



All Atlantic Benefits

Employee Benefits Guide

2025-2026

WELCOME

To your employee benefits package

KEY CONTACT INFORMATION

aab

All Atlantic Benefits

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Visit our Benefits Website for Full Plan information:

<https://aabbenefits.webflow.io/>



OUR CARRIERS

HEALTH

United Healthcare
Telephone: (877) 797-8812
www.myuhc.com

GAP

Prosperity Life Group
Telephone: (800) 845-7519
<https://secure.benebridge.com/login>
Claims: nasclaims@bbadmin.com

DENTAL | VISION

Unum
Dental Telephone: (888) 400-9304
www.unumdentalcare.com
Vision Telephone: (855) 652-8686
www.eyemedvisioncare.com/unum

EMERGENCY TRANSPORTATION

MASA | Medical Transport Solutions
Telephone: (800) 643-9023
<https://masaaccess.com/>

UNIVERSAL LIFE with LTC | SUPPLEMENTAL

Trustmark
LTC | Accident | Hospital | Critical Illness
Telephone: (xxx) xxx-xxxx
www.trustmarkbenefits.com

401(K)

Empower Retirement - BLS Financial
Shir McGettigan
shir@blswm.com
Telephone: (954) 706-7411

LEGAL

Preferred Legal | IdentityWorks
Telephone: (888) 577-3476
www.preferredlegal.com

LIFE | AD&D | DISABILITY

Unum
Telephone: (800) 275-8686
www.unum.com

EMPLOYEE ASSISTANCE PROGRAM

Unum
Telephone: (800) 854-1446
www.unum.com/lifebalance

Travel Assistance

Within the U.S.: (800) 872-1414
Outside the U.S.: (609) 986-1234
medservices@assistamerica.com
Reference Number: 01-AA-UN-762490

Benefits for the People Who Make Benefits Happen

Welcome to your Benefits Guide!

This resource provides an overview of the programs and support available to you as a valued member of our team. Inside, you will find important details to help you make informed decisions about your health, financial security, an overall well-being.

During our annual open enrollment, you are able to make changes to your benefit elections and covered dependents.

ANNUAL OPEN ENROLLMENT

June 1, 2025 - May 31, 2026

NEW HIRE ENROLLMENTS

Effective the first of the month following 60 days after date of hire

**With the exception of the 401(k) plan. Refer to the plan document for eligibility details.*

ELIGIBILITY

Full time employees working 30 or more hours per week are eligible to enroll in the benefits outlined in this guide.

DEPENDENTS

You may be able to enroll eligible dependents in some of our plans. Eligible dependents include:

- Your spouse
- A child under the age of 26 who is your natural child, step child, legally adopted child, or child for whom you have a obtained legal guardianship.
- An unmarried child over the age of 26 who is not able to support themselves due to mental disability, physical disability, mental illness, or developmental disability.
- Many states have extended dependent coverage regardless of student status. Age limitations by plan type will be outlined in this guide as best as possible.

QUALIFYING EVENTS

We are unable to accept changes to benefit elections outside of the annual open enrollment period unless you have a qualifying event. You must notify Veronica Ferrari within 30 days of a qualifying event.

Examples of qualifying events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

PLEASE NOTE: The materials contained in this booklet provide a brief summary of the benefits offered and are not contractually binding. For additional and complete information, please refer to all certificates of insurance. In the event of a discrepancy or omission, the carrier policy will be deemed accurate.

ENROLLING IN YOUR BENEFITS

First time logging into Employee Navigator? Register as a New User to get started!

1 Visit <https://www.employeenavigator.com/benefits/Account/Login> and click 'Register as a new user'



Username

Password

Login



[Reset a forgotten password](#)

➔ [Register as a new user](#)

2 Create your Account by completing the information below. Our Company Identifier is 'AllAtlanticBenefits'

Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier
(provided by HR)

PIN
(Last 4 Digits of SSN / ID)

Birth Date
(mm/dd/yyyy)

Next »

3 Complete your registration by creating a Username and Password.

Then register a username and password

Username
(company email is recommended)

Password
(minimum length of 6, number and symbol required)

show it

You are ready to enroll

To begin enrolling visit our benefits website at www.employeenavigator.com

From here, you will need to click login in the top right corner. Use the credentials you created with the registration email to login.

