

2026

BENEFIT GUIDE



SIMON

A COLAS COMPANY

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Make the most
of your benefit
options and
PAVE THE WAY
to choosing well
for 2026.

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.



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 2026.

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 2027 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
	Kaiser	303.338.3800	www.kp.org
Dental	Capital Blue Cross	800.613.2624	www.capbluecross.com
Vision	VSP	800.877.7195	www.vsp.com
FSAs	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	800.345.2345	participant.empower-retirement.com

BENEFITS ELIGIBILITY

Full-time, active employees can participate in our benefit programs and choose coverage for eligible dependents. The cost will depend on your employment status and the dependents enrolled.

As a new hire, it's important to know about our benefit groups:

- **Monthly Deduction:** For salaried employees paid once a month on the 15th.
- **48-Week Deduction:** This applies to employees on a regular schedule throughout the year. New seasonal employees will also start on this schedule for their first working season.
- **30-Week Deduction:** If you are a seasonal employee currently on the 48-week schedule, you will transition to the 30-week schedule starting January of the following year. With the 30-week plan, your coverage will remain active throughout the entire calendar year, but premiums will be condensed during the working season.

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.

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)

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.

RATES AT A GLANCE

30-Week (Seasonal Employees)

Non-Wellness

	PPO-1	PPO-2	HDHP	Kaiser	PPO-1	PPO-2	HDHP	Kaiser	DENTAL	VISION
EE ONLY	80.00	52.00	26.00	26.00	120.00	92.00	66.00	66.00	4.80	1.20
EE + SPOUSE	200.00	130.00	66.00	66.00	240.00	170.00	106.00	106.00	9.20	2.40
EE + CHILD(REN)	176.00	114.00	58.00	58.00	216.00	154.00	98.00	98.00	10.00	2.00
FAMILY	274.00	178.00	88.00	88.00	314.00	218.00	128.00	128.00	15.20	3.20

48-Week (Regular Schedule and 1st year Seasonal Employee)

	PPO-1	PPO-2	HDHP	Kaiser	PPO-1	PPO-2	HDHP	Kaiser	DENTAL	VISION
EE ONLY	50.00	32.50	16.25	16.25	75.00	57.50	41.25	41.25	3.00	.75
EE + SPOUSE	125.00	81.25	41.25	41.25	150.00	106.25	66.25	66.25	5.75	1.50
EE + CHILD(REN)	110.00	71.25	36.25	36.25	135.00	96.25	61.25	61.25	6.25	1.25
FAMILY	171.25	111.25	55.00	55.00	196.25	136.25	80.00	80.00	9.50	2.00

Monthly (Salaried)

	PPO-1	PPO-2	HDHP	Kaiser	PPO-1	PPO-2	HDHP	Kaiser	DENTAL	VISION
EE ONLY	200.00	130.00	65.00	65.00	300.00	230.00	165.00	165.00	12.00	3.00
EE + SPOUSE	500.00	325.00	165.00	165.00	600.00	425.00	265.00	265.00	23.00	6.00
EE + CHILD(REN)	440.00	285.00	145.00	145.00	540.00	385.00	245.00	245.00	25.00	5.00
FAMILY	685.00	445.00	220.00	220.00	785.00	545.00	320.00	320.00	38.00	8.00

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 and an HMO provided by Kaiser:</p> <ul style="list-style-type: none"> • Preferred Provider Organization-1 (PPO-1) • Preferred Provider Organization-2 (PPO-2) • High Deductible Health Plan (HDHP) • Kaiser HMO (Colorado only)
Dental	<p>You can elect to participate in the dental plan for you and your eligible dependents through Capital Blue Cross.</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>You and your covered dependents enrolled in the PPO or HDHP are eligible for telemedicine services through Teladoc anytime, from anywhere. The cost for this service is covered by the company.</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	<p>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</p>
Disability	<p>You are automatically provided with Short-Term at no cost to you. Long-Term Disability benefits for hourly employees is voluntary. Salaried employees are 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 one year of service.</p>
Finance/Banking	<p>Access to high-yield, no-fee checking and savings account programs</p>

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). We also offer an HMO (Health Maintenance Organization) through Kaiser for certain employees who live in Colorado. All 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
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.

