

VALENCIA
HOTEL COLLECTION

LUXURY HOTELS. UNIQUE DESTINATIONS.

Hotel Valencia Riverwalk | Hotel Valencia San Jose | Lone Star Court Texican Court | Cavalry Court | The George Cotton Court | Caravan Court

June 1, 2026 – May 31, 2027

Employee *Benefits* Enrollment Guide

This guide contains a brief description of the benefits offered under your employer. Your rights under the Plan are governed by the express terms and provisions of the official plan documents. The information in this guide recaps the main features of your benefits under the Plan. Full details are contained in the Summary Plan Description and official plan documents.

Every effort has been made to accurately describe the benefits in this guide. However, if there is any discrepancy or conflict between the official plan documents and the information presented here, the plan documents will control.

The company reserves the right to change or discontinue the Plan at any time and for any reason. Participation in the Plan is not an offer of employment or an employment contract.

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We are proud to offer a comprehensive benefits package to support the health and well-being of you and your family. Please review this guide and discuss your options with your loved ones.

Eligibility

Full-time or Part Time employees working 20+ hours per week are eligible after completing the new hire waiting period. Eligible dependents include:

- Legal spouse
- Children up to age 26
- Disabled children over age 26

Enrollment

Coverage for new hires begins the 1st of the month following 60 days of employment.

- Open enrollment elections begin June 1.
- Changes are only allowed with a qualifying life event.
- Enrollments are submitted through Paycom.

Making Changes

Premiums are pre-tax under Section 125. Changes are only allowed within 30 days of a qualifying event, such as:

- Marriage, divorce, or legal separation
- Birth or adoption
- Change in employment status affecting benefits
- Gain/Loss of other coverage
- Medicare/Medicaid eligibility

Cobra/Continuation

If you or your dependents lose eligibility, you may continue coverage under COBRA or state continuation laws.

Where you go for medical services can make a big difference in how much you pay. The guide below can help you select the right setting for your needs.



Virtual Visit/Telemedicine

24/7 access to talk to a doctor via phone or video, saving you time and money.

- Colds or flu
- Urinary discomfort
- Earaches
- Sore throats
- Minor skin conditions
- Minor injuries



Retail Clinic/Convenient Care Clinic

Located in retail stores, supermarkets, and pharmacies.

- Colds or flu
- Allergies
- Vaccinations or screenings
- Sinus infections
- Headaches or sore throats
- Minor sprains, burns or rashes



Clinic Care (Your Doctor's Office)

Your doctor knows your medical history and ongoing health conditions.

- Preventive services and vaccinations
- Medical problems or symptoms that are not an immediate, serious threat to your health



Urgent Care/Walk-in Clinic

Urgent care centers or walk-in clinics, are often open in the evenings and on weekends.

- Sprains and strains
- Earaches
- Mild asthma attacks
- Minor infections or rashes
- Sore throats
- Minor broken bones or cuts



Emergency Room (ER)

Visit the ER only if you are badly hurt.

- Chest pain
- Sudden weakness
- Sudden change in vision
- Large, open wounds
- Heavy bleeding
- Major broken bones
- Difficulty breathing
- Spinal injuries
- Major burns
- Severe head injury

Understanding your insurance plan's copayments, deductibles, and coinsurance is crucial for managing your healthcare expenses and making informed decisions about when and where to seek medical care.

Copayments

A copayment is a fixed amount of money that you pay out of your own pocket when you receive a medical service or buy prescription drugs, in addition to what your insurance covers. It's like a small fee you contribute towards your healthcare costs each time you use a covered service.

Annual Deductible

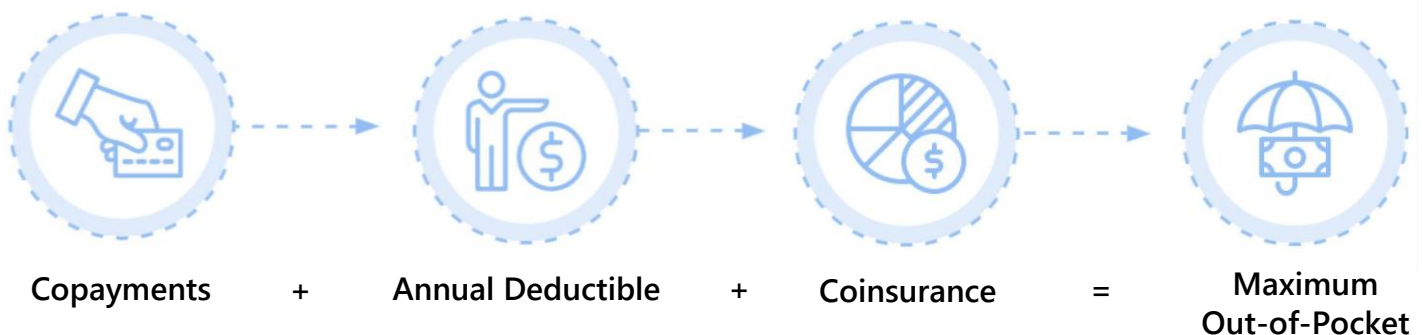
The annual deductible is the amount you must pay out of pocket for covered services each year before your insurance plan starts covering its share.