Step 1

Begin enrolling by click the **Start Enrollment** button on the right side of the home page banner. You are now in the enrollment site. The first step is to confirm the personal data. Once you have reviewed/corrected all the data on this screen. Click **Save & Continue**

Step 2

Next you will need to confirm your address. Please note: entering and verifying an address is required to complete the enrollment. Once done, click **Save & Continue**

Step 3

Now you will be asked to enter any dependents you have that you will be enrolling in benefits.

To add, click on **add dependent+** Please note, the SSN is required to enroll in the benefits.

Once you have completed entering all of the dependents that will be added to your plans,

Click **Save & Continue**

You will now begin enrolling starting with your medical plan offerings.

Select the dependents that you would like covered by clicking on the radio buttons beside their names. After that, scroll down and select a plan you will be electing, and then click **Save & Continue**.

If you do not wish to elect a particular benefit, select **Don't want this benefits?** then click **Save & Continue** It will then request that you enter a reason for declining that particular benefit.

Once you have moved past this that benefit, you will be taken to the next plan offering. You are required to take a decision on all plans or you will not be able to complete the enrollment.

Once you have completed all of your elections, you will be taken to the Enrollment Summary page. On this page, you can review what you have elected as well as see your total cost per pay period. You will also be able to print the summary.

To complete your enrollment and make your benefits active, click **Click to Sign** to electronically sign your form.

You have successfully completed your enrollment.

MEDICAL INSURANCE



(877) 797-8812 | www.myuhc.com

Plan Name	Choice Plus HSA \$6,350 Ded Plan	
Network Access	In Network	Out of Network
Provider Network	Choice Plus	
Opportunities For Care		
Preventative Care	Covered 100%	50% After Ded
Physician	0% After Ded	50% After Ded
Telehealth	0% After Ded	50% After Ded
Specialist	0% After Ded	50% After Ded
Convenience Care Clinic	0% After Ded	50% After Ded
Urgent Care	0% After Ded	50% After Ded
Emergency Room	0% After Ded	
Diagnostic Services		
Independent Clinical Lab / X-Ray	0% After Ded LabCorp & Quest Diagnostics	50% After Ded
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	0% After Ded	50% After Ded
Outpatient & Inpatient Services		
Outpatient Surgery Ambulatory Surgical Center/Hospital	0% After Ded	50% After Ded
Inpatient Hospital	0% After Ded	50% After Ded
Provider Services Inpatient Hospital	0% After Ded	50% After Ded
Pharmacy Benefits		
Prescription CVS & Walgreens (ADV)	0% After Ded	
Deductible		
Deductible	\$6,350 / \$12,700 (Embedded)	\$12,700 / \$25,400 (Embedded)
Member Co-Insurance	0%	50%
Maximum Benefits		
Member Out of Pocket Maximum	\$6,350 / \$12,700 (Embedded)	\$25,400 / \$50,800 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month of Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

MEDICAL INSURANCE



(877) 797-8812 | www.myuhc.com

Plan Name	Choice HMO \$2,000 Ded Plan
Network Access	In Network Only
Provider Network	Choice
Opportunities For Care	
Preventative Care	Covered 100%
Physician	\$25 Copay (Gap Reimb up to \$2,000)
Telehealth	Virtual Visits: Covered 100% Telehealth PCP: \$25 Copay Specialist: \$75 Copay
Specialist	\$75 Copay (Gap Reimb up to \$2,000)
Convenience Care Clinic	\$25 Copay (Gap Reimb up to \$2,000)
Urgent Care	\$50 Copay (Gap Reimb up to \$2,000)
Emergency Room	\$300 Per Occurrence Copay + Ded (Gap Reimb up to \$2,000)
Diagnostic Services	
Independent Clinical Lab / X-Ray	0% After Ded (Gap Reimb up to \$2,000) LabCorp & Quest Diagnostics
Diagnostic Testing Facility MRI, MRA, CT & PET Scans	0% After Ded (Gap Reimb up to \$2,000)
Outpatient & Inpatient Services	
Outpatient Surgery Ambulatory Surgical Center/Hospital	0% After Ded (Gap Reimb up to \$2,000)
Inpatient Hospital	0% After Ded (Gap Reimb up to \$2,000)
Provider Services Inpatient Hospital	\$0 After Ded
Pharmacy Benefits	
Prescription CVS & Walgreens (ADV)	\$10 / \$35 / \$75 / \$250; Specialty: \$10 / \$150 / \$350 / \$500
Deductible	
Deductible	\$2,000 / \$4,000 (Embedded)
Member Co-Insurance	0%
Maximum Benefits	
Member Out of Pocket Maximum	\$4,000 / \$8,000 (Embedded) Maximum Gap Reimbursement \$2,000, 3 Times per Family
Carrier Lifetime Benefit Maximum	Unlimited
Dependent Child/Student Age	Up to Age 30, benefit will terminate at end of the month of Birth Date

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ACTIVATE YOUR ACCOUNT



Get Started. Activate your myuhc.com account.

