

Woodlark Hotel

ACE HOTEL PORTLAND



EMPLOYEE BENEFITS GUIDE

October 1, 2023 through September 30, 2024

Client Contacts:

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Benefits Service Center

(855) 860-8679
woodlarkhotelsbenefits@sullicurt.com
7:30am to 5:00pm PST, M-F, excluding holidays

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please refer to the Important Notices and Disclosures Guide for more details.

Sortis Woodlark, LLC is pleased to provide you with our Employee Benefits Guide.

Each year you have the opportunity to review the benefits offered and to decide which programs will best fit your needs over the coming year.

This brochure briefly highlights the benefits offered to all eligible employees and dependents. The content in this brochure provides you with an overview of our benefit plans, please refer to your **Summary of Benefit and Coverage documents (SBCs)** and/or carrier booklets and certificates for more detailed benefit information.

When Can You Enroll or Make a Change?

Annual Open Enrollment — Offers you the opportunity to make changes to your current elections or to participate in a benefit plan for which you have not previously enrolled.

New Employee — You have 30 days from the day you become eligible to elect or waive coverage.

Eligibility

To be eligible to enroll in our company's benefit plans, you must be a **regular full-time employee, have satisfied the waiting period, and work the minimum hour requirements**. If you choose to enroll, **coverage will begin on the first of the month following your eligibility date**. Please contact Human Resources with any questions.

You may also enroll your eligible dependents in the benefit plans including:

- Your legal spouse (same sex or opposite sex)
- Your qualified domestic partner (same sex or opposite sex)
- Your children up to **age 26** can be covered regardless of student and marital status

Declining Coverage & Family Status Change

It is important to note that if you waive any coverage, you will not be able to enroll in the health benefit plans unless you have a designated family status change event. You will need to wait until the next open enrollment period.

Federal regulations define a change in family status as:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- A child becoming ineligible for dependent coverage
- Death of a spouse or child
- A change from full time to part time (or the opposite)
- An unpaid leave of absence
- A change in your spouse's employment
- A move out of the service area
- A Qualified Medical Child Support Order
- A substantial change in your or your spouse's benefits coverage

Note: Please contact Human Resources immediately to complete the appropriate forms if you have a qualified family status change. If you do not update your coverage within 30 days from the date of the qualified family status change, you must wait until the next Annual Open Enrollment period.

Medical Insurance - Regence

We are pleased to offer 3 medical plans through Regence, including the PPO plan and two Health Savings Account (HSA) plans. All three plans include the flexibility to choose both in-network and out-of-network physicians. The Plan Features shown below illustrate the In-Network benefits for each plan option. For a complete listing of covered services, including the out-of-network benefits, please refer to the carrier Summary of Benefit Coverage documents (SBCs) and/or benefit summaries.

For the Health Savings Account (HSA) plans, please note that the deductible applies to all services, including Prescriptions. Please see the Health Savings Account (HSA) – HealthEquity section for the advantages of enrolling in an HSA plan.

Health Savings Account (HSA) - HealthEquity

An HSA is an account where you contribute money on a federally pre-tax basis to use for eligible health care expenses, such as deductibles, office copays, prescription drugs, dental and vision expenses.

Any money left in your HSA at the end of the calendar year is rolled over to the next year, so there's no "use it or lose it" rule. And your HSA funds are in an account in your name, so you can even use your HSA funds after you leave the company or retire.

The HSA is triple tax-advantaged in the following ways:

- You have the option to contribute federally tax-free dollars from your paycheck.
- Funds in your account grow tax-free.
- You are not taxed when using your HSA dollars for qualified health care expenses.

