

TEAM MEMBER BENEFITS GUIDE

2021



Network PPO Plan


AYRES HOTELS

ELEVATE YOUR STAY

Welcome to Ayres Group!

This guide provides a summary of your benefit options and is designed to help you make choices and enroll in coverage. In the event that the information in this brochure should differ from the Plan Document, the Plan Document shall prevail.

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IMPORTANT INFORMATION

ACA

The Affordable Care Act (ACA)’s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Vermont or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay a penalty for the 2021 tax year – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Ayres Group or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

If you choose to purchase coverage through the marketplace, because Ayres Group’s medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.



For More Information

Go to www.healthcare.gov.

Annual Notices

Ayres Group’s plans are partially arranged by Ayres Group and governed by its plan rules and documents. Various state and federal laws require that employers provide disclosure and annual notices to their plan participants.

The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- Women’s Health and Cancer Rights Act (WHCRA)
- Newborns’ and Mothers’ Health Protection Act
- Special Enrollment Rights
- Medicaid & Children’s Health Insurance Program
- HIPAA Notice of Privacy Practices
- Summary of Benefits and Coverage (SBC)

Ayres Group distributes annual notices to new-hires, and each year during open enrollment. You may also request a copy by contacting the Human Resources Department .

ENROLLMENT INFORMATION

Who May Enroll

If you are a classified full-time Team Member working at least 32 hours per week, you and your eligible dependents may participate in Ayres Group's benefits program. A qualified dependent is defined below:

- **Qualified Spouse:** A lawful spouse of the Team Member who is not offered health coverage through his or her employer. If your Spouse is eligible for group health insurance through his or her employer, then he or she will not be eligible to obtain coverage under Ayres Group Medical Plan. Or if your Spouse is a business owner with 1 or more employees or contract workers your Spouse will be excluded from the Ayres Group Medical Plan.
- **Qualified Children:** The coverage for children will extend to age 26 (i.e. child is eligible through age 25). An eligible "child" is one who has a relationship with the Team Member (e.g. a son, daughter, stepson, or stepdaughter of the Team Member, a legally adopted child, a child who is placed with the Team Member for legal adoption, or a foster child).



**Benefits Plan Year:
July 1 - June 30**

The plan requires proof of dependence (i.e birth certificate, marriage license etc.) if you are enrolling a dependent for the very first time on plan. Please provide the appropriate documentation with your enrollment form to the Human Resource Department for verification within 30 days of requested enrollment.

When You Can Enroll

As an eligible Team Member, you may enroll at the following times:

- The eligible date for group benefits is the 1st of the month following or coinciding 60 days of employment or of a status change to full time classification
- During open enrollment effective July 1st.
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)

Changes To Enrollment

Our benefit plans are effective July 1st through June 30th. There is an annual open enrollment period each year, during which you can make new benefit elections for the following July 1st effective date. Once you make your benefit elections, you cannot change them throughout the year unless you experience a qualifying event as defined by the IRS.

Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a federal or state premium assistance program under Medicare, Medicaid, or CHIP

Coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. Please contact the Human Resources Department immediately following a qualifying event to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.



Online Carrier Resources

Take advantage of the online resources available through our insurance carriers. You can locate network providers, manage your claims, obtain health and wellness information, and much more! Insurance carrier website addresses are located on page 16 of this guide.

TEAM MEMBER MONTHLY CONTRIBUTIONS

Your Cost Per Month

This chart compares the monthly contributions for our Employee Benefit plans. Your cost for coverage will vary depending on the option and level of coverage you choose. Your Medical and Dental contributions are deducted before taxes are withheld which saves you tax dollars (Section 125). Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event. Team Members may opt out of the Section 125 plan and pay contributions with after tax dollars.

Medical

Coverage Tier*	Healthcomp/Anthem Network PPO	Coverage Tier	Healthcomp/Anthem Traditional PPO
Team Member Only	\$85.00	Team Member Only	\$588.50
Team Member + Spouse	\$470.00	Team Member + 1 Dep	\$1,100.00
Team Member + 1 Child	\$354.00	Team Member + Family	\$1,841.00
Team Member + 2 Child	\$624.00		
Team Member + Spouse + 1 Child	\$739.00		
Team Member + Spouse + 2 Child	\$1,009.00		

* Each additional child is +\$270

Dental

Coverage Tier	Guardian DHMO	Guardian PPO
Team Member Only	\$2.70	\$41.32
Team Member + 1 Dependent	\$14.14	\$94.24
Team Member + Family	\$27.46	\$189.98

Vision

Coverage Tier	Anthem Blue Cross / Guardian (VSP) PPO
Team Member & Dependents Enrolled in a Guardian Dental Plan	No Additional Cost for the Vision Discount Plan

The following benefits are provided to you at no charge and are paid by Ayres Group:

- Basic Life/AD&D for Team Member enrolled in an Ayres Medical plan
- Employee Assistance Program
- Travel Assistance Program

The following benefits are available to you at discounted group rates. Should you elect the below benefit, you will pay 100% of the cost:

- Basic Life/AD&D for Team Member NOT enrolled in an Ayres Medical plan: \$0.50 per month

BENEFITS

Ayres Group Medical Plans

Network PPO Medical Plan

With the Network Preferred Provider Organization (PPO) plan, you may self-refer to any physician within the Anthem Blue Cross Prudent Buyer PPO network. This plan requires that you only utilize doctors, clinics, and hospitals that belong to the network, except in the case of an emergency. If you choose to see a provider who is not part of the network, you will be required to pay the full cost for your care.

