

ROSEN HOTELS & RESORTS | 2021

BENEFITS GUIDE



ROSEN HOTELS & RESORTS



GENERAL INFORMATION

Group Health Plan Coverage Eligibility

Rosen Hotels & Resorts offers a comprehensive group health plan to full-time associates who have been employed for 90 consecutive days and are averaging a minimum of 30 hours per week. Non-full-time associates who are classified as benefit eligible may enroll during the Open Enrollment period.

Average Hours and Measurement Period

Each year, associates' average hours are calculated over the course of 52 weeks to determine full-time status and eligibility for benefits. This 52-week measurement period occurs from the second Friday of September and continues until the following year before Open Enrollment begins. Average hours during the measurement period will determine eligibility for the next year. An average of less than 30 hours per week results in termination of health insurance coverage at the end of the current calendar year.

Due to the pandemic in 2020, an exception to the measurement guidelines was made for all full-time associates, including associates who had coverage on March 27, 2020 or were within the first 90 days of employment. For these associates, the weeks between March 27, 2020 and October 31, 2020 (day before Open Enrollment), will not be used in the calculation for 2021 eligibility. During Open Enrollment in 2021, the regular 30-hour average requirement will be used to determine eligibility for 2022 based on the 52-week measurement period of 9/11/2020 - 9/10/2021. Within this period, the weeks between 9/11/2020 and 10/31/2020 will not be used in the calculation.

Dependent Eligibility

You can elect coverage for yourself and any eligible dependents. Dependents eligible for coverage include a legally married spouse and/or children up to age 26.

Please refer to the Rosen Hotels & Resorts Plan Document and Summary Plan Description for specific details on eligible classes of dependents.

Changes to Your Insurance Coverage

Changes cannot be made to your pre-tax coverage options at any time other than during the Open Enrollment period unless you experience a "Qualified Family Status Change" as defined by IRS Section 125.

Qualified Family Status Change Examples

Marriage

Divorce or legal separation

Birth/adoption

Change in spouse coverage

Change in employment status

Child no longer satisfies the definition of eligible dependent

Changes must be made within 31 days of the life event, otherwise your next opportunity to make changes will be the next Open Enrollment period unless you experience another qualifying event during the plan year.

Contact the benefits team within the Human Resources Department to find out what documentation is required to make coverage changes after a qualifying life event.

For additional information about a specific plan, please contact the insurance company directly using their toll-free customer service number or access their website. You may also contact the Rosen Hotels & Resorts Benefits Department for assistance.

This benefit guide is intended to highlight and summarize the benefit plans Rosen Hotels & Resorts offers. It is not a summary plan description.

CONTACT INFORMATION

CARRIER	DESCRIPTION	PHONE	WEBSITE
Medical/Pharmacy/Dental/Vision			
AdventHealth Advantage Plans	Health Insurance Plan Administrator Customer Service	844-522-5279	www.myahplan.com
EHIM	Pharmacy Benefits Administrator	800-311-3446	
OptumRx	Prescription Mail Order Program	800-788-4863	www.optumrx.com
Delta Dental	Group Dental Plan	HMO 800-422-4234 PPO 800-521-2651	www.deltadentalins.com
VSP	Vision Plan	800-877-7195	www.vsp.com
Rosen Medical Center	Associate and Dependent Medical Center	407-996-4554	Patient Portal: https://myhealthrecord.com
Retirement Services			
Empower	401k Plan Administrator	844-465-4455	www.empowermyretirement.com
UBS	401k Plan Investment Advisor	407-803-4673	
Employee Assistance Program			
Optum Health	Employee Assistance Program (EAP)	866-248-4094	www.liveandworkwell.com Access Code: Rosen
Supplemental Insurance			
Allstate	Cancer, Hospital Indemnity, Critical Illness, Accident Policies	800-521-3535	www.allstateatwork.com/mybenefits
Colonial Life	Supplemental Insurance	800-325-4368	www.coloniallife.com
Legal Shield	Legal Plan and Identity Theft Protection	407-719-4897	www.legalshield.com
Lincoln Financial	Disability and Life Insurance	800-423-2765	www.lfg.com
Worker's Compensation			
Summit Claims	Worker's Compensation Carrier	800-282-7644	

BENEFITS FREQUENTLY ASKED QUESTIONS

How do I verify what benefits I have?

You can verify your coverage by visiting the “Current Benefits” section in Kronos Self Service.

Health Plan

How can I order a health insurance card? Our health plan customer service department at AdventHealth Advantage Plans can mail a new card to your home. To request one, please call customer service at 844-522-5279.

How can I search for pediatricians and specialists who accept our plan? Create your profile on www.myahplan.com. Once you are logged in you will be able to search providers and facilities based on the Rosen Hotels & Resorts Group Health Plan.

How much will I pay for a hospital admission? The copay is \$750 in-network or \$1,000 out-of-network. The fee is paid by payroll deduction. Please do not pay at the hospital.

Dental Plan

How do I verify which dental plan I have? If your dental plan ID card has the DeltaCare USA logo, you have the DHMO plan. If it has the Delta Dental logo, you have the PPO plan.

How do I find a dentist? Use the mobile app or visit the website www.deltadentalins.com. If you have the DHMO plan, click on “Find a Dentist,” then select DeltaCare USA as the plan network. If you have the PPO plan, select Delta Dental as the plan network. You may also call Delta Dental for assistance.

I found a dentist. What do I do next? If you have the DHMO plan, you must register the dentist through Delta Dental online or by phone. Registration is not required for the PPO.

