

2024 Benefits Guide



WELCOME

to your *Clayton* BENEFITS

We strive to offer a comprehensive benefits package that **enhances the health and wellbeing for you and your family and ensures you have access to the best healthcare providers and medical services.**

As part of your medical plan enrollment, you receive exclusive access to Garner's Top Provider search tool that identifies high-quality in-network providers who have a track record of producing excellent patient outcomes and reviews. **Garner empowers you to make an informed decision on who is the best care team for your unique medical needs.** As an added benefit, when you visit Garner approved providers, your out-of-pocket costs that qualify will be reimbursed, **up to \$3,000 for family and \$1,500 for individual plans!**

Our medical plans are designed to be **SIMPLE**. **You will only pay a copay (flat fee) for in-network care and services with no deductibles or co-insurance, helping eliminate surprise medical bills.** This will help you plan and budget for out-of-pocket costs, making it even easier to get the care you need!

To assist those who take medications for chronic conditions, over 100 prescription drugs are covered at no cost! Review the 2024 free prescription drug list on pages 15 & 16.

YOUR

benefits at a *glance*

MEDICAL



TOP PROVIDER DIRECTORY

garner

DIABETES REVERSAL



PHARMACY



TELEHEALTH



VOLUNTARY INSURANCE



HEALTH CARE & DEPENDENT FSA



DENTAL



VISION



LIFE INSURANCE & LTD



SHORT TERM DISABILITY

AbsenceOne™

PAID PARENTAL LEAVE



IDENTITY THEFT PROTECTION



401(K)



ADDITIONAL SUPPORT



new for 2024

garner

INCREASED GARNER COPAY REIMBURSEMENTS

Feel confident you and your family are visiting top-notch medical providers that are in-network and have availability to see you. Enjoy more rewards when you choose Garner! When you visit Garner approved providers, your out-of-pocket costs that qualify will be reimbursed **up to \$3,000 for family and \$1,500 for individual plans**.

Learn more on pages 9-12.



VIRTA PREDIABETES REVERSAL

Now available for prediabetes! Stop type 2 diabetes in its tracks with Virta's prediabetes care program. Like Virta's type 2 diabetes reversal, your personalized treatment plan includes dedicated health coaching, a physician-led care team, and personalized nutrition plan to help return blood glucose and A1C to sub-prediabetes levels.

Learn more on pages 13-14.



WORKDAY

Now you can complete your 2024 benefits enrollment on Workday!

Learn how to enroll on page 5.

when **can I enroll?**

NEW HIRES:

- You must complete your online enrollment before your effective date.
- Benefits are effective on your 31st day of employment.
- Late enrollments are not accepted.

LIFE EVENTS:

- You can make changes mid-year if you have a life event (marriage, divorce, loss of coverage, birth of child, etc.).
- You must complete your online enrollment within 31 days.
- Supporting documents will be required.

OPEN ENROLLMENT:

- Each year you will be given an opportunity to change, elect or drop coverage.
- Changes are effective January 1st and will remain in place for one year.

COVERAGE ENDS:

- If you separate with the company, your insurance coverage ends on your last day of employment.
- If necessary, COBRA information will be mailed to your home address.

ELIGIBLE DEPENDENTS INCLUDE:

- Your legally married spouse.
- Children under age 26: including biological, step children, legally adopted children, children placed for adoption, and children who you are legally appointed as guardian or limited guardian (cannot be temporary guardian).
- Disabled children over age 26: an unmarried child who is mentally or physically disabled and incapable of engaging in self-sustaining employment.

how do I enroll?



LOG ON TO

workday.claytonhomes.com



SCAN HERE TO
DOWNLOAD THE
WORKDAY APP!



NEED ASSISTANCE?

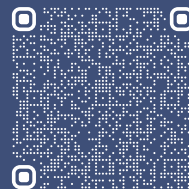
SCAN ONE OF THE QR CODES BELOW



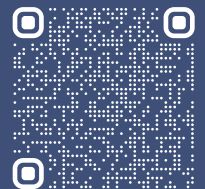
WORKDAY BASICS
(MOBILE APP)



DESKTOP



MOBILE APP



SPANISH

HOW TO COMPLETE ENROLLMENT

medical plan *comparison*

Simple

Simple
plus

DEDUCTIBLE	\$0	\$0
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MEDICAL COPAYS

Preventative Care	Free	Free
Telehealth	Free	Free
Lab	Free	Free

ELIGIBLE FOR \$0 COPAY AFTER GARNER REIMBURSEMENT

***WITH
GARNER**

Primary Care Physician	\$50	\$30	\$0
OB/GYN	\$50	\$30	\$0
Outpatient Therapy (ex. mental health or substance abuse)	\$50	\$30	\$0
Physical, Speech or Occupational Therapy	\$60	\$40	\$0
Chiropractor	\$60	\$40	\$0
Urgent Care	\$75	\$50	\$0
Standard Radiology (ex. x-ray or ultrasound)	\$90	\$60	\$0
Specialist	\$150	\$70	\$0
Durable Medical Equipment	\$150	\$100	\$0
Advanced Imaging (ex. MRI, CAT or PET scan)	\$600	\$240	\$0
Outpatient Procedure / Surgery	\$850	\$425	\$0
Ambulance	\$700	\$350	
Emergency Room	\$1,000	\$500	
Inpatient Stay	\$1,500 / day	\$750 / day	

PHARMACY COPAYS

30-Day Supply

Generic	\$20	\$10
Preferred Brand Name	\$120	\$60
Non-preferred / Specialty	\$250	\$150

90-Day Supply

Generic	\$50	\$25
Preferred Brand Name	\$300	\$150
Non-preferred / Specialty	\$625	\$375

OUT-OF-POCKET MAXIMUMS

Combined Medical and Pharmacy Out-of-Pocket Max	\$6,000 per individual or \$12,000 combined family max	\$4,000 per individual or \$8,000 combined family max
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WEEKLY PREMIUMS

Team Member Only	\$23.98	\$46.12
Team Member + Spouse	\$52.78	\$99.06
Team Member + Child(ren)	\$43.17	\$80.91
Team Member + Family	\$71.95	\$115.71

Please note: if the service or prescription charge is lower than the copay, you will pay the lesser amount. ***Up to \$3,000 for family and \$1,500 for individual plans.** See pages 9 - 12 to learn more about how these copays can qualify for reimbursement through your Garner Benefit.



ELIGIBLE FOR GARNER
REIMBURSEMENT

	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	\$0	\$5,000 per individual or \$10,000 combined family max

MEDICAL COPAYS

Preventative Care	Free	40% after deductible
Telehealth	Free	
Lab	Free	
	*WITH GARNER	
Primary Care Physician	\$50	
OB/GYN	\$50	
Outpatient Therapy (ex. mental health or substance abuse)	\$50	
Physical, Speech or Occupational Therapy	\$60	
Chiropractor	\$60	
Urgent Care	\$75	
Standard Radiology (ex. x-ray or ultrasound)	\$90	
Specialist	\$150	
Durable Medical Equipment	\$150	
Advanced Imaging (ex. MRI, CAT or PET scan)	\$600	
Outpatient Procedure / Surgery	\$850	
Ambulance	\$700	\$700
Emergency Room	\$1,000	\$1,000
Inpatient Stay	\$1,500 / day	40% after deductible

PHARMACY COPAYS

30-Day Supply

Generic	\$20	Not Covered
Preferred Brand Name	\$120	
Non-preferred / Specialty	\$250	

90-Day Supply

Generic	\$50	Not Covered
Preferred Brand Name	\$300	
Non-preferred	\$625	

OUT-OF-POCKET MAXIMUMS

Combined Medical and Pharmacy Out-of-Pocket Max	\$6,000 per individual or \$12,000 combined family max	\$10,000 per individual or \$20,000 combined family max
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ENROLLMENT GROUP	WEEKLY PREMIUM
Team Member Only	\$23.98
Team Member + Spouse	\$52.78
Team Member + Child(ren)	\$43.17
Team Member + Family	\$71.95

*Up to \$3,000 for family and \$1,500 for individual plans. See pages 9 - 12 to learn more about how these copays can qualify for reimbursement through your Garner Benefit.



ELIGIBLE FOR GARNER
REIMBURSEMENT

	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	\$0	\$3,000 per individual or \$6,000 combined family max

MEDICAL COPAYS

Preventative Care	Free	40% after deductible
Telehealth	Free	
Lab	Free	
	*WITH GARNER	
Primary Care Physician	\$30	
OB/GYN	\$30	
Outpatient Therapy (ex. mental health or substance abuse)	\$30	
Physical, Speech or Occupational Therapy	\$40	
Chiropractor	\$40	
Urgent Care	\$50	
Standard Radiology (ex. x-ray or ultrasound)	\$60	
Specialist	\$70	
Durable Medical Equipment	\$100	
Advanced Imaging (ex. MRI, CAT or PET scan)	\$240	
Outpatient Procedure / Surgery	\$425	
Ambulance	\$350	\$350
Emergency Room	\$500	\$500
Inpatient Stay	\$750 / day	40% after deductible

PHARMACY COPAYS

30-Day Supply

Generic	\$10	Not Covered
Preferred Brand Name	\$60	
Non-preferred / Specialty	\$150	

90-Day Supply

Generic	\$25	Not Covered
Preferred Brand Name	\$150	
Non-preferred	\$375	

OUT-OF-POCKET MAXIMUMS

Combined Medical and Pharmacy Out-of-Pocket Max	\$4,000 per individual or \$8,000 combined family max	\$8,000 per individual or \$16,000 combined family max
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ENROLLMENT GROUP	WEEKLY PREMIUM
Team Member Only	\$46.12
Team Member + Spouse	\$99.06
Team Member + Child(ren)	\$80.91
Team Member + Family	\$115.71

*Up to \$3,000 for family and \$1,500 for individual plans. See pages 9 - 12 to learn more about how these copays can qualify for reimbursement through your Garner Benefit.

