

# **EMPLOYEE BENEFITS ENROLLMENT GUIDE**

January 2024

**Silver Star Properties REIT, Inc**



# MEDICAL BENEFITS

**SILVER STAR PROPERTIES REIT** offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to review your options and choose the best coverage for you and your family.

## Stay Healthy

- Group Health Insurance – Copay or High Deductible Options
- MyMD Connect – Virtual Primary Care

## Feel Secure

- Supplemental Voluntary Insurance

## Additional Coverage

- Basic Term Life Insurance
- Voluntary Life + AD&D Insurance
- Voluntary Dental Insurance
- Voluntary Vision Insurance
- Voluntary Short-Term Disability
- Voluntary Long-Term Disability

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by legal counsel who specialize in this practice area. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources or your Service Team.

# **BENEFITS ELIGIBILITY**

## **WHO IS ELIGIBLE?**

If you're a full-time employee at SILVER STAR PROPERTIES REIT, you are eligible to enroll in the benefits outlined in this guide. In addition, your family members are eligible. Under Sedera dependent children will be eligible limited to age 18 and younger, and unmarried children ages 19 through 25, who are bona fide dependents of a member parent. Sedera will give special consideration, on a case-by-case basis, to unmarried children ages 26 and older that remain dependent on their member parent(s) due to special needs. Any such determination will be made by Sedera, at its sole discretion. When a member's children become married, they must request their own membership, if feasible by employment, even if they may otherwise qualify as a dependent. **Participants age 65 or over must carry Medicare Parts A & B to be eligible for Sedera membership.**

## **HOW TO ENROLL**

Are you ready to enroll? The first step is to review your current benefits. Did you move recently or get married? Verify all your personal information and make any necessary changes. Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

## **WHEN WILL MY COVERAGE BE EFFECTIVE?**

As a new hire, you will be eligible for benefits the 1st of the month following 60 days. Your benefit elections will need to be made within 30 days of your eligible effective date. As an existing employee, the benefits you choose during open enrollment will become effective on January 1, 2024.

## **HOW TO MAKE CHANGES TO MEDICAL & ANCILLARY COVERAGE**

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

**\*\* Important - you must notify HR of any changes within 30 days of your Qualifying Event \*\***

## **HOW TO MAKE CHANGES TO SUPPLEMENTAL INSURANCE**

Coverage changes are allowed as per the terms of the Certificate of Insurance. Requests for changes should be made to Assurity and communicated to HR.

# BENEFITS PROVIDERS

## **Group Health Insurance**

Provider Name: **Aetna**  
Customer Service Number: 1-888-802-3862  
Pharmacy Management: 1-800-238-6279 option 2  
Website: <https://www.aetna.com/AccountManagerV3/v/login?>

## **Supplemental Voluntary Insurance**

Provider Name: **Assurity**  
Customer Service Number: 800-869-0355  
Website: <https://www.assurity.com/customer-center>

## **MyMD Connect – Virtual Primary Care**

Contact: **Jay Marsolan, FNP-C, IFMCP**  
Customer Service Number: 877-232-3954  
Website: [Hartman.MyMDConnect.com](http://Hartman.MyMDConnect.com) (intake form)

## **HSA Bank**

Contact: **Client Assistance Center**  
Customer Service Number: 800-357-6246  
Email: <https://myaccounts.hsabank.com/Login.aspx>

## **Ancillary Coverage (Life, Dental, Vision, Disability)**

Provider Name: **Mutual of Omaha**  
Customer Service Dental: 800-927-9197  
Customer Service Main: 800-775-6000  
Website Dental: <https://www.mutualofomaha.com/dental>  
Website Main: <https://www.mutualofomaha.com/support/contact-us>

## **LeverEdge Advisors**

Contact: **Service Team**  
Customer Service Number: 512-240-2312  
Email: [service@leveredgeadvisors.com](mailto:service@leveredgeadvisors.com)

# Group Health Insurance - Aetna

SILVER STAR PROPERTIES REIT now offers traditional health insurance through BlueCross BlueShield of Texas. It is up to you to choose the plan that best matches your needs. Please keep in mind that the option you elect will be in place from January 1, 2023 – December 31, 2024, unless you have a Qualifying Life Event, or as dictated by insurance policy terms and conditions.

In-Network	AETNA CPOS II AFA 4500 HSA 100 50
Individual / Family Deductibles	\$4,500 / \$9,000
Coinsurance	0%
Out-of-Pocket Annual Maximums	\$7,500 / \$15,000
Preventive Care	No Charge
Office Visit Primary Care Physician Specialist	0% after Deductible 0% after Deductible
Urgent Care	0% after Deductible
Emergency Room	0% after Deductible
Lab Work and X-Rays	0% after Deductible
Prescription Drug Coverage (30-day supply)	\$3 / \$10 / \$50 / \$100 after Deductible
Specialty Drugs	20% or 40% after Deductible
Network	CPOSII
Out-of-Network	
Individual / Family Deductibles	\$10,000 / \$30,000
Coinsurance	50%
Out-of-Pocket Annual Maximums	\$20,000 / \$60,000
Per Paycheck Cost	Bi-Weekly Deduction
Employee Only	\$0.00
Employee Spouse	\$284.36
Employee Children	\$188.70
Employee Family	\$461.09

\* This Plan is HSA-Eligible

\*\* Final Rates Subject to Open Enrollment Census Changes

\*\*\* Summary of Benefits available on Paycom Employee Self-Service

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In-Network	AETNA CPOSII AFA 4000 80 50 Int RX
Individual / Family Deductibles	\$4,000 / \$8,000
Coinsurance	20%
Out-of-Pocket Annual Maximums	\$8,000 / \$16,000
Preventive Care	No Charge
Office Visit Primary Care Physician Specialist	\$35 Copay \$75 Copay
Urgent Care	\$75 Copay
Emergency Room	20% Coinsurance
Lab Work and X-Rays	20% Coinsurance
Prescription Drug Coverage (30-day supply)	\$3 / \$10 / \$50 / \$80 Copays
Specialty Drugs	20% up to \$250 or 40% up to \$500
Network	CPOSII
Out-of-Network	
Individual / Family Deductibles	\$10,500 / \$31,500
Coinsurance	50%
Out-of-Pocket Annual Maximums	\$20,500 / \$61,500
Per Paycheck Cost	Bi-Weekly Deduction
Employee Only	\$0.00
Employee Spouse	\$266.49
Employee Children	\$176.84
Employee Family	\$432.10

**\*\* Final Rates Subject to Open Enrollment Census Changes**

**\*\*\* Summary of Benefits available on Paycom Employee Self-Service**

# MEET YOUR CONCIERGE PROVIDER

YOUR PHYSICIAN. ANYTIME. ANYWHERE.



## JAY MARSOLAN, FNP-C, IFMCP

Jay was born and raised in Southeast Texas where he discovered a love for helping others early in life. While in college pursuing a bachelor's degree in biology, he served as a paramedic and continued after college to work as a flight paramedic. Upon completing his nursing degree, he continued to work in emergency medicine as an ER nurse and flight nurse. He graduated in 2011 with an MSN and became board certified as a Family Nurse Practitioner. His career has included several years in the emergency department, urgent care, occupation medicine and family practice.

Jay is a board certified Functional Medicine Practitioner. This journey has lead him to a better understanding of ways to help those with challenging and often frustrating chronic illnesses that have not responded to conventional medications and treatments. His passion is helping patients find root causes of disease and real answers to the medical conditions and questions they bring.

