GUEST SERVICES

*Legendary Hospitality Since 1917*



January 1 - December 31, 2027







# A GUIDE TO YOUR 2027 BENEFITS

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Team Member Benefits Guide

## Welcome to Your Benefits Guide!

Please take the time to carefully review your benefit options and contact benefits@guestservices.com with insurance questions. For technical Workday questions, please email workday@guestservices.com.

**Important Notice:**
If you (and your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices for your prescription drug coverage. Please see page 31 for more details.



## Key Features of Your 2027 Benefits

**Guest Services is pleased to offer a full range of benefits through the following carriers.**

- **Medical/RX:** We offer three medical plans through Aetna. Team members in DC and parts of Maryland and Virginia also have the option to enroll with Kaiser Permanente (HMO).
- **Dental** coverage options offered by Guardian. Dental premiums stay the same for 2027.
- **Vision** coverage offered by EyeMed. Vision premiums stay the same for 2027.
- **Flexible Spending Accounts (FSAs):** You have access to a health care and/or dependent care FSA through PNC Bank.
- **Health Spending Accounts (HSA):** You can open a Health Savings Account with PNC Bank when enrolled in a High Deductible Health Plan.
- **Basic and Supplemental Life, AD&D:** Your benefits package includes life insurance through Reliance.
- **Whole Life with Long Term Care** is offered by The Standard.
- **Disability Insurance:** Your flexible benefits program includes Voluntary Short Term Disability through Unum and automatic Long Term Disability through Reliance.
- **Supplemental Health Benefits** (Accident, Critical Illness & Hospital Indemnity insurance) offered by Aflac.
- Contact Your Benefits Team at **benefits@guestservices.com**




Guest Services offers a comprehensive selection of benefits that you can take advantage of for your physical, mental and financial well-being. In addition, there is flexibility built into the program so that you can select the benefit options that fit your and your family's needs.

This benefits guide explains your benefit options and when they are available to you.

## Qualifying Life Events

The choices you make now will be in effect for the 12-month calendar year (January – December). However, you may make changes during the year if you experience a qualifying life event. If you need to report a life event during the year, you will need to contact Human Resources with the necessary changes within 30 days of the event. Some examples of life events are:

- Birth or adoption of a child
- Marriage
- Divorce or legal separation
- Death or loss of a dependent (including loss of dependent status)
- Change in your spouse's employment status causing loss or gain of benefits coverage
- Change in your own employment status
- Change in residence that affects the benefits offered to you
- Eligibility for Medicare

# Eligibility

## Who's Eligible to Enroll?

You may enroll in benefits if you are:

- **Regular Status** (working year-round)
- **Full Time** working 30+ hours per week on average (during the initial or ongoing 12-month measurement period)

Union team members should refer to the benefits listed in their Collective Bargaining Agreement.

## Dependent Eligibility

You may enroll your eligible dependents when you enroll yourself. Dependents who are eligible for benefit coverage include:

- Your legally married spouse who is not eligible for group medical/dental coverage through another employer
- Your dependent children
- CA only: Domestic Partner who is not eligible for group medical/dental coverage through another employer and their dependent children

Included in the definition of dependent child(ren) are:

- Your naturally born child(ren), legally adopted child(ren), step-child(ren) or court-ordered dependent child(ren) for whom you are the court-appointed legal guardian
- Your dependent child(ren) up to age 26 whether they are a full time student or not. Coverage ends on the day prior to their 26th birthday
- Your continuously disabled dependent child(ren) [if disabled prior to age 26] who are incapable of self-sustaining employment and dependent upon you for support, regardless of age

## When Does My Coverage Begin and End?

Coverage generally begins after a 60-day waiting period at Hire and will terminate on last day of full-time employment.

Most benefits for Reinstates, and newly eligible team members after job status change, are effective immediately.



## How to Enroll

Between October 26 and November 13, 2026, you will receive an Open Enrollment task in your Workday Inbox to make changes to your benefits.

If you are enrolled in medical insurance with Guest Services (except Kaiser) or if you have a Flexible Spending Account, Health Savings Account, Commuter benefits or would like to request to buy one or two weeks of extra PTO, you must take action.

If you don't do anything, your other benefits will continue with any applicable premium changes for 2027.

# Medical Plans

Guest Services is pleased to offer you and your eligible dependents access to quality, affordable medical coverage through Aetna, and for team members who reside in DC and part of Maryland and Virginia an HMO plan with Kaiser Permanente.

With Aetna, you have the option to select between three medical plans: a Traditional Preferred Provider Organization (PPO) plan or two High Deductible Health Plans (HDHP). All plan options offer you the freedom to receive care from many sources and cover a broad range of health care services.

## Aetna Classic

– Higher payroll deduction
– Lower individual/family annual deductible than HDHPs
– Plan pays 80% for most covered in-network services and 70% for out-of-network services after you meet the annual deductible
– Hospital inpatient and outpatient surgery covered at 80% after the deductible
– Selection of a primary care physician (PCP) is not required
– Flat copays for doctor's office visits due to illness.

## Aetna Balance HDHP & Access HDHP

– Lower payroll deduction
– Higher deductible and out-of-pocket maximum
– Plan pays 80% for most covered in-network services and 60% for out-of-network services after you meet the annual deductibles
– Hospital and outpatient surgery covered at 80% after annual deductible
– Selection of a primary care physician (PCP) is not required

## Kaiser HMO

– Lower payroll deduction than PPO
– No deductible and low out-of-pocket maximum
– Plan pays 100% for most covered in-network services after copay
– Hospital and outpatient surgery covered at 100% after copay
– Selection of a primary care physician (PCP) at a nearby Mid-Atlantic Kaiser medical center is required

## Smoker Surcharge

Guest Services is committed to the health and well-being of our team members. In order to provide encouragement to be tobacco-free, Guest Services requires tobacco/nicotine users who are enrolled in a medical plan to pay a surcharge of $25 per month per employee/spouse or participate in an approved Smoking Cessation Program at no cost. Please review our Smoking Cessation Program policy and Tobacco/Nicotine User Attestation for more details about the surcharge waiver/refund process.

Quit For Life gives you a personalized Quit Plan and 1:1 access to coaches via phone, chat, or text. Plus group video sessions, nicotine replacement therapy, and more. All at no additional cost to you. Get started at quitnow.net or call **1-866-QUIT-4-LIFE.**

# Medical Plans (Continued)

## Insurance Terms You Should Know

### Coinsurance

- Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service (e.g. 20%).

### Copay

- A fixed dollar amount you pay for a covered health care service, usually at the time you receive the service.

### Calendar Year Deductible

- A fixed yearly dollar amount you pay before the benefits of the plan start.

### Out-of-Pocket Maximum

- The most you will pay out of your pocket, including the deductible, coinsurance and any copays, for covered expenses in a plan year.

### Allowed Amount

- Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance" or "negotiated rate." If an out-of-network provider charges more than the allowed amount, you may have to pay the difference.

### Emergency Medical Condition

- An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

### Urgent Care

- Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.