GARNER

Garner empowers you to make an informed decision on who are the best in-network providers for your unique medical needs. Access to Garner's Top Provider search tool is free for Team Members and family enrolled in the Clayton medical plan.

Garner has compiled and analyzed the largest medical claims database in the United States to objectively identify the top 20% of all providers.

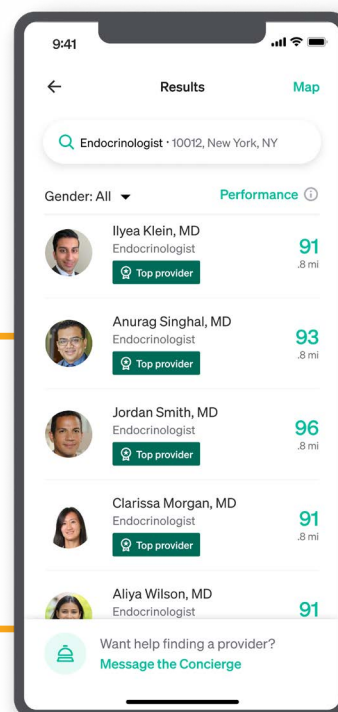
TOP PROVIDERS HAVE SHOWN TO:

- ✓ Practice based on latest medical research
- ✓ Successfully diagnose problems
- ✓ Get the highest patient satisfaction ratings
- ✓ Produce the best patient outcomes

Increased Garner Benefit for 2024!

GET REWARDED WITH GARNER!

Garner reimburses your out-of-pocket costs that qualify, up to **\$3,000** for family and **\$1,500** for individual plans when you see Garner approved providers!



Free

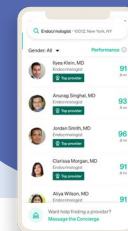
for Team Members and family
on the Clayton medical plan!

garner

GARNER CONTACT INFO

mygarnerguide.com // (866) 761-9586
Message the Concierge in the app!

DOWNLOAD
the app!



GARNER

TOP PROVIDERS

Top Providers are the best-performing medical professionals that Garner has identified through an analysis of over 60 billion medical records that represent more than 310 million unique patients. **Top Providers are the top 20% of all providers in the industry.** They are highlighted in the Garner Health app with a green **Top Provider** badge and represent the best available doctors near you who are in your network and have appointment availability. When you choose to visit Garner approved providers, all copays for qualified visits and services will be reimbursed **up to \$3,000 for family and \$1,500 for individual plans.**

Eligible Providers:

- ✓ Primary Care Provider
- ✓ Pediatrician
- ✓ Specialist (ex. Orthopedist, Cardiologist, or Oncologist)
- ✓ Imaging or Lab Work
- ✓ Physical Therapist
- ✓ Urgent Care Clinic
- ✓ Advanced Imaging (MRI or CT scan)
- ✓ Mental Health Therapist



Garner has no financial relationships with doctors. Recommendations are based solely on independent analysis, not commissions or fees. Garner does not reimburse prescriptions, emergency room visits, or services covered by your dental or vision insurance.

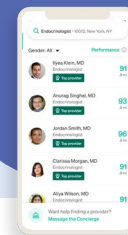
Always ensure your provider is added to your Garner approved providers list prior to your medical visit in order to qualify for reimbursement.

garner

GARNER CONTACT INFO

mygarnerguide.com // (866) 761-9586
Message the Concierge in the app!

DOWNLOAD
the app!



your garner benefit

Before you seek medical care, connect with Garner! Use Garner when you need a new provider or to verify your current medical team meets Garner's high-quality metrics. Follow these instructions to take advantage of your Garner benefit.



SIGN UP



Download the **Garner Health App** for the best experience

OR



Visit mygarnerguide.com



SCAN
TO GET
STARTED

CLICK "CREATE AN ACCOUNT" & ENTER ORGANIZATION NAME:

Cigna Medical Plan: Clayton Homes - Cigna

BCBS Medical Plan: Clayton Homes - BCBS



SEARCH TOP PROVIDERS

You must always ensure your doctor is added to your Garner approved providers list before you see them to qualify for copay reimbursement. Copays will not be eligible for reimbursement for any date of service prior to adding your provider to your approved providers list.

How to add Top Providers to your approved providers list on your family account:

- Search providers by symptom, procedure, specialty, condition or provider's name.
- Click a doctor's name with the Top Provider badge
- Look for a green banner that states "**Approved for your Garner Benefit**".

Now you're all set! All qualified visits for you and your covered family members will be eligible for your Garner copay reimbursement! To see a list of providers on your family account, go to Settings and click "**Approved Providers**".



GET REWARDED!

Up to **\$1,500** for individuals and **\$3,000** for families on the Clayton medical plan!

When you visit Garner approved providers, your out-of-pocket copays for qualified visits are automatically reimbursed. **No documentation necessary!** Your reimbursement check will arrive in the mail approximately 6 to 8 weeks after your visit.



GARNER CONCIERGE

Garner provides all members with access to a Garner Concierge who is available to help you find providers, answer questions about your account, and navigate the healthcare system.

AVAILABLE: Monday - Friday • 8 am - 8 pm Eastern

- Visit mygarnerguide.com
- Download the **Garner Health mobile app**
- Email concierge@getgarner.com
- Call **(866) 761-9586**

your garner *experience*

How does Garner identify Top Providers?

Garner has compiled the largest medical claims database in the nation to identify the top 20% of all providers in the United States. **These Top Providers have shown to practice latest medical research, successfully diagnose and treat problems, and get the highest patient satisfaction ratings.**

Are recommended Top Providers in-network with my health plan?

Garner will recommend Top Providers that are in-network. However, since providers change networks on occasion, **we recommend verifying before your visit.**

Does everyone on my plan need an account?

Your family only needs one account. However, any dependent over the age of 18 who is on your health plan is welcome to create their own account.

Will lab work, imaging, and medical equipment be covered?

As long as the service is covered in-network by our medical health insurance plan, Garner will reimburse your out-of-pocket medical costs for services ordered by an approved provider or conducted at an eligible facility recommended to you by Garner prior to the visit.

How are medical claims reimbursed?

When you receive care from a Garner approved provider, pay your upfront copays as usual. **After your health insurance company processes the claim, Garner will reimburse your qualifying out-of-pocket medical costs.** You will receive a check in the mail approximately 6 to 8 weeks after your visit.

IMPORTANT: Can I use my Health Care FSA dollars to pay for copays?

You may need to reconsider how much you elect to contribute to your Health Care FSA account for 2024. Since Garner will reimburse out-of-pocket copays, **you may not need to contribute the same amount to your FSA as you historically have.**

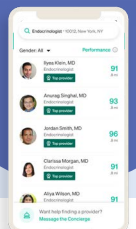
Due to IRS regulations, you are not able to use FSA dollars to pay for medical expenses that will be reimbursed by Garner.

garner

GARNER CONTACT INFO

mygarnerguide.com // (866) 761-9586
Message the Concierge in the app!

DOWNLOAD
the app!



VIRTA

Type 2 Diabetes Reversal

Virta is a virtual clinic that helps members manage or reverse type 2 diabetes and prediabetes. Virta uses food as medicine and teaches members how to eat their way to better health with a nutrition plan made just for them.



Free

for Team Members and family on the Clayton medical plan with type 2 diabetes or prediabetes who are 18 to 79 years old.



VIRTA CONTACT INFO
virtahealth.com/join/clayton // **(844) 847-8216**



VIRTA

Type 2 Diabetes Reversal

ELIGIBILITY

- ✓ Team Members, spouses and dependents who are 18 to 79 years old
- ✓ Must be enrolled in the Clayton medical plan
- ✓ For individuals diagnosed with type 2 diabetes (A1C of 6.5% or higher)

NEW FOR 2024! Reverse Prediabetes

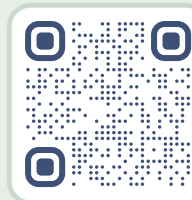
- ✓ For individuals diagnosed with prediabetes (A1C of 5.7% - 6.4%)

WHAT'S INCLUDED:

- Personalized treatment plan
- Physician-led care team
- Starter kit including meters, strips and connected scale
- Unlimited access to your dedicated health coach
- Patient community to connect with others on the Virta program
- Personalized nutrition program plus meal plans, recipes and grocery guides



To learn more or enroll, visit
virtahealth.com/join/clayton



VIRTA CONTACT INFO

virtahealth.com/join/clayton // (844) 847-8216



2024 free prescription drug list

In an effort to assist Team Members and their families who take essential medications for chronic conditions, the below list of drugs are **completely free to you and any covered dependents** as part of your medical plan in 2024. These drugs are free when you fill a 30 or 90 day supply through a retail or mail order pharmacy.