Traditional PPO Medical Plan

The Preferred Provider Organization (PPO) plan allows you to direct your own care. You are not limited to the physicians within the Anthem Blue Cross Prudent Buyer PPO network and you may self-refer to specialists. If you receive care from a physician who is a member of the network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.



Finding a Medical Provider

Go to www.anthem.com/ca or call (800) 274-7767. Network PPO and PPO participants should refer to the “Blue Cross PPO (Prudent Buyer) - Large Group” network when prompted.

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan’s benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC) posted on Ayres *PropelHR* website. This guide is designed to help you understand the medical plan options offered to you by Ayres Group. Please refer to the SBC and carrier contracts provided by Anthem Blue Cross for additional plan details.

This Team Member Benefits Guide 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 disagreement between this guide and the plan documents, the plan documents will govern.



BENEFITS

Ayres Group Medical Plans

Plan Name	Network PPO	Traditional PPO	
Network Name	Anthem Blue Cross (Prudent Buyer) - Large Group	Anthem Blue Cross (Prudent Buyer) - Large Group	Non-Network
Deductible (Annual) - Individual - Family	\$150 \$450	\$300 \$900	
Out-of-Pocket Maximum - Individual - Family	\$8,550 \$17,100	\$8,550 \$17,100	
Office Visit Copay - Preventive Care - LiveHealth Online - Primary Care Physician - Specialist Office Visit - Urgent Care	No Charge \$10 Copay \$20 Copay \$40 Copay \$20 Copay	No Charge \$10 Copay \$20 Copay \$40 Copay \$20 Copay	No Charge N/A Deductible, 30% Deductible, 30% Deductible, 30%
Hospitalization - Inpatient - Outpatient	Deductible, 20% Deductible, 20%	Deductible, 20% Deductible, 20%	Deductible, 30% Deductible, 30%
Lab and X-Ray - Diagnostic - Complex	\$10 Copay Deductible, 20%	Deductible, 20% Deductible, 20%	Deductible, 30% Deductible, 30%
Emergency Services	\$100 Copay + 20%, Deductible	\$100 Copay + 20%, Deductible	
Mental Health/Substance Abuse - Inpatient - Outpatient (Group Therapy)	Deductible, 20% \$20 Copay	Deductible, 20% \$20 Copay	Deductible, 30% Deductible, 30%
Ambulance	\$100 Copay, per Trip	\$100 Copay, per Trip	\$100 Copay + 30%, per trip
Annual Vision Care	\$20 Copay (Max Benefit of \$100)	\$20 Copay (Max Benefit of \$100)	
Durable Medical Equipment	Deductible, 20%	Deductible, 20%	Deductible, 30%
Physical, Occupational, Speech Therapy	\$20 Copay Max 25 Visits/Year	\$20 Copay Max 25 Visits/Year	Deductible, 30%
Pharmacy Benefits			
Retail & Mail Order - Generic Formulary - Brand Name Formulary - Non-Formulary - Supply Limit	30% (\$5 Min/\$20 Max) 30% 30% + \$20 Copay 30 Days Retail 90 Days Mail Order	30% (\$5 Min/\$20 Max) 30% 30% + \$20 Copay 30 Days Retail 90 Days Mail Order	Not Covered Not Covered Not Covered Not Covered N/A
Specialty Rx - Generic - Brand Name - Non-Formulary	30% 30% + \$25 Copay 30% + \$50 Copay	30% 30% + \$25 Copay 30% + \$50 Copay	Not Covered

BENEFITS

Ayres Group Medical Plans

Tips for Using Your Medical Benefits



1 Understand the Explanation of Benefits (EOB) Statement if you are enrolled in a PPO option.

If you enroll in one of the Ayres Group medical plan options, you will receive an Explanation of Benefits (EOB) document after you or a covered family member receives healthcare services. EOBs provide necessary details about claim payment information including your responsibility amount. An EOB is NOT a bill. It is to help you understand how your claim was processed. The EOB is a statement detailing your medical benefits account activity.

To view your current or past EOBs online, visit www.healthcomp.com. Click on “Members” and “HCOOnline”. Enter your SSN (no dashes) in the Username field. Then enter your birthdate as (YYYYMMDD) in the Password field. For example, if your birthdate is January 5, 1962 you would enter 19620105.

2 Use urgent care centers versus hospital emergency rooms whenever possible.

Frequently, patients seek the services of the hospital emergency department for ailments or injuries that could be treated more economically, and just as effectively, at an urgent care center. It is not always easy to determine when you should choose urgent care over the hospital emergency department. The following lists offer some guidance, but are not necessarily all-inclusive.

 Examples of URGENT CARE situations	 Examples of EMERGENCY situations
<p>Any illness or injury that would prompt you to see your primary care physician including but not limited to:</p> <ul style="list-style-type: none"> • Accidents and falls • Sprains • Back problems • Breathing difficulties • Abdominal pain • Minor bleeding/cuts • High fever • Vomiting, diarrhea or dehydration • Severe sore throat or cough • Mild to moderate asthma 	<p>Any accident or illness that may lead to loss of life or limb, serious medical complication or permanent disability including but not limited to:</p> <ul style="list-style-type: none"> • Chest pain* • Seizures • Shock • No pulse • Unconscious or catatonic state • Sudden dizziness, loss of coordination or balance • Severe abdominal pain • Severe or uncontrollable bleeding • Broken bones or compound fractures • Severe difficulty breathing or shortness of breath • Spinal cord or back injury • Severe burns • Major head injuries • Ingestion of poisons or obstructive objects • Animal, snake or human bites

*If you believe you may be experiencing a heart attack, call 911 immediately! Do not drive yourself to the emergency room!