If you live in Colorado, you may have the option to elect the Kaiser HMO for your medical coverage. With the HMO, you must designate a primary care physician to coordinate your health care services. The HMO does not offer coverage for care from an out-of-network physician, hospital, or facility except in the case of a true medical emergency.

Feature	PPO-1		PPO-2		HDHP		Kaiser
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**	In-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	None
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	\$1,500/\$3,000

Medical Services

Preventive Care	Covered at 100%	40% after deductible	Covered at 100%	50% after deductible	Covered at 100%	50% after deductible	Covered at 100%
PCP Visit	\$20	40% after deductible	\$30	50% after deductible	20% after deductible	50% after deductible	\$30
Specialist Visit	\$35	40% after deductible	\$45	50% after deductible	20% after deductible	50% after deductible	\$30
Urgent Care	\$50	40% after deductible	\$60	50% after deductible	20% after deductible	50% after deductible	\$30
Emergency Room Visit	\$250	\$250	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$200
Outpatient Surgery	10% after deductible	40% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$100 copay (for facility)
Inpatient Hospital	10% after deductible	40% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	\$500 copay

*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.

PRESCRIPTION DRUG BENEFITS

Capital BlueCross provides prescription drug coverage to employees enrolled in medical benefits. Kaiser provides coverage for those enrolled in the HMO.

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	HMO
	In-Network			
Retail (up to a 30-day supply)				
• Generic		\$10	\$10 after deductible	\$15
• Preferred Brand		\$35	\$35 after deductible	\$30
• Non-Preferred Brand		\$60	\$60 after deductible	\$75
Mail-Order (up to a 90-day supply)				
• Generic		\$20	\$20 after deductible	\$30
• Preferred Brand		\$70	\$70 after deductible	\$60
• Non-Preferred Brand		\$120	\$120 after deductible	\$140

Maintenance Medication

For those enrolled in the PPO or HDHP, 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 high-cost specialty drugs. Specialty drugs are used to treat complex, chronic conditions such as autoimmune, hepatitis, hemophilia, cancer, and many more. [If you require specialty drugs and enrolled in the PPO or HDHP, your doctor should submit the prescription to Accredo, the Specialty Pharmacy contracted with Capital Blue Cross.](#) A Prior Authorization, Quantity Level Limit and/or Step-Therapy may apply.

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.

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. The HSA is managed by Bank of America. You may change your HSA contribution throughout the year.

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	\$3,900	\$4,400
Family	\$1,000	\$7,550	\$8,750

If you are age 55 years or older by the end of 2026, 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.

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, 2026, the balance will automatically roll over up to \$640 of your remaining Health Care FSA funds that you will be able to use starting in 2027. 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 2026 must be submitted by February 28, 2027.

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 \$3,400 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 2026. 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 2026 FSA contributions may be used to claim expenses you incur through December 31, 2026 and need to be submitted by February 28, 2027.
- Any monies remaining in your Health Care FSA at the end of the year (up to \$660) 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.

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 e-mail.



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

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, 2026. 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.

DENTAL

Capital Blue Cross provides our comprehensive dental care and services. 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.

The coinsurance will be determined using negotiated rates for participating providers and usual, customary, and reasonable fee data for out-of-network providers.



Plan Features

Plan Benefit

Annual Deductible	\$50 per person \$100 per family
Annual Maximum Benefit	\$2,000 per person
Class A Services* <ul style="list-style-type: none">Preventive and Diagnostic<ul style="list-style-type: none"><i>Includes exams, cleanings (2 per year), X-rays, and fluoride treatment for children (2 per year)</i>	Covered at 100% (no deductible)
Class B Services <ul style="list-style-type: none">Basic Restorative<ul style="list-style-type: none"><i>Includes fillings, periodontics, root canals, and oral</i>	80% after deductible
Class C Services <ul style="list-style-type: none">Basic Restorative<ul style="list-style-type: none"><i>Includes services related to crowns, bridges, implants, and dentures</i>	50% after deductible
Orthodontia (for both children and adults)	50% (no deductible)

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

Pre-Treatment Estimates

Although pre-treatment estimates are not required, you might benefit from one for treatment costing \$300 or more, like a crown, wisdom tooth extraction, bridge, dentures, or periodontal surgery. The pre-treatment estimate includes an overview of services covered by the dental plan, as well as those that are limited or excluded and how your coinsurance, deductibles and maximums may affect your share of the cost. Please keep in mind that a pre-treatment estimate is only an estimate and not a guarantee of benefits or payment.



