



All Atlantic Benefits

# Employee Benefits Handbook

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**2026 – 2027**

Plan Year: June 1, 2026 — May 31, 2027

Benefits for the  
People Who Make  
**Benefits Happen**



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YOUR AAB BENEFITS TEAM



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OUR CARRIER PARTNERS

MEDICAL & GAP

**MEDICAL**  
**UnitedHealthcare**  
(877) 797-8812  
www.myuhc.com



**GAP**  
**Wellfleet (admin: Bay Bridge)**  
(800) 845-7519  
portal.bbadmin.com



DENTAL & VISION

**DENTAL**  
**Unum**  
(888) 400-9304  
www.unumdentalcare.com



**VISION**  
**Unum (EyeMed)**  
(855) 652-8686  
eyemedvisioncare.com/unum



LIFE, DISABILITY & EAP

**LIFE · AD&D · DISABILITY**  
**Unum**  
(800) 275-8686  
www.unum.com



**EMPLOYEE ASSISTANCE**  
**Unum**  
(800) 854-1446  
www.unum.com/lifebalance



VOLUNTARY

**VOLUNTARY SUPPLEMENTAL**  
**Trustmark**  
1-866-634-9412  
trustmarkbenefits.com



**LEGAL & IDENTITY**  
**Preferred Legal · IdentityWorks**  
(888) 577-3476  
www.preferredlegal.com



**EMERGENCY TRANSPORT**  
**MASA Medical Transport**  
(800) 643-9023  
masaaccess.com




**TRAVEL ASSISTANCE**  
**Assist America**  
1-800-872-1414  
assistamerica.com · Ref 01-AA-UN-762490



RETIREMENT

**401(K)**  
**Empower Retirement · HUB**  
(954) 706-7411  
empowermyretirement.com




BENEFITS WEBSITE

Visit anytime for full plan details

- Plan summaries & SBCs
- ID cards & carrier portals
- Provider & pharmacy search
- Forms & required notices
- Quick-reference contacts

Your Benefits Site



# 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, and 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, 2026  
— May 31, 2027**

Make changes to elections and dependents.

## NEW HIRE ENROLLMENTS

**Effective the first of the month following 60 days from hire date.**

\* Exception: 401(k) plan — see plan document.

### 01 ELIGIBILITY

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

### 02 DEPENDENTS

- 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 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.

### 03 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:

- Marriage or divorce
- Change in coverage under another employer-sponsored plan
- Birth or adoption of a child
- A dependent gains or loses eligibility (e.g., aging out at 26)
- Death of a spouse, child, or other qualified dependent
- Becoming eligible for Medicare or Medicaid
- Change in employment status (yours, spouse's, or dependent's)
- Court order (QMCSO) requiring coverage for a dependent child

## NEW HIRES

### Just joined the team?

Book a one-on-one with our Benefits Enrollment Specialist to walk through your elections within your first 60 days.



**Juan Montenegro**

Benefits Enrollment Specialist

juanm@allatlanticbenefits.com · (954) 694-7384



SCAN FOR MORE  
INFORMATION

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.

# Payroll Deductions

Bi-weekly · Plan Year June 1, 2026 — May 31, 2027

MEDICAL			
	HSA \$6,500 Ded + \$2,000 Gap (ER paid)	HMO \$2,500 Ded + \$2,000 Gap	HMO \$2,500 Ded + \$2,500 Gap (Buy-up)
Employee Only	\$27.38	\$39.12	\$54.49
Employee + Spouse	\$176.02	\$251.45	\$284.18
Employee + Child(ren)	\$148.83	\$212.61	\$240.31
Employee + Family	\$285.73	\$408.18	\$459.30

DENTAL + VISION		
	Unum DPPO Dental	Unum Vision
Employee Only	\$16.08	\$3.29
Employee + Spouse	\$31.86	\$6.59
Employee + Child(ren)	\$40.85	\$7.43
Employee + Family	\$61.21	\$11.59