# Medical and Prescription Drug Benefits

The chart below provides a snapshot of the medical plans. It highlights basic details including copayment and coinsurance levels for both in and out-of-network providers. The medical plans include a Prescription Drug Benefit as highlighted below. Please refer to the Summary of Benefits & Coverage for more details on **gsiemployees.com**.

| | Aetna Classic | Aetna Balance HDHP | Aetna Access HDHP | Kaiser HMO (Mid-Atlantic) |
|---|---|---|---|---|
| | In-Network | In-Network | In-Network | In-Network |
| | Based on a calendar year, you will pay: | | | |
| **Annual Deductible**<br>Individual<br>Family | $1,500<br>$3,000 | $1,750 (Single Only)<br>$3,500 (Aggregate) | $5,000<br>$10,000 | $0 |
| **Out-of-Pocket Maximum**<br>Individual<br>Family | $4,500<br>$9,000 | $8,700<br>$17,400 | $8,700<br>$17,400 | $3,500<br>$9,400 |
| **Selection of PCP Required?** | No | No | No | Yes |
| **PCP Copay**<br>**Specialist Copay** | $25<br>$40 | Deductible + 20% | Deductible + 20% | $15<br>$25 |
| **Diagnostic Procedures**<br>Diagnostic x-rays<br>MRI/MRA, CT Scans/PET | Deductible + 20% | Deductible + 20% | Deductible + 20% | $0<br>$50 |
| **Hospital Care**<br>Inpatient Hospital (per stay)<br>Outpatient Surgery (per visit) | Deductible + 20% | Deductible + 20% | Deductible + 20% | $250<br>$50 |
| **Emergency Room**<br>(waived if admitted) | Deductible + 20% | Deductible + 20% | Deductible + 20% | $100 |
| **Urgent Care Center** | $40 | Deductible + 20% | Deductible + 20% | $25 |
| **CVS Virtual Care**<br>PCP \| Urgent Care \| Mental Health | $0 | Deductible, then $0 | Deductible, then $0 | N/A |
| **Preventive Care** | $0 | $0 | $0 | $0 |
| **Annual Prescription Deductible**<br>Individual<br>Family | Separate RX OOP Limit:<br>$2,000<br>$6,000 | Integrated with Medical Deductible | Integrated with Medical Deductible | $0 |
| **RX Retail**<br>(up to 30-day supply)<br>• Generic<br>• Preferred brand<br>• Non-preferred brand<br>• Specialty | • 25% up to $50 max<br>• 50% up to $300 max<br>• 50% up to $300 max<br>• 50% up to $300 max | Deductible + 20% | Deductible + 20% | $20<br>$30<br>$45 |
| | Out-of-Network | Out-of-Network | Out-of-Network | Out-of-Network |
| **Coinsurance** | 70% | 60% | 60% | Not Covered |
| **Annual Deductible**<br>Individual<br>Family | $3,000<br>$6,000 | $5,000<br>$10,000 | $10,000<br>$20,000 | Not Covered |
| **Out-of-Pocket Maximum**<br>Individual<br>Family | $6,000<br>$12,000 | $12,700<br>$25,400 | $12,700<br>$25,400 | Not Covered |

# High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA)

If you elect an HSA-eligible plan, you will be provided with the opportunity to enroll in an HSA that you can use in conjunction with an HDHP. An HSA provides tax-free dollars to pay for qualified out-of-pocket health expenses. The following are a few important facts you should know about the HDHP/HSA.

## HDHP

### What does it mean to pay a deductible?

The deductible must be satisfied each year before the insurance company pays on any medical claims.

### What happens after my deductible is satisfied?

This depends on your plan selection. After the deductible for your plan is satisfied, the plan pays according to the individual plan allowances as shown on medical schedule page in this guide.

### Single vs. Family Deductible

Under the Aetna Balance HDHP, if you are covering any dependents, the entire family deductible must be met prior to the plan paying for coverage. For example, if an employee and spouse are enrolled in coverage under the Aetna Balance HDHP, between the two members, the full $3,500 must be paid out-of-pocket prior to the plan paying for coverage.

Under the Aetna Access HDHP, if you are covering any dependents, you only need to meet the individual deductible prior to the plan paying for coverage. For example, if an employee, their spouse, and 1 dependent are enrolled in coverage under the Aetna Access HDHP, each individual covered only needs to meet the $5,000 individual deductible prior to the plan paying for coverage.

### Can I still go to my regular doctor?

Yes. With a HDHP, you are free to use any doctor and any hospital you choose. You will need to present your insurance card anytime you go to the doctor or pharmacy. This will ensure that you receive any network discounts available to you and allow your medical provider to file a claim with Aetna.

### Will I have to pay whatever the doctor charges me? How will I be able to obtain a timely reimbursement?

In most cases, doctors are generally encouraged to wait for the insurance company to process your claim before they request payment from their patients. You should also wait for your insurance to process your claim before making any payment to the providers. Aetna negotiates a price with its network doctors which is usually much less than what the doctor typically charges, and that saving is passed on to you. If you don't receive notification that your claim has been processed, check with Aetna by calling or going online.

## HSA

### What is an HSA?

The HSA is a tax-favored account used in conjunction with an HSA-compatible health plan or HDHP. The HSA allows you to contribute funds on a pretax or tax-deductible basis, which you may use to pay for eligible medical, dental and vision expenses for your eligible dependents. Please note that eligible dependents include children under age 19 or under 24 if a full-time student. See IRS Publication 502 to see who is defined as an eligible dependent and what expenses are qualified. If you don't use all the money in your account, the balance rolls over to following years. Those dollars continue to earn interest — and continue to be available for medical expenses year after year.

### Who is eligible to establish an HSA?

You are eligible to open an HSA provided you have met the following criteria:

- Must be enrolled in a HDHP and not also be covered by another health plan that is not a HDHP
- Not listed as a dependent on another person's tax return
- Not be entitled to benefits under Medicare including Part A

### Who Administers the HSA?

The HSA custodian and administrator is PNC Bank. Once you sign up, you'll receive an e-mail to activate your online account and download the mobile App, and will receive a PNC BeneFit Plus debit card in the mail.

# High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA) (Continued)

## How does it work?

Qualified medical expenses can be paid with your PNC BeneFit Plus debit card, using the PNC BeneFit Plus online Bill Pay or distributing funds from your HSA by transferring to your personal bank account.
Please keep your receipts so that in the event of an IRS audit — you can use the Expense Tracker tool in the PNC BeneFit Plus consumer portal or PNC BeneFit Plus mobile App to store your receipts and simplify recordkeeping.

## What are the Tax Advantages of an HSA?

- Contributions are pre-tax or tax deductible.
- Interest earned is tax-free.
- Tax-free withdrawals may be made for qualified medical expenses.
- Unused balances roll over from year to year.
- You own the HSA and it is yours to keep — even when you change jobs or health plans or retire.

## How else can an HSA save me money?

The cash balance is held in a FDIC insured bank account. Additionally, you can set up your HSA investment account at anytime. However, your HSA deposit account balance must first satisfy the investment threshold before additional contributions can be invested. The investment threshold is the minimum account balance required to be maintained in your HSA deposit account.

## How much can I save?

For 2027, you can save up to the maximum contribution limit of **$4,500** for an individual health HSA plan and **$9,000** for a family HSA health plan each year.
If you are married and your spouse has a family HDHP, then both spouses are determined to have family coverage. This is true even if one spouse has a family plan and the other has a self-only plan. Each spouse may have an HSA, and together you may contribute up to the family limit. You may not each contribute up to the family limit.
If you are age **55 and older** you may contribute an additional **$1,000** to your HSA. This is a **"catch up" contribution** that may be made each year that you are eligible for a HDHP. Once you enroll in Medicare you may no longer do this.

## Is the HSA account portable?

You are the owner of your account and retain your HSA even if you change jobs, change medical coverage, retire or have other life changes.

## Are there any specific forms I need to fill out when I file my taxes?

Yes, at tax time, you must file form 8889 if you made any contributions to your HSA or you received an HSA distribution.

## Is an HSA Plan Right for YOU?

The basic concept of a HDHP is that you have a larger stake in the financial decision-making for the health care services you receive. You may combine an HSA with a HDHP and use your account to pay the plan deductible and other eligible out-of-pocket health expenses. Unused amounts in the account carry over from year to year, so your account can grow over time.
Along with making cost-conscious choices, HDHPs also emphasize the importance of wellness and preventive care in managing your health care spending. And while it may take some getting used to, the effort you make to understand and wisely use this type of plan could be rewarded with lower overall out-of-pocket health care costs.

## How do I open a PNC Bank HSA?

Prior to opening your HSA, you must be enrolled in an HSA-eligible health plan. When you're ready, opening and managing your HSA with PNC Bank is fast and easy. You'll get information on investment choices, payment options, and ongoing support to help you build and manage your savings.

