

CORPORATE OFFICE

6215 Clear Creek Parkway
Cheyenne, WY 82007
TEL 307/635/9005
FAX 307/635/9010



Make the Most of your Benefits!

Simon is proud to offer our employees benefits options that are among the best in the industry. We encourage you to review the enclosed *Benefits Enrollment Guide* to learn more about the available benefit options and eligibility.

To enroll in health and wellness benefits*, visit benefits.simonteam.com, the company key is 'colas', or call the benefits service center at 844.427.5558 to enroll over the phone. **You must enroll in health benefits within 31 days of your hire date.** Otherwise, changes to health benefits can only be made during annual open enrollment, or in the event of a qualifying life status change.

Simon employees and their family members have access to Health Advocate, where they can get personalized support and guidance for all things benefits related. Health Advocate can help employees and their families understand the benefits the company offers, resolve claims and billing issues, transition to Medicare, and more. Simply go online to HealthAdvocate.com/colas, speak to a representative at 866.695.8622, or email questions to answers@HealthAdvocate.com.

To enroll in 401(k) Retirement Savings, after your first paycheck is received visit www.prudential.com/online/retirement, or call Empower at 877.778.2100 to speak with a retirement counselor. Don't miss out on this valuable benefit:

- Company match: \$1.00 for every dollar that an employee contributes up to 3%, plus \$0.50 for every dollar on the next 2% contributed. (You must contribute 5% of your own pay to receive the full 4% Simon match).
- Discretionary Company Contribution: Simon will contribute 2% of eligible compensation to your 401(k), regardless if an employee makes any contributions. Employees must be employed by Simon on the last day of the year and employed by Simon for one year and worked 1,000 hours.
- Vesting: After one year of employment, the company match is vested at 100%. Discretionary Company Contribution is vested after three years of employment.
- Employees can choose between Traditional and Roth options.

Please contact a member of the Human Resources team by calling 307.635.9005, or e-mailing your questions to benefits@simonteam.com.

Don't miss out – enroll in your benefits today*!

**Access to online and telephone enrollment systems is typically available after three (1) business day following your hire date, and/or entry of your data into our employee database.*

2023

BENEFIT GUIDE



SIMON

A COLAS COMPANY

CONTENTS



03	WELCOME
04	BENEFITS AT A GLANCE
05	RATES AT A GLANCE
06	BENEFITS ELIGIBILITY
07	MEDICAL BENEFIT OPTIONS
010	PRESCRIPTION DRUG BENEFITS
011	DENTAL
013	VISION
014	FLEXIBLE SPENDING ACCOUNTS
017	LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT PROGRAMS
018	DISABILITY
020	OTHER VALUABLE BENEFITS
021	WELLNESS PROGRAM
022	EMPLOYEE DISCOUNTS
023	HOW TO ENROLL
023	CONTACT INFORMATION
024	MYCHOICE MOBILE APP - BENEFITS PATH



Welcome

At Simon, we pride ourselves on offering comprehensive coverage for medical, dental, and vision benefits. Additionally, employees have access to benefits such as Flexible Spending Accounts (FSAs), life insurance and disability, as well as valuable offerings such as Teladoc (telemedicine) and Health Advocate services. In order to ensure you have the tools you need to make the best decisions for you and your family, all content related to benefits can be found online at Benefits Path (<http://benefits.simonteam.com>).

Benefit information sessions are available for new employees upon request. We encourage new employees to schedule a Benefit information session by contacting Human Resources prior to the effective date of their benefits coverage and/or open-enrollment deadline. During the session, employees can review benefits information and materials via phone with a member of the Human Resources team, and ask questions regarding enrollment.

Make the most
of your benefit
options and
PAVE THE WAY
to choosing well
for 2023.

BENEFITS AT A GLANCE



Below is a high-level overview of your benefits. Some benefits are provided to you by Simon, while others – if selected – are paid for through payroll deductions. Take the time to review the options described throughout this guide so you can choose the benefits that fit your needs.