ANCILLARY		
Preferred Legal Plan	Employee & Family	\$6.44
IdentityWorks		
Employee Only		\$4.15
Employee + Spouse		\$8.31
Employee + Child(ren)		\$6.46
Family		\$10.62
MASA Medical Transport		
Emergent Plan		\$6.46
Emergent Premier Plan		\$8.77

TRUSTMARK ACCIDENT	
Employee Only	\$7.87
Employee + Spouse	\$13.18
Employee + Child(ren)	\$16.97
Employee + Family	\$24.03

*Trustmark Critical HealthEvents® (Cancer) and Life + Care premiums are age- and election-rated — quoted at enrollment.*

## Get started with Employee Navigator

First time logging in? Register as a new user, then complete enrollment in 6 steps. Our Company Identifier is AllAtlanticBenefits.

### REGISTER YOUR ACCOUNT

- 1 Visit employeenavigator.com**  
Click 'Register as a new user'.
- 2 Create your account**  
Use Company Identifier 'AllAtlanticBenefits', your PIN, and Birth Date.
- 3 Set username + password**  
Use your work email when possible.

### ENROLL IN YOUR BENEFITS

- 4 Confirm personal data + address**  
Required to complete enrollment. Click Save & Continue.
- 5 Add dependents + select plans**  
SSN required. Choose dependents to cover on each plan, then pick your plan.
- 6 Review and sign**  
Review the Enrollment Summary and click 'Click to Sign' to finalize.

### You are ready to enroll.

If you do not wish to elect a particular benefit, select 'Don't want this benefit?' You must make a decision on every plan to complete enrollment.



### SCAN TO ENROLL

Scan for more information at employeenavigator.com



CARRIER PARTNER  
UnitedHealthcare

PLAN NAME	Choice HSA \$6,500 Ded Plan	
NETWORK ACCESS	IN NETWORK	OUT OF NETWORK
Provider Network	NHP HMO/POS Access	
<b>OPPORTUNITIES FOR CARE</b>		
Preventive Care	Covered 100%	50% After Ded
Office Visit	\$75 After Ded	50% After Ded
Virtual Visits	\$0 After Ded	—
Telehealth — PCP	\$75 After Ded	50% After Ded
Telehealth — Specialist	\$150 After Ded	50% After Ded
Specialist	\$150 After Ded	50% After Ded
Urgent Care	\$100 After Ded	50% After Ded
Emergency Room	\$750 After Ded	\$750 After Ded
<b>DIAGNOSTIC SERVICES</b>		
Independent Clinical Lab / X-Ray	\$0 After Ded	50% After Ded
Diagnostic Testing (MRI/MRA/CT/PET)	\$750 After Ded	50% After Ded
<b>OUTPATIENT &amp; INPATIENT SERVICES</b>		
Hospital Outpatient	\$750 After Ded	50% After Ded
Hospital Inpatient	\$1,000/stay After Ded	50% After Ded
<b>PHARMACY BENEFITS</b>		
Retail Tier 1	\$10 After Ded	Not Covered
Retail Tier 2	\$40 After Ded	Not Covered
Retail Tier 3	\$140 After Ded	Not Covered
Retail Tier 4	\$300 After Ded	Not Covered
<b>DEDUCTIBLE &amp; MAXIMUMS</b>		
Deductible	\$6,500 / \$13,000 (Embedded)	\$10,000 / \$20,000 (Embedded)
Out-of-Pocket Maximum	\$8,500 / \$17,000 (Embedded)	\$15,000 / \$30,000 (Embedded)
Carrier Lifetime Benefit Maximum	Unlimited	
Dependent Child/Student Age	Up to Age 30, benefit terminates end of 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.



