

Seasons at Apple Valley

ASSISTED LIVING

Our team will provide as much or as little support as you need so you can focus on doing what you love.

| SUITE STYLE | APPROX. SQ. FEET | MONTHLY APT. FEE | SUITE STYLE | APPROX. SQ. FEET | MONTHLY APT. FEE |
|-----------------------|------------------|------------------|-------------------|------------------|------------------|
| 1 BDRM - DELANEY | 613 | \$2,595 | 2 BDRM - KELLEY | 952 | \$3,730 |
| 1 BDRM - BELMONT | 587 | \$2,720 | 2 BDRM - LEGACY | 1,038 | \$3,920 |
| 1 BDRM - BRIAR OAK | 613 | \$2,740 | 2 BDRM - PENNOCK | 1,046 | \$4,070 |
| 1 BDRM - CEDAR ISLE | 613 | \$2,820 | 2 BDRM - REGATTA | 1,073 | \$4,070 |
| 1 BDRM+DEN - GALAXY | 852 | \$3,695 | 2 BDRM - WILDWOOD | 1,205 | \$4,600 |
| 1 BDRM+DEN - HERITAGE | 852 | \$3,695 | | | |

MONTHLY APARTMENT FEE INCLUDES:

- Choice of apartment style
- Robust social, spiritual, educational, and leisure activities
- Tailored wellness and exercise programming
- Scheduled outings and transportation
- Assistance with arranging transportation to medical and social services appointments
- Assistance accessing community resources and social services
- Utilities: electric, gas, water, trash, basic satellite, and Wi-Fi (excludes phone)
- Controlled building access
- Routine interior and exterior maintenance
- Emergency response system*
- Use of community spaces
- Daily I'm OK check
- Priority access to community and other Ecumen housing and other care options

* Staff will respond, evaluate, treat, and/or call 911 when responding to emergency call pendant system.

ADDITIONAL INFORMATION:

- Individuals will meet with a nurse prior to move-in to establish personal and health care needs and costs
- Leases are month-to-month
- Second Occupant fee is \$165 per month plus optional meal plan and health care services
- A \$500 reservation fee will hold an apartment and be credited to the first month's bill
- A \$2,000 non-refundable community fee is due upon move-in for the upkeep of living spaces and grounds

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ASSISTED LIVING – ADDITIONAL SERVICES

| ANCILLARY RATES: | |
|--|-------------|
| Available Meal Packages: | |
| – 2 Meals/Day Package | \$230/month |
| – 3 Meals/Day Package | \$385/month |
| Additional Meal (Resident) | \$13/meal |
| Guest Meal (Breakfast) | \$11/meal |
| Guest Meal (Lunch/Dinner) | \$15/meal |
| Holiday Meal | \$19/meal |
| SECOND OCCUPANT: | |
| Second Occupant | \$165/month |
| HOUSEHOLD MANAGEMENT/BUILDING FEATURES: | |
| Licensed Nurse Unscheduled Service (15-minute increment) | \$45 |
| Resident Assistant Unscheduled Service (15-minute increment) – <i>Assisted Living Only</i> | \$18 |
| Housekeeping (15-minute increment) | \$25 |
| Maintenance (15-minute increment) | \$30 |
| Underground Parking (per month) | \$70 |
| Storage Locker (per month) | \$35 |
| Club Room Locker Fee (per month) | \$20 |
| Pet Deposit | \$1,000 |
| Transfer Fee | \$1,000 |
| Key Replacement | \$25 |
| FOB Replacement | \$60 |
| Emergency Call Pendant Replacement | \$225 |
| Garage Door Opener Replacement | \$40 |
| Thickened Liquids | \$350 |
| Laundry per load | \$17 |
| Long-Term Care Insurance Monthly Processing | \$55 |
| Meal Tray Delivery | \$10 |
| Non-Preferred Pharmacy Fee (Monthly) – <i>VA excluded</i> | \$165 |
| Fall Management (per occurrence) | \$175 |
| Guest Room (per night) | \$95/night |

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ASSISTED LIVING PERSONALIZED HEALTH CARE AND SUPPORT SERVICES

Our care teams will provide health care and support services customized to your specific needs. We're here to provide as much or as little support as you need.