Coinsurance

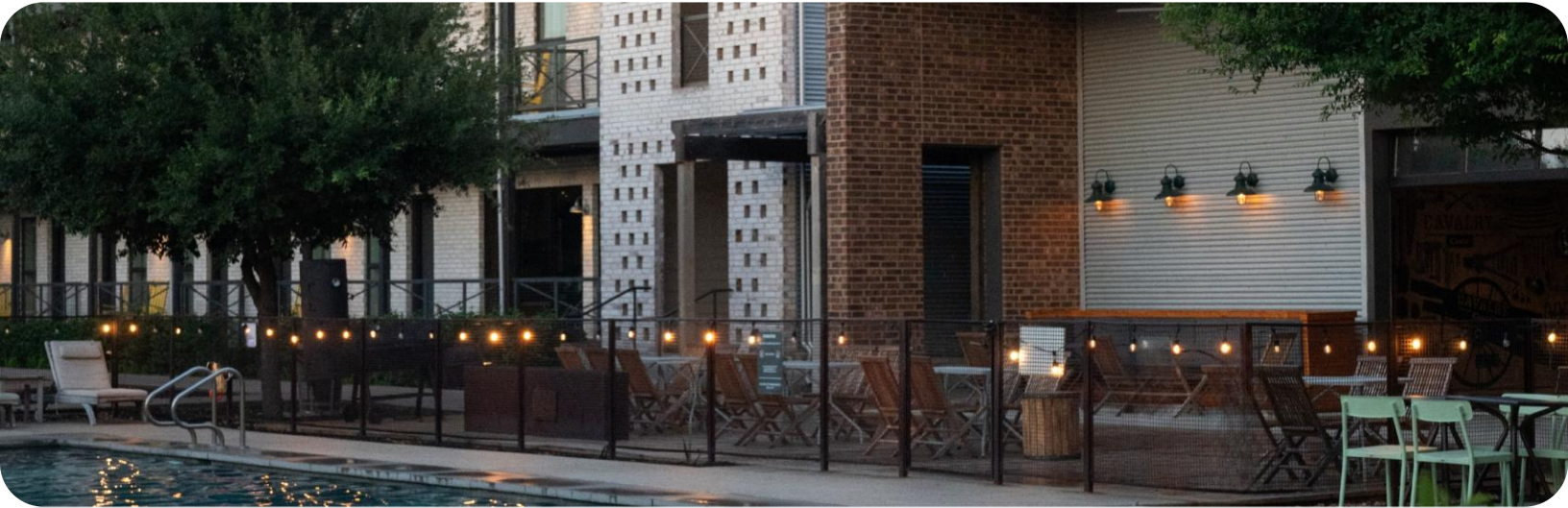
Coinsurance is the percentage of medical costs you share with your insurance company after you've paid your deductible. For example, if your coinsurance is 80%, you would pay 20% of the covered expenses, and your insurance would cover the remaining 80%.

Maximum Out-of-Pocket

The out-of-pocket maximum limits the amount you will pay out of your own pocket for eligible health care expenses. Once you reach that maximum, the plan begins to pay 100% of eligible expenses.



Valencia Hotel Group Benefits Portal



We are always working throughout the year with our benefit partners to ensure that we have the best overall benefit options in place for our employees and their families.

You will only have a limited amount of time to make your enrollment elections for this plan year. All benefit materials are located in the [Valencia Hotel Group Benefits Portal](#), please review this material for plan details.

When you are ready to enroll, contact the Benefits Call Center. If possible, please be in front of a computer so you can view your enrollment live via a screen-share.

Thanks again for being part of the Valencia Hotel Group family.



VALENCIA
HOTEL COLLECTION



PHONE ENROLLMENT

Enrolling is easy as 1-2-3.

1. Review benefits material.
2. When ready to enroll, phone the Call Center.
3. Our live enroller will enroll you directly over the phone

ENROLL ONLINE

www.paycomonline.net

BENEFITS CALL CENTER

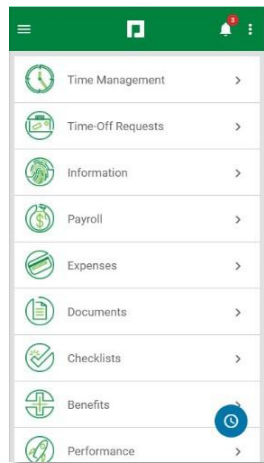
Monday-Friday 7:00am-5:00pm CST



888-598-2040



PAYCOM'S MOBILE APP



PAYCOM MAKES IT EASY TO ENROLL IN BENEFITS WITH OUR MOBILE APP!

DOWNLOAD FROM THE APP STORE OR GOOGLE PLAY STORE TODAY

How to enroll in benefit plans using the app:

1. Log into the Paycom app
2. Within the Notification Center, select "Benefits Enrollment"
3. Click "Start Enrollment" and enter your personal information and any dependents or beneficiaries
4. After reading each benefit plan, choose your coverage, then elect either to enroll or decline.
5. To complete enrollment, click "Finalize" then "Sign and Submit"



HELPFUL TIPS

Have your dependent/beneficiary information ready, such as Social Security numbers, before beginning the enrollment process.

As you go through the enrollment process, your selections will display and add up on the benefits summary tracker to the right.

Below is a comparison of **in-network** benefits and your payroll deduction for the medical plan options.

