



2020-2021 Team Member Benefits Guide



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Welcome to your benefits!

Southern Management (SM) is proud to offer a comprehensive, competitive benefits package designed to meet the diverse needs of our Team Members at every stage of life. This 2020-2021 Team Member benefits guide outlines the resources available to help you evaluate your benefits options, understand the benefits enrollment process, and make the best decisions for yourself, your family, and your lifestyle.

Each section of the 2020-2021 Benefits Guide is meant to be informative and easy to understand. It provides general information on how your benefits work so you can use them most effectively. The information in this guide does not contain all of the details that are described in the official Plan Documents. If there is a discrepancy between what is summarized here or in any other written or verbal information you may receive, the Plan Documents will always govern.

Please log into ADP-Workforce Now to make changes, enroll or decline.

A few notes about enrolling in benefits

SM offers generous and competitive benefits for you and your family. Team Member eligibility depends on the type of benefit offered. Please review each section carefully to see what you are eligible for.

Dependent Eligibility - Medical, Dental & Vision

A dependent is defined as a covered Team Member's legal spouse or dependent child of the Team Member or Team Member's spouse. Dependent children will be covered through the end of the month in which they turn age 26.

A dependent child is defined as:

- A natural child
- A stepchild
- A legally adopted child
- A child placed for adoption
- A child for whom legal guardianship has been awarded to the covered employee or the employee's spouse
- Unmarried children of any age who become mentally or physically disabled before reaching the age limit

Qualifying Life Events

The SM benefit plans are considered an IRS Section 125 Cafeteria Plan. This means that the premiums you pay for Medical, Dental, and Vision will be deducted from your paycheck on a "pre-tax" basis. Selecting your benefit options carefully is important because under strict IRS rules, you cannot change or revoke your benefit elections until the beginning of the next plan year, unless you experience an IRS qualifying event, such as the examples below:

- Marriage or Divorce
- Birth or Adoption of a Child
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage, or reaching the dependent child age limit
- Change in Spouse's employment or health insurance that affects your family benefits
- Change in scheduled work (control) hours and/or worksite if it affects the health coverage
- Change in spouse's coverage/enrollment due to a change in employment status or his/her annual open enrollment
- Death of a spouse or dependent
- Beginning/returning from a leave of absence
- Loss/gain of dependent status

If you are eligible to make a benefit change mid-year due to a qualifying life event, you must make the benefit change within 31 days of a qualifying event. Otherwise, you may only change your benefit elections during the annual open enrollment period with a May 1 effective date. You'll need to provide proof of the event, such as marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

Please remember to add your Social Security number and the Social Security numbers of your dependents during enrollment.

Southern Management (SM) Benefit Summary

The Benefit	What YOU Receive	Who is Eligible?	When Eligible?	Who Pays?
Insurance Benefits				
Health Insurance	Protection for you and, if you elect dependent coverage, protection for your family's medical care. SMC offers two health plans, a PPO Plan and a High Deductible Health Plan (HDHP) through Cigna.	Full-Time Team Members	90 days from 1st date of full-time status	SM and You
Vision Insurance	Protection for you, and if you elect dependent coverage, protection for your family's vision care. SMC offers a voluntary vision plan through Cigna.	Full-Time Team Members	90 days from 1st date of full-time status	You
Dental Insurance	Protection for you, and if you elect dependent coverage, protection for your family's dental care. SMC offers two dental plans through Cigna.	Full-Time Team Members	90 days from 1st date of full-time status	SM and You
Group Term Life & AD&D Insurance	Provides Life Insurance & Accidental Death and Dismemberment (AD&D) benefits to equal 2x your annual salary up to \$50,000. Double indemnity for accidental death.	Full-Time Team Members	90 days from 1st date of full-time status	SM
Short-Term Disability	Replaces a portion of your income if you become ill or injured. 60% of your weekly earnings to a maximum of \$1,500. Coverage is voluntary.	Full-Time Team Members	90 days from 1st date of full-time status	You
Long-Term Disability	Replaces a portion of your income if you become seriously ill or injured. 60% of your monthly earnings to a maximum of \$5,000.	Full-Time Team Members	90 days from 1st date of full-time status	You
Long-Term Care	Provides cash benefit in the event of the need for home care, nursing care, or hospice care for Team Members and their families	All Team Members	90 days from 1st date of full-time status	You
Critical Illness and Accident	Critical Illness and Accident insurance. Group member rates. Payroll deduction available for Full-Time Team Members only.	Full-Time Team Members	90 days from 1st date of full-time status	You
Home and Auto Insurance	Team Members must work a minimum of 10 hours per pay period to cover payroll deduction cost.	All Team Members	Anytime	You
Flexible Spending Accounts (FSA)	Allows you to put pre-tax earnings into a spending account for eligible healthcare or dependent care expenses.	Full-Time Team Members	90 days from 1st date of full-time status	You
Section 125	Team Members' cost for group medical and dental is deducted before your paycheck is taxed.	Team Members who elect health coverage. Full-Time Team Members	90 days from 1st date of full-time status	SM
Retirement				
Defined Contribution or Profit Sharing	The company will contribute an amount equal to 5% of your gross earnings, excluding overtime and bonuses each year.	Team Members who work 1,000 hours in a calendar year	Employed for at least 6 months prior to January 1 of each year.	SM
401(k) Plan	Opportunity to save for retirement with pre-tax income	All Team Members	After 90-day waiting period having reached age 21	All team members will be automatically enrolled with a 3% contribution. Your automatic enrollment will occur approximately 90 days from your employment date. You can change your investment direction before you are automatically enrolled or anytime by contacting Vanguard. If you do not want to participate in the plan, you must contact Vanguard before your automatic enrollment goes into effect to prevent any payroll deductions from occurring.
401(k) Roth	Opportunity to save for retirement with after-tax income	All Team Members	Same as 401(k) above	Same as 401(k) above
Paid Time Off				
Holidays	6 holidays per year	Full-Time Team Members	Immediately	SM
Leave	7 days after 90-day Benefit Waiting Period, then with continuous employment: 1 year: 12 days 6 years: 22 days 2 years: 16 days 7 years: 23 days (prorated) 3 years: 18 days 8 years: 24 days 4 years: 20 days 9 years: 25 days 5 years: 21 days 10+ years: 26 days	Full-Time Team Members	90 days from 1st date of full-time status	SM