When it comes to managing your health plan, myuhc.com lets you see what's covered, manage costs and so much more. To help everyone get the most from their plan, it's important that each member age 18 and over create their own account.

Then, use it to:

- Find a network doctor.
- View and pay claims.
- Check your account balances.
- Learn about preventative care
- Find and estimate costs.
- Watch a personalized video about your plan's coverage and costs.
- See a breakdown of your claim, showing how much your plan covered, what you owe and remaining out-of-pocket balances.

Set up your account today.

- Go to myuhc.com > **Register Now.**
- Have your ID card handy and follow the step-by-step instructions.



healthiestyou™
By Teladoc.

Virtual care is available on your plan participants' app, web or phone



What is HealthiestYou?

HealthiestYou is a virtual health service that offers convenient, confidential access to U.S. board-certified physicians 24/7, anytime, anywhere. By scheduling a phone or video visit with one of our U.S. board-certified and licensed medical doctors, plan participants can be diagnosed, treated and prescribed medication, if necessary, for conditions like the flu, sinus infections, rashes and more. With HealthiestYou, plan participants can also price prescriptions in their area, search for providers, get an expert medical opinion on an existing condition and more. Virtual care services include general medical, dermatology, mental health, back and neck care.



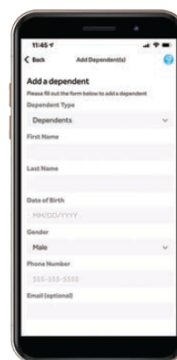
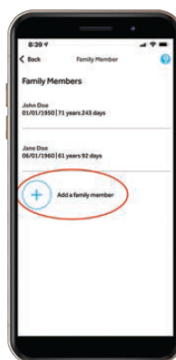
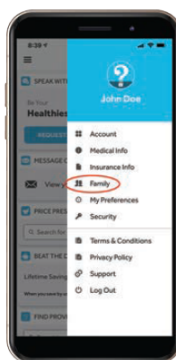
How do I access HealthiestYou?

Plan participants can download the HealthiestYou app, visit the website at member.healthiestyou.com or call **1-866-703-1259** to set up their account. Once their account is set up, they can access all of the HealthiestYou services through the HealthiestYou app or website, and visits with a doctor by calling the number above.



What is Expert Medical Services?

In addition to the virtual care services that HealthiestYou provides, plan participants also have access to Expert Medical Services through HealthiestYou. When dealing with a difficult diagnosis or questioning a treatment plan or upcoming surgery, plan participants can have their medical case reviewed at no additional cost by a leading expert who specializes in their condition. Access these services through the HealthiestYou app or by calling **1-866-904-0910**.



Limited Benefit Group Supplemental Insurance

Claims & Customer Service: 800-845-7519
Payor ID: 89486
<https://portal.bbadmin.com/>

ALL ATLANTIC BENEFITS

Effective: 06/01/2025

This supplemental coverage is designed to help fill out-of-pocket gaps caused by deductibles and co-pays that apply to certain medical expenses otherwise covered under your major medical plan.

INPATIENT AND OUTPATIENT BENEFIT – \$2,000 PER COVERED PERSON, 3 TIMES PER FAMILY

Benefits payable under the policy are limited to any health benefit plan deductible and coinsurance the Covered Person incurs under the health benefit plan. The below examples of the types of services included in this coverage are illustrative and not an exhaustive list.

Inpatient

- Inpatient treatment for an Injury or Sickness (Includes Hospital Stays, Inpatient Procedures and Inpatient Physician Charges).
- Ground or Air Ambulance services.
- Pregnancy of Insured and any Covered Dependent.
- Treatment of Mental Illness and Substance Abuse.