Plan Features	Plan 1		Plan 2		Plan 3		Plan 4	
NETWORK & PLAN INFO								
Network	BlueEssentials (HMO)		BlueChoice (PPO)		BlueChoice (PPO)		BlueChoice (PPO)	
Plan Code	MTBEE517 \$2,250 20% \$40		MTBCP523 \$2,500 20% \$35		MTBCP005H HSA \$3,500 20%		MTBCP051 \$750 10% \$30	
CALENDAR YEAR DEDUCTIBLE								
Individual	\$2,250		\$2,500		\$3,500		\$750	
Family	\$6,750		\$7,500		\$7,000		\$2,250	
Coinsurance	20%		20%		20%		10%	
CALENDAR YEAR OUT-OF-POCKET MAXIMUM								
Individual	\$6,750		\$7,500		\$5,000		\$2,250	
Family	\$15,800		\$15,000		\$10,000		\$6,750	
INPATIENT/OUTPATIENT								
Preventive Care	No Charge		No Charge		No Charge		No Charge	
Primary Care/Specialist Visit	\$40/\$80 Copay		\$35/\$70 Copay		20% after Deductible		\$30/\$60 Copay	
Virtual Visit	\$0 Copay		\$0 Copay		20% after Deductible		\$0 Copay	
Urgent Care Visit	\$75 Copay		\$75 Copay		20% after Deductible		\$75 Copay	
Emergency Room Services	\$500 Copay + 20% after Ded.		\$500 Copay + 20% after Ded.		20% after Deductible		\$500 Copay + 10% after Ded.	
Diagnostic Test (Lab & Xray)	20% after Deductible		No Charge		20% after Deductible		No Charge	
Imaging (CT/PET, MRIs)	20% after Deductible		20% after Deductible		20% after Deductible		10% after Deductible	
Inpatient/Outpatient Hospital	20% after Deductible		20% after Deductible		20% after Deductible		10% after Deductible	
PHARMACY								
Generic (Preferred)	\$0/\$10		\$0/\$10		10%/20%		\$0/\$10	
Generic (Non-Preferred)	\$10/\$20		\$10/\$20		10%/20%		\$10/\$20	
Brand (Preferred)	\$50/\$70		\$50/\$70		20%/30%		\$50/\$70	
Brand (Non-Preferred)	\$100/\$120		\$100/\$120		30%/40%		\$100/\$120	
Specialty	\$150/\$250		\$150/\$250		40%/50%		\$150/\$250	
Mail Order	3 x Tier for 90 day		3 x Tier for 90 day		3 x Tier for 90 day		3 x Tier for 90 day	
Payroll Deductions – Full Time Employees +1 Year Tenure								
	Bi-Weekly (26)	Semi-Monthly(24)	Bi-Weekly (26)	Semi-Monthly(24)	Bi-Weekly (26)	Semi-Monthly(24)	Bi-Weekly (26)	Semi-Monthly(24)
Employee Only	\$17.65	\$19.13	\$19.95	\$21.61	\$28.81	\$31.22	\$155.15	\$168.08
Employee + Spouse	\$145.64	\$157.78	\$164.57	\$178.29	\$180.09	\$195.09	\$465.46	\$504.25
Employee + Child(ren)	\$118.18	\$128.03	\$133.54	\$144.67	\$146.84	\$159.08	\$397.86	\$431.01
Employee + Family	\$263.82	\$285.81	\$298.11	\$322.96	\$321.39	\$348.17	\$707.61	\$766.57
Payroll Deductions – Part Time and Full Time Employees Under 1 Year Tenure								
	Bi-Weekly (26)		Bi-Weekly (26)		Bi-Weekly (26)		Bi-Weekly (26)	
Employee Only	\$77.69		\$103.62		\$105.28		\$236.61	
Employee + Spouse	\$300.11		\$339.12		\$332.47		\$600.11	
Employee + Child(ren)	\$260.39		\$294.24		\$288.69		\$559.66	
Employee + Family	\$468.79		\$529.73		\$515.88		\$910.97	



Blue Access for Members

Blue Cross and Blue Shield of Texas (BCBSTX) helps you get the most out of your health care benefits with Blue Access for Members (BAM). You and all covered dependents age 18 and up can create a BAM account.

Use BAM to:

- Use our Provider Finder tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits (EOB) statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures

BCBSTX Mobile App

Download the Blue Cross and Blue Shield of Texas (BCBSTX) App to manage your health wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- View your claims, coverage and deductible information
- Access your member ID card
- View your Explanation of Benefits*

It's Easy To Get Started!

1. Go to bcbstx.com/member
2. Click [Log Into My Account](#)
3. Use the information on your BCBSTX ID card to sign up



Scan QR code to go to:
bcbstx.com/member



Text [BCBSTXAPP](#) to
[33633](#) to get the app.

Getting sick after hours or on weekends no longer means a costly trip to the ER or urgent care. With your UnitedHealthcare virtual visits benefit, a doctor is available 24/7/365—without leaving home.

Connect by phone, mobile app, or online video for non-emergency needs. Speak with a doctor right away or schedule a visit at a time that works for you.



With Virtual Visits, You Get:

- 24/7 access to an independently contracted, board-certified doctor
- Access via online video, mobile app or telephone
- If necessary, e-prescription sent to your local pharmacy

Treat A Variety Of Health Conditions, Including:

- Allergies
- Pink eye
- Asthma
- Fever (age 3+)
- Rash
- Cold/flu
- Nausea
- Sinus infections
- Ear problems (age 12+)

Activate Your Account Or Schedule A Virtual Visit

- Go to Blue Access for Members or MDLIVE.com/bcbstx.
- Download the MDLIVE app from Apple's App Store or Google Play.
- Call MDLIVE at (888) 680-8646.
- Text BCBSTX to 635-483. (MDLIVE's online assistant Sophie will help you activate your account.)



Scan the QR code to go
to MDLIVE.com/bcbstx

A Health Savings Account (HSA) is a personal savings account that you own and can use to pay for qualified out-of-pocket medical expenses. Your contributions to the HSA are taken out of your paycheck and are tax-free. Your HSA can be used to pay for your health care expenses and those of your spouse and dependents, even if they are not covered by the High-Deductible Health Plan (HDHP).

There are contribution limits, set by the IRS and adjusted annually. These limits are:

2026 H.S.A Benefit Features

2026 Contribution limit	<p>\$4,400 for individual \$8,750 for family</p> <p><i>*"Catch-up" contribution of up to \$1,000 per year for age 55 or older*</i></p>
Eligibility	<ul style="list-style-type: none"> • Covered by a High-Deductible Health Plan (HDHP); • Not covered under another medical plan that is not HSA eligible <ul style="list-style-type: none"> • Not entitled to Medicare benefits • Not in receipt of VA benefits within the last three months • Not covered under your or your spouse's Flexible Spending Accounts
Eligible Expenses	<p>Medical, dental, vision, OTC medications, durable medical equipment, plus many more. Please visit https://www.optumbank.com/resource-center/medical-expenses.html for a complete list of eligible expenses.</p>
Spending timeframe	<p>One of the best features of an HSA is that money left over at the end of the year remains in the account so you can use it the following year, or at any time in the future. And if you leave Valencia Hotel Group or retire, your HSA goes with you.</p>



Ready to enroll?

Enrolling in an HSA is quick and easy because it's built into your employer's benefits enrollment. Check your employer's enrollment materials for more information on how to sign up.