Benefit Plan	Coverage Options
Medical and Prescription Drugs	<p>You can elect to participate in the medical plan for you and your eligible dependents. There are three options provided by Capital BlueCross:</p> <ul style="list-style-type: none"> • Preferred Provider Organization-1 (PPO-1) • Preferred Provider Organization-2 (PPO-2) • High Deductible Health Plan (HDHP)
Dental	<p>You can elect to participate in the dental plan for you and your eligible dependents through Delta Dental of New Jersey.</p>
Vision	<p>You can elect to participate in the vision plan for you and your eligible dependents through VSP.</p>
Flexible Spending Accounts (FSAs)	<p>You can elect to participate in an FSA:</p> <ul style="list-style-type: none"> • Health Care FSA sets aside pre-tax funds to pay for eligible healthcare expenses for you and your dependents. <i>Note: You cannot elect a Health Care FSA if you enroll in the HDHP.</i> • Dependent Care FSA sets aside pre-tax funds to pay for eligible dependent care expenses (e.g., day care, after-school care, elder care).
Teladoc©	<p>If you enroll in medical coverage, you and your dependents are eligible for telemedicine services through Teladoc anytime, from anywhere. The cost for this service is covered by the company for those enrolled in a PPO plan. Those enrolled in the HDHP are charged \$50 per phone call.</p>
Health Advocate	<p>You and your dependents are eligible to use the services of Health Advocate at no cost to you. For all employees (including those not enrolled in the medical plan), unlimited confidential access to a Personal Health Advocate is available to assist you with claim issues, billing, locating specialists, and more.</p>
Employee Assistance Program (EAP)	<p>You and your dependents are eligible for the EAP through SupportLinc at no cost to you. The EAP offers 24-hour access to confidential counseling for employees and their dependents.</p>
Life and Accidental Death and Dismemberment (AD&D) Insurance	<ul style="list-style-type: none"> • You are automatically enrolled in basic life and AD&D insurance at no cost to you • You have the option to purchase additional coverage for yourself, your spouse, and your children
Disability	<p>You are automatically provided with Short-Term Disability coverage at no cost to you. Salaried employees are also provided with Long-Term Disability coverage at no cost.</p>
Paid Time Off	<p>Accrued paid time off based on years of service (starting with two weeks/year)</p>
Education Assistance	<p>Financial reimbursement is available to pursue approved courses and college degree programs; employees are eligible following two years of service.</p>
Finance/Banking	<p>Access to high-yield, no-fee checking and savings account programs</p>

RATES AT A GLANCE

Weekly

Medical Wellness Rate

Medical Non-Wellness Rate

TIER/BENEFIT	PPO-1	PPO-2	HDHP	PPO-1	PPO-2	HDHP	DENTAL	VISION
EMPLOYEE	43.50	30.00	15.00	56.00	42.50	27.50	3.00	.75
EMPLOYEE +SPOUSE	114.50	71.25	35.00	127.00	83.75	47.50	5.75	1.50
EMPLOYEE +CHILD(REN)	100.00	63.75	30.00	112.50	76.25	42.50	6.25	1.25
FAMILY	159.50	97.50	50.00	172.00	110.00	62.50	9.50	2.00

Monthly

Medical Wellness Rate

Medical Non-Wellness Rate

TIER/BENEFIT	PPO-1	PPO-2	HDHP	PPO-1	PPO-2	HDHP	DENTAL	VISION
EMPLOYEE	174.00	120.00	60.00	224.00	170.00	110.00	12.00	3.00
EMPLOYEE +SPOUSE	458.00	285.00	140.00	508.00	335.00	190.00	23.00	6.00
EMPLOYEE +CHILD(REN)	400.00	255.00	120.00	450.00	305.00	170.00	25.00	5.00
FAMILY	638.00	390.00	200.00	688.00	440.00	250.00	38.00	8.00

BENEFITS ELIGIBILITY

Full-time, active employees are eligible to participate in the plans offered through the benefit programs. You may also elect coverage for your eligible dependents. Your cost for coverage depends on your employment status and the dependents you enroll.



Dependent Coverage

Your coverage options are: Employee, Employee + Child(ren), Employee + Spouse, or Family.

Dependent coverage includes you and any of the following family members:

- Your legal spouse
- Your children, age 26 years or younger, which includes:
 - A newborn, natural child or a child placed with you for adoption
 - A stepchild or any other child for whom you have legal guardianship
 - Coverage will end at the end of the month in which they turn 26
- Disabled children over the age of 26 years (if disabled prior to age 26 years)

When Coverage is Effective

For new hires, medical, dental, vision and basic life and AD&D coverage, as well as participation in the 401(k) savings plan, is effective as outlined in your plan documents, provided you have elected this coverage.

For newly hired full-time employees, benefits begin the first of the month following their hire date or 1st of the month if hired on the 1st.

Making Changes During the Year

Once you enroll, your elections remain in effect throughout the entire calendar year, as long as you continue to meet each plan's eligibility requirements. You can only make changes:

- During Benefits Open Enrollment, or
- Within 31 days of a qualified life status change.

Qualifying Life Status Change

You cannot make changes to your health-related benefits during the year unless you experience a qualified life status change. All requests for changes must be submitted, along with the required documentation (such as marriage certificate, birth certificate, adoption/legal guardianship agreement), within 31 days of the qualifying event. Any changes you make to your coverage must be consistent with the change in status.

Life events that are considered a qualified life status change include:

- Marriage, divorce, legal separation, or annulment
- Birth, adoption, or appointment of legal guardianship of a child
- Your death or the death of your dependent
- Your dependent losing or gaining employment or employer-provided coverage
- A change in your (or your dependent's) employment status due to a switch between full-time and part-time, or an unpaid leave of absence
- A change in your dependent's eligibility
- A change in the place of residence or worksite of you or a dependent
- A significant change in the benefits or cost of a dependent's coverage under their group plan.

Documents must be provided to verify and approve all dependents before coverage becomes effective.

