ASHFORD GROUP OF COMPANIES
BENEFITS HUB

BENEFITS GUIDE

2026/2027

WHAT'S INSIDE

DEAR ASSOCIATES,

As part of our ongoing commitment to support your health and well-being, we're making these changes to our benefits for 2026/2027:

- Medical plan copay changes
- Transitioning the Bronze EPO to the Bronze High Deductible Health Plan with the option to contribute to a Fidelity Health Savings Account
- Adding Teladoc Chronic Condition Management Plus program and Carrum, a surgical care, oncology, and substance use treatment Center of Excellence program
- Changing our carrier for Life, AD&D, Disability, Accident Insurance, and the Critical Illness Plan from MetLife to Voya
- Adding Voya Hospital Indemnity Insurance
- Opportunity to elect up to $250,000 in Supplemental Life with no medical questions, even if you have waived coverage in the past

Annual Enrollment is your opportunity to take a look at your benefits and choose the coverage that best fits your needs. Carefully review the changes and take advantage of the resources available to help you make informed decisions.

If you have questions or need assistance during Annual Enrollment, email us at **Benefits@RemingtonHotels.com**. We're here to support you every step of the way.

Thank you again for all that you do. We look forward to continuing this journey together as we build a workplace where every associate can thrive.

Benefits Team, Ashford Group of Companies

GETTING STARTED

ANNUAL ENROLLMENT

When is 2026-2027 Annual Enrollment?

Benefits Annual Enrollment will be held August 17 through August 28, 2026.

You only have a limited time to make your elections, so don't wait, enroll early! Your elections will remain in effect from October 1, 2026, through September 30, 2027, unless you experience a family status change due to a qualifying life event.

All current benefits will continue into the following plan year if you do not make any changes.

This year is a **passive enrollment**. This means if you do not enroll, your current benefits will continue into the following plan year. However, with multiple changes to our benefit plans, it is highly encouraged that you log in and make your elections.

Remember: Your annual deductibles and maximum out-of-pocket will reset on October 1.

What's New This Year?

MEDICAL PLANS

- Gold EPO:
  - Urgent Care Copay: $50
- Silver EPO:
  - PCP Office Visit Copay: $25
  - Specialist Office Visit Copay: $50
  - Urgent Care Copay: $75
  - Retail Pharmacy, Tier 1 Copay: $10
- Bronze HDHP:
  - The Bronze EPO is converting to a High Deductible Health Plan on October 1.
  - **If you are currently enrolled in the Bronze EPO and do not make an active enrollment election, you will be mapped into the Bronze HDHP.**

MEDICAL PLANS, CONT.

  - The Bronze HDHP will come with the option to contribute to a Fidelity Health Savings Account, allowing you to pay for eligible expenses with pre-tax dollars. Your account carries over year after year and you own it.
  - For lab services and X-rays, you pay the full cost until you meet your deductible. Then you pay 30% coinsurance until you meet your out-of-pocket maximum.
  - Preventive mammograms and colonoscopies are covered at 100% before the deductible.
  - If a mammogram or colonoscopy is performed for diagnostic purposes, you pay the full cost until you meet your deductible. Then you pay 30% coinsurance until you meet your out-of-pocket maximum.

NEW BENEFITS

- Teladoc Chronic Condition Management Plus, a program that helps individuals with chronic conditions take charge of your health at no cost to you for UMR medical plan participants.
- Carrum, a surgical care, oncology, and substance use treatment Center of Excellence program for UMR medical plan participants.

INCOME PROTECTION BENEFITS

- Voya will be the vendor for Life, AD&D, Disability, Accident Insurance, and the Critical Illness Plan. There is nothing you need to do. If you do not actively enroll, your current coverage will automatically transfer to Voya.
- Adding optional Voya Hospital Indemnity Insurance, which offers additional coverage if you or a covered dependent is hospitalized.
- You can elect up to $250,000 in Supplemental Life with no medical questions, even if you have waived coverage in the past.
- Secure an AmeriLife Long-Term Care or Life Insurance policy with no medical questions - see page 27.

To get the benefit coverage that's best for you and your family, you need to enroll by the deadline. If you have a qualifying event during the year, you need to meet specific deadlines to make changes.

Your elections will remain in effect through the end of the benefit year (September 30, 2027), unless you have a qualifying life status change. The deadline to enroll is 31 days from your eligibility date or the date of the qualifying event.

ENROLL ON YOUR COMPANY'S BENEFITS ENROLLMENT PLATFORM

Company	Enrollment Platform
Ashford, Remington, and Premier	myadp.com
INSPIRE	workforcenow.adp.com
RED Hospitality, Sebago, and Island Time Watersports	paycomonline.net/v4/ee/web.php/app/login

You can access many things from the enrollment platform!

- View benefit plan information
- Track and print your pay statements and W2s from your phone or tablet

MAKING CHANGES DURING THE YEAR

While you are generally only allowed to change your benefits elections during the annual enrollment period, certain life events provide an exception. Qualifying life events allow you to change your benefits elections in the middle of the plan year.

Important! If you have a life event status change, or you are a new hire, you cannot enroll until the date the event occurs.

Qualified life status events include:

- Marriage or divorce
- Birth, death, or legal adoption
- Associate gains or has a loss of coverage
- Family member gains or has a loss of coverage

Qualified Life Event Status Changes must be reported within 31 calendar days of the event to change benefits. You can report changes on the Benefit Enrollment Platform or the mobile app.

- **Ashford, Remington, and Premier:** After you confirm your elections, click *Submit* to review the list of required documents. You will also be notified by mail from ADP Dependent Verification Services with specific instructions.
- **Inspire:** Upload proper documentation of the event to ADP. HR will be notified of the pending request and will approve/deny after reviewing.
- **RED:** Upload proper documentation of the event to Paycom. HR will be notified of the pending request and will approve/deny after reviewing.

Provide your documentation within 45 calendar days. Your changes will be pended until the documentation is approved by the Benefits Department.

HOW TO ENROLL

ELIGIBILITY

ASSOCIATES

Eligibility for benefits is determined by your status as Full-Time or Part-Time in the Company's HR/Payroll system.

- **Full-Time:** Associates who are working 30 or more hours per week are eligible to participate in all benefit programs offered by the company.
- **Part-Time:** Associates who are classified as part-time are expected to work less than 30 hours per week and are eligible to participate in the Retirement Savings Plans and the Employee Assistance Program (EAP).