Plan Features	Regence Medical PPO Classic - \$20 Copay, \$500 DED	Regence Medical HDHP PPO	Regence Medical HDHP PPO
	In-Network Only	In-Network Only	In-Network Only
Deductible Calendar Year	\$500 Individual / \$1,500 Family	\$1,500 Individual / \$3,000 Family	\$3,000 Individual / \$5,000 Family
Office Visit Copay	Preventive—\$0 Copay PCP \$20 copay / Spec \$20 copay	Preventive—\$0 Copay PCP / Spec — 20% After Deductible	Preventive—\$0 Copay PCP / Spec — 20% After Deductible
Urgent Care	\$20 copay	20% After Deductible	20% After Deductible
Emergency Services	\$100 visit, then 20% after deductible	20% After Deductible	20% After Deductible
Hospital Services	20% after deductible	20% After Deductible	20% After Deductible
Prescription Coverage	Tier 1—\$10 copay Tier 2—\$35 copay Tier 3—\$75 copay	Tier 1—20% After Deductible Tier 2— 20% After Deductible Tier 3—20% After Deductible	Tier 1—20% After Deductible Tier 2— 20% After Deductible Tier 3—20% After Deductible
Chiropractic (30 visits per Calendar Year)	\$20 copay	20% After Deductible	20% After Deductible
Acupuncture (30 visits per Calendar Year)	\$20 copay	20% After Deductible	20% After Deductible
Out of Pocket Maximum	\$4,000 Individual / \$8,000 Family	\$5,000 Individual / \$10,000 Family	\$5,000 Individual / \$10,000 Family

Please refer to your carrier Summary(ies) of Benefits and Coverage (SBCs) for more detailed benefit information. Plan documents will govern.

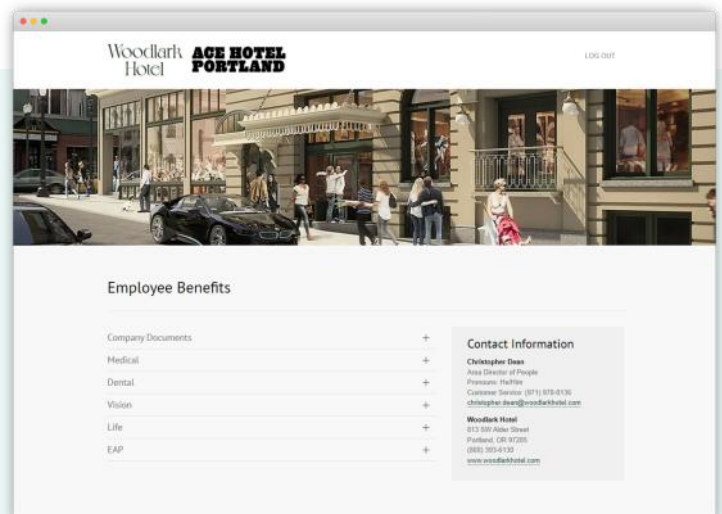
Benefits Website

Visit our employee benefits website, an online destination for you to find benefits information, carrier forms, educational resources and enrollment information. This site, which is available 24/7, will allow you to quickly access the information you need to make an informed decision about choosing your benefits plan.

www.woodlark.benefitsmap.com

username: **woodlark**

password: **benefits**



Dental Insurance - Guardian

The **Dental PPO** plan option covers a wide range of dental services. You have the freedom to go in and out of network for care. You can maximize your dental benefits by seeing a dentist that participates in the Guardian DentalGuard Preferred Network. You can also visit an out of network dentist, where services will be based on negotiated fees and you will be responsible for any amount owed, after Guardian has paid their portion of the benefits.

	Guardian Low Plan		Guardian High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$50 individual \$150 per family Waived for preventive		\$50 individual \$150 per family Waived for preventive	
Annual Benefit Maximum	\$1,500 per member		\$2,000 per member	
Preventive Services	100%	100%	100%	100%
Basic Services	80% after deductible	80% after deductible	90% after deductible	80% after deductible
Major Services	50% after deductible	50% after deductible	60% after deductible	50% after deductible
Orthodontia	None	None	None	None
Maximum Rollover				
Threshold	N/A		\$800	
Rollover Amount	N/A		\$400	
Account Limit	N/A		\$1,500	

Basic Life/AD&D — Guardian

100% COMPANY PAID — We provide full-time employees with \$30,000 of Basic Life and Accidental Death & Dismemberment (AD&D) insurance. Please note that your benefit amount reduces by 35% at age 65 and 50% at age 70.

