exam
- Blood pressure checks
- Vision screening

The care you need—when you need it

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now you don't have to. Anthem Blue Cross lets you see and talk to a doctor or nurse from your mobile device or computer without an appointment.

Video Appointments via LiveHealth Online:
With just a few simple steps, you'll be ready to see your doctor—without a trip to the doctor's office.

Signing up is quick, easy, and free to do. Be sure to enter your insurance information since LiveHealth Online is a covered benefit under our Anthem plans.

Getting Started:
Go to **www.livehealthonline.com**

Telemedicine via your PCP or Specialist:
Some of your primary care physician, specialist, pediatrician or medical groups may be offering telephone or virtual consultation. Should you need to talk to your provider, call to inquire if they offer virtual consultation. This will save you a trip to the medical office.

Regular office visit copays apply per Ayres medical plan design

For Medical, Claims and Pharmacy Questions Contact Concierge:
Concierge is the member customer service department that will assist all enrolled members with medical, pharmacy, and claim questions. They are available between 5:30 AM – 3:00 PM PDT Monday-Friday. You can reach them by calling the concierge member services number at (844) 437-8347 or register on the MESA portal; https://mesa.leadingedgeadmin.com to view member and claims information.

BENEFITS

Understanding Your Explanation of Benefits (EOB), Medical ID Card, & Insurance Carrier

What is an Explanation of Benefits (EOB)?

An Explanation of Benefits (EOB) is a summary from your health insurance plan and explains how your claim was handled. It is not a bill.

You'll receive EOBs from Leading Edge Administrators (LEA), your insurance carrier.

Why it matters?

Your Explanation of Benefits (EOB) helps you understand how your claim was processed, what your insurance covered, and what you may owe. It also allows you to check for errors and keep track of your healthcare expenses.

EOB & Bill Process

1. Review your EOB from Leading Edge Administrators
2. Wait to receive a bill from your provider's office. If you don't receive a bill within 3–12 weeks, contact the provider to request one.
3. Compare the bill to Section 3 of your EOB. If the amounts match, proceed with payment. If the amounts do not match, contact Customer Service at 1-844-437-8347 or IAG at 949-387-2323 (Option 3).

   Important: For hospital stays, surgeries, or emergency room visits, be sure you receive an EOB. This confirms your claim was processed and that the SPP program has been applied correctly.

Understanding Your EOB Overview

Scan the QR code to access overview video which outlines how to read and understand your EOB.

Who is my insurance carrier?

- Leading Edge Administrators (LEA).

Why does my ID card list Anthem?

- Anthem is your network of providers and handles all claims. You do not have Anthem insurance.

Where can I get a copy of my medical ID card?

- You can register on the MESA LEA portal or contact LEA for a copy.

How does my provider confirm my eligibility?

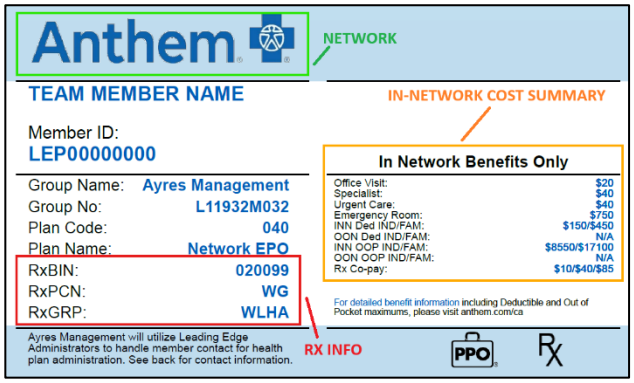
- Your provider can verify your insurance through the Anthem electronic eligibility system. Provider should elect "Blue Cross and Blue Sheild Plan".

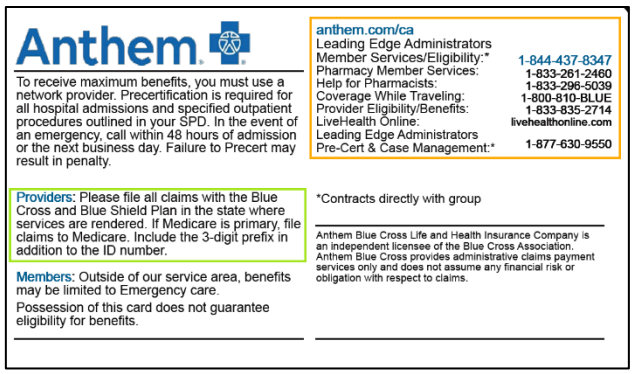
What if my provider can't verify coverage?

- Tell your provider to call the Provider Eligibility phone number on your ID card for assistance: 1-833-835-2714

What if I have questions related to my provider or ID card?

- You can contact LEA Member Services using the phone number listed on your ID card: 1-844-437-8347
- You can also contact IAG at 949-387-2323 opt. 3





Skip the pharmacy with home delivery

Have your long-term medications sent to your home with CarelonRx Pharmacy

How home delivery benefits you

Convenience. Your medicine is delivered directly to your home or any place you choose.

- Manage your prescriptions with the Sydney℠ Health app or at **anthem.com**.
- Expect first-time orders to take about five days to process. Refills usually take just two days. Standard shipping time varies between 3–5 days.
- Track your order.
- Set up reminders and automatic refills, too.

Safety. All orders are checked by a licensed pharmacist before shipping. Our discreet packaging is:

- Tamperproof
- Weatherproof
- Temperature controlled, if needed

Peace of mind. You're less likely to miss a dose and more likely to stay on track with the treatment your doctor prescribed when you switch to home delivery. * You can also talk, text, or chat 24/7 with a trained pharmacist if you have questions or need help.