The Benefit	What YOU Receive	Who is Eligible?	When Eligible?	Who Pays?
Paid Time Off (continued)				
Bereavement/ Funeral Leave	Paid time off up to 3 scheduled work days for death of an immediate family member	Full-Time Team Members	Immediately	SM
Jury Duty	Paid time off up to 5 working days provided you work on any partial days when you are excused from duty	Full-Time Team Members	After 90 days	SM
Team Member Development				
Continuing Education	Educational Assistance for pre-approved undergraduate degree programs and job-related adult education courses taken at an accredited college or university, and professional certifications taken through professional associations or institutions	Full-Time Team Members	90 days from 1st date of full-time status	SM - up to \$2,000 per year; pre-payment and reimbursement options
	Tuition assistance for pre-approved seminars, workshops, and professional memberships	Full-Time Team Members	90 days from 1st date of full-time status	SM
	Technical, professional, and management training & development courses through the Southern Management University	Full-Time Team Members Part-time for many courses	Immediately	SM
	Orientation training through the Southern Management University	All Team Members	Immediately	SM
Miscellaneous				
Employee Assistance Program (EAP)	Provides confidential professional support and assistance to Team Members and eligible family members in resolving personal problems.	All Team Members and eligible family members	Immediately	SM - up to three visits, thereafter covered under medical plan
Workers' Compensation	Provides disability, medical and death benefits for expenses which result from on-the-job injuries	All Team Members	Immediately	SM
Andrews Federal Credit Union	Membership available to apply and bank with a credit union	All Team Members & Family Members	Immediately	You
M & T Bank	Available to apply and bank with	All Team Members & Family Members	Immediately	You
PNC Bank	Available to apply at any PNC branch	All Team Members & Family Members	Immediately	You
SIP	Incentive compensation	Full-Time Team Members Part-time - 20 hrs+ a week	After 6 months	SM
TeamRap	Team Member Referral Award paid up to \$500 - some positions may pay more!	All Team Members	Immediately	SM
Rental Discount	Southern Management Apartment discounted rental rates	Full-Time Team Members	90 days from 1st date of full-time status	You
Food Pantry	Starnet - Community Page (Confidential) Apply at: http://www.smcstarnet.com/community/OnlineForms/forms/TeamMemberFoodAssistanceProgram/TeamMemberFoodAssistanceForm	All Team Members	Immediately	SM
Miscellaneous Discounts	Bear Creek Mountain Resort, Arundel Hotel, Grill Fire Restaruant, UMD Hotel Program, Verizon Wireless, Sprint/Nextel, AT&T, etc. Refer to STARnet at www.smcstarnet.com/people in the section labeled "Discounts - Team Members"	All Team Members	Varies per discount	You
Team Member Suggestion Program	Team Members rewarded for suggestions that are implemented	All Team Members	Immediately	SM
Uniforms	Provided uniforms and weekly cleaning services	Service Team & Courtesy Officers	Immediately	SM

TEAM MEMBER STATUS

- **Full Time:** Team Members who work 40 hours per week
- **Part-Time:** Team Members who work 1-29 hours per week

See specific benefit program plans and Team Member Handbook for further details. All benefits are subject to cancellation and/or change at any time.



Medical Benefits

Southern Management is committed to helping you and your dependents maintain your health and wellness by providing you with access to the highest levels of care. On all three medical plans, all expenses, except in-network preventive care, are subject to the plan's deductible (this includes but is not limited to office visits, lab work, outpatient surgery, inpatient hospitalization and prescription drugs).

Cigna Open Access Plus PPO

Cigna Open Access Plus (OAP) PPO provides you with the freedom to seek care from in or out-of-network providers. This plan utilizes Cigna's national Open Access Plus network. Your out-of-pocket costs will be lower when using in-network providers because they have agreed to a negotiated rate.

Cigna High Deductible Health Plan (HDHP)

Cigna High Deductible Health Plan (HDHP) with Health Savings Account (HSA) provides you with the freedom to seek care from in or out-of-network providers. This plan utilizes Cigna's national Open Access Plus network. Your out-of-pocket costs will be lower when using in-network providers because they have agreed to a negotiated rate.

You can establish a Health Savings Account (HSA) through HSA Bank. An HSA is a personal bank account that helps you save and pay for eligible out-of-pocket health care expenses, while giving you real tax savings.

You may also make pre-tax contributions to your HSA up to the IRS calendar year maximum of \$3,550 individual / \$7,100 family. Team Members age 55 and older can make an additional \$1,000 catch-up contribution. Upon enrollment, you will receive an HSA debit card to pay for eligible health care expenses.

NOTE: If you are covered by another, non-HSA compatible plan including Parts A or B of Medicare, a non-high deductible health plan through your spouse's employer, or a full scope health care FSA through your spouse's employer, you may not make or receive pre-tax contributions into an HSA. If you have carry-over funds from a prior year in your health care FSA and wish to enroll in the HDHP w/ HSA, you must forfeit your FSA balance.

Medical plan summary

Medical	OAP PPO		HDHP w/HSA	
	In-network	Out-of-network	In-network	Out-of-network
Deductible				
Team Member only	\$500	\$1,000	\$1,500	\$2,500
Family coverage	\$1,000	\$2,000	\$3,000	\$5,000
Coinsurance	90% Plan/10% Member	50% Plan/50% Member	80% Plan/20% Member	50% Plan/50% Member
Out-of-pocket maximum (includes deductible)				
Team Member only	\$3,000	\$5,000	\$3,000	\$5,000
Family coverage	\$6,000	\$15,000	\$6,000	\$10,000
Preventive care	No charge	Deductible, then 50%	No charge	Deductible, then 50%
Office visit (PCP and specialist)	\$10/\$25 copay	Deductible, then 50%	Deductible, then 20%	Deductible, then 50%
Emergency room	\$200 (waived if admitted)		Deductible, then 20%	
Urgent care	\$10	Deductible, then 50%	Deductible, then 20%	Deductible, then 50%
Inpatient care	Deductible, then 10% + \$100	Deductible, then 50% + \$100	Deductible, then 20%	Deductible, then 50%
Outpatient care	Deductible, then 10% + \$100	Deductible, then 50% + \$100	Deductible, then 20%	Deductible, then 50%

Cigna Telehealth Connection

Cigna’s medical plans provide access to American Well® and MDLIVE® with the Cigna Telehealth Connection program.

The program lets you get the care you need — including most prescriptions — for a wide range of minor acute conditions. You have access to board-certified doctors via secure video chat or phone, without leaving your home or office. When, where, and how it works best for you.

If you preregister for American Well and/or MDLIVE, you can speak with a doctor for help with minor acute conditions like:

- Sore throat
- Allergies
- Headache
- Rash
- Stomachache
- Acne
- Fever
- UTI and more
- Cold and flu

Televisits with American Well and MDLIVE cost less than going to a convenience care or urgent care clinic, and significantly less than going to an emergency room. And your out-of-pocket cost is the same or less than a visit with your primary care provider. Remember, you should only use telehealth services for non-life threatening conditions.