Voluntary Term Life/AD&D — Guardian

If you need additional financial protection for your family you also have the opportunity to purchase additional Term Life and AD&D insurance. This premium is paid with after-tax dollars through payroll deductions. Benefits are available to employees and dependents up to a maximum. Employees must enroll in order to purchase additional life insurance for dependents.

Please remember that if you choose to enroll in Voluntary Life and AD&D insurance after your initial eligibility date, or if you would like to elect an amount of coverage in excess of the guarantee issue amount, Evidence Of Insurability (EOI) will be required. If you would like additional information please refer to the plan documents.

Vision Insurance - Guardian

Whether your vision is 20/20 or less than perfect, everyone needs to receive regular vision care. Guardian provides professional vision care and high quality lenses and frames through a broad network of optical specialists. Similar to a PPO plan, you may take advantage of the highest level of benefit by receiving services from in-network vision providers.

	Guardian Vision Plan (VSP Choice Network)	
	In-Network	Out-of-Network
Frequency Exam Lenses Frames Contacts	Once every calendar year Once every calendar year Once every calendar year Once every calendar year	
Copayments Exams	No charge	Up to \$39
Lenses Single Vision Bifocal Trifocal	No charge No charge No charge	Up to \$23 Up to \$37 Up to \$49
Frames	\$130 allowance + 20% off balance	Up to \$46
Elective Contacts (instead of glasses)	\$130 allowance	Up to \$100

Flexible Spending Accounts (FSA) - HealthEquity

Health Care FSA

The Health Care FSA allows you to use tax-free dollars for eligible health care expenses that are not covered by insurance for you, your legal spouse and your eligible dependents. You can put up to the IRS annual maximum into the Health Care FSA each year. Keep in mind that with the Health Care FSA, you may be allowed to roll over your unused funds for use in the next plan year. If you decide not to contribute to an FSA in 2024, you can still roll over funds from the previous plan year. The rollover will replace the grace period for the Health FSA, giving you an entire year to use your funds instead of the traditional 90 days allowed by grace.

Please note, if you are enrolled in one of the HSA medical plans, you cannot also enroll in the Health Care FSA since both plans are used to pay for medical costs with tax-free dollars.

Dependent Care FSA

The Dependent Care FSA lets you use tax-free dollars to pay for child and elder care costs incurred so you and your spouse may work or attend school full-time. The IRS allows a family maximum contribution of \$5,000 per calendar year to the Dependent Care FSA. If your spouse also participates in a Dependent Care FSA, your combined contributions cannot be higher than the family maximum. If you are married and file separate tax returns, the maximum amount you can contribute is \$2,500. Special rules apply for determining the earned income of a spouse who is disabled, a full-time student or unemployed. Please contact Health Equity or your tax advisor for more information.

Commuter FSA

This program allows you to redirect a portion of your paycheck to pay for transit passes and commuter highway vehicle expenses on a pre-tax basis through the FSA plan. Expense limitations include: \$100 maximum per month and Employer contributes 50%.

Long Term Disability (LTD) - Guardian

We offer employees Long-Term Disability coverage which may replace a portion of your income in the event that you are disabled due to injury or illness. Benefits begin after the elimination period.

Guardian LTD	
Percentage of Monthly Earnings	60% of income
Elimination Period	90 days after day of disability
Maximum Monthly Benefit	Up to \$7,500
Benefit Duration	Social Security Normal Retirement Age

Short Term Disability (STD) - Guardian

If you are unable to work for a short period of time because of an illness or injury, STD benefits may replace a percentage of your pay. Benefits begin after the elimination period.