DENTAL NETWORK PROVIDERS

You have the flexibility to use any dentist of your choice. 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

- You have access to one of the largest national dental PPO networks.
- Generally, you pay lower costs and save on out-of-pocket expenses
- You will not be responsible for amounts above what Capital Blue Cross considers its maximum plan allowance. However, you will be responsible for the coinsurance and deductible.
- You do not have to file any forms.

Out-of-Network

- You pay more when you use an out-of-network dentist
- Since an out-of-network dentist does not have to accept Capital Blue Cross' allowance, you are responsible for the difference between the out-of-network allowance and their charge amount
- Reimbursements are paid directly to you and not the dentist
- You may need to pay the dentist up front and file a claim for reimbursement

You are free to see the dentist of your choice; however, participating providers are generally less expensive. To see if your dentist is in-network or to find a Capital Blue Cross Dental provider, visit www.capbluecross.com. Do not log in as a user. Scroll down to 'Find a doctor'. The plan type to select is 'Capital Blue Cross Dental PPO Preferred'.

If you visit an out-of-network provider, you are responsible for paying the deductible, coinsurance and the difference between the out-of-network provider's charges and the allowance. Capital Blue Cross Dental uses usual, customary, and reasonable (UCR) fee data from an independent company to calculate the out-of-network allowance. The out-of-network allowance for the dental plan is set at the 90th percentile of the UCR data.

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 the benefits. The dental plan'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. The maximum amount that can be accumulated at any point in time is \$2,000. To qualify for the carryover maximum, you must be in the dental plan for at least one full year, 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 Capital Blue Cross at 800-613-2624.

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		
Frame	<ul style="list-style-type: none"> • \$180 allowance for a wide selection of frames • \$200 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
Elective Contacts (Instead of Glasses)	*copay shown is in addition to the materials copay	
Contact Lens Exam Fitting and Evaluation	\$180 allowance for contacts; copay does not apply	Up to \$105 to be used toward the contact lens exam and materials
	Up to \$60 copay	See Elective Contacts allowance

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 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.

Employee 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

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 AND EMPLOYEE ASSISTANCE PROGRAM

Disability

Simon provides Short-Term Disability and Long-Term Disability as income protection to you in the event of an illness or accident. This benefit is administered by New York Life.

Short-Term Disability

Short-Term Disability is provided to full-time employees at no cost. If you meet the definition of disability as determined by New York Life, the benefit paid for salaried employees will be 100% of pay for the first 8 weeks and 60% of pay for the next 18 weeks, to a total of 26 weeks in a 12-month period. Hourly employees are provided with a benefit of 60% of pay with no weekly maximum for a total of 26 weeks.

Long-Term Disability

Hourly employees are eligible to purchase Long-Term Disability (LTD) coverage through after-tax payroll deductions. If you do not enroll when first becoming eligible, you will be required to complete an Evidence of Insurability form and be approved by New York Life. The company provides LTD benefits to salaried employees at no cost.

LTD benefits will pay if short-term disability benefits last longer than 26 weeks (180 days). The benefit provides 60% of monthly base pay, not to exceed \$10,000 per month, if you continue to meet the definition of disability as determined by New York Life. 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 the Social Security normal retirement age if disability occurs prior to age 62 years.

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 (group code: colas) or call 888-881-LINC (5462).

WELLNESS PROGRAM

Wellness Program - Medical

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, 2026**, to receive the preferred rates in 2027. **The monthly non-referred rates in 2027 will be \$100 greater than the preferred rates.**

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 are 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.

OTHER VALUABLE BENEFITS

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 PPO or HDHP option. The cost is covered by the company.

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.