Can I change my dentist? Yes, follow the steps above. If you have the DHMO plan, you must be assigned to the new dentist through Delta Dental before your first visit.

401(k)

How often can I change my weekly contribution? You can make changes as often as you like throughout the year. You may log on to your account at www.empowermyretirement.com, use the mobile app, or call Empower customer service.

Does Rosen Hotels & Resorts match my contribution? Currently there is no company match for 401(k) contributions. The company match can change from year to year at the company’s discretion.

I am at least 50 years of age. How do I participate in the catch-up contribution? Complete a PAF (form available in Human Resources). In the 401(k) section, write in “catch-up contribution” and specify the percentage. You must attain the maximum allowable contribution prior to participating in the catch-up contribution. For 2021, 401(k) contribution limits remain at \$19,500 for individuals, and catch-up contributions for those 50 or older are allowed an additional \$6,500.

Lincoln Supplemental Benefits (Disability, Life Insurance)

How do I file a disability claim? Call the Lincoln Financial customer service department at 1-800-423-2765 to begin filing your claim. Please refer to page 13-15 for details about your policy.

Allstate

How can I learn more about filing my claim with Allstate? Page 12 contains information and instructions for filing your claim. A representative will be on property monthly to explain your coverage and to provide guidance on filing your claims.

Vision

How do I find a provider? Visit the website at www.vsp.com, use the VSP mobile app, or call 1-800-877-7195.

Do I need an ID card to visit a provider? ID cards are not required for service and are not provided by VSP. Please inform your provider’s office that you have coverage with VSP and they will verify your benefits.


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The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call (407) 996-1706. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.cciio.cms.gov or call (407) 996-1706 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$ 0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Yes	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$8,550 individual / \$17,100 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit ?	Premiums, Health care this plan doesn't cover, balance-billing charges, or any out of network charges	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.myahplan.com or call (844) 522-5279 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$5 copay /visit	Not covered	None
	Specialist visit	\$20 copay /visit	Not covered	None
	Preventive care/screening/immunization	No charge	Not covered	None You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	CT scan - \$10 copay /test MRI/PET - \$25 copay /test	Not covered	Preauthorization is required for MRI and PET scans. Failure to obtain preauthorization can result in a denial of payment.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at 1-800-311-3446.	Generic drugs	\$10 copay /prescription No copay at Walmart or Sam's Club		Covers up to a 90-day supply (retail and mail order prescriptions). Certain medications covered in limited quantities as outlined on page 5 of the Prescription Drug Program Summary of Benefits.
	Preferred brand drugs	\$15 copay /prescription \$13 at Walmart or Sam's Club		
	Non-preferred brand drugs	\$30 copay /prescription \$25 at Walmart or Sam's Club		
	Specialty drugs	\$30		Refer to EHIM plan for a list of non-covered pharmaceuticals.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$100/day copay	Not covered	None
	Physician/surgeon fees	No charge	Not covered	None
If you need immediate medical attention	Emergency room care	\$75 copay /visit	\$75 copay /visit	None
	Emergency medical transportation	No charge	No charge	None
	Urgent care	\$35 copay /visit		Limited to Guide Well Emergency Doctors, Night Lite Pediatrics, and Centra Care

[* For more information about limitations and exceptions, see the plan or policy document.]

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$750 <u>copay</u> /admission	\$1,000 <u>copay</u> /admission	Total inpatient copays per calendar year will not exceed: \$1,500 for individual coverage and \$3,000 for family coverage. The fee is paid by payroll deduction.
	Physician/surgeon fees	No charge	Not covered	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 <u>copay</u> /visit	Not covered	None
	Inpatient services	\$750 <u>copay</u> /admission	Not covered	Total inpatient copays per calendar year will not exceed: \$1,500 for individual coverage and \$3,000 for family coverage. The fee is paid by payroll deduction.
If you are pregnant	Office visits	\$20 <u>copay</u> /visit	Not covered	None
	Childbirth/delivery professional services	No charge	Not covered	Preauthorization must be obtained for an out of network hospital. Failure to obtain preauthorization can result in a denial of payment.
	Childbirth/delivery facility services	\$750 <u>copay</u> /admission	\$1,000 <u>copay</u> admission	
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	100 visit limit or 400 hour calendar year max Preauthorization is required.
	Rehabilitation services	No charge	Not covered	60 days maximum per treatment plan
	Habilitation services	No charge	Not covered	60 days maximum per treatment plan
	Skilled nursing care	No charge	Not covered	90 day calendar year maximum. Preauthorization is required.
	Durable medical equipment	No charge	Not covered	None
	Hospice services	No charge	Not covered	Preauthorization is required.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Not covered; coverage purchased under separate program.
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
<ul style="list-style-type: none"> Acupuncture Cosmetic surgery Dental care (Adult) Hearing aids 	<ul style="list-style-type: none"> Infertility treatment Long-term care Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> Private-duty nursing Routine eye care (Adult) Routine foot care

[* For more information about limitations and exceptions, see the plan or policy document.]

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric surgery
- Chiropractic care
- Weight loss programs

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Health First Health Plans, Inc.

Attn: Appeal Coordinator
6450 U.S. Highway 1
Rockledge, FL 32955
(844) 522-5279

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 844-522-5279.

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 844-522-5279.

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码844-522-5279.