CARRIER PARTNER  
UnitedHealthcare

PLAN NAME		Choice HMO \$2,500 Ded Plan
NETWORK ACCESS		IN NETWORK
Provider Network		NHP HMO/POS Access
OPPORTUNITIES FOR CARE		OUT OF NETWORK
Preventive Care		Covered 100%
★ PCP / Office Visit		\$25 Copay
Virtual Visits		Covered 100%
Telehealth — PCP		\$25 Copay
Telehealth — Specialist		\$90 Copay
★ Specialist Visit		\$90 Copay
★ Urgent Care		\$75 Copay
★ Emergency Room		\$650 Copay
DIAGNOSTIC SERVICES		
★ Independent Clinical Lab / X-Ray		\$25 Copay
★ Diagnostic Testing (MRI/MRA/CT/PET)		Designated Network: \$500 / In Network: 50% After Ded
OUTPATIENT & INPATIENT SERVICES		
★ Hospital Outpatient		\$750 Copay
★ Hospital Inpatient		\$750/day, 5-day max
PHARMACY BENEFITS		
Retail Tier 1		\$10
Retail Tier 2		\$40
Retail Tier 3		\$140
Retail Tier 4		\$300
DEDUCTIBLE & MAXIMUMS		
Deductible		\$2,500 / \$5,000 (Embedded)
Member Co-Insurance		0%
Out-of-Pocket Maximum		\$7,500 / \$15,000 (Embedded)
Carrier Lifetime Benefit Maximum		Unlimited
Dependent Child/Student Age		Up to Age 30, benefit terminates end of month of Birth Date

**GAP COVERAGE INCLUDED**

★ marked rows above are eligible for Wellfleet Gap reimbursement — up to \$2,000 toward deductibles and copays (3x per family per year, at no extra cost). Buy-up to \$2,500 available during enrollment. See Gap page for full details.

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.

NEW FOR 2026

**UHC Rewards — earn up to \$300 per plan year**

UnitedHealthcare Rewards is an incentive program built into the UHC app. Earn up to \$300 per plan year by completing simple healthy actions — many you may already be doing.

**EARNING ACTIVITIES**

- Tracking your steps and sleep
- Getting an annual checkup
- Opting in to paperless communication
- Completing healthy actions in the app

**REDEMPTION OPTIONS**

- Digital Visa® gift card
- Deposit into your Health Savings Account
- Deposit into a health incentive account
- (See app for full redemption details)

Access UHC Rewards inside the UnitedHealthcare app once registered. 94% of first-time participants earned a reward.

**Your UHC tools, in one place**

ACTIVATE YOUR ACCOUNT

Register once for the UnitedHealthcare® app and myuhc.com® to access your benefits, ID card, claims, cost estimates, and provider search. Each member age 18+ should create their own account.

1. Download the UHC app or go to myuhc.com
2. Tap Register Now (app) or Register (website)
3. Fill in required fields, create username and password
4. Enter contact info, choose SMS or phone call for two-factor authentication
5. Opt in to paperless delivery in your communication preferences



SCAN FOR MORE  
INFORMATION

**Where to get care — and what you pay**

PCP / OFFICE VISIT	24/7 VIRTUAL VISITS	URGENT CARE	EMERGENCY ROOM
<p>HMO <b>\$25 Copay</b> HSA <b>\$75 After Ded</b></p> <p>Routine + ongoing care from your primary care provider</p> <p>Schedule via your PCP</p>	<p>HMO <b>Covered 100%</b> HSA <b>\$0 After Ded</b></p> <p>See a doctor whenever, wherever — online or via app</p> <p>24/7 · myuhc.com/virtualvisits</p>	<p>HMO <b>\$75 Copay</b> HSA <b>\$100 After Ded</b></p> <p>Serious conditions that aren't generally life-threatening</p> <p>Often open nights / weekends</p>	<p>HMO <b>\$650 Copay</b> HSA <b>\$750 After Ded</b></p> <p>Life- and limb-threatening emergencies</p> <p>Always 24/7 — call 911</p>

Costs taken directly from your medical plan benefits on pages 6–7. HSA values are 'After Deductible' — once your deductible is met, the plan starts sharing costs. For plan-specific estimates on a specific service or provider, sign in to myuhc.com → Find Care & Costs.



# GAP Insurance — Included with Your UHC Medical Plan

## Limited Benefit Group Supplemental Insurance

All Atlantic Benefits · Effective: 06/01/2026 · Payor ID: 98585 · claims@bbadmin.com

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.