MEDICAL OPTIONS

We offer three medical benefit options through Capital Blue Cross: Two PPO (Preferred Provider Organization) plans and an HDHP (High Deductible Health Plan). All three options offer comprehensive medical coverage, as well as prescription drug benefits, but there are slight differences between them. The table below provides an overview of the key elements of the PPOs and HDHP.



PPOs

HDHP

	PPOs	HDHP
Your Contributions	Higher than HDHP	Lower than PPOs
Deductible	The deductible only applies to medical expenses, and is lower than the HDHP. If you have family coverage, the plan will begin to pay benefits for an individual once that individual's deductible has been met.	The deductible applies to both medical and prescription drug expenses. The deductibles are higher than the PPOs. If you have family coverage, the full family deductible must be met before the plan will begin to pay benefits for any one person. The individual deductible will only apply if you enroll in employee only coverage.
Out-of-Pocket Maximum	The out-of-pocket maximum includes the deductible, copays, and coinsurance for medical expenses as well as prescription drugs and is lower than the HDHP. If you have family coverage, one person can meet the individual out-of-pocket maximum and the plan will cover expenses for that one person's expenses at 100% for the remainder of the calendar year. Once the entire family out-of-pocket maximum is met, the plan will pay 100% for all family members.	The out-of-pocket maximum includes the deductible, copays, and coinsurance for medical and prescription drug expenses and is higher than the PPOs. The out-of-pocket maximum works the same as the PPO.
Separate Prescription Drug Out-of-Pocket Maximum	No	No
Free In-Network Preventive Care	Yes	Yes
Network Choices	In-network and out-of-network	In-network and out-of-network
Health Savings Account (HSA)	No	Yes, the HSA is available for medical, dental, and vision expenses.
Health Care Flexible Spending Account (FSA)	Yes, the Health Care FSA is available for medical, dental, and vision expenses.	No



MEDICAL OPTIONS AT A GLANCE

With the two PPOs, you can expect to have lower deductibles and out-of-pocket maximums for medical services compared to the HDHP. However, this means you will pay more from your paycheck for your medical contributions compared to the other options.

The HDHP has a higher deductible and out-of-pocket maximum, but you will pay less in paycheck deductions than either PPO plan. If you enroll in the HDHP, you have the opportunity to open a Health Savings Account (HSA) that you can use to pay for qualified healthcare expenses using pre-tax dollars. For more information on the HSA, refer to page 9.

Feature	PPO-1		PPO-2		HDHP	
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
Deductible (Single/Family)	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Maximum (Single/Family)	\$2,000/\$4,000	\$4,000/\$8,000	\$3,500/\$7,000	\$7,000/\$14,000	\$4,000/\$8,000	\$8,000/\$16,000

Medical Services

Preventive Care	Covered at 100%	40% after deductible	Covered at 100%	50% after deductible	Covered at 100%	50% after deductible
PCP Visit	\$20	40% after deductible	\$30	50% after deductible	20% after deductible	50% after deductible
Specialist Visit	\$35	40% after deductible	\$45	50% after deductible	20% after deductible	50% after deductible
Urgent Care	\$50	40% after deductible	\$60	50% after deductible	20% after deductible	50% after deductible
Emergency Room Visit	\$250	\$250	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Outpatient Surgery	10% after deductible	40% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient Hospital	10% after deductible	40% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible

*In-network amounts are based on negotiated fees.

**Out-of-network claims are reimbursed based on the allowable amounts, which is the maximum amount the insurer will pay for a covered health service.



If you enroll in one of the PPO plans, you can contribute to a Health Care Flexible Spending Account (FSA) to set aside pre-tax money during the year to help pay for out-of-pocket health care expenses. Learn more about the Health Care FSA on page 13.

A CLOSER LOOK AT THE HEALTH SAVINGS ACCOUNT (HSA)

Employees who enroll in the HDHP medical benefit have the option to contribute to an HSA. An HSA is a special bank account owned by you to help save pre-tax dollars for current and future healthcare expenses. It gives you more control over your healthcare spending.

Simon Contributes to the HSA

Simon contributes money to the HSA accounts for employees enrolled in the program, regardless of the employee's contribution rate, in order to help pay for eligible healthcare expenses. See the table below.

HDHP Coverage Level	Simon Will Contribute to Your HSA	Employees Can Choose to Contribute to HSA	Total Contributions Allowed by the IRS
Employee Only	\$500	\$3,350	\$3,850
Family	\$1,000	\$6,750	\$7,750

If you are age 55 years or older by the end of 2023, you may make additional catch-up contributions of up to \$1,000 per year.

HSA Eligibility

To enroll in the HSA, you must be enrolled in the HDHP. In addition:

- You **cannot** have other health coverage that pays for out-of-pocket healthcare expenses before you meet your plan deductible (another high deductible plan is allowed)
- You or your spouse **cannot** have a general purpose Health Care Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) in the same year
- If you are enrolled in Medicare, you are **not** eligible to contribute to the HSA
- You **cannot** be enrolled in TRICARE, or have received Veterans Administration (VA) health benefits in the previous three months
- You **cannot** be claimed as a dependent by someone else



Save for your "health retirement", by setting aside pre-tax dollars to help pay for Medicare premiums when you retire.