3 Use generic and over the counter drugs when available.

The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.

4 Use the mail-order prescription drug benefit for maintenance medications.

The mail order pharmacy is a fast, easy and convenient way to save time and money on your maintenance medications. You can order additional supplies of medication at a discount. See carrier provisions for details.

BENEFITS

Tips for Using Your Medical and Pharmacy Benefits

5 Utilize your preventive care benefits to stay healthy at no cost to the participant.

In order to receive the full value of your plan, schedule your preventive care exams! Our plans cover these exams 100% when you use in-network providers. Preventive exams can help identify any potential health problems early on. Not all preventive care is recommended for everyone, so talk with your doctor to decide which services are right for you and your family. Preventive care services include, but are not limited to the services listed below.



Females

- Pap tests
- Mammograms
- Annual physicals
- Flu shots
- FDA-approved contraception
- Immunizations
- Colonoscopy
- Blood pressure checks
- Cholesterol (total and HDL)
- Diabetes mellitus: baseline for high-risk individuals



Males

- Colonoscopy
- Prostate cancer screening
- Annual physicals
- Flu shots
- Immunizations
- Blood pressure checks
- Cholesterol (total and HDL)
- Diabetes mellitus: baseline for high-risk individuals



Children

- Well-baby care
- Annual physicals
- Flu shots
- Immunizations
- Medical/family history and physical exam
- Blood pressure checks
- Vision screening

The care you need—when you need it

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now you don't have to. Anthem Blue Cross let's you see and talk to a doctor or nurse from your mobile device or computer without an appointment.



Video Appointments via LiveHealth Online:

With just a few simple steps, you'll be ready to see your doctor—without a trip to the doctor's office.

Signing up is quick, easy, and free to do. Be sure to enter your insurance information since LiveHealth Online is a covered benefit under our Anthem plans.

Getting Started:

Go to www.livehealthonline.com.

Telemedicine via your PCP or Specialist:

Some of your primary care physician, specialist, pediatrician or medical groups may be offering telephone or virtual consultation. Should you need to talk to your provider, call to inquire if they offer virtual consultation. This will save you a trip to the medical office.

Regular office visit copays apply per Ayres medical plan design



Educational Video

Click here to watch a quick video to learn the basics of how our medical plans work.

Deductibles, Copays, Coinsurance, and Out-of-Pocket Maximums

<http://video.burnhambenefits.com/terms/>

BENEFITS

Dental Insurance

Guardian | DHMO Dental Plan

With the Dental Health Maintenance Organization (DHMO) plan through Guardian, you are required to select a general dentist to provide your dental care. You will contact your general dentist for all of your dental needs, such as routine check-ups and emergency situations. If specialty care is needed, your general dentist will provide the necessary referral. For covered procedures, you'll pay the pre-set copay or coinsurance fee described in your DHMO Plan Schedule. Please keep a copy of the Guardian 55G plan schedule when utilizing this plan. This will show the applicable copays that apply to all of the dental services that are covered under this plan. The schedule can be downloaded from the company electronic site. At this time, please note there are no DHMO providers near Paso Robles location.

Guardian | PPO Dental Plan

With the Guardian Preferred Provider Organization (PPO) dental plan, you may visit a DentalGuard Alliance network dentist, a DentalGuard Preferred network dentist, or a non-network dentist. The Alliance network includes a smaller more selective group of dental care providers who have agreed to provide a greater savings to you. If you cannot locate a dentist of your liking under the Alliance network, you may chose a dentist under Preferred network, which will still provide an average savings of 30%. If you obtain services using a non-network dentist, you will incur much higher out-of-pocket expenses and you may be responsible for filing claims.

Plan Name	Guardian DHMO Plan	Guardian PPO Plan		
Network Name	DHMO/MDG/Pre-Paid	DentalGuard Alliance	DentalGuard Preferred	Non-Network
Dental Benefits				
Calendar Year Maximum	Unlimited	\$1,500		
Deductible (Annual)				
- Individual	\$0	\$50	\$50	\$50
- Family	\$0	3 Per Family	3 Per Family	3 Per Family
Preventive (Plan Pays) Exams, X-Rays, Cleanings	100% for Most Services	No Charge	No Charge	Deductible, 10%
Basic Services (Plan Pays) Fillings, Oral Surgery, Endodontics, Periodontics	See Plan Schedule	Deductible, 10%	Deductible, 10%	Deductible, 30%
Major Services (Plan Pays) Crowns, Prosthetics	See Plan Schedule	Deductible, 40%	Deductible, 40%	Deductible, 60%
Orthodontia				
- Covered Members	Children & Adults	Children & Adults		
- Copay	\$1,975 Child / \$2,175 Adult	N/A		
- Coinsurance	N/A	Deductible, 50%		
- Lifetime Benefit Maximum	N/A	\$1,000		



Finding a Dental Provider

Go to www.guardiananytime.com or call (800) 273-3330 for DHMO or (888) 600-1600 for PPO. DHMO participants should refer to the "Managed Dental Care" network and PPO participants should refer to the "DentalGuard Alliance" or the "DentalGuard Preferred" network when prompted.