RESPIRATORY	DEPRESSION	CHOLESTEROL LOWERING	DIABETES
Albuterol (HFA, nebulizer solution, oral) Arformoterol Budesonide Oral Inhalation Cromolyn Nebulizer Solution Formoterol Ipratropium/Albuterol Nebulizer Solution Ipratropium Nebulizer Solution Levabuterol Nebulizer Solution Metaproterenol Montelukast Terbutaline Oral Theophylline Wixela Inhub Zafirlukast Zileuton Er	Citalopram Escitalopram Fluoxetine Fluvoxamine Paroxetine Paroxetine Er Sertraline	HMG-COA REDUCTASE INHIBITORS ----- Atorvastatin Fluvastatin Lovastatin Pravastatin Rosuvastatin Simvastatin OTHER CHOLESTEROL LOWERING AGENTS ----- Amlodipine/Atorvastatin Cholestyramine Cholestyramine Light Colesevelam Colestipol Ezetimibe Ezetimibe/Simvastatin Fenofibrate Fenofibric Acid Gemfibrozil Niacin Prevalite	Acarbose Generic Lancet Generic Needles Generic Syringe Glimepiride Glipizide Er Glipizide/Metformin Glyburide Glyburide/Metformin Metformin Metformin Er Miglitol Nateglinide Pioglitazone Pioglitazone/Glimepiride Pioglitazone/Metformin Repaglinide Repaglinide/Metformin
BONE DISEASE	DENTAL	HEART DISEASE AND STROKE	COLORECTAL
Alendronate Ibandronate Raloxifene Risedronate Zoledronic Acid 5mg	Periomed Sodium Fluoride (Rinse, Gel, Cream, Paste, Tabs, Drops)	BLOOD THINNERS ----- Aspirin 325 mg Aspirin 81mg Aspirin-Dipyridamole Er Clopidogrel Dipyridamole Prasugrel Warfarin	COLONOSCOPY PREP ----- Gavilyte-C Gavilyte-G Gavilyte-N Polyethylene Glycol Trilyte

HIGH BLOOD PRESSURE			TOBACCO CESSATION
ACE INHIBITORS Benazepril Captopril Enalapril Fosinopril Lisinopril Moexipril Perindopril Quinapril Ramipril Trandolapril	ANGIOTENSIN II RECEPTOR ANTAGONISTS/ DIURETIC COMBINATIONS Candesartan/Hctz Irbesartan/Hctz Losartan/Hctz Olmesartan/Hctz Telmisartan/Hctz Valsartan/Hctz	CALCIUM CHANNEL BLOCKERS Amlodipine Cartia Xt Diltiazem Diltiazem Cd Diltiazem Er Felodipine Er Isradipine Matzim La Nicardipine Nifedipine Er Nisoldipine Er Tiadylt Er Taztia Xt Verapamil Verapamil Er Verapamil Er PM Verapamil Sr	Bupropion Sr 150mg Nicotine Gum Nicotine Lozenges Nicotine Patches
ACE INHIBITORS/ DIURETIC COMBINATIONS Benazepril/Hctz Captopril/Hctz Enalapril/Hctz Fosinopril/Hctz Lisinopril/Hctz Moexipril/Hctz Quinapril/Hctz	BETA BLOCKERS Acebutolol Atenolol Betaxolol Bisoprolol Metoprolol Succinate Er Metoprolol Tartrate Nadolol Pindolol Propranolol Propranolol Er Timolol	OTHER HIGH BLOOD PRESSURE COMBINATIONS Amlodipine/Atorvastatin Amlodipine/Benazepril Amlodipine/Olmesartan Amlodipine/Olmesartan/Hctz Amlodipine/Telmisartan Amlodipine/Valsartan Amlodipine/Valsartan/Hctz Trandolapril/Verapamil	MALARIA Atovaquione/Proguanil Chloroquine Mefloquine Primaquine
ANGIOTENSIN II RECEPTOR ANTAGONISTS Candesartan Eprosartan Irbesartan Losartan Olmesartan Telmisartan Valsartan	BETA BLOCKERS/ DIURETIC COMBINATIONS Atenolol/Chlorthalidone Bisoprolol/Hctz Metoprolol/Hctz Nadolol/Bendroflumethiazide Propranolol/Hctz		VITAMINS Generic Pediatric Multivitamins with Fluoride Folic Acid Generic Prenatal
			OBESITY Benzphetamine Diethylpropion Phendimetrazine Phentermine
			DIURETICS Chlorothiazide Chlorthalidone Hydrochlorothiazide Indapamide Metolazone

Please note, these are in addition to any prescriptions that are free under the Affordable Care Act (ACA).

This list is subject to change at any time. For the most up to date information, contact Express Scripts at (855) 634-0226.



EXPRESS SCRIPTS CONTACT INFO
express-scripts.com // (855) 634-0226



TELEMEDICINE

GET STARTED!

Register for an account before you need care.

Free

for Team Members and family
enrolled in the Clayton
medical plan!

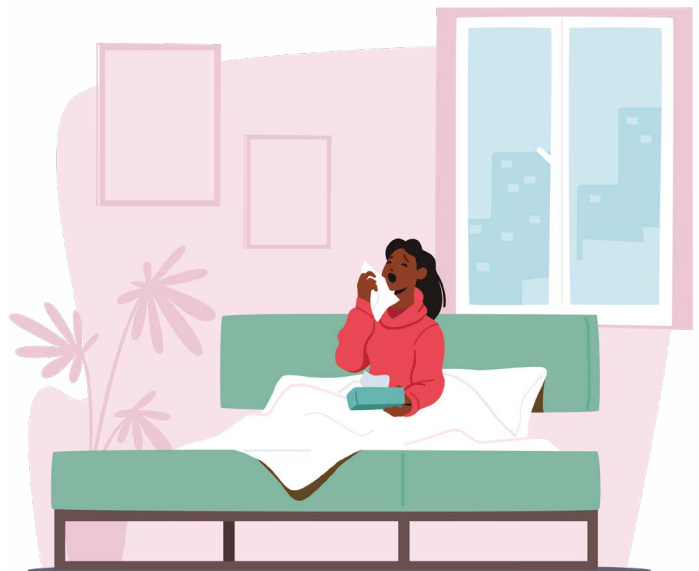
- ✓ **Download the MDLive or Teladoc app.**
- ✓ **Register for an account.**
(Make sure to have your insurance ID card available.)

24/7 ACCESS to board certified doctors from where it's most convenient for you – home, office or on the go! Day or night, weekends and holidays!

COMMON CONDITIONS TREATED:

- Cold & flu symptoms
- Ear infections
- Fevers
- Respiratory & sinus issues
- Behavioral & mental health

Telehealth is not appropriate for every medical condition and should not be used in the event of a medical emergency. In case of a medical emergency, you should dial 911 immediately. State restrictions may apply.



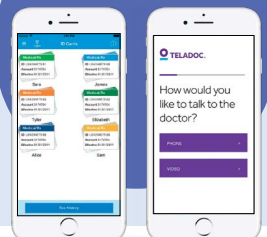
MDLIVE

MDLIVE (CIGNA MEDICAL PLANS)
mdliveforcigna.com // **(888) 726-3171**

TELADOC

TELADOC (BCBS MEDICAL PLANS)
teladoc.com/alabama // **(855) 477-4549**

DOWNLOAD
the apps!



ACCIDENT, HOSPITAL INDEMNITY & CRITICAL ILLNESS INSURANCE

Accidents, hospitalizations, and critical illnesses can happen unexpectedly and be financially challenging. These coverages pay you a benefit determined by the plan you select and the health event to **provide you and your family financial assistance during unforeseen health matters.**

Keep in mind, these plans are not health insurance, but rather a supplement to your existing medical plan. No underwriting is required.

HERE ARE A FEW EXAMPLES OF HOW ACCIDENT, HOSPITAL INDEMNITY AND CRITICAL ILLNESS INSURANCE BENEFITS COULD BE USED:

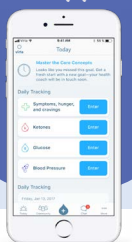
- Medical expenses, such as copays or prescriptions
- Home healthcare costs
- Lost income due to missed time at work
- Everyday expenses like utilities and groceries



VOYA CONTACT INFO

presents.voya.com/ebrc/claytonhomes // (877) 236-7564

DOWNLOAD
the app!



PREVENTATIVE CARE

Get *paid* for completing your preventative care visits!

By enrolling in any of the VOYA plans, **you and any covered dependents can each get paid \$50 annually** simply by completing one recommended health exam. To receive the \$50 payment per individual, submit a claim through VOYA within 60 days of your visit. You can set up direct deposit or elect a check to be mailed to your home address within 1-2 weeks.

FOR EXAMPLE:

If you, your spouse, and two children are covered under one of these benefits and each complete a covered health screening, that's \$200 that will be paid to you - regardless if the actual visit cost anything out-of-pocket!

If you have coverage under more than one of these plans benefits, the annual health screening benefit payment is included on **all three plans!**

FOR EXAMPLE:

If you, your spouse, and two children are covered under accident, critical illness, and hospital that's \$600 of benefit if everyone completes a covered annual health screening!

Please note, **each covered individual may only receive a \$50 payment once annually** per line of coverage, even if you complete multiple health screenings. There is a \$200 maximum child payment allowed per line of coverage.

