THE BENEFIT

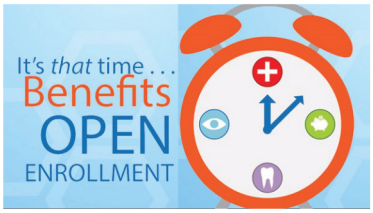
Housing Benefits Plan (HBP) is the medical plan provided to you by your housing authority. It is directed by housing authority Executive Directors from across Southeast and Southwest NAHRO for the benefit of housing authorities.

Housing Benefits Plan
Sponsored by SERC/SWRC
medical • dental • vision • life • long term disability

October 2026

Open Enrollment for 2027

Executive Directors and HR Managers: HBP's annual open enrollment runs from November 2nd to 30th this year. Communications were emailed the week of October 12th. During the open enrollment period, employees may make changes to their benefit elections for the upcoming plan year. Employees making changes will need to complete an "**enrollment and change**" form and write "open enrollment" as the reason for the change. Completed forms may be sent by email to **HBP@Vimly.com** by November 30th. You may also enter changes directly into the Vimly enrollment site at **www.SIMON365.com**. If your housing authority and employees are **not** making any changes, you are not required to submit open enrollment documents. We are hosting a live open enrollment session on Wednesday, October 28, at 10:00 am (Central). We will go over open enrollment best practices and answer your questions, give a general overview of all the plan offerings as well as discuss changes for 2027, and share many of the perks available to you as part of your HBP medical membership. **You can register for that session here.**



October's Health Focuses

Each month, UHC — who offers incentives and well-being programs — provides information on their selected health focus. The October selections are:

National awareness — Breast Cancer Awareness

UHC's health tip — Women's Health

UHC Rewards challenges* — Get a mammogram ($50 value)

**Enroll in UHC Rewards and complete these challenges to earn money.*

October toolkit — Mental Health

More Than Health Insurance: The Benefits of an HSA-Eligible Health Plan

A High Deductible Health Plan (HDHP) paired with a Health Savings Account (HSA) offers more than healthcare coverage. It provides an opportunity to save money, reduce taxes, and build financial security for the future.

Triple Tax Advantages: HSA contributions are tax-deductible or made with pre-tax dollars, earnings grow tax-free, and withdrawals for qualified medical expenses are tax-free.

Employer Contributions: Employers can contribute directly to employees' HSAs, helping offset deductibles and other out-of-pocket medical expenses. These contributions provide additional value beyond traditional health insurance benefits.

Savings That Stay With You: Unlike many healthcare spending accounts, unused HSA funds roll over year after year. The money belongs to you, even if you change jobs or retire.

Flexible Healthcare Spending: HSA funds can cover qualified medical expenses, including deductibles, prescriptions, dental care, and vision services.

Long-Term Financial Benefits: HSA balances can accumulate over time, and many accounts offer investment opportunities to help grow your savings for future healthcare needs.

A Smart Investment in Your Future. Although HDHPs require higher upfront medical spending, an HSA offers valuable tax savings and financial flexibility. With the added benefit of employer contributions, and HSA-eligible plan can help you manage today's healthcare costs while preparing for tomorrow. HBP's HDHP has the lowest monthly premiums and might be a good option to explore offering in 2027.

Upcoming Webinar Trainings

Thurs, Oct 22, 10am (EST) **Topic:** How to Navigate Workplace Change *click to register*

You can find previous webinar recordings at https://www.housingbp.com/links-2

The HBP website at www.housingbp.com provides more information and helpful links.
Questions or comments? Email us at hbp@callhsa.com or call 1-800-288-7623, option 5.

Housing BenefitsPlan
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medical•dental•vision•life•long term disability

Enrollment and Change Form

Please print or type clearly in blue or black ink.

EMPLOYER SECTION: Please complete for employee

Agency Name _____ Agency State _____

Check One: ☐ New Enrollment ☐ Addition ☐ Change
☐ Voluntary Cancellation ☐ Non-Voluntary Cancellation ☐ Other _____

Date of Hire _____ Effective Date of Change _____

Type of Change _____ Reason for Change _____

Employee Information

Name (Last, First, Middle Initial) _____ Date of Birth _____ Social Security Number _____

Address _____ City _____ State _____ Zip Code _____

Gender:
☐ Male
☐ Female

Marital Status:
☐ Married
☐ Not Married

Employment Status:
☐ Active Employee
☐ Retiree

MEDICAL PLAN ELECTION (check one)

☐ Premier PPO ☐ Premier Plus PPO
☐ Value PPO ☐ Value PPO w/ Premier Rx
☐ Out of Area ☐ High Deductible Plan
☐ Coverage Waived
☐ Not applicable (Benefit not offered by authority)

MEDICAL COVERAGE TIER (check one)