Managed DentalGuard

Plan Schedule – 55G

MDG Codes ++	Covered Services	Patient Charges	MDG Codes ++	Covered Services	Patient Charges
Appointments & Diagnostic Services			Crown, Bridge & Other Cast Restorations		
0101*	Office visit - during regular hours - participating general dentist only	NO CHARGE	2510	Inlay - metallic - one surface**	\$100.00
0102	Broken appointment (without 24 hours notice)	\$25.00	2520/6520	Inlay - metallic - two surfaces**	\$130.00
0120/0140/0150	Oral evaluation	NO CHARGE	2530/6530	Inlay - metallic - three or more surfaces**	\$130.00
0460	Pulp vitality tests	NO CHARGE	2543/6543	Onlay - metallic - three surfaces**	\$140.00
0470	Diagnostic casts	NO CHARGE	2544/6544	Onlay - metallic - four or more surfaces**	\$145.00
9310	Consultation (by dentist other than practitioner providing treatment)	NO CHARGE	2702	Crown supporting existing partial denture, in addition to crown	\$125.00
9430	Office visit for observation - regular hours - no other service performed	NO CHARGE	2703	Multiple crown and bridge unit treatment plan - per unit	\$125.00
9440	Emergency office visit - after regularly scheduled office hours	\$50.00	2740	Crown - porcelain/ceramic substrate	\$175.00
Radiographs			2750 - 2752	Crown - porcelain fused to metal**	\$180.00
0210	Intraoral - complete series (including bitewings)	NO CHARGE	2790 - 2792	Crown - full cast metal**	\$160.00
0220/0230/0240	Intraoral - periapical or occlusal - single film	NO CHARGE	2810/6780	Crown - 3/4 cast metallic**	\$170.00
0270/0272/0274	Bitewings	NO CHARGE	6210 - 6212	Pontic - cast metal**	\$160.00
0330	Panoramic film	NO CHARGE	6240 - 6242	Pontic - porcelain fused to metal**	\$180.00
Preventive & Space Maintenance			6750 - 6752	Crown - abutment - porcelain fused to metal**	\$180.00
1110/1120	Prophylaxis	NO CHARGE	6790 - 6792	Crown - abutment - full cast metal**	\$150.00
1201/1203	Topical application of fluoride (may include prophylaxis) - child	NO CHARGE	Other Restorative Services		
1310	Nutritional counseling for control of dental disease	NO CHARGE	2910/2920/6930	Recement inlay, crown, bridge	\$5.00
1330	Oral hygiene instruction	NO CHARGE	2930/2931	Prefabricated stainless steel crown	\$15.00
1351	Sealant - per tooth	\$5.00	2932	Prefabricated resin crown	\$40.00
1510	Space maintainer - fixed - unilateral	\$30.00	2940	Sedative filling	\$5.00
1515	Space maintainer - fixed - bilateral	\$55.00	2950/6973	Core buildup, including any pins	\$35.00
1550	Recementation of space maintainer	\$5.00	2951	Pin retention - per tooth, in addition to restoration	NO CHARGE
Restorative			2952/6970	Cast post & core	\$50.00
2110	Amalgam - one surface - primary	NO CHARGE	2954/6972	Prefabricated post & core	\$40.00
2120	Amalgam - two surfaces - primary	\$5.00	2960	Labial veneer (laminare) – chairside	\$70.00
2130	Amalgam - three surfaces - primary	\$10.00	Endodontics		
2131	Amalgam - four or more surfaces - primary	\$10.00	3110/3120	Pulp cap	\$5.00
2140	Amalgam - one surface - permanent	\$5.00	3220	Therapeutic pulpotomy	\$15.00
2150	Amalgam - two surfaces - permanent	\$5.00	3310	Root canal – anterior	\$75.00
2160	Amalgam - three surfaces - permanent	\$10.00	3320	Root canal – bicuspid	\$85.00
2161	Amalgam - four or more surfaces - permanent	\$10.00	3330	Root canal – molar	\$150.00
2210	Silicate cement - per restoration	\$10.00	3346	Root canal - retreatment – anterior	\$90.00
2330	Resin/composite - one surface, anterior	\$15.00	3347	Root canal - retreatment – bicuspid	\$100.00
2331	Resin/composite - two surfaces, anterior	\$20.00	3348	Root canal - retreatment - molar	\$170.00
2332	Resin/composite - three surfaces, anterior	\$20.00	3410	Apicoectomy/periradicular surgery - anterior	\$100.00
2335	Resin/composite - four or more surfaces or incisal angle, anterior	\$25.00	3421	Apicoectomy/periradicular surgery - bicuspid - first root	\$100.00
2336	Composite resin crown, anterior - primary	\$20.00	3425	Apicoectomy/periradicular surgery – molar - first root	\$110.00
2380	Resin/composite - one surface, posterior - primary	\$15.00	3426	Apicoectomy/periradicular surgery – each additional root	\$45.00
2381	Resin/composite - two surfaces, posterior - primary	\$20.00	3430	Retrograde filling - per root	\$15.00
2382	Resin/composite - three or more surfaces, posterior - primary	\$25.00	Periodontics		
2385	Resin/composite - one surface, posterior - permanent	\$15.00	4210	Gingivectomy or gingivoplasty - per quadrant	\$75.00
2386	Resin/composite - two surfaces, posterior - permanent	\$25.00	4211	Gingivectomy or gingivoplasty - per tooth	\$25.00
2387	Resin/composite - three or more surfaces, posterior – permanent	\$30.00	4240	Gingival flap procedure - including root planing - per quadrant	\$130.00
			4249	Clinical crown lengthening - hard tissue	\$105.00
			4260	Osseous surgery - including flap entry, closure - per quadrant - five to eight teeth	\$195.00
			4261	Osseous surgery - including flap entry, closure - per quadrant - one to four teeth	\$120.00