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 844-522-5279.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- [Hospital copayment](#) \$750
- Other [copayment](#) \$0

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$1,200
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$1,260

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- [Hospital \(facility\) copayment](#) \$750
- Other [copayment](#) \$0

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$300
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$360

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$0
- [Specialist copayment](#) \$20
- [Hospital \(facility\) copayment](#) \$750
- Other [copayment](#) \$0

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)


Total Example Cost	\$1,900
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In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$150
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$150

DENTAL INSURANCE

DENTAL PLAN COMPARISON

	DELTACARE – DHMO	Delta Dental PPO	
	In-Network Only	In-Network**	Out-of-Network**
Annual Maximum	No Annual Maximum	\$1,000	\$1,000
Office Visit Co-pay	\$5.00 (each visit)	None	None
Deductible *	No Deductible	\$50.00/individual \$150.00/family	\$100.00/individual \$300.00/family
Dentist Network	<ul style="list-style-type: none"> Select a primary dentist from the DeltaCare USA list. <u>You must visit this dentist in order to receive benefits.</u> Referral required for specialty care 	<ul style="list-style-type: none"> Freedom to choose any licensed dentist No referral required for specialty care 	
Changing your dentist	You must change your assigned dentist online or by telephone with Delta Dental.	Change your dentist at any time without contacting Delta Dental.	
AMOUNT YOU PAY			
Preventative Services			
Routine Cleanings	No Cost	0%	0%
Fluoride Treatments	No Cost	0%	0%
Sealants – limited to permanent molars through age 15	\$10.00	0%	0%
Basic Services			
Oral Surgery	\$0 - \$130.00	20%	20%
Fillings	\$0 - \$85.00	20%	20%
Periodontics	\$40.00 - \$55.00 / Quadrant	20%	20%
Root Canal	\$110.00 - \$350.00	20%	20%
Major Services			
Crowns	\$160.00- \$380.00 (includes lab fee)	50%	40%
Orthodontic Services			
Adults	\$2,100.00	No Coverage	
Dependent Children (to age 19)	\$1,900.00	\$1,000	\$500

Definitions of Terms

*Annual Deductible	The amount you owe for services before your plan begins to pay.
Annual Maximum	The maximum dollar amount the plan will pay toward the cost of care in a calendar year. You are responsible for paying costs above the annual maximum
Deductible does not apply to Diagnostic and Preventive Services. ** Reimbursement is based on PPO contracted fees for all dentists.	



Introducing our Mobile App
Access your benefits anywhere, anytime



DOWNLOAD THE MOBILE APP

Delta Dental's mobile app gives you access to dentist

DENTAL INSURANCE (CONTINUED)

Using the DHMO Plan – Frequently Asked Questions

How do I search for a dentist? Use the mobile app, or visit the website www.deltadentalins.com. Click on “Find a Dentist” then select DeltaCare USA as the plan network. You may also call 1-800-422-4234 for assistance.

I have found a dentist. What should I do next? You must register with that dentist through Delta Dental. You may log in online at www.deltadentalins.com or call 1-800-422-4234. You must visit only your assigned DeltaCare USA dentist to receive benefits with your plan.

Can I change my dentist? Yes, follow the steps above. You must be assigned to the new dentist through Delta Dental before your first visit.

I have registered my dentist. Now how do I use my plan? Your assigned dentist will be notified about your enrollment. No ID card is required with your assigned dentist. Your social security number is your enrollee ID.

Most Common Dental Procedures and DHMO Copays

<i>Diagnostic (TYPE 1)</i>		<i>Preventive (TYPE 1)</i>	
D0120 - Periodic Oral Exam	\$0	D1110 - Prophylaxis--Adult	\$5
D0140 - Limited Oral Evaluation Problem Focused	\$0	D1120 - Prophylaxis--Child	\$5
D0150 - Comprehensive Oral Evaluation	\$0	D1206 - Topical Application of Fluoride Varnish	\$0
D0180 - Comprehensive Periodontal Evaluation	\$0	D1208 - Topical Application of Fluoride	\$0
D0210 - Intraoral - Complete Series	\$0	D1330 - Oral Hygiene Instructions	\$0
D0220 - Intraoral - Periapical First	\$0	D1351 - Sealant--Per Tooth (to age 16)	\$10
D0230 - Intraoral - Periapical Each Additional	\$0	Endodontics	
D0270 - Bitewing - Single	\$0	D3310 - Endo Anterior (excl Final Restoration)	\$110
D0272 - Bitewings - Two	\$0	D3320 - Endo Bicuspid (excl Final Restoration)	\$200
D0274 - Bitewings - Four	\$0	D3330 - Endo Molar (excl Final Restoration)	\$350
D0330 - Panoramic Radiographic Image	\$0	Periodontics	
D0350 - Oral/Facial Images, Intra or Extraorally	\$0	D4341 - Perio Scaling & Root Planing, 4+Tth/Quad	\$50
Restorative (TYPE 2 BASIC)		D4355 - Full Mouth Debridement	\$50
D2140 - Amalgam--One Surf, Primary/Permanent	\$0	D4910 - Periodontal Maintenance	\$35
D2150 - Amalgam--Two Surf, Primary/Permanent	\$0	Oral Surgery (TYPE 3 Major)	
D2330 - Resin--One Surface--Anterior	\$5	D7140 - Extraction--Erupted Tooth/Exposed Root	\$8
D2331 - Resin--Two Surfaces--Anterior	\$10	D7210 - Surgical Removal of Erupted Tooth	\$50
D2332 - Resin--Three Surfaces--Anterior	\$15	D7230 - Removal of Impacted Tooth--Partial Bony	\$80
D2335 - Resin--Four or More Surfaces--Anterior	\$50	D7240 - Removal of Impacted Tooth--Full Bony	\$110
D2391 - Resin--Based Composite 1 Surf, Posterior	\$55	Orthodontics (D8000-8999)	
D2392 - Resin--Based Composite 2 Surf, Posterior	\$65	D8080 - Comprehensive Ortho Tx/Adolescent Dent	
D2393 - Resin--Based Composite 3 Surf, Posterior	\$75	D8090 - Comp orthodontic treatment of the adult dentition	\$2,100
D2740 - Crown--Porcelain/Ceramic Substrate	\$380	D8680 - Orthodontic retention	\$275
D2750 - Crown--Porc Fused to High Noble Metal	\$380	Adjunctive General Services (VARIES by SERVICE)	
D2751 - Crown--Porc Fused to Predom. Base Metal	\$280	D9220 - Deep Sedation/Gen Anes-First 30 Min.	\$80 /15 min
D2950 - Core Buildup, Including Any Pins Req'd"	\$65	D9310 - Consultation	\$25
D2954 - Prefabricated Post & Core Add. to Crown	\$80	D9430 - Office Visit for Observation (no services)	\$5