PRESCRIPTION DRUG BENEFITS

Capital BlueCross provides prescription drug coverage to employees enrolled in medical benefits.

When your doctor prescribes medication, you have choices about where and how the prescription is filled:

- In-network retail pharmacy or mail-order
- Generic, preferred brand-name, or non-preferred brand-name medications

Note: None of the plans offer out-of-network coverage. You must fill a prescription at a participating pharmacy.

Features	PPO-1	PPO-2	HDHP
	In-Network		
Retail (up to a 30-day supply) <ul style="list-style-type: none"> • Generic • Preferred Brand • Non-Preferred Brand 		\$10 \$35 \$60	\$10 after deductible \$35 after deductible \$60 after deductible
Mail-Order (up to a 90-day supply) <ul style="list-style-type: none"> • Generic • Preferred Brand • Non-Preferred Brand 		\$20 \$70 \$120	\$20 after deductible \$70 after deductible \$120 after deductible

Maintenance Medication

If you are taking a maintenance medication, you have the option of filling a 90-day or a 30-day supply. You can choose to fill your 90-day supplies through mail service or at a local network pharmacy in your area. Whether you choose delivery or pick up for your 90-day supply, you will be charged just one applicable mail-order copayment. You can also continue to fill 30-day supplies at any Capital BlueCross network pharmacy for one applicable retail copayment.

Specialty Drug Service

With your prescription drug benefit, you have access to specialty drug services. Specialty drugs are prescriptions that are used for the treatment of complex, chronic conditions such as hepatitis, hemophilia, and cancer. If you require specialty drugs, your doctor will need to submit your order through a specialty pharmacy.

FlexAccess

FlexAccess is an automated manufacturer copay program. For eligible members, coupons and other savings will be applied to copays for select high-cost drugs regardless of where they are filled. In addition, the program will continue to monitor and identify additional savings programs that may offer cost-savings opportunities for drugs that you may take in the future. Capital Blue Cross will reach out to eligible members by mail to instruct them on how to utilize the program.

DENTAL

Delta Dental of New Jersey provides our comprehensive dental care and services. Remember, preventive care, such as exams, cleanings, and X-rays, is covered at 100% (subject to frequency limitations). Refer to the table below for more information.



Plan Features

Annual Deductible

Annual Maximum Benefit

Class A Services*

- Preventive and Diagnostic
 - Includes exams, cleanings (2 per year), X-rays, and fluoride treatment for children (2 per year)

Class B Services

- Basic Restorative
 - Includes fillings, periodontics, root canals, and oral

Class C Services

- Basic Restorative
 - Includes services related to crowns, bridges, implants, and dentures

Orthodontia (for both children and adults)

Plan Benefit

\$50 per person
\$100 per family

\$2,000 per person

Covered at 100% (no deductible)

80% after deductible

50% after deductible

50% (no deductible)

*Preventive and diagnostic care costs are excluded in the \$2,000 annual benefit maximum

www.deltadentalnj.com



DENTAL NETWORK PROVIDERS

You have the flexibility to use any dentist of your choice. However, it is a good idea to understand that Delta Dental has different networks of providers—the Delta Dental PPO Network and the Delta Dental Premier Network, as well as the option to use an out-of-network dentist. The amount you pay depends on the type of network dentist you choose. To see how each option works, review the chart below.

PPO Network	Premier Network	Out-of-Network
<ul style="list-style-type: none">• These dentists have agreed to accept a discounted fee—approximately 20%-30% less than the average fee• Coinsurance will be based on this discounted fee• You will pay the least with the PPO Network; however, there are fewer dentists to choose from	<ul style="list-style-type: none">• These dentists have agreed to accept a fee based on the average fee charged by dentists in the area, or the Delta Dental maximum plan allowance, whichever is less• Coinsurance will be based on this amount• If your dentist does not participate in the PPO Network, check if he or she participates in the Premier Network	<ul style="list-style-type: none">• You pay the most when you use an out-of-network dentist• Since an out-of-network dentist does not have to accept Delta Dental's allowance, you are responsible for any charges above the maximum plan allowance• You may need to pay the dentist up front and file a claim for reimbursement
<ul style="list-style-type: none">• Generally, you pay lower costs and save on out-of-pocket expenses• You will not be responsible for amounts above what Delta Dental considers its maximum plan allowance. However, you will be responsible for the coinsurance and deductible• You do not have to file any forms		

You are free to see the dentist of your choice; however, participating providers prove to be less expensive. To see if your dentist is in-network or to find a Delta Dental provider, visit www.deltadentalnj.com.

Carryover Maximum

You may be able to carry over a portion of the annual maximum into the next year if you do not use all of the benefits. Delta Dental's carryover maximum allows you to carry over up to 25% of the unused portion of your standard annual maximum, up to a maximum of \$500, in one year to increase benefits for the following year and beyond. To qualify for the carryover maximum, you must receive at least one cleaning or one oral exam during the plan year and not use more than half of your annual maximum. For more information, call Delta Dental of NJ at 800-452-9310.