EXAMPLES OF COVERED HEALTH SCREENINGS

- Mammography
- Colonoscopy
- Stress test
- Fasting blood glucose
- Prostate cancer screening
- Hearing test
- Routine eye exam
- Routine dental exam
- Well child/preventative exams through age 18
- Biometric screening
- Adult annual physical
- COVID-19 test or vaccine



VOYA CONTACT INFO

presents.voya.com/ebrc/claytonhomes // (877) 236-7564



ACCIDENT INSURANCE

Accidents can result in unplanned medical expenses. While our medical plans offer set copays allowing you to know exactly what you will pay, other expenses are still associated with an accident that you may have not budgeted for such as an ambulance ride, ER visit, x-ray and follow up treatments. **By enrolling in Accident coverage, you will receive a lump sum payment per covered medical service administered in connection with a covered accident that occurs on or after the effective date of coverage. The benefit amount payable depends on the type of injury and care received.**

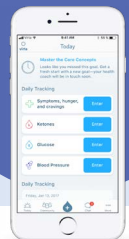
LOW PLAN WEEKLY PREMIUMS			
Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Team Member + Family
\$1.15	\$2.46	\$2.94	\$4.25
HIGH PLAN WEEKLY PREMIUMS			
Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Team Member + Family
\$2.04	\$3.98	\$4.63	\$6.57



VOYA CONTACT INFO

presents.voya.com/ebrc/claytonhomes // (877) 236-7564

DOWNLOAD
the app!



EVENT	LOW PLAN	HIGH PLAN
Hospital Care		
Surgery open abdominal, thoracic	\$800	\$1,200
Surgery exploratory or without repair	\$125	\$175
Blood, plasma, platelets	\$400	\$600
Hospital admission	\$1,000	\$1,250
Hospital confinement per day, up to 365 days	\$300	\$375
Critical care unit confinement per day, up to 15 days	\$475	\$600
Rehabilitation facility confinement per day, up to 90 days	\$125	\$200
Coma duration of 14 or more days	\$11,500	\$17,000
Transportation per trip, up to three per accident	\$500	\$750
Lodging per day, up to 30 days	\$120	\$180
Accident Care		
Initial doctor visit	\$60	\$90
Urgent care facility treatment	\$250	\$250
Emergency room treatment	\$250	\$250
Ground ambulance	\$350	\$700
Air ambulance	\$1,000	\$1,500
Follow-up doctor treatment	\$60	\$90
Chiropractic treatment, up to six per accident	\$30	\$45
Medical equipment	\$100	\$150
Physical or occupational therapy, up to six per accident	\$30	\$45
Speech therapy, up to 6 per accident	\$30	\$45
Prosthetic device (one)	\$500	\$750
Prosthetic device (two or more)	\$800	\$1,200
Major diagnostic exam	\$200	\$400
Outpatient surgery (one per accident)	\$150	\$225
X-ray	\$60	\$90

Sports Accident Benefit: If your accident occurs while participating in an organized sporting activity as defined by VOYA; the accident hospital care, accident care or common injuries benefit will be increased by 25%; to a maximum additional benefit of \$1,000.

Please note, you may be required to seek care for your injury within a set amount of time. For a list of exclusions and limitations, email benefits@claytonhomes.com or contact VOYA.

To file a claim visit presents.voya.com/ebrc/claytonhomes. Contact VOYA with any questions at (877) 236-7564.

ACCIDENT INSURANCE COVERAGE CONTINUED

Common Injuries	LOW PLAN	HIGH PLAN
Burns second degree, at least 36% of the body	\$1,000	\$1,250
Burns third degree, at least nine but less than 35 square inches of the body	\$4,500	\$7,500
Burns third degree, 35 or more square inches of the body	\$10,000	\$15,000
Skin grafts	25% of the burn benefit	25% of the burn benefit
Emergency dental work	\$250 crown, \$60 extraction	\$350 crown, \$90 extraction
Eye injury removal of foreign object	\$60	\$100
Eye injury surgery	\$225	\$350
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$150	\$225
Torn knee cartilage surgical repair	\$500	\$800
Laceration ¹ treated no sutures	\$20	\$30
Laceration ¹ sutures up to 2"	\$40	\$60
Laceration ¹ sutures 2" - 6"	\$160	\$240
Laceration ¹ sutures over 6"	\$400	\$800
Ruptured disk surgical repair	\$500	\$800
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$275	\$425
Tendon/ligament/rotator cuff one, surgical repair	\$550	\$825
Tendon/ligament/rotator cuff two or more, surgical repair	\$800	\$1,225
Concussion	\$600	\$500
Paralysis - paraplegia	\$10,750	\$16,000
Paralysis - quadriplegia	\$16,000	\$24,000
Dislocations	Closed/open reduction ²	Closed/open reduction ²
Hip joint	\$2,550/\$5,100	\$4,000/\$8,000
Knee	\$1,600/\$3,200	\$3,000/\$6,000
Ankle or foot bone(s), other than toes	\$1,000/\$2,000	\$1,800/\$3,600
Shoulder	\$1,000/\$2,000	\$2,200/\$4,400
Elbow	\$750/\$1,500	\$1,500/\$3,000
Wrist	\$750/\$1,500	\$1,500/\$3,000
Finger/toe	\$175/\$350	\$350/\$700
Hand bone(s), other than fingers	\$750/\$1,500	\$1,500/\$3,000
Lower jaw	\$750/\$1,500	\$1,500/\$3,000
Collarbone	\$750/\$1,500	\$1,500/\$3,000
Partial dislocations	25% of the closed reduction amount	25% of the closed reduction amount

ACCIDENT INSURANCE COVERAGE CONTINUED

	LOW PLAN	HIGH PLAN
Dislocations	Closed/open reduction ²	Closed/open reduction ²
Hip joint	\$2,550/\$5,100	\$4,000/\$8,000
Knee	\$1,600/\$3,200	\$3,000/\$6,000
Ankle or foot bone(s), other than toes	\$1,000/\$2,000	\$1,800/\$3,600
Shoulder	\$1,000/\$2,000	\$2,200/\$4,400
Elbow	\$750/\$1,500	\$1,500/\$3,000
Wrist	\$750/\$1,500	\$1,500/\$3,000
Finger/toe	\$175/\$350	\$350/\$700
Hand bone(s), other than fingers	\$750/\$1,500	\$1,500/\$3,000
Lower jaw	\$750/\$1,500	\$1,500/\$3,000
Collarbone	\$750/\$1,500	\$1,500/\$3,000
Partial dislocations	25% of the closed reduction amount	25% of the closed reduction amount
Fractures	Closed/open reduction ³	Closed/open reduction ³
Hip	\$2,000/\$4,000	\$5,000/\$10,000
Leg	\$1,500/\$3,000	\$2,800/\$5,600
Ankle	\$1,200/\$2,400	\$2,500/\$5,000
Kneecap	\$1,200/\$2,400	\$2,500/\$5,000
Foot, excluding toes & heel	\$1,200/\$2,400	\$2,500/\$5,000
Upper arm	\$1,400/\$2,800	\$2,750/\$5,500
Forearm, hand, wrist except fingers	\$1,200/\$2,400	\$2,500/\$5,000
Finger, toe	\$160/\$320	\$400/\$800
Vertebral body	\$2,240/\$4,480	\$4,200/\$8,400
Vertebral processes	\$960/\$1,920	\$2,000/\$4,000
Pelvis, except coccyx	\$2,250/\$4,500	\$4,000/\$8,000
Coccyx	\$200/\$400	\$500/\$1,000
Bones of face, except nose	\$800/\$1,600	\$1,400/\$2,800
Nose	\$400/\$800	\$750/\$1,500
Upper jaw	\$1,000/\$2,000	\$1,750/\$3,500
Lower jaw	\$960/\$1,920	\$2,000/\$4,000
Collarbone	\$960/\$1,920	\$2,000/\$4,000
Rib or ribs	\$300/\$600	\$600/\$1,200
Skull – simple, except bones of face	\$1,000/\$2,000	\$1,750/\$3,500
Skull – depressed, except bones of face	\$2,000/\$4,000	\$5,000/\$10,000
Sternum	\$240/\$480	\$500/\$1,000
Shoulder blade	\$1,200/\$2,400	\$2,500/\$5,000
Chip fractures	25% of the closed reduction amount	25% of the closed reduction amount

1. Laceration benefits are a total of all lacerations per accident.

2. Closed reduction of dislocation = Non-surgical reduction of a completely separated joint.
Open reduction of dislocation = Surgical reduction of a completely separated joint.

3. Closed reduction of fracture = Non-surgical. Open reduction of fracture = Surgical.

HOSPITAL INDEMNITY

Hospital Indemnity coverage can provide financial protection **by paying you an admission benefit, plus a fixed daily rate**, if you have a covered stay in the hospital, critical care unit, or rehabilitation facility on or after the effective date of coverage. There are two plan options for you to choose from to best suit your needs.

Expecting a baby in 2024? Consider Hospital Indemnity coverage. You would receive the hospital admission benefit, a fixed daily confinement rate based on the number of days you are in the hospital (starting with day 2), plus a \$100 newborn benefit.

The below list is a summary of benefits provided under Hospital Indemnity coverage.