For more information about the PNC Bank visit **https://participant.pncbenefitplus.com/**

# Prescription Drug Coverage

When you enroll in any of the Aetna medical plans, you automatically receive prescription drug coverage through Express Scripts. The Express Scripts Pharmacy Management Program provides a defined list of FDA-approved medications chosen for their medical effectiveness and value. The formulary list includes both generic and brand-name drugs. Your share of the cost will always be less for drugs that are on the formulary list; however, coverage is available for many non-formulary drugs.

## Smart90 Program

Enrollment with Express Scripts allows you to save via three- month supplies of your long-term, ongoing prescriptions with their CVS Smart90 Program. You can conveniently fill these prescriptions through home delivery from the Express Scripts Pharmacy™ or from any CVS™ pharmacy. Getting a three-month supply means fewer trips to the pharmacy, only one payment every three months, and usually provides savings for choosing one three-month supply vs. three one-month supplies.

## Saveon SP Program

Enrollment with Express Scripts offers additional savings with their SaveonSP program, which allows you to receive select specialty medications for complex conditions such as cancer and hepatitis C. Call SaveonSP at 800-683-1074 with any questions or to enroll.

The SaveOn Program will be offered to those members enrolled in a HDHP as well as the PPO Plan.

To get an updated copy of the Performance Drug List (PDL), visit **www.express-scripts.com**

## Create an account on express-scripts.com or the Express Scripts® mobile app.

Manage your prescription plan anytime and anywhere with an online account by following these steps:

1. Visit **express-scripts.com** and select Register OR download the Express Scripts mobile app for free from your phone's app store and select Register
2. Enter the requested information, including your member ID or Social Security number, and create your user name and password
3. Click or tap Register Now

Once your account is created you can check your order status, refill and renew prescriptions, enroll in home delivery and more!



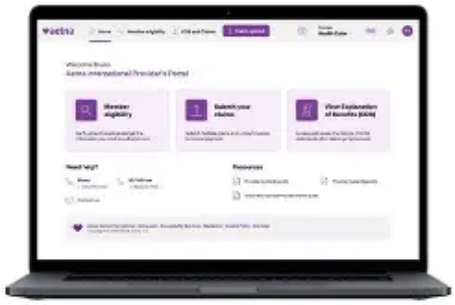
## Using Mail Order services allows you to:

- Minimize trips to the pharmacy with delivery to
- your home within 14 days
- Save time by managing your prescription refills online or with a quick phone call
- Order refills, check order status, and pay your
- bill online
- Enjoy free standard shipping

To use the mail order program, have your doctor submit the script via ePrescribing or fill out your prescription and order form on paper. Mail your form and prescription to Express Scripts, Inc., P.O. Box 52150, Phoenix, AZ 85072. To speak with a representative, call the number on the back of your member ID card.

**For information on the Kaiser HMO Rx plan—see www.kp.org/formulary**

# Aetna's Digital Tools & Virtual Care



## Aetna Health App & Member Website

Register for your member website and get the Aetna Health app to access a variety of resources and information on your plans. You can understand and manage your benefits, see what your health care costs, view and pay claims, access your ID card, find in-network providers and more. Visit www.myaetnawebsite.com or text "AETNA" to 90156 to download the app once enrolled.

## Provider Search

The Aetna provider search tool can help you find doctors, hospitals and other health care providers that participate in the Aetna network. You'll also find useful information, such as:

- Whether your plan is accepted
- Office locations and directions
- Provider's gender, where they went to school, hospital affiliations and languages spoken
- Whether providers are accepting new patients

Not enrolled and want to see if your providers are in-network? Visit www.Aetna.com/individuals-families/find-a-doctor.html and search under the network "Choice POS II."

## CVS Health Virtual Care

### On-demand care

CVS Health Virtual Care is a virtual care network of providers. They offer primary care, urgent care, mental health support and other specialized care to help you live a healthier life. Instead of going to a doctor's office, your visit can be done online— anytime, anywhere.

## What CVS Health Virtual Care Provides

#### On-demand Care

- Well care, preventive and sick visits
- Help for non-emergency conditions such as cold/flu symptoms, stomach pain, infections, (ear, sinus, skin, UTI), or even medication refills
- Available for adults and children over 18 months

#### Mental Health

- Support with issues or conditions such as anxiety and mood disorders, depression screening, medication management, stress or conflict resolution, sleep and related health behaviors, etc.
- Available for adults ages 18 and up

## How do I get started?

- Register for CVS Health Virtual Care - Scan the QR Code or visit www.CVS.com/virtual-care
- Create your profile
- Book an appointment

Make sure to download the Aetna Health app, and register on the member website to access a variety of tools and resources for your health plan.

# Dental Plan

Guardian manages the dental benefit. Guardian's dental program offers comprehensive dental coverage for services ranging from x-rays and routine cleanings to fillings and major care services.



## DentalGuard Preferred Provider Organization (PPO)

Under the Guardian's DentalGuard Preferred, you have access to a broad range of providers in the Guardian Dental PPO network. The expanded network gives you a greater selection of Guardian preferred dentists. You will maximize your benefits if you use a participating provider, which will lower your out-of-pocket costs.

In-network dentists are required to accept the Guardian's Dental negotiated fee as payment in full. If you decide to use a non-participating dentist, however, benefits will be paid based on the maximum fee that Guardian's Dental will approve for a given procedure in a given region. Preventive Care is covered up to 100% in or out of the network.

| Feature/Service<br>In-Network / Out of Network<br>(Out of Network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.) | Guardian<br>DentalGuard Preferred Network | |
|---|---|---|
| | Plan A | Plan B |
| | You will pay in-network: | |
| **Individual Annual Deductible**<br>(applies to Basic care) | $50<br>(waived for preventive) | |
| **Family Annual Deductible (2+)**<br>(applies to Basic care) | $100<br>(waived for preventive) | |
| **Annual Maximum/Person** | $2,000 | $1,000 |
| **Maximum Rollover Amount**<br>A portion of the unused annual dental maximum may be rolled over into a personal Maximum Rollover Account, which can be used in future years if your plan's annual maximum is reached. | $400-$600 | $250-$350 |
| **Preventive and Diagnostic**<br>Exams, cleanings, x-rays | $0 | $0 |
| **Basic Services**<br>Fillings | 20% | 20% |
| **Major Services**<br>Crowns, inlays, onlays and cast restorations | 50% | 50% |
| **Orthodontia**<br>Children/Adults | 50%<br>Lifetime Maximum Per Person:$2,500 | Not Covered |



## Vision Plan

The vision program is administered by EyeMed. The vision benefit is designed to provide routine preventive care such as eye exams, eyewear and other vision services.

EyeMed has a large network of providers who offer a wide selection of eyewear for you to choose from. You'll receive the most out of your benefit when you visit a EyeMed doctor, including discounts on non-covered services and selections.