Signing up is easy

- Set up and create an account with one or both American Well and MDLIVE
- Complete a medical history using their “virtual clipboard.”
- Download vendor apps to your smartphone/mobile device

[AmWellforCigna.com](https://www.amwellforcigna.com)

855.667.9722

[MDLIVEforCigna.com](https://www.mdliveforcigna.com)

888.726.3171

Prescription Drug Benefits

Prescription drugs	OAP PPO Team Member Pays		HDHP w/HSA Team Member Pays	
	In-network	Out-of-network	In-network	Out-of-network
Retail (30-day supply)				
Tier 1 – generics	You pay 20%	100% at time of purchase, then reimbursed 50% after applicable copay	Deductible, then 20%	Deductible, then 50%
Tier 2 – preferred	You pay 20%			
Tier 3 – nonpreferred	You pay 30%			
Retail (90-day supply)				
Tier 1 – generics	You pay 20%	100% at time of purchase, then reimbursed 50% after applicable copay	Deductible, then 20%	Deductible, then 50%
Tier 2 – preferred	You pay 20%			
Tier 3 – nonpreferred	You pay 30%			
Mail order (90-day supply)				
Tier 1 – generics	You pay 25%	Not covered	Deductible, then 20%	Not covered
Tier 2 – preferred	You pay 25%			
Tier 3 – nonpreferred	You pay 45%			
Tier 4 – specialty	You pay \$75			

Prescription drugs—100% coverage for preventive generics before the deductible applies.

Preventive brand and non-preferred brand (second and third tier) drugs are covered at the plan's coinsurance maximum amounts as outlined in the chart. A deductible does not apply.

Important things to know regarding your Prescription Drug plan:

- **Remember the preferred drug list.** SMC will continue to utilize the Cigna Performance Formulary for 2019. Visit www.mycigna.com for your formulary list.
 - Includes contraceptives—with specific products covered at 100%
 - Cigna National Pharmacy Network
 - Specialty medications are limited to a 30-day supply
 - Specialty Drugs provided through Home Delivery at the Retail Cost Share
- Ask for generics first. Generic drugs have the lowest cost for you and can cost up to 80 percent less than a brand name prescription. Your prescriptions should be automatically filled with the generic equivalent (whenever a generic drug is available) in place of the brand-name drug. Each time you buy a brand-name drug when a generic substitution is available, you will have to pay the non-preferred brand co-payment plus the difference between the actual cost of the brand name and the actual cost of the generic drug.
- Select Preventive Drugs are covered at 100% under your plan. For a complete list of these drugs log into your personal account at www.mycigna.com.
- All maintenance medications (except initial fill for new medications) on Cigna's maintenance list must be obtained at a 90-day supply through the Cigna 90 Now preferred pharmacies. See information to the right.

Cigna 90 Now

With Cigna 90 Now, your plan offers a retail pharmacy network that gives you more choice in where you can fill your prescription for the medications you take every day. There are thousands of retail pharmacies in your network. They include local pharmacies, grocery stores, retail chains, and wholesale warehouse stores.

Under your plan, **90-day prescriptions MUST be filled at one of the 90-day retail pharmacies in your network or Cigna Home Delivery** to be covered.

For more information or to see a complete list of retail pharmacies in your network, visit www.cigna.com/rx90network.

Medical and prescription bi-weekly Team Member payroll contributions

(effective May 1, 2020)

Bi-weekly Contributions w/o spousal surcharge	OAP PPO	HDHP
Team Member Only	\$56.56	\$33.98
Team Member + Spouse	\$123.99	\$76.65
Team Member + Child	\$114.69	\$71.06
Team Member + Family	\$185.99	\$113.88

Bi-weekly Contributions with spousal surcharge	OAP PPO	HDHP
Team Member Only	\$56.56	\$33.98
Team Member + Spouse	\$216.30	\$168.95
Team Member + Child	\$114.69	\$71.06
Team Member + Family	\$278.29	\$206.19

Team Members can elect the medical and prescription drug plan without enrolling in the dental or vision plans.

Spousal Surcharge

All spouses must indicate during the enrollment process if their spouse is eligible for other medical coverage. If so, and you enroll your spouse for SM medical coverage, you will be required to pay a spousal surcharge of \$200 per month in addition to your coverage deduction. If your spouse is not eligible for healthcare coverage elsewhere and is covered under the SM medical coverage, you will not be subject to the surcharge. An affidavit (available on the Enrollment site) confirming that the spouse is not eligible for healthcare coverage will be required to waive the \$200 monthly surcharge amount.

Additional Cigna Benefits

Cigna One Guide

At SM, we understand how confusing and overwhelming it can be to review your health plan options. Cigna One Guide is available to all Team Members to connect with a personal guide that will help you with:

- understanding the basics of health coverage
- identify the types of health plans available to you that best meet the needs of you and your family
- check if your doctors are in-network to help you avoid any unnecessary costs
- get answers on any other questions you may have about the plans or provider networks available to you

During the enrollment period, your personal guide is just a call away. Should you forget to ask something and need to call back, simply ask for your guide by name and we'll reconnect you, so you can pick up where you left off. Call 888.806.5042 to speak with a One Guide representative today! Your account number is 334261.

Cigna Health Management Program

Cigna programs are offered to you to help you manage your health. You may receive calls from different Cigna specialists to start a conversation about what's important to you — whether that's a chronic condition, making healthy choices, or filling a prescription.

During these calls, you'll be connected with a health coach who will help you determine the best way Cigna can assist you. If you decide you want to join the program, you'll set up an appointment for your first coaching call. One-on-one coaching begins during the first coaching session. Every call is private and confidential.

This service is included as part of your medical plan at no extra cost to you.

Introducing Omada for Cigna

Omada® is a digital lifestyle change program that connects the dots between knowing how to get healthy and actually doing it. Participants get all the support and tools they need, including an interactive program, wireless scale, health coach, and more. Omada is only available to pre-diabetic team members and their families.

Find out about Omada for Cigna



Take the 1-minute Risk Screener.

You're eligible to apply if the screener results indicate a risk for diabetes.



Apply for Omada.

Eligible individuals can then immediately complete the 5-10 minute application.



Receive Confirmation.

In 1-2 days, you'll receive an email letting you know if you qualify to join.



Set up Account.

Answer a few questions to help Omada personalize your experience. This takes about 10 minutes.



Receive a Welcome Kit.

Within 2 weeks of completing account setup, you'll receive your scale, which helps to track your progress in the program.



Meet the Team.

You are matched with a small group of participants who all will go through the program together.



Program Kick Off.

Groups kick off each Sunday with an intro message from the coach and access to the first lesson.

Stage 1: Foundations



Focusing on nutrition first, you will track meals, complete lessons, and engage with your group.



Learn how to incorporate healthy activities into their daily lives.



The focus shifts to managing stress, improve sleep habits, and overcome challenges.