**MYMD SELECT**  
**(877) 232-3954**

## HOW I CAN HELP YOU

- Acute Care
- Preventive Care
- Urgent Care\*
- Specialist Care\*
- Care Coordination
- Prescriptions
- Chronic Conditions
- Wellness & Lifestyle Management

\*Services outside of MyMD Connect will have a separate discounted fee.

## GET CONNECTED

### 1 Complete Intake Form

[Hartman.MyMDConnect.com](http://Hartman.MyMDConnect.com)

### 2 Download Spruce App

After your intake is processed you will be sent a text message by your dedicated DPC doctor inviting you to download the Spruce APP.



# MYMD CONNECT

## DIRECT PRIMARY CARE



Through the Silver Star Properties REIT health program, MyMD Connect makes it easier than ever to take control of your health and healthcare! Follow the steps below to register, complete your intake Form, and get connected to your dedicated doctor.

1

## INTAKE FORM

Complete the medical intake form at the link below. The information provided is key for your MyMD Connect Doctor to provide diagnosis and treatment plan.

[Hartman.MyMDConnect.com](http://Hartman.MyMDConnect.com)

2

## GET CONNECTED

After your intake is processed you will be sent a text message by your dedicated DPC doctor inviting you to download the Spruce app. This may take 24-48 hours to process.

### CONTACT MYMD CONNECT

Phone: (877) 232-3954  
or Text on Spruce Mobile App



## MOBILE APP DOWNLOAD

Members must download the mobile app from the text message link you receive from MyMD!

### STEPS TO DOWNLOAD THE APP & CONNECT WITH YOUR PROVIDER

1. Open the link sent to you via text or email on your mobile phone (example: [spruce.app/\\_\\_\\_](https://spruce.app/___))
2. When you click the link a webpage will open
3. Click "Get the App & Connect" on the webpage
4. Select Spruce - Care Messenger app and download from the app store
5. Once download is complete, open the Spruce app on your phone and click "Continue"
6. Select "Create" a new account, and enter your personal mobile number. You will receive a verification code via text.
7. Enter verification code on next screen, select "Next" and enter your information to complete your setup.
8. Once steps are complete you can begin to message with your provider!

**\*IMPORTANT\*** downloading the Spruce app without the unique link will not work! 7



# MYMD CONNECT

YOUR PHYSICIAN. ANYTIME. ANYWHERE.



## DEDICATED CONCIERGE PHYSICIAN

The best way for us to reduce our healthcare costs is to prioritize our health and wellness. Through the Hartman REIT health program MyMD Connect makes this easier than ever! Your dedicated physician can help you wherever you are in your health journey; from day-to-day illness to managing chronic conditions.

Additionally, MyMD Connect Physicians are experts in the Silver Star Properties REIT health program. Whether you are trying to save money on a prescription or need assistance locating affordable care, your concierge Physician can act as your Personal Healthcare Advocate. Access to care is as easy as getting out your phone and communicating with your physician whenever needed!

**TO COMPLETE YOUR INTAKE FORM, PLEASE VISIT THE FOLLOWING LINK:**

[Hartman.MyMDConnect.com](http://Hartman.MyMDConnect.com)

**TO CONTACT YOUR PHYSICIAN PLEASE CALL:**  
**(877) 232-3954**



### PLAN FEATURES

### MYMD CONNECT BENEFITS

#### INITIAL INTAKE VISIT

(Includes Consultation & Bloodwork)

**COVERED AT 100%**

#### VIRTUAL VISIT

(Acute Care, Chronic Conditions, Rx Maintenance)

**COVERED AT 100%**

#### LABS

(When Coordinated through MyMD Connect)

**DISCOUNTED**

#### X-RAY & ULTRASOUNDS

(When Coordinated through MyMD Connect)

**DISCOUNTED**

#### DIAGNOSTIC TESTING & SLEEP STUDIES

(When Coordinated through MyMD Connect)

**DISCOUNTED**

#### CT, MRI & PET SCANS

(When Coordinated through MyMD Connect)

**DISCOUNTED**

[MyMDConnect.com](http://MyMDConnect.com) | (936) 634-9105

# Group Hospital Indemnity

SILVER STAR PROPERTIES REIT offers supplemental insurance that pays benefits directly to employees and their covered dependents, who may use the cash benefits however they want - to satisfy deductibles, pay out-of-pocket medical expenses, or pay household bills, for example.

## Hospital Indemnity Insurance

Pays a benefit for the first hospital confinement in a calendar year for a sickness or injury sustained in a covered accident. Here are some plan highlights:

Admission	
Hospital Admission	\$1,500 (Once Annually)
Confinement	
Daily Benefit	\$100 / Day (30 Days Max)
Pre-Existing Condition	
No Benefits Payable for Pre-Existing Conditions	Within 12 Months of Effective Date / For a 12 Month Period
Exclusions (Incomplete List)	
Receiving treatment from a Physician who is a member of the person's immediate family	
Having elective procedures that are not medically necessary	
Having cosmetic care, except when due to medically necessary reconstructive surgery	
Having a covered sickness or injury covered under worker's compensation or similar law	
Engaging in hang-gliding, rock climbing, bungee jumping, parachuting, scuba diving, parasailing, caving	
Riding in or driving any motor-driven vehicle in an organized race, stunt show, or speed test	
Officiating, coaching, participating in semi-professional or professional athletic competitive event	
Being exposed to any kind of war, declared or undeclared	
Actively serving in any of the armed forces or units auxiliary thereto; including National Guard	
Suffering from mental or nervous disorder	
Being addicted to drugs or suffering from alcoholism	
Being intoxicated or under the influence of an illegal substance or narcotic	
Intentionally self-inflicting an injury	
Voluntarily Inhaling Gas	
Being confined primarily for rest care or convalescent care	
Being born, unless the loss is the result of a covered sickness or injury	
Being pregnant, giving birth or terminating pregnancy within 10 months immediately following the issue date	
Receiving routine newborn nursing or well baby care	
Operating, learning to operate, or serving as a crew member of any aircraft	
Being under the influence of an excitant, depressant, hallucinogenic, narcotic or any other drug unless prescribed	
Having dental treatment except as the result of an injury	
Committing or attempting to commit a felony	
Engaging in an illegal occupation	
Committing or attempting to commit suicide, while sane or insane	

## Per Paycheck Deduction

Coverage Option	Bi-Weekly
Employee Only	\$7.74
Employee + Spouse	\$15.78
Employee + Child(ren)	\$15.25
Employee + Family	\$23.29

# Group Accident Expense

SILVER STAR PROPERTIES REIT offers supplemental insurance that pays benefits directly to employees and their covered dependents, who may use the cash benefits however they want - to satisfy deductibles, pay out-of-pocket medical expenses, or pay household bills, for example.