Outpatient

- Outpatient treatment in a Hospital Emergency Room (Accident or Sickness).
- Outpatient treatment in an Urgent Care Facility (Accident or Sickness).
- Cancer Treatment performed in a Cancer Treatment Facility.
- Physical Therapy performed in a Physical Therapy Facility (Includes Speech and Occupational).
- Outpatient surgery performed in a Hospital Outpatient Facility an Ambulatory Surgical Center, or Physician's Office.
- Outpatient treatment performed in a Hospital Outpatient Facility or Physician's Office.
- Ground or Air Ambulance services.
- Outpatient diagnostic testing performed in a Hospital Outpatient Facility, a Magnetic Resonance Imaging (MRI) Facility, or a Physician's Office (Includes Labs and X-rays).
- Durable Medical Equipment when prescribed by a Physician.
- Treatment of Mental Illness and Substance Abuse.
- Kidney Dialysis in a Hospital Outpatient Facility or Dialysis Treatment Center.
- Professional Fee for Physician Office Visits, including services of a Chiropractor at a Chiropractor's Office (Excludes Telemedicine).

DENTAL INSURANCE



(888) 400-9304 | www.unumdentalcare.com

Plan Name	PPO Plan	
	In Network	Out of Network
Network	Unum Proprietary Dental Network	
Individual Deductible	\$25	\$100
Family Deductible	\$75	\$300
Waived for Preventative	Yes	
Deductible Calendar Year or Lifetime	Calendar Year	
Annual Maximum	\$2,500	
Preventative - Type 1	100%	100%
Basic - Type 2	80%	80%
Major - Type 3	50%	50%
Ortho - Type 4	50%	
Ortho Age Limit	Adult & Child(ren)	
Ortho Maximum	\$2,000	
Endodontics	Basic	
Periodontics - Non-Surgical	Basic	
Periodontics - Surgical	Basic	
Oral Surgery	Basic	
Implants	Major	
Out-of-Network Reimbursement	MAC	
Maximum Rollover	Not Included	
Waiting Period	None	
Dependent Child/Student Age	Up to Age 26, benefits will terminate at end of the month of Birth Date	

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

VISION INSURANCE



(855) 652-8686 | www.eyemedvisioncare.com/unum

Plan Name	Vision
	In Network Copays & Allowances
Network	Insight Network
Exam Copay	\$10 Copay
Materials Copay	\$10 Copay
Frequency Exam / Lenses / Frames	12 / 12 / 12
Single Lenses	Covered in full after copay
Bifocal Lenses	
Trifocal Lenses	
Lenticular Lenses	
Frames - After Copay	\$150 + 20% off balance
Contacts (Elective)	\$150
Dependent Child/Student Age	Up to Age 26, benefits will terminate at end of the month of Birth Date

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

LIFE INSURANCE



(800) 275-8686 | www.unum.com

EMPLOYER PAID BASIC LIFE & AD&D

All Atlantic Benefits provides Employer Paid Life Insurance and AD&D to all Full-Time Employee eligible for benefits in the amount of:

All Eligible Employees: 1x Basic Annual Earnings • Maximum Benefits: \$300,000

Your Benefits Will Reduce: 35% At Age 70 | 50% At Age 75

VOLUNTARY LIFE & AD&D

Employee Benefits

Benefit Amount:

- Choice of \$10,000 increments
- Not to exceed 5 times your annual salary
- Maximum Amount \$250,000
- Minimum Amount \$10,000

Guarantee Issue:

- Up to \$100,000 at Initial Enrollment

Other Benefits Included:

- Accelerated Death Benefit
- Waiver of Premium
- Portability
- Conversion

Your Benefits Will Reduce:

- 35% At Age 70
- 50% At Age 75

Child Benefits

- Live Birth to 6 Months: \$1,000
- 6 months to age 19 (to age 26 if full time student) guaranteed coverage amount: \$10,000
- Increments of \$2,000 | \$4,000 | \$6,000 | \$8,000 | \$10,000

DISCLOSURES

Accidental Death and Dismemberment (AD&D) provides a cash benefit to your love one in the event of your death due to an accident.

Provide to you additional cash benefit if you lose a limb or your eyesight due to an accident

Please refer to the certificate of insurance for full policy details, benefits, and restrictions.

Rate information can be found in your enrollment kit or platform.

Exclusions may apply.

Spousal Benefits

Benefit Amount:

- Choice of \$5,000 increments
- Not to exceed 100% of Employee's elected amount
- Maximum Amount \$125,000
- Minimum Amount \$5,000

Guarantee Issue:

- Up to \$15,000 at Initial Enrollment

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.