COVERED BENEFITS	LOW PLAN	HIGH PLAN
HOSPITAL ADMISSION An admission benefit is payable for the first day of hospital confinement, once per confinement.	\$750	\$1,500
HOSPITAL CONFINEMENT A daily confinement benefit is payable for up to 10 days per confinement, beginning on day 2 of confinement.	\$100	\$100
CRITICAL CARE UNIT (CCU) CONFINEMENT A daily confinement benefit is payable for up to 10 days per confinement, beginning on day 2 of confinement.	\$200	\$200
REHABILITATION FACILITY CONFINEMENT A daily confinement benefit is payable for up to 10 days per confinement, beginning on day 2 of confinement.	\$50	\$50
OBSERVATION UNIT DAILY BENEFIT A benefit is payable up to 4 days per calendar year, for admission to a hospital observation unit for at least 4 consecutive hours other than as an inpatient.	\$350	\$700

LOW PLAN		HIGH PLAN	
COVERAGE TYPE	WEEKLY PREMIUMS	COVERAGE TYPE	WEEKLY PREMIUMS
Team Member Only	\$2.55	Team Member Only	\$3.70
Team Member + Spouse	\$6.05	Team Member + Spouse	\$9.05
Team Member + Child(ren)	\$4.77	Team Member + Child(ren)	\$6.94
Team Member + Family	\$8.27	Team Member + Family	\$12.29

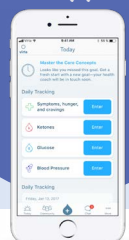
For a list of exclusions and limitations, contact VOYA.



VOYA CONTACT INFO

presents.voya.com/ebrc/claytonhomes // (877) 236-7564

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CRITICAL ILLNESS

Being diagnosed with a critical illness can be devastating, both personally and financially. Enrolling in Critical Illness insurance coverage would **pay a percentage of your benefit amount selected if you or a covered family member is diagnosed with a covered illness or condition on or after the effective date of coverage.** The benefit amount payable depends on the type of illness or condition and the coverage amount you purchase.

You can receive a benefit more than once. Each condition below is payable up to four times. For instance, if you had a covered heart attack in 2024, then had a second heart attack more than six months later, both events could be payable.

COVERAGE OPTIONS	
Team Member	\$10,000, \$20,000 or \$30,000
Spouse	\$5,000, \$10,000 or \$15,000 - not to exceed 50% of Team Member's elected coverage
Child(ren)	\$5,000, \$10,000 or \$15,000 - not to exceed 50% of Team Member's elected coverage

The below list is a summary of benefits provided under Critical Illness coverage.

BASE BENEFIT

- Heart attack* 100%
- Major organ transplant** 100%
- Cancer 100%
- Stroke 100%
- Coronary artery bypass 100%
- Carcinoma in situ (25% of Critical Illness benefit amount)

MAJOR ORGAN BENEFIT

- Transient ischemic attacks (TIA) (25% of Critical Illness benefit)
- Ruptured or dissecting aneurysm (10% of Critical Illness benefit)
- Abdominal aortic aneurysm (10% of Critical Illness benefit)
- Thoracic aortic aneurysm (10% of Critical Illness benefit)
- Open heart surgery for valve replacement or repair (25% of Critical Illness benefit)
- Severe burns 100%
- Transcatheter heart valve replacement or repair (10% of Critical Illness benefit)
- Coronary angioplasty (10% of Critical Illness benefit)
- Implantable/internal cardioverter defibrillator (ICD) placement (25% of Critical Illness benefit)
- Pacemaker placement (10% of Critical Illness benefit)

ENHANCED CANCER BENEFIT

- Benign brain tumor 100%
- Bone marrow transplant (25% of Critical Illness benefit)
- Skin cancer (10% of Critical Illness benefit)
- Stem cell transplant (25% of Critical Illness benefit)

* A sudden cardiac arrest is not in itself considered a heart attack.

** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ in addition to being placed on the UNOS list.

QUALITY OF LIFE BENEFIT

- Permanent paralysis 100%
- Coma 100%
- Multiple sclerosis 100%
- Amyotrophic lateral sclerosis (ALS) (50% of Critical Illness benefit)
- Infectious disease (ex. COVID-19, sepsis, or bacterial pneumonia) if confined to a hospital for 5+ days or a transitional facility for 14+ days (10% of Critical Illness benefit)
- Parkinson's disease 100%
- Advanced dementia, including Alzheimer's disease 100%

ADDITIONAL CHILD DISEASE BENEFIT

- Cerebral palsy 100%
- Niemann-Pick disease 100%
- Congenital birth defects 100%
- Pompe disease 100%
- Cystic fibrosis 100%
- Type IV glycogen storage disease 100%
- Down syndrome 100%
- Infantile Tay-Sachs 100%
- Gaucher disease, type II or III 100%

TEAM MEMBER ONLY COVERAGE WEEKLY PREMIUMS

Age	\$10,000	\$20,000	\$30,000
Under 25	\$0.44	\$0.88	\$1.32
25-29	\$0.53	\$1.06	\$1.59
30-34	\$0.78	\$1.57	\$2.35
35-39	\$0.95	\$1.89	\$2.84
40-44	\$2.03	\$4.06	\$6.09
45-49	\$4.20	\$8.40	\$12.60
50-54	\$5.01	\$10.02	\$15.02
55-59	\$6.12	\$12.23	\$18.35
60-64	\$7.94	\$15.88	\$23.82
65-69	\$8.08	\$16.15	\$24.23
70+	\$10.43	\$20.86	\$31.29

Cost based on your age as of 1/1/2024.

SPOUSE COVERAGE WEEKLY PREMIUMS

Age	\$5,000	\$10,000	\$15,000
Under 25	\$0.22	\$0.44	\$0.66
25-29	\$0.27	\$0.53	\$0.80
30-34	\$0.39	\$0.78	\$1.18
35-39	\$0.47	\$0.95	\$1.42
40-44	\$1.02	\$2.03	\$3.05
45-49	\$2.10	\$4.20	\$6.30
50-54	\$2.50	\$5.01	\$7.51
55-59	\$3.06	\$6.12	\$9.17
60-64	\$3.97	\$7.94	\$11.91
65-69	\$4.04	\$8.08	\$12.12
70+	\$5.22	\$10.43	\$15.65

Cost based on age of spouse as of 1/1/2024.

CHILD(REN) COVERAGE WEEKLY PREMIUMS

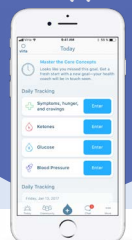
Coverage Amount	Rate
\$5,000	\$0.40
\$10,000	\$0.81
\$15,000	\$1.21



VOYA CONTACT INFO

presents.voya.com/ebrc/claytonhomes // (877) 236-7564

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HEALTH CARE

Flexible Spending Account

A Health Care Flexible Spending Account (FSA) **provides you the ability to set aside pre-tax dollars to pay for qualified medical expenses.** You choose how much money to contribute to your FSA, within certain limits.

What are common examples of qualified medical expenses?

A Health Care FSA will usually cover expenses such as copays, eye glasses or contact lenses, dental work and orthodontia, medical equipment, hearing aids or chiropractic care. Many over the counter drugs*, such as cold and allergy medicines, pain relievers and antacids, can also be reimbursed through an FSA. (*Rx may be required)

How do I access my FSA funds?

You will receive a debit card to access your FSA funds. Keep in mind, you may need to submit documentation of the purchase to Optum Financial. You can also pay for eligible expenses with any other form of payment and request reimbursement from your account.

How can I find my account balance and review transactions?

Account balance and claims status information is available by using the mobile app or logging on to your online account. Your mobile and online accounts are secure and updated in real time.

Can I change my contribution throughout the year?

Once an election for the FSA has been made, you cannot change the amount unless you have a qualifying life event. (ex. marriage, birth, etc.)

What happens if I do not spend all my FSA funds by year end?

FSAs are a use it or lose it account. You can only roll over \$610 into the next calendar year. Therefore, consider your expected medical and Rx costs before selecting your FSA annual contribution.

What happens if I leave the company?

You are eligible to be reimbursed only for services that were incurred before your termination date, but you can request reimbursement for these expenses through the end of the calendar year.

Please note, you can only use funds in your health care FSA to pay for qualified medical expenses you incur in 2024.

With Garner, you may not need to contribute as much to your health care FSA.

Due to IRS regulations you are not able to use FSA dollars to pay for medical expenses that will be reimbursed by Garner. If you are seeing a Garner approved provider, please pay the out-of-pocket copays with dollars outside of your FSA and wait to be reimbursed by Garner. You may need to re-evaluate how much you contribute to your FSA plan.



OPTUM FINANCIAL CONTACT INFO
secure.optumfinancial.com // (833) 229-4432

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DEPENDENT CARE

Flexible Spending Account

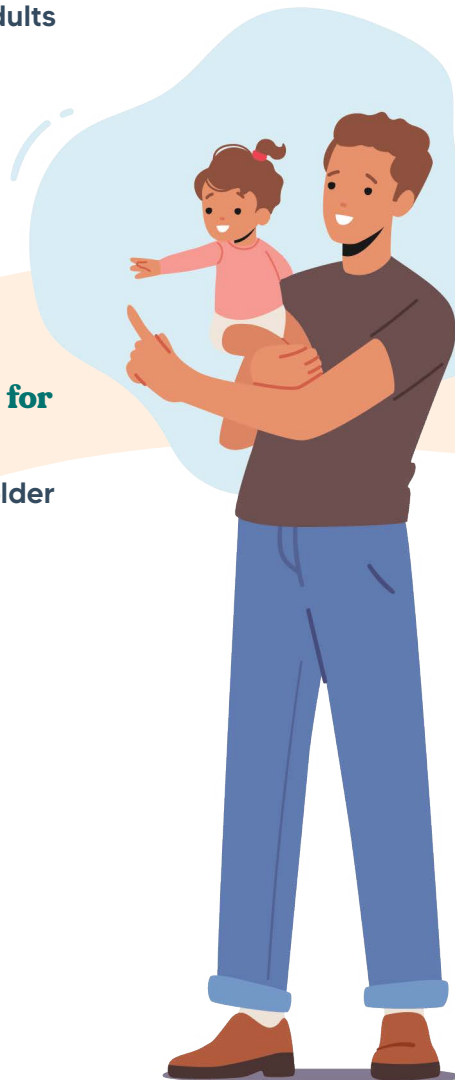
A Dependent Care FSA allows you to **save pre-tax dollars to pay for qualified dependent care expenses**, including those for aging parents.