Practice techniques for making your healthy habits stick, for good.

Stage 2: Focus



Focus on unique challenge areas and receive ongoing support from a health coach and extended peer group.

How does an HSA work?



1

Enroll in the HDHP with Health Savings Account Plan



2

Save money in your HSA



3

Pay for eligible medical expenses

Save up to 30% on taxes

\$100 without an HSA



\$100 with an HSA



\$100 in your pocket!

Who can you use your HSA for?



You, your spouse, and dependent children. Even if they're not covered by your health plan.

You own your HSA

It goes where you go and carries over each year.



Cigna High Deductible Health Plan with Health Savings Account Overview



- ▶ You pay for all covered services (medical and pharmacy) until you meet your deductible
- ▶ You can pay for services with the money in your HSA. Or, you can pay another way (cash, credit card or check) and let your HSA grow.

-
- ▶ After your deductible is met:
 - ▶ You will pay co-insurance for most covered medical services.
 - ▶ You will pay co-pays for prescriptions.

-
- ▶ Your deductible, co-insurance and prescription drug co-pays add up to meet the annual out-of-pocket maximum.
 - ▶ When you reach this limit, you are done paying.
 - ▶ The plan will pay 100% of your covered services for the rest of the plan year.

At the Doctor



1 Show Medical ID card to doctor. Advise the provider that you do not owe co-pays for medical services, rather you have a high deductible health plan.

2 In-network doctor sends claim to Cigna or out-of-network doctor bills you.

3 Provider bills directly for services up to your deductible. Once your deductible is met, Cigna will pay the applicable coinsurance.

4 When you have claim activity, you will receive an EOB (Explanation of Benefits) or Health Statement. Find it at www.mycigna.com.

5 There is **NO CHARGE** for preventive care services, but you will pay 100% of the cost of other services until you meet your deductible*. Use HSA funds to pay -OR- Pay with cash, check or credit card.



*Deductible - The amount of money you have to pay before the company will make any payments towards health care services.

At the Pharmacy



1 Show Medical ID card to pharmacy

2 Pharmacy verifies eligibility.

3 You pay Cigna's discounted rate. You are able to use HSA dollars if available.

Reminder - Retain your doctor's bills and pharmacy receipts for your files. If audited, you must be able to prove to the IRS that you used your HSA funds to pay for or to reimburse yourself for eligible medical expenses.



Dental Benefits

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

	Low Plan		High Plan	
	In-network	Out-of-network	In-network	Out-of-network
Deductible				
Team Member only		\$50		\$50
Family coverage		\$100		\$100
Annual plan maximum (per individual)		\$750		\$1,500
Diagnostic and preventive				
Oral exams, cleanings, x-rays, fluoride application, sealants, space maintainers (limited to non-orthodontic treatment), emergency care to relieve pain		100%, No deductible		100%, No deductible
Basic				
Fillings, oral surgery, surgical extraction of implanted teeth, anesthetics, relines, rebases, and adjustments, repairs (bridges, crowns, inlays, dentures), brush biopsy		80%, after deductible		80%, after deductible
Major				
Periodontics, endodontics, crowns, inlays, onlays, dentures, bridges, crowns		N/A		50%, after deductible
Orthodontia				
Coverage for eligible children only		N/A		50%, after deductible
Lifetime orthodontia plan maximum (per individual)		N/A		\$1,500

For out-of-network services, you may be balance billed if the service you received is determined above what is reasonable and customary.

Team Member bi-weekly dental payroll contributions Effective May 1, 2020

	Low Plan	High Plan
Team Member Only	\$2.77	\$8.35
Team Member + One	\$10.10	\$22.14
Team Member + Family	\$16.75	\$37.47

- You can elect the Cigna dental plan regardless of whether you are enrolled in the medical or vision plan.
- You will not receive a dental ID card because you typically do not need to present one when visiting your dentist. To print an ID card, log in to mycigna.com.



Vision Benefits

Cigna’s vision care benefits include coverage for eye exams, standard lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the Cigna network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It’s important to schedule regular exams to help detect significant medical conditions before they become serious.

	In-network	Out-of-network
Frequency Period (begins on the 1st of your plan renewal month)	12 months	12 months
Exam Copay	\$10	N/A
Exam Allowance	Covered in Full	\$45 allowance
Materials copay	\$10	N/A
Frame Retail Allowance	\$150 allowance	\$83 allowance
Standard lenses (one pair per frequency period)		
Single vision	Covered in Full	\$40 allowance
Lined Bifocal	Covered in Full	\$65 allowance
Lined Trifocal	Covered in Full	\$75 allowance
Lenticular	Covered in Full	\$100 allowance
Contact lenses (one pair or single purchase per frequency period)		
Elective	\$150 allowance	\$98 allowance
Therapeutic	Covered in Full	\$250 allowance

Employee bi-weekly vision payroll contributions

Effective May 1, 2020

	Bi-weekly contribution
Employee	\$2.52
Employee + Spouse	\$5.04
Employee + Child	\$5.10
Family	\$8.13

- The Cigna vision plan is a voluntary plan, meaning that it is 100% paid for by you, the Team Member.
- You can elect the Cigna vision plan regardless of whether you are enrolled in the medical or dental plan.



Flexible Spending Accounts (FSA)

The primary advantage to enrolling in an IRS approved Flexible Spending plan is to reduce your taxable income. The secondary advantage is to help offset your eligible out-of-pocket expenses.

Flexible Spending Accounts (FSA) allow you to set aside pre-tax dollars for health and dependent care expenses that you would otherwise pay for with post-tax dollars. FSAs are exempt from federal taxes, Social Security taxes (FICA), and in most cases state income taxes.

Healthcare Flexible Spending Plan

A Flexible Spending Account, or FSA, lets you set aside pre-tax money from your paychecks to spend on out-of-pocket healthcare expenses (i.e. co-pays, deductibles, over-the-counter items, etc.) that your insurance plans do not cover in full or are ineligible under the plans. Money that goes into an FSA is pre-tax, so you can save as much as 30% of each dollar you put into your FSA, as long as you spend the money on qualified health costs for you, your spouse or eligible dependents. Whether or not you are enrolled in the medical insurance plan through your employer, you are eligible for the FSA.

If you are enrolled in a high-deductible HSA plan, you are not eligible to participate in this general-purpose FSA plan.

Use it or Lose it!

Remember to use all of your contributions each plan year! You have until 4/30/2021 to incur eligible expenses with the Healthcare FSA and until 4/30/2021 to incur eligible expenses for the Dependent Care FSA. After that, you will lose any remaining contributions in your FSA accounts for the plan year.

Dependent Care Flexible Spending Account

A dependent care flexible spending account (FSA) allows you to be reimbursed on a pre-tax basis for childcare for qualified dependents that is necessary to allow you or your spouse to work or attend school full-time.