FAMILY MEMBERS

If you are an eligible associate and elect coverage, you can also elect the following coverage for your eligible family members:

- Medical
- Dental
- Vision
- Dependent Life and AD&D
- Group Accident
- Critical Illness
- Hospital Indemnity

You must have coverage for yourself to enroll your eligible family members.

Your eligible family members include:

- Your legal spouse
- Your dependent children up to age 26 – including biological children, adopted children, stepchildren, or those for whom you have legal guardianship.
- A dependent child currently covered on your policy who is disabled mentally or physically, as defined by the Social Security Administration, may continue on your policy.

Note: Dependent Verification may be requested.

ACA MEASUREMENT PERIOD

The ACA (Affordable Care Act) Measurement Period for benefits eligibility is a 12-month look-back period. Associates must work an average of 30 hours per week during the measurement period to be benefits eligible.

Global Measurement Period	Effective Date for Status Change
July 3 – July 2	October 1

Associates that average more than 30 hours per week will keep their benefits eligibility or become eligible to elect benefits.

Note: *Eligibility for benefits may vary by location or union affiliation. Refer to the SPD, your collective bargaining agreement, or your local HR representative with questions.*

YOUR BENEFITS HUB

Access Your 2026/2027 Legal Notices
Review your current legal notices by going to **AGCBenefitsHub.com** or scanning this QR code:

Legal notices may be updated throughout the year to reflect changes in federal or state legislation.

BENEFITS WEBSITE

Our benefits website has a new look, but offers the same great comprehensive benefits information. You have convenient access to your benefits and more through your smartphone, tablet, or desktop computer … whenever, wherever, and however you want!

Get started at **AGCBenefitsHub.com**, and save a shortcut to your smartphone's home screen. Whether you're in need of a doctor or simply need to know what your plan pays, it's all right there in the palm of your hand.

The benefits website is designed to give you 24/7 access to your benefits.

Know Your Benefits

The website gives a detailed breakdown of benefits anytime you need it. Check them before scheduling your appointment.

ID Cards

A generic ID card is available on the website. Download a copy to your mobile device so you can easily share it at the doctor's office.

Contact Information

Quickly find service contact information and online resources.

Explore the benefits website today! Scan or click the QR code to get started.

GenerationYou™ (GenYou) is a concierge service offered by UMR that is tailored to you and your family's unique medical care needs. When you call UMR, you will speak with a member of the GenYou team to help you with understanding your benefits, comparing providers, accessing cost estimates, scheduling appointments, and referring you to more in-depth support if you need it.

YOUR GENYOU GUIDE

When you call, the first person you will speak with is a GenYou Guide. They can help with:

- Understanding your benefits
- Finding the best quality care
- Comparing providers
- Scheduling appointments for you
- Gathering cost estimates
- Locating resources

CARE GUIDES AND CARE SUPPORT

Depending on your situation, you may be referred to a CARE Guide registered nurse or social worker who can help with:

- Answers to your medical questions
- Assistance in navigating available programs
- Locating a specialist
- Help with appeals
- Accessing behavioral health and substance use resources
- Finding community resources such as counseling, food banks, and housing shelters
- Outreach if you are at risk of serious health conditions like diabetes, cancer, heart conditions, etc.

If you need long-term treatment coordination, your GenYou Guide may refer you to CARE Support, who are nurse managers that offer enhanced case management.

HAVE QUESTIONS?

Call GenerationYou™ at 844-600-0919 for help with:

- Medical and prescription questions
- Personal, family, and marriage counseling
- Scheduling an appointment with an in-network doctor
- Understanding your medical bills
- And more!

Download the UMR App Today

On the app, you can:

- Access the *Story of You*
- Find care providers
- Access your digital ID card
- View claims information
- Find out if there is a copay for your upcoming appointment
- See how much you've paid toward your deductible, and more

Download on the App Store

GET IT ON Google Play

STORY OF YOU

When you log in to **UMR.com**, you will be prompted to complete the GenYou *Story of You*.

The 5-minute questionnaire includes general questions about your health.

- Providing this information will help the GenYou team to better support you in the future.
- After completing *Story of You*, you'll get personalized recommendations for UMR resources.
- Once completed, you can view your recommendations by clicking *Point of You* in the GenYou menu.

GENERATIONYOU™

Our medical benefits through UMR help you maintain your well-being through preventive care, affordable prescriptions, and access to an extensive network of providers. To find an in-network UMR provider, visit **umr.com**.

MEDICAL BENEFITS

CONSIDER YOUR COVERAGE

The three Medical plans—Gold EPO, Silver EPO, and Bronze HDHP—have different levels of coverage and different price points, allowing you to choose based on your financial and health needs. Review the chart on the next page to see how the plans compare to each other.

HOW YOU PAY FOR CARE

When you enroll in the plan, you pay a medical plan contribution out of each paycheck. To help with this cost, the Company shares this cost with you — in fact, the Company pays the majority of this cost on your behalf. Below shows how you pay for in-network coverage.

October 1: (start of the plan year)

With the Bronze HDHP, you pay all costs for most services until you meet the deductible. With the Silver and Gold EPO plans, you pay copays for most services, even if you haven't met the deductible. Deductibles vary by plan.

A **copay** is a fixed amount that you pay out-of-pocket for covered services, such as Primary Care Office Visits, Specialist Office Visits, Urgent Care, and prescription drugs.

A **deductible** is the total amount you pay for covered services before the plan starts covering the costs. The deductible applies to MRIs, Inpatient and Outpatient Care, Emergency Room, etc.

Coinsurance is your share of the cost of a covered health care service after you've met your deductible.

You pay coinsurance until you meet the out-of-pocket maximum: $7,000 Individual / $14,000 Family.

Deductibles and coinsurance apply **only** to select major medical services. The out-of-pocket maximum is the total amount you will pay out of pocket for covered services during the plan year. Copays, deductibles, and coinsurance add up to the annual out-of-pocket maximum.

You don't pay anything for the rest of the year if you meet the out-of-pocket maximum.

The **out-of-pocket maximum** is the total amount you will pay out of pocket for covered services during the plan year. Copays, deductibles, and coinsurance add up to the annual out-of-pocket maximum. If you reach your out-of-pocket maximum, you are covered at 100% for the remainder of the year.