DISABILITY INSURANCE



(800) 275-8686 | www.unum.com

EMPLOYER PAID SHORT TERM DISABILITY

Elimination Period	14 Day Accident and 14th Day Sickness
Maximum Weekly Benefit	60% Of Your Weekly Salary Up to \$1,500
Benefit Duration	13 Weeks
Pre-Existing Period	None

EMPLOYER PAID LONG TERM DISABILITY

Elimination Period	90 Days
Maximum Monthly	60% Of Your Monthly Salary Up To \$15,000
Benefits Duration	RBD to SSNRA
Pre-Existing Period	3 months / 12 months
Own Occupation	Included with Residual

DEFINITIONS AND REQUIREMENTS

Elimination Period: The number of days you must be disabled before benefit payments begin.

Maximum Benefit: The benefit amount you will receive when you are disabled.

Benefit Duration: The maximum period of time that benefits will be paid during a period of disability.

Definition of Disability: Disability means you are unable to perform the main duties of your occupation on a full-time basis due to non-work related injury or sickness. Please see the summary of benefits for more detail.

Eligibility Requirements: You must be a permanent employee regularly scheduled to work at least 30 hours per week, be actively at work on the coverage effective date.

Program Effective Date: The effective date of your coverage will be the first day of the month following the completion of your waiting period. Late entrants are required to complete satisfactory Evidence of Insurability.

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Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™
— helps you save on medical bills



Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.



Employee Assistance Program — Work/Life Balance

Toll-free 24/7 access:

- 1-800-854-1446
(multi-lingual)
- www.unum.com/lifebalance



Turn to us, when you don't know where to turn.

Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Family and parenting problems
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- And more

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Financial services, debt management, credit report issues
- Elder care
- Even reducing your medical/dental bills!
- Legal questions
- And more
- Identity theft

Help is easy to access:

- **Online/phone support:** Unlimited, confidential, 24/7.
- **In-person:** You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult

your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.


Insurance products are underwritten by the subsidiaries of Unum Group.

unum.com

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Find clarity and comfort during trying times



You may have questions like these: 

- › There's so much paperwork. Where do I begin?
- › Do I need to pay outstanding bills?
- › How should I manage retirement accounts?
- › How should I invest the insurance money?
- › What do I do with the will?
- › Do I need to file probate?

Answers to these questions and more are available at no charge as part of your life insurance coverage from Unum.

Telephone: 1-800-854-1446

www.unum.com/lifebalance

Life Planning Financial & Legal Resources

When a loved one is terminally ill, or passes away, you may need help with the personal, financial and legal decisions that need to be made. Support is always available when you are protected by Unum group life insurance.



Life Planning Financial & Legal Resources will be there

With Unum group life coverage, you have automatic access to Life Planning Financial & Legal Resources. This service is provided at no extra cost for employees, spouses and beneficiaries who need help during a terminal illness, or after the loss of a covered employee.



Caring consultants can provide the assistance you need

When a life claim is submitted and approved, a specially-trained consultant will reach out to the employee or beneficiary to provide support. Each consultant holds a Master's degree in the mental health field, and is highly skilled at assisting those who need help dealing with the emotional challenges of a terminal illness or the loss of a loved one.

Life Planning consultants are also able to provide financial and legal support regarding estate settlement, Social Security, cash flow, taxes and investment planning. They can help you develop a customized financial plan to preserve your quality of life, protect resources and build future security.

These consultants are available to assist you in your time of need, and their services are designed to coordinate with the efforts of a family attorney, accountant, or broker. Their services are strictly confidential, and they do not work on commission and will not try to sell any product or service.



Assistance is only a call or click away

Whenever you need support, a Master's level consultant can be reached by phone **24 hours a day, 365 days of the year**.

In addition to consultation services, Life Planning Financial & Legal Resources provides access to helpful articles, podcasts, and tools available on the Life Planning website. Please refer to your benefits communication materials or human resources department for access information, including username and password.

Don't forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home



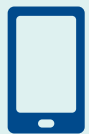
Whether traveling for business or pleasure, one phone call connects you to:



- Multi-lingual, medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

With the Assist America Mobile App, you can:

- Call Assist America's Operation Center from anywhere in the world with the touch of a button
- Access pre-trip information and country guides
- Search for local pharmacies (U.S. only)
- Download a membership card
- View a list of services
- Search for the nearest U.S. embassy
- Read Assist Alerts



Download and activate the app today from the Apple App Store or Google Play.

Reference Number:
01-AA-UN-762490

If you experienced a medical emergency while traveling, would you know who to call?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number! Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Add the number to your cell phone contacts, so it's always close at hand! Just one phone call connects you and your family to medical and other important services 24 hours a day.