Hassle-free service. CarelonRx Pharmacy will contact your doctor to order a new, 90-day prescription if you need one. If a medication preapproval is needed, the home delivery team will reach out to you for consent before shipping your medication.

Savings. Many medications cost less when you fill a 90-day supply instead of three 30-day supplies. Standard shipping is always free. With CarelonRx Pharmacy, you can also learn about lower-cost options to save money.

Signing up is simple

1. Log in to **anthem.com** and go to the **Prescriptions Home** page. You can also log in to your mobile app and select **Pharmacy,** or scan the QR code below. Register your member account if you haven't already.

2. Go to **View Prescriptions** and follow the guided steps to switch to CarelonRx Pharmacy.

Contact us if you need help

Call the **number on the back of your ID card** or use the live chat feature on Sydney Health or **anthem.com**.

*National Library of Medicine, National Center for Biotechnology website: *A Retrospective Database Study Comparing Diabetes-Related Medication Adherence and Health Outcomes for Mail-Order Versus Community Pharmacy* (accessed March 2019): ncbi.nlm.nih.gov.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023

Services provided by CarelonRx, Inc. CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Mutual of Omaha

Basic Life/AD&D Insurance

It's never fun to discuss life insurance. But you probably know that life insurance is something that you need to protect your loved ones in the event of your death. Things like funeral expenses, debt, and the cost of living, can all add up. Fortunately, life insurance can help lessen the financial burden and provide coverage to help pay for these types of expenses.

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company.

Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury.

Life benefits will reduce by certain percentages as you age, and will terminate when you leave the company or retire.

Basic Life/AD&D
$20,000/ $20,000 provided you are enrolled in the Ayres Group Medical Plan; Team Members not enrolled in the Ayres Group Medical Plan may purchase life insurance separately.

Choosing a Beneficiary

A beneficiary is a person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up-to-date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage, or divorce. You may call the Human Resources Department for a copy of the Beneficiary Designation Form as needed.

Employee Assistance Program

When you choose life insurance, Employee Assistance Program (EAP) through Mutual of Omaha provides you and your household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities and obligations. Services are available by a Mutual of Omaha provider 24 hours a day, 7 days a week via a toll-free nationwide number.

Additional EAP Services

Counseling Options

- Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources
- Additional community resources or possible counseling options come at the expense of the employee

Online Services

- Current events and resources
- Family and relationships
- Emotional well-being
- Financial wellness
- Legal assistance
- Physical well-being
- Work and career
- Bilingual article library
- Substance abuse and addiction

Work/Life Services

- Child and Elder care resources and referrals

Financial Services

- Inclusive financial platform powered by Enrich
- Personal financial assessment tool
- Personalized courses, articles & resource to meet financial needs
- Ongoing progress reports on financial health

Legal Services

- Valuable resources available via website
- Legal forms, libraries & tools
- 1 Legal consultation with an attorney per year (up to 30 minutes)
- 25% discount for ongoing legal services for same issue

World Wide Travel Assistance

When you chose life insurance, Worldwide Travel Assistance is a service arranged by AXA Assistance USA to provide a resource for all your traveling needs. It provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may have when you travel. It also offers pre-trip assistance and information from passport/visa requirements, foreign currency, and weather. Worldwide Travel Assistance is available 24 hours, 7 days a week, 365 days of the year. When you need help, AXA Assistance USA and a trained professional can assist and serve your needs.

EAP: For More Information

Go to www.mutualofomaha.com/eap or call (800) 316-2796 for more details.

Travel: For More Information

Go to www.mutualofomaha.com, access your downloadable benefit card on-line, select "Worldwide Travel Assistance" or call AXA Assistance USA at (800) 856-9947 or (312) 935-3658.

Dental Insurance

Guardian | DHMO Dental Plan

With the Dental Health Maintenance Organization (DHMO) plan through Guardian, you are required to select a general dentist to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO Plan Schedule. Please keep a copy of the Guardian 55G plan schedule when utilizing this plan. This will show the applicable copays that apply to all of the dental services that are covered under this plan. The schedule can be downloaded from the company electronic site. At this time, please note there are no DHMO providers near Paso Robles location.

Guardian | PPO Dental Plan

With the Guardian Preferred Provider Organization (PPO) dental plan, you may visit a DentalGuard Alliance network dentist, a DentalGuard Preferred network dentist, or a non-network dentist. The Alliance network includes a smaller more selective group of dental care providers who have agreed to provide a greater savings to you. If you cannot locate a dentist of your liking under the Alliance network, you may choose a dentist under Preferred network, which will still provide an average savings of 30%. If you obtain services using a non-network dentist, you will incur much higher out-of-pocket expenses and you may be responsible for filing claims.

Plan Name	Guardian DHMO Plan	Guardian PPO Plan		
Network Name	DHMO/MDG/Pre-Paid	DentalGuard Alliance	DentalGuard Preferred	Non-Network
Dental Benefits				
Calendar Year Maximum	Unlimited	$2,500		
Deductible (Annual) - Individual - Family	 $0 $0	 $50 3 Per Family	 $50 3 Per Family	 $50 3 Per Family
Preventive (Plan Pays) Exams, X-Rays, Cleanings	100% for Most Services	No Charge	No Charge	Deductible, 10%
Basic Services (Plan Pays) Fillings, Oral Surgery, Endodontics, Periodontics	See Plan Schedule	Deductible, 10%	Deductible, 10%	Deductible, 30%
Major Services (Plan Pays) Crowns, Prosthetics,	See Plan Schedule	Deductible, 40%	Deductible, 40%	Deductible, 60%
Orthodontia - Covered Members - Copay - Coinsurance - Lifetime Benefit Maximum	 Children & Adults $1,975 Child / $2,175 Adult N/A N/A	 Children & Adults N/A Deductible, 50% $1,000		

Finding a Dental Provider

Go to **www.guardiananytime.com,** call (800) 273-3330 for DHMO or (888) 600-1600 for PPO, or download the **Guardian mobile app**. DHMO participants should refer to the "Managed Dental Care" network and PPO participants should refer to the "DentalGuard Alliance" or the "DentalGuard Preferred" network when prompted.