Scan the QR code, or go to optumbank.com/HSAvideo, to see how you can save.



An FSA allows you to set aside money from your paycheck (before taxes) to pay for eligible medical expenses for you and your dependents. Your contributions to the FSA are taken out of your paycheck and are tax-free.

- ✓ A Medical FSA allows reimbursement of qualifying out-of-pocket medical expenses for you, your spouse and any tax dependents. Plus, funds are accessible day one! Your full annual election is available to spend on day one of your plan year.
- ✓ A Dependent Care FSA allows reimbursement of childcare expenses incurred that allow you and your spouse to be employed. Funds in the account are available as you make payroll contributions.

These are use-or-lose programs with one exception. Remaining funds (up to certain limits specified by the IRS) in your Medical FSA can roll forward to the next plan year making enrollment in a Medical FSA much less risky.

There are contribution limits, set by the IRS and adjusted annually. These limits are:

2026 FSA Benefit Features

	Medical FSA	Dependent Care FSA
2026 Contribution limits	\$3,400 for individual \$680 carryover	\$7,500: (single taxpayers and married couples filing jointly) \$3,750: (married couples filing separately) couples filing jointly)
Medical FSA can be used if:	<ul style="list-style-type: none"> • You have out-of-pocket expenses like co-pays, coinsurance, or deductibles for health, prescription, dental or vision costs as well as over-the-counter medications. 	
A Dependent Care FSA reimbursement can be used for:	<ul style="list-style-type: none"> • Your dependent children under age 13 attend daycare, after-school care or summer day camp • You provide care for a person of any age whom you claim as a dependent on your federal income tax return and who is mentally or physically incapable of caring for himself or herself. 	
Spending timeframe	<ul style="list-style-type: none"> • You can use your full annual election starting on the first day of the plan year. • Expenses must be incurred during the plan year. • Depending on the plan, unused funds may be subject to: <ul style="list-style-type: none"> ✓ A grace period, or ✓ A limited carryover <p>Any remaining unused funds after applicable allowances may be forfeited ("use it or lose it" rule)</p>	

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

The following chart outlines the dental benefits offered.

Plan Features		Base Plan				Buy-up Plan			
ANNUAL DEDUCTIBLE & MAXIMUM									
Deductible – Individual/Family		\$50/\$150				\$50/\$150			
Calendar Year Maximum		\$1,000				\$1,500			
PREVENTIVE SERVICES		100% Deductible Waived <ul style="list-style-type: none"> • Exams • Cleanings • Fluoride • Sealants • X-rays 				100% Deductible Waived <ul style="list-style-type: none"> • Exams • Cleanings • Fluoride • Sealants • X-rays 			
BASIC SERVICES		50% <ul style="list-style-type: none"> • Restorative Services • Non-surgical Extractions 				20% <ul style="list-style-type: none"> • Restorative Services • Non-surgical Extractions 			
MAJOR SERVICES		Not Covered				50% <ul style="list-style-type: none"> • Periodontics (gums) • Endodontics (roots) • Oral Surgery/Complex Extractions • Inlays/Onlays/Crowns • Dentures • Bridges 			
ORTHODONTIA SERVICES									
Coverage		Not Covered				50%			
Lifetime Maximum		Not Covered				\$1,500			
Eligibility		Not Covered				Children to age 19			
Payroll Deductions									
		FT Employees +1 Year Tenure		PT and FT Employees Under 1 Year Tenure		FT Employees +1 Year Tenure		PT and FT Employees Under 1 Year Tenure	
		Bi-Weekly	Semi-Monthly	Bi-Weekly	Semi-Monthly	Bi-Weekly	Semi-Monthly	Bi-Weekly	Semi-Monthly
Employee Only		\$0	\$0	\$8.58	\$9.30	\$8.58	\$9.30	\$19.13	\$20.72
Employee + Spouse		\$8.57	\$9.28	\$17.13	\$18.56	\$17.13	\$18.56	\$37.77	\$40.92
Employee + Child(ren)		\$12.45	\$13.49	\$24.90	\$26.98	\$24.90	\$26.98	\$38.92	\$42.17
Employee + Family		\$17.51	\$18.97	\$35.02	\$37.94	\$35.02	\$37.94	\$62.46	\$67.67

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

The following chart outlines the vision benefits offered.

Plan Features	MS 2000 V			
Network	Blue Cross Blue Shield of Texas Vision Care eyeMed			
BENEFITS				
Exams	\$10 Copay			
Eyeglass Lenses	\$25 Copay			
Eyeglass Lens Options	<ul style="list-style-type: none"> • Standard Scratch Coating: \$0 • Tint: \$15 • UV Coating: \$15 • Photochromic: \$75 • Standard Anti-Reflective: \$45 • Standard Progressive: \$90 • Polycarbonate: \$0 for children; \$40 for adults 			
Frames Allowance	\$130 Allowance; 20% off Balance			
Contacts Allowance (in lieu of lenses)	\$130 Allowance; 15% off Balance			
FREQUENCY				
Exams	Every 12 Months			
Lenses	Every 12 Months			
Frames	Every 24 Months			
Payroll Deductions				
	FT Employees +1 Year Tenure		PT and FT Employees Under 1 Year Tenure	
	Bi-Weekly	Semi-Monthly	Bi-Weekly	Semi-Monthly
Employee Only	\$0.82	\$0.89	\$2.53	\$2.74
Employee + Spouse	\$1.91	\$2.07	\$5.00	\$5.42
Employee + Child(ren)	\$1.50	\$1.63	\$4.91	\$5.32
Employee + Family	\$2.88	\$3.12	\$7.59	\$8.22

BASIC TERM LIFE WITH ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Your employer offers Basic Term Life with Accidental Death & Dismemberment (AD&D) insurance. These benefits, which are provided through BCBSTX, offer financial protection for your family in the event of your death.

Basic Term Life insurance is offered at no cost to you. Your employer pays the full cost of this benefit. Provided at no cost to Valencia Group, Inc., eligible employees working 20 hours or more.