The EyeMed vision plan includes a routine WellVision exam with a $0 copay if visiting a participating provider. You will receive up to a $200 allowance towards retail frames and $200 allowance towards contact lenses. If you visit a non-network provider, there is a reimbursement schedule for eyewear and other professional services.

| EyeMed | | | |
|---|---|---|---|
| **Feature/Service** | In-Network at Plus Providers | **In-Network** | **Out-of-Network** |
| Exams • Contacts • Lenses • Frames | Covered once every calendar year | | |
| Exam Copay<br>Retinal Imaging | $0<br>$0 | $0<br>$0 | Up to $50 reimbursement<br>Up to $28 reimbursement |
| **Basic Eyeglass Lenses** | | | |
| • Single Vision<br>• Lined Bifocal<br>• Lined Trifocal<br>• Lenticular | $20 copay for all single, bifocal, trifocal and lenticular lenses | $20 copay for all single, bifocal, trifocal and lenticular lenses | Up to $50 reimbursement<br>Up to $75 reimbursement<br>Up to $125 reimbursement<br>Up to $125 reimbursement |
| **Frames** | | | |
| Frame Allowance (any frame available, including frames for prescription sunglasses) | $0 copay + 20% off balance over $200 allowance | $0 copay + 20% off balance over $150 allowance | Up to $70 reimbursement |
| **Contact Lenses (instead of glasses)** | | | |
| • Elective Contact Lenses<br>• Necessary Contact Lenses | $0 copay + 15% off balance over $200 allowance<br>$0 copay<br>Covered in full after copay | $0 copay + 15% off balance over $150 allowance<br>$0 copay<br>Covered in full after copay | Up to $105 reimbursement<br>Up to $210 reimbursement |
| **Additional Glasses Allowance** | | | |
| Glasses Allowance | 40% off retail price less $100 allowance | 40% off retail price less $50 allowance | Up to $40 |

# Flexible Spending Accounts (FSAs) through PNC Bank

PNC Bank will manage the FSAs in 2027. If you have health care or dependent care expenses, consider participating in an FSA . **Remember, you must re-enroll in the FSA(s) each plan year if you wish to participate.**
Flexible Spending Accounts (FSAs) are an easy and convenient way to get more out of your paycheck. It allows you to set aside a predetermined amount of your pretax dollars to cover certain out-of-pocket expenses as they occur throughout the plan year. Three types of accounts are available—a Health Care Spending Account, Dependent Care Spending Account and Commuter Benefits.

## Health Care FSA

A Health Care FSA is a special account you put money into that you use to pay for certain out-of-pocket health care costs not covered by your health plan. Your Health Care FSA lets you pay for eligible medical and dental care expenses not covered by your insurance plan with pretax dollars. This means that you end up paying less in taxes and taking home more of your paycheck. Your Health Care FSA covers a wide range of medically necessary expenses including, but not limited to: copays, coinsurance, deductibles, prescriptions, dental expenses, vision expenses and orthodontia care.
**The maximum annual contribution is $3,500.**
**Some examples of eligible expenses include:** covered prescription and doctor copays and deductibles, medical deductibles and coinsurance, eyeglasses and contact lenses, eligible over-the-counter (OTC) items (contact lens solution, band-aids, birth control, etc.), orthodontics and more.
**Some ineligible expenses:** premiums for medical, dental, vision, etc., amounts reimbursed by health care plans, non-medical physical treatments, cosmetic surgery and more.
For a complete list of items, visit the Internal Revenue Service (IRS) website at **www.irs.gov/publications/p502**.
Please note: The ACA requires medical plans to cover dependents to the age of 26 (if offered by your employer), but it doesn't require these dependents to be tax dependents.
To use FSA funds for dependents expenses, the dependent must specifically be able to be claimed as a dependent on your tax return.

## Use it or Lose it

As you think about your FSA for this plan year, be sure to carefully estimate your expenses and the amount you want to contribute to your account.
The goal in estimating carefully is to use whatever you set aside so you don't lose it. That's because the Internal Revenue Service (IRS) has a "use it or lose it" rule, which means if you don't spend everything in your FSA by the end of the grace period, you'll forfeit whatever funds remain.

## Grace Period

In addition to the **2 ½ month grace period** (final service date: March 15th), you will also receive a 90-day Run-Out Period (final filing date: March 31st). This timeframe allows you up to 90 days from the start of 2028 to submit any, already incurred, unsubmitted, claims for reimbursement.

## Dependent Care FSA

The Dependent Care FSA lets you use pretax dollars toward qualified dependent care. **You can contribute up to $7,500 ($3,750 if married and file individual tax return) for the Dependent Care FSA** for children under age 13 and for disabled adults in your care.
If you elect to contribute to the Dependent Care FSA, you may be reimbursed for:

- The cost of child or adult dependent day care (in or out of your home)
- Nursery schools and preschools (excluding kindergarten) and summer day camp

There are some rules to enroll in this program. If you are married, your spouse must also work, be a full-time student or be disabled and dependent upon you for support to be eligible to elect this benefit. To use funds for dependent expenses, the dependent must specifically be able to be claimed as a dependent on the employee's tax return.

# Flexible Spending Accounts (FSAs) through PNC Bank (Continued)

## Commuter Benefits

There are two primary types of transportation accounts, and you may participate in one or both plans. The funds in these accounts are kept separate and cannot be rolled from one account to another.

**Parking:** This account allows you to set aside money for eligible parking expenses at or near your employer's business premises or parking at or near a location from which you commute to work by mass transit, vanpooling, carpool, etc.

**Transit and Vanpooling:** This account allows you to set aside money for eligible expenses for any pass, fare card or similar item that entitles you to transportation on a mass transit system or vanpool to and from work.

The PNC BeneFit Plus debit card provides an automatic payment method for qualified transportation expenses. While a participant can hold both a parking account and a transit account on a single debit card, each account is separate and funds cannot be transferred from one to the other.

The IRS sets a limit on the pre-tax contribution amount per calendar month for parking or transit expenses. If you hold both a parking account and a transit account, you may contribute up to the limit for each individual account. Contribution changes can be made on a monthly basis on a prospective basis.

2027 monthly limits are as follows:

- Parking: $350
- Transit: $350



# Life and Disability Insurance

Guest Services recognizes that certain additional insurance can provide critical financial protection to you and your loved ones. We provide Basic Life & Accidental Death and Dismemberment (AD&D), Supplemental Life Insurance and Long Term Disability through Reliance Standard Life. In addition, we offer Individual Short Term Disability through UNUM and Group Whole Life with Long Term Care through The Standard.

## Basic Life & Accidental Death & Dismemberment Insurance (no cost to you)

All eligible team members working at least 30 hours per week are eligible for the Basic Life insurance coverage. This benefit will be paid to your beneficiary in the amount of **1 times your base annual earnings** to a maximum of $400,000. There is a reduction schedule of 50% at age 70.

## Supplemental Life Insurance

You can purchase additional Life Insurance coverage for yourself, and your eligible dependents.

| Team Member | Spouse and/or Children under age 26 |
|---|---|
| 1x—5x your base annual salary up to $300,000<br>Guarantee Issue of $100,000 for newly eligible employees | $10,000 |

There is a reduction schedule of 50% at age 70.

## Group Whole Life and Long Term Care Rider (The Standard)

Whole Life offers “living benefits” you can use when you need them, as well as a death benefit. You can sign up for this benefit as a New Hire or during Open Enrollment; however, you may not make changes to existing coverages - “one and done.” Actual benefit amount is based on the employee or dependent’s age when the coverage is issued.

**Three reasons to buy Whole Life**

1. Whole Life rates. The rates available through your employer are typically more affordable than those available elsewhere.
2. Age-based premiums. Premiums are based on your age when you purchase, and don’t increase as you get older. So the earlier you buy, the lower your premium will be for the life of your policy.
3. Guaranteed Issue will be available at Annual Enrollment once more (October 26 - November 13, 2026 and effective January 1, 2027), and always for New Hires and Qualifying Life Events. Late Entrants are subject to EOI. All exclusions and limitations will still apply to any coverage issued. Covered participants can add coverage during subsequent annual enrollments, with Evidence of Insurability, up to the plan maximum with the purchase of an additional certificate. Guaranteed Issue Maximum is total death benefit including term riders, if any. Rates are based on age at issue and tobacco usage.