Common expenses eligible for use with a Dependent Care FSA:

- Before or after school care
- Qualifying custodial care for dependent adults
- Licensed day care centers
- Nursery or preschools
- Childcare at a day camp or private sitter
- Summer or holiday camps

What type of expenses are NOT eligible for use with a Dependent Care FSA:

- Expenses for non-disabled children 13 or older
- Food, clothing, sports lessons or field trips
- Registration fees
- Late payment fees
- Medical care



OPTUM FINANCIAL CONTACT INFO
secure.optumfinancial.com // (833) 229-4432



DEPENDENT CARE

Flexible Spending Account

How does a Dependent Care FSA work?

- You elect an annual amount during your new hire or open enrollment. The associated premium will be deducted each paycheck.
- After paying out-of-pocket for your eligible Dependent Care FSA expense, you can submit for reimbursement.
- You can only be reimbursed based on how much you have contributed so far in weekly premiums.
- Use the mobile app or visit secure.optumfinancial.com to submit your request for reimbursement and the associated receipt.

What happens if I leave the company?

You are eligible to submit expenses for reimbursement through the end of the calendar year. This allows you to spend down the account balance you contributed through payroll deductions while employed.



OPTUM FINANCIAL CONTACT INFO
secure.optumfinancial.com // (833) 229-4432



DENTAL

	Preventative	Major + Ortho
Deductible		
Team Member Only	\$50	\$25
Team Member + Spouse Team Member + Child(ren) Team Member + Family	\$150	\$75
Annual Maximum		
Note: Preventative, basic, and major services do count towards your annual maximum.	\$1,000 per individual, per calendar year	\$2,000 per individual, per calendar year
Preventative Services		
Exams	Covered at 100% no deductible	Covered at 100% no deductible
Routine cleanings		
Fluoride (less than 15 years old)		
X-rays		
Sealants		
Space maintainers		
Basic Services		
Fillings	Covered at 80% after deductible	Covered at 80% after deductible
Extractions		
Root canals		
Periodontic procedures		
Oral surgery		
Major Services		
Inlays / onlays	Not covered	Covered at 50% after deductible
Crowns		
Dentures		
Orthodontic Services	Not covered	Covered at 50% up to \$1,500 after plan deductible (\$1,500 lifetime max per individual)

Enrollment Group	Preventative Weekly Premium	Major + Ortho Weekly Premium
Team Member Only	\$4.81	\$9.62
Team Member + Spouse	\$9.62	\$19.24
Team Member + Child(ren)	\$9.62	\$19.24
Team Member + Family	\$9.62	\$19.24



CIGNA CONTACT INFO
mycigna.com // (800) 244-6224

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VISION

	In-Network
Eye Exam (once per calendar year)	\$10 copay

Frames (once per calendar year)	\$175 allowance
Standard plastic lens (once per calendar year)	\$20 copay
Single	
Bifocal	
Trifocal	
Lenticular	
Adult polycarb, scratch coating and tint	No cost

Contact Lens (in lieu of lenses and frames)	\$175 allowance
Fitting Fee	\$30 copay

Enrollment Group	Weekly Premiums
Team Member Only	\$1.12
Team Member + Spouse	\$2.24
Team Member + Child(ren)	\$2.54
Team Member + Family	\$3.93

HEARING AID DISCOUNT:

- Free hearing exam
- Discount of up to 40% off premium hearing aids
- superiorvision.yourhearing.com
- (888) 494-1272

LASIK VISION CORRECTION DISCOUNT:

- Up to 50% off the national average price
- lasik.sv.qualsight.com
- (877) 201-3602

AN *important note* ABOUT HEARING AIDS:

Hearing aids may be more cost-effective through the medical plan. When using a Garner approved provider, some copays may be reimbursed. We recommend consulting with the Benefits team prior to purchasing hearing aids.



SUPERIOR VISION CONTACT INFO
superiorvision.com // (844) 549-2603



LIFE INSURANCE

\$30,000 life insurance is provided at no cost to full-time Team Members!

Additional Life:

- Purchase up to 10x your covered earnings (not to exceed \$2 million).
- Cost is based on amount selected and age as of January 1st. Cost will be shown during your online enrollment.
- Underwriting may be required.
- Life insurance is based off gross wages from a specified period of time.

Spouse Life:

- Purchase up to \$250k in increments of \$25k.
- Cost is based on amount selected and age as of January 1st. Cost will be shown during your online enrollment.
- Coverage cannot exceed 50% of your life insurance coverage.
- You must be enrolled in additional life to purchase spouse life.
- Underwriting may be required.

Child Life:

- Purchase \$10,000 for your children under age 26.
- Cost is \$.23 per week for any number of children covered.

NOTE:

Basic, additional, and spouse life insurance reduces by 35% at age 65 and 50% at age 70.



PRUDENTIAL CONTACT INFO
contact by phone // **(800) 524-0542**

SHORT-TERM DISABILITY

Short-term Disability (STD) provides financial support to replace lost income while disabled due to a **short term illness or non-work related injury**.

SHORT-TERM DISABILITY IS PROVIDED AT NO COST TO YOU!



Pays 50% of covered earnings up to \$1,500 per week.



Weekly benefit can continue for up to 26 weeks.

STD is based off your salary or hourly rate and commissions from a specified period of time.

There is a 7 day waiting period. STD will begin on the 8th day of disability.

STD may be offset by any state disability plans.

BUY-UP OPTION:



Cost is based on weekly benefit amount.



Pays 66.7% of covered earnings up to \$3,000 per week.



LONG-TERM DISABILITY

Long-term Disability (LTD) protects your income if you are unable to work for a long period of time due to an illness or injury. Long-term Disability begins after Short-Term Disability ends.

LONG-TERM DISABILITY IS PROVIDED AT NO COST TO YOU!



Pays 50% of covered earnings up to \$6,500 per month.



Monthly benefit can continue until the Social Security normal retirement age.

LTD is based off your salary or hourly rate, bonuses, and commissions from a specified period of time.

LTD may be offset by other income such as SSI, Worker's Comp, etc. The minimum is \$100/month.

BUY-UP OPTION:



Cost is based on amount of your covered earnings.



Pays 66.7% of covered earnings up to \$25,000 per month.



PRUDENTIAL CONTACT INFO
contact by phone // (800) 524-0542

HEALTHY BABIES, HEALTHY PREGNANCY



Expecting?



Enrolled in a
medical plan?



STEP 1:

Contact **Cigna Healthy Babies, Healthy Pregnancy** at (800) 615-2906 or **BCBS Baby Yourself Maternity Program** at (800) 222-4379 as soon as you know you're expecting!



STEP 2:

You'll be transferred to a maternity specialist that will keep in touch for any maternity related questions from birthing classes, maintaining a healthy weight, to choosing a physician.

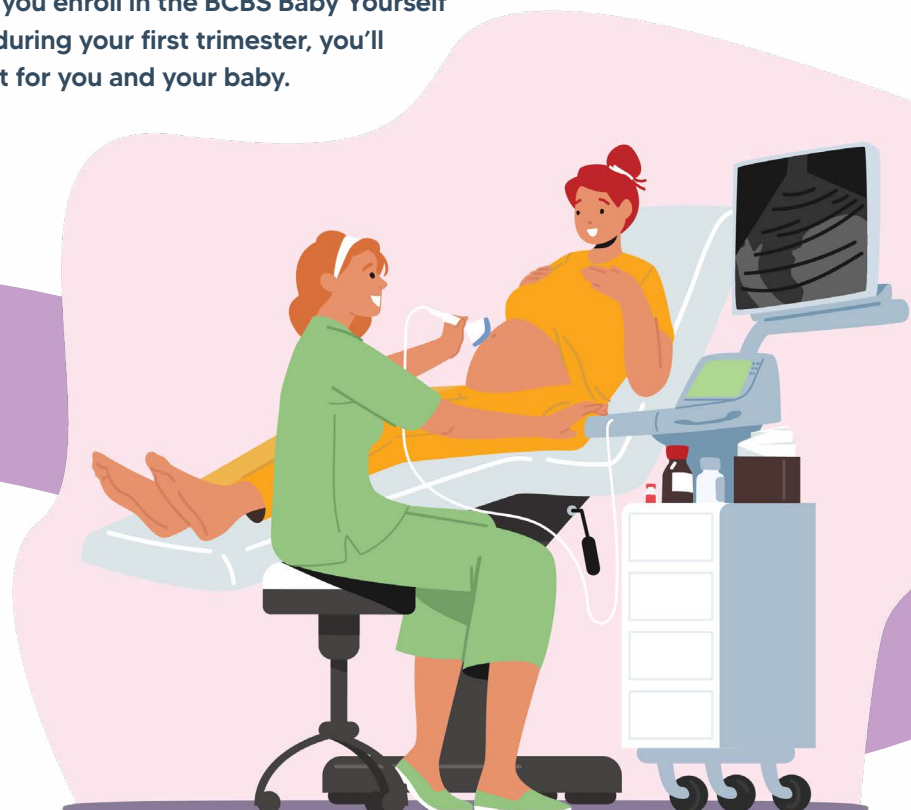


STEP 3:

With Cigna, funds will be deposited into a healthy rewards account. If you enroll in the BCBS Baby Yourself Maternity Program during your first trimester, you'll receive a special gift for you and your baby.

with Cigna

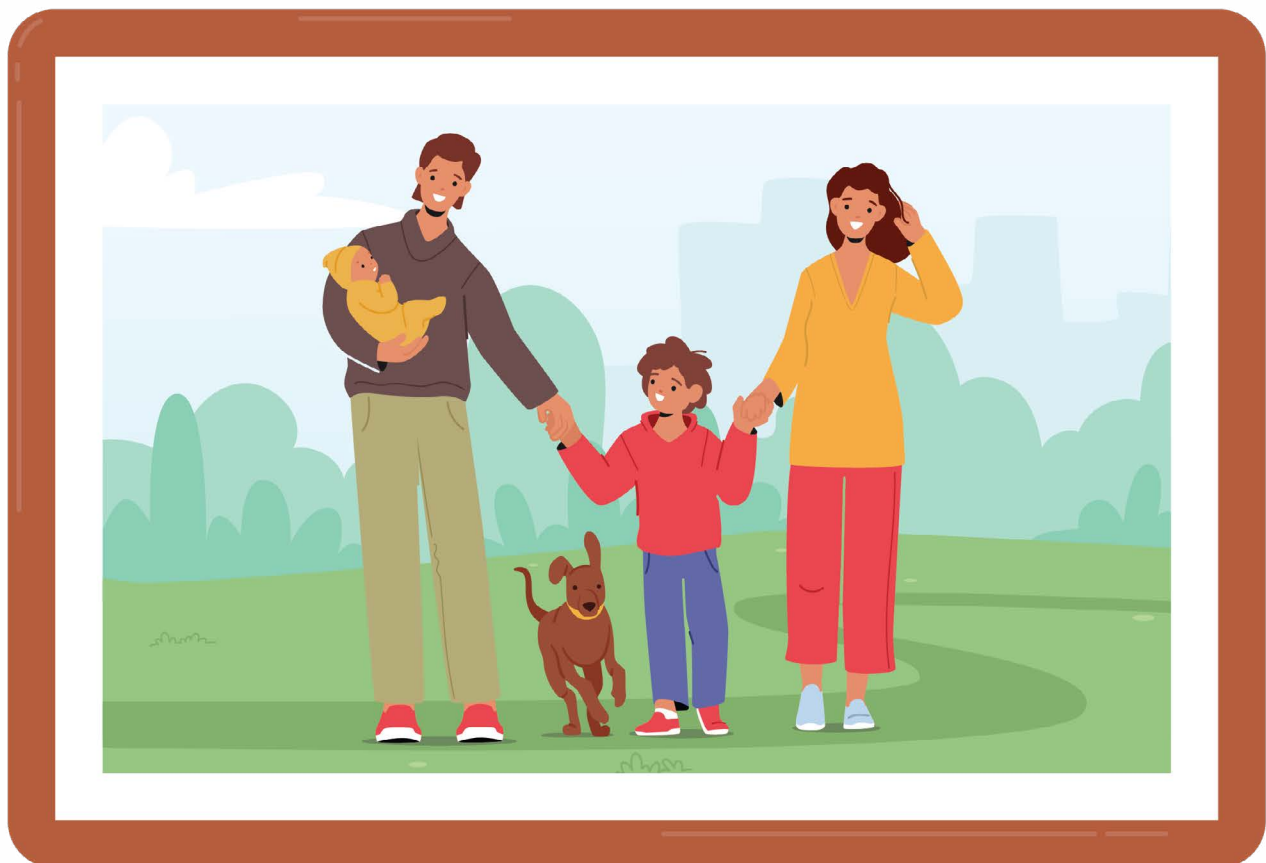
Enroll within your first trimester to receive **\$250** or enroll within your second trimester to receive **\$125**.



PAID PARENTAL LEAVE

We are pleased to offer paid time off to all new parents! It's an incredibly special time for nurturing and bonding for all parents, as well as needed time off for healing and recovery for moms after delivery. We hope this offering of paid parental leave will encourage and empower new parents to take the time they need and give them financial support while doing so.

FOR MOMS WHO DELIVER	ALL PARENTS
<ul style="list-style-type: none">• 10 weeks following delivery• 100% of base pay• Paid through AbsenceOne administered by Sedgwick• May be offset by any state disability plans	<ul style="list-style-type: none">• 4 weeks• 50% of base pay• Must be used within 6 months of birth, adoption, or foster placement• Cannot be used intermittently• For moms who deliver, the 4 weeks at 50% pay will begin after the 10 weeks of 100% pay ends• Paid through payroll• Insurance premiums and arrears deducted



IDENTITY THEFT PROTECTION

What is identity theft?

Identity theft is when your personal information is stolen in order to take over or open new accounts, file fake tax returns, rent or buy properties, or do other criminal activities in your name. While no organization or individual can completely prevent identity

theft, LifeLock alerts you to possible use of your personal information, which can be a valuable deterrent to unauthorized use of your identity. It is important to note that LifeLock cannot monitor all transactions at all businesses.

Why do I need protection?



How does LifeLock work?

LifeLock monitors fraudulent use of your social, name, address or date of birth in applications for credit and services. When activity occurs involving your information, you are alerted by email, text or phone. If you are a victim of identity theft, LifeLock protection includes reimbursement for stolen funds and coverage for personal expenses (with limits up to \$1

million dollars) and access to lawyers and experts if needed, to help resolve your case. Signing up for LifeLock service is an important step in helping to protect your identity. When you become a member, you will receive communications about your membership, keeping you up-to-date on important information about your identity.

When you enroll you'll receive:



A welcome to LifeLock email that explains how LifeLock service works to help protect you.



An email that contains your temporary username and password, along with instructions on how to log in to your member portal.



A welcome kit containing your membership ID card will arrive within 10 business days of your benefit effective date.

LIFELOCK BENEFIT ESSENTIAL™**OR****LIFELOCK BENEFIT PREMIER™**

- ✓ LifeLock Identity Alert System
- ✓ Benefit Essential
- ✓ Identity Lock
- ✓ Credit, Bank & Utility Account Freezes
- ✓ Life Lock Identity Alert System
- ✓ Mobile App
- ✓ Dark Web Monitoring
- ✓ Stolen Wallet Protection
- ✓ Fictitious Identity Monitoring
- ✓ Bank & Credit Card Activity Alerts
- ✓ Credit Monitoring (One Bureau)
- ✓ Online Privacy – Secure VPN, Privacy Monitor & SafeCam
- ✓ Social Media Monitoring
- ✓ Phone Takeover Monitoring
- ✓ Prior Identity Theft Remediation
- ✓ Credit Application Alerts and Credit Monitoring
- ✓ Norton Device Security
 - o Secures PCs, Mac & mobile devices (Up to 3 devices, family gets 6 devices)
 - o Parental Control
 - o Cloud Backup 10GB

ALL THE FEATURES OF BENEFIT ESSENTIAL PLUS:

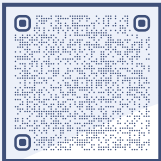
- ✓ Bank Account Takeover Alerts
- ✓ Monthly Credit Score Tracking (One Bureau)
- ✓ Credit Reports & Credit Scores On Demand
- ✓ Credit Monitoring (3 Bureau)
- ✓ Checking & Savings Account Application Alerts
- ✓ Home Title Monitoring
- ✓ Court Records Scanning
- ✓ Norton Device Security
 - o Secures PCs, Mac & mobile devices (Up to 5 devices, family gets 10 devices)
 - o Parental Control
 - o Cloud Backup 50GB

BENEFIT ESSENTIAL WEEKLY PREMIUMS

Team Member Only	\$1.27
Team Member + Family	\$2.53

BENEFIT PREMIER WEEKLY PREMIUMS

Team Member Only	\$2.31
Team Member + Family	\$4.38



SCAN HERE FOR
A FULL LIST OF
LIFELOCK FEATURES
FOR 2024!

No one can prevent all identity theft.

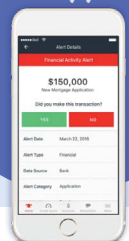
† Lifelock does not monitor all transactions at all businesses.

** Million dollar protection package benefits are provided by a master policy issued by united specialty insurance company, inc. (State national insurance company, inc. For NY state members). The master policy provides coverage for stolen funds reimbursement and personal expense compensation, each with limits of up to \$1 million. If needed, Lifelock will provide lawyers and experts under the service guarantee. Please see the policy terms, conditions and exclusions at: lifelock.com/legal.



LIFELOCK CONTACT INFO
lifelock.com // (800) 607-9174

DOWNLOAD
the app!