*****PART TIME EMPLOYEES ELIGIBLE AFTER 12 MONTHS OF EMPLOYMENT*****

Be sure to confirm your election and provide your beneficiary information

Employee Death Benefit	1x Base Annual Salary
Guarantee Issue	\$75,000 Minimum \$1,000
Accelerated Life	75% of the death benefit Life expectancy: 24 months or less
Waiver of Premium	Elimination Period: 6 Months; Duration: To age 65
Portability	Included (Request must be within 30 days of employment termination)
Conversion	Included (Request must be within 30 days of employment termination)
Benefit Reduction (of original amount)	35% at Age 65 50% at Age 70

VOLUNTARY TERM LIFE WITH AD&D INSURANCE

Your employer offers Voluntary Term Life with AD&D insurance. These benefits, which are provided through BCBSTX offer financial protection for your family in the event of your death.

You have the option to buy additional term life insurance to supplement the basic coverage provided by your employer. When you buy additional coverage for yourself, you can also purchase coverage for your spouse and dependent children.

Plan Benefits	Employee	Spouse	Child
Maximum Coverage	\$10,000 to \$300,000 in \$10,000 increments not to exceed 5x salary	\$5,000 to \$100,000 in \$5,000 increments, not to exceed 50% of Employee's amount	6 months to 26 years: \$2,000 - \$10,000 in increments of \$2,000 Birth to 6 months: \$500
Guarantee Issue	\$200,000	\$20,000	6 months to 26 years: \$2,000 - \$10,000 in increments of \$2,000 Birth to 6 months: \$500
Accelerated Dead Benefit	75% of the death benefit Life expectancy: 24 months or less		
Portability	Included, (employee & spouse) (Request must be within 30 days of employment termination)		
Conversion	Included (Request must be within 30 days of employment termination)		
Benefit Reduction (of original amount)	35% at Age 65 50% at Age 70		
Age	Employee Monthly Rate per \$1,000		Spouse Monthly Rate per \$1,000
Under 30	\$0.067		\$0.067
30-34	\$0.077		\$0.077
35-39	\$0.114		\$0.114
40-44	\$0.197		\$0.197
45-49	\$0.346		\$0.346
50-54	\$0.542		\$0.542
55-59	\$0.886		\$0.886
60-64	\$1.295		\$1.295
65-69	\$2.206		\$2.206
70+	\$3.564		\$3.564
Child Coverage: 6 months to 26 years: \$2,000 - \$10,000 in increments of \$2,000 Birth to 6 months: \$500			
Monthly Premium	\$2,000		\$0.029
	\$10,000		\$1.46
Voluntary Life and AD&D Formula: Rate x Volume/ \$1,000 = Monthly Rate			
Example: \$0.077 x \$150,000/\$1,000 = \$11.55	Bi-Weekly Rate: \$11.55 x 12/26 = \$5.33		

Evidence Of Insurability (EOI Rules)

An Evidence of Insurability (EOI) form is required if:

- You elect an amount above the Guaranteed Issue limit
- You previously waived coverage and are now enrolling for the first time (late entrant)
- You are increasing your current Employee coverage by any amount
- You are increasing your current Spouse coverage by any amount

Note: You must submit your EOI no later than May 25, 2026. Coverage requiring EOI will not go into effect until your application is approved. Once approved, coverage begins on the 1st of the month following EOI approval—not the date of enrollment.

Your Employer offers voluntary short-term disability benefit through BCBSTX/SYMETRA. If you become disabled due to a non-work-related injury or illness and are unable to work, disability benefits can provide some financial protection by replacing a portion of your income.

Voluntary Short-Term Disability (STD)

You have the option to purchase STD insurance, which provides partial income replacement for up to 25 weeks if an illness or injury prevents you from working. Maternity benefits are included under the short-term disability plan.

Max Payment Period	25 weeks									
Benefits Begin	8th day after illness/injury									
Weekly Benefit	\$1,000 not to exceed 60% of weekly earnings									
Pre-Existing Condition	3/12 A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within 3 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.									
Age	Monthly Employee Rate per \$10									
<25	\$0.491									
25-29	\$0.491									
30-34	\$0.501									
35-39	\$0.511									
40-44	\$0.514									
45-49	\$0.548									
50-54	\$0.638									
55-59	\$0.809									
60-64	\$0.995									
65-69	\$1.106									
70+	\$1.146									
Sample Premium Calculation for a 30 Year Old Employee										
Annual Salary ÷ 52	=	Weekly Earnings	x	STD Benefit %	=	÷ 10	x	STD Rate (from table above)	=	Monthly Premium
\$45,000 ÷ 52	=	\$865	x	60%	=	\$51.91	x	\$0.501	=	\$26
Calculate Bi-weekly Premium		\$26 x 12 ÷ 26 = \$12								

Evidence Of Insurability (EOI Rules)

An Evidence of Insurability (EOI) form is required if:

- You previously waived coverage and are now enrolling for the first time (late entrant)
- You are increasing your current Employee coverage by any amount

Note: You must submit your EOI no later than May 25, 2026. Coverage requiring EOI will not go into effect until your application is approved. Once approved, coverage begins on the 1st of the month following EOI approval—not the date of enrollment.

Your Employer offers voluntary long-term disability benefit through BCBSTX/SYMETRA. If you become disabled due to a non-work-related injury or illness and are unable to work, disability benefits can provide some financial protection by replacing a portion of your income.

Long Term Disability (LTD)

You have the option to buy additional term life insurance to supplement the basic coverage Long-term disability benefits replace a portion of your income if you become disabled due to a serious illness or injury, preventing you from working for an extended period of time.