HEALTH INSURANCE RATES 2021

Weekly deductions for health coverage are calculated based on each associate's benefits bracket. The brackets are based on a combination of compensation and position. A transfer of position may lead to a change in bracket.

Weekly Insurance Rates (Payroll Deduction)	Bracket 1	Bracket 2	Bracket 3	Bracket 4	Bracket 5	Bracket 6	Bracket 7
Associate							
<i>Health Only</i>	\$18.60	\$23.25	\$27.92	\$37.25	\$46.59	\$55.91	\$67.10
Associate & Child							
<i>Health Only</i>	\$40.48	\$51.12	\$61.74	\$83.04	\$104.31	\$125.56	\$151.08
Associate & Spouse							
<i>Health Only</i>	\$42.08	\$53.06	\$64.05	\$86.03	\$108.02	\$130.00	\$156.37
Associate & Children							
<i>Health Only</i>	\$45.25	\$57.08	\$68.91	\$92.55	\$116.16	\$139.81	\$168.18
Associate & Family							
<i>Health Only</i>	\$57.14	\$72.39	\$87.66	\$118.17	\$148.69	\$179.21	\$215.83

DENTAL ONLY RATES

These rates apply for dental-only enrollment without health plan coverage.

Tier of Coverage	Basic DHMO	Upgrade PPO
Associate only	\$0.00	\$6.96
Associate Plus Child	\$1.84	\$15.47
Associate Plus Spouse	\$1.76	\$16.99
Associate Plus Children	\$2.00	\$15.47
Associate Plus Family	\$3.87	\$27.43

HEALTH INSURANCE RATES WITH INCENTIVE

Associate health plan members and/or spouses who participated in the Interactive Health process in 2019 continue to be eligible for the following discounted rates in 2021.

Weekly Insurance Rates (Payroll Deduction)	Bracket 1	Bracket 2	Bracket 3	Bracket 4	Bracket 5	Bracket 6	Bracket 7
Associate							
<i>Health Only with Discount</i>	\$16.17	\$20.22	\$24.28	\$32.39	\$40.51	\$48.62	\$58.35
Associate & Child							
<i>Health Only with Discount</i>	\$34.96	\$44.21	\$53.45	\$71.97	\$90.46	\$108.94	\$131.13
Associate & Spouse							
<i>Health Only with Full Discount</i>	\$36.36	\$45.91	\$55.47	\$74.58	\$93.70	\$112.81	\$135.74
<i>Health Only with Partial Discount*</i>	\$39.09	\$49.35	\$59.63	\$80.17	\$100.73	\$121.27	\$145.92
Associate & Children							
<i>Health Only with Discount</i>	\$39.09	\$49.37	\$59.66	\$80.22	\$100.75	\$121.31	\$145.98
Associate & Family							
<i>Health Only with Full Discount</i>	\$49.18	\$62.44	\$75.72	\$102.25	\$128.79	\$155.33	\$187.17
<i>Health Only with Partial Discount*</i>	\$52.87	\$67.12	\$81.40	\$109.92	\$138.45	\$166.98	\$201.21

*A partial discount is applied when only one of the two adult members (associate / spouse) met the 2019 goal. The 2019 goal was participating in the Interactive Health process by the deadline.

Will there be an opportunity to earn a discount in 2022?

The unexpected closure of Interactive Health in 2020 caused Rosen Hotels & Resorts to halt its wellness incentive program. The company is in the process of evaluating other wellness program vendors in order to bring a new incentive opportunity to associates and dependents in the near future. Details will be shared with all eligible health plan members when the opportunity becomes available. With or without a vendor in place, plan members are urged to schedule their annual physical and lab work appointments as part of their preventative care plan. Discussing the results of these tests with your medical provider will offer the guidance needed to stay healthy or improve one's health status.

What if I do not want to participate in a wellness incentive?

Wellness incentive programs are optional. Health plan members who do not participate in the process will not be eligible for the discount. They will continue to be members of the Rosen Hotels & Resorts Group Health Plan and pay the regular rates. Each year, when an incentive program is in place, associates and spouses on the health plan will be given the option to participate.

COMPANY PAID LIFE INSURANCE

All full-time associates are eligible after 90 days.

Rosen Hotels & Resorts provides each full-time associate with a life insurance policy of \$10,000 minimum at no cost based on job classification.



The life coverage with Lincoln Financial Group provides a death benefit payable to the associate’s named beneficiary. Eligible associates must complete a life insurance beneficiary designation form. Beneficiaries can be updated at any time. Please be sure to keep your beneficiary designations current.