September 30: (end of the plan year)

Medical Plans At A Glance

	Gold EPO	Silver EPO	Bronze HDHP
Annual Deductible	$1,500 Individual $3,000 Family	$3,000 Individual $6,000 Family	$5,000 Individual $10,000 Family
Coinsurance	80%	70%	70% after ded.
Annual Out-of-Pocket	$7,000 Individual $14,000 Family	$7,000 Individual $14,000 Family	$7,000 Individual $14,000 Family
Preventive Care Services	100%	100%	100%
Teladoc Virtual Care	$0 copay	$0 copay	$0 copay
Airrosti	$30 copay	$40 copay	70% after ded.
Office Visit: PCP	$10 copay	$25 copay	70% after ded.
Office Visit: Specialist	$30 copay	$50 copay	70% after ded.
Hospital Services Inpatient / Outpatient	80% after ded.	70% after ded.	70% after ded.
Urgent Care	$50 copay	$75 copay	70% after ded.
Emergency Room	$500 Copay per visit; 20% Coinsurance	$500 Copay per visit; 30% Coinsurance	70% after ded.
Prescription Services Rx: Retail (30 days)			
Tier 1	$5 copay	$10 copay	70% after ded.
Tier 2	$50 copay	$50 copay	
Tier 3	$100 copay	$100 copay	
Specialty	$250 copay	$250 copay	

WHAT IS A HIGH DEDUCTIBLE HEALTH PLAN?

A High Deductible Health Plan (HDHP) is a medical plan that generally has lower paycheck contributions and a higher deductible than other medical plans. You pay the full cost of most covered services until you meet the deductible, after which you and the plan share the cost of care. HDHPs are compatible with Health Savings Accounts (HSAs), allowing you to save and pay for eligible healthcare expenses with tax-free dollars.

With the Bronze HDHP, you pay the full cost of most services until you meet the deductible. Then you will pay 30% coinsurance until you meet your out-of-pocket maximum. You will pay less if you see in-network providers.

The Silver and Gold plans are EPOs, which stands for Exclusive Provider Organization and only cover costs when you visit an in-network provider and/or facility. **If you go out-of-network, you pay 100% of the cost except in the case of a medical emergency.**

HEALTH SAVINGS ACCOUNT

NEW! The Health Savings Account (HSA) is a tax-advantaged personal bank account that works with the Bronze HDHP plans. If you are enrolled in the Gold or Silver EPO, you cannot have an HSA.

This allows you to set aside money to pay for eligible health care expenses. The account is yours to own and manage on your own. If you ever leave the company, you'll take this account with you.

You can use it to pay for expenses now or save for the future.

CONTRIBUTION LIMITS

You can contribute pre-tax dollars to your HSA up to the IRS limits each year. The 2026 IRS contribution limits are:

- $4,400 for individual coverage
- $8,750 for family coverage levels
- If you are age 55 or older, you can contribute an additional $1,000

PAYROLL DEDUCTIONS

The amount you elect to contribute to your HSA will be deducted from your paycheck. You will be able to make adjustments for the 2027 calendar year.

The 2027 IRS contribution limits are:

- $4,500 for individual coverage
- $9,000 for family coverage levels
- If you are age 55 or older, you can contribute an additional $1,000

ELIGIBLE EXPENSES

Use the account to pay for medical, dental, vision and prescription drug expenses. Examples of eligible expenses include:

- Medical and dental plan deductibles, copays, and coinsurance
- Prescription drug copays and coinsurance
- Certain over-the-counter drugs
- Vision expenses

Refer to **IRS Publication 969** for more information.

SETTING UP YOUR ACCOUNT

You must open an HSA through Fidelity. The company does not automatically establish an account or contribute funds on your behalf. After opening your Fidelity HSA, elect your HSA payroll contributions during enrollment in ADP. Your Fidelity HSA will be available for use beginning October 1, 2026, and Fidelity will contact you after your account has been opened.

TELEHEALTH

CARE ANYTIME, FROM ANYWHERE WITH TELADOC

Save time and money on non-emergency medical or mental health care with telehealth services provided through Teladoc. When you enroll in one of our medical plans, you and your covered dependents can connect 24/7 with board-certified doctors and licensed mental health professionals by phone, video, or app.

With Teladoc, you pay **$0 for care**, avoid long waits for appointments, and can access care from anywhere. Telehealth-trained doctors can even get prescriptions sent to your pharmacy, if medically necessary. Providers can diagnose and treat many common issues, including:

- Cold and flu
- Sinus infections
- Sore throat
- Allergies, and more

MENTAL HEALTH SUPPORT

You also pay $0 for Teladoc mental health support. They provide confidential help from licensed therapists or psychiatrists for:

- Stress, anxiety, depression
- Grief or relationship issues
- Work-life balance
- Medication management

Appointments are available 24 hours a day, seven days a week.

GET STARTED

1. Visit **www.teladoc.com** or download the Teladoc app.
2. Create your account and complete your medical history.
3. Request care anytime you need it.

Scan this QR code to download the Teladoc app today!

Where you go for care matters. Your choice may be able to save you time and money. If you need help deciding where to go for care, contact GenerationYou™!

Teladoc Virtual Care	When you're not feeling well or need care fast, have a visit in just minutes with a board-certified doctor or therapist. **Good for:** • Cold & Flu • Ear Pain • Pink Eye • Sinus Problems • UTI Infections (Female, 18+)	$$$$$$
Primary Care Physician	The go-to place for managing your health care. Your primary care provider knows your medical history best. **Good for:** • Annual physicals • Routine screenings • Vaccines • Sprains and strains • Chronic conditions • Medicine refills • Anxiety and depression	$$$$$$
Urgent Care Center	Immediate care for conditions that are not life-threatening. Shorter average wait times than the emergency room. **Good for:** • Asthma • Cuts requiring stitches • Broken bones • Concussions • Vomiting and diarrhea	$$$$$$
Emergency Room	Immediate care for life-threatening conditions, including heart attack and stroke. **Good for:** • Fever in a child less than 3 months old • Chest pain • Shortness of breath • Sudden numbness, weakness, or speech difficulty • Severe belly pain • Coughing or vomiting blood • Uncontrolled bleeding • Mental health crisis	$$$$$$
Freestanding Emergency Room	Services do not include trauma care; can look similar to an urgent care center, but medical bills may be 10 times higher. **Good for:** • Most major injuries except trauma • Severe pain	$$$$$$

KNOW WHERE TO GO

TELADOC CHRONIC CARE MANAGEMENT PLUS (CCM+)

If you're enrolled in a UMR medical plan and living with or at risk for certain chronic conditions, Teladoc Chronic Care Management Plus (CCM+) can help you take charge of your health at no cost to you.