### BENEFIT AMOUNT

# \$2,000

per covered person, 3x per family per year

### BUY-UP OPTION

# \$2,500

per covered person, 3x per family per year (elect during enrollment)

### INPATIENT SERVICES INCLUDE:

- Inpatient treatment for injury or sickness (hospital stays, inpatient procedures, inpatient physician charges)
- Ground or air ambulance services
- Pregnancy of insured and any covered dependent
- Treatment of mental illness and substance abuse

### OUTPATIENT SERVICES INCLUDE:

- Outpatient treatment in a hospital emergency room
- Outpatient treatment in an urgent care facility
- Cancer treatment performed in a cancer treatment facility
- Physical therapy (includes speech and occupational)
- Outpatient surgery in a hospital outpatient facility, an ambulatory surgical center, or physician's office
- Outpatient diagnostic testing (includes labs and X-rays)
- Durable medical equipment when prescribed
- Treatment of mental illness and substance abuse
- Kidney dialysis
- Professional fee for physician office visits (incl. chiropractor; excludes telemedicine)
- Ground or air ambulance services

### HOW TO USE YOUR GAP COVERAGE

#### AT THE DOCTOR'S OFFICE

1. Present your Wellfleet GAP ID card alongside your medical insurance.
2. Point out the Payor ID (98585) on the back of the card.
3. Providers verify eligibility / coverage at 1-800-845-7519.

#### FILE A MANUAL CLAIM (3 WAYS)

- Bay Bridge Employee Portal · portal.bbadmin.com
- Email · claims@bbadmin.com
- Mail · Bay Bridge Administrators, P.O. Box 161690, Austin, TX 78716

This brochure is a brief summary of the plan's benefits. It is not an insurance contract. The Policy and Certificates issued thereunder are your insurance contract. Underwritten by Wellfleet, administered by Bay Bridge Administrators and distributed by National Agency Solutions.



CARRIER PARTNER  
Unum · EyeMed (Vision Network)

**DENTAL**

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

PLAN NAME	Unum PPO Plan	
NETWORK ACCESS	IN NETWORK	OUT OF NETWORK
Network	Unum Proprietary Dental Network	
<b>DEDUCTIBLES + MAXIMUMS</b>		
Individual Deductible	\$25	\$100
Family Deductible	\$75	\$300
Waived for Preventative		Yes
Annual Maximum		\$2,500
<b>COVERAGE LEVELS</b>		
Preventative — Type 1	100%	100%
Basic — Type 2	80%	80%
Major — Type 3	50%	50%
Ortho — Type 4	50% · Adult & Child(ren) · \$2,000 Ortho Maximum	
<b>SERVICE CLASSIFICATIONS</b>		
Endodontics · Periodontics (Non-Surgical & Surgical) · Oral Surgery		Basic
Implants		Major
<b>OTHER</b>		
Out-of-Network Reimbursement		MAC
Waiting Period · Maximum Rollover		None · Not Included
Dependent Child/Student Age	Up to Age 26, benefits terminate end of month of Birth Date	

**VISION**

(855) 652-8686 · eyemedvisioncare.com/unum

PLAN NAME	Unum Vision Plan
NETWORK ACCESS	IN NETWORK
Network	Insight Network (EyeMed)
Exam Copay	\$10 Copay
Materials Copay	\$10 Copay
Frequency (Exam/Lenses/Frames)	12 / 12 / 12 months
Single / Bifocal / Trifocal / Lenticular Lenses	Covered in full after copay
Frames (after copay)	\$150 + 20% off balance
Contacts (Elective)	\$150 allowance
Dependent Child/Student Age	Up to Age 26, benefits terminate end of 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.