The maximum amount you can set aside in a dependent care FSA is \$5,000 per year per family, or \$2,500 if married and filing separately. Funds in your dependent care FSA are available to you only as they are deducted from your paycheck.

Eligible dependent care expenses include the care of children under age 13 and the care for dependents of any age who are physically or mentally incapable of self-care (includes day care for elderly dependents but not nursing home confinements).

Examples of eligible expenses are day care, after-school care, and elder care. You decide how much to contribute for the calendar year (annual maximum is \$5,000) to be deducted incrementally from your paycheck. These contributions to your dependent care FSA are made before any taxes (payroll or income) are taken from your earnings, which reduces your taxable income for the year.



Employee Assistance Program (EAP)

You and your family have access to simple solutions to help you cope with stress and life challenges through the Employee Assistance Program. SM offers EAP services at no cost to you.

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program (EAP) which includes WorkLife Services and is available to you and your family in connection with your group insurance from The Standard Insurance Company. It's confidential—information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26) and all household members can contact master's-degree clinicians 24/7 by phone, online, live chat, email and text. There's even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary you'll be connected to emergency services.

Your program includes up to three face-to-face assessment and counseling sessions per issue. EAP services can help with:

- Depression, grief, loss & emotional well-being
- Stress or anxiety with work or family
- Family, marital and other relationship issues
- Financial and legal concerns
- Life improvement and goal-setting
- Identity theft and fraud resolution
- Addictions such as alcohol and drug abuse
- Online will preparation

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit workhealthlife.com/Standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

Contact EAP

www.workhealthlife.com/Standard3

888.293.6948

TDD: 800.327.1833

24 hours a day, seven days a week



Life and AD&D insurance

Group Term Life and AD&D

Southern Management's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death. Group term life and accidental death and dismemberment (AD&D) coverage are provided automatically at no cost to you upon 90 days of employment.

In the event of your death, the life insurance policy provides a benefit to the beneficiary you designate. If your death is the result of an accident or if an accident leaves you with a covered debilitating injury, you are covered under the AD&D insurance for the same amount.

Existing Team Members are automatically enrolled in the Basic Life and AD&D insurance plan; please make sure that your beneficiaries are up to date.

Employer benefits terminate at termination date; however, basic life and AD&D can be converted into an individual policy.

Group Term Life and AD&D	100% Paid by the Employer
Team Member	2x annual salary up to \$50,000

Age reduction schedule:
Age 70: Benefit decrease to 65% of original benefit
Age 75+: Benefit decrease to 45%

Eligibility

- Full-Time Team Members
- 90-days from 1st date of full-time status

Supplemental/Voluntary Life and AD&D

You can purchase additional amounts of life insurance on an after-tax basis. You may purchase supplemental life insurance in \$10,000 increments to a maximum of \$500,000. The guarantee issue amount for a Team Member is \$200,000.

You may elect spouse life insurance in the amount of 50% of your Team Member benefit to a maximum of \$250,000. Spousal coverage terminates at age 70. Dependent life coverage is available at 10% of the Team Member benefit to a maximum of \$10,000.

Eligible dependents are between the ages of 14 days to 23 years old (25 if full-time student). You must elect Team Member coverage in order to have spouse and/or dependent coverage.

During Open Enrollment in 2020, this benefit will be in open enrollment, meaning you can elect up to the guarantee issue amount without having to complete an Evidence of Insurability form. If you do not enroll during Open Enrollment 2020, you can only enroll during your initial eligibility period. If you opt for this coverage outside of your original eligibility period, you will have to complete an Evidence of Insurability form regardless of the amount of coverage you are applying for. Any current coverage amount from the preceding plan year that is above the guarantee issue will not need to go through underwriting.

Supplemental Life/AD&D	100% Paid by the Team Member
Team Member	Increments of \$10,000 up to a maximum of \$500,000
Spouse	50% of your Team Member benefit to a maximum of \$250,000
Child	10% of Team Member benefit to a maximum of \$10,000

Eligibility

- Full-Time Team Members
- 90-days from 1st date of full-time status



Short- and Long-Term Disability Plans

Voluntary Short-term disability (STD)

STD benefits are designed to replace a portion of your income for a non-work-related short-term injury or illness. If you become disabled, you will receive 60% of your base salary, up to \$1,500 weekly. This benefit is not automatic. You will have to enroll in this benefit in order to be eligible for it. This is 100% paid for by you, the Team Member.

The length of STD is based on physician orders and medical necessity.

Short-term disability eligibility — full-time Team Member	100% paid by the Team Member
Weekly benefit amount	60%
Weekly benefit maximum	\$1,500
Benefits begin	14 days
Benefits duration	90 days

Eligibility

- Full-Time Team Members
- 90-days from 1st date of full-time status

Voluntary Long-term disability (LTD)

The Southern Management LTD plan offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you to return to work, if appropriate. If you become totally disabled, you will receive 60 percent of your base salary, up to \$5,000 monthly. This benefit is not automatic. You will have to enroll in this benefit in order to be eligible for it. This is 100% paid for by you, the Team Member.

If you have elected the benefit and find that you are disabled after 90 days and are unable to return to work, Long-Term Disability benefits will begin.

Long-term disability eligibility — full-time Team Member	100% paid by the Team Member
Monthly benefit amount	60%
Monthly benefit maximum	\$5,000
Benefits begin	90 days
Benefits duration	To age 65

Eligibility

- Full-Time Team Members
- 90-days from 1st date of full-time status



Voluntary Insurance

NEW! Critical Illness STANDARD

Eligibility: Full-Time Team Members
90-Days from 1st date of full-time status

Standard Critical Illness Insurance is coverage that can help cover the extra expenses associated with a serious illness. When a serious illness happens to you or a loved one, this coverage provides you with a lump sum benefit of up to \$30,000, depending on your election. The total benefit amount is dependent on the covered conditions. Payment(s) you receive will be made in addition to any other insurance you may have and may be spent as you see fit. Covered conditions include cancer, major organ failure, stroke, heart attack, and end-stage renal disease.

NEW! Accident Insurance STANDARD

Eligibility: Full-Time Team Members
90-Days from 1st date of full-time status

Standard Accident insurance works to complement your medical coverage - and pays in addition to what your medical plan may or may not cover. It is coverage that provides a financial cushion for life's unexpected events by providing you with a lump-sum payment (one convenient payment all at once) when your family needs it most. The payment you receive is yours to spend however you like. It pays if you have tests, receive medical services, treatment or care for many covered events as defined in your group certificate.