Coverage	\$10,000 minimum
Accidental Death & Dismemberment	Will Equal the Life Benefit
Benefits will reduce:	35% at age 65 An additional 15% of original amount at age 70
	Benefits terminate upon separation

Understanding Your Benefits	
Accelerated Death Benefit	Provides an option to be paid a portion of your life insurance benefit when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you must be covered under this
AD&D	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes death or dismemberment (e.g., the loss of a hand, foot, or eye), subject to policy limitations.
Conversion	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without providing Evidence of Insurability.
Seatbelt Benefit – Air Bag Benefit – Common Carrier Benefit	If you die as a result of a covered auto accident while wearing a seat belt or vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
Term Life	A death benefit is paid to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value.

Additional Benefits	
LifeKeys SM	Online will and testament preparation service, identity theft resources and beneficiary assistance support for all associates and eligible dependents covered under the Group Term Life and/or AD&D policy.
TravelConnect SM	Travel assistance services for associates and eligible dependents traveling more than 100 miles from home.

For additional information contact Lincoln Financial Group at 1-800-423-276 (reference RRESORTS) or visit www.lfg.com.

SUPPLEMENTAL BENEFITS - Vision Plan VSP

Summary of Vision Care Benefits for Rosen Hotels & Resorts Associates



Cost for Vision Insurance	Weekly Cost
Associate	\$1.58
Associate and family	\$4.50

Vision Insurance Schedule

Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Vision Exam – focuses on your eye health and overall wellness	Every 12 months	\$10 copay	Up to \$52
Laser Vision Correction Discount	Once per eye per lifetime	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities. 	N/A
Lenses Single Lined Bifocal Lined Trifocal Lenticular	Every 12 months	\$25 copay (for lenses and frame)	Up to \$55 Up to \$75 Up to \$95 Up to \$125
Frames	Every 12 months	\$130 allowance for frames of your choice and 20% off the amount over your allowance.	\$57
Elective Contact Lenses <i>Contact lenses are in place of lenses and frame.</i>	Every 12 months	\$130 allowance for contact lens exam (fitting and evaluation) and materials. If you choose contact lenses you will be eligible for frames 12 months from the date the contact lenses were obtained.	Up to \$105
Additional Glasses and Sunglasses Discount	30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.		N/A

Locating an In-Network VSP Doctor

You get the most from your vision benefits when you visit a VSP doctor. You'll find a listing of doctors at vsp.com or by calling 800.877.7195. VSP doctors offer flexible hours, a variety of office settings, and eyewear choices.

Using your Vision Benefit

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. No ID cards required!

Out-of-Network Providers

If you see a non-VSP provider, you'll receive a lesser benefit. Before seeing a non-VSP provider call VSP at 800.877.7195 for more details.

Eligibility

You are eligible to participate if you are a full-time or part time employee working 24 or more hours per week, as defined by your employer, at active work and working in the United States. Other policyholder-defined eligibility requirements may apply. Temporary or seasonal workers are not eligible.

Dependent Eligibility

Those qualified to be covered under your vision plan include your spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

Late Entrants

If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

This information is a summary of your benefit. In the event of a discrepancy between this information and the insurance contract, the terms of the contract will prevail.



Allstate®

Benefits

Allstate Benefits supplemental insurance pays benefits directly to you. Allstate Benefits can provide you and your family with an additional level of financial protection in the event of an accident or illness.

Allstate Benefits Group Accident Plan

Helps provide a financial cushion if an accident occurs

- ◆ Medical treatment
- ◆ Therapy
- ◆ Surgery

Allstate Benefits Group Hospital Indemnity Plan

Provides a financial benefit for medical treatment

- ◆ Hospital admission
- ◆ Daily hospital confinement
- ◆ Physician visits

Allstate Benefits Group Critical Illness Plan

Pays a lump sum benefit when a specific, serious health event occurs

- ◆ Options to purchase up to \$30,000 of coverage
- ◆ Heart attack, stroke, major organ failure, cancer, paralysis, coma, blindness
- ◆ No age reductions or maximum age for participation

Allstate Benefits Cancer Plan

Provides financial benefits related to cancer diagnosis and treatment

- ◆ Initial diagnosis benefit
- ◆ Surgical benefits
- ◆ Radiation and chemotherapy



How can Allstate Benefits help you?

www.allstateatwork.com/mybenefits

Customer Service Support

Assistance with verifying coverage and questions about your benefits

1-800-521-3535 (English)

1-800-211-5533 (Spanish)

AB-CustomerCare@allstate.com

Claims Support

Assistance with filing your claim and following up on claim status

1-800-348-4489

AB-Claims@allstate.com

Filing a Claim

You may access your policy documents, benefit information, file claims, and check claim status electronically at www.allstateatwork.com/mybenefits. Our dedicated Allstate representatives visit each property one per month to answer questions about your benefits and guide you with filing your claims. The schedule is published on The Buzz.

SUPPLEMENTAL BENEFITS - Lincoln Financial (Life)

Voluntary Life Insurance

What is life insurance? Life insurance is a form of insurance that pays money in the amount of the coverage to a beneficiary upon the death of the insured covered in the policy.

Associate	Spouse	Dependent
Choice of \$10,000 - \$200,000	Choice of \$10,000-\$50,000	\$10,000 for each child
Not to exceed 5 times your salary	Associate must select coverage for the spouse to be eligible	Child: Six months to age 26
For associates age 70 and older, the maximum benefit is \$50,000	Not to exceed 50% of associate's approved amount.	