401(K) RETIREMENT PLAN

The Clayton 401(k) plan allows eligible Team Members to save for retirement through payroll deduction. Team Members are eligible for the 401(k) retirement plan after **90 days of service**.

ENROLLMENT

New hires will receive enrollment materials directly from Fidelity Investments. If no action is taken before reaching **90 days of service**, newly eligible Team Members will be **automatically enrolled into the plan at a 4% pre-tax deferral rate**.

Team Members may contact Fidelity at any time to change their deferral rate or opt out of the plan.

ANNUAL AUTOMATIC INCREASE

If a Team Member does not actively opt out of the Annual Increase Program, their deferral rate will **increase 1% each year until it reaches a 11% deferral rate**.

catch up!

If you are age 50 or older, you can contribute an additional **\$7,500** annually.

TEAM MEMBER CONTRIBUTIONS

Team Members can contribute **up to 75% of their eligible pay** on a pre-tax basis, and Roth sources, up to the annual IRS dollar limits.

ELIGIBILITY REQUIREMENT

Part-time and full-time Team Members 18+ are eligible to participate after 90 days of employment.

MATCHING CONTRIBUTIONS

Team Members are eligible to receive company match at the beginning of the quarter following one year of service. **The company will match dollar for dollar of the first 4% you contribute to the plan.**

ROTH

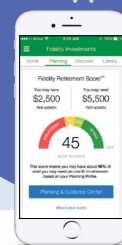
We also offer a Roth 401(k) option in the plan. Roth contributions to your retirement savings plan allow you to make after-tax contributions and take any associated earnings completely tax free at retirement.



FIDELITY CONTACT INFO

English: **(800) 835-5095** // Spanish: **(800) 587-5282**
netbenefits.com

DOWNLOAD the app!



401(K) RETIREMENT PLAN

IMPORTANT: DESIGNATE YOUR 401(K) BENEFICIARY

Your 401(k) beneficiaries are separate from all other benefits. With Fidelity's Online Beneficiaries Service, you can designate your beneficiaries, receive instant online confirmation, and check your beneficiary information virtually anytime.

To elect your 401(k) beneficiaries:

- Visit netbenefits.com
- Select "**Beneficiaries**"
- Follow the online instructions or contact Fidelity at **(800) 835-5095**.



FIDELITY CONTACT INFO

English: **(800) 835-5095** // Spanish: **(800) 587-5282**
netbenefits.com

DOWNLOAD
the app!





additional resources

LET'S TALK

Let's Talk is Clayton's enterprise-wide commitment to supporting the mental wellbeing of its Team Members. We all have mental health, just as we have physical health, and **we all benefit from having access to professional resources that help us care for our brains like we care for our bodies.**

EMPLOYEECONNECT

As a Clayton Team Member, **you and your family have access to 24/7 support** for a wide range of personal and work-related issues.

● CONFIDENTIAL COUNSELING

Up to five* sessions with a counselor per person, per issue, per year.

*In California, up to three sessions in six months, starting with initial contact by Team Member.

● WORK-LIFE SOLUTIONS

Assistance finding child or elder care, moving, college planning, selling a house and more.

● LEGAL SUPPORT

Access to an attorney for legal concerns such as custody, adoption, debt and bankruptcy.

● FINANCIAL INFORMATION, RESOURCES AND TOOLS

Discuss getting out of debt, retirement or estate planning, saving for college and tax questions.

Call anytime for confidential support!



Call: (800) 311-4327
TDD: (800) 697-0353



Online: guidanceresources.com
Clayton Web ID: GEN311



additional resources

NEED ADDITIONAL SUPPORT?

Connect with mental health providers with these resources, available at NO COST for Team Members and family enrolled in the Clayton medical plan.

● **Garner**

Garner can help you find top-rated providers near you with expertise in mental health and wellbeing. Garner is a free resource available for those on the Clayton medical plan. Download the Garner Health app or visit **garner.guide/account** See pages 9-12 for more details.

● **Telehealth**

With MDLive and Teladoc, you can schedule a video or phone call appointment with doctors, therapists or other trained mental health professionals. Talk to someone **same day or schedule a conversation at a later time**. See page 17 for more details.

MDLIVE (CIGNA)
mdliveforcigna.com // (888) 726-3171

TELADOC (BCBS)
teladoc.com/alabama // (855) 477-4549

NATIONAL RESOURCES

● **SAMHSA Treatment Locator**

samhsa.gov // (800) 662-4357 // Call for treatment referrals to mental health care and substance abuse services.

● **The National Suicide Prevention Lifeline**

Call 9-8-8 for immediate support when experiencing suicidal thoughts. This service is committed to improving crisis services and advancing suicide prevention by empowering individuals.

● **National Crisis Text Line**

crisistextline.org // **Text HOME to 741741** to contact a trained Crisis Counselor for immediate assistance with anxiety, depression, eating disorders, abuse, gun violence, loneliness, suicide, and self-harm.

● **Veterans Crisis Line**

Call: **(800) 273-8255** // Text: **838255** // Call or text to receive immediate support for all Veterans, Service Members, National Guard and Reserve and their family members and friends.

● **Psychology Today**

psychologytoday.com/us // Enter your city or zip code to find a therapist close to you.

Contact **ClaytonWellbeing@claytonhomes.com** to learn more about Let's Talk.

TOBACCO CESSATION PROGRAM

Ready to quit? **Quit For Life can help!**

The Quit For Life program can help you create an easy-to-follow quit plan that will show you how to get ready, take action and live the rest of your life tobacco free.

FREE for Team Members, spouses and dependents 18 years and older!

What does the program include?

- 5 one-on-one scheduled calls with your own quit coach
- Call to speak with a quit coach anytime, 24/7
- Direct mail order of 8-week supply of a patch or gum
- \$0 copay for 180 day supply of Bupropion or Chantix (prescription required)
- Access to an interactive website that helps you stay on track between calls
- Text2quit, an integrated text messaging service sends games to help during cravings
- Ability to re-enroll and try again if you have not quit for good by last call

How do I enroll?

Enroll anytime by calling
(866) 784-8454 or visit
quitnow.net.

Quit for Life offers translation services for many languages including Spanish.



2024

Vendor

contacts

PROGRAM	VENDOR	WEBSITE	PHONE
401(k)	Fidelity	netbenefits.com	(800) 835-5095
Additional Resources	EmployeeConnect	guidanceresources.com	(800) 311-4327
Disability, Long-term	Prudential	prudential.com/mybenefits	(800) 842-1718
Disability, Short-term	AbsenceOne	absenceone.com/clayton	(855) 366-2152
Flexible Spending	Optum Financial	secure.optumfinancial.com	(833) 229-4432
Identity Theft Protection	LifeLock by Norton	lifelock.com	(800) 607-9174
Life Insurance	Prudential	contact by phone	(800) 524-0542
Medical	Blue Cross Blue Shield	alabamablue.com	(888) 578-6772
Medical	Cigna	mycigna.com	(800) 244-6224
Pharmacy	Express Scripts	express-scripts.com	(855) 634-0226
Telehealth (BCBS)	Teladoc	teladoc.com/alabama	(855) 477-4549
Telehealth (Cigna)	MDLive	mdliveforcigna.com	(888) 726-3171
Tobacco Cessation	Quit For Life	quitnow.net	(866) 784-8454
Top Provider Directory	Garner	mygarnerguide.com	(866) 761-9586
Vision	Superior Vision	superiorvision.com	(844) 549-2603
Voluntary Benefits	Voya	presents.voya.com/ebrc/claytonhomes	(877) 236-7564

CLAYTON BENEFITS TEAM

benefits@claytonhomes.com // (865) 380-3000 x7400



Benefits ABCs

Health care and benefits can be confusing! Here's a few common terms used throughout the guide or words that you may hear at your doctor's office defined to help you better understand your benefits package and navigate your healthcare experience.

Benefits Enrollment

A defined period of time when Team Members may elect or change benefits coverages. Each year, during open enrollment, all Team Members are given the opportunity to change their benefits elections for the upcoming year. During qualified life events such as marriage or the birth of a child, Team Members are given 30 days to change their benefits elections. Log on to **workday.claytonhomes.com** to enroll in benefits coverages.

Copay

Also known as a copayment. Copays are a flat or fixed amount that you pay for a covered health care service such as an appointment, procedure, service or prescription. **Helpful tip:** See Garner approved providers to get your copays reimbursed for qualified services.

Copay Reimbursement

When you receive a bill from your medical provider, pay the bill as you normally would. With Garner, your copays for qualified visits are reimbursed. This means the money you pay will be sent back to you in the form of a check about 6 to 8 weeks after your visits with Garner approved doctors.

In-network vs. Out-of-network

A provider or facility is considered in-network when they participate in our medical carrier's (BCBS or Cigna) network of providers. When you visit in-network providers, you will pay a flat copay for services received, eliminating surprise medical bills. Out-of-network providers do not participate in our medical carrier network, leading to patients paying a higher cost for medical services. Visit **mygarnerguide.com** for a list of in-network Top Providers.

Out-of-pocket Maximum

The maximum amount you will required to pay for covered health care services during a plan year.

Premium

Premium is the amount that is deducted from your paycheck each week for health coverages you elect during benefits enrollment. With some coverages, such as your medical insurance, a premium is shared between you and your employer.



Notes



Lined area for taking notes, consisting of 20 horizontal blue lines.