Guardian STD	
Percentage of Monthly Earnings	60% of income
Elimination Period	Benefits begin on the 8th day
Maximum Weekly Benefit	Up to \$1,400
Benefit Duration	12 weeks

Employee Assistance Program (EAP) - Guardian

The Guardian EAP is offered to all employees and immediate family members. This program offers services designed to help employees reduce stress, balance their work and family responsibilities, and improve the quality of their lives. This plan provides up to 3 face-to-face sessions and is available toll free 24/7.

Critical Illness - Included with Dental Plan

Critical Illness coverage helps provide financial peace of mind if you experience a serious health event, such as a heart attack or stroke. You will receive a \$3,000 lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, intensive care unit confinement, ambulance, transportation, lodging, and therapy. Please note that your benefit amount reduces by 50% at age 70.

The Critical Illness coverage is included at no additional cost to employees enrolled in a Guardian dental plan.

Gateway Travel

Traveling away from home? Gateway Travel Medical Insurance will protect you in the event of an injury or illness. It will pay for your medical bills abroad and even pay for you to be evacuated back to the U.S. if necessary. The cost of an international travel insurance policy is quite low compared to the protection it provides. For more information on the medical plans available, please call (877) 808-7434 or visit the website at www.gatewayplans.com. Travel insurance is NOT sponsored by your employer. In order to access this coverage, you must purchase it online.

Pet Discount Program

The pet care discount program through United Pet Care puts an end to deductibles and frustrating claim forms that traditional pet insurance requires. As a United Pet Care member, you simply take your pet to the vet as often as you need and instantly save 20-50% on everything from check-ups, vaccines, skin treatments, surgeries.

Please note: It is the member's responsibility to seek services with a United Pet Care contracted facility, provider, and specialists. Non- contracted facilities, providers and specialists do not recognize United Pet Care discounts.

United Pet Care	Pet Discount Program
One Pet	\$17.50
Each additional pet	\$16.50

How to Enroll in United Pet Care

You will enroll through the website www.UnitedPetCare.com/enroll and follow the steps to create your profile. When you get to step 4, choose YES and search for Sortis Woodlark.