### Benefits

**GROUP WHOLE LIFE INSURANCE PROVIDES EITHER:**

**Death Benefit -** pays a lump-sum cash benefit when the insured before age 121 dies

**Maturity Benefit -** pays a lump-sum cash benefit if the insured is still living at age 121

**OPTIONAL/ADDITIONAL RIDER BENEFITS**

**Accelerated Death Benefit for Terminal Illness or Condition -** a lump-sum advance of 75% of the death benefit (not to exceed $100,000) when certified terminally ill by a physician. The benefit payable is discounted using the current discount rate. Premiums are waived after payment of the benefit Premiums are waived after payment of benefit

**Children's Term -** level term insurance for each covered dependent child under age 26. Not available if dependent child is covered under a separate certificate. Subject to state limits on dependent life coverage

**Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits -** a monthly advance of 4% of the death benefit for up to 50 months while receiving qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner. The restoration benefit restores the death benefit and cash value to the pre-acceleration amounts, and the extension benefit extends the death benefit for a period equal to the original benefit term. Premiums are waived for the months when the benefit is payable

# Life and Disability Insurance (Continued)

## Voluntary Short-Term Disability (STD) Insurance (Unum)

All team members age 17 to 69 (up to age 64 in CA and NY) who are actively at work are eligible for STD during Open Enrollment or when hired. STD insurance is coverage that provides you with income protection, should you lose time on the job due to an injury or illness. With disability coverage, partial replacement of lost income is paid to you.
This plan has a pre-existing condition clause for which symptoms existed (within 12 months before your coverage effective date) that would cause a person to seek treatment.

| | |
|---|---|
| Elimination Period | 14 days/Illness or accident |
| Benefit Amount | You can apply for 40%, 50% or 60% of your gross monthly salary up to $3,000 monthly benefit amount for off-job total disability due to accident or illness. (note—coverage may be limited in some states with statutory disability plans) |
| Benefit Period | Up to 6 months |

## Long-Term Disability (LTD) Insurance (no cost to you)

All eligible team members working at least 30 hours per week are eligible for LTD coverage. The LTD benefit provides income during an extended period of disability if you are disabled and unable to return to work after 6 months of total disability.

| | <5 years of Service (Salaried & Hourly) | >5 years of Service (Salaried Only) |
|---|---|---|
| **Waiting Period** | 6 months | 6 months |
| **Benefit** | 50% of your monthly base earnings up to a maximum monthly benefit of $5,000 | 66 2/3% of your monthly base earnings up to a maximum monthly benefit of $5,000 |



# Supplemental Health Benefits – Aflac

Supplemental Health Benefits give you an opportunity to choose additional benefits to supplement the benefit offerings currently available through our group benefit program. Each plan provides a unique set of benefits. You decide what plans, if any, you would like to choose to meet your needs.
Supplemental Health Benefits are provided by Aflac. Choose the plans that meet your individual needs during Open Enrollment, at Hire or with a qualifying life event.

**Accident Insurance** pays you a lump sum benefit amount for services received due to a covered accident. The benefits can be used to reimburse you for out-of-pocket medical costs such as copays or deductibles, or can be used for personal expenses such as food or utility bills, it's up to you how to use the benefit payments.
Please review the program material for a complete list of covered benefits.

| | Basic Plan | Enhanced Plan |
|---|---|---|
| **ER and Urgent Care Treatment** | $150 without x-ray<br>$175 with x-ray | $300 without x-ay<br>$350 with x-ray |
| **Ground Ambulance** | $200 | $400 |
| **Major Diagnostic Testing** | $100 | $200 |
| **Fractures (dependent on injury)** | Up to $4,000 based on a schedule | Up to $8,000 based on a schedule |
| **Dislocations (dependent on injury)** | Up to $3,000 based on a schedule | Up to $6,000 based on a schedule |

**Critical Illness Insurance** pays a lump sum benefit if you have been diagnosed with a covered critical illness, such as heart attack, stroke, major organ transplant, cancer and more. Coverage is also available for your spouse and children. Employees can make benefit elections up to a maximum of $30,000 with 50% coverage for children included, and up to 50% coverage for a spouse.
**Critical Illness Health Screening Benefit:** $50 per calendar year for insured employee and spouse only (dependent children are not covered). Covered screening tests include: colonoscopy, PSA test, mammography, bone marrow and many more.

**Hospital Indemnity** provides you with a lump sum benefit payment if you are admitted to the hospital due to a covered illness or injury and will pay you a separate benefit for each day you are confined to the hospital or intensive care unit, up to the plan limit. You can choose either a Basic or Enhanced Plan, which offer different coverage amounts.

| | Basic Plan | Enhanced Plan |
|---|---|---|
| **Hospital Admission** | $1,000 once per confinement | $2,000 once per confinement |
| **Hospital Confinement -up to 31 days** | $100 per day | $200 per day |
| **Hospital Intensive Care– up to 31 days** | $100 per day | $200 per day |

# Value Added Benefits

## Tuition Reimbursement

At Guest Services we believe that ongoing personal and professional development of our team members is a key to our success. As part of this commitment, we offer up to **$5,000** per year in tuition assistance or reimbursement.
All full time, year-round team members are eligible for this benefit after working with Guest Services for one continuous year.

**Eligible Courses and Programs:**

- Courses that lead to a High School Equivalency Diploma
- Job-related courses and degree programs from accredited colleges and universities
- Job-related courses with exams leading to a professional certification.

Please refer to Guest Services' Tuition Benefit Program policy for details and exclusions. For questions about this benefit, please contact **benefits@guestservices.com**.

## Team Member Discounts

As a valued Guest Services, Inc. team member, you receive up to a **50%** discount on:

- Lodging*
- Recreation
- Retail
- Food & Beverage**

*Based on availability.
** Excludes alcohol, groceries and employee meals.
Other restrictions may apply.
Visit ***www.GSIEmployees.com/Discounts*** for more details and offers.

## United States Senate Federal Credit Union (USSFCU)

**Helping You Save More—** Contact **communications@ussfcu.org**, call **800-374-2758** or go on **ussfcu.org/applynow** if you are interested in joining.
USSFCU has been offering both stability & services to their members for over 80 years.

- Savings Account
- Checking Account
- Money Market Account
- Share Certificate (CD)
- Bump Rate Certificate
- IRA
- Home Equity Loans and Lines of Credit
- Personal Loans
- Student Loans
- New and Used Auto loans
- Mortgage Loans for Purchase or Refinance
- Recreation and Leisure Vehicle Loans

## High-Five Service Awards

Full-time, year-round active team members become eligible for a service award in the month in which they complete 3, 5, 10, 15, 20, 25, 30, 35, 40, 45 and 50 years of credited service with the company. When award milestones are reached, points are assigned to be redeemed on the Awardco online recognition platform. Points can be accumulated (i.e. banked) and redeemed at a later date. They can be spent on virtual VISA Prepaid Cards, eGift Cards, Amazon items, experiences (hotels, tickets), charitable giving, or company store to get branded swag. 25-Year Club: Team Members who have been employed for 25 years or more, are awarded additional points on an annual basis at time of the 25-Year Club recognition which is usually held in the fall. Please refer to the policy for further details.

# Compensated Time Off

## Holidays

Corporate & Hospitality Divisions: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day & Christmas Day.

Federal government sites follow the federal holiday schedule and all other locations follow the holiday schedules established by the clients. For more details, please review our policy.

## Paid Time Off

Guest Services understands the value of work-life balance, and we offer paid time off benefits to meet those needs. Team members are eligible for competitive amounts of paid and unpaid time off for vacation and sick leave, holidays, and medical leave.

Regular status team members with 20+ standard hours weekly accrue Paid Time Off based on service hours each paycheck.

This flexible PTO bank can be used for Vacation Time, Sick Leave, Personal Time Off – whatever works best for you. For most Guest Services locations, up to 56 hours of PTO can be carried over into the following year.

| HOURLY | |
|---|---|
| **Employment** | **PTO Days Each Year** |
| 1st year | 10 |
| 2nd year | 15 |
| 3rd through 10th year | 18 |
| 11th through 15th year | 20 |
| 16th year | 21 |
| 17th year | 22 |
| 18th year | 23 |
| 19th year | 24 |
| 20th year | 25 |

| SALARIED | |
|---|---|
| **Employment** | **PTO Days Each Year** |
| 0 to < 3 years | 15 |
| 3 to < 15 years | 20 |
| 15 to < 16 years | 21 |
| 16 to < 17 years | 22 |
| 17 to < 18 years | 23 |
| 18 to < 19 years | 24 |
| 19+ years | 25 |

## PTO Buy-Up Program

If your manager approves, you may buy an additional one or two weeks of PTO through payroll deductions. You can only elect PTO Buy-Up during Open Enrollment.