Programs are available for:

- Diabetes Management
- Hypertension (High Blood Pressure) Management
- Diabetes Prevention

EXPERT HEALTH COACHING

Work one-on-one with a dedicated health coach. Your coach will help you create a personalized action plan based on your health goals and priorities.

CONNECTED HEALTH DEVICES

Eligible participants may receive a blood glucose meter, blood pressure monitor, and/or smart scale at no cost. These devices automatically upload your readings, making it easy to track your progress through the Teladoc app.

DIGITAL BEHAVIORAL HEALTH SUPPORT

Access tools and resources anytime to help manage stress, improve sleep, build resilience, and support your emotional well-being.

SECURE AND CONVENIENT

Your health information is protected and available through your private Teladoc account. You can view your records anytime and choose whether to share information with your healthcare providers.

GET STARTED OCTOBER 1, 2026

1. Download the Teladoc app or visit **TeladocHealth.com**.
2. Log in or create your account.
3. Select *Condition Management* to explore available programs and determine your eligibility.

CARRUM CENTERS OF EXCELLENCE

When you need specialized care, Carrum connects you with high-quality providers for surgery, cancer treatment, and substance use treatment. Through this voluntary program, if you are enrolled in a UMR medical plan, you will have access to leading specialists who meet rigorous quality standards and deliver exceptional outcomes.

PERSONALIZED SUPPORT

A dedicated Care Specialist will guide you through every step of your healthcare journey—from finding the right provider and scheduling appointments to coordinating travel and answering questions along the way.

LOWER COSTS

Carrum helps make high-quality care more affordable.

- Gold and Silver EPO Plan members can access eligible Carrum services at no cost, including eligible surgeries at $0.
- Bronze HDHP members can access eligible Carrum services at no cost after meeting the IRS minimum deductible ($1,700 for 2026).

SERVICES AVAILABLE THROUGH CARRUM

Surgical Care

- Musculoskeletal procedures
- Gynecology
- Gastroenterology
- Cardiovascular care
- General surgery
- Urology
- Pain management
- Ear, Nose, and Throat (ENT) services

Cancer Care

- Prostate cancer
- Breast cancer
- Uterine cancer
- Bladder cancer
- Lung cancer
- Thyroid cancer
- Non-Hodgkin lymphoma
- Leukemia

Substance Use Treatment

- Alcohol use disorder treatment
- Opioid use disorder treatment

GET STARTED OCTOBER 1, 2026

Beginning October 1, call 888-855-7806 or go to **info.carrumhealth.com/ashfordgroupofcompanies**.

PRESCRIPTIONS

SMITHRX – YOUR PHARMACY BENEFITS MANAGER

What is a Pharmacy Benefits Manager?

Pharmacy benefits managers (or PBMs) coordinate the interaction between your employer, physician, health plan, and pharmacy. Your PBM powers your pharmacy experience by:

- Making sure you're charged the correct copay at the pharmacy
- Setting up your medications to be covered according to your plan design
- Managing clinical requirements related to your prescriptions

Since your PBM benefits are closely related to your health coverage, you're automatically covered when you enroll in your health plan.

What pharmacy can I go to?

SmithRx has over 83,000 pharmacies in its network, including retail pharmacies like CVS, Walgreens, RiteAid, Walmart, Costco, and more. Additionally, SmithRx gives you access to mail order pharmacies like Amazon Pharmacy and Walmart Mail Order, and specialty pharmacies like Senderra and Kroger.

What if I need assistance?

The SmithRx Member Services team is available Monday to Friday, 7 am to 7 pm (CST):

- Phone: 844-454-5201
- Email: **help@smithrx.com**
- Chat: On the SmithRx website at **smithrx.com**

In addition, SmithRx has on-site clinical staff and after-hours answering to ensure you can always get the assistance you need. You can also create an account on our member portal at **member.mysmithrx.com** and download your ID card.

HAVE QUESTIONS?

Explore the links below to find answers to your questions about SmithRx.

SmithRx's **"Find My Meds"** tool makes it easy to find a pharmacy location to fill your prescription, while showing you the costs associated with your prescription plan.

Need **mail-order pharmacy information**? SmithRx gives you access to 3 mail-order pharmacy options.

Want to know **how to transition your medication** to SmithRx's Specialty Pharmacy Programs?

Explore the SmithRx **Connect 360** Programs!

ONE PASS SELECT™ FITNESS AND WELL-BEING SUBSCRIPTION

One Pass Select™ is a fitness and well-being subscription service available if you are enrolled in a UMR medical plan. One Pass Select provides access to over 20,000 gyms and fitness studios. For one discounted monthly fee, you can access multiple gyms. Some of the facilities include, but are not limited to: Planet Fitness, CrossFit, Retro Fitness, Blink, LA Fitness, Crunch, Orangetheory, Pure Barre, and Row House.

One Pass Select™ offers five membership tiers to choose from, with the option to change tiers monthly. When you enroll, you will choose the tier that meets your fitness goals: Digital, Classic, Standard, Premium, or Elite, which cost from $10 to $250 per month. Note that monthly fees are not prorated for partial months.

Classic and above tiers also include free membership with Walmart+ and Shipt grocery delivery services. You can cancel at any time with a 30-day notice.

For more information, or to enroll, visit **OnePassSelect.com**.

PAIN MANAGEMENT

Fix Pain Fast! Airrosti providers are experts at diagnosing and rapidly resolving the source of your injury. Each patient receives one full hour of assessment, diagnosis, treatment, and education designed to eliminate the pain associated with many common conditions, allowing you to quickly and safely return to activity — usually within 3 visits (based on patient-reported outcomes).

COMMON CONDITIONS TREATED BY AIRROSTI

- Neck Pain
- Mild Back Pain
- Hip Pain
- Achilles Tendinitis
- Headaches
- Rotator Cuff Pain
- Knee Pain
- Carpal Tunnel
- Shin Splints
- And more!

SCHEDULE YOUR APPOINTMENT TODAY!

- Call 800-404-6050
- Go online to **airrosti.com**

Scan or click this QR code to visit Airrosti's website.