Managed DentalGuard
Plan Schedule – 55G

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MDG Codes ++	Covered Services	Patient Charges	MDG Codes ++	Covered Services	Patient Charges
	Periodontics (cont.)			Oral Surgery (cont.)	
4270	Pedicle soft tissue graft procedure	\$125.00	7320	Alveoplasty not in conjunction with extractions - per quadrant	\$40.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$140.00	7450	Removal of odontogenic cyst/tumor – up to 1.25cm	\$50.00
4341	Periodontal scaling & root planing – per quadrant	\$30.00	7451	Removal of odontogenic cyst/tumor – over 1.25cm	\$100.00
4355	Full mouth debridement to enable evaluation & diagnosis	\$15.00	7470	Removal of exostosis - maxilla or mandible	\$75.00
4910	Periodontal maintenance procedures (following active therapy)	\$15.00	7510	Incision & drainage of intraoral abscess	\$20.00
4920	Unscheduled dressing change (by other than treating dentist)	NO CHARGE	7960	Frenulectomy (separate procedure)	\$50.00
9951	Occlusal adjustment - limited - per visit	\$10.00		Orthodontic Treatment (covers 24 months active treatment)	
	Prosthodontics (Removable)		8601	Orthodontic evaluation and consultation	\$100.00
5110/5120	Complete denture (including routine post delivery care)	\$190.00	8602	Orthodontic treatment plan and records, including x-rays, study models and photos	\$150.00
5130/5140	Immediate denture (including routine post delivery care)	\$190.00	8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; dependent child to age 18 (as determined by the Member's age on the date of banding)	\$1975.00
5211/5212	Resin base - including clasps, rests, teeth	\$155.00	8070/8080/8090	Comprehensive orthodontic treatment, including fabrication and insertion of fixed banding appliance and periodic visits, up to 24 months; employee, spouse, or dependent child over age 18 (as determined by the Member's age on the date of banding)	\$2175.00
5213/5214	Cast metal framework with resin base - including clasps, rests, teeth	\$220.00	8670	Periodic comprehensive orthodontic treatment visit	NO CHARGE
	Repairs & adjustments:		8680	Orthodontic retention	\$300.00
5410/11/21/22	Denture adjustments	\$10.00		Miscellaneous Services	
5510/5610	Repair denture base	\$10.00	9110	Palliative (emergency) treatment - per visit	NO CHARGE
5520/5640	Replace missing or broken teeth – per tooth	\$10.00	9215	Local anesthesia	NO CHARGE
5630	Repair or replace clasp	\$15.00			
5650	Add tooth to existing partial	\$15.00			
5660	Add clasp to existing partial	\$15.00			
5710/11/20/21	Rebase denture	\$45.00			
5730/31/40/41	Reline denture (chairside)	\$20.00			
5750/51/60/61	Reline denture (laboratory)	\$35.00			
5820/5821	Interim partial denture (stayplate)	\$80.00			
5850/5851	Tissue conditioning	\$10.00			
	Oral Surgery				
7110/7120	Extraction - single tooth	\$5.00			
7130	Root removal - exposed roots	\$10.00			
7210	Surgical removal of erupted tooth	\$30.00			
7220	Removal of impacted tooth - soft tissue	\$45.00			
7230	Removal of impacted tooth - partially bony	\$60.00			
7240	Removal of impacted tooth - completely bony	\$70.00			
7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$75.00			
7250	Surgical removal of residual tooth roots (cutting procedure)	\$35.00			
7270	Tooth reimplantation and/or stabilization of accidentally evulsed tooth	\$55.00			
7280	Surgical exposure of impacted or unerupted tooth for orthodontic reasons	\$80.00			
7281	Surgical exposure of impacted or unerupted tooth to aid eruption	\$55.00			
7285	Biopsy of oral tissue - hard	\$35.00			
7286	Biopsy of oral tissue - soft	\$35.00			
7310	Alveoplasty in conjunction with extractions - per quadrant	\$30.00			

- ++ Covered Services are subject to exclusions, limitations and Plan provisions.
Other codes may be used to describe Covered Services.
*** If high noble metal is used, there will be an additional patient charge for the actual cost of the high noble metal.
▪ Plan Schedules are only Valid for Covered Services rendered by Participating Dentists in the State of California.

BENEFITS

Tips for Using Your Dental Benefits

1 Understand your plan.

Understanding your dental plan's benefits, including how copays, deductibles, and calendar year maximum benefits work, is key to getting the most value from your plan and avoiding surprises. By registering at www.guardiananytime.com you are able to review the plan benefits along with the option of printing your ID card.

2 Take advantage of preventive services offered by the plan.

The least expensive way to maintain good oral health is to go to your dentist at least twice each year for an exam and cleaning. Regular dentist visits can help prevent serious health problems such as oral diseases and cancers, and going to the dentist is more affordable in the long run for those who are insured and take advantage of every service.

Both the DHMO and the PPO plans cover most preventive services at no charge to you. As an added bonus, the annual deductible is waived for preventive services on the PPO dental plan.

3 Use contracted dental providers.

With the DHMO plan, you must visit your selected network dentist for treatment. If you visit another dentist, even if that dentist participates in the network, your visit won't be covered. Under the PPO plan, you have the flexibility to visit any licensed dentist in the network, however, contracted network providers have a rate agreement with the insurance company for services rendered. If you use a non-network provider, your out-of-pocket expenses will be higher and you may be subject to balance billing.