Use your travel assistance phone number to access:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

24/7 services anywhere in the world

Unum's travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.



Within the U.S.
1-800-872-1414



Outside the U.S.
(U.S. access code) +609-986-1234



Via e-mail:
medservices@assistamerica.com

SUPPLEMENTAL BENEFITS



Group Accident | \$100 Wellnes

Group Voluntary Accident Insurance pays benefits for on- and off-the-job accidents, plus some benefits that correspond with medical care. And, because accident insurance is supplemental, it pays in addition to other coverage you may already have in place. This coverage pays a benefit up to a specified amount for accidental death, dismemberment, dislocation or fracture, initial hospital confinement, hospital confinement, intensive care, ambulance service, medical expenses and Outpatient Physician's Treatment.

Hospital First Day Stay Benefit	\$2,000
Hospital Daily Stay Benefit	\$600
Hospital Daily Stay Benefit - IC	\$400

Group Critical Illness with Cancer | \$100 Wellness

You can't predict the future, but you can plan for it.

Group Voluntary Critical Illness Insurance can help give you the power to take control of your health when faced with a covered illness. This insurance pays benefits that can be used for non-medical expenses that health insurance might not cover. The cash benefit is in the form of a lump-sum payment, which is paid to the employee after a covered diagnosis.

COVERAGE GUIDELINES	COVERAGE AMOUNT
For You & Spouse Spouse 50% of Employee's Coverage	Employee: \$10,000 \$15,000 \$20,000 \$25,000 \$30,000 Spouse: \$5,000 \$7,500 \$10,000 \$12,500 \$15,000
Child(ren) Benefit for each Child Benefit begins at Birth and Terminates at Age 26	25% of employee's CI Principal Sum, up to \$7,500

SPECIAL NOTE: The above is just a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance for further information on your Employee Benefits. In the case of error or omission, the carrier policy will govern.



Emergent Plus: Employer Paid

Stay prepared with MASA[®] AccessSM

Comprehensive coverage and care for emergency transport.

Our Emergent Plus membership plan includes:

Emergency Ground Ambulance Coverage¹

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

Emergency Air Ambulance Coverage¹

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

Hospital to Hospital Ambulance Coverage¹

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

Repatriation Near Home Coverage¹

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

Coverage territories

¹: United States and Canada.

Disclaimers

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not guarantee coverage and do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums, benefits, and coverage vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: <https://info.masamts.com/masa-mts-disclaimers>



Did you know?

51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no “out-of-network” ambulance. Just send us the bill when it arrives and we’ll work to ensure charges are covered. Plus, we’ll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family’s financial future with MASA.

masa Access

Emergent Premier Plus Plan
\$5 Monthly (Buy-up)

Stay prepared with MASA[®] AccessSM

Comprehensive coverage and care for emergency transport.

Our Emergent Premier membership plan includes:

Emergency Ground Ambulance Coverage²

Your out-of-pocket expenses for your emergency ground transportation to a medical facility are covered with MASA.

Emergency Air Ambulance Coverage²

Your out-of-pocket expenses for your emergency air transportation to a medical facility are covered with MASA.

Hospital to Hospital Ambulance Coverage²

When specialized care is required but not available at the initial emergency facility, your out-of-pocket expenses for the ground or air ambulance transfer to the nearest appropriate medical facility are covered with MASA.

Repatriation Near Home Coverage³

Should you need continued care and your care provider has approved moving you to a hospital nearer to your home, MASA coordinates and covers the expense for ambulance transportation to the approved medical facility.

Minor Return Transportation Coverage³

In the event your minor child traveling with you is left unattended due to your emergency transport, MASA coordinates services and covers expenses to return your child safely home.

Pet Return Transportation Coverage³

If you are traveling with your pets and an emergency occurs requiring your medical transport, MASA coordinates services and covers expenses for returning up to two pets to your home

Post Admission Continued Care Transportation Coverage¹

Should you need care in a rehabilitation facility, skilled nursing facility, long-term care facility, hospice, or at home after an emergency, your out-of-pocket expenses for transport are eased with MASA.

Excluded State: Washington



Did you know?

51.3 million

emergency responses occur each year

MASA protects families against uncovered costs for emergency transportation and provides connections with care services.