Download the Guardian mobile app

Download for iOS

Download for Android

Managed DentalGuard
Plan Schedule – SOM

MDG Codes ++	Covered Services	Patient Charges
	Periodontics (cont.)	
4270	Pedicle soft tissue graft procedure	$65.00
4271	Free soft tissue graft procedure (including donor site surgery)	$70.00
4341	Periodontal scaling & root planing - per quadrant	$10.00
4355	Full mouth debridement to enable evaluation & diagnosis	$5.00
4910	Periodontal maintenance procedures (following active therapy)	$5.00
4920	Unscheduled dressing change (by other than treating dentist)	NO CHARGE
9951	Occlusal adjustment - limited - per visit	NO CHARGE
	Prosthodontics (Removable)	
5110/5120	Complete denture (including routine post delivery care)	$110.00
5130/5140	Immediate denture (including routine post delivery care)	$110.00
	Partial dentures (including routine post delivery care):	
5211/5212	Resin base - including clasps, rests, teeth	$90.00
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth	$130.00
	Repairs & adjustments:	
5410/11/21/22	Denture adjustments	$5.00
5510/5610	Repair denture base	NO CHARGE
5520/5640	Replace missing or broken teeth - per tooth	NO CHARGE
5630	Repair or replace clasp	$5.00
5650	Add tooth to existing partial	$5.00
5660	Add clasp to existing partial	$5.00
5710/11/20/21	Rebase denture	$15.00
5730/31/40/41	Reline denture (chairside)	$10.00
5750/51/60/61	Reline denture (laboratory)	$15.00
5820/5821	Interim partial denture (stayplate)	$45.00
5850/5851	Tissue conditioning	NO CHARGE
	Oral Surgery	
7110/7120	Extraction - single tooth	NO CHARGE
7130	Root removal - exposed roots	NO CHARGE
7210	Surgical removal of erupted tooth	$20.00
7220	Removal of impacted tooth - soft tissue	$25.00
7230	Removal of impacted tooth - partially bony	$35.00
7240	Removal of impacted tooth - completely bony	$40.00
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	$40.00
7250	Surgical removal of residual tooth roots (cutting procedure)	$20.00
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	$30.00
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	$45.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	$30.00
7285	Biopsy of oral tissue - hard	$25.00
7286	Biopsy of oral tissue - soft	$20.00
7310	Alveoplasty in conjunction with extractions - per quadrant	$15.00
7320	Alveoplasty not in conjunction with extractions - per quadrant	$25.00
7450	Removal of odontogenic cyst/tumor - up to 1.25cm	$30.00
7451	Removal of odontogenic cyst/tumor - over 1.25cm	$55.00
7470	Removal of exostosis - maxilla or mandible	$40.00
7510	Incision & drainage of intraoral abscess	$15.00
7960	Frenulectomy (separate procedure)	$30.00
	Orthodontic Treatment (covers 24 months active treatment)	
8601	Orthodontic evaluation and consultation	$100.00
8602	Orthodontic treatment plan and records, including x-rays, study models and photos	$150.00
8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; dependent child to age 18 (as determined by the Member's age on the date of banding)	$1975.00
8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse, or dependent child over age 18 (as determined by the Member's age on the date of banding)	$2175.00
8670	Periodic comprehensive orthodontic treatment visit	NO CHARGE
8680	Orthodontic retention	$300.00
	Miscellaneous Services	
9110	Palliative (emergency) treatment - per visit	NO CHARGE
9215	Local anesthesia	NO CHARGE

++ Covered Services are subject to exclusions, limitations and Plan provisions. Other codes may be used to describe Covered Services.

** If high noble metal is used, there will be an additional patient charge for the actual cost of the high noble metal.

• Plan Schedules are only Valid for Covered Services rendered by Participating Dentists in the State of California.