4 Ask for a predetermination of benefits.

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

5 Know your plan's limits.

The PPO dental plan includes an \$1,500 calendar year maximum for dental benefits and a \$1,000 lifetime maximum for orthodontia services for each member of your family. A calendar year maximum benefit is the total maximum amount the plan will pay per year for dental benefits. This amount renews at the beginning of each calendar year. If you do not use this amount, it doesn't roll-over.

In addition to the calendar year maximum, the DHMO and PPO plans limit the number of cleanings to twice per year. Other limitations may apply. If you are unsure, ask your dentist to verify for you.

6 Schedule your procedures to make the most of your dental coverage.

As part of dental planning, you should consult with your dentist and, if possible, delay non-urgent procedures that would push your out-of-pocket costs over your plan's calendar year maximum benefit. If possible, plan your procedures in such a way that your annual maximum renews itself in between stages.

7 Discuss alternative procedures when necessary.

By letting your dentist know that cost is an issue, he or she may be able to suggest alternative treatments that are less expensive but just as effective.

BENEFITS

Vision Insurance

Vision Examinations are Covered under Medical Insurance

Ophthalmologist Visits

If you are seeking benefits through an Ophthalmologist (a medical eye doctor who treats medically-related eye diseases and typically doesn't prescribe eyewear), you will be required to access benefits through your medical coverage with Anthem Blue Cross at the specialist office visit copay of \$40.

Optometrist Visits

Optometrist visits (eye doctors who perform refractive eye exams and prescribe eyewear) are covered under the annual eye exam benefit in Ayres medical plan. You may see any optometrist of your choice. The plan will reimburse you up to \$100 per calendar year, less your \$20 office visit copay. For example, if you visit an optometrist that charges \$100 for an eye exam, HealthComp will reimburse you for the visit cost, less \$20 therefore you will receive a check for \$80. Reimbursement is not automatic, you will need to file a claim with HealthComp.

Guardian (VSP) | Vision Discount Plan

If you are enrolled in Dental insurance through Guardian, the Vision Discount Plan, administered by HealthComp, is offered to you at no additional cost. The discounts offered are only available through the Guardian VSP Access network. You must pay the entire discounted fee directly to the VSP network doctor. Discounts are only available from Guardian VSP's Access network providers.

Plan Name	Anthem Blue Cross / Guardian (VSP) Vision Discount Plan
Network Name	VSP Access
Vision Benefits	
Examinations (<i>follow up visit, contact lens fitting</i>)	20% discount off the VSP doctor's usual charge
Frames, Standard Lenses and Lens Options	20% discount off the VSP doctor's usual charge when a complete pair of prescription glasses are purchased
Contact Lens Professional Services	20% discount off the VSP doctor's usual charge for professional services Please note that contact lenses are not discounted
Laser Vision Correction	Average 20% discount off surgeon's usual charge, or 5% off of any promotional price if it is less than the usual discounted price



Finding a Vision Provider

- **Ophthalmologist:** Use your medical benefits through Anthem Blue Cross www.anthem.com/ca or call (800) 274-7767. Refer to the "Blue Cross PPO (Prudent Buyer) - Large Group" network when prompted.
- **Optometrist:** Go to any optometrist or you may locate a VSP Access network doctor at www.guardiananytime.com or by calling (877) 814-8970.

ID Cards are not Needed for Vision Discounts

At the time of service, simply notify your Guardian VSP network doctor that you are a member of Guardian VSP Access plan to receive your discount.

BENEFITS

Flexible Spending Accounts

FSA Plan Year: July 1 - June 30

You can set aside money in Flexible Spending Accounts (FSA) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. HealthComp's claims paying system and their flexible benefit system are integrated. When a medical claim is fully or partially unpaid, HealthComp's claims system will automatically check the your FSA account and if the claim is eligible to be reimbursed, it will pay out of that account. You will need to designate this option on the FSA enrollment form. Since HealthComp does not administer the dental or vision plan for Ayres, you will be responsible for submitting a physical claim to HealthComp. When submitting physical claims, you must complete a form and attached the appropriate receipts. In addition, there is a \$20 required minimum dollar. Any claim submitted that is less than \$20 will be processed and pending until the minimum is met.

HealthComp | Health Care FSA

This plan is used to pay for expenses not covered under your health plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may defer up to \$2,750 pre-tax per year.

Eligible health care expenses include:



Coinsurance,
Copays and
Deductibles



Medical and
Prescriptions



Dental
and
Orthodontia



Eye Exams,
Eyeglasses and
Lasik Eye
Surgery

HealthComp | Dependent Care FSA

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. Employees may defer up to \$5,000 pre-tax per year.

Eligible dependent care expenses include:



Licensed nursery schools,
qualified childcare centers, after
school programs, summer camps
(under age 13), preschool



Adult daycare facilities



Important FSA Rules

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Your FSA elections will expire each year on December 31st. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

Health Care FSA

The Healthcare FSA includes a 2.5 month grace period. You can incur claims through September 20th of the plan year and must file claims by September 30th of the plan year.

After the grace period, unused funds will be forfeited. Use it or lose it.

Dependent Care FSA

Unused funds will NOT be returned to you or carried over to the following year. You must file claims by June 30th of the plan year.



Educational Video

Click here to learn more about how our Health Care and Dependent Care FSAs work.