## Paid Parental Leave (PPL)

Guest Services provides up to six weeks of paid parental leave to birth mothers. Fathers, partners, spouses, adoptive or surrogate parents are provided with two weeks of paid parental leave. The purpose is to enable the employee to care for and bond with a newborn or newly adopted or newly placed child.

The benefit applies to births, adoptions or placement of foster children. To be eligible, you must be a full-time, regular status employee. PPL is concurrent with FMLA leave if applicable and is offset by any state mandated paid family leave.

## Emergency Medical Leave (EML)

Taking good care of our team members who have taken good care of our customers is very important to Guest Services. If personal illness or an off-the-job injury prevents you from working, we offer a unique and wonderful 100% income replacement benefit for full-time employees who have worked for us for at least five years.

Upon receipt of demonstrated and documented personal medical need, eligible employees may apply for Emergency Medical Leave of up to 160 hours for hourly employees, and up to 360 hours for salaried employees. Please contact the Human Resources Benefits Team for questions on eligibility.

## Bereavement Leave

In the case of death of a family member, eligible full-time team members are granted a maximum of 2 to 5 days of paid bereavement leave depending on the familial relationship as outlined in our policy.

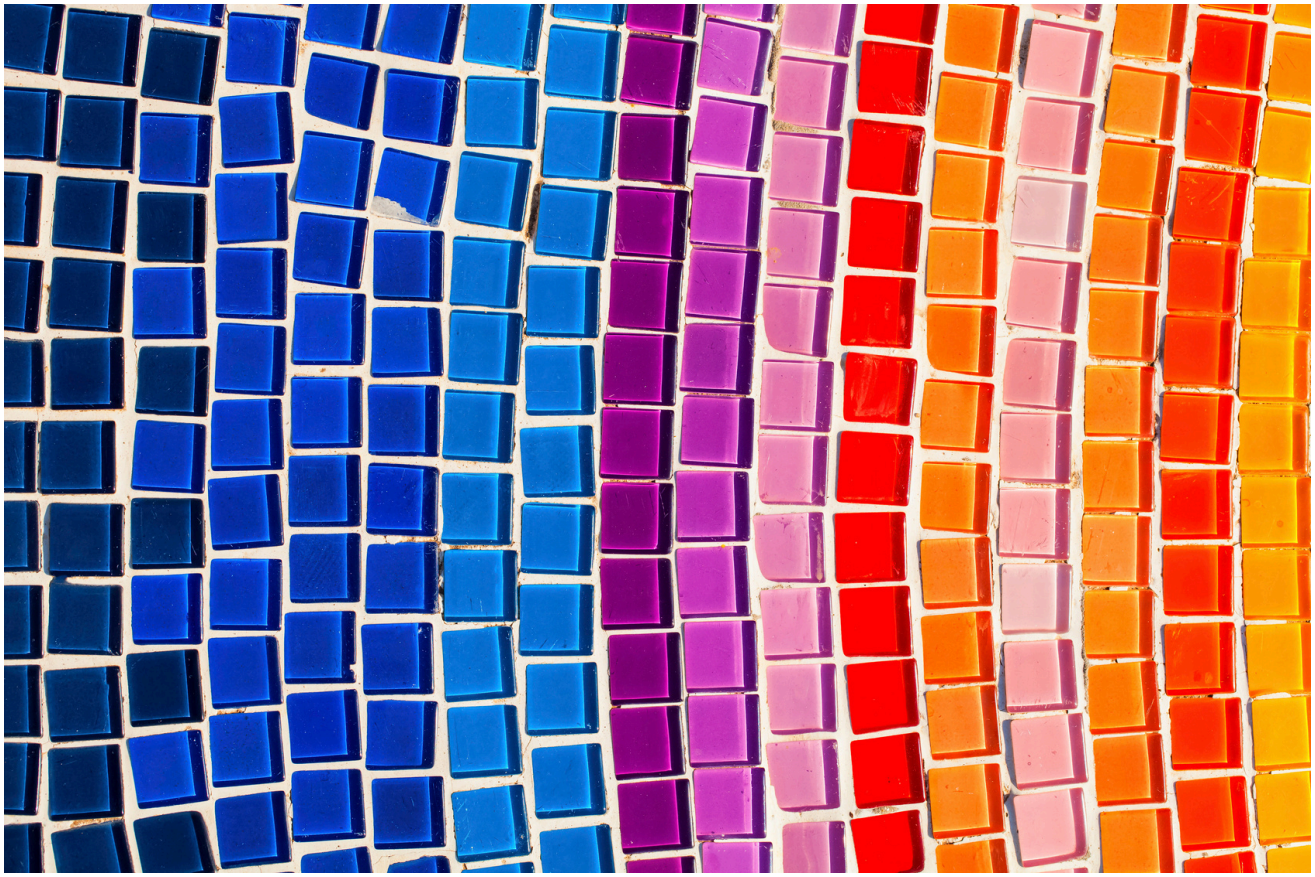
## LGBTQ+ Benefits

- Aetna provides a number of benefits and services for LGBTQ+ team members and their dependents. For a list of these services, visit **https://aetnaresource.com/lg/Guest-Services**.
- The Kaiser HMO in the Mid-Atlantic takes pride in their in-network gender-affirming care options. Please read more on **https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/health-wellness/gender-affirming-care**

## Employee Resource Groups

Guest Services offers the following ERGs:

- WIN (Women)
- KALEIDOSCOPE (LGBTQ+)
- BELIEVE (African Americans)
- HOLA (Latinx)
- To learn more, go to: **https://gsiemployees.com/our-people**/





**Contact Us...**
**Anytime, Anywhere**
**No-cost, confidential solutions to life's challenges.**

# ACI Specialty Benefits EAP

## Mental Health Sessions

Up to 3 sessions to help manage stress, anxiety and depression, resolve conflict, improve relationships, overcome substance abuse and address any personal issues, with options for in-person, telephonic, or video counseling sessions.

## Life Coaching

To help reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

## Financial Consultation

To help build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identify theft, and saving for retirement or tuition.

## Legal Consultation

To help with a variety of personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

## Life Management

To provide information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

## Personal Assistant

To help manage everyday tasks and give back time by providing information and referrals for home services, repairs, travel, entertainment, dining and personal services.

## Medical Advocacy

To help navigate insurance, obtain doctor referrals, secure medical equipment or transportation, and plan for transitional care and discharge.

Your ACI Specialty Benefits EAP program offers someone to talk to and resources to consult whenever and wherever you need them.

**Call: 855-775-4357**

Your toll-free number gives you direct, 24/7 access to answer your questions and, if needed, refer you to a counselor or other resources.

**Online:** https://reliance-matrix.allonehealth.com/

**Company Code : RSLI96+**

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ACI SPECIALTY BENEFITS
An AllOne Health Company

# Tava Health - Mental Health Resource

Tava Health is a confidential, mental health benefit which enables you to access therapy sessions through a diverse network of licensed therapists.

Access a nationwide network of qualified clinicians to meet your unique needs with proven, evidence-based care. Meet with a provider online or in person, on your schedule.

You also have access to self-serve resources, including self-care and mindfulness content, to support your well-being anytime.

Whether you're feeling stressed, stuck, or facing other challenges, Tava can help. Support is available for a variety of issues, including:

- Addiction
- Anxiety
- Depression
- Eating disorders
- Family issues
- Grief and loss
- LGBTQ+ issues
- PTSD
- Trauma
- Relationship issues
- Work pressure
- and more...