Managed DentalGuard

Plan Schedule – SOM

MDG Codes ++	Covered Services	Patient Charges
	Appointments & Diagnostic Services	
0101*	Office visit - during regular hours - participating general dentist only	$5.00
0102	Broken appointment (without 24 hours notice)	$25.00
0120/0140/0150	Oral evaluation	NO CHARGE
0460	Pulp vitality tests	NO CHARGE
0470	Diagnostic casts	NO CHARGE
9310	Consultation (by dentist other than practitioner providing treatment)	NO CHARGE
9430	Office visit for observation - regular hours - no other service performed	NO CHARGE
9440	Emergency office visit - after regularly scheduled office hours	$50.00
	Radiographs	
0210	Intraoral - complete series (including bitewings)	NO CHARGE
0220/0230/0240	Intraoral - periapical or occlusal - single film	NO CHARGE
0270/0272/0274	Bitewings	NO CHARGE
0330	Panoramic film	NO CHARGE
	Preventive & Space Maintenance	
1110/1120	Prophylaxis	NO CHARGE
1201/1203	Topical application of fluoride (may include prophylaxis) - child	NO CHARGE
1310	Nutritional counseling for control of dental disease	NO CHARGE
1330	Oral hygiene instruction	NO CHARGE
1351	Sealant - per tooth	NO CHARGE
1510	Space maintainer - fixed - unilateral	$10.00
1515	Space maintainer - fixed - bilateral	$20.00
1550	Recementation of space maintainer	NO CHARGE
	Restorative	
2110	Amalgam - one surface - primary	NO CHARGE
2120	Amalgam - two surfaces - primary	NO CHARGE
2130	Amalgam - three surfaces - primary	NO CHARGE
2131	Amalgam - four or more surfaces - primary	NO CHARGE
2140	Amalgam - one surface - permanent	NO CHARGE
2150	Amalgam - two surfaces - permanent	NO CHARGE
2160	Amalgam - three surfaces - permanent	NO CHARGE
2161	Amalgam - four or more surfaces - permanent	NO CHARGE
2210	Silicate cement - per restoration	NO CHARGE
2330	Resin/composite - one surface, anterior	NO CHARGE
2331	Resin/composite - two surfaces, anterior	$5.00
2332	Resin/composite - three surfaces, anterior	$5.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	$10.00
2336	Composite resin crown, anterior - primary	$5.00
2380	Resin/composite - one surface, posterior - primary	$5.00
2381	Resin/composite - two surfaces, posterior - primary	$5.00
2382	Resin/composite - three or more surfaces, posterior - primary	$10.00
2385	Resin/composite - one surface, posterior - permanent	$5.00
2386	Resin/composite - two surfaces, posterior - permanent	$10.00
2387	Resin/composite - three or more surfaces, posterior - permanent	$10.00

MDG Codes ++	Covered Services	Patient Charges
	Crown, Bridge & Other Cast Restorations	
2510	Inlay - metallic - one surface**	$60.00
2520/6520	Inlay - metallic - two surfaces**	$75.00
2530/6530	Inlay - metallic - three or more surfaces**	$75.00
2543/6543	Onlay - metallic - three surfaces**	$80.00
2544/6544	Onlay - metallic - four or more surfaces**	$80.00
2702	Crown supporting existing partial denture, in addition to crown	$125.00
2703	Multiple crown and bridge unit treatment plan - per unit	$125.00
2740	Crown - porcelain/ceramic substrate	$100.00
2750 - 2752	Crown - porcelain fused to metal**	$95.00
2790 - 2792	Crown - full cast metal**	$90.00
2810/6780	Crown - 3/4 cast metallic**	$95.00
6210 - 6212	Pontic - cast metal**	$90.00
6240 - 6242	Pontic - porcelain fused to metal**	$95.00
6750 - 6752	Crown - abutment - porcelain fused to metal**	$95.00
6790 - 6792	Crown - abutment - full cast metal**	$90.00
	Other Restorative Services	
2910/2920/6930	Recement inlay, crown, bridge	NO CHARGE
2930/2931	Prefabricated stainless steel crown	$10.00
2932	Prefabricated resin crown	$20.00
2940	Sedative filling	NO CHARGE
2950/6973	Core buildup, including any pins	$20.00
2951	Pin retention - per tooth, in addition to restoration	NO CHARGE
2952/6970	Cast post & core	$30.00
2954/6972	Prefabricated post & core	$25.00
2960	Labial veneer (laminate) - chairside	$40.00
	Endodontics	
3110/3120	Pulp cap	NO CHARGE
3220	Therapeutic pulpotomy	NO CHARGE
3310	Root canal - anterior	$25.00
3320	Root canal - bicuspid	$30.00
3330	Root canal - molar	$90.00
3346	Root canal - retreatment - anterior	$35.00
3347	Root canal - retreatment - bicuspid	$40.00
3348	Root canal - retreatment - molar	$95.00
3410	Apicoectomy/periradicular surgery - anterior	$55.00
3421	Apicoectomy/periradicular surgery - bicuspid - first root	$60.00
3425	Apicoectomy/periradicular surgery - molar - first root	$60.00
3426	Apicoectomy/periradicular surgery - each additional root	$25.00
3430	Retrograde filling - per root	$10.00
	Periodontics	
4210	Gingivectomy or gingivoplasty - per quadrant	$35.00
4211	Gingivectomy or gingivoplasty - per tooth	$15.00
4240	Gingival flap procedure - including root planing - per quadrant	$65.00
4249	Clinical crown lengthening - hard tissue	$55.00
4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	$95.00
4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	$60.00

Tips for Using Your Dental Benefits

❶ Understand your plan.

Understanding your dental plan's benefits, including how copays, deductibles, and calendar year maximum benefits work, is key to getting the most value from your plan and avoiding surprises. By registering at **www.guardiananytime.com** you are able to review the plan benefits along with the option of printing your ID card.

❷ Take advantage of preventive services offered by the plan.

The least expensive way to maintain good oral health is to go to your dentist at least twice each year for an exam and cleaning. Regular dentist visits can help prevent serious health problems such as oral diseases and cancers, and going to the dentist is more affordable in the long run for those who are insured and take advantage of every service.

Both the DHMO and the PPO plans cover most preventive services at no charge to you. As an added bonus, the annual deductible is waived for preventive services on the PPO dental plan.

❸ Use contracted dental providers.

With the DHMO plan, you must visit your selected network dentist for treatment. If you visit another dentist, even if that dentist participates in the network, your visit won't be covered.

- **Changing Your Primary Dentist:** To update your primary dentist, call Guardian before the 20th of the month. The change will take effect on the 1st of the following month.
- If you call after the 20th, the change will not take effect until the 1st of the month after a full one-month waiting period. *If you need dental care soon, be sure to make changes before the 20th to avoid delays.*

Under the PPO plan, you have the flexibility to visit any licensed dentist in the network, however, contracted network providers have a rate agreement with the insurance company for services rendered. If you use a non-network provider, your out-of-pocket expenses will be higher and you may be subject to balance billing.