Flexible Spending Accounts
<http://video.burnhambenefits.com/fsa/>

BENEFITS

Travel Assistance Program

Mutual of Omaha | Worldwide Travel Assistance

When you chose life insurance, Worldwide Travel Assistance is a service arranged by AXA Assistance USA to provide a resource for all your traveling needs. It provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may have when you travel. It also offers pre-trip assistance and information from passport/visa requirements, foreign currency, and weather. Worldwide Travel Assistance is available 24 hours, 7 days a week, 365 days of the year. When you need help, AXA Assistance USA and a trained professional can assist and serve your needs.

Available Services include destination information, emergency travel arrangements, lost/stolen travel documents, legal referrals, emergency messages, emergency pet services, medical evacuation, family member transportation, child transportation, transportation after stabilization, repatriation, medical and dental referrals, treatment monitoring, hospital payment, insurance information transfer, medication, vaccine or blood delivery, recovery arrangements, missing baggage assistance.



Accessing Travel Assistance Services

Go to www.mutualofomaha.com, access your downloadable benefit card on-line, select "Worldwide Travel Assistance " or call AXA Assistance USA at (800) 856-9947 or (312) 935-3658.

Retirement Savings

Ayres Group | 401(k) Savings and Investment Plan

You are encouraged to participate in Ayres Group's 401(k) plan. This plan allows you to fund for your retirement with pre-tax or after tax dollars.

Eligibility

Eligible team members may join the plan when the following requirements are met:

- ⇒ 21 years of age
- ⇒ 1,000 hours of service
- ⇒ 12 months consecutive service

Entry Dates

January 1, July 1

Employer Contribution

The plan allows Ayres to make a discretionary matching contribution in an amount to be determined by Ayres on an annual basis.

Vesting

Your contributions are always 100% vested. Your employer's contributions are vested as follows:

Vesting Schedule

Year of Service	Percentage Vested
1	0%
2	20%
3	40%
4	60%
5	80%
6+	100%

401(k) IRS Maximums

2021

2022

Elective Deferral

\$19,500

Indexed for Inflation

Catch-Up for Team Members Age 50+

\$6,500

Indexed for Inflation

See your Summary Plan Description for more details about taking a distribution from the Plan. Be sure to talk with your tax advisor before taking a distribution of any money from your Plan account.



Accessing Your 401(K) Account

Go to www.ayresgroup401k.com. Refer to plan/group number G38412.

BENEFITS

Life/AD&D Insurance

Mutual of Omaha | Basic Life/AD&D

It's never fun to discuss life insurance. But you probably know that life insurance is something that you need to protect your loved ones in the event of your death. Things like funeral expenses, debt, and the cost of living, can all add up. Fortunately, life insurance can help lessen the financial burden and provide coverage to help pay for these types of expenses.

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company.

Accidental Death and Dismemberment (AD&D) coverage provides an additional benefit to your beneficiary if your death is due to a covered accident or injury.

Life benefits will reduce by certain percentages as you age, and will terminate when you leave the company or retire.

Basic Life/AD&D

\$20,000 provided you are enrolled in the Ayres Group Medical Plan, Team Members not enrolled in the Ayres Group Medical Plan may purchase life insurance separately.



Choosing a Beneficiary

A beneficiary is a person or entity who you designate to receive your death benefits. Choosing a beneficiary and keeping your beneficiary up-to-date is an essential part of owning life insurance. Please remember to review your beneficiary designation as new situations arise, such as the birth or adoption of a child, marriage, or divorce. You may call the Human Resources Department for a copy of the Beneficiary Designation Form as needed.

Employee Assistance Program

Mutual of Omaha | Life Assistance

When you choose life insurance, Employee Assistance Program (EAP) through Mutual of Omaha provides you and your household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities and obligations. Services are available by a Mutual of Omaha provider 24 hours a day, 7 days a week via a toll-free nationwide number.



For More Information

Go to www.mutualofomaha.com/eap or call (800) 316-2796 for more details.



BENEFITS

Banking

Orange County's Credit Union | Checking, Savings, & Loans

Orange County's Credit Union is a Nonprofit organization community-chartered credit union in California serving Team Members living or working in Orange and Riverside counties, Long Beach, Signal Hill, Lakewood and Cerritos. OCCU provides a broad range of banking products and services like checking, savings, loans, and investments for every season of life. New participants are eligible for \$50 bonus deposit from OC Credit Union when you open a checking account with free e-statements, Debit MasterCard, and Direct Deposit. Plus the monthly service fee is waived for Direct Deposit. With over 29,500 surcharge-free CO-OP ATMs nationwide, banking has never been simpler with OCCU.



For More Information

Go to www.orangecountyscu.org, or call (888) 354-6228 for more details

Continuing Education

California Baptist University | Higher Education

The corporate partnership program with CBU, allows Team Members to access CBU's wide range of 40 different bachelor's, 45 master's and credential emphasis at their campus in Riverside, San Bernardino, and online. Financial aid available for those who qualify and credits can be transferred. The corporate partnership program offers 10% tuition scholarship for Team Members who enroll in the school.



For More Information

Go to www.cbuonline.edu or call (951) 343-3927 for more details.

Ayres Cares

Benefits and Scholarship Fund

The Well Being of our Team Members and their families is very important to Ayres. It is our hope, that we can expand our Ayres Cares to an ongoing successful program that will be beneficial to our Team Members in the years to come.