## Accident Insurance (Off-the-Job)

Accident Insurance helps protect employees and their families from financial loss by providing a lump sum benefit in the event of injuries suffered in a covered Accident. Here are some plan highlights:

Injuries	
Fractures / Dislocations	\$3,000 Open Reductions / \$1,500 Closed Reductions
Second- and Third-Degree Burns	\$750
Cuts / Laceration	\$75
Eye or Ear Injuries (hearing loss greater than 60%)	\$150
Traumatic Brain Injury	\$450
Child Organized Sport - Up to \$1,000 Maximum	10% of all other payable benefits
Dental Emergency - Crown / Extraction	\$150 / \$45
Gunshot Wound	\$750
Medical Services & Treatment	
Ambulance	\$150 Ground / \$450 Air
Emergency Care	\$150
Non-Emergency Care	\$75
Physician Follow-Up	\$75 (2 Per Accident)
Therapy Services (including physical therapy)	\$45 (6 Per Accident)
Major Diagnostic Exams	\$75 - \$150
Medical Appliances - Prosthetics	\$750 Single / \$1,500 Multiple
Surgical Procedures	\$150 - \$1,500
Hospital Coverage (Accident)	
Admission	\$750 (Once Per Year)
Confinement	\$150 per Day (up to 365 Days)
Intensive Care	\$300 per Day (up to 30 Days)
Rehabilitation Unit	\$150 per Day (up to 30 Days)
Child Care during Hospital Confinement	\$30 per Day (up to 30 Days)
Accidental Death	
Common Carrier	\$75,000
Other	\$30,000 Emp / \$15,000 Spouse / \$7,500 Ch
Dismemberment, Loss & Paralysis	
Dismemberment	Up to \$30,000 per injury
Paralysis	\$11,250 Paraplegia - \$22,500 Quadriplegia

## Per Paycheck Deduction

Coverage Option	Bi-Weekly
Employee Only	\$4.77
Employee + Spouse	\$8.32
Employee + Child(ren)	\$10.76
Employee + Family	\$15.71

# Group Critical Illness

SILVER STAR PROPERTIES REIT offers supplemental insurance that pays benefits directly to employees and their covered dependents, who may use the cash benefits however they want - to satisfy deductibles, pay out-of-pocket medical expenses, or pay household bills, for example.

## Critical Illness with Cancer Insurance

Critical Illness insurance helps protect employees and their families from financial loss by providing a lump sum benefit upon diagnosis of a covered condition. Here are some plan highlights:

	Lump Sum Benefit
Employee	\$5,000 - \$30,000
Spouse	50% of Employee Benefit
Child(ren)	25% of Employee Benefit
Covered Conditions	Benefit Amount
Heart Attack / Stroke	100% of lump sum benefit
Invasive Cancer	100% of lump sum benefit
Stroke	100% of lump sum benefit
Kidney (Renal) Failure	100% of lump sum benefit
Benign Brain Tumor	100% of lump sum benefit
Coma	100% of lump sum benefit
Severe Burns	100% of lump sum benefit
Major Organ Transplant	100% of lump sum benefit
Advanced Alzheimer's	100% of lump sum benefit
Major Organ Transplant	100% of lump sum benefit
Paralysis	100% of lump sum benefit
Loss of Sight, Speech or Hearing	100% of lump sum benefit
Bone Marrow Transplant	100% of lump sum benefit
Advanced Parkinson's Disease	100% of lump sum benefit
Benign Brain Tumor	100% of lump sum benefit
Multiple Sclerosis	50% of lump sum benefit
Coronary Artery Bypass Surgery	25% of lump sum benefit
Non-Invasive Cancer	25% of lump sum benefit
Sudden Cardiac Arrest	25% of lump sum benefit
Angioplasty	10% of lump sum benefit
Schizophrenia	10% of lump sum benefit
Transient Ischemic Attack (TIA)	10% of lump sum benefit
Skin Cancer	\$250
Health Screening Rider	
Blood Test, Chest X-Ray, Colonoscopy, Mammogram, Stress Tests and more	\$50 Per Year for Covered Employee or Spouse
Pre-Existing Condition Limitation	12 Months / 12 Months

### Per Paycheck Deduction (\$10,000 Lump Sum Pricing Shown) - Bi-Weekly

Age	18-24	25-29	30-34	35-39	40-45	45-49	50-54	55-59	60-64	65-69
Employee or EE + Children	\$2.20	\$2.95	\$3.85	\$5.42	\$7.18	\$9.69	\$13.56	\$18.56	\$23.89	\$33.18
EE + Spouse / EE + Family	\$3.48	\$4.60	\$5.99	\$8.48	\$11.25	\$15.14	\$21.08	\$28.67	\$36.68	\$50.60

**Assurity**<sup>®</sup>

**We are never more  
than one call away.**



**Customer Service**

800-276-7619 Ext. 4210  
7:30am – 5:00pm CST



**Email**

[claimsinfo@assurity.com](mailto:claimsinfo@assurity.com)



**Claims**

800-869-0355 Ext. 4484



**Assurity**

P.O. Box 82533  
Lincoln, NE 68501-2533



**Policy Services**

800-869-0355 Ext. 4279  
FAX: 888-255-2060



**Connect Online**

[assurity.com](http://assurity.com)  
[linkedin.com/company/assurity-life](https://linkedin.com/company/assurity-life)

## Helping people through difficult times

As a mutual organization, Assurity was founded on the simple concept of people coming together to support each other in moments of need. We continue our mission of helping people through difficult times by providing affordable insurance protection that is easy to understand and buy. Our financial stability has stood the test of time. It shows our commitment to be there when our customers need us. Owned by our policyholders, we conduct our business to serve only their best interests. Whether paying benefits, offering service with a human touch, giving back to our community, or practicing sustainable habits that provide for our planet, we embrace our capacity to improve lives. We all share in the future we create, and Assurity believes in using our business as a force for good.

Certified



Corporation

NOT AVAILABLE IN NEW YORK.

Assurity is a marketing name for the mutual holding company Assurity Group, Inc. and its subsidiaries. Those subsidiaries include but are not limited to: Assurity Life Insurance Company and Assurity Life Insurance Company of New York. Insurance products and services are offered by Assurity Life Insurance Company in all states except New York. In New York, insurance products and services are offered by Assurity Life Insurance Company of New York, Albany, NY. Product availability, features and rates may vary by state.

# Ancillary Benefits – Price Sheet

## Voluntary Dental Insurance

Election Tier	Low Plan Bi-Weekly Deduction	High Plan Bi-Weekly Deduction
Employee Only	\$14.68	\$23.14
Employee + Spouse	\$29.26	\$46.20
Employee + Child(ren)	\$34.45	\$49.47
Employee + Family	\$51.02	\$75.14

## Voluntary Vision Insurance

Election Tier	Bi-Weekly Deduction
Employee Only	\$2.36
Employee + Spouse	\$5.43
Employee + Child(ren)	\$6.01
Employee + Family	\$9.18

## Voluntary Short-Term Disability

Monthly Rate per \$10 Weekly Benefit
\$0.56

## Voluntary Long-Term Disability

Monthly Rate per \$100 Monthly Benefit
\$0.35

## Voluntary Life + AD&D Insurance – Monthly Rate Per \$1 Benefit

Age	18-24	25-29	30-34	35-39	45-49	45-49	50-54	55-59	60-64	65-69
Employee	\$0.08	\$0.08	\$0.09	\$0.12	\$0.19	\$0.30	\$0.45	\$0.75	\$1.14	\$1.83
Spouse	\$0.08	\$0.08	\$0.09	\$0.12	\$0.19	\$0.30	\$0.45	\$0.75	\$1.14	\$1.83
Children	\$0.16									
AD&D Adult	\$0.028									
AD&D Child	\$0.04									



# ANCILLARY BENEFITS

- **Basic Term Life**
- **Voluntary Life & AD&D**
- **Voluntary Dental**
- **Voluntary Vision**
- **Voluntary Short-Term Disability**
- **Voluntary Long-Term Disability**



## > Term Life Insurance



### Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

#### We've Got You Covered

As an active employee of Silver Star REIT Properties, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

#### How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.



#### ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.

#### BENEFITS

<b>Life Insurance Benefit Amount</b>	For You: An amount equal to 1 times your annual salary, but in no event less than \$10,000 or more than \$50,000  In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b>	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.