Contact Information

Regence Blue Cross Blue Shield

www.regence.com

Group #:10054663

Medical Member Services: (888) 367-2116

Pharmacy Services: (844) 765-2894

Guardian

www.guardianlife.com

Group #:00055172

Dental Member Services: (888) 600-1600

Vision Member Services: (888) 600-1600

Life/AD&D Member Services: (888) 600-1600

Disability Member Services: (888) 600-1600

EAP Member Services: (800) 386-7055

Critical Illness Member Services: (888) 678-9133

United Pet Care

www.unitedpetcare.com

Member Services: (877) 872-8800

Health Equity

www.healthequity.com

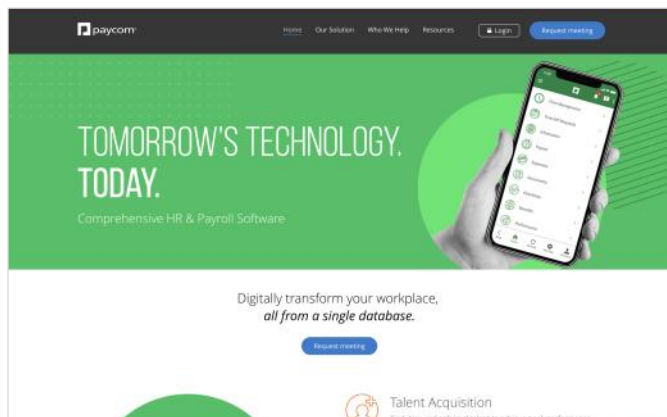
HSA Member Services: (866) 346-5800

FSA/Commuter Member Services: (877) 924-3967

Online Enrollment Through Paycom

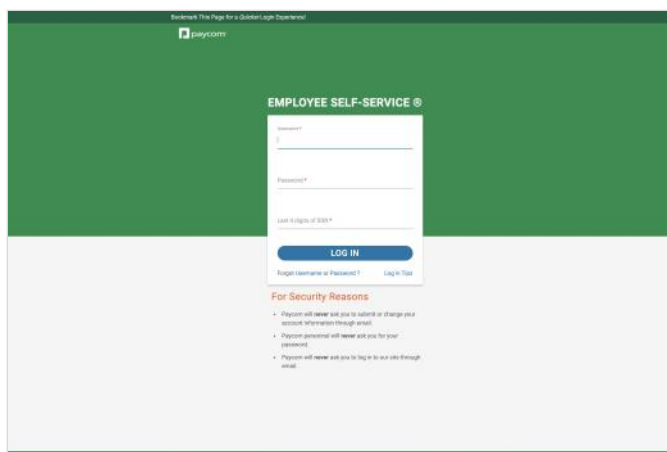
Follow the steps below to enroll in our benefit plans online.

Go to www.Paycom.com. Hover over Login and select "Employee" from the drop down menu

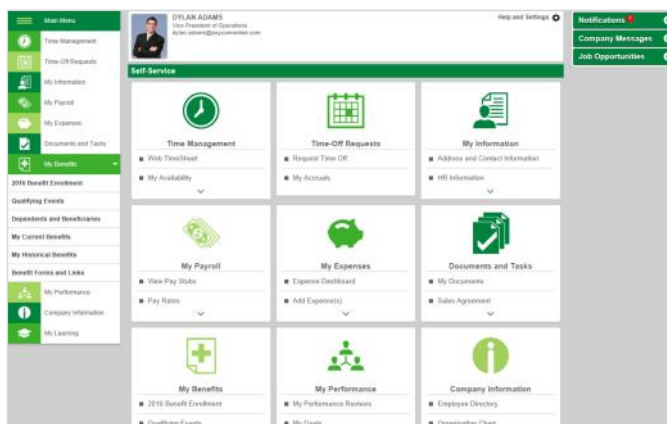


Enter your Username, password and the last four digits of your Social Security number. Then select "Log In."

Once you've logged into the website, you can review your plan options, eligibility and more.

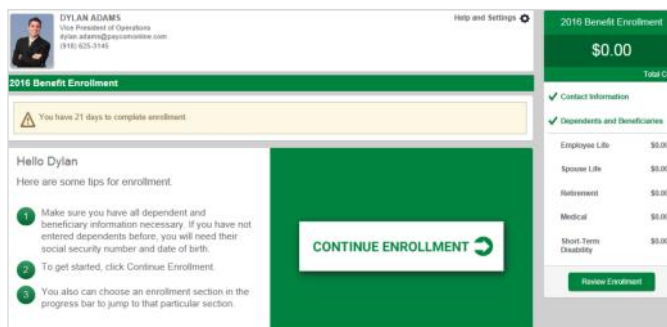


After logging into Employee Self-Service, if you are eligible to enroll, you will have an option under the "My Benefits" tile to be taken through the enrollment process.



The first screen you see provides an explanation of the enrollment process. The progress bar on the right side of the screen will list the benefits in which you are eligible to enroll. Select "Start Enrollment" to begin the enrollment process.

Please Note: If you need to leave the page and continue the enrollment process later, you have that option. Once logged back in, simply select "Continue Enrollment." If you've already made elections, the total will display in the Benefit Enrollment bar.



The first screen in the enrollment process will give you the opportunity to update your contact information, as well as add any dependents you want to enroll into a plan. Update your personal information first, if necessary, and then select "Next."

2016 Benefit Enrollment

Contact Information

Employee Name: DYLAN ADAMS

Birthdate: 07/14/1979

Tobacco User? ☒ No ☐ Yes

Primary Phone: 918 - 625 - 3145

Street Address: 3319 ELLIS WAY

City, State, Zip: OKLAHOMA CITY Oklahoma 55555

[Previous](#) [Next](#)

Next, you will be guided through the enrollment process for each of your available benefit plans. In this first example, we will walk you through the process to enroll in a medical plan.