❹ Ask for a predetermination of benefits.

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed $300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

❺ Know your plan's limits.

The PPO dental plan includes a $2,500 calendar year maximum for dental benefits and a $1,000 lifetime maximum for orthodontia services for each member of your family. A calendar year maximum benefit is the total maximum amount the plan will pay per year for dental benefits. This amount renews at the beginning of each calendar year. If you do not use this amount, it doesn't roll-over.

In addition to the calendar year maximum, the DHMO and PPO plans limit the number of cleanings to twice per year. Other limitations may apply. If you are unsure, ask your dentist to verify for you.

❻ Schedule your procedures to make the most of your dental coverage.

As part of dental planning, you should consult with your dentist and, if possible, delay non-urgent procedures that would push your out-of-pocket costs over your plan's calendar year maximum benefit. If possible, plan your procedures in such a way that your annual maximum renews itself in between stages.

❼ Discuss alternative procedures when necessary.

By letting your dentist know that cost is an issue, he or she may be able to suggest alternative treatments that are less expensive but just as effective.

Vision Discounts & Member Perks

Included Vision Perks (Medical Enrollees)

Ophthalmologist Visits - Medical Eye Issues
If you are seeking benefits through an Ophthalmologist (a medical eye doctor who treats medically-related eye diseases and typically doesn't prescribe eyewear), you will be required to access benefits through your medical coverage with LEA.

Reimbursement Program – Annual Eye Exams

Optometrist visits for adults and children who are enrolled as dependents in the plan are covered under the Ayres Management Reimbursement Program. You may see any licensed optometrist of your choice. The plan will reimburse you up to $100 per calendar year, minus a $20 office visit copay. For example, if your optometry exam cost is $100, Ayres Management, L.P. will reimburse you $80. Please note: Reimbursements are not automatic. To receive reimbursement, you must submit a copy of your exam invoice to our secured Human Resources email sindy@ayresgroup.net or secured fax at 714-549-4459.

Included Vision Discounts (Dental Enrollees)

ID Cards are not Needed for Vision Discounts
At the time of service, simply notify your Guardian VSP network doctor that you are a member of Guardian VSP Access plan to receive your discount.

Plan Name	Guardian (VSP) Vision Discount Plan
Network Name	VSP Access
Vision Benefits	
Examinations *(follow up visit, contact lens fitting)*	20% discount off the VSP doctor's usual charge
Frames, Standard Lenses and Lens Options	20% discount off the VSP doctor's usual charge when a complete pair of prescription glasses are purchased
Contact Lens Professional Services	20% discount off the VSP doctor's usual charge for professional services Please note that contact lenses are not discounted
Laser Vision Correction	Average 20% discount off surgeon's usual charge, or 5% off of any promotional price if it is less than the usual discounted price

Adults & Children - (Eye Exam & Eye Wear)

If you are enrolled in Dental insurance through Guardian, the Vision Discount Plan, is offered to you at no additional cost. The discounts offered are only available through the Guardian VSP Access network. You must pay the entire discounted fee directly to the VSP network doctor. Discounts are only available from Guardian VSP's Access network providers.

Finding a Vision Provider

- **Ophthalmologist:** Use your medical benefits through Anthem Blue Cross **www.anthem.com/**. Refer to the "National PPO (BlueCard PPO)" network when prompted.
- **Optometrist:** Go to any optometrist or you may locate a VSP Access network doctor at **www.guardiananytime.com** or by calling (877) 814-8970.

AYRES Management
Flexible Spending Accounts (FSA) Overview
Plan Year: July 1, 2026 – June 30, 2027

What is the Flexible Spending Account Plan? The Flexible Spending Account Plan (FSA) offers you a way to save money on your health care out-of-pocket expenses and/or dependent care expenses using tax-free dollars. Your annual election is deducted from your paycheck in equal amounts on a pre-tax basis. When you incur an eligible expense, you then can be reimbursed using those tax-free dollars.

Health Care FSA—up to $3,400 You can set aside from a minimum of $150 up to $3,400 maximum in pre-tax dollars in a health care spending account. This allows you to pay for qualifying out-of-pocket health care expenses for you and your dependents. The amount you choose to contribute will be deducted from your pay in equal installments throughout the year. You cannot change this amount unless you have a Qualified Life Event.

How to estimate your savings with an FSA

One of the most important decisions you will make about participating in an FSA is how much to contribute each year. We have provided a sample below to give you an idea of the potential tax savings and a worksheet to help guide you through estimating your eligible expenses.

Example:	With FSA	*Without* FSA
Annual Gross Earnings	$40,000.00	$40,000.00
Annual pre-tax contributions	$3,050.00	$ -
Annual taxable earnings	$36,950.00	$40,000.00
Federal Tax (15%)	*$5,542.50*	*$6,000.00*
State Tax (5%)	*$1,847.50*	*$2,000.00*
State Disability (1.2%)	*$443.40*	*$480.00*
Social Security (6.2%) *	*$2,290.90*	*$2,480.00*
Medicare (1.45%)	*$535.78*	*$580.00*
Annual post-tax expenses	$ -	$3,050.00
Net income after taxes and expenses	$26,289.93	$25,410.00
Monthly Savings	**$73.33**	
Annual Savings	**$879.92**	

**Rates may be subject to a payroll change dependent upon the passage of legislation.*

Dependent Care FSA—up to $7,500 The IRS allows families to set aside up to $7,500 maximum pre-tax each year to pay for eligible dependent care expenses. Eligible expenses are those you must pay for dependent care so that you and your spouse can work or if your spouse is attending school full time or actively seeking employment. If your spouse also contributes to a Dependent Care FSA, your total contributions cannot exceed $7,500 if you already contributed through another employer, you need to make sure the total amount for the calendar year does not exceed $7,500 combined.