Airrosti is currently only available in these states:

- Ohio
- Virginia
- Texas
- Washington

Associates and dependents must be currently enrolled in one of the Company's medical plans to have access to this program.

DENTAL

The PPO dental plans are designed to help you maintain a healthy smile through regular preventive dental care and to fix any problems as soon as they occur. Because preventive care is so important, the plans cover these services in full with no deductible or copay. The plans allow you to see any provider, but you will receive the highest level of benefits when you utilize in-network providers through MetLife (**PDP Plus Network**).

		High Plan	Low Plan
Annual Deductible	Individual Family	$50 $150	$75 $225
Maximums	Individual Annual Maximum Individual Lifetime Orthodontic	$1,500 $1,500	$750 N/A
Diagnostic and Preventive Services	Routine exams, X-rays, fluoride, and cleanings	No charge	No charge
Dental Cleanings	4 cleanings per year	No charge	No charge
Basic Restorative Services	Fillings, extractions, emergency treatment	80% coinsurance*	60% coinsurance*
Major Restorative Services	Crowns, inlays and onlays, dentures, and bridges	50% coinsurance*	40% coinsurance*
Orthodontics	Orthodontia for you, and your covered spouse and dependent children, up to age 26	50% coinsurance*	N/A

*Deductible applies for lifetime maximums.

ORTHODONTIC COVERED SERVICES

Orthodontic treatment generally consists of initial placement of an appliance and periodic follow-up visits.

- The benefit payable for the initial placement will not exceed 25% of the amount charged by the Dentist
- The benefit payable for the periodic follow-up visits will be payable on a monthly basis during the course of the orthodontic treatment if:
  - » Dental Insurance is in effect for the person receiving the orthodontic treatment; and
  - » Proof is given to MetLife that the orthodontic treatment is continuing

Scan or click this QR code to find an in-network MetLife Dental Provider. The name of our network is PDP Plus Network.

VISION

Vision insurance helps pay the cost of periodic vision examinations and necessary lenses and frames. The vision plan covers an annual eye exam, eyeglass lenses or contacts, and frames every 12 months. The plan allows you to see any provider, but you will receive the highest level of benefit when you utilize in-network providers through MetLife (**VSP Network**).

	Frequency	In-Network Costs	Out-of-Network Reimbursement
Eye health exam, dilation, prescription, and refraction for glasses	Once every 12 months	Covered in full after $10 copay	Up to $45
Retinal Imaging	Once every 12 months	Up to a $39 copay on routine retinal screening when performed by a private practice	n/a
Materials and Eyewear	Once every 12 months	$10 copay for materials and eyewear	n/a
Single / Lined Bifocal / Lined Trifocal / Lenticular	Once every 12 months	Covered after $10 eyewear copay	Up to $30 / $50 / $65 / $100
Basic Progressive Lens	Once every 12 months	Covered in full after $55 copay	Up to $50
Allowance*	Once every 12 months	$130 allowance after $10 eyewear copay	Up to $55
Costco, Walmart & Sam's Club	Once every 12 months	$70 allowance after $10 eyewear copay	n/a
Contacts (Necessary)	Once every 12 months	$130 allowance after $10 eyewear copay	Up to $210
Contacts (Elective)	Once every 12 months	Up to $130 allowance	Up to $105
Second Pair of Glasses	Additional: A second set of glasses or contacts is available in the same plan year. Applicable copays apply. Two pairs of prescription eyeglasses; or One pair of prescription eyeglasses and an allowance toward contact lenses; or Double your contact lens allowance		
Laser Vision Correction	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK, and Custom LASIK. This offer is only available at MetLife participating locations.		

*You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.

Note: Contacts are in lieu of glasses.

Scan or click this QR code to find an in-network MetLife Vision Provider.

MENTAL HEALTH RESOURCES

THE FOLLOWING MENTAL HEALTH RESOURCES ARE FREE TO ALL ASSOCIATES.

Mental health is integral to living a healthy, balanced life. One in five Americans experience mental health issues. Our mental health encompasses our psychological, emotional, and social well-being. This means it impacts how we feel, think, and behave every day. Our mental health also contributes to our decision-making process, how we cope with stress and how we relate to others in our lives.

EMPLOYEE ASSISTANCE PROGRAM

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward. Our Employee Assistance Program (EAP) is available to you in addition to the benefits of your Voya insurance coverage. This program provides easy-to-use services to help with life's everyday challenges — at no additional cost to you.

Expert advice for work, life, and your wellbeing

The program's experienced counselors, provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life. The program includes up to 5 in person, phone, or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year.

Get Started with the EAP

To utilize the resources provided by the EAP, call 833-303-3750 or 919-341-7440 or visit **one.telushealth.com**.

Username: Voya

Password: eap

SUPPORT & RESOURCES

The Company EAP can help support your mental, emotional, relational, and even physical goals.

Explore resources through your EAP program designed to help you achieve your physical health goals, including:

- Weight Loss Tools
- Building Conscious Eating Habits
- Diet and Nutrition Resources
- Self-guided Programs
- And more!

MARKETPLACE CHAPLAINS

Marketplace Chaplains provide a personalized service through the use of Chaplain Care Teams, which are voluntary, neutral from company operations, and strictly confidential. Chaplains are male and female as well as ethnically diverse.

- Download the MyChap app to your mobile device
  - » Click here to download for **Android** | **Apple**
- Enter code: 1573

PAID PARENTAL LEAVE

To support our new parents, associates who give birth or adopt a child will receive up to four weeks of paid parental leave (for hourly associates, average hours worked are used).

ELIGIBILITY

To be eligible for paid parental leave, you must be a full-time regular associate with a minimum of 6 months of employment, and you must meet one of the following criteria.

- The parent who gave birth
- A biological parent or the spouse of the biological parent of the newborn, or
- A parent who has adopted a child or been placed with a foster child, (in either case, the child must be age 17 or younger).

BASIC LIFE AND AD&D

The Company provides you with Basic Life and Accidental Death and Dismemberment (AD&D) at no cost, through Voya, for full-time associates. This coverage helps ensure that loved ones, such as a spouse or other designated survivors, will be financially secure after your death.

Your Basic Life and AD&D coverage amount can be viewed in your Benefits Enrollment Platform.