## Employer-paid + voluntary coverage

### EMPLOYER PAID BASIC LIFE & AD&D

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

### 1× Basic Annual Earnings · Maximum: \$300,000

Your benefits will reduce: 35% at age 70 · 50% at age 75

### VOLUNTARY LIFE & AD&D

#### EMPLOYEE BENEFITS

- Choice of \$10,000 increments
- Not to exceed 5× your annual salary
- Maximum Amount: \$250,000
- Minimum Amount: \$10,000
- Guarantee Issue: Up to \$100,000 at Initial Enrollment

#### SPOUSAL BENEFITS

- 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

#### OTHER BENEFITS INCLUDED

- Accelerated Death Benefit
- Waiver of Premium
- Portability
- Conversion
- Reductions: 35% at age 70 / 50% at age 75

#### CHILD BENEFITS

- Live Birth to 6 Months: \$1,000
- 6 months to age 19 (to 26 if FT student): \$10,000 guaranteed
- Increments of \$2K / \$4K / \$6K / \$8K / \$10K

#### AD&D DISCLOSURE

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



## Income protection — short term + long term

### EMPLOYER PAID SHORT TERM DISABILITY

Elimination Period	14 Day Elimination (Accident & 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 Benefit	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 & REQUIREMENTS

<b>Elimination Period:</b>	The number of days you must be disabled before benefit payments begin.
<b>Maximum Benefit:</b>	The benefit amount you will receive when you are disabled.
<b>Benefit Duration:</b>	The maximum period of time that benefits will be paid during a period of disability.
<b>Definition of Disability:</b>	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.
<b>Eligibility Requirements:</b>	You must be a permanent employee regularly scheduled to work at least 30 hours per week, actively at work on the coverage effective date.
<b>Program Effective Date:</b>	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.

CARRIER PARTNER  
Unum

## Help, when you need it most

### PRIMARY · UNUM EAP & WORK/LIFE BALANCE

1-800-854-1446 · [unum.com/lifebalance](http://unum.com/lifebalance)

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer. Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents, and parents-in-law.

#### EAP COUNSELOR CAN HELP WITH

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

#### WORK/LIFE SPECIALIST CAN HELP WITH

- Child care
- Elder care
- Legal questions
- Identity theft
- Financial services, debt, credit
- Even reducing medical/dental bills

#### ALWAYS BY YOUR SIDE

- Expert support 24/7
- Referrals for additional care

- Convenient website
- Monthly webinars

- Short-term help
- Medical Bill Saver™ — helps you save on medical bills

#### HELP IS EASY TO ACCESS

Online / phone: Unlimited, confidential, 24/7.

In-person: Up to 3 visits at no additional cost with a Licensed Professional Counselor.

United  
Healthcare®

ALSO AVAILABLE FOR UHC MEDICAL MEMBERS · UHC EAP  
1-888-887-4114

If you're enrolled in a UnitedHealthcare medical plan, you also have access to the UHC Employee Assistance Program — 3 free counseling sessions per incident, per year, with a master's-level specialist. Confidential and available 24/7.

USE EITHER OR BOTH — Unum EAP is available to all eligible employees and their families. UHC EAP is an additional benefit for UHC medical plan members.



CARRIER PARTNER  
Unum · Assist America (Travel)

## Life Planning + Travel Assistance

### LIFE PLANNING — FINANCIAL & LEGAL

1-800-854-1446 · [unum.com/lifebalance](https://unum.com/lifebalance)

When a loved one is terminally ill or passes away, you have automatic access to confidential financial and legal support — at no extra cost — as part of your Unum group life coverage.

#### ANSWERS WHEN YOU NEED THEM

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



**MORE INFORMATION**  
Scan for more information

### TRAVEL ASSISTANCE — ASSIST AMERICA

US: 1-800-872-1414 · Outside US: +609-986-1234 · [medservices@assistamerica.com](mailto:medservices@assistamerica.com) ·  
Reference Number: 01-AA-UN-762490

If you experience a medical emergency 100 miles or more from home, one phone call connects you to multi-lingual, medically certified support 24/7, anywhere in the world.