MONTHLY HEALTH CARE SERVICE FEES INCLUDE:

- Initial nurse meeting and assessment
- 24-hour on-site staff
- Quarterly nurse assessment
- Weekly light housekeeping
- Weekly flat linen change
- Monthly vital checks
- Access to in-house physician team
- Staff will respond, evaluate, treat, and/or call 911 when responding to Emergency call pendent system.

To help you estimate your monthly fee, use the Health Care Services Fee Estimator on page two and compare your estimated point totals to the monthly fee. Final health care services and fees will be established after meeting with Clinical Services and prior to move-in.

| ESTIMATED POINTS | CARE LEVEL | MONTHLY FEE |
|------------------|------------|-------------|
| 0 - 7 | 1 | \$1,705 |
| 8 - 15 | 2 | \$2,210 |
| 16 - 30 | 3 | \$3,120 |
| 31 - 45 | 4 | \$3,865 |
| 46 - 60 | 5 | \$4,610 |
| 61 - 75 | 6 | \$5,355 |
| 76 - 90 | 7 | \$6,100 |
| 91 - 105* | 8 | \$6,845 |

*Additional care levels available.

SOME ADDITIONAL HEALTH CARE SERVICES AVAILABLE:

- Administering nebulizer treatments
- Managing oxygen concentrators and filling portable tanks
- Changing, emptying, and cleaning catheter, or colostomy
- Diabetic nail care
- Coumadin management
- Cleaning and monitoring of CPAP or BIPAP machines
- Monitoring of vital signs (temperature, pulse, respiration, blood pressure, oxygen saturation, weight)

Speak with one of our nurses to hear more about these and other additional services along with the monthly fee.

Effective January 1, 2026 | Prices are subject to change with a 30-day notice

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HEALTH CARE SERVICES FEES ESTIMATOR

Select your desired services, add up your points and refer to the chart to calculate your estimated monthly health and support services cost.

| WHERE I NEED ASSISTANCE | MONTHLY POINTS |
|---|----------------|
| Putting in my hearing aids..... | 3 _____ |
| Taking a shower or bath | |
| 1x per week (from one team member)..... | 2 _____ |
| 2x per week (from one team member)..... | 4 _____ |
| Grooming in the morning and evening (shaving, brushing hair, washing face, etc.) | |
| Verbal reminders and set up..... | 2 _____ |
| Physical assistance..... | 10 _____ |
| Oral care in the morning and evening | |
| Physical assistance..... | 5 _____ |
| Physical assistance with denture care—remove, store, clean (add additional 5 points)..... | 5 _____ |
| Getting in and out of bed | |
| Pulling back covers and having equipment in place..... | 3 _____ |
| Assistance from one team member to get in and out of bed..... | 5 _____ |
| Getting dressed in the morning and evening | |
| Set up and team member standing by..... | 8 _____ |
| Assistance from one team member..... | 15 _____ |
| Using the bathroom and/or continence care | |
| Assistance from one team member..... | 15 _____ |
| Managing my medication | |
| Taking oral medications up to 3x daily..... | 8 _____ |
| Taking oral medications up to 5x daily..... | 13 _____ |
| Applying eye drops 2x daily..... | 2 _____ |
| Applying topical medications 2x daily..... | 5 _____ |
| Managing my diabetes | |
| Checking glucose and administering insulin (if necessary) 1x daily..... | 6 _____ |
| Checking glucose and administering insulin (if necessary) 3x daily..... | 16 _____ |
| Participating in social and leisure activities | |
| Verbal reminders for upcoming activities..... | 1 _____ |
| Assistance getting to and from activities in the building..... | 5 _____ |
| Assistance getting to and from dining room..... | 8 _____ |
| Moving from one surface to another (transferring) | |
| Set up and team member standing by to provide verbal cueing..... | 3 _____ |
| Assistance from one team member..... | 5 _____ |
| Additional support services | |
| Assistance with daily bed making..... | 3 _____ |
| Assistance with additional trash removal..... | 3 _____ |
| Assistance with additional housekeeping..... | 2 _____ |
| Assistance with routine laundry (1 load/week)..... | 2 _____ |
| Assistance with laundering of linens (1 load/week)..... | 2 _____ |
| Total Estimated Points* _____ | |

*Final health care and support services fee will be determined when meeting with one of our nurses prior to move-in. Services vary by location. Cost of equipment, medication and supplies is not included in the cost of health care services.