Married couples that file taxes separately are limited to $3,750 each. Eligible expenses include the following: babysitter or nanny through age 12, pre-K or nursery school, before-or after-school care through age 12, day camp through age 12, daycare for a disabled adult or child and elder daycare for a parent or dependent, as long as they reside in your home.

Enrollment If you wish to participate in a flexible spending account for healthcare or dependent care spending you must re-enroll each year, per IRS guidelines. Outside of open enrollment, you will only be able to change your benefits if you have an IRS qualified status change such as; marital status, having or adopting a child, or change in your spouse's employment.

How to submit a claim in order to be reimbursed or if you have questions:

- ✓ Email to: Flex@accruecms.com
- ✓ Customer Service: 888-882-1498
- ✓ Mobile application: AccrueCMS

Note: When submitting physical claims, you must complete a form and attach the appropriate receipts. In addition, there is a $20 required minimum dollar. Any claim submitted that is less than $20 will be processed and pended until the minimum is met.

2 ½ Month Grace Period: The Plan allows you to be reimbursed from unused amounts remaining in your Healthcare Spending Account and/or Dependent Care Account up to 2 ½ months following the end of the Plan Year. The Grace Period will begin on July 1 and will end on September 30th. Claims for reimbursements with bills and receipts need to be submitted and received by Accrue CMS no later than September 30th.

Use it or Lose It
When determining how much to contribute, plan carefully. The IRS has imposed a "use it or lose it" rule. Any amounts remaining in your health care account or, if you have a balance in your dependent care account at the end of the plan year and not submitted for claim reimbursement by September 30th will be forfeited, as required by law.

Online Account Access

Go to set up your **Accrue CMS account**. You will have access to view your account -- elections, deposits, view claim history, and much more, 24 hours a day, 7 days a week. It is easy and fast!

Check Balance

Wondering whether you can pay for an elective procedure or a mounting bill? Do a quick account check to see your current balance. No need to wait for an answer – it's right at your fingertips.

Scan Expenses

How can you easily determine which products can be paid for using your account funds? With AccrueCMS, you can simply scan a product bar code to help determine eligibility as a qualified medical expense. That's peace of mind with a touch of a button.

Make Payments Quickly

No more card fumbling! With mobile payments, you don't need to use (or even bring) your benefits debit card when you want to pay for eligible expenses. Your card will be accessible (alongside the rest of your credit or debit cards) in your mobile wallet.

Access benefit debit card via mobile wallet to pay for eligible expenses

Record a health expense and capture the receipt the moment the transaction happens. Easily add payees and pay bills from any account. And, if you pay out-of- pocket, file a claim with a receipt – right from your phone.

Qualified Expenses

IRS regulations govern the eligibility of items and claims. As your Flex Administrator, AccrueCMS helps ensure that you stay within these regulations.

Medical

- Co-insurance
- Co-Pays
- Deductibles (Medical*)
- Acupuncture
- Chiropractor
- Podiatrist
- Doctor Fees
- Office Visits
- Prescriptions
- Hospital
- Laboratory fees
- Medic alert bracelet
- Dermatologist
- Immunizations
- Obstetrical expenses
- Routine physicals
- X-rays

Dental*

- Well baby checkups
- Orthodontic
- Dentures/bridge/crowns
- Fluoride treatment & seals C
- Cleanings and filings
- Root Canals
- Extractions
- Dental x-rays
- Occlusal guards
- Reconstruction/implants

Vision*

- Glasses eye exam
- Contact lenses
- Contact solution
- Prescription sunglasses
- LASIK surgery
- Visine and eye drops
- Reading glasses
- Eyeglass repair kits
- Orthokeratology
- See eye dog (buying, training, and maintaining)

Hearing*

- Hearing Exam
- Hearing Aids special batteries

Therapy*

- Physical therapy
- Psychiatric care
- Psychologist fees for medical care

Physical Impairments*

- Wheelchairs
- Crutches
- Walker
- Custom-made orthopedic shoes and inserts

Diabetic Supplies*

- Insulin
- Glucometer Syringes/Needles
- Test Strips

How do I know what qualifies?

- You can simply scan a product bar code right in your mobile app to help determine eligibility as a qualified medical expense. That's peace of mind with a touch of a button.
- Online shopping for eligible expenses can be done on sites like Healthshopper, FSA Store, and HSA Store. These sites are dedicated to items that are eligible under pre-tax accounts like FSAs and HSAs.

ACCRUE CMS

OTC Approved Product List

Accrue has complied a thorough list of eligible OTC items.

First Aid

- Bandages, Wraps, Tapes, and Kits
- Antibiotics/Antiseptics
- Sling/Supports
- Skin Remedies/Protectants
- Hand Sanitizers
- Protective Gloves and Face Masks

Foot/Leg Care

- Foot Care/Hygiene Aids
- Therapeutic Compression Hosiery

Bladder/Genital/Rectal Product

- Diuretic Remedies
- Enemas/Douches
- Genital Irritation
- Rectal Medication

Gastrointestinal Remedy Products

- Antacids/Indigestion/Flatulence Remedies/Diarrhea Remedies
- General Gastrointestinal Remedies Laxatives
- Nausea Remedies
- Oral Rehydration/Electrolyte Maintenance