Employee Benefit Options

AGE	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000
< 30	\$.16	\$.40	\$.81	\$1.62	\$2.42	\$3.20
30 - 34	\$.18	\$.46	\$.92	\$1.85	\$2.77	\$3.60
35 - 39	\$.25	\$.63	\$1.27	\$2.54	\$3.81	\$5.00
40 - 44	\$.39	\$.98	\$1.96	\$3.92	\$5.88	\$7.80
45 - 49	\$.62	\$1.56	\$3.12	\$6.23	\$9.35	\$12.40
50 - 54	\$1.22	\$3.06	\$6.12	\$12.23	\$18.35	\$24.40
55 - 59	\$1.98	\$4.96	\$9.92	\$19.85	\$29.77	\$39.60
60 - 64	\$2.40	\$6.00	\$12.00	\$24.00	\$36.00	\$48.00
65 - 69	\$6,500	\$16,250	\$32,500	\$65,000	\$97,500	\$130,000
	\$2.70	\$6.75	\$13.50	\$27.00	\$40.50	\$53.95
70 - 74	\$4,000	\$10,000	\$20,000	N/A	N/A	N/A
	\$3.93	\$9.83	\$19.66	N/A	N/A	N/A
75 - 79	\$2,500	\$6,250	\$12,500	N/A	N/A	N/A
	\$9.39	\$23.47	\$46.93	N/A	N/A	N/A

Spouse Benefit Options

\$10,000	\$25,000	\$50,000
\$.16	\$.40	\$.81
\$.18	\$.46	\$.92
\$.25	\$.63	\$1.27
\$.39	\$.98	\$1.96
\$.62	\$1.56	\$3.12
\$1.22	\$3.06	\$6.12
\$1.98	\$4.96	\$9.92
\$2.40	\$6.00	\$12.00
\$6,500	\$16,250	\$32,500
\$2.70	\$6.75	\$13.50
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

Dependent Children Rate = \$.46 Weekly

Premium covers all dependent children regardless of the number of children.

Understanding Your Benefits

Accelerated Death Benefit	Provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill. The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
Conversion	If you terminate your employment or become ineligible for this coverage you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination with Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
Portability	You may be able to continue your coverage if you leave your job. To take advantage of this benefit, send your written application and first premium payment to Lincoln Financial Group within 31 days of the date your coverage would otherwise end.
Term Life	Benefit provided to the designated beneficiary upon death of the insured. The benefit is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.

SUPPLEMENTAL BENEFITS - Lincoln Financial (Disability)

Short-Term Disability

What is short-term disability insurance? Short-term disability is intended to provide you with an income for a short duration in case you cannot work due to an illness or off-the-job injury.

Summary of Benefits	
Maximum Weekly Benefit:	60% of weekly salary up to a maximum \$1,000 per week
Maximum Benefit Duration:	13 weeks
Elimination Period For Benefits (Waiting Period):	1 st day for an accident; 15 th day for an illness
Pre-Existing Condition	No treatment for 3 months prior to the coverage effective date unless it begins after you have performed your regular occupation on a full-time basis for 6 months following the coverage effective date.
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.
Integration of Benefits	The benefits from this policy will be reduced by benefits you may receive through state disability.
Understanding Your Benefits	
Total Disability	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your regular occupation
Partial Disability	You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within two weeks of returning to work, you will begin receiving benefits again immediately.
Pre-Existing Condition	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
Benefit Exclusions	You will not receive benefits in the following circumstances: Your disability is the result of a self-inflicted injury; You are not under the regular care of a doctor when requesting disability benefits; Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury; You are receiving payment under a salary continuance or retirement plan sponsored by the group policyholder.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: Any governmental retirement system earned as a result of working for the current policyholder; Any disability or retirement benefit received under a retirement plan; Any Social Security or similar benefits; Earnings the insured earns or receives from any form of employment.
Benefit Termination	This coverage will terminate when you terminate employment with this policyholder.

SUPPLEMENTAL BENEFITS - Lincoln Financial (Disability)

Long-Term Disability

What is long-term disability insurance? Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

	Monthly Benefit	Maximum Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
Voluntary LTD Plan Employee Paid	60%	\$5,000	5 years / To Age 70	24 Months	90 Days
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.				
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.				
Benefit Limitations	Mental Illness: 24 months Substance Abuse: 24 months Specified Illness: 24 Months				

Understanding Your Benefits

Elimination Period	The number of days you must be disabled prior to collecting disability benefits.
Own Occupation	The trade or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
Total Disability	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation on a full-time basis. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
Partial Disability	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
Benefit Duration Reduction	Your benefit duration may be reduced if you become disabled after age 65.
Pre-Existing Condition	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
Benefit Exclusions	You will not receive benefits in the following circumstances: Your disability is the result of a self-inflicted injury; You are not under the regular care of a doctor when requesting disability benefits; You were involved in a felony commission, act of war, or participation in a riot; You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: Any compulsory benefit act or law (such as state disability plans); Any governmental retirement system earned as a result of working for the current policyholder; Any disability or retirement benefit received under a retirement plan; Any Social Security, or similar plan or act, benefits; Earnings from any form of employment; Workers compensation; Salary continuance or employer contributions to an employer sponsored retirement plan.
Coverage Termination	When you terminate employment with this policyholder, or at your retirement.

SUPPLEMENTAL BENEFITS - EAP

Employee Assistance Program (EAP)

Our Employee Assistance Program (EAP) is designed to help you maximize your health and effectiveness at home and at work.