## Frequently Asked Questions

Is there a cost?
This is based on the insurance plan design. This means that there might be a co-pay or cost associated with a therapy session. You can also pay out-of-pocket using a debit/credit card or using your FSA/HSA. If sessions are billed to your insurance, those costs will apply toward your deductible and out-of-pocket maximum.

How many sessions can I use?
You can use as many sessions in a year as you wish. Your therapist will help you build out a cadence that's right for you.

Who is eligible to use this service?
All team members and their dependents, including spouses/partners and children ages 13-25, are eligible. We encourage employees to share this benefit with their household, as when one member struggles, others may too. Each enrolled employee and their dependents receive their own therapy sessions.

Is this service confidential?
Yes, all records are private and only accessible with the written consent of the patient or legal guardian, unless required by law or court order.

**To get started, visit www.care.tavahealth.com/signup/gsi.**

# 401(k) Retirement Savings Plan

Whether you're just starting out in your career or you've been in the workforce for years, it's always a good time to plan for retirement. Administered by Principal, the 401(k) plan allows you to plan for your future by saving a portion of each paycheck today. As a regular status, non-seasonal employee, you can participate in the plan on the first day of the month on or after you meet the plan's eligibility requirements and you are at least age 21.

You are eligible to contribute up to 75% of your eligible compensation each pay period subject to annual IRS limits. You may contribute into pre-tax 401(k), Roth, or after-tax 401(k). You are immediately vested in your own contributions. (Highly Compensated Employees are excluded from this Plan and offered a non-qualified Plan.)

## Pre-tax vs. Roth 401(k): What's the difference?

If you contribute to your 401(k) pre-tax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose Roth 401(k), contributions are deducted from your paycheck after taxes – so although you are paying taxes on these dollars now, you won't pay taxes when you make a withdrawal during retirement.

## How 401(k) After-Tax Contributions Work

As their name suggests, after-tax contributions come out of your pay after income taxes are calculated. Since you have already paid taxes on these contributions, you won't pay taxes when you withdraw them from the Plan. You will, however, owe taxes on any earnings.

## Contributing to the Plan

The contribution limit set annually by the IRS is $24,500 for 2027. If you are age 50 or older this year and you already contributed the maximum allowed to your 401(k) account, you may also make a "catch-up contribution". This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is $8,000 for 2027 for a combined total contribution allowance of $32,500.

## Generous 401(k) Match

At Guest Services, Inc., we just don't invest in your present. We also invest in your future. We offer a generous 401(k) match after six months of service with our company. The Hourly Futures Match is 50% on the first 4% contributed by you per paycheck, so never more than an effective 2% match rate. The Salaried Gold Match is 100% on the first 6% contributed by you per pay. The Gold match increases to 150% on the first 6% contributed by you after 5 years of service, so never more than an effective 9% match rate.

The employer match is subject to a 3-year vesting schedule. If you stay with the company for one year, you get to keep 33% of the match. After two years of employment, you retain 66%. Finally, after three years, the entire employer match is yours to keep; however, it will be taxable when you retire.

The employer match does not apply to after-tax 401(k) or catch-up contributions.

As a reinstated team member on or after April 21, 2023, the employer match is based on the original hire date with Guest Services, Inc.

## Investing in the Plan

It's up to you how to invest the assets. The Guest Services, Inc. 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices anytime on principal.com.

## Get Started

Sign up at principal.com/welcome or by calling **800-547-7754.** View an enrollment webinar at your convenience at **principal.com/matchenrollmentwebinar**.

# Medical/Prescription Premiums

It is important to remember that you and Guest Services share the cost of most benefits with Guest Services contributing a much greater portion of the costs. Each year, we are faced with the challenge of maintaining the costs associated with health care. As a consumer of health care services, your behaviors and actions have a direct financial impact. We need to work together to manage our collective health care spending. One of the ways you can do that is to understand what services cost, what each plan offers, and which make the most sense for your needs and budget. The chart below outlines your premiums for the 2027 plan year.

| | | Medical Monthly Rates | | | Bi-weekly Rates | Weekly Rates |
|---|---|---|---|---|---|---|
| | | Total | Employer | Employee | Employee | Employee |
| **Aetna Classic** | Employee | $1,174.76 | $847.46 | $327.30 | $151.06 | $75.53 |
| | Employee + Child(ren) | $1,999.89 | $1,304.07 | $695.82 | $321.15 | $160.57 |
| | Employee + Spouse | $2,939.70 | $1,675.17 | $1,264.53 | $583.63 | $291.82 |
| | Family | $3,882.32 | $2,519.07 | $1,363.25 | $629.19 | $314.60 |
| **Aetna Balance HDHP** | Employee | $992.95 | $836.51 | $156.44 | $72.20 | $36.10 |
| | Employee + Child(ren) | $1,686.63 | $1,353.51 | $333.11 | $153.74 | $76.87 |
| | Employee + Spouse | $2,481.00 | $1,880.14 | $600.86 | $277.32 | $138.66 |
| | Family | $3,275.34 | $2,618.30 | $657.04 | $303.25 | $151.62 |
| **Aetna Access HDHP** | Employee | $911.83 | $843.25 | $68.58 | $31.65 | $15.83 |
| | Employee + Child(ren) | $1,549.57 | $1,403.55 | $146.02 | $67.40 | $33.70 |
| | Employee + Spouse | $2,279.59 | $2,017.36 | $262.23 | $121.03 | $60.51 |
| | Family | $3,006.83 | $2,715.46 | $291.37 | $134.48 | $67.24 |
| **Kaiser HMO*** | Employee | $825.61 | $571.53 | $254.08 | $117.27 | $58.63 |
| | Employee + Child(ren) | $1,568.66 | $974.80 | $593.86 | $274.09 | $137.04 |
| | Employee + Spouse | $1,733.78 | $1,039.84 | $693.94 | $320.28 | $160.14 |
| | Family | $2,476.83 | $1,542.68 | $934.15 | $431.14 | $215.57 |

*Available in D.C. and parts of MD and VA

# Dental & Vision Premiums

| | | Dental Monthly Rates | | | Bi-weekly Rates | Weekly Rates |
|---|---|---|---|---|---|---|
| | | Total | Employer | Employee | Employee | Employee |
| Plan A | Employee | $48.36 | $15.44 | $32.92 | $15.19 | $7.60 |
| | Employee + Children(ren) | $67.69 | $21.81 | $45.88 | $21.17 | $10.59 |
| | Employee + Spouse | $72.53 | $23.42 | $49.11 | $22.67 | $11.33 |
| | Family | $116.04 | $37.78 | $78.26 | $36.12 | $18.06 |
| Plan B | Employee | $32.18 | $10.06 | $22.12 | $10.21 | $5.11 |
| | Employee + Children(ren) | $45.05 | $13.74 | $31.31 | $14.45 | $7.22 |
| | Employee + Spouse | $48.26 | $14.80 | $33.46 | $15.44 | $7.72 |
| | Family | $80.39 | $24.80 | $55.59 | $25.66 | $12.83 |

| | | Vision Monthly Rates | | | Bi-weekly Rates | Weekly Rates |
|---|---|---|---|---|---|---|
| | | Total | Employer | Employee | Employee | Employee |
| Vision | Employee | $7.87 | $0.00 | $7.87 | $3.64 | $1.82 |
| | Employee + Children(ren) | $11.71 | $0.00 | $11.71 | $5.40 | $2.70 |
| | Employee + Spouse | $10.95 | $0.00 | $10.95 | $5.06 | $2.53 |
| | Family | $18.73 | $0.00 | $18.73 | $8.64 | $4.32 |