Source: NEMSIS, National EMS Data Report, 2023

About MASA

MASA is coverage and care you can count on to protect you from the unexpected. With us, there is no “out-of-network” ambulance. Just send us the bill when it arrives and we’ll work to ensure charges are covered. Plus, we’ll be there for you beyond your initial ride, with expert coordination services on call to manage complex transport needs during or after your emergency — such as transferring you and your loved ones home safely.

Protect yourself, your family, and your family’s financial future with MASA.

Sick While Away From Home Expense Protection⁴

Should you contract a communicable disease while traveling away from home, your out-of-pocket expenses are eased with MASA.

Coverage territories

- 1: United States only.
- 2: United States and Canada.
- 3: United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda.
- 4: Worldwide coverage to include any region with the exclusion of Antarctica and not prohibited by U.S. law or under certain U.S. travel advisories as long as the member has provided ten (10) day notice.

Disclaimers

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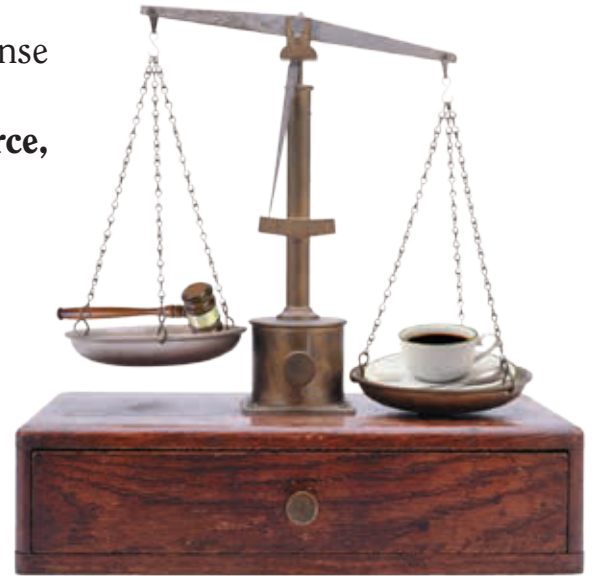
PREFERRED LEGAL PLAN™



A New Wave of Legal Representation™

Have Your Own Attorney on Retainer for Less than the Cost of a Cup of Coffee a Day!

The Preferred Legal Plan™ (“PLP”) is a licensed legal expense organization providing its members with full service and representation on all types of legal services, including **divorce, traffic tickets, buying or selling a home, bankruptcy, wills, probate, DUI, immigration, credit report issues, child support, custody and visitation, garnishments, loan modifications, foreclosures, criminal defense, litigation, small claims court, personal injury, landlord-tenant disputes, domestic violence and more.** PLP provides these services for the affordable price of \$13.95 per month.



- **FREE** unlimited legal advice via phone consultation
- **FREE** face-to-face consultations with attorneys
- **FREE** review of legal documents (real estate contracts, lease agreements, etc.)
- **FREE** letters and phone calls to third parties on your behalf
- **FREE** credit report analysis and enhanced credit repair and settling accounts in collection
- **FREE** Identity Theft information and restoration
- **FREE** simple Wills for member and spouse (or domestic partner) and parents
- **FREE** legal forms available through PLP Form Library
- **FREE** notary services and online notary available
- **Reduced legal fees** for attorney representation on all types of legal services
- **24 hours a day, 7 days a week** access
- **Access to PLP’s statewide panel** of quality attorneys located throughout Florida
- **Spouse, dependent children and entire household are covered** for one low price.
- **All communications** are strictly confidential.
- **Tri-lingual attorneys.** Se habla español. Nou pale Creol.
- **Unlimited, immediate use of membership.** All pre-existing issues covered.
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www.preferredlegal.com

PREFERRED LEGAL PLAN™



A New Wave of Legal Representation™

IdentityWorksSM A part of ExperianSM

STOP Identity Theft in its tracks with the power of Experian!

IdentityWorksSM (formerly Protect MyID) is pleased to partner with Preferred Legal Plan™. IdentityWorksSM provides more than identity protection. We provide peace of mind. As a part of Experian, a leader in credit services and decision analytics, we use world-class security and technology standards. When it comes to identity protection, no one else has the backing of Experian. And no one else comes close.