☐ Employee ☐ Employee & Spouse
☐ Employee & Children ☐ Family

BASIC LIFE / AD&D INSURANCE (check one)

☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ $25,000 ☐ $30,000 ☐ $40,000 ☐ $50,000 ☐ Other $ _____
☐ Not applicable (Benefit not offered by authority)

OPTIONAL DEPENDENT LIFE INSURANCE:

☐ $2,000 for Spouse and $1,000 per child
☐ Coverage Waived
☐ Not applicable (Benefit not offered by authority)

Beneficiary/Beneficiaries (Last, First, Middle Initial)	% of Benefit	Relationship

DENTAL PLAN ELECTION (check one)

- ☐ UHC Dental Plan
- ☐ Coverage Waived
- ☐ Not applicable (Benefit not offered by authority)

DENTAL COVERAGE TIER (check one)

- ☐ Employee
- ☐ Employee & Children
- ☐ Employee & Spouse
- ☐ Family

VISION PLAN ELECTION (check one)

- ☐ UHC VISION www.myuhcvision.com
- ☐ VSP VISION www.vsp.com
- ☐ Coverage Waived
- ☐ Not applicable (Benefit not offered by authority)

VISION COVERAGE TIER (check one)

- ☐ Employee
- ☐ Employee & Children
- ☐ Employee & Spouse
- ☐ Family

LONG-TERM DISABILITY (check one)

- ☐ Class 1 - Executive Directors
- ☐ Class 2 - All other employees
- ☐ Coverage Waived
- ☐ Not applicable (Benefit not offered by authority)

Monthly Salary $_____

Occupation _____

SHORT-TERM DISABILITY (check one)

- ☐ Short-Term Disability
- ☐ Coverage Waived
- ☐ Not applicable (Benefit not offered by authority)

Monthly Salary $_____

Occupation _____

Age _____

ACCIDENTAL INJURY (check one)

- ☐ Plan 1
- ☐ Plan 2
- ☐ Coverage Waived
- ☐ Not applicable (Benefit not offered by authority)

ACCIDENTAL INJURY COVERAGE TIER (check one)

- ☐ Employee
- ☐ Employee & Children
- ☐ Employee & Spouse
- ☐ Family

CRITICAL ILLNESS (check one)

- ☐ $10,000 Benefit Amount
- ☐ $20,000 Benefit Amount
- ☐ Coverage Waived
- ☐ Not applicable (Benefit not offered by authority)

CRITICAL ILLNESS COVERAGE TIER (check one)

- ☐ Employee
- ☐ Employee & Children
- ☐ Employee & Spouse
- ☐ Family

Employee's Age _____

HOSPITAL CARE (check one)

- ☐ Plan 1
- ☐ Plan 2
- ☐ Coverage Waived
- ☐ Not applicable (Benefit not offered by authority)

HOSPITAL CARE COVERAGE TIER (check one)

- ☐ Employee
- ☐ Employee & Children
- ☐ Employee & Spouse
- ☐ Family

DEPENDENT INFORMATION

Please list all eligible family members to be enrolled in medical, dental, vision, or supplemental coverage. Add separate sheet if necessary.

Dependent Full Name	Gender	Date of Birth	Social Security #	Relationship	Medical	Dental	Vision	Accident	Crit. Ill	Hospital
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐

AUTHORIZATION

** I accept the coverage provided by **Housing Benefits Plan** and authorize deductions from earnings of the required contributions, if any, towards the cost of my coverage. This authorization applies only if employee contributions are required.

** Unless otherwise provided, where two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named beneficiaries, if surviving the insured, or to the survivor or survivors. If no beneficiary survives, payment shall be made in accordance with the terms of the policy. This designation revokes any and all previous designations. The right to further change the beneficiary is reserved unto the insured.

** I understand and acknowledge that **Housing Benefits Plan** is a tax qualified voluntary employees' beneficiary association sponsored by SERC-NAHRO & SWRC-NAHRO and not by my employer. I further acknowledge and agree that **Housing Benefits Plan** is subject to the provisions of the Internal Revenue Code and ERISA.

** I hereby certify that the foregoing information is true and correct to the best of my knowledge and accept the provisions above.

** I have read and understand the eligibility rules and represent and warrant the people I have enrolled are eligible.

_____ _____

Employee Signature Date

ENROLLMENT FORM SUBMISSION

This form can be used to submit enrollments and changes into the SIMON365 platform. This form should be kept as backup in the employee's file. If submitting this form in lieu of making the changes in SIMON365, the form **MUST** be submitted to the following email address: HBP@vimly.com For questions regarding the submission of this enrollment form, please contact Vimly Benefit Solutions' customer service by email (HBP@vimly.com) or by telephone (833) 570-5404.

Health tip: Women's health

Understanding women's health

It is important to understand women's health, as it may vary from that of men. Women are faced with unique health concerns across the lifespan that may impact their overall well-being. Specifically, women may be challenged by health concerns such as certain types of cancers, reproductive changes and osteoporosis. Heart disease remains the leading cause of mortality for women.