Oral Enhancement Benefit

If you have been treated for periodontal (gum) disease, the oral health enhancement option enables you to obtain up to four dental cleanings and/or periodontal maintenance procedures in any combination per benefit period. Eligible members must have a claim history or submit evidence of having periodontal surgery or periodontal scaling and root planing.



VISION

VSP provides affordable vision coverage for you and your family. Benefits described in the chart below are available every calendar year. For more information as well as find a participating provider, visit www.vsp.com.

	In-Network Member Cost	Out-of-Network Member Reimbursement
Well-Vision Exam	\$20 copay	Up to \$50
Prescription Glasses	\$20 copay	\$20 copay
Frame	<ul style="list-style-type: none"> • \$175 allowance for a wide selection of frames • \$195 allowance for featured frame brands • 20% savings on the amount over your allowance • \$100 Walmart/Costco® frame allowance 	Up to \$70
Lenses		
• Single vision lenses	Covered after \$20 copay	Up to \$50
• Lined bifocal lenses	Covered after \$20 copay	Up to \$75
• Lined trifocal lenses	Covered after \$20 copay	Up to \$100
Lens Enhancements		
• Tints/Photochromic adaptive lenses	Covered in full	Up to \$5
• Standard progressive lenses	\$50 copay*	Up to \$85
• Premium progressive lenses	\$80-\$90 copay*	Up to \$85
• Custom progressive lenses	\$120-\$160 copay*	Up to \$85
	*copay shown is in addition to the materials copay	
Elective Contacts (Instead of Glasses)	\$150 allowance for contacts; copay does not apply	Up to \$105 to be used toward the contact lens exam and materials
Contact Lens Exam Fitting and Evaluation	Up to \$60 copay	See Elective Contacts allowance



FLEXIBLE SPENDING ACCOUNTS (FSA)

Flexible Spending Accounts (FSAs) can help you manage your share of the costs for health care and dependent care by setting aside pre-tax money from each paycheck into a special account to plan for eligible expenses. Simon provides two types of FSAs:

- Health Care FSA – to pay for qualifying out-of-pocket medical, dental, and vision expenses
- Dependent Care FSA – to pay for dependent care expenses, such as day care or elder care, incurred by eligible dependents

Note: If you are enrolled in the HDHP, you are not eligible to open a Health Care FSA.

How the FSAs Work

With an FSA, you elect to have your annual contribution amount (up to the limit set by the IRS) deducted from your paycheck each pay period on a pre-tax basis, in equal installments throughout the year, until you reach the yearly maximum you have specified. The amount of your pay that goes into an FSA reduces your taxable income, so you will have immediate tax savings.

Use It or Lose It

If you have a balance in your Health Care FSA as of December 31, 2023, the balance will automatically roll over up to \$570 of your remaining Health Care FSA funds that you will be able to use starting in 2024. If you do not re-enroll in the Health Care FSA in the following year, balances of less than \$25 will be forfeited. All expenses for 2023 must be submitted by February 28, 2024.

Tax Advantages of Contributing to an FSA

An FSA can help you pay less in taxes. When you participate, your contributions come out of your paycheck before federal income taxes, Social Security, and state tax (in certain states) are calculated. As a result, you lower your taxable income and pay less in taxes. By using these tax-free funds for reimbursement for eligible healthcare and dependent care services, you can save 15% or more on these expenses.



If you enroll in one of the FSAs, you will receive a debit MyChoice card to make it easy to pay for out-of-pocket costs. When you use your card, payments are withdrawn from your account. Even though you pay for transactions using your debit card, keep your receipts as you may be required to provide a copy for certain transactions in accordance with IRS regulations.

HEALTH CARE FSA

With a Health Care FSA, you can save money on a pre-tax basis to help pay for eligible healthcare expenses, as long as you are **not** enrolled in the HDHP.

How the Health Care FSA Works

You may contribute up to \$3,050 per calendar year for eligible health care expenses. Eligible expenses incurred during the plan year under your medical, dental, and vision plans, such as:

- Deductibles
- Coinsurance
- Copays for physician visits or prescription drugs, and more



For a full list of eligible healthcare expenses and more information on the Health Care FSA, visit www.irs.gov (Publication 502).

The following is an overview of how the account works:

- You may contribute to your Health Care FSA up to the allowable limit in 2023. Contributions will be deducted from your paycheck in equal installments throughout the year on a pre-tax basis.
- As you incur eligible expenses during the plan year, you may request reimbursement from your account, up to the full amount you have elected to set aside for the year
- You can also pay at the time of service with your FSA debit card. Your 2023 FSA contributions may be used to claim expenses you incur through December 31, 2023 and need to be submitted by February 28, 2024.
- Any monies remaining in your Health Care FSA at the end of the year (up to \$570) will rollover into the next year as long as you are not enrolled in the HDHP. If you do not re-enroll in the Health Care FSA the following year, any balance less than \$25 will be forfeited.