## FEATURES

<b>Living Care/ Accelerated Death Benefit</b>	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$40,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Additional AD&amp;D Benefits</b>	In addition to basic AD&D benefits, you are protected by the following benefits: - Seat Belt                              - Airbag                              - Common Carrier
<b>Conversion</b>	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

## SERVICES

<b>Travel Assistance</b>	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
<b>Employee Assistance Program (EAP)</b>	Mutual of Omaha's team of master's level EAP professionals are available 24/7/365 to provide you and your loved ones resources for assistance with personal and workplace issues. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience at <a href="http://www.mutualofomaha.com/eap">www.mutualofomaha.com/eap</a> . Online are valuable resources and links for additional assistance, including current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career.
<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.
<b>Will Prep Services</b>	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit <a href="http://www.willprepservices.com">www.willprepservices.com</a> .

## AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 70, amounts reduce to 50%

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

# > Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

## What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

## What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

## Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you may have the right to continue this insurance under the Conversion provision, subject to certain conditions.

## Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
  - At age 70, amounts reduce to 50%
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.







# > Voluntary Term Life Insurance



## Help Protect What Matters – You, Your Family & Your Future

We understand you’ve worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

### We’ve Got You Covered

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### How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.



### ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Dependent Eligibility Requirement</b>	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

### COVERAGE GUIDELINES

	Minimum	Guarantee Issue	Maximum
<b>For You</b>	\$10,000	5 times annual salary, up to \$100,000	\$500,000, in increments of \$10,000, but no more than 5 times annual salary

<b>Spouse</b>	\$5,000	100% of employee's benefit, up to \$25,000	100% of employee's benefit, up to \$250,000
<b>Children</b>	\$5,000	100% of employee's benefit	100% of employee's benefit, up to \$10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

#### BENEFITS

<b>Life Insurance Benefit Amount</b>	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b>	<p>For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit.</p> <p>AD&amp;D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p>

#### FEATURES

<b>Living Care/ Accelerated Death Benefit</b>	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$250,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Annual Benefit Amount Increase</b>	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to \$20,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
<b>Additional AD&amp;D Benefits</b>	In addition to basic AD&D benefits, you are protected by the following benefits: - Child Education                      - Seat Belt - Airbag                                        - Common Carrier
<b>Portability</b>	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
<b>Conversion</b>	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

#### SERVICES

<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.
<b>Will Prep Services</b>	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit <a href="http://www.willprepservices.com">www.willprepservices.com</a> .

## AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 70, amounts reduce to 50%

Spouse coverage terminates when you reach age 70.

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.



## Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

**To select your benefit amount and calculate your premium, do the following:**

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

EMPLOYEE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<b>0 - 29</b>	\$0.50	\$1.00	\$1.50	\$1.99	\$2.49	\$2.99	\$3.49	\$3.99	\$4.49	\$4.98
<b>30 - 34</b>	\$0.54	\$1.09	\$1.63	\$2.18	\$2.72	\$3.27	\$3.81	\$4.36	\$4.90	\$5.45
<b>35 - 39</b>	\$0.68	\$1.37	\$2.05	\$2.73	\$3.42	\$4.10	\$4.78	\$5.46	\$6.15	\$6.83
<b>40 - 44</b>	\$1.01	\$2.01	\$3.02	\$4.02	\$5.03	\$6.04	\$7.04	\$8.05	\$9.06	\$10.06
<b>45 - 49</b>	\$1.51	\$3.03	\$4.54	\$6.06	\$7.57	\$9.08	\$10.60	\$12.11	\$13.62	\$15.14
<b>50 - 54</b>	\$2.21	\$4.41	\$6.62	\$8.82	\$11.03	\$13.24	\$15.44	\$17.65	\$19.86	\$22.06
<b>55 - 59</b>	\$3.59	\$7.18	\$10.77	\$14.36	\$17.95	\$21.54	\$25.14	\$28.73	\$32.32	\$35.91
<b>60 - 64</b>	\$5.39	\$10.78	\$16.17	\$21.56	\$26.95	\$32.34	\$37.74	\$43.13	\$48.52	\$53.91
<b>65 - 69</b>	\$8.58	\$17.15	\$25.73	\$34.30	\$42.88	\$51.45	\$60.03	\$68.60	\$77.18	\$85.75
<b>70+</b>	\$13.74	\$27.49	\$41.23	\$54.98	\$68.72	\$82.47	\$96.21	\$109.96	\$123.70	\$137.45

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<b>0 - 29</b>	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.74	\$1.99	\$2.24	\$2.49
<b>30 - 34</b>	\$0.27	\$0.54	\$0.82	\$1.09	\$1.36	\$1.63	\$1.91	\$2.18	\$2.45	\$2.72
<b>35 - 39</b>	\$0.34	\$0.68	\$1.02	\$1.37	\$1.71	\$2.05	\$2.39	\$2.73	\$3.07	\$3.42
<b>40 - 44</b>	\$0.50	\$1.01	\$1.51	\$2.01	\$2.52	\$3.02	\$3.52	\$4.02	\$4.53	\$5.03
<b>45 - 49</b>	\$0.76	\$1.51	\$2.27	\$3.03	\$3.78	\$4.54	\$5.30	\$6.06	\$6.81	\$7.57
<b>50 - 54</b>	\$1.10	\$2.21	\$3.31	\$4.41	\$5.52	\$6.62	\$7.72	\$8.82	\$9.93	\$11.03
<b>55 - 59</b>	\$1.80	\$3.59	\$5.39	\$7.18	\$8.98	\$10.77	\$12.57	\$14.36	\$16.16	\$17.95
<b>60 - 64</b>	\$2.70	\$5.39	\$8.09	\$10.78	\$13.48	\$16.17	\$18.87	\$21.56	\$24.26	\$26.95
<b>65 - 69</b>	\$4.29	\$8.58	\$12.86	\$17.15	\$21.44	\$25.73	\$30.01	\$34.30	\$38.59	\$42.88

ALL CHILDREN PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)*	
\$5,000	\$10,000
\$0.46	\$0.92

\*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

# > Frequently Asked Questions

## Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week.
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

## What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

## What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

## Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

## Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
  - At age 70, amounts reduce to 50%
- Spouse coverage terminates when you reach age 70.
- Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.





## > Voluntary Dental Insurance

### More Than a Pretty Smile



Taking good care of your teeth and mouth is an important part of a healthy lifestyle. Practicing proper dental hygiene, like brushing, flossing, and avoiding sugary foods and drinks, is only part of the oral health equation. Visiting a dentist on a regular basis is also very important.

As an active employee of Silver Star Properties REIT you have access to a dental insurance policy from United of Omaha Life Insurance Company.

You have so many reasons to keep your teeth and gums healthy. Ongoing dental care will help you maintain the best possible oral – and overall – health and well-being.

Coverage guidelines and benefits are outlined in the chart below.



### LOW PLAN

With this dental plan, you have a choice in coverage levels, either the High Plan or the Low Plan. The High Plan offers a higher level of coverage (ex. a larger benefit percentage is available for covered services), with more costly premiums than the Low Plan. The Low Plan offers a lower level of coverage, with more affordable premiums than the High Plan. You have the flexibility to enroll for the plan that best meets you and your dependents dental health needs.

#### ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Dependent Eligibility Requirement</b>	A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as defined by Policy. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

PLAN YEAR DEDUCTIBLES AND MAXIMUMS	IN-NETWORK	OUT-NETWORK
<b>Type A</b>	Waived	Waived
<b>Type B &amp; C Deductible</b>		
Individual	\$50	\$50
Family	3 times Individual	3 times Individual
<b>Annual Maximum</b>	\$1,000	\$1,000
<b>Orthodontia Lifetime Maximum</b>	\$1,000	\$1,000

The same expenses may be used to satisfy both the In-Network and Out-Network deductible.