Through this program you can receive confidential, personal support for a wide range of issues, from everyday concerns to serious problems. You also have access to support for numerous personal and work-related issues such as:

- Financial planning
- Career planning
- Management skills
- Legal questions



Each year, you and your family members are also eligible for **eight free** counseling sessions per personal issue including, but not limited to:

- Depression
- Stress
- Coping with grief
- Family/marital concerns

How do I get started?

Accessing your Employee Assistance program is easy and available 24 hours a day. Simply call the toll-free number: 866-248-4094 or you can access the interactive website that provides access to your benefit and tools that will help you enhance your work, health and life: www.liveandworkwell.com, access code: Rosen.

Virtual Visits: Convenient online access to providers

You can meet with a therapist online through secure video-conferencing. Virtual visits connect you with EAP providers in real-time through the internet. For assistance finding a virtual visit provider and obtaining authorization, please call EAP.

Support when you need it – no appointments necessary.



With Talkspace, you can reach out to a licensed, in-network EAP provider 24/7.

- Message your EAP provider whenever – no appointments necessary.
- Choose real-time face-to-face video visits by appointment, when needed.

For more information and to obtain an authorization, please call EAP.

Sanvello: Self-help for stress, anxiety and depression

Created by psychologists, Sanvello is a top-rated self-help app that uses clinically validated techniques especially effective for individuals experiencing high levels of stress, or symptoms of anxiety and depression. Use Sanvello from your mobile device anytime, anywhere. To get started, please call EAP.



Have You Ever



- Needed your Will prepared or updated?
- Signed a contract?
- Received a moving traffic violation?
- Been denied a warranty or insurance claim?
- Been overcharged or had a billing dispute?
- Purchased or leased a home?
- Worried about being a victim of identity theft?
- Been concerned about your child's identity?
- Lost your wallet?
- Been involved in a data breach?
- Had someone commit tax or employment fraud in your name?
- Had your driver's license or medical information stolen/used?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal or business issues
- **Letters/Calls** made on your behalf (initial letter or call on an unlimited basis)
- **Contracts/Documents** Reviewed up to 10 pages per document
- **Will Preparation** Last Will and Testament (for the named member)
- **Moving Traffic Violations** (must be on the road legally) 15 day waiting period
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, and other matters outside of normal coverage)
- **24/7 Emergency Access** for covered situations

The IDShield Membership Includes:

- **Continuous Credit Monitoring** IDShield continuously monitors your credit report. If changes occur, you'll receive an instant alert.
- **High Risk Application and Transaction Monitoring** We monitor the largest proprietary database of new account application data to detect potentially fraudulent new accounts when an application is submitted.
- **Dark Web Monitoring** Monitors your Personally Identifiable Information (PII) across the dark web, where criminals purchase personal data.
- **Username/Password (Credential) Monitoring** This powerful feature helps protect against takeovers of your social, financial and other online accounts.
- **Identity Threat & Credit Threat Alerts** You'll receive a threat alert if your PII is found.
- **\$1 Million Protection Policy** Offers coverage for lost wages, legal defense fees, stolen funds and more.
- **Unlimited Consultation** On any cyber security issue.
- **Full-Service Restoration** Our Licensed Private Investigators will work tirelessly to restore your identity to its pre-theft status.
- **24/7 Emergency Access** We're here in the event of an identity theft emergency.

  Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

Plan	Family Price	Individual Price
LegalShield		
IDShield		
Combined		

Prepared for:

For more information, contact your Independent Associate:

LegalShield legal plans cover the member; member's spouse; never married dependent children under 21 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 23 if a full-time college student; or physically or mentally disabled dependent children. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. All Licensed Private Investigators are licensed in the state of Oklahoma. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 10 dependents up to the ages 18. It also provides consultation and restoration for dependent children age 18 to 26. This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See plan details for your state of residence for complete terms, coverage, amounts, conditions and limitations.

LEGAL PLAN & IDENTITY THEFT PROTECTION



This prepaid plan provides you and your family access to quality law firms at a prepaid low cost. The identity theft protection plan provides identity monitoring in the unfortunate event something does happen to your identity. For a detailed membership description, please see the LegalShield summary page on the Open Enrollment website and SharePoint.

Plan	Weekly Cost
LegalShield Standard Plan (Individual / Family)	\$3.68
IDShield Identity Theft Plan (Family)	\$3.22
IDShield Identity Theft Plan (Individual)	2.99
Legal and Identity Theft Plans Combined (Added Value - Discount Applies)	\$5.98

WORKPLACE WELLNESS



Free fitness classes, events and programs:

The pandemic caused a temporary change in the W.O.W. Factor Program schedule, yet the company continues to offer opportunities for associates and dependents to participate in wellness programming. For the most up-to-date class and event schedule,

please read the weekly Wellness Wednesday newsletter sent to the primary email address in Kronos. Other programs available include WW (formerly Weight Watchers), and membership discounts at FitnessCF, Rosen Aquatic & Fitness Center and the Rosen JCC.



Monthly Health Observances and Challenges

Our Wellness Coordinator organizes numerous events and special challenges to promote healthy lifestyles. Make 2021 the year of health and fitness by joining us! Below are some of the many events we have on the calendar:

- Healthy Weight Week (January)
- Heart Healthy Month (February)
- National Sleep Awareness Week (March)
- National Walking Day (April)
- National Employee Health & Fitness Day (May)
- National Men's Health Month (June)
- National Massage Week (July)
- Fit 4 Fall Sporting Events (October)
- Health, Benefits & Safety Fair (Fall)
- National Eat Healthy Day (November)



401(k) RETIREMENT PLAN

Create the future you want

Pursuing your long-term financial independence begins now



Who is eligible to participate?