#### SERVICES INCLUDE

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



**MORE INFORMATION**  
Scan for more information

#### ASSIST AMERICA MOBILE APP

- One-touch call to the Assist America Operations Center
- Search local pharmacies (US only)
- View the full services list
- Read Assist Alerts
- Pre-trip information & country guides
- Download your membership card
- Find the nearest U.S. embassy



CARRIER PARTNER  
Trustmark

## Three Trustmark products to choose from

### VOLUNTARY GROUP ACCIDENT \$100 Wellness

Pays benefits for on- and off-the-job accidents, plus some benefits that correspond with medical care. Accident insurance is supplemental and pays in addition to other coverage you may already have.

**Hospital First Day Stay Benefit:** \$2,000

**Hospital Daily Stay Benefit:** \$600

**Daily Stay – IC:** \$400

*Also includes: Wellness Benefit · Accidental Death Benefit (doubles via common-carrier) · Catastrophic Accident Benefit · automatic acceptance, family coverage, portability.*

### VOLUNTARY GROUP CRITICAL HEALTHEVENTS® WITH CANCER \$100 Wellness

Cash lump-sum payment to employee after a covered diagnosis. Use it for whatever you need — not just medical expenses.

*Benefits paid at 100% (e.g. Stage 3+ cancer, heart attack, sudden cardiac arrest, stroke with 30+ days impairment, end-stage renal failure), 50% (early-stage cancers, clinical heart attack diagnosis, stroke under 30 days), or 10% (in-situ cancer, TIA, RIND). Annually Restoring Benefit: full benefit amount restored each calendar year.*

#### EMPLOYEE TIERS

\$10K / \$15K / \$20K / \$25K / \$30K

#### SPOUSE (50% OF EE)

\$5K / \$7.5K / \$10K / \$12.5K / \$15K

#### CHILDREN

25% of EE CI, up to \$7,500 (birth to age 26)

### VOLUNTARY TRUSTMARK LIFE + CARE

Permanent life insurance + long-term care coverage in one plan. Pays cash benefits when you need help with at least 2 of 6 activities of daily living, or have severe cognitive impairment, and have received caregiving services for more than 90 days. *Certificate amounts in \$25,000 increments. Guaranteed issue.*

**Professional Caregiving:** 4% of death benefit / month, up to 2× face

**Family Caregiving:** 2% of death benefit / month, up to 2× face

**Example: \$100K certificate = up to \$200K in LTC benefits + \$100K death benefit = \$300K max total**



CARRIER PARTNER  
MASA Medical Transport Solutions

## MASA Access — coverage when seconds matter

When emergency transport is required, MASA covers your out-of-pocket expenses. With MASA there is no 'out-of-network' ambulance — just send them the bill when it arrives.

### CORE — EMERGENT PLUS

*Base voluntary tier*

<b>EMERGENCY GROUND AMBULANCE<sup>1</sup></b>	Out-of-pocket expenses for ground transport to a medical facility
<b>EMERGENCY AIR AMBULANCE<sup>1</sup></b>	Out-of-pocket expenses for air transport to a medical facility
<b>HOSPITAL-TO-HOSPITAL AMBULANCE<sup>1</sup></b>	Transfer to nearest appropriate facility when specialized care is required
<b>REPATRIATION NEAR HOME<sup>2</sup></b>	Coordinated transport to a hospital closer to your home

### PREMIUM UPGRADE — EMERGENT PREMIER PLUS

*Adds 4 more coverages + expanded territories*

<b>MINOR RETURN TRANSPORTATION<sup>2</sup></b>	If your minor child is left unattended due to your emergency transport
<b>PET RETURN TRANSPORTATION<sup>2</sup></b>	Up to two pets returned home if you require emergency transport
<b>POST ADMISSION CONTINUED CARE<sup>1</sup></b>	Covers transport to rehab, SNF, LTC, hospice, or home after emergency
<b>SICK WHILE AWAY FROM HOME<sup>3</sup></b>	Out-of-pocket expenses if you contract a communicable disease while traveling

<sup>1</sup> United States and Canada.

<sup>2</sup> United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas, and Bermuda.

<sup>3</sup> Worldwide (except Antarctica and U.S. travel-advisory regions; requires 10-day notice).

Excluded State: Washington.