During each stage of life, it is important to understand the types of diseases that may affect a woman, as well as one's risk factors, recommended preventive screenings and healthcare needs. As these things evolve, a woman's best defense toward developing a chronic disease is prevention and action.[1,2]

Disease prevalence, risk, and prevention

While women are at risk for a wide range of diseases, certain conditions, such as heart disease and specific types of cancer, tend to affect women more frequently.

Heart disease is the leading cause of death among women in the United States, responsible for 1 in 5 female deaths. Major risk factors include high blood pressure, elevated LDL cholesterol, and smoking. Understanding these risks and making lifestyle changes, such as improving diet, increasing physical activity, and quitting smoking, may significantly reduce the likelihood of developing heart disease.[4]

Breast cancer is the second leading cause of cancer-related death among American women. Risk factors include reproductive history, physical inactivity, alcohol use, genetics, and age. Most cases are diagnosed after age 50. Regular screenings and healthy lifestyle choices, such as staying active and limiting alcohol, may significantly reduce the risk and support early detection.[5]

Cervical cancer, which affects only women, is primarily linked to infection with the human papillomavirus (HPV), a virus transmitted through sexual contact. Other risk factors include smoking and a weakened immune system. To detect cervical cancer early, it is recommended that women begin receiving Pap smears by age 21 or upon becoming sexually active.[6]

Facts to know[2,3]

15.6%
of women over age 18 are in **fair or poor health**

41.3%
of women over age 20 are **obese**

Less than 50%
of women over age 18 meet the federal guidelines for **aerobic physical activity**

15%
of women up to age 50 suffer from **eating disorders** and **only 27% of those seek treatment**

continued

United Healthcare®

Colorectal cancer is a serious health concern and ranks as the third most common cause of cancer-related death in the U. S. for men and women. Risk factors such as age, family history, and lifestyle choices may significantly increase the likelihood of developing the disease. Screening is now recommended to begin at age 45 for all individuals, regardless of gender or symptoms. Early detection through regular screening can help identify precancerous polyps and improve treatment outcomes, making prevention and timely action essential.[7]

To prevent the development of these diseases, it is crucial to understand your risk, get recommended screenings, and see a physician regularly.

Risk reduction[8]

Many chronic diseases are linked to specific risk factors. You can lower your chances of developing these conditions, and improve your overall quality of life, by making healthier lifestyle choices. Here are some practical steps to help reduce your risk:

- **Quit smoking.** Avoiding tobacco use significantly lowers your risk of heart disease, several types of cancer, and type 2 diabetes.
- **Eat healthier**. Try to consume a healthier, balanced diet consisting of a variety of fruits, vegetables, whole grains, lean protein, and low-fat dairy products. Limit your intake of added sugar, saturated and trans fats, and sodium.
- **Get regular physical activity.** Aim for moderate intensity physical activity (like brisk walking or jogging) for at least 150 minutes a week, with muscle-strengthening activities at least 2 days per week.
- **Limit alcohol intake.** Excessive drinking may lead to high blood pressure, liver disease, stroke, heart disease, and certain cancers. If you choose to drink, do so in moderation.
- **Get screened.** To prevent the development of any chronic diseases, or to catch them early, make preventive screenings a part of your medical routine.
- **Get enough sleep.** Insufficient sleep may lead to poor management of chronic diseases and depression. Adults should get at least 7 hours of sleep daily.
- **Know your family history.** If you have a family history of a chronic disease, you are more likely to develop that disease. Be sure to share your family history with your physician to prevent these conditions or to catch them early.



Sources:

[1] DMC. https://www.dmc.org/healthy-living/corporate-content/womens-health-tips-for-decades-how-to-stay-healthy. 2025. Accessed September 2025.

[2] CDC. https://www.cdc.gov/nchs/fastats/womens-health.htm. 2025. Accessed September 2025.

[3] ANAD. https://anad.org/eating-disorder-statistic/. 2024. Accessed September 2025.

[4] CDC. https://www.cdc.gov/heart-disease/about/women-and-heart-disease.html. 2024. Accessed September 2025.

[5] CDC. https://www.cdc.gov/breast-cancer/risk-factors/. 2025. Accessed September 2025.

[6] National Cancer Institute. https://www.cancer.gov/types/cervical/screening. 2025. Accessed September 2025.

[7] National Cancer Institute. https://www.cancer.gov/types/colorectal/patient/colorectal-screening-pdq. 2025. Accessed September 2025.

[8] CDC. https://www.cdc.gov/chronic-disease/prevention/. 2024. Accessed September 2025.

The information provided in this flier is for general informational purposes only and is not intended nor should be construed as medical advice. Individuals should consult an appropriate medical professional to determine what may be right for them.

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