Example: Kathy has elected the Standard Accident Insurance for her family. Kathy's daughter, Molly, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor ordered a CT scan and diagnosed Molly with a concussion and a broken tooth. Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket expenses could run into hundreds of dollars to cover expenses like insurance co-payments, coinsurance, and deductibles. Standard Group Accident Insurance can be used to help cover these unexpected costs.

Long-Term Care TRANSAMERICA

Eligibility: All Team Members

90-Days from 1st date of full-time status

Provides cash benefit if the need for home care, nursing, or hospice care for Team Members and their families. This is 100% Team Member Paid.

- 10% Team Member Discount
- 15% Discount for Spouse/Partner
- Other Discounts may apply

Contact TransAmerica at 866.478.5209

Home & Auto Insurance METLIFE

Eligibility: All Team Members

Anytime

MetLife Auto & Home's group insurance program is available to you as a voluntary benefit made available by SM. As part of the program, you have access to value-added features and benefits, including special group discounts on auto and home insurance, as well as a variety of other insurance policies. And as part of your workplace benefits program, you could receive hundreds of dollars in savings.

Since everyone's insurance policies renew at different times during the year, you may apply for group auto and home insurance anytime after May 1, 2020.

Coverage is 100% portable, so even if you change jobs you can take your policy with you.

See how MetLife Auto & Home makes it easier! Call 800.638.5433 or visit them online at www.metlife.com/2minutes





Team Member Discounts

The following is a list of discounts that are available for Southern Management Team Members. Please be sure to read and understand all requirements for accepting company/agency discount offers. ENJOY!!!

Apartment Rental Discount – Full time Team Members who have completed their benefit waiting period are offered a 15% discount on the market rent @ Southern Management communities. Required live-on Team Members may get a 50% discount for as long as your position requires you to live on the community. For more details, please discuss this with your Property Manager or Supervisor to get the specifics.

Bear Creek Mountain Resort– SM Preferred Member Card – issued yearly – offers weekday discounts to Team Members and their friends and family. See member card for a listing of the generous discounts available. The cards and discounts are for the specific ski season noted. Visit their website for ski information and pictures of the beautiful lodge!
www.skibearcreek.com

CDW Computer Centers – Offers Team Members a volume pricing for personal purchases on products offered @ CDW.com – you can place orders online or call 1-888-800-4239. For online use, go to www.cdw.com/epp (epp=employee purchase plan) and enter Southern Management’s EPP access code: ABDBCA5A. You will need to fill out the required information to set up an account the first time you sign it.

Hertz Rental Car– (Hertz Business Account Program) offers Team Members special low rates of up to 20% off car rentals. Southern’s discount (CDP) number is 1609266. For questions or concerns, call their customer service department at 1-800-654-4405 or for reservations call 1- 800-654-8216.* Before you call Hertz, call Diana Vasquez in HR at 703-902-9421 - she may have additional coupons for you to use with your rental.

Hotel and Bear Creek Room Discounts – Southern Team Members may receive a special room rate at our Hotels and Bear Creek. To complete a Hotel Rate Reservation Form and to view special room rates, visit Starnet for details.

George Martin’s Grillfire at The Hotel at Arundel Preserve – (restaurant) The Grillfire Restaurant offers Southern Team Members a 10% discount on dining. Team Members must identify themselves by presenting one of the following: their business card or their Property Manager/Director’s business card, to receive discount.

McCormick Paints – Offers preferred customer pricing when making any purchase of McCormick Paints. Refer to Southern Management Account # 095169.

Miscellaneous Retail Store Discounts – Periodically, we receive invitations for savings for “Friends and Family” during a specific sale period. We will send out information once it becomes available to distribute the sale discount offerings.

Sprint/Nextel Service –offers discounts on Sprint service for Southern Management Team Members and their families. Additional discounts and free offerings with phone activations may be available. For additional information and discount specifics, please call toll free 1-877-607-9002 or visit Sprint online at <http://now.sprint.com/save/>

Theme Parks - HersheyPark, Kings Dominion and Six Flags America offer seasonal discount coupons for park general admissions. Call Diana Vasquez in HR at 703-902-9421 to see what current seasonal coupons may be available.

Verizon Wireless –discounts on Verizon products and services to Southern Management Team Members. You may be eligible for up to a 12% discount on your monthly access fee. For additional information and discount specifics, please call toll free 1-800-922-0204 or visit Verizon Wireless online at <https://www.verizonwireless.com/b2c/employee/eleuLanding.jsp>

Verizon Fios – Verizon Fios is offering discounts on Verizon services to Southern Management Team Members. For additional information and discount specifics, please call toll free 1-800-837-4966 or visit Verizon FIOS online at <http://www.verizon.com/verizonconnections>

AT & T Wireless – AT & T Wireless is offering discounts on AT & T products and services to Southern Management Team Members. For additional information and discount specifics, please call toll free 1-800-331- 0500 or visit AT & T Wireless online at <https://www.att.com/shop/discountprogram> FAN code # 5900442.

Enterprise & National Car Rental - Discounts are available through Enterprise & National Car Rental Discount Program. SMC Discount Customer Code: EHSB16A To make a reservation with National or Enterprise, please visit Enterprise online at http://www.enterprise.com/car_rental/deeplinkmap.do?bid=028&refId=EHSB16A You are also welcomed to join their loyalty program (for extra discounts), Emerald Club, online at <https://www.nationalcar.com/offer/EHSB16A> Note: If the link is being used, the Customer code is already entered for you. You'll know because when you click to make a reservation with Enterprise or National, it says "Enterprise Holdings Small Business Program". Customer code only needs to be entered if going directly to website and not using the link.

Utility Discounts (Constellation) -Discounts are available to our Team Members through Constellation Discount Program. This discount is for all Team Members who pay for their own gas and/or electric bills, whether they live on a Southern Management community or own/rent elsewhere. The utility discount is available for Washington Gas, PEPCO, and BGE territories only. As the gas prices are so low, it is a great way for our Team Members to lock in the supply rate and save some money.

- To access available discounts, please go <http://www.constellation.com/pages/default.aspx>
- Input your zip code under the Residential and select "Go"
- SMC Personal/Promo code: employeesaves

TicketsatWork Discounts- Discounts available to our Team Members through the TicketsatWork.com discount program. Now you'll have access to exclusive savings on movie tickets, theme parks, hotels, tours, Broadway and Vegas shows & much more. Special Discount Link: <https://www.ticketsatwork.com/tickets/SeaWorldPark/?&company=SMCBGW> Company Code: SMCBGW

PNC Bank- Please follow link to receive discounts and/or additional savings when opening an eligible account with PNC Bank. Discount Link: <https://www.pnc.com/en/personal-banking/banking/workplace-banking/refer-a-co-worker-program.html>

Andrews Federal Credit Union- Follow link to receive discounts and/or additional savings when opening an eligible account with AFCU. Discount Link: <https://www.andrewsfcu.org/>

Met Life Insurance - Home & Auto Insurance discounts available for all Team Members- must work a minimum of 10 hrs. per pay period to cover payroll deduction cost. Contact MetLife at 1-800-638-5433 or visit their website at <https://www.metlife.com/>

Corporate Shopping Discounts- Discounts available to our Team Members through the Corporate Shopping discount program. Now you'll have access to top national retailers offering incredible Team Member discounts and private offers. A few popular retailers include: Target, Lands' End, Costco, Ralph Lauren, Orbitz, Hotels.com, J.Crew, Brooks Brothers, 1800Flowers, ProFlowers, Shoes.com, Avis, Hertz, Budget, HP Employee Purchase Program, Dell Member Purchase Program & many more!