Keep Your Receipts

If you contribute to the Health Care FSA, you will receive a debit card which can be used at participating providers to pay for eligible healthcare expenses only. Keep your receipts as you may be required to provide a copy for certain transactions in accordance to IRS regulations.

Eligible Dependents

You can use the Health Care FSA to reimburse yourself for eligible out-of-pocket expenses incurred for these individuals:

- Yourself,
- Your spouse (as defined by federal law), and/or
- Any other individual who qualifies as your dependent for federal tax purposes in the same year that the expenses are incurred

Submitting Claims

You can submit documentation online at benefits.colasusa.com, through the MyChoice Mobile App or by downloading the claim form and submitting via fax or mail.

DEPENDENT CARE FSA

A Dependent Care FSA provides pre-tax reimbursements for out-of-pocket expenses related to dependent care if you and your spouse both work full-time or part-time, or are in school.

How the Dependent Care FSA Works

You may contribute up to \$5,000 per calendar year for eligible dependent care expenses. If your spouse also contributes, together your contributions cannot exceed \$5,000.

Eligible expenses include:

- Day care inside or outside your home for children under age 13, or any age if disabled;
- Tuition for pre-school, day camp or before- and after-school programs for children under age 13; and
- Day care for a dependent or disabled parent who lives with you at least eight hours a day.

To pay for expenses, you can only use up to the amount that is in your account at the time of reimbursement. In addition, the Dependent Care FSA is a “use it or lose it” account, which means that you will not be able to carry over any unused balance after December 31, 2023. The unused balance in your account will be forfeited.

The IRS has a full list of eligible expenses and further information on the Dependent Care FSA. Visit the IRS website at www.irs.gov and select IRS Publication 503, Dependent Care Expenses.

Submitting Claims

Dependent Care FSA claims may be submitted as follows:

You can submit document for your Dependent Care FSA claims online at benefits.colasusa.com, through the MyChoice Mobile App or by downloading the claim form and submitting via fax or mail. Only the amount that is in your account at the time of use can be reimbursed.



The IRS also allows you to take a tax credit on your income tax return for day care expenses. If you contribute to the Dependent Care FSA, the amount of the tax credit will be reduced. Talk to a tax advisor to determine which option is best for you.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PROGRAMS

In life, anything can happen, including catastrophic events. We want to make sure your family feels secure should something happen to you or another family member. At Simon, we provide income protection for your family in the event of your death or injury due to an accident - at no cost to you.

Basic Life Insurance

In the event of your death, you are automatically provided term life insurance. The benefit is paid to your designated beneficiary(ies).

Your basic life insurance benefit is equal to 1.5 times your basic annual earnings (rounded up to the next higher multiple of \$1,000), to a maximum of \$1,000,000. Hourly employees life insurance is calculated by taking hourly rate and multiplying it by 2,080 then multiply the number by 1.5 for the final life insurance amount. Salaried employees life insurance is calculated by taking the annual salary and multiplying it by 1.5 for the final life insurance amount.

Basic AD&D Insurance

If your death is the result of an accident, this benefit pays your designated beneficiary(ies) an amount equal to your basic term life insurance coverage. This benefit would be paid in addition to basic life insurance benefits. The plan also provides a paid benefit if you lose your eyesight or a limb in an accident.



SUPPLEMENTAL EMPLOYEE & DEPENDENT LIFE AND AD&D INSURANCE

If you feel that you need more protection to meet the needs of your family, Simon offers additional life and AD&D insurance coverage. You pay for the cost of this coverage through after-tax payroll deductions. If you did not enroll in this coverage during your initial new hire eligibility period or want to increase your level of coverage, you can enroll but will need to complete Evidence of Insurability.

Supplemental Life and AD&D Insurance

You may elect supplemental life and AD&D insurance for yourself. The supplemental insurance is a voluntary, employee-paid life insurance plan in which you can elect coverage of 1x, 2x, 3x, 4x, or 5x your annual base earnings (rounded to the next higher multiple of \$1,000) to a maximum of \$1,000,000.

You can update your beneficiary information online at <http://benefits.simonteam.com>.

Basic AD&D Insurance

You have the option to elect life and AD&D insurance for your dependents. This is a voluntary, employee paid life insurance plan in which you can elect coverage for your eligible dependents as long as you elected supplemental life insurance.

- Spouse life: Amounts in \$12,500 benefit units to a maximum of \$200,000 (not to exceed 50% of the employee optional amount)
- Child life: Amounts in \$2,000 benefit units to a maximum of \$10,000 (not to exceed 50% of the employee optional amount)
- Dependent AD&D is a percentage of the employee optional AD&D amount

Coverage for children ends at the end of the month in which they turn age 19 years if not a full-time student, and age 25 years if a full-time student.

Disability

Simon provides Disability benefits as income protection to you in the event of an illness or accident. This benefit is administered by Unum.

Short-Term Disability

Short-Term Disability (STD) is provided to full-time employees at no cost if you meet the definition of disability as determined by Unum. Full-time hourly employee are eligible for STD benefits that replace 60% of monthly salary, up to \$500 a week. Full-time salaried employees are also eligible for STD benefits. The benefit is 100% of base pay for the first 8 weeks and 60% of base pay for the next 18 weeks, to a total of 26 weeks in a 12-month period.