Oral/Mouth Treatments

- Halitosis Treatment
- Ulcer Treatment

Sun Protection Product

- Sunscreen
- After Sun Care
- Lip Balm with SPF

Sensory Organs Care/Treatments

- Ear Preparations
- Eye Preparations
- Contact Lens Care
- Reading Glasses

Habit Treatment

- Anti-smoking Aids

Vitamins/Minerals/Nutritional Supplements Sleeping/Stress Relieving Products

- Sleeping Aids
- Stress Relief/Calmatives
- Pain Relief Products
- Arthritic/Rheumatic/Muscular Pain Relief
- General/Multi-use Pain Relief
- Headache/Migraine Pain Relief
- Powered Pain Relief

Skin/Scalp Aid

- Anti-fungal Products
- Insect Bite Relief
- Wart/Corn/Callus Treatment

Diagnostic Test

- COVID-19 Home Tests
- Thermometers

Respiratory/Allergy Products

- Allergy Prevention/Relief/Antihistamines
- Chest Rubs
- Cold/Cough Remedies
- Decongestants
- Humidifiers/Vaporizes
- Nasal Straps/Sprays
- Throat Remedies

Oral Hygiene

- Breath Fresheners/Mouth Rinses
- Dental Cleansing
- Denture Care/Cleaning
- Oral Care Aids (non-powered/powered)

Diagnostic Monitors

- Body Fat Monitor
- Heart Rate Monitor
- Personal Scales
- Adult Incontinence
- Pads
- Underwear (disposable/non-disposable)

Sources Publication 502 (2020), Medical and Dental Expenses: Internal Revenue Service https://www.irs.gov/publications/p502 Dietary Guidelines For Americans https://www.dietaryguidelines.gov/ Medicare Managed Care Manual - Chapter 4 https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/ Downloads/mc86c04.pdf

ACCRUE CMS

AccrueCMS Benefits Card

Using Your Card is as Easy as 1-2-3!

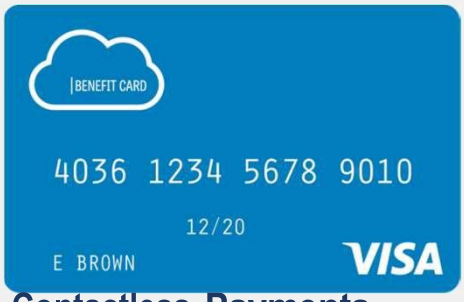
No matter what accounts you enroll in (HSA, FSA, HRA, commuter benefits, or a combination), you only need **ONE** debit card for all your accounts because our technology can pull from the right account (at the right percentage) based on your purchase.

It's Important to Save Your Receipts!

Your AccrueCMS Prepaid Benefits Card will improve your cash flow. However, be aware that the IRS requires the Card be used only for eligible expenses. Most of the time, we can verify the eligibility of the expense automatically. Yet, there are instances when you'll receive a letter/notification asking you to furnish an itemized receipt to verify the expense. When you receive such a request, make sure you submit the receipts as soon as possible to avoid having your Card suspended until receipts have been submitted and approved.

Add Your Benefits Debit Card to Your Mobile Wallet

Whether your use Google Pay, Apple Pay or Samsung Pay, you can quickly add your benefits debit card to your mobile wallet with just a few taps on your device.



Contactless Payments

You can add your debit card to your mobile wallet to takeadvantage of contactless payment options.

The card can be used, instead of cash!

- Prescription and health plan copayments, deductibles, and coinsurance
- "Amount Due" on medical and dental statements
- Orthodontics
- Mail-order or online prescription invoices
- Vision services and eyeglasses
- LASIK surgery
- Eligible over the counter (OTC) items

ONE debit card for your accounts!

BENEFITS

Retirement Savings

Ayres Management | 401(k) Savings and Investment Plan

You are encouraged to participate in Ayres Management 401(k) plan. This plan allows you to fund for your retirement with pre-tax or after-tax dollars.

Eligibility

Eligible team members may join the plan when the following requirements are met:

⇒ 21 years of age
⇒ 1,000 hours of service
⇒ 12 months consecutive service
⇒ 500 hours of service in a 12-month period for two consecutive years (Long Term Part Time Rule)

Entry Dates

January 1, July 1

Employer Contribution

The plan allows Ayres to make a discretionary matching contribution in an amount to be determined by Ayres on an annual basis.

Vesting

Your contributions are always 100% vested. Your employer's contributions are vested as follows:

Vesting Schedule

Year of Service	Percentage Vested
1	0%
2	20%
3	40%
4	60%
5	80%
6+	100%

401(k) IRS Maximums	2026	2027
Elective Deferral	$24,500	Indexed for Inflation
Catch-Up for Team Members Age 50+	$8,500	Indexed for Inflation

See your Summary Plan Description for more details about taking a distribution from the Plan. Be sure to talk with your tax advisor before taking a distribution of any money from your Plan account.

Waypoint Financial Advisors

Whether you're just starting your employment journey or are a long-time participant, our extended team at Waypoint share our company's commitment to educating our team members about the importance of this valuable retirement benefit.

Not sure how to invest? Our team at Waypoint Financial Advisors is here for you.
If you have any questions regarding your retirement future or how to get started in the plan, team members can scan the QR code below or call Waypoint at 877-757-3263. Para ayuda en español acerca del plan 401k, por favor llame al 877-757-3263.

WAYPOINT
FINANCIAL ADVISORS

Scan this QR code to visit your participant website!

About our 401(k) Provider

Our 401(k) plan is administered by **Voya Financial**, a leading provider of retirement savings and investment services. Voya offers employees access to online account management tools, retirement planning resources, investment options, and customer support to help you prepare for your financial future.

Accessing Your 401(K) Account

You access online by visiting www.voyaretirementplans.com, by phone by contacting Voya's Customer Service Line at (800) 584-6001, refer to plan/group 775839, or via the Voya Retire mobile app (*easy, secure, and convenient way to access your account*).