All associates who are at least 18 years of age are eligible to participate after six months of employment. To help you prepare for retirement, our plan offers an automatic enrollment feature. All eligible associates are automatically enrolled at a 2% weekly contribution and the contribution is increased by 1% each year thereafter until it reaches 10%. Associates have the ability to opt out of automatic enrollment and increase prior to their first deduction being deposited into their account by completing a 401(k) waiver form or contacting Empower.

Managing Your Account

You may access your account using the Empower Retirement mobile app, by calling 844-465-4455 or by visiting www.empowermyretirement.com.

Making Contributions

You may contribute up to the maximum amount allowed by the IRS each calendar year (\$19,500 in 2021). The annual limits can be found by visiting www.irs.gov.

Company Match

Rosen Hotels & Resorts is not currently matching 401(k) contributions. The company match can change from year to year at the company's discretion.

Vesting Schedule

A vesting schedule determines what percentage of ownership you can apply to the employer match portion of your account at specific points in time. You are always 100% vested in your own contributions. The schedule applies to your ownership of the company's matching contributions. Your years of service for vesting purposes begin on your date of hire.

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

When may I withdraw money from the plan?

- Conclusion of employment
- Upon reaching age 59 ½
- Retirement
- Hardship for specified reasons
- Death

May I take out loans from the plan?

You may take up to one loan and it must be repaid within 5 years.

Designate your beneficiary

Ensure you pass your plan benefits on to the people you intend. Log on to the website and follow these steps:

1. Choose your plan name.
2. Click on Beneficiaries.

Note: A married participant must name their spouse as their beneficiary unless the spouse signs an affidavit giving up that right.

Access your account from anywhere

The Empower website, www.empowermyretirement.com, and mobile app provide an easy and convenient way to:

Make contributions

View your account balance

Check your investment allocation

Easily model different savings scenarios

PLAN NOTICES

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877- KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

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

Florida – Medicaid

<https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html>

Phone: 1-877-357-3268

For a full list of states and to see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Women’s Health and Cancer Rights Act (WHCRA)

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. Therefore, the following deductibles and coinsurance apply: \$0 deductible; specialist copays (\$20); outpatient surgical (\$100) or hospital admission (\$750/\$1,000) as applicable.

If you would like more information on WHCRA benefits, call your plan administrator 407-996-1706.

PLAN NOTICES

General Notice of COBRA Continuation Coverage Rights

Introduction

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

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

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

What is COBRA continuation coverage?

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

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

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

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

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

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

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

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When is COBRA continuation coverage available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the Human Resources Benefits Department, 4000 Destination Parkway, Orlando, FL 32819.

How is COBRA continuation coverage provided?

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than

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COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

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

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

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

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

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

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

¹ <https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

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

Keep your Plan informed of address changes

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

Plan contact information

Plan Name: Rosen Hotels & Resorts Group Health Plan

Plan Administrator: Rosen Hotels & Resorts, Inc. Human Resources Department

4000 Destination Parkway Orlando, FL 32819

Notice Regarding Designation of a Primary Care Provider

Rosen Hotels & Resorts Group Health Plan requires the designation of a primary care provider. The primary care provider who participates in our network is the Rosen Medical Center. For children under 15 years of age, you may designate an in-network pediatrician as the primary care provider.

Benefits Timeline

Rosen Hotels & Resorts

	EMPLOYMENT STATUS			ELIGIBILITY TIME LINE					
	Full Time	Part Time	On Call	Immediate	90 days	6 months	1 year	24 months	> 2 years
Group Health Plan									
Medical and Prescription	Available if averaging 30 hours a week				X (FT)		X (PT/OC)		
Dental	Available if averaging 24 hours a week				X				
Life	X				X				
Supplemental Insurance Programs									
Vision Care through VSP	X	X			X				
Allstate Benefits Products	X	X			X				
Legal Shield	X	X			X				
Lincoln Products	X	X			X				
Paid Time Off									
Holiday Pay									
Full Time	X			X					
Part Time		X			X based on average hours worked weekly				
Vacation Pay									
Full Time	X						X		
Part Time		X						X	
Personal Days	X			1 day at 6 months; 2 more on first anniversary; 3 on anniversary thereafter					
Bereavement Leave	X				X				
Jury Duty Leave	X			X					
Leave of Absence Programs									
Family Medical Leave of Absence (FMLA)	X	X					X*		
Military Leave	X	X		X					
Personal Leave	X	X			X				
401(k) Retirement Plan									
Full Time	X		X			X			
Part Time		X				X			
Full Tuition Scholarships (Tuition and Books)									
Associate and Child (safety net for unmet funds)	X						eligible to apply after 3 years		
Financial Aid for Daycare									
Associate*	X					X			
Tuition Reimbursement									
Associate and Child Dependent	X					X			
Referral Bonuses									
Hourly Associates Only	X	X	X	X					
Banking Benefits									
Weekly Pay	X	X	X	X					
Direct Deposit and Pay Cards	X	X	X	X					
Memberships and Discounts									
Costco, Sam's, BJ's, AAA, YMCA Discounts	X	X	X	X					
Rosen Hotels Dining Discounts	X	X	X	X					
Friends & Family Rosen Hotel Discounts	X	X	X	X					
Other Benefits									
W.O.W. Factor Program [®] (Fitness Classes)	X	X	X	X					
Community Events	X	X	X	X					
Family Outreach Center	X	X	X	X					

*Based on Eligibility

Effective 11/01/2020



ROSEN HOTELS & RESORTS