Long-Term Disability

Long-Term Disability is only offered to salaried employees. These benefits will pay if STD benefits last longer than 26 weeks (180 days). The benefit provides 60% of monthly base pay, not to exceed \$10,000 per month, as long as you continue to meet the definition of disability as determined by Unum. Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled such as Social Security disability benefits. Benefits are provided to age 65 if disability occurs prior to age 60.

OTHER VALUABLE BENEFITS

Employee Assistance Program

Simon provides you and your family members with an Employee Assistance Program (EAP) through SupportLinc.

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, SupportLinc will be there to help.

The SupportLinc EAP is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. SupportLinc provides confidential, professional referrals and up to five (5) sessions of face-to-face counseling sessions per issue for a wide variety of concerns, such as:

- Anxiety
- Depression
- Marriage and Relationship Problems
- Grief and Loss
- Substance Abuse
- Anger Management
- Stress Financial Assistance
- Legal Assistance
- Family Assistance

SupportLinc EAP is available 24/7. For more information, visit www.supportlinc.com (username colas) or call 888-881-LINC (5462).

Teladoc

Health needs do not always keep business hours. That is why Simon provides you with Teladoc, a telemedicine service that gives you access to health care by phone or video conference anytime, from anywhere.

Whether you are on the go or at home, anywhere in the world, you can use telemedicine as a low-cost alternative to an urgent care or emergency room visit. When you speak with a board-certified doctor, he or she can diagnose your condition and even write a prescription to manage it—all online or over the phone.

In order to utilize Teladoc services, you and your dependents must be covered through the company medical plan.

When You Should Use Teladoc

Common conditions that are treatable through telemedicine include:

- Common cold
- Flu
- Sinus infection
- Fever
- Headache
- Skin conditions
- Back pain
- Bronchitis
- Pink eye

Teladoc doctors will refer you to your physician if they cannot treat your condition. Note: If you have shortness of breath or another symptom of a more serious condition, go to the emergency room. Employees enrolled in the medical plans can access Teladoc at no cost.

Care Is Just a Phone Call or Click Away Call

Teladoc at 800-835-2362 (TELADOC) or visit www.teladoc.com for more information.

OTHER VALUABLE BENEFITS

Health Advocate

Health Advocate is a key benefit provided at no cost to you for all employees regardless of benefit enrollment. It gives you, and your eligible family members, unlimited phone or email access to your own, designated Personal Health Advocate who can help you:

- Find the right doctors
- Schedule appointments
- Assist with transfer of medical records
- Coordinate with insurance companies
- Answer your health care questions, and more

For more information, call 866-695-8622.

401(k) Savings Plan

Our 401(k) Savings Plan helps you plan, save, and invest for the future. You are eligible to participate immediately upon your hire date.

The plan features include:

- Company matching contributions of 100% on the first 3% of eligible earnings, and 50% on the next 2% of eligible earnings; matching contributions that is fully vested are available after one year of continued employment
- Company contribution of 2% of your eligible salary; after you are employed with the company one calendar year, worked 1,000 hours, and employed on the last day of the calendar year. Funds become fully vested after three years of continuous employment
- The ability to elect pre-tax and/or Roth after-tax contributions, from 1% to 50% of your pay, subject to an annual IRS limit of \$20,500
- Catch-up contributions are available if you are age 50 or older by the end of the calendar year, up to the annual IRS limit of \$6,500

You can enroll in the 401(k) plan by calling Empower at 877-778-2100 or online at www.prudential.com/online/retirement.

www.prudential.com/online/retirement 

OTHER VALUABLE BENEFITS

Wellness Program

When you are in good health, it is good for all of us. At Simon, all employees and spouses who are enrolled in a company-sponsored medical plan are eligible and encouraged to participate in the Wellness Program. The Wellness Program is confidential, and your information will not be shared with anyone.

If you choose to participate in the Wellness Program, you will be rewarded with the preferred healthcare premium contribution rate. You and your spouse must complete an annual wellness exam (no tests/blood work is required) by October 31, 2023, to receive the preferred rates in 2024. No tests or bloodwork are required for this exam.

Your preventive exam must be done by a primary care provider, which includes family medicine, general practitioners, nurse practitioners, and internists. This does not include OB/Gyns, urgent care facilities, or walk-in clinics like CVS "Minute Clinics". The purpose of our Wellness Program is to encourage employees and their covered spouses to create a relationship with a primary care provider.

Preventive health care can help you stay healthier throughout your life. Your annual adult preventive care visit is covered -at no cost to you – when provided by an in-network provider and not billed with a diagnosis. Preventive care includes health services like screenings, check-ups, and patient counseling, which as used to prevent illnesses, disease and other health problems, or to detect illness at an early stage when treatment is likely to work best. Having recommended preventive services and making healthy lifestyle choices are key steps to good health and well-being. And going to a doctor annually could potentially help control health care cost increases. Not everything is covered during a preventive care visit. Services such as EKG's, thyroid tests, Hepatitis C immunizations, and chest X-rays are NOT deemed preventive-care services.