SUPPLEMENTAL LIFE AND AD&D

In addition to Company-provided Life and AD&D coverage, you may also purchase Supplemental Life and AD&D through Voya. New hires can enroll in up to $250,000 in coverage for themselves with no questions asked. If you waive Life coverage when first eligible and decide to enroll later, you will have to provide a statement of good health called Evidence of Insurability (EOI), which can be approved or denied at the carrier's discretion at that time.

To enroll in Supplemental Spouse or Child Life and AD&D, you have to enroll in coverage for yourself first.

Spouse coverage for new entrants is guaranteed in the amount of $50,000. If waived when first eligible, coverage in any amount is subject to EOI approval.

Supplemental Life and AD&D Coverage

Associate	You may purchase coverage in increments of $10,000 up to $500,000*
Spouse	You may purchase coverage of $50,000, $100,000**, and $150,000**
Children	You may purchase coverage of $10,000. Coverage up to age 26 (live birth to 6 months $1,000)

*Amounts above $250,000 are subject to Evidence of Insurability
**Subject to Evidence of Insurability for new entrants

Beneficiary Designation
Your beneficiary is the person(s) or entity (e.g., trust or charity) you name to receive your life insurance benefits in the event of your death. You may update your beneficiary information any time by going to your Benefits Enrollment Platform.

If you do not designate a beneficiary, the insurance company may take longer to pay out the benefit and will have to use their internal policy to determine who gets the proceeds (e.g., your surviving spouse, your estate, etc.).

Benefits for a dependent's death are payable to you (i.e., no beneficiary designation is needed).

INCOME PROTECTION

DISABILITY

SHORT-TERM DISABILITY*

Voluntary Short–Term Disability (STD) through Voya protects a portion of your income if you become disabled because of a non-work related illness or injury for up to 13 weeks. STD benefits may be reduced by any state-paid disability benefits you receive.

Note: If you waive STD coverage when first eligible and decide to enroll later, you will have to provide a statement of good health called Evidence of Insurability (EOI), which can be approved or denied at the carrier's discretion at that time. If you do not complete the EOI within 60 days of enrollment, your STD election will be changed to "Waived."

Eligibility	1st of the month following hire
Benefit Begins	After 15 days
Benefit Amount	60% of weekly earnings
Maximum Benefit	$2,500/week; Up to 13 week duration

Disability Forms

You can find disability forms on your benefits enrollment platform.

LONG-TERM DISABILITY

Voluntary Long-Term Disability (LTD) through Voya protects a portion of your income if you become disabled because of a non work-related illness or injury for longer than 90 days. Certain exclusions as well as pre-existing condition limitations may apply.

Note: If you waive LTD coverage when first eligible and decide to enroll later, you will have to provide a statement of good health called Evidence of Insurability (EOI), which can be approved or denied at the carrier's discretion at that time. If you do not complete the EOI within 60 days of enrollment, your LTD election will be changed to "Waived."

Benefit Begins	After 90 days of disability
Benefit Amount	60% of monthly earnings
Maximum Monthly Benefit	Class 1: $10,000 Class 2: $6,000
Pre-Existing Conditions	Prior to effective date

Note: The company provides Corporate associates with Employer-paid Long-Term Disability (LTD) benefits.

Scan this QR code to save Voya's contact information to your phone.

*Residents of CA, NJ, NY, and PR may be eligible for state disability benefits that will be offset from the VSTD. It is your responsibility to determine eligibility for your respective state/territory.

VOLUNTARY BENEFITS

ACCIDENT INSURANCE

Accident insurance provides a financial cushion for life's unexpected events by providing you with a lump-sum payment when your family needs it most. It pays various cash amounts if, as the result of an accident, you or your covered dependents receive medical care for one of more than 150 covered events as defined in your group certificate, including accidental death or dismemberment. Accident insurance pays regardless of what your medical plan may cover. The payment you receive is yours to spend however you like.

The plan provides a lump-sum payment for over 150 covered events such as:

- Fractures
- Dislocations
- Second and third degree burns
- Cuts or lacerations
- Eye injuries
- Coma
- Torn knee cartilage
- Ruptured disc
- Concussions

You'll receive a lump-sum payment when you have these covered medical services/treatments:

- Ambulance
- Emergency care
- Inpatient/Outpatient surgery
- Physician follow-up visits
- Transportation
- Medical Testing Benefits (includes X-rays, MRIs, and CT Scans)
- Therapy services (including physical and occupational therapy)

This plan provides protection for covered events experienced while off the job only.

	Base Plan	Plus Plan
Open Fractures	Up to $5,000	Up to $10,000
Open Dislocations	Up to $5,100	Up to $10,000
Ambulance (air / ground)	$1,000 / $400	$2,000 / $550
Sports Injury	25% up to $2,000	25% up to $2,000
Coma	$11,500	$20,000
Concussion	$350	$400
Diagnostic Exam	$100	$225
Physician Follow Up	$75	$75

Scan this QR code to save Voya's contact information to your phone.

CRITICAL ILLNESS

Critical illness insurance through Voya works to complement your medical coverage and pays in addition to what your medical plan may or may not cover. It's coverage that provides financial support when you or a dependent becomes seriously ill.

Upon diagnosis, it provides you with a lump-sum payment of $15,000 or $30,000 in initial benefits. If you or a covered dependent experiences more than one covered condition, the benefit amount applies to each covered condition, with an unlimited maximum benefit in the event that you or a covered dependent experience more than one covered benefit. The skin cancer benefit is payable up to 1 times per calendar year, 10 times lifetime maximum limit.

The following medical conditions are covered:

- Cancer
- Heart Attack
- Stroke
- Coronary Artery Bypass Graft
- Kidney Failure
- Alzheimer's Disease
- Major Organ Transplant
- Sudden Cardiac Arrest
- Infectious Disease
- Childhood Conditions
- And many other conditions

Please note: Benefits will not be payable for covered conditions that are caused by or result from a pre-existing condition if the covered condition occurs during the first 6 months of coverage.

$50 WELLNESS SCREENING BENEFIT

Health screenings are an important part of managing your health. That's why your Critical Illness insurance coverage from Voya provides an additional Health Screening Benefit for covered screenings and tests. Now, everyone who's enrolled—you, your spouse, and dependent children—can earn an extra benefit just for taking care of their health.

How to claim your $50 Health Screening Benefit

You can submit multiple claims for your spouse or dependent children, all on one call.

1. Call **800-438-6388**.
2. Provide a few details, including: the healthcare provider's name, address, and phone number, the screening/test and the date it was completed, and the address where the test/screening was performed.
3. Receive your Health Screening Benefit payment. (Checks are typically issued within a few business days once your claim has been processed.)