Comprehensive features to fight identity theft

- Early warning Surveillance Alert™ notifications via email or text inform members of new activity related to their identities through daily monitoring.
 - Daily Bureau credit monitoring - Tracks 50 leading indicators of identity theft
 - Dark Web internet monitoring - Scans the internet globally with Experian-created proprietary technology that breaks language barriers, to detect stolen data, while monitoring over 600,000+ web pages, file-sharing sources, forums, Twitter feeds, and more
 - Registration and protection of important personal data and information (bank accounts, credit cards, etc.)
 - Monthly email notifications of “all clear” or other status
- \$1,000,000 Identity Theft Insurance to cover items like illegal electronic fund transfers, lost wages, legal fees and private investigator costs.
- Identity Theft Resolution Agents help resolve potential identity theft from start to finish. With a highly trained, dedicated agent, members aren't left on their own to contact creditors, close fraudulent accounts, place fraud alerts on their Experian credit reports and more.
- A complete personal Experian credit report available daily so members can check for inaccurate information that may be a sign of past identity theft.
- Additional resources so consumers can learn more about identity protection.

IdentityWorksSM is available for \$9.00 monthly for Individual only and \$18.00 monthly for Individual plus Spouse/Dom Partner (additional \$5.00 monthly to include all Minors).

****Upon enrollment, you will receive your own personalized code and step-by-step instructions for activation via Experian's unique website portal.****



401(K) PLAN GUIDE

To Enroll / Create Your Online Account:



Go to: www.empowermyretirement.com

- Click "Register"
- Select the "I Do Not Have a Pin" tab
- Follow the prompts to create your online account
- Download the **Empower®** Mobile App

Eligibility & Employer Contribution for 2025:

Employee Plan Eligibility: Age 21 & 3 months of service

Entry Date: Quarterly

Employer Contribution Formula: 3% of salary

Employer Contribution Vesting Schedule: Immediate

Plan Provisions:

IRS 2025 Contribution Limit: \$23,500, if age 50+ = \$31,000

Contribution Types: Pre-Tax and Roth

Contributions can be changed **quarterly**

Loans available

Taxable Hardship withdrawals available

401(k) Plan Resource Website:

<https://enrollment.com/v/all-atlantic-benefits>

BLS Wealth Management Team:

BLS Wealth Management, LLC



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Securities offered through, LPL Financial, Member FINRA/SIPC. Investment advice offered through Global Retirement Partners, dba BLS Wealth Management (BLS), an SEC registered investment advisor. Insurance services offered through HUB International. BLS, a division of HUB Retirement and Wealth Management, and HUB International are separate entities from and not affiliated with LPL Financial.

Descriptions of plan features and benefits are subject to the plan document, which will govern in case of inconsistencies.

DISCLOSURES

Medicare Part D

This notice officially confirms the fact that your prescription drug coverage is creditable does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is November 15th to December 31. However, delaying enrollment in Medicare Part D until a future date will not result in higher premium payments as long as you are covered by a creditable prescription drug plan.

As someone who is Medicare eligible, you will be receiving information on the Medicare Part D plans in your area. Premiums will vary depending upon where you live, but are expected to average about \$32-\$37/Month. If you do decide to enroll, coordination of benefits will be required.

Section 125

Under certain circumstances, you may be allowed to make changes to your benefits elections during the plan year, such as additions, deletions and cancellations, depending on whether or not you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You may change a benefit election upon the occurrence of a valid qualifying event only if the event affects your own, your spouse's or your dependent's coverage eligibility.

If you experience a qualifying event, you must report the qualifying event to Human Resources Department within 30 days of the event. Beyond 30 days, additions and deletions will be denied and you may be responsible both legally and financially for any claims and/or expenses incurred as a result of any dependent(s) who continued to be enrolled who no longer meet the entity's eligibility requirements.

If approved, most election changes will be effective on the date of the qualifying event for additions; cancellations will be processed at the end of the month.

Payroll deductions for health, dental, vision and certain supplemental accident insurance premiums, are deducted from your gross income before your income is taxed. The entity's plan is known as a Cafeteria Benefit Plan and is governed by IRS Code, Section 125. This pre-tax benefit means you pay less tax on a per-pay and annual basis. See examples of Qualifying Life Events for allowable enrollment changes as determined by Section 125 of the IRS Code.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called 'continuation coverage') at group rates in certain instances where coverage under the plan would otherwise end. An employee, spouse of an employee or a dependent child of an employee covered by the Entity's group health plan has the right to choose this continuation coverage if coverage is lost for any qualified reason. For more information, please speak with Human Resources.

Medicaid CHIP

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your state may have a premium assistance program that can help you pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Brought to you by:



All Atlantic Benefits

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