Each benefit screen will have two check boxes: one to enroll and one to decline. You can review the details of this plan within the "Plan Description" section. If there are forms or links attached to this plan, they will be located in a "Plan Information" drop-down option.

2016 Benefit Enrollment: Life

☒ **Employee Life** [Plan Information](#)

Coverage Amount: \$114,400.00

Guaranteed Amount: \$300,000.00

Cost per Pay Period: \$34.32

☐ Decline Coverage

[Previous](#) [Enroll](#)

2016 Benefit Enrollment

Total Cost: \$0.00

☒ Contact Information

☒ Dependents and Beneficiaries

Employee Life: \$0.00

Spouse Life: \$0.00

Retirement: \$0.00

Medical: \$0.00

Short-Term Disability: \$0.00

[Review Enrollment](#)

If you have chosen a coverage level that has dependents (e.g., Employee and Spouse, Employee and Children or Employee and Family), you will select/enter those on the following screen. Check the boxes next to the dependents who will be included in this plan or select "Add Dependent" to add additional dependents not in the list. Once finished, select "Enroll."

2016 Benefit Enrollment: Medical

☒ **Medical Plan**

Choose Your Coverage Level

Does anyone enrolled in this plan use tobacco? ☒ No ☐ Yes

☐ Employee Only \$75.00

☒ Employee and Spouse \$200.00

☐ Employee and Children \$275.00

☐ Employee and Family \$400.00

Dependents

Select	First Name	Last Name	Social Security Number	Gender	Relationship	Birth Date	Dependent Age on Coverage Start Date	Documents
<input type="checkbox"/>	MARTHA	ADAMS	1232	Female	Spouse	08/14/1980	36	0

[Add Dependent](#)

☐ Decline Coverage

[Previous](#) [Enroll](#)

2016 Benefit Enrollment

Total Cost: \$84.32

☒ Contact Information

☒ Dependents and Beneficiaries

☒ Employee Life \$34.32

☒ Spouse Life \$0.00

☒ Retirement \$50.00

☒ Medical \$0.00

☒ Short-Term Disability \$0.00

[Review Enrollment](#)

If you are adding a new dependent, enter their information and select "Add Dependent."

Add a Dependent

* Indicates Required Field

* Relationship:

* First Name:

Middle Name:

* Last Name: ADAMS

* SSN: - -

* Gender: ☐ Male ☐ Female

* Birth Date: 05/05/0000

Full-Time Student: ☒ No ☐ Yes

Disabled: ☒ No ☐ Yes

Tobacco User: ☒ No ☐ Yes

Address: ☒ Same as Employee

* Street: 3319 ELLIS WAY

* City: OKLAHOMA CITY

* State: Oklahoma

* Zip Code: 55555

[Add Dependent](#)

Once finished, select “Enroll.”

Dependents								
Select	First Name	Last Name	Social Security Number	Gender	Relationship	Birth Date	Dependent Age on Coverage Start Date	Documents
<input type="checkbox"/>	MARTHA	ADAMS	1232	Female	Spouse	06/14/1980	36	0

[Add Dependent](#)

☐ Decline Coverage

[Previous](#) [Enroll](#)

Continue through the enrollment process by choosing whether you would like to enroll or decline coverage in each of the available plans.

As you progress through the enrollment process, you can keep track of which benefits you have elected or declined from the Progress Bar on the right side of the screen. Green check marks mean you have enrolled, and the cost will be in the column to the right of the plan name. A red “X” means you selected to decline the plan. You can make edits to a plan by clicking the plan name.