If you have any questions about the Wellness Program, please contact HR for more information.

EMPLOYEE DISCOUNTS

In addition to Company-sponsored health, wellness, and financial benefits, active Simon employees have access to the following discount programs and special offers*:

Program Partner	Program/Offer Details
SIMON Swag Shop	Purchase branded merchandise online with the ability to ship to any address of your choosing. Check out promotional items, camping accessories, headwear and apparel. https://simonteam.com/shop
Blue Federal Credit Union	Access to high-yield, no-fee checking and savings accounts with shared branching services in cities across the US. Visit www.bluefcu.com , or call 1-800-368-9328 for details
Dell	Discounts on Dell products and services. www.dell.com/mpp/alstom Member ID: GS13397950 Support: 888.695.8133
Ford	Discounts on Ford and partner vehicles and products. www.fordpartner.com Partner Code is WC475
General Motors	Discounts on GM and partner vehicles and products. www.gmsupplierdiscount.com Company Code: 055991
FCA - Chrysler, Dodge, Jeep, RAM, FIAT, and Alfa Romeo Brand	Discounts on FCA and partner vehicles and products. www.FCAUSAAffiliates.com Company Name: Colas Company Code: F12742
Enterprise - National Rental Car	Discounts available on vehicles rented and returned to the same location. NOTE: Insurance is included in the rate quoted with this account/code for all Colas business rentals. If renting for personal use you will not be covered by the included insurance as part of our agreement. You will need to purchase the additional insurance if you require it. Account Code: XZ24Y09
AT&T	Percentage discounts on qualified plans. Visit an AT&T store to access the best deals on unlimited plans. Code: FAN# 312049, with proof of employment (paystub)
Verizon	Percentage discounts on qualified plans, and product discounts in the Verizon online store. www.verizonwireless.com/discounts Active company e-mail address or most recent paystub required to verify employment.

*This may not be an all-inclusive list of available offers and discounts; offers and discounts subject to change without notice.

INFORMATION FOR CURRENT SIMON EMPLOYEES ONLY

Visit simonsays.team for more information regarding employee benefits.



HOW TO ENROLL

The Benefits Enrollment period is open until the last day of the month you are eligible for benefits. During the enrollment period, you will make elections for the year 2023.

Why You Need to Enroll

If you do not make an active choice during the enrollment period then coverage will not be active.

You will have to wait until the 2024 Benefits Open Enrollment period to make new benefit elections, unless you experience a qualified life status change.

Because your group health coverage selections result in a payroll deduction(s), your deduction(s) will be taken from your pay on a pre-tax basis.

Benefits.SimonTeam.com 

If you are adding dependents for the first time, you will be required to provide additional documentation to the Colas Benefits Service Center.

- **Spouse: marriage license and co-habitation (Utility bill (phone, electric, gas, water), Bank statement, Credit card bill, Mortgage/Rent bill 1st page of most recent tax return**
- **Child(ren): Birth Certificate, Adoption Decree, or Court Documentation**

If you who wish to add supplemental and/or dependent life insurance coverage or make changes to you existing supplemental and/or dependent life insurance coverage, you must enroll and complete Evidence of Insurability.

Contacts

For Questions About...	Contact	By Phone	Online
General Questions	Human Resources	307.632.9005	benefits@simonteam.com
Medical & Prescription Drugs	Capital Blue Cross	888.428.2566	www.capbluecross.com
Dental	Delta Dental of New Jersey	800.452.9310	www.deltadentalnj.com
Vision	VSP	800.877.7195	www.vsp.com
FSA's	Colas Benefits Service Center	844.427.5558	benefits.colasusa.com
Health Savings Account (HSA)	Bank of America	866.791.0250	myhealth.bankofamerica.com
EAP	SupportLinc	888.881.5462	www.supportlinc.com
Teladoc	Teladoc	800.835.2362	www.teladoc.com
Health Advocate	Health Advocate	866.695.8622	www.healthadvocate.com
401(k) Savings Plan	Empower	877.778.2100	www.prudential.com/online/retirement

MYCHOICE MOBILE APP

Get quick access to benefit details, store your ID cards, and process FSA claims. Simply select 'Get Access Code' from Benefits Path at Benefits.SimonTeam.com and download the MyChoice App by Businessolver.



1. Visit your device's app store and download the **MyChoice Mobile App by Businessolver**.
2. Visit <http://benefits.simonteam.com> to **Get Access Code**.
3. Activate the app with your access code.
(If you don't use the code within 20 minutes, you'll need to generate a new one.)
4. Follow the instructions within the Mobile App to have easy access to your benefits on the go.

Download on the App Store | GET IT ON Google Play





Note: This is only a summary of benefits. It does not include all of the benefit provisions, limitations, and qualifications. Please refer to your booklet and/or contract for complete details. In the event of a discrepancy, the contract will determine how your benefits will be applied. Benefit plan books can be viewed and/or downloaded from your benefits path account.