Care Is Just a Phone Call or Click Away Call

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

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 available after one year of continued employment. If you are not saving at least 5%, you could potentially be leaving money on the table!
- Annual 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
- 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 \$24,500
- The Plan has an automatic enrollment percentage of 1% into the Plan's default investment option
- 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 \$8,000
- A higher catch-up limit will apply to active participants turning ages 60, 61, 62, or 63 in the calendar year to 50 percent more than the regular catch-up contribution limit (\$11,250 based on 2025 limit)

You can enroll in the 401(k) plan by calling Empower at 800.345.2345 or online at participant.empower-retirement.com.



OTHER VALUABLE BENEFITS

Omada Health - Diabetes Programs

Capital Blue Cross offers two free programs through Omada Health to help you, or your covered dependent, manage your Type 2 diabetes or even prevent it.

- Prevention – Lose weight and reduce your risk of developing Type 2 diabetes.
- Management – If you have Type 1 or Type 2 diabetes, this program can help you stay healthy. Get personal support, manage your medications, and keep your glucose levels in check.

For more information, call Capital Blue Cross Member Services at 888-428-2566.

Sword Health - Digital Physical Therapy

Digital Physical Therapy (DPT) is offered at no cost if you are enrolled in the PPO or HDHP option through Sword Health. Sword Health provides clinically validated DPT from the comfort of your home, or anywhere else that works for you. DPT can help you reduce pain, restore your physical health, avoid surgery and emergency room visits, and help reduce our healthcare costs! High-quality movement data is captured on every exercise, for every joint through an FDA cleared tablet, that Sword ships to your home.

Digital Therapy pairs a licensed Doctor of Physical Therapy with Sword Health's tablet for engaging, and personalized one-on-one treatment as effective as high-intensity in-person physical therapy (PT). The tablet uses advanced algorithms and motion tracking technology to guide you through to completion. The technology makes physical therapy easy and convenient, while their team of physical therapists provide the expertise and human connection you need, communicating with you numerous times per week. The physical therapists use the motion tracking data collected during your PT sessions for medical grade insight into how you are progressing, with adjustments made after each session to ensure the PT sessions assigned fit your individual needs in getting better.

Hearing Aids and Services

If you are a participant in the PPO or HDHP medical plan, you have access to discounts on prescription and over-the-counter hearing aids through TruHearing. You can take a free, online screening accessible from your tablet, computer or smartphone. This program is available to you through Blue365 (<https://www.blue365deals.com>).

If you are a participant in the Vision Plan, you have access to a free, online hearing screening (<https://www.shoebonline.com/vsp>), and discounts on prescription and over-the-counter hearing aids, and batteries, through TruHearing. Call TruHearing at 833-312-3118 (<https://www.vsp.com/offers/special-offers/hearing-aids/truhearing>).

Medical plan participants looking to use this coverage (up to \$3,000 reimbursement every 3 years) can do so by using any of the options above and must then file a claim with Capital Blue Cross to receive reimbursement of their hearing aid purchase.

Virta Health – Diabetes Reversal Program

Capital Blue Cross offers a free program through Virta Health to help you, or your covered dependent, reverse your Type 2 diabetes. With Virta's virtual clinic, you can lose weight, lower your blood sugar and A1C, get off your diabetes medications, and save money so you can get back to what you love. Virta's personalized nutrition plan is tailored to your lifestyle through an easy-to-use mobile or desktop app.

For more information, call Capital Blue Cross Member Services at 888-428-2566.

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*:

<i>Program Partner</i>	<i>Program/Offer Details</i>
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
Firestone	Visit firestonecompleteautocare.com , tireplus.com , or wheelworks.net to find a participating location or call your local store and verify they participate in B2B Partner Perks. Request National Account pricing for Colas Inc., and provide the following Partner Perks number: B2B537150
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/vehicles 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 <i>will</i> need to purchase the additional insurance if you require it. Account Code: XZ24Y09
AT&T	Percentage discounts on qualified plans. Simply send an email to benefits@simonteam.com with the phone number attached to the AT&T plan. The HR team will provide a custom letter that would be used along with a paycheck stub. Then visit an AT&T store to access the best deals on the unlimited premium plan. Code: FAN # 03120419
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.
Wyndham Hotels & Resorts	Book online at wyndhamhotels.com and use corporate code: 1000080092, or call 800.407.9832 and ask for the Colas Inc. or Simon company discount.

*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.

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.