NEW! HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance through Voya provides financial support when you or a dependent is hospitalized. It pays an additional benefit to your medical plan coverage.

Upon hospitalization, it provides you with an initial admission benefit of $1,200, and an additional $200 per day for up to 30 days. In addition to hospitalization, this benefit provides a benefit upon admission and per day for the ICU, a one-time benefit for an observation stay, and a daily benefit for rehab.

	Benefit	Days Payable
Initial Hospitalization	$1,200	One-time
Daily Hospital Benefit	$200	Up to 30 days
ICU Admission	$2,400	One-time
Daily ICU Benefit	$400	Up to 30 days
Observation Stay	$200	Once per calendar
Rehab Benefit	$100	Up to 30 days

LEGAL INSURANCE

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you trust. For a monthly fee, you can have a team of top attorneys ready to help you take care of life's planned and unplanned legal events.

MetLife Legal Plans gives you access to the expert guidance and tools you need to handle the broad range of personal legal needs you might face throughout your life. This could be when you're buying or selling a home, starting a family, dealing with identity theft, or caring for aging parents.

MetLaw could save you hundreds of dollars in attorney fees for common legal services like these:

- Estate planning documents, including Wills and Trusts
- Identity theft defense
- Traffic offenses
- Family Law, including adoption and name change
- Real estate matters
- Financial matters, such as debt-collection defense document review
- Advice and consultation on personal legal matters

Scan or click this QR code to access MetLife Legal Plans.

SAVINGS

401(K) SAVINGS PLAN

The 401(k) Retirement Plan is designed to help you save for your future. Through before-tax or after-tax contributions to your account, you build income for retirement. You can choose from a variety of investment options to help meet your goals.

To enroll or to make changes, log on to **netbenefits.fidelity.com** or call 800-835-5097.

Eligibility

You are eligible to participate in the 401(k) contribution portion of the Plan if:

- You complete 4 months of service
- You are at least 21 years old

Once you satisfy the 401(k) contribution requirements, you will become eligible to participate in the 401(k) contribution portion of the Plan on the first day of the following month.

Contributing to the Plan

You can decide how much of your salary you want to contribute directly from your paycheck.

Through automatic payroll deduction, you may contribute between 1% and 100% of your eligible pay, up to the annual IRS dollar limit (2026 = $24,500). You may change your deferral percentage at any time (please allow 1-2 pay periods for changes to take effect).

In addition, you can automatically increase your retirement savings plan contributions each year through the Annual Increase Program. To sign up, access the Contributions section within Fidelity NetBenefits®, or call the plan's toll-free number.

If you are age 50 or over by the end of the taxable year and have reached the annual IRS limit or Plan's maximum contribution limit for the year, you may make additional salary deferral contributions to the Plan up to the IRS Catch Up Provision Limit (2026 = $8,000).

The Roth 401(k) contribution option is also available to you. A Roth 401(k) contribution to your retirement plan allows you to make after-tax contributions and take any associated earnings tax-free at retirement.

Company Contributions

The company will match your 401(k) contributions with Safe Harbor contributions. Here's how it works:

- **Dollar for dollar** on the first **3%** of your eligible pay that you contribute.
- **50 cents per dollar** on the next **2%** you contribute.

That means if you contribute **5% of your pay**, you get a **4% company match**!

The plan will match on the combined total of your before-tax deferral contributions, Roth 401(k) after-tax deferral contributions, and the catch-up contribution amounts up to the matching limit.

Scan or click this QR code to enroll in the 401(k) Savings Plan through Fidelity.

INVESTMENT ASSISTANCE

Equity Planning Group provides free assistance to associates, from rolling over a previous plan to choosing investment funds.

Call at 419-842-3300 or email **pjoseph@equitypg.com**.

529 SAVINGS PLAN

The College America plan is a savings plan that can help you build a nest egg for your children, grandchildren, nieces, nephews, or anyone else you want to help with college education expenses. The plan offers significant tax advantages to those who invest for higher education. Any earnings received on your contribution will be free from taxes as long as it is used for education purposes. Associates can sign up for this program upon date of hire. For more information or to enroll, contact Equity Planning Group at 419-842-3300.

DAILYPAY

DailyPay is a benefit that allows you to get your pay any time before payday and easily track how much you're making. It is free to create an account, and your available pay will increase every time you work. You can transfer your pay instantly for a fee. In order to sign up for DailyPay, you must be enrolled in direct deposit. You can also sign up using a prepaid debit card. **Please note:** DailyPay is only available at eligible locations.

FINANCIAL WELLNESS FEATURES

- **Free financial coaching:** DailyPay has partnered with Coordinated Assistance Network to offer you free financial wellness coaching sessions. Specialized coaches can help you to manage your expenses, build savings, make a plan to pay off debt, and so much more! You can request sessions in the DailyPay app.
- **AutoSave feature:** Set aside a recurring amount to be transferred from your available balance into your savings account every payday.
- **Allocate feature:** Assign your money to different savings accounts which you label to help stay organized and motivated while saving.

The DailyPay User Support Team is available to help in both English and Spanish at 866-432-0472. Find out more by visiting **employee.dailypay.com**.

Scan or click the QR codes below to download the DailyPay app to your phone.

Download on the App Store

GET IT ON Google Play

ADDITIONAL WELLNESS BENEFITS

These additional wellness benefits help you protect your family's finances and manage your health and physical well-being.

AMERILIFE BENEFITS ADMINISTERED LONG-TERM CARE (LTC) WITH WHOLE LIFE

Protect your future with a policy that combines life insurance, long-term care protection, and cash value growth in one benefit administered by AmeriLife Benefits with no medical questions asked. This Whole Life policy provides financial protection and flexibility if you ever need long-term care.

If you need long-term care, the benefit pays you directly, whether care is provided at home or in a facility. Even if you use the long-term care benefits, your life insurance protection remains in place, your full death benefit remains available for your beneficiaries, and you may also access the policy's available cash value.