2016 Benefit Enrollment

\$284.32

Total Cost

☒ Contact Information

☒ Dependents and Beneficiaries

☒ Employee Life **\$34.32**


☒ Retirement **\$50.00**

☒ Medical **\$200.00**

☒ Short-Term Disability **\$0.00**

[Review Enrollment](#)

Once you have made a selection for each plan, you will be brought to the “Benefit Plan Review” screen. This will give you a snapshot of the plans for which you have elected to enroll. Select any links from the Progress Bar to make changes. Once you are satisfied with your selections, check “Complete Enrollment.”

**DYLAN ADAMS**
Vice President of Operations
dylan.adams@bluecrossnc.com
(919) 425-3145

Help and Settings

2016 Benefit Enrollment
\$284.32
Total Cost

☒ Contact Information

☒ Dependents and Beneficiaries

☒ Employee Life **\$34.32**

☒ Retirement **\$50.00**

☒ Medical **\$200.00**

☒ Short-Term Disability **\$0.00**


[Review Enrollment](#)

Benefit Plan Selection Review

Employee Life	Employee Cost: \$0.00 Pre-Tax: Yes Effective Date: 12/01/2016 Status: Requested Coverage: \$114400.00 Cost: \$34.32	Retirement Plan	Employee Cost: \$0.00 Pre-Tax: Yes Effective Date: 12/01/2016 Status: Requested Cost: \$50.00
Medical Plan	Employee Cost: \$0.00 Pre-Tax: Yes Effective Date: 12/01/2016 Status: Requested Coverage: Employee and Spouse Cost: \$200.00		

[Complete Enrollment](#)

A pop-up window will ask you to confirm if you want to complete enrollment. Note: All plans not enrolled in will be declined. Select “OK” to continue.

**DYLAN ADA**
Vice President
dylan.adams@bc
(919) 425-3145

Help and Settings

Confirm
Please review your plan selections before you continue. All plans not enrolled in will be declined.
[Cancel](#) [OK](#)


Benefit Plan Selection Review

Employee Life	Employee Cost: \$0.00 Pre-Tax: Yes Effective Date: 12/01/2016 Status: Requested Coverage: \$114400.00 Cost: \$34.32	Retirement Plan	Employee Cost: \$0.00 Pre-Tax: Yes Effective Date: 12/01/2016 Status: Requested Cost: \$50.00
Medical Plan	Employee Cost: \$0.00 Pre-Tax: Yes Effective Date: 12/01/2016 Status: Requested Coverage: Employee and Spouse Cost: \$200.00		

[Complete Enrollment](#)

When you select “Complete Enrollment” you will be brought to the “Sign and Submit” screen. A printable confirmation page is available to you. Once you are ready to submit your enrollment, click “Sign and Submit.”

Congratulations! Your enrollment is now complete. The following screen will provide a recap of your elections, including who is covered under each plan and your named beneficiaries. To exit, select “Return Home.” To print a confirmation page, select the printer icon at the top of the screen.

**DYLAN ADAMS**
Vice President of Operations
dylan.adams@bluecrossnc.com
(919) 425-3145

Help and Settings

Sign and Submit

☒ Contact Information

☒ Dependents and Beneficiaries

☒ Employee Life **\$34.32**

☒ Retirement **\$50.00**

☒ Medical **\$200.00**

☒ Short-Term Disability **\$0.00**

[Review Enrollment](#)

Benefit Plan Selection Review

Employee Life	Employee Cost: \$0.00 Pre-Tax: Yes Effective Date: 12/01/2016 Status: Requested Coverage: \$114400.00 Cost: \$34.32	Retirement Plan	Employee Cost: \$0.00 Pre-Tax: Yes Effective Date: 12/01/2016 Status: Requested Cost: \$50.00
Medical Plan	Employee Cost: \$0.00 Pre-Tax: Yes Effective Date: 12/01/2016 Status: Requested Coverage: Employee and Spouse Cost: \$200.00		

[Complete Enrollment](#)

This summary provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a difference between this summary and the plan documents, the plan documents will govern. In addition, the plans described in this summary are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact Human Resources.