HOW TO REGISTER:

Register now and enjoy incredible savings! It's easy...simply click on the link below and you can access the site from both work and home. <https://corporateshopping.com/login/southernmanagement>

Cruise Discounts- Discounts available to our Team Members through the CruCon's Corporate Reward Program. Now you'll have access to incredible Team Member discounts and private offers from popular cruise lines such as Celebrity, Royal Caribbean, Carnival, Disney, Norwegian & many more! To begin receiving available discounts, please go to the link to register: SMC Group ID # is: 474577 http://www.crucon.com/corporate_benefit_program.htm

DC United Sports Ticket Discounts- Discounts available to our Team Members through the DC United Discount Program. To access available discounts, please visit the link: <https://www.fevo.com/discovery/DC-United--Southern-Management-4CnaFU0P>

Disclaimer: The discounts mentioned can be changed or canceled by the offering company/agency or Southern Management at any time. There are no contracts or agreements with the offering company/agency; discount information is posted merely as a courtesy.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Human Resources at 703-902-2000](tel:703-902-2000).

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

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Southern Management		4. Employer Identification Number (EIN) 52-1223227	
5. Employer address 1950 Old Gallows Road, Suite 600		6. Employer phone number 703-902-2000	
7. City Vienna		8. State VA	9. ZIP code 22182
10. Who can we contact about employee health coverage at this job? Marcia Lynch			
11. Phone number (if different from above) 703-902-2000		12. Email address mlynch@smcmail.com	

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

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

working an average of 30 hours per week over a 12 month period

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Children age under 26 and spouses

We do not offer coverage.

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

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

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Southern Management Companies

HEALTH PLAN NOTICES

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6. Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

IMPORTANT NOTICE

This packet of notices related to our health care plan includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice From Southern Management Companies About Your Prescription Drug Coverage and Medicare."



IMPORTANT NOTICE FROM SOUTHERN MANAGEMENT COMPANIES ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Southern Management Companies and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

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. Southern Management Companies has determined that the prescription drug coverage offered by the Southern Management Companies Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan 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. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are “special enrollment periods” that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes “creditable” prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage

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. See the Southern Management Companies Plan’s summary plan description for a summary of the Plan’s prescription drug coverage. If you don’t have a copy, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage With Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the Southern Management Companies Plan due to your employment (or someone else’s employment, such as a spouse or parent), your coverage under the Southern Management Companies Plan 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 below.

If you do decide to join a Medicare drug plan and drop your Southern Management Companies prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan’s eligibility and enrollment rules. You should review the Plan’s summary plan description to determine if and when you are allowed to add coverage.

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

Contact the person listed below for further information, or call 703-902-9422. **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 Southern Management Companies changes. You also may request a copy.


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

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

For more information about Medicare prescription drug coverage:

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

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



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

Date: May 1, 2020
Name of Entity/Sender: Marcia Lynch
Contact—Position/Office: Benefits & Team Member Relations Manager
Address: 1950 Old Gallows Road, Suite 600
Vienna, VA 22182
Phone Number: 703-902-9422

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

**SOUTHERN MANAGEMENT COMPANIES
IMPORTANT NOTICE
COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is provided to you on behalf of:

Southern Management Companies Health and Welfare Plan*

* This notice pertains only to healthcare coverage provided under the plan.

The Plan's Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Plan is required to extend certain protections to your PHI, and to give you this notice about its privacy practices that explains how, when, and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this notice, though it reserves the right to change those practices and the terms of this notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan's Privacy Official, described below), and will be posted on any website maintained by Southern Management Companies that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI and your rights with respect to the PHI they maintain.

How the Plan May Use and Disclose Your Protected Health Information

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan's uses and disclosures of your PHI.

- **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**

- **Treatment:** Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists, and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it's important for your treatment team to know your blood type, the Plan could disclose that PHI to the team in order to allow it to more effectively provide treatment to you.
- **Payment:** Of course, the Plan's most important function, as far as you are concerned, is that it *pays for* all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals, and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans in certain cases. For example, if you are covered by more than one health care plan (e.g., covered by this Plan and your spouse's plan or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.
- **Health care Operations:** The Plan may use and disclose your PHI in the course of its "health care operations." For example, it may use your PHI in evaluating the quality of services you received or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverages. However, the Plan will not disclose, for underwriting purposes, PHI that is genetic information.
- **Other Uses and Disclosures of Your PHI Not Requiring Authorization.** The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:
 - **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as Southern Management Companies) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; information technology department, as needed for preparation of data compilations and reports related to Plan administration; finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; internal legal counsel to assist with resolution of claim, coverage, and other disputes related to the Plan's provision of benefits.
 - **To the Plan's Service Providers:** The Plan may disclose PHI to its service providers ("business associates") who perform claim payment and plan management services. The Plan requires a written contract that obligates the business associate to safeguard and limit the use of PHI.
 - **Required by Law:** The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities that monitor compliance with these privacy requirements.
 - **For Public Health Activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.
 - **For Health Oversight Activities:** The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
 - **Relating to Decedents:** The Plan may disclose PHI relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
 - **For Research Purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.

- **To Avert Threat to Health or Safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **For Specific Government Functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment, and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. For example, uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI would require your authorization. Your authorization can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.
- **Uses and Disclosures Requiring You to Have an Opportunity to Object:** The Plan may share PHI with your family, friend, or other person involved in your care, or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

- **To Request Restrictions on Uses and Disclosures:** You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request, but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.
- **To Choose How the Plan Contacts You:** You have the right to ask that the Plan send you information at an alternative address or by an alternative means. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.
- **To Inspect and Copy Your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.
- **To Request Amendment of Your PHI:** If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors you may request in writing that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.

- **To Find Out What Disclosures Have Been Made:** You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

How to Complain About the Plan’s Privacy Practices

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

Notification of a Privacy Breach

Any individual whose unsecured PHI has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner will receive written notification from the Plan within 60 days of the discovery of the breach.