Max Payment Period	Social Security normal retirement age							
Benefits Begin	180 days after illness/injury							
Max Monthly Benefit	\$5,000 not to exceed 60% of Salary							
Pre-Existing Condition	3/12							
	A Pre-Existing Condition is a Sickness or Injury for which you have received treatment within 3 months prior to your effective date. Any disability contributed to or caused by a Pre-Existing Condition within the first 12 months of your effective date will not be covered.							
Duration of Benefits	Social Security normal retirement age							
Age	Employee	Monthly Rate per \$100 (Monthly Covered Payroll)						
<25		\$0.268						
25-29		\$0.268						
30-34		\$0.254						
35-39		\$0.317						
40-44		\$0.519						
45-49		\$1.026						
50-54		\$0.995						
55-59		\$1.055						
60-64		\$1.471						
65-69		\$1.880						
70+		\$0.436						
Sample Premium Calculation for a 30 Year Old Employee								
Annual Salary ÷ 12	=	Monthly Earnings	x	Rate	÷	÷ 100	=	Monthly Premium
\$45,000 ÷ 12	=	\$3,750	x	\$0.254	=	\$952.50	=	\$9.52
Calculate Bi-weekly Premium	\$9.52 x 12 ÷ 26 = \$4.40							

Evidence Of Insurability (EOI Rules)

An Evidence of Insurability (EOI) form is required if:

- You previously waived coverage and are now enrolling for the first time (late entrant)
- You are increasing your current Employee coverage by any amount

Note: You must submit your EOI no later than May 25, 2026. Coverage requiring EOI will not go into effect until your application is approved. Once approved, coverage begins on the 1st of the month following EOI approval—not the date of enrollment.



Supplemental Plans

ACCIDENT AND HOSPITAL INDEMNITY

Most medical plans pay only a portion of the cost of care. Supplemental health plans can provide an additional level of financial protection if you, your spouse or dependent child has an accident, is hospitalized, or diagnosed with a critical illness. When you purchase coverage through your employer, you have the convenience of paying your premiums through automatic payroll deductions.

Accident Insurance

How it works

Breckpoint Employee Choice pays a cash benefit directly to you when qualified accidents occurs. The amount of the cash payout is based on the type of injury (concussion, dislocation, fracture, etc.) and treatment (surgery, etc.). For example, the cash payout for a ground ambulance is \$300 or \$1,800 for air ambulance.



You can use the cash to pay for out-of-pocket medical expenses or use it any other way you choose. For example:

- Pay expenses while getting treatment in another city
- Pay your mortgage or rent
- Pay living expenses – bills, electricity, gas, etc.

	Payroll Deductions	
	Bi-Weekly	Semi-Monthly
Employee Only	\$9.23	\$10.00
Employee + Spouse	\$16.16	\$17.51
Employee + Child(ren)	\$16.16	\$17.51
Employee + Family	\$16.16	\$17.51

Hospital Indemnity Insurance

How it works

Breckpoint Employee Choice pays a cash benefit directly to you if you are admitted to the hospital. The amount of the cash payout is based on the type and duration of your hospital and/or ICU stay.



- First day hospital confinement: Plan pays \$1,000
- Daily hospital confinement: Plan pays \$100/day (annual maximum 30 days)
- Intensive care unit: Plan pays \$100/day (annual maximum 30 days)

You can use the cash to pay for out-of-pocket medical expenses or use it any other way you choose. For example:

- Pay expenses while getting treatment in another city
- Pay your mortgage or rent
- Pay living expenses – bills, electricity, gas, etc.

	Payroll Deductions	
	Bi-Weekly	Semi-Monthly
Employee Only	\$9.59	\$10.39
Employee + Spouse	\$18.12	\$19.63
Employee + Child(ren)	\$15.28	\$16.55
Employee + Family	\$23.81	\$25.79

Critical Illness Insurance

How it works

Breckpoint Employee Choice pays a cash benefit directly to you if you are diagnosed with a covered critical illness, including:

- Heart Attack – 100% of Benefit
- Stroke – 100% of Benefit
- Invasive Cancer – 100% of Benefit
- Carcinoma in Situ – 25% of Benefit
- End Stage Renal Disease – 100% of Benefit

The payout depends on the coverage amount you choose and the illness.

Maximum Basic Benefit Amount	\$10,000
Waiting Period	30 Days (applies to Invasive Cancer Only)
Pre-Existing Conditions Period	12 Months After Effective Date
Benefit Termination Age	On the date the member turns age 70
Benefit Coverage Amount	100% of Benefit Amount up to age 65 50% of Benefit Amount ages 65-70
Covered Spouse	100% of Benefit Amount
Covered Child(ren)	50% of Benefit Amount
Wellness Benefit	\$50 once per year per employee and per spouse

Payroll Deductions		
	Bi-Weekly	Semi-Monthly
Employee Only	\$9.23	\$10.00
Employee + Spouse	\$16.64	\$18.03
Employee + Child(ren)	\$10.40	\$11.27
Employee + Family	\$18.47	\$20.01





SUPPLEMENTAL BENEFITS BUNDLE OPTIONS

EMPLOYEE CHOICE CLASSIC BUNDLE

THIS PLAN INCLUDES:	Payroll Deductions		
	Bi-Weekly	Semi-Monthly	
Employee Choice Accident \$5,000 Plan			
Employee Choice Critical Illness \$10,000 Plan			
Employee Choice Hospital Indemnity \$1,000 Plan			
	Employee Only	\$23.90	\$25.90
	Employee + Spouse	\$46.03	\$49.87
	Employee + Child(ren)	\$37.60	\$40.73
	Employee + Family	\$53.02	\$57.43

BUNDLE BENEFITS

Bundling Supplemental Plans gets you an exclusive **DISCOUNTED RATE** along with all the benefits of the supplemental plans listed in your bundle including,

- Guarantee Issued Plans—No Medical Questions to Qualify
- Does not interfere with any other coverage
- Pays cash directly to you
- Includes HeathCare Advocacy Program

Accident Plan benefits include-

- Provides a total \$5k of Accident Plan Benefits to be used for charged medical expense due to an off the job accident or injury.
- Pays an initial visit benefit of up to \$150 for Urgent Care or Primary Care visits and \$500 for ER visits.
- Includes a \$60 Wellness Benefit per Employee and Spouse

Critical Illness Plan benefits include-

- Pays a lump sum benefit of \$10k upon the diagnosis of Heart Attack, Stroke, End Stage Renal Failure, and Cancer
- Pays a reoccurrence benefit of 50% up to 2x per category
- Includes a \$50 Wellness Benefit per Employee and Spouse

Hospital Indemnity Plan benefits include-

- Pays \$1k benefit for being admitted to the hospital.
- Pays an additional \$100 or \$200 daily benefit.
- Pays for accident, injury, sickness, disease, and pregnancy.