You can secure a policy up to the following coverage amounts with no medical questions asked during this year's Annual Enrollment:

Associate:

- $400,000 Long-Term Care (LTC)
- $200,000 Life Insurance

Working Spouse:

- $150,000 Long-Term Care (LTC)
- $75,000 Life Insurance

Non-Working Spouse:

- $20,000 Long-Term Care (LTC)
- $10,000 Life Insurance

Child: $20,000 Life Insurance

Contact Information

To enroll and see coverage details, go to **account.mybenefitsportal.com/remingtonhospitality/**. You can enroll by using the links on the portal's home page to schedule an appointment with a licensed long-term care counselor or completing self-enrollment.

To self enroll, use the following log in credentials:

- Username: Last Name + First Initial + Last 4 digits of SSN *(all lowercase)*.
- PIN: Last 4 digits of SSN + Last 2 digits of your birth year.

If you have questions, call 833-565-9186.

LAASY HEALTH WEIGHT LOSS PROGRAM

The LaaSy Health Weight Loss Program offers a comprehensive approach that combines medication with personalized lifestyle support. LaaSy Health's GLP-1 program can help you achieve sustainable weight loss. With guidance from a team of experienced clinicians, you'll receive individualized care, coaching, and a plan designed specifically for you.

Contact Information

You can sign up or learn more by visiting the LaaSy Health website at **laasyhealth.com/glp-weight-loss/ashfordinc**. Or you can email **wellness@laasyhealth.com** or call 833-375-2279.

BANK OF AMERICA EMPLOYEE BANKING & INVESTING PROGRAM

The Bank of America Employee Banking & Investing Program provides convenient tools and resources to help you manage everyday finances, build savings, strengthen credit, and plan for long-term financial goals. Through this program, you have access to exclusive banking benefits, financial guidance, and specialized support designed to support financial wellbeing at every stage of life. Additionally, the program offers benefits like waived ATM fees, Gold Tier banking benefits, and more.

Contact Information

Start with a new or existing eligible Bank of America personal checking account. Then set up payroll direct deposit into an eligible Bank of America® checking or savings account. Once your direct deposit is confirmed, join BofA Rewards through Mobile 5 or Online Banking. Learn more **here** or read this flyer in **English** and en **español**.

WHO TO CONTACT

Contact the Benefits Team at **benefits@remingtonhotels.com** or your HR Team with questions about your benefits, eligibility, and premiums. Reach out to a vendor directly when you need help filing a claim. See group # abbreviations on the next page.

Plan	Carrier and Network	Group Numbers (See abbreviations below.)	Website	Phone
Medical	GenerationYou™ – Health Concierge Service	AHS, POL, RED, RHC: **76415481** AHA, PPM, WIC: **76415482** REM Field, Inspire, ITW, SEB: **76415483**	**UMR.com**	844-600-0919
Health Savings Account (HSA)	Fidelity	AHS, Inspire, ITW, POL, RED, REM Field, RHC, SEB: **0077Z** AHA, PPM, WIC: **3141**	**fidelity.com**	General: 800-544-3716 Debit Cards: 888-377-0323
Prescription	SmithRx – Pharmacy Benefit Manager	N/A	**member.mysmithrx.com**	844-454-5201
Dental	MetLife (PDP Plus Network)	AHS, Inspire, ITW, POL, RED, REM Field, RHC, SEB: **0101309** AHA, PPM, WIC: **0151209**	**metlife.com/dental**	800-942-0854
Vision	MetLife (VSP Network)		**metlife.com/vision**	855-638-3931
Chronic Care Management Plus	Teladoc	N/A	**TeladocHealth.com** Registration Code: UMR	800-835-2362
Surgical Care, Oncology, and Substance Use Treatment Centers of Excellence	Carrum Health	N/A	**carrum.me/ashfordgroupofcompanies**	Beginning 10/1/2026 888-855-7806
Weight Loss Program	LaaSy Health	N/A	**laasyhealth.com/glp-weight-loss/ashfordinc**	833-375-2279
Employee Assistance Program – Counseling Services	Voya	AHS, Inspire, ITW, POL, RED, REM Field, RHC, SEB: **755613** AHA, PPM, WIC: **755648**	**one.telushealth.com** (password: eap)	833-303-3750 919-341-7440
Short-Term & Long-Term Disability	Voya	AHS, Inspire, ITW, POL, RED, REM Field, RHC, SEB: **755613** AHA, PPM, WIC: **755648**	**voya.com**	STD: 833-973-2367 LTD: 800-955-7736
NYPFL/NYDBL	MetLife	AHS, Inspire, ITW, POL, RED, REM Field, RHC, SEB: **0101309** AHA, PPM, WIC: **0151209**	**metlife.com**	New Claims: 866-729-9201 Ongoing: 800-858-6506
401(k)	Fidelity Investments	N/A	**401k.com**	800-835-5097
Employee Banking & Investing Program	Bank of America	N/A	**promo.bankofamerica.com**	888-383-7200

Plan	Carrier and Network	Group Numbers (See abbreviations below.)	Website	Phone
Retirement Planning	Equity Planning Group – Investment	N/A	**equityplanning.com**	419-842-3314
Long-Term Care	AmeriLife Benefits	N/A	**account.mybenefitsportal.com/remingtonhospitality**	833-565-9186
Life & AD&D	Voya	AHS, Inspire, ITW, POL, RED, REM Field, RHC, SEB: **755613** AHA, PPM, WIC: **755648**	**voya.com**	800-955-7736
Critical Illness, Accident, & Hospital Indemnity	Voya	AHS, Inspire, ITW, POL, RED, REM Field, RHC, SEB: **755613** AHA, PPM, WIC: **755648**	General: **voya.com** Claims: **presents.voya.com/EBRC/RemingtonAshford**	General questions: 877-236-7564 Go online for claims
Legal Plan	MetLife	AHS, Inspire, ITW, POL, RED, REM Field, RHC, SEB: **0101309** AHA, PPM, WIC: **0151209**	**legalplans.com**	800-821-6400
Pet Insurance	MetLife		**metlife.com/getpetquote**	800-438-6388

GROUP # ABBREVIATIONS

AHA | Ashford Hospitality

AHS | Ashford Hospitality Services

PPM | Premier Project Management

RHC | Remington Hospitality Corporate

RED | RED Hospitality

POL | Pure

WIC | Warwick

Go to **AGCBenefitsHub.com** or scan this QR code to access the benefits website today!

WHO'S INCLUDED UNDER 'FIELD'?

Remington Field

INSPIRE

Island Time Watersports

Sebago

ASHFORD GROUP OF COMPANIES
BENEFITS HUB

2026/2027 Benefits Guide

August 2026