# Do you have a question about your coverage?

**To ask questions about your benefit plans, please email benefits@guestservices.com.**

| Vendor Contact Information | | | |
|---|---|---|---|
| **Benefit** | **Provider** | **Web Site** | **Phone Number/Email** |
| **Medical** | Aetna | www.Aetna.com | 888-889-1261 |
| **Medical** (HMO) | Kaiser | Kp.org | 800-464-4000 |
| **Pharmacy** (Aetna members) | Express Scripts | www.express-scripts.com | 855-778-1517 |
| **Dental** | Guardian | www.guardiananytime.com | 800-627-4200 |
| **Vision** | EyeMed | www.eyemed.com | 866-804-0982 |
| **Life, ADD & Disability Basic, Supp Life, LTD** | Reliance Standard Life | www.reliancematrix.com | 800-351-7500 |
| **Whole Life with Long Term Care** | The Standard | https://www.standard.com/ahlevb/guestservices/ | 800-521-3535 |
| **Individual Short Term Disability** | Unum | www.unum.com | 800-635-5597 |
| **Accident Critical Illness Hospital Indemnity** | Aflac | www.aflacgroupinsurance.com | 800-433-3036 |
| **Spending Accounts FSA, HSA, Commuter** | PNC Bank | https://participant.pncbenefitplus.com/ | PNCBenefitPlus@HealthAccountServices.com |
| **Employee Assistance Program** | ACI Specialty Benefits | https://reliance-matrix.allonehealth.com/ **Company Code : RSLI96+** | 855-775-4357 |
| **Mental Health Support** | Tava Health | www.care.tavahealth.com | N/A |
| **401(k) Retirement Savings** | Principal | www.principal.com | 800-547-7754 |
| **Full-Time Benefits Program** | Guest Services, Inc. | www.gsiemployees.com | benefits@guestservices.com |
| **COBRA** | HealthEquity | mybenefits.com.wageworks.com | 877-722-2667 |

# Important Regulations

## Patient Protection - Designation of Primary Care Provider- Kaiser HMO Plan

Kaiser's medical plans generally require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Kaiser HMO will designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit the Kaiser website at http://info.kaiserpermanente.org or call 800-464-4000. For children, you may designate a pediatrician as the primary care provider.

## Patient Protection – Patient Access to Obstetrical and Gynecological Care

You do not need prior authorization from Aetna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the number listed on our medical ID card.

## Women's Health and Cancer Rights Act

On October 21, 1998, the Women's Health and Cancer Rights Act became effective. This law requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. As the Act requires, we have included this notification to inform you about the law's provisions. The law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy will also receive coverage for: 1. Reconstruction of the breast on which the mastectomy has been performed; 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; 3. Prostheses; 4.Treatment of physical complications of all stages of mastectomy, including lymphedema.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

## Health Insurance Portability and Accountability Act (HIPAA) – State Children's Health Insurance Program (SCHIP)

**Loss of other coverage:** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Medicaid or SCHIP coverage:** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

**New dependent:** If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Medicaid or SCHIP premium assistance:** If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

## Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Coverage

CHIP is short for the Children's Health Insurance Program — a program to provide health insurance to all uninsured children who are not eligible for or enrolled in Medical Assistance. CHIPRA is the reauthorization act of CHIP which was signed into law in February 2009. Under CHIPRA, a state CHIP program may elect to offer premium assistance to subsidize employer-provided coverage for eligible low-income children and families. All employers are required to provide employees notification regarding CHIPRA. Please see notice in this guide.

## Medicare Part D Creditable Coverage / Non-Creditable Coverage Notice

The Centers for Medicare and Medicaid (CMS) requires employers to notify their Medicare Part D-eligible individuals about their creditable coverage status prior to the start of the annual Medicare Part D election period that begins on October 15 of each year. Please see notice in this guide.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program

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

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

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

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

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility.**

**ALABAMA – Medicaid**

Website: http://myalhipp.com/
Phone: 1-855-692-5447

**ALASKA – Medicaid**

The AK Health Insurance Premium Payment Program Website:
http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

**ARKANSAS – Medicaid**

Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

**CALIFORNIA – Medicaid**

Health Insurance Premium Payment (HIPP) Program Website:
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**

Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program
(HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

**FLORIDA – Medicaid**

Website:
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

**GEORGIA – Medicaid**

GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website:
https://medicaid.georgia.gov/programs/third-party- liability/childrens-health-insurance-program-reauthorization- act-2009-chipra
Phone: 678-564-1162, Press 2

**INDIANA – Medicaid**

Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

**IOWA – Medicaid and CHIP (Hawki)**

Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

**KANSAS – Medicaid**

Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

**KENTUCKY – Medicaid**

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

**LOUISIANA – Medicaid**

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

**MAINE – Medicaid**

Enrollment Website:
https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**

Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

**MINNESOTA – Medicaid**

Website: https://mn.gov/dhs/health-care-coverage/
Phone: 1-800-657-3672

| MISSOURI – Medicaid |
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| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |
| **MONTANA – Medicaid** |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084<br>Email: HHSHIPPProgram@mt.gov |
| **NEBRASKA – Medicaid** |
| Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |
| **NEVADA – Medicaid** |
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 |
| **NEW HAMPSHIRE – Medicaid** |
| Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218<br>Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov |
| **NEW JERSEY – Medicaid and CHIP** |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Phone: 1-800-356-1561<br>CHIP Premium Assistance Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 (TTY: 711) |
| **NEW YORK – Medicaid** |
| Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 |
| **NORTH DAKOTA – Medicaid** |
| Website: https://www.hhs.nd.gov/healthcare<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 |
| **OREGON – Medicaid and CHIP** |
| Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid and CHIP** |
| Website: https://www.pa.gov/en/services/dhs/apply-for- medicaid-health-insurance-premium-payment-program- hipp.html<br>Phone: 1-800-692-7462<br>CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)<br>CHIP Phone: 1-800-986-KIDS (5437) |

| RHODE ISLAND – Medicaid and CHIP |
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| Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 |
| **SOUTH DAKOTA - Medicaid** |
| Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **TEXAS – Medicaid** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Texas Health and Human Services<br>Phone: 1-800-440-0493 |
| **UTAH – Medicaid and CHIP** |
| Utah's Premium Partnership for Health Insurance (UPP)<br>Website: https://medicaid.utah.gov/upp/<br>Email: upp@utah.gov<br>Phone: 1-888-222-2542<br>Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah<br>Medicaid Buyout Program Website:<br>https://medicaid.utah.gov/buyout-program/<br>CHIP Website: https://chip.utah.gov/ |
| **VERMONT– Medicaid** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Department of Vermont Health Access<br>Phone: 1-800-250-8427 |
| **VIRGINIA – Medicaid and CHIP** |
| Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select<br>https://coverva.dmas.virginia.gov/learn/premium- assistance/health-insurance-premium-payment-hipp-programs<br>Medicaid/CHIP Phone: 1-800-432-5924 |
| **WASHINGTON – Medicaid** |
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 |
| **WEST VIRGINIA – Medicaid and CHIP** |
| Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **WISCONSIN – Medicaid and CHIP** |
| Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 |
| **WYOMING – Medicaid** |
| Website:<br>https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since March 17, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

## (Creditable Coverage Notice) Important Notice from Guest Services About Your Prescription Drug Coverage and Medicare For the Aetna Classic plan, Aetna HDHPs and Kaiser HMO plan

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Guest Services has determined that the prescription drug coverage offered by Express Scripts is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

**When Can You Join A Medicare Drug Plan?**
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**
If you decide to join a Medicare drug plan while enrolled in Guest Services coverage as an active employee, please note that your Guest Services coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Guest Services coverage as a former employee.

You may also choose to drop your Guest Services coverage. If you do decide to join a Medicare drug plan and drop your current Guest Services coverage, be aware that you and your dependents may not be able to get this coverage back.

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**
You should also know that if you drop or lose your current coverage with Guest Services and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

**For More Information About This Notice Or Your Current Prescription Drug Coverage...**
Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Guest Services changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

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

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

Date: October, 2026
Name of Entity/Sender: Guest Services, Inc.
Contact: Human Resources




This benefits guide covers only the highlights of Guest Services's benefit programs. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. Guest Services intends to continue these programs but reserves the right to change or end them at any time. Participation in the programs does not imply a contract of employment.