MONEY MAP

PRICING PORTAL

HOSPITAL BILL ERASER

HEALTHCARE ADVOCACY

BENEFITS WITHOUT ADDED COST

Included with Accident, Critical Illness, Hospital Indemnity, Supplemental & Medical Bundles

MONEY MAP

WHERE TO GO

Money Map helps members save 40-70% per outpatient care item when they use quality, lower-cost, custom network Money Map providers for routine outpatient care.

Tap the Map® technology makes it easy for the team at CareGuide Advocates to locate lower cost providers for members in just seconds. Google maps and markers display nearby lower-cost, in-network care providers anywhere in the U.S. by zip code or GPS.



Find out more about Money Map [HERE](#).

HOSPITAL BILL ERASER

WHAT WE DO

We help members receive discounted care at local non-profit hospitals. Our service does more than save money. It puts an end to hospital harassment over unpaid bills members just can't afford to pay.

HOW?

Over 3,300 hospitals operate as non-profit hospitals under IRS tax code 501(r). Under this tax code, non-profit hospitals are required to offer financial assistance to qualifying individuals who reside within the hospital's service area. Assistance is offered in one of three ways:

CHARITABLE CARE (free care): Generally, applies to individuals with household income at or below 200% of Federal Poverty Level (FPL) guidelines.

DISCOUNTED CARE: Generally, individuals with household income between 201-400% of FPL may qualify for care on a sliding scale discount, e.g. 80%, 70%, etc., depending on income level.

CATASTROPHIC/HARDSHIP CARE: This type of assistance is offered to individuals whose total hospital bill equals or exceeds a certain percentage of household income, e.g., 15% or 25%.

Find out more about Hospital Bill Eraser [HERE](#).

PRICING PORTAL

WHAT TO PAY

Prices are no longer a secret and surprise bills can be a thing of the past. Advocates armed with the Pricing Portal help you navigate hundreds of thousands of data points nationwide that can empower well informed healthcare decisions.

CPT Codes/Descriptions Up to 5 at a time	National Medicare Price Tags			National Carrier Price Tags			Target Cash Price Medicare at 20%		
	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee
27130 Total hip arthroplasty (joint r...	\$14752.00	\$14752.00	\$1415.00	\$27222.00	\$22123.00	\$2705.00	\$17702.40	\$17702.40	\$1698.00
29849 Carpal tunnel release, endo...	\$1280.00	\$1283.00	\$530.00	\$2565.00	\$2372.00	\$1116.00	\$1512.00	\$1539.60	\$636.00
71049 Chest x-ray, two views	\$52.00	\$51.00	\$11.00	\$179.00	\$164.00	\$62.00	\$82.40	\$81.20	\$13.20
80053 Complete Metabolic Panel (...)	\$12.00	\$12.00	N/A	\$83.00	\$29.00	N/A	\$14.40	\$14.40	N/A
93305 Echocardiogram	\$437.00	\$434.00	\$76.00	\$1133.00	\$874.00	\$140.00	\$524.40	\$520.80	\$91.20

Find out more about Pricing Portal [HERE](#).

HOW TO ACCESS YOUR BENEFITS

Help is a phone call away: for the best guidance and access to this benefit, call the employee champions CareGuide Advocates at 888.221.1140. All active participants will receive an email from CareGuide Advocates with instructions on how to utilize their specific benefit via the advocacy team or e-access.

Disability Resource Services

EMPLOYEE ASSISTANCE PROGRAM

When personal problems arise, many people may choose to cope alone, resulting in negative consequences at home and the workplace. This is why we have teamed with ComPsych® Corporation to offer Disability Resource Services to employees. Disability Resource Services provides convenient resources to help address emotional, legal and financial issues

- Address depression/stress/anxiety
- Substance use issues
- Improve relationships at home or work
- Work through emotional issues or grief
- Get legal or financial assistance



Features and benefits

Face-to-Face Sessions Disability Resource Services provides insured employees with three face-to-face sessions in a geographically accessible location to address behavioral issues..

Unlimited Telephonic Counseling

Disability Resource Services also provides employees with unlimited telephonic counseling (24 hours a day, 7 days a week) to help address behavioral issues. Master's degree level counselors use a conversational approach to identify issues, assess needs and refer participants to specialists to help resolve their issues.

Web-Based Services

GuidanceResources® Online (guidanceresources.com) is a secure, password protected website that contains self-assessments, extensive content on personal health and powerful tools to help with personal, relational, legal, health and financial concerns. This service is free of charge to employees who are insured with us

To Access Your Services

Call: In the U.S. and Canada call

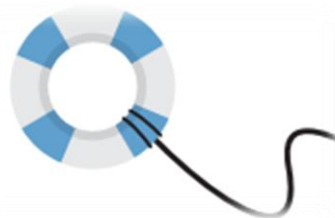
866-899-1363

TDD: 800-697-0353

- You will be asked what type of insurance policy you have: LTD, STD or life insurance. If you are unsure, consult with your HR representative.

Online: GuidanceResources.com

- Click "Register" to create a new account. • Enter Your Company ID: DISRES





Select Plan*

\$13 Composite, Monthly

Preferred Plan*

\$18 Composite, Monthly



When you need an Attorney, Texas Legal Has You Covered

Texas Legal, a nonprofit organization, founded by the State Bar and the Texas State Legislature, provides legal plans to Texans. Our legal plans cover the in-network Attorney's billable time, ensuring the resolution of personal legal matters is always affordable, accessible, and convenient.