Scholarship Fund

Scholarships are available for Ayres Hotels/Group Team Members in good standing and children or legal ward(s) of Team Members in good standing who have a sincere desire to further their education. We offer three types of scholarships: one for applicants pursuing degrees in hospitality, business, finance, accounting or economics; one for applicants pursuing degrees in any other field; and one for applicants chosen at the discretion of the committee.



For More Information

For more information about Ayres Cares and our benefits, go to www.ayrescares.com.

Employee Discounts

Fun Express | Discount Tickets

Fun Express is California's largest provider of discount entertainment programs. Fun Express has discount tickets to 50+ Southern California attractions including, Universal Studios, Knott's Berry Farm, SeaWorld, Legoland, Dinner Shows, Movie Theatres, Water Parks, and much more! As a Team Member, you and your family are now eligible to save up to 55% on Southern California's best family entertainment. You can order discount tickets immediately by registering as a Team Member with your Team Member Access Code (EAC) provided above. Simply go to FunEx.com and click "Register". Fun Express has a processing fee of \$4 per attraction (not per ticket). Go to www.funex.com, and enter access code (EAC) "16-58430" or call (949) 367-1900 for orders by phone.

RESOURCES AND CONTACTS

Benefit	Group Number/ID	Member Services	Website
HealthComp / Anthem Blue Cross Medical, Flexible Spending Accounts			
Medical Anthem Network PPO Plan	278572M003 (CA) 278572M004 (Non-CA)	Anthem Blue Cross P.O. Box 60007 Los Angeles, CA 90060-0007 (800) 274-7767	www.anthem.com/ca
Medical Anthem PPO Plan	278572M001 (CA) 278572M002 (Non-CA)		
Medical HealthComp Explanation of Benefits	A85	HealthComp P.O. Box 45018 Fresno, CA 93718-5018 (800) 442-7247	www.healthcomp.com
Prescription Drugs RxBenefits	Rx Bin: 610014 Rx Group: RXBAYGR	(800) 334-8134	www.express-scripts.com
Flexible Spending Accounts HealthComp	Ayres Group	(800) 442-7247	www.healthcomp.com
Guardian Dental, Vision, Life/AD&D and Additional Benefits			
DHMO Dental	426864	(800) 273-3330	www.guardiananytime.com
DPPO Dental Alliance/Preferred	426864	(888) 600-1600	
VSP Vision Network Discount	Ayres Group	(877) 814-8970	www.guardiananytime.com
Basic Life/AD&D	Ayres Group	(800) 493-6902	www.mutualofomaha.com
Employee Assistance Program	Ayres Group	(800) 316-2796	www.mutualofomaha.com/eap
Travel Assistance Program Worldwide Travel Assistance	Ayres Group	(312) 935-3658 (800) 856-9947	www.mutualofomaha.com
One America 401(k) Savings and Investment Plan			
401(k) One America	G38412	One American Square Indianapolis, IN 46206-0368 English & Spanish Line (800) 249-6269	www.ayresgroup401k.com
Investment Consultant Raymond James & Associates		Ty G. Rogers (949) 447-2102	Ty.Rogers@RaymondJames.com
Miscellaneous Benefits			
Banking Orange County Credit Union	N/A	(888) 287-9475	www.orangecountycu.org
Entertainment Card Fun Express	N/A	(949) 367-1900	www.funex.com
Continuing Education California Baptist University	N/A	(951) 343-3927	www.cbuonline.edu
Ayres Cares	N/A	N/A	www.ayrescares.com
Ayres Group Human Resources	N/A	(714) 850-0409, ext 105 (714) 549-4459 (Fax)	www.ayreshr.com
Insurance Broker Burnham Benefits	Ayres Group	(800) 391-6812	Gedalanga@burnhambenefits.com

RESOURCES AND CONTACTS

Burnham Advocate

(800) 391-6812

The Burnham Advocate toll-free customer service help-line can provide assistance with insurance related issues when you are unable to resolve them directly with the insurance carriers. With the Burnham Advocate help-line, you will receive fast, skilled assistance with Medical, Dental and Vision provider issues, referral assistance, and claims management.

Simply call the Burnham Advocate help-line at (800) 391-6812. You will be asked to fill out a Service Resolution Form to start the process of researching your question. Simply filled out the form to open a resolution ticket for your issue. The form can be used for more complicated questions, claims issues, and/or bills from providers. A Burnham representative will work as your insurance advocate, researching and resolving problems quickly and effectively.



Ayres Team Member Website

With the Ayres Team Member website through PropelHR, Team Members can now enroll, change, and access benefit documents. Once you log in, go to *“My Benefits”* and click on *“Enrollment”*. You will have the option to enroll or change as *“New Employee Enrollment”*, *“Open Enrollment”*, or *“Life Change Event”*. After selection click on *“Proceed to the next step”* to follow the prompts for each benefit to enroll or change coverage tiers.

To access documents, go to *“My Company”* and click on *“Documents”*. All benefits information are posted under the Benefits category. Documents posted such as the Summary of Benefits and Coverage (SBC), Annual Notices, Plan Document, Benefits Guide and Claim Forms are all downloadable at anytime. From work or home, 24 hours a day, 7 days a week, you may access the Ayres Team Member website.



To Access our Intranet

Go to Ayres PropelHR at www.ayreshr.com. Login with Username and Password. If you do not have your username, please contact your direct Supervisor or Human Resources at (714) 850-0409 ext 105 for assistance.



Notes

This Employee Benefits Guide 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 disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide 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 the Human Resources Department.