If the breach involves 500 or more residents of a state, the Plan will notify prominent media outlets in the state. The Plan will maintain a log of security breaches and will report this information to HHS on an annual basis. Immediate reporting from the Plan to HHS is required if a security breach involves 500 or more people.

Contact Person for Information, or to Submit a Complaint

If you have questions about this notice please contact the Plan’s Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan’s privacy practices, handling of your PHI, *or breach notification process*, please contact the Privacy Official or an authorized Deputy Privacy Official.

Privacy Official

The Plan’s Privacy Official, the person responsible for ensuring compliance with this notice, is:

Marcia Lynch
Benefits & Team Member Relations Manager
703-902-9422

Effective Date

The effective date of this notice is: May 1, 2020.

SOUTHERN MANAGEMENT COMPANIES EMPLOYEE HEALTH CARE PLAN
NOTICE OF 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 toward 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 (e.g., 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 eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within *31 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 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 toward 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 *31 days* after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Marcia Lynch
Benefits & Team Member Relations Manager
703-902-9422

** This notice is relevant for healthcare coverages subject to the HIPAA portability rules.*

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

Southern Management Companies Employee Health Care Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections 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 lymphedemas.

The Southern Management Companies Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, 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:

OAP PPO	In-Network	Out-of-Network
Individual Deductible	\$500	\$1,000
Family Deductible	\$1,000	\$2,000
Coinsurance	10%	50%
OAP HDHP	In-Network	Out-of-Network
Individual Deductible	\$1,500	\$2,500
Family Deductible	\$3,000	\$5,000
Coinsurance	80%	50%

If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator at:

Marcia Lynch
Benefits & Team Member Relations Manager
703-902-9422

NOTICE FOR EMPLOYER-SPONSORED WELLNESS PROGRAMS

Southern Management Companies Wellness Program is a voluntary wellness program available to Team Members. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act, as applicable, among others.

Details about the wellness program, including criteria and incentives, can be found in the Health Passport Memo.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Marcia Lynch at 703-902-3422 or mlynch@smcmail.com.

The information from the Biometric Screening and the Health Risk Assessment will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as coaching and education.. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

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

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

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

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Marcia Lynch at 703-902-3422 or mlynch@smcmail.com.

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 **877-KIDSNOW** 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 **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 January 31, 2019. Contact your State for more information on eligibility:

ALABAMA-Medicaid	ALASKA-Medicaid	ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myalhipp.com/ Phone: 855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://myarhipp.com/ Phone: 855-MyARHIPP 855-692-7447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 877-357-3268
GEORGIA-Medicaid	IOWA- Medicaid	INDIANA-Medicaid	KANSAS-Medicaid
Website: Medicaid www.medicaid.georgia.gov - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: http://dhs.iowa.gov/hawk-i Phone: 800-257-8563	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 877438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 800-403-0864	Website: http://www.kdheks.gov/hcf/ Phone: 785-296-3512
KENTUCKY-Medicaid	LOUISIANA-Medicaid	MAINE-Medicaid	MASSACHUSETTS-Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 800-635-2570	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 888-695-2447	Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 800-442-6003 TTY: Maine relay 711	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 800-862-4840
MINNESOTA-Medicaid	MISSOURI-Medicaid	MONTANA-Medicaid	NEBRASKA-Medicaid
Website: https://mn.gov/dhs/people-serve/seniors/health-care/health-careprograms/programs-and-services/otherinsurance.jsp Phone: 800-657-3739 or 651-431-2670	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 800-694-3084	Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
NEVADA-Medicaid	NEW HAMPSHIRE-Medicaid	NEW JERSEY-Medicaid and CHIP	NEW YORK-Medicaid
Medicaid Website: http://dhcfnv.gov Medicaid Phone: 800-992-0900	Website: https://www.dhhs.nh.gov/oji/hipp.htm Phone: 603-271-5218 Toll-Free: 800-852-3345, ext. 5218	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 800-541-2831
NORTH CAROLINA-Medicaid	NORTH DAKOTA-Medicaid	OKLAHOMA-Medicaid and CHIP	OREGON-Medicaid and CHIP
Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalservicemedicaid/ Phone: 844-854-4825	Website: http://www.insureoklahoma.org Phone: 888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/indexes.html Phone: 800-699-9075
PENNSYLVANIA-Medicaid	SOUTH CAROLINA-Medicaid	SOUTH DAKOTA - Medicaid	TEXAS-Medicaid
Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 800-692-7462	Website: https://www.scdhhs.gov Phone: 888-549-0820	Website: http://dss.sd.gov Phone: 888-828-0059	Website: http://gethipptexas.com/ Phone: 800-440-0493

2020-2021
Southern Management Employee Benefits Guide

UTAH-Medicaid and CHIP	VERMONT-Medicaid	VIRGINIA-Medicaid and CHIP	WASHINGTON-Medicaid		
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 877-543-7669	Website: http://www.greenmountaincare.org/ Phone: 800-250-8427	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 855-242-8282	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 800-562-3022 ext. 15473		
WEST VIRGINIA-Medicaid	WISCONSIN-Medicaid and CHIP	WYOMING-Medicaid	To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:		
Website: http://mywvhipp.com/ Toll-free phone: 855-MyWVHIPP or 855-699-8447	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 800-362-3002	Website: https://health.wyo.gov/healthcarefin/m edicaid/ Phone: 307-777-7531	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/agencies/ebsa 866-444-EBSA (3272) </td> <td style="width: 50%; vertical-align: top;"> U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 877- 267-2323, Menu Option 4, Ext. 61565 </td> </tr> </table>	U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/agencies/ebsa 866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 877- 267-2323, Menu Option 4, Ext. 61565
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Current as of March 22, 2019			OMB Control Number 1210-0137 (expires 12/31/2019)		

Contacts

Medical plan

Cigna

Phone: 866.494.2111

General website: mycigna.com

Vision plan

Cigna

Phone: 866.494.2111

General website: mycigna.com

Dental plan

Cigna

Phone: 866.494.2111

General website: mycigna.com

Group Term Life/AD&D

The Standard

Phone: 800.628.8600

General website: standard.com

Voluntary Life/AD&D

The Standard

Phone: 800.628.8600

General website: standard.com

Voluntary Long Term Disability

The Standard

Phone: 800.628.8600

General website: standard.com

Long Term Care

TransAmerica

Phone: 866.478.5209

Home & Auto Insurance

MetLife

Phone: 800.638.5433

Retirement

Vanguard

Phone: (800) 528-4999

Voluntary Benefits

The Standard

Phone: 800.628.8600

General website: standard.com

Southern Management Human Resources

Marcia Lynch

Benefits & Team Member Relations Manager

Phone: 703.902.9422

Email: mlynch@smcmail.com

Kathleen McCarthy

Benefits Coordinator

Phone: 703.902.9520

Email: kmccarthy@smcmail.com