## Two voluntary products under Preferred Legal Plan™

### PREFERRED LEGAL PLAN™

*Have an attorney on retainer*

Full-service legal representation across divorce, real estate, wills & probate, immigration, family law (child support, custody, visitation), criminal defense, DUI, traffic tickets, landlord-tenant disputes, foreclosures, loan modifications, bankruptcy, credit-report issues, garnishments, litigation, small claims court, personal injury, and domestic violence.

#### INCLUDED

- FREE unlimited phone consults with attorneys
- FREE document review (real estate, leases, contracts)
- FREE letters to third parties on your behalf
- FREE credit repair / Identity Theft restoration
- Reduced fees for attorney representation
- 24/7 access · Florida-wide attorney panel · whole household covered
- FREE face-to-face consultations
- FREE simple Wills (member + spouse/partner + parents)
- FREE notary services (including online notary)
- FREE access to PLP's legal-forms library
- Tri-lingual attorneys. Se habla español. Nou pale Creol.
- No long-term contracts. Cancel anytime. Membership is portable.

### IDENTITYWORKS<sup>SM</sup> — A PART OF EXPERIAN<sup>SM</sup>

*Stop identity theft with Experian's tools*

Formerly Protect MyID. Partners with Preferred Legal Plan. World-class identity monitoring and dedicated resolution agents — backed by the same Experian credit infrastructure trusted by millions of consumers.

- \$1,000,000 Identity Theft Insurance
- Dark Web monitoring across 600,000+ web pages, file-sharing sources, forums, and feeds
- Daily Bureau credit monitoring — tracks 50 leading indicators of identity theft
- Daily personal Experian credit report
- Surveillance Alert™ notifications via email or text for new identity activity
- Registration and protection of bank accounts, credit cards, and other personal data
- Dedicated Identity Theft Resolution Agents
- Monthly 'all clear' or status notifications
- Educational resources on identity protection

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



# Your retirement plan

## ENROLL / CREATE YOUR ONLINE ACCOUNT

1. Go to: [www.empowermyretirement.com](http://www.empowermyretirement.com)
2. Click 'Register'
3. Select the 'I Do Not Have a Pin' tab
4. Follow the prompts to create your online account
5. Download the Empower® Mobile App

## ELIGIBILITY & EMPLOYER CONTRIBUTION FOR 2026

Employee Plan Eligibility	<b>Age 21 &amp; 3 months of service</b>
Entry Date	<b>Quarterly</b>
Employer Contribution Formula	<b>3% of salary</b>
Vesting Schedule	<b>Immediate</b>

## PLAN PROVISIONS

IRS 2026 Contribution Limit	<b>\$24,500 (age 50+: \$32,500)</b>
Contribution Types	<b>Pre-Tax and Roth</b>
Change Frequency	<b>Quarterly</b>
Loans Available	<b>Yes</b>
Hardship Withdrawals	<b>Taxable, available</b>

## 401(K) PLAN RESOURCE WEBSITE

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



## RETIREMENT PLAN TEAM — HUB RETIREMENT AND WEALTH MANAGEMENT

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## Required disclosures

### 01

#### MEDICARE PART D

This notice confirms that your prescription drug coverage is considered creditable. Having creditable coverage does not prevent you from enrolling in Medicare Part D if you wish. The open enrollment for Part D is October 15 to December 7. 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 on where you live and the plan you choose. If you do decide to enroll, coordination of benefits will be required.

### 02

#### 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 you experience an eligible qualifying event as determined by the Internal Revenue Service (IRS) Code, Section 125. You must report a qualifying event to Human Resources within 30 days.

Payroll deductions for health, dental, vision, and certain supplemental insurance premiums are deducted from your gross income before your income is taxed.

### 03

#### 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 at group rates in certain instances where coverage under the plan would otherwise end. For more information, please speak with Human Resources.

### 04

#### 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. To find out if you qualify, contact your state Medicaid or CHIP office, dial 1-877-KIDS NOW, or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov).



BROUGHT TO YOU BY:

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