Why You Should be a Member of Texas Legal

Always Have Legal Help When You Need It

Every year, 70 percent of people have a legal issue. But many Texans don't get the help they need because hiring an attorney is too expensive, time-consuming, or stressful. Texas Legal can help.

Affordable Access to High-Quality Attorneys

Texas Legal has experienced and qualified attorneys to serve our members in multiple practice areas. We have the most comprehensive plans on the market covering:

- Wills, Estate & Trusts Divorce
- Family Law, Civil Law
- Criminal Defense
- General Attorney Access and Discounts
- ID Monitoring
- Consumer Protection
- Civil Law
- Real State & Financial Consumer Protection

With a vast network of licensed attorneys across the State of Texas, our members have access to the best legal help without the high price tag.



Contact your **HR department** and join today! For more information, visit **TexasLegal.org** or contact us at **1.800.252.9346**.

Serving Texans – Not Profiting

As a nonprofit, our mission is to protect and serve Texans, not profit from them. Our goal is to make receiving comprehensive legal services from high-quality attorneys affordable and accessible for every Texan.

Rest easy knowing Texas Legal has you and your family covered for the majority of life's personal legal needs.

Need a Will? We Have You Covered!

PROBLEM: You need a will, but you don't know an attorney and wills are expensive.

SOLUTION: A Texas Legal membership fully covers estate planning. You simply call one of our attorneys, and he or she takes you through the whole process.

\$1,600 - The average cost of a basic will and estate planning package

\$300 - The average yearly premium paid by Texas Legal Members

Process: Easy
Saved: \$1,300
Gained: Priceless

Peace of Mind





TOTAL PET PLAN

SAVE ON EVERYTHING YOUR PET NEEDS



VALENCIA HOTEL GROUP

Valencia Hotel Group
is offering Total Pet Plan to
employees.

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering Total Pet Plan, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

\$11.75/month for one pet or
\$18.50/month for a family plan



For more details and how to enroll, visit:
petbenefits.com/land/valenciahotelgroup

TOTAL PET PLAN INCLUDES:

Discounts on products & Rx

- Up to 40% off on products like prescriptions, preventatives, food, toys and more
- Shipping is always free and same-day pickup is available for most human-grade prescriptions

View available products and pricing at petplusbenefit.com.

Discounts on veterinary care

- Instant 25% savings on your pet's in-house medical services at participating vets
- No exclusions due to age, health, pre-existing conditions or type of pet
- Visit petbenefits.com/search to locate a participating vet.

24/7 pet telehealth

- Access real-time vet support, even when your vet's office is closed
- Unlimited support on your pet's health, wellness, behavior and more

Lost pet recovery service

- Durable ID tag helps lost pets return home quicker than a microchip
- Easily update your information online with no need to request a new tag

Exclusive member discounts

- Special deals and promotions from national pet retailers and service providers
- Easy access directly from your online member account



Hello, Valencia Hotel Group Frequent Traveler!

Good news: Enterprise® and National® are now Valencia Hotel Group’s exclusive car and commercial truck rental providers. Your new program includes Damage Waiver. For this reason, it is important you book through this program to reduce liability and risk. Better yet, we’re pleased to offer you complimentary Emerald Club® membership.

Emerald Club® status is the first tier in our loyalty membership program.



Faster Free Rental Days

Earn 1 rental credit for every qualified car rental.
Free Rental Day = 7 credits



Emerald CheckoutSM

With Emerald Checkout, you can take control to a whole new level at Emerald Aisle locations.



Emerald Aisle Access

Choose any car (Midsize and above) on the Emerald Aisle and only pay the Midsize rate in US and Canada.

Which brand should I book?

We recommend to book National Car Rental at our airport locations and Enterprise Rent-A-Car at our local branches. Don't forget to use your Emerald Club number when booking with either brand.



JOIN TODAY AND START ENJOYING ALL YOUR VALUABLE BENEFITS





BOOK WITH YOUR PROGRAM



DOWNLOAD THE APP!

Contact Information

CARRIERS

Coverage	Carrier	Phone #	Website/email
Employee Benefits Enrollment Team	SMBO (see page 5)	800-598-2040	
Medical	BlueCross BlueShield	800-521-2227	
Dental	BlueCross BlueShield	800-521-2227	
Vision	BlueCross BlueShield	855-556-8796	
Life	BlueCross BlueShield	866-422-4207	
Disability	BlueCross BlueShield	866-422-4207	
Health Savings Account (HSA)	Optum Bank	866-234-8913	
Flexible Spending Account (FSA)	Advantage Benefits Plus	800-809-6574	
Employee Assistance Program Company ID: DISRES	Guidance Resources	866-899-1363	
 VALENCIA HOTEL COLLECTION	Petra Moreno Employee Benefits	713-818-1676 (Cell) 713-871-0221 (Office)	pmoreno@valenciagroup.com
 ACRISURE Your Team:	Virginia Beebe Account Executive	Virginia Beebe	Vbeebe@acrisure.com
	Griselda Aguilar Account Manager	361-894-0209	Gaguilar@acrisure.com

Required Notices

Important Notice from Valencia Hotel Group About Your Prescription Drug Coverage and Medicare under the Health Plan(s)

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Valencia Hotel Group has determined that the prescription drug coverage offered by the Health plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through December 7th.

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

What Happens To Your Current Coverage If You Decide to Join

A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Valencia Hotel Group coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Valencia Hotel Group coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A

Medicare Drug Plan?

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

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

For More Information about This Notice or Your Current Prescription Drug Coverage...

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

For More Information about Your Options under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	June 1, 2026
Name of Entity/Sender:	Valencia Hotel Group
Contact—Position/	Human Resources
Office: Address:	4400 Post Oak Pkwy Ste 2800 Houston, TX 77027
Phone Number:	713-871-0221

Women's Health and Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact your plan administrator

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 833-483-2997

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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

To request special enrollment or obtain more information, contact Human Resources at 833-483-2997