Excited to learn more?

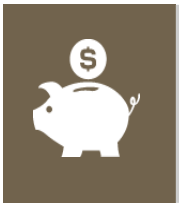
Scan the QR Code to access digital and educational resources to help you on your journey to overall financial wellness!

BENEFITS

Banking

Orange County's Credit Union | Checking, Savings, & Loans

Orange County's Credit Union is a Nonprofit organization community-chartered credit union in California serving Team Members living or working in Orange and Riverside counties, Long Beach, Signal Hill, Lakewood and Cerritos. OCCU provides a broad range of banking products and services like checking, savings, loans, and investments for every season of life. New participants are eligible for $50 bonus deposit from OC Credit Union when you open a checking account with free e-statements, Debit MasterCard, and Direct Deposit. Plus, the monthly service fee is waived for Direct Deposit. With over 29,500 surcharge-free CO-OP ATMs nationwide, banking has never been simpler with OCCU.



For More Information
Go to **www.orangecountyscu.org**, or call (888) 354-6228 for more details

Continuing Education

California Baptist University | Higher Education

The corporate partnership program with CBU, allows Team Members to access CBU's wide range of 40 different bachelor's, 45 master's and credential emphasis at their campus in Riverside, San Bernardino, and online. Financial aid available for those who qualify and credits can be transferred. The corporate partnership program offers 10% tuition scholarship for Team Members who enroll in the school.

For More Information
Go to **www.cbuonline.edu** or call (951) 343-3927 for more details.

Ayres Cares

Benefits and Scholarship Fund

The Well Being of our Team Members and their families is very important to Ayres. It is our hope, that we can expand our Ayres Cares to an ongoing successful program that will be beneficial to our Team Members in the years to come.

Scholarship Fund

Scholarships are available for Ayres Hotels/Management Team Members in good standing and children or legal ward(s) of Team Members in good standing who have a sincere desire to further their education.

For More Information
For more information about Ayres Cares and our benefits, go to **www.ayrescares.com**.

Employee Discounts

Fun Express | Discount Tickets

Fun Express is California's largest provider of discount entertainment programs. Fun Express has discount tickets to 50+ Southern California attractions including, Universal Studios, Knott's Berry Farm, SeaWorld, Legoland, Dinner Shows, Movie Theatres, Water Parks, and much more! As a Team Member, you and your family are now eligible to save up to 55% on Southern California's best family entertainment. You can order discount tickets immediately by registering as a Team Member with your Team Member Access Code (EAC) provided above. Simply go to FunEx.com and click "Register". Fun Express has a processing fee of $4 per attraction (not per ticket). Go to **www.funex.com**, and enter access code (EAC) "16-58430" or call (949) 367-1900 for orders by phone.

RESOURCES AND CONTACTS

Benefit	Group Number/ID	Member Services	Website
Leading Edge Administrators/ Anthem Blue Cross | Medical, Flexible Spending Accounts			
Medical Carrier Leading Edge Administrators		Concierge Member Services (844) 437-8347 5:30AM - 3:00PM PST 877-208-5952	https://mesa.leadingedgeadmin.com ***Register online** Mobile App: Sydney Health App
Live Health Online - Virtual Care			
Medical Network Anthem National PPO (BlueCard PPO)	PPO Plan L11194M072 EPO Plan L11194M073		**www.anthem.com/findcare** Mobile App: Sydney Health App
Prescription Drugs CarelonRx	Rx Bin: 02009 / WG Rx Group: WLDA	(833) 261-2460	**www.carelonrx.com** Mobile App: Sydney Health App
Flexible Spending Accounts **Accrue CMS**	Ayres Management	(888) 882-1498	**www.accruecms.com** Mobile App: AccrueCMS
Guardian | Dental, Vision, Life/AD&D and Additional Benefits			
DHMO Dental	426864	(800) 273-3330	**www.guardiananytime.com** Mobile App: Guardian
DPPO Dental Alliance/Preferred	426864	(888) 600-1600	
VSP Vision Network Discount	Ayres Management	(877) 814-8970	**www.guardiananytime.com**
Basic Life/AD&D	Ayres Management	(800) 377-9000	**www.mutualofomaha.com**
Employee Assistance Program	Ayres Management	(800) 316-2796	**www.mutualofomaha.com/eap**
Travel Assistance Program Worldwide Travel Assistance	Ayres Management	(312) 935-3658 Outside US (800) 856-9947 Inside US	**www.mutualofomaha.com**
Voya Financial | 401(k) Savings and Investment Plan			
401(k) Voya Financial	775839	(800) 584-6001 Hours: 8:00AM - 9:00PM PST	**www.voyaretirementplans.com** Mobile App: Voya
Investment Consultant Waypoint Financial Advisors	Connect Via Text: (949) 239-0545	Participant Support: (877) 757-3263 401ksupport@waypointfas.com	**https://waypointfas.com/ayres/**
Miscellaneous Benefits			
Banking Orange County Credit Union	N/A	(888) 287-9475	**www.orangecountycu.org**
Entertainment Card Fun Express	16-58430	(949) 367-1900	**www.funex.com**
Continuing Education California Baptist University		(951) 343-3927	**www.cbuonline.edu**
Ayres Management Human Resources		(714) 850-0409 (714) 549-4459 (Fax) humanresources@ayreshotel.com	**www.ayreshr.com**
Ayres Cares			**www.ayrescares.com**

Notes

This Employee Benefits Guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with Federal and State laws. If you need additional information or have any questions about the benefit program, please contact the Human Resources Department.