COVERED SERVICES	IN-NETWORK	OUT-NETWORK
<b>Type A Services</b>	100%	100%
<ul style="list-style-type: none"> <li>• Examinations/Evaluations</li> <li>• Bitewing X-rays</li> <li>• All Other X-Rays</li> <li>• Fluoride Treatments</li> <li>• Cleaning/Prophylaxis</li> <li>• Sealants</li> <li>• Space Maintainers</li> <li>• Brush Biopsy/Cancer Screening</li> <li>• Full Mouth X-rays, Panoramic Film</li> </ul>		
<b>Type B Services</b>	100%	100%
<ul style="list-style-type: none"> <li>• Palliative Treatment</li> <li>• Periodontal Maintenance</li> <li>• Fillings</li> <li>• Stainless Steel Crowns</li> <li>• Simple Extractions</li> <li>• Oral Surgery</li> <li>• Endodontics</li> <li>• Surgical Extractions</li> <li>• General Anesthesia or I.V. Sedation</li> <li>• Surgical Periodontics</li> <li>• Non-Surgical Periodontics</li> </ul>		
<b>Type C Services</b>	60%	60%
<ul style="list-style-type: none"> <li>• Full or Partial Removable Dentures</li> <li>• Repair of Full or Partial Removable Dentures</li> <li>• Adjustments, Tissue Conditioning, Rebasing or Relining of Full or Partial Removable Dentures</li> <li>• Bridges</li> <li>• Repair/Recementation of Bridges</li> <li>• Cast Crowns, Inlays, Onlays, Labial Veneers</li> <li>• Repair/Recementation of Cast Crowns/Inlays/Onlays/Labial Veneers</li> </ul>		
<b>Child Orthodontia</b>	50%	50%
<ul style="list-style-type: none"> <li>• Harmful Habit Appliances</li> </ul>		

- 1) The plan pays the percentage shown after the deductible is satisfied up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.
- 2) The plan provides the same coverage levels for both In-Network and Out-Network services. However, because In-Network providers offer their services at predetermined fees, out-of-pocket expenses may be lower for plan members when receiving covered services from an In-Network provider.
- 3) Out-Network allowances are based on Mutual of Omaha's Maximum Allowance. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

## ROLLOVER BENEFIT PROVISION

The Rollover Benefit provision allows you and your dependents to save your dental benefit dollars for when you need them most. With this provision, Mutual of Omaha will "roll over" a percentage of the Policy Year Maximum Benefit for each insured person in a given calendar year, increasing the following Policy Year maximum for that insured person (subject to certain conditions). Rollover calculations are determined based on In-Network provisions.

## ANNUAL OPEN ENROLLMENT PERIOD

The plan has an Annual Open Enrollment Period. Any Benefit Waiting Periods or Late Entrant Waiting Periods will be waived during this time period.

## LIMITATIONS

Information about the limitations and exclusions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or Benefits Administrator if you have any questions prior to enrolling.

- Exams – 2 services in a 12 month period.
- Bitewing X-rays – 4 films in a 12 month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 36 month period.
- Fluoride – For dependent children up to age 14. 2 services in a 12 month period.
- Harmful Habit Appliance – For dependent children up to age 14.
- Cleaning/Prophylaxis – 2 services in a 12 month period.
- Sealants – For dependent children up to age 14; one per permanent bicuspid or molar tooth in any 36 month period.
- Brush Biopsy/Cancer Screen – 2 services in a 12 month period.
- Space Maintainers – For dependent children up to age 14, includes recementations and removal.
- Fillings – Composite fillings on molars are limited to the amount otherwise payable for an amalgam filling. Replacement once in a 12 month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Periodontal Maintenance – 2 services in a 12 month period in addition to routine cleaning. Following active periodontal treatment only.
- Cast Crowns, Inlays, Onlays, Labial Veneers – Replacement allowed once in 10 years.
- Bridges – Replacement allowed once in 10 years.
- Dentures – Replacement allowed once in 10 years.
- Orthodontia – Includes case workup, all appliances and one set of retainers. Braces/Appliances must be placed prior to the dependent child turning age 26 for orthodontic benefits to be payable.

## SERVICES

### Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit [www.amplifonusa.com/mutualofomaha](http://www.amplifonusa.com/mutualofomaha) to learn more.

## PREMIUM AMOUNTS AND ENROLLING FOR COVERAGE

Coverage Tier	Premium Amount (26 Payroll Deductions Per Year)
Employee/Member	\$14.25
Employee/Member + Spouse	\$28.40
Employee/Member + Child(ren)	\$33.45
Employee/Member + Family	\$49.53

### To enroll for dental coverage:

- 1) Using the table above, first identify the tier of coverage you wish to enroll for. Options are available that provide coverage for you (the employee) only, or for you and your family. The amount listed in the Premium Amount column is the cost per paycheck for each tier of coverage.
- 2) Locate the Voluntary Dental Coverage election section on your enrollment form. Place a  $\checkmark$  or an  $x$  in the Yes box next to the tier of coverage you wish to enroll for, then insert the Premium Amount for the tier you select into the Premium Amount column (if the premium amount is not already available on the form).
- 3) If you are enrolling for coverage for your dependents, complete the Dependent Information section of the enrollment form.

# > Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

## When does my coverage begin?

Complete enrollment information must be submitted to us through your Benefits Administrator *prior* to the requested effective date. Enrollment will be accepted within 31 days following the day you become eligible; however your effective date will then be the first of the following month.

## When does my coverage begin for my dependents?

A Dependent child is considered eligible for insurance at birth and may be added to your policy at any time up to the child's third birthday. If we do not receive notification of the child's enrollment by age 3, you will be required to wait until the next Subsequent Enrollment Period to enroll the child.

## If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12 month Policy Year. During the Policy Year, you may drop coverage, or add or remove dependents, or terminate coverage within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Insurance Company is licensed nationwide, except in New York Policy form number: 7000GM-U-EZ 2010 or state equivalent (In NC: 7000GM-U-EZ 2010 NC).





## > Voluntary Dental Insurance

### More Than a Pretty Smile



Taking good care of your teeth and mouth is an important part of a healthy lifestyle. Practicing proper dental hygiene, like brushing, flossing, and avoiding sugary foods and drinks, is only part of the oral health equation. Visiting a dentist on a regular basis is also very important.

As an active employee of Silver Star Properties REIT you have access to a dental insurance policy from United of Omaha Life Insurance Company.

You have so many reasons to keep your teeth and gums healthy. Ongoing dental care will help you maintain the best possible oral – and overall – health and well-being.

Coverage guidelines and benefits are outlined in the chart below.



### HIGH PLAN

With this dental plan, you have a choice in coverage levels, either the High Plan or the Low Plan. The High Plan offers a higher level of coverage (ex. a larger benefit percentage is available for covered services), with more costly premiums than the Low Plan. The Low Plan offers a lower level of coverage, with more affordable premiums than the High Plan. You have the flexibility to enroll for the plan that best meets you and your dependents dental health needs.

### ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Dependent Eligibility Requirement</b>	A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as defined by Policy. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

PLAN YEAR DEDUCTIBLES AND MAXIMUMS	IN-NETWORK	OUT-NETWORK
<b>Type A</b>	Waived	Waived
<b>Type B &amp; C Deductible</b>		
Individual	\$50	\$50
Family	3 times Individual	3 times Individual
<b>Annual Maximum</b>	\$1,500	\$1,500
<b>Orthodontia Lifetime Maximum</b>	\$1,000	\$1,000
The same expenses may be used to satisfy both the In-Network and Out-Network deductible.		
COVERED SERVICES	IN-NETWORK	OUT-NETWORK
<b>Type A Services</b>	100%	100%
<ul style="list-style-type: none"> <li>• Examinations/Evaluations</li> <li>• Bitewing X-rays</li> <li>• All Other X-Rays</li> <li>• Fluoride Treatments</li> <li>• Cleaning/Prophylaxis</li> <li>• Sealants</li> <li>• Space Maintainers</li> <li>• Periodontal Maintenance</li> <li>• Brush Biopsy/Cancer Screening</li> <li>• Full Mouth X-rays, Panoramic Film</li> </ul>		
<b>Type B Services</b>	90%	90%
<ul style="list-style-type: none"> <li>• Palliative Treatment</li> <li>• Fillings</li> <li>• Stainless Steel Crowns</li> <li>• Simple Extractions</li> <li>• Oral Surgery</li> <li>• Endodontics</li> <li>• Surgical Extractions</li> <li>• General Anesthesia or I.V. Sedation</li> <li>• Surgical Periodontics</li> <li>• Non-Surgical Periodontics</li> </ul>		
<b>Type C Services</b>	70%	70%
<ul style="list-style-type: none"> <li>• Full or Partial Removable Dentures</li> <li>• Repair of Full or Partial Removable Dentures</li> <li>• Adjustments, Tissue Conditioning, Rebasing or Relining of Full or Partial Removable Dentures</li> <li>• Bridges</li> <li>• Repair/Recementation of Bridges</li> <li>• Cast Crowns, Inlays, Onlays, Labial Veneers</li> <li>• Repair/Recementation of Cast Crowns/Inlays/Onlays/Labial Veneers</li> </ul>		
<b>Child Orthodontia</b>	50%	50%
<ul style="list-style-type: none"> <li>• Harmful Habit Appliances</li> </ul>		

- 1) The plan pays the percentage shown after the deductible is satisfied up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.
- 2) The plan provides the same coverage levels for both In-Network and Out-Network services. However, because In-Network providers offer their services at predetermined fees, out-of-pocket expenses may be lower for plan members when receiving covered services from an In-Network provider.
- 3) The Maximum Allowance for Out-Network Services is based on the 90th Percentile as determined by Mutual of Omaha. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

## **ROLLOVER BENEFIT PROVISION**

The Rollover Benefit provision allows you and your dependents to save your dental benefit dollars for when you need them most. With this provision, Mutual of Omaha will “roll over” a percentage of the Policy Year Maximum Benefit for each insured person in a given calendar year, increasing the following Policy Year maximum for that insured person (subject to certain conditions). Rollover calculations are determined based on In-Network provisions.

## **ANNUAL OPEN ENROLLMENT PERIOD**

The plan has an Annual Open Enrollment Period. Any Benefit Waiting Periods or Late Entrant Waiting Periods will be waived during this time period.

## LIMITATIONS

Information about the limitations and exclusions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or Benefits Administrator if you have any questions prior to enrolling.

- Exams – 2 services in a 12 month period.
- Bitewing X-rays – 4 films in a 12 month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 60 month period.
- Fluoride – Child and Adult. 1 service in a 12 month period.
- Harmful Habit Appliance – For dependent children up to age 19.
- Cleaning – 1 service in a 6 month period. An additional 1 service if required for documented medical reasons.
- Sealants – For dependent children up to age 19; one per permanent bicuspid or molar tooth in any 36 month period.
- Brush Biopsy/Cancer Screen – 2 services in a 12 month period.
- Space Maintainers – For dependent children up to age 19, includes recementations and removal.
- Fillings – Composite fillings on molars are limited to the amount otherwise payable for an amalgam filling. Replacement once in a 24 month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Periodontal Maintenance – 1 service in a 6 month period in addition to routine cleaning. Following active periodontal treatment only.
- Cast Crowns, Inlays, Onlays, Labial Veneers – Replacement allowed once in 5 years.
- Bridges – Replacement allowed once in 5 years.
- Dentures – Replacement allowed once in 5 years.
- Orthodontia – Includes case workup, all appliances and one set of retainers. Braces/Appliances must be placed prior to the dependent child turning age 26 for orthodontic benefits to be payable.

## SERVICES

### Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit [www.amplifonusa.com/mutualofomaha](http://www.amplifonusa.com/mutualofomaha) to learn more.

## PREMIUM AMOUNTS AND ENROLLING FOR COVERAGE

Coverage Tier	Premium Amount (26 Payroll Deductions Per Year)
<b>Employee/Member</b>	\$22.47
<b>Employee/Member + Spouse</b>	\$44.85
<b>Employee/Member + Child(ren)</b>	\$48.03
<b>Employee/Member + Family</b>	\$72.96

### To enroll for dental coverage:

- 1) Using the table above, first identify the tier of coverage you wish to enroll for. Options are available that provide coverage for you (the employee) only, or for you and your family. The amount listed in the Premium Amount column is the cost per paycheck for each tier of coverage.
- 2) Locate the Voluntary Dental Coverage election section on your enrollment form. Place a  $\checkmark$  or an  $x$  in the Yes box next to the tier of coverage you wish to enroll for, then insert the Premium Amount for the tier you select into the Premium Amount column (if the premium amount is not already available on the form).
- 3) If you are enrolling for coverage for your dependents, complete the Dependent Information section of the enrollment form.

# > Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

## When does my coverage begin?

Complete enrollment information must be submitted to us through your Benefits Administrator *prior* to the requested effective date. Enrollment will be accepted within 31 days following the day you become eligible; however your effective date will then be the first of the following month.

## When does my coverage begin for my dependents?

A Dependent child is considered eligible for insurance at birth and may be added to your policy at any time up to the child's third birthday. If we do not receive notification of the child's enrollment by age 3, you will be required to wait until the next Subsequent Enrollment Period to enroll the child.

## If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12 month Policy Year. During the Policy Year, you may drop coverage, or add or remove dependents, or terminate coverage within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Insurance Company is licensed nationwide, except in New York Policy form number: 7000GM-U-EZ 2010 or state equivalent (In NC: 7000GM-U-EZ 2010 NC).





## > Voluntary Vision Insurance

### Mutual of Omaha Vision Powered by EyeMed



Your eyes are a window to overall health and wellness. Besides measuring your vision, routine eye exams are a simple, non-invasive tool that can help identify early signs of certain chronic health conditions.

Because early detection is key for treatment, regular eye examinations play a vital role in a healthy life.

#### Your Vision Matters

As an active employee of Silver Star Properties REIT, you have access to a vision insurance policy from United of Omaha Life Insurance Company.

You have so many reasons to keep your eyes healthy.

Ongoing vision care will help you maintain the best possible eye – and overall – health and well-being.

Coverage guidelines and benefits are outlined in the chart below.



#### ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.	
<b>Dependent Eligibility Requirement</b>	To be eligible for coverage, any dependent child(ren) must be under 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.	
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.	
<b>BENEFITS</b>	<b>MEMBER COST IN-NETWORK</b>	<b>OUT-OF-NETWORK REIMBURSEMENT*</b>
<b>Exam with Dilation as Necessary</b>	\$10 copay	Up to \$37
<b>Exam Options:</b> •Retinal Imaging •Standard Contact Lens Fit & Follow-up •Premium Contact Lens Fit & Follow-up	•Up to \$39 •Up to \$40 •10% off retail price	•Not Applicable
<b>Frames</b> •Any available frame at provider location	•\$0 copay, \$130 allowance plus 20% off balance over	•Up to \$58



	allowance	
<b>Standard Plastic Lenses:</b>		
<ul style="list-style-type: none"> <li>•Single Vision</li> <li>•Bifocal</li> <li>•Trifocal</li> <li>•Lenticular</li> <li>•Standard Progressive Lenses (add on to bifocal copay)</li> <li>•Premium Progressive Lenses (add on to bifocal copay) <ul style="list-style-type: none"> <li>•Tier 1</li> <li>•Tier 2</li> <li>•Tier 3</li> <li>•Tier 4</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>•\$25 copay</li> <li>•\$25 copay</li> <li>•\$25 copay</li> <li>•\$25 copay</li> <li>•\$65 copay</li>   <li>•\$85 copay</li> <li>•\$95 copay</li> <li>•\$110 copay</li> <li>•\$65 copay plus 80% of charge less \$120 allowance</li> </ul>	<ul style="list-style-type: none"> <li>•Up to \$20</li> <li>•Up to \$36</li> <li>•Up to \$64</li> <li>•Up to \$64</li> <li>•Up to \$36</li>   <li>•Up to \$36</li> <li>•Up to \$36</li> <li>•Up to \$36</li> <li>•Up to \$36</li> </ul>
<b>Lens Options:</b>		
<ul style="list-style-type: none"> <li>•UV Coating</li> <li>•Tint (Solid and Gradient)</li> <li>•Standard Scratch Coating</li> <li>•Standard Polycarbonate (Adults)</li> <li>•Standard Polycarbonate (Children under 19)</li> <li>•Standard Anti-Reflective</li> <li>•Photochromic – Transitions</li> <li>•Other Add-ons</li> </ul>	<ul style="list-style-type: none"> <li>•\$15</li> <li>•\$15</li> <li>•\$15</li> <li>•\$40</li> <li>•\$40</li> <li>•\$45</li> <li>•\$75</li> <li>•20% off retail price</li> </ul>	<ul style="list-style-type: none"> <li>•Not Applicable</li> <li>•Not Applicable</li> <li>•Not Applicable</li> <li>•Not Applicable</li> <li>•Not Applicable</li> <li>•Not Applicable</li> <li>•Not Applicable</li> <li>•Not Applicable</li> </ul>
<b>Contact Lenses:</b> (Contact lens allowance includes materials only)		
<ul style="list-style-type: none"> <li>•Conventional</li>   <li>•Disposable</li>   <li>•Medically Necessary</li> </ul>	<ul style="list-style-type: none"> <li>•\$0 copay, \$130 allowance plus 15% off balance over allowance</li> <li>•\$0 copay, \$130 allowance</li>   <li>•\$0 copay, paid in full</li> </ul>	<ul style="list-style-type: none"> <li>•Up to \$89</li>   <li>•Up to \$104</li>   <li>•Up to \$210</li> </ul>
<b>Laser Vision Correction:</b>		
<ul style="list-style-type: none"> <li>•LASIK or PRK from U.S. Laser Network</li> </ul>	<ul style="list-style-type: none"> <li>•15% off retail price or 5% off promotional price</li> </ul>	
<b>Additional Pair of Glasses or Contacts</b>	40% discount off of complete pair of eyeglasses and 15% off conventional contact lenses once the funded benefit has been used	
<b>FREQUENCY</b>		
<b>Exams</b>	Once every 12 months	
<b>Lenses or Contact Lenses</b>	Once every 12 months	
<b>Frames</b>	Once every 24 months	

\*Out-of-Network Reimbursement will be the lesser of the listed amount of the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate.

## EXCLUSIONS

We will not pay benefits for any services or materials connected with or changes arising from:

- orthoptic or vision training, subnormal vision aides and any associated supplemental testing;
- Aniseikonic lenses;
- medical or surgical treatment of the eye, eyes or supporting structures;
- any eye or vision examination, or any corrective eyewear required by the policyholder as a condition of employment;
- safety eyewear;
- services or materials provided or paid for in whole or in part by a state or federal government or its agencies;
- services or materials provided or paid for in whole or in part as a result of any workers' compensation or occupational disease law or as required by any federal or state governmental agency or program;
- Plano (non-prescription) lenses or contract lenses;
- non-prescription sunglasses;
- two pair of glasses in lieu of bifocals;
- services or materials provided or paid for in whole or in part by any other group benefit plan providing vision benefits;
- certain name brand vision materials for which the manufacturer maintains a no-discount practice;
- services rendered after the date an insured person ceases to be covered under the policy; or
- lost, stolen, or broken lenses, frames, glasses, or contact lenses until the next benefit frequency when vision materials would next become available.

## SERVICES

### Hearing Discount Program

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit [www.amplifonusa.com/mutualofomaha](http://www.amplifonusa.com/mutualofomaha) to learn more.

## PREMIUM AMOUNTS

Coverage Tier	Premium Amount (26 Payroll Deductions Per Year)
Employee/Member	\$2.36
Employee/Member + Spouse	\$5.43
Employee/Member + Child(ren)	\$6.01
Employee/Member + Family	\$9.18

# › Frequently Asked Questions

## If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12-month Policy Year. During this Policy Year, you may add or remove dependents within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

## How do I use my vision benefit?

Mutual of Omaha's affiliation with EyeMed's Insight Network offers access to over 91,000 providers. To access your vision benefit:

1. Locate an in-network provider of your choice by calling the Customer Care Center at **1-833-279-4358** or visiting **[www.mutualofomaha.com/vision](http://www.mutualofomaha.com/vision)** and choosing a provider on the provider locator. Or download the EyeMed Members App on your iPhone, iPad or Android to view your benefit details and ID card right when you need it.
2. Schedule an appointment. Many of our providers also offer walk-in appointments, in which case, an appointment is not necessary.
3. When you arrive, identify yourself as an EyeMed member or present your ID card to receive services. (Vision ID Card is not required to receive services)
4. Your in-network provider will file claims on your behalf, so you don't have to worry about anything!

## How can I view my Explanation of Benefits online?

Click on "View Your Benefits" and select "Claim Status". If an Explanation of Benefits is available for a claim, an EOB column will appear next to the claim. Click the "View" button to view the document. Note: If the EOB column does not appear, EOBs are not applicable to your plan.

## Will I be able to choose any eyewear product available at an in-network provider location?

Yes! With your Mutual of Omaha vision benefits, powered by EyeMed, you can apply your benefit toward any available frame or brand of contact lenses that fit your vision needs and lifestyle.

## Can I purchase two pair of eyeglasses and/or eyeglasses and contact lenses in the same benefit period?

Yes! You are eligible for additional discounts, once the covered benefit has been used. We offer the largest additional pair discount in the industry – 40 percent off eyeglasses and 15 percent off conventional contact lenses – which can be used at any in-network location at any time while you are covered under the plan.

## Are there any additional discounts beyond what is covered by the plan?

Yes! You will receive the following additional savings:

- 40 percent off additional complete pairs of glasses
- 20 percent off any remaining frame balance
- 15 percent off any remaining conventional contact lens balance
- 20 percent off non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- 15 percent off the standard price or 5 percent off any promotional price of LASIK or PRK services

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This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions and limitations. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Vision insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. Policy form number: G2018MP or state equivalent (In NC: G2018MP NC). United of Omaha Life Insurance Company is licensed nationwide, except in New York.





# > Voluntary Short-Term Disability Insurance



## How Would You Pay Your Bills if You Were Sick or Injured Temporarily?

Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

### We've Got You Covered

As an active employee of Silver Star Properties REIT, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.



### ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

### BENEFITS

<b>Elimination Period</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> <li>• On the 8th day of your disabling injury.</li> <li>• On the 8th day of your disabling illness.</li> </ul>
<b>Weekly Benefit</b>	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources.  The premium for your short-term disability coverage is waived while you are receiving benefits.
<b>Maximum Benefit Period</b>	Up to 25 weeks
<b>Maximum Weekly Benefit</b>	\$1,750

<b>Minimum Weekly Benefit</b>	\$25
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
<b>DEFINITIONS</b>	
<b>Definition of Disability</b>	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
<b>Definition of Weekly Earnings</b>	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.
<b>FEATURES</b>	
<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
<b>Portability</b>	The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage.
<b>Reasonable Accommodation</b>	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.
<b>SERVICES</b>	
<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.

### VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

<b>BI-WEEKLY PREMIUM CALCULATION</b>		<b>EXAMPLE</b> <i>(42-year-old employee earning \$40,000 a year)</i>
List your weekly earnings (Maximum is \$2,916.67)	\$ _____	\$ <u>769.23</u>
Multiply by the premium factor	<u>0.0155077</u>	<u>0.0155077</u>
Your Estimated Bi-Weekly Premium**	\$ _____	\$ <u>11.93</u>

\*\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

# > Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

## How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

## Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

## Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

## Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
  - Results from an act of declared or undeclared war or armed aggression
  - Results from participation in a riot or commission of or attempt to commit a felony
  - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
  - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
  - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
  - Occurs while incarcerated or imprisoned for any period exceeding 31 days
  - Is solely a result of a failed drug test
  - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

## Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you have the right to port your coverage to a group trust plan, subject to certain conditions.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP.







## > Long-Term Disability Insurance



### Your Ability to Earn an Income May Be Your Most Important Asset

Most people don't think twice about insuring their home, automobile or health. However, many people don't recognize just how important it is to insure their income.

#### We've Got You Covered

As an active employee of Silver Star Properties REIT, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A lengthy disability can be devastating, and is more common

than you might think. It may lead to a loss of income, independence and financial security.

A disability income insurance policy can help provide security when you need it most. It pays you cash benefits when you're sick or hurt and can't work.

Coverage guidelines and benefits are outlined in the chart below.



#### ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

<b>Eligibility Requirement</b>	You must be actively working a minimum of 30 hours per week to be eligible for coverage.
<b>Premium Payment</b>	Your employer increases your earnings to cover the cost of the premium for this coverage, making the benefits nontaxable.

#### BENEFITS

<b>Elimination Period</b>	Your benefits begin on the later of 180 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.
<b>Monthly Benefit</b>	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.  The premium for your long-term disability coverage is waived while you are receiving benefits.
<b>Maximum Monthly Benefit</b>	\$7,500
<b>Minimum Monthly Benefit</b>	\$100

<b>Maximum Benefit Period</b>	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits.
<b>DEFINITIONS</b>	
<b>Own Occupation</b>	2 Years
<b>Own Occupation Earnings Test</b>	99%
<b>Definition of Monthly Earnings</b>	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 6 month period immediately prior to the date disability begins. If employed for part of the prior 6 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.
<b>FEATURES</b>	
<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
<b>Survivor Benefit</b>	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.
<b>Reasonable Accommodation</b>	Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.
<b>SERVICES</b>	
<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.

# > Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

## How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

## Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

## Does this plan cover me if I become disabled due to an injury at work?

Yes, your LTD insurance provides benefits for both on-the-job and off-the-job coverage for disabilities due to injury or sickness.

## Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Disabilities related to alcohol and drug abuse are only payable for up to 24 months while insured under the policy.
- Disabilities related to mental disorders are only payable for up to 24 months while insured under the policy.
- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
  - Results from an act of declared or undeclared war or armed aggression
  - Results from participation in a riot or commission of or attempt to commit a felony
  - Results from elective or cosmetic surgery or procedure, or resulting complications, unless such surgery or procedure is medically necessary for the appropriate diagnosis and treatment of your injury or illness
  - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, suicide, or attempted suicide
  - Results from alcohol and drug abuse and/or substance abuse, except as noted above
  - Results from a mental disorder, except as noted above
  - Is caused by alcohol and drug abuse and/or substance abuse, while not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction
  - Occurs while incarcerated or imprisoned for any period exceeding 31 days
  - Is solely a result of a failed drug test
  - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number G2018MP.

# HEALTH SAVINGS ACCOUNT (HSA)

## What is an HSA?

An HSA is an investment opportunity for those participating in the HDHP plan. Employee contributions are tax-free, and any unused funds will carry over year to year. You can use the funds to pay for eligible medical, dental and vision expenses for you and your dependents. The funds belong to you and if you change employers, you will take the account with you.

An HSA is only available to those covered by an HSA-compatible HDHP plan and is set-up with a bank provider. IRS Guidelines set the maximum annual amounts you can contribute to your HSA. For 2022, the maximum amount you could contribute was \$3,650 for single coverage or \$7,300 for family coverage and for 2023, the maximum amount for single coverage is \$3,850 or \$7,700 for family coverage.

2023 Maximum Contributions	Individual	Family
Maximum Employee Contribution**	\$3,850	\$7,700
Employee Catch-Up Contribution - Age 55 and older	\$1,000	\$1,000

2024 Maximum Contributions	Individual	Family
Maximum Employee Contribution**	\$4,150	\$8,300
Employee Catch-Up Contribution - Age 55 and older	\$1,000	\$1,000

\*\*Maximum contribution applies to both employee and employer contributions

## *You are not eligible for an HSA if you are:*

- Enrolled in Medicare
- Covered by any non-qualified health plan (i.e. Spouse's copay plan, etc.)
- Claimed as a dependent on someone else's tax return
- Enrolled in a general Medical Flexible Spending Account (or covered by a spouse's FSA)

Find a list of qualified expenses at [www.irs.gov/publications/p502](http://www.irs.gov/publications/p502)

# QUESTIONS & ANSWERS

## What is a Qualifying Life Event or Family Status Change?

- A Qualifying Event or Family Status Change would be if one of the following occurs: Marriage, Divorce, Death, Birth or Adoption of a child or if your spouse loses their coverage elsewhere. **In the event of a qualifying event, you only have 30 days to notify Human Resources of your wish to make a change to your dependent coverage.** No changes will be made if your notification to HR is AFTER the 30 days from the date of your Qualifying Event. You must then wait until open enrollment to make your change.

## What forms need to be completed to enroll or waive coverage for the new plan year?

- Forms will not be needed. You will complete your elections online via a company portal.
- Instructions will be provided during the Open Enrollment meeting.

### During Open Enrollment

## What is Open Enrollment?

- Open Enrollment is the only time of the year to add or delete dependents unless you have a Family Status Change or Qualifying Event occurs.

## If I am cancelling my coverage or dropping a dependent from my plan, when is the last day of my coverage?

- The last day of your current coverage will be **December 31st, 2023.**

## I am enrolling or changing to a new plan/adding a dependent to my plan, when is the first day of my coverage?

- The first day of your new coverage will be **January 1st, 2024.**

## At what age can my dependent no longer be covered under my medical plan?

- Your dependents are eligible for coverage regardless of marital or student status up to the age of 26.

# NOTES

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LeverEdge Advisors is here to assist in your dealings with these different companies and medical providers. If you are having problems getting claims paid or have questions regarding your coverage, let us deal with the companies, doctor or pharmacy for you.

Contact LeverEdge Advisors' Service Team at  
**512-240-2312** or via email at [service@leveredgeadvisors.com](mailto:service@leveredgeadvisors.com).