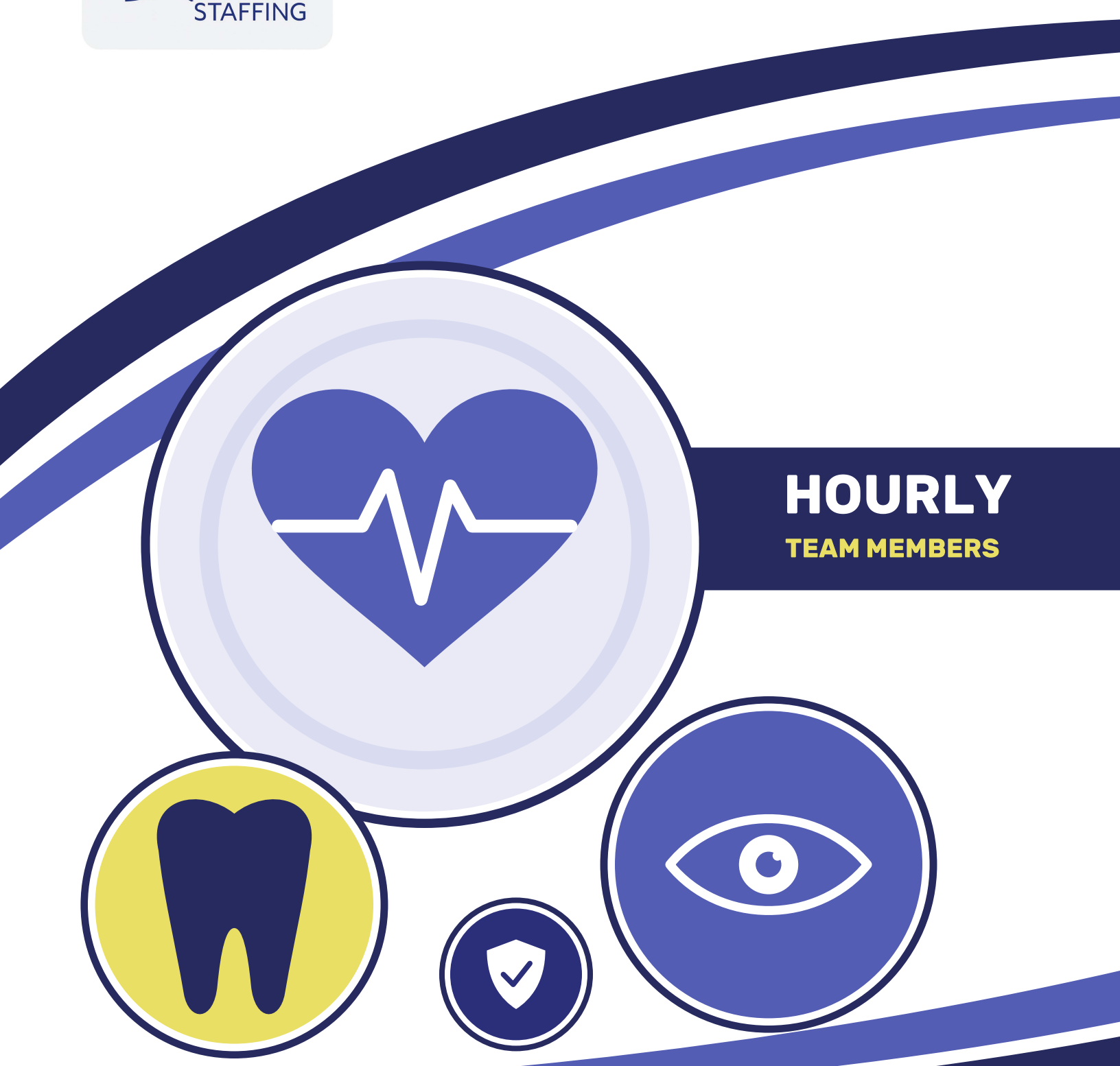
FIFTH HEAD QUARTERS STAFFING

5th HQ
Plan Year: Jan 1 – Dec 31, 2027

2027



HOURLY
TEAM MEMBERS

Employee Benefits Booklet

Prepared by All Atlantic Benefits

WELCOME

To your team member benefits package

KEY CONTACT INFORMATION

All Atlantic Benefits

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Questions about your benefits or enrollment? Your All Atlantic Benefits team is here to help.

Medical enrollment: Thatch (thatch.com) • All other benefits: Paycom
See the How to Enroll pages in this booklet for step-by-step instructions.

OUR CARRIERS

MEDICAL (ICHRA)

THATCH
support@thatch.com
Ask Thatch help button in your Thatch dashboard
Callbacks Mon-Fri, 9 a.m.-8 p.m. ET
thatch.com

LIFE

UnitedHealthcare
Telephone: (888) 299-2070
www.myuhc.com

DENTAL

UnitedHealthcare
Telephone: (877) 816-3596
www.myuhc.com

WORKSITE BENEFITS

UnitedHealthcare
Accident, Critical Illness, Hospital Indemnity
UnitedHealthcare Specialty Benefits
Telephone: (800) 539-0038
FPCustomerSupport@uhc.com

VISION

UnitedHealthcare
Telephone: (800) 638-3120
www.myuhcvision.com

ENROLLMENT

Paycom
Dental, vision, life & worksite
paycomonline.net/v4/ee/web.php/app/login

401(k) - HUMAN INTEREST

AJ DiNoto, Relationship Manager | (385) 330-0750 ext. 620
dedicatedam@humaninterest.com | Participant Support: (855) 622-7824

OPEN ENROLLMENT

During open enrollment you choose your benefits for the plan year and decide which family members to cover. For hourly team members, medical coverage comes through your **Thatch health allowance**, and dental, vision, life and worksite benefits are elected in Paycom.

PLAN YEAR

January 1, 2027 – December 31, 2027

NEW HIRE ENROLLMENTS

Effective the first of the month following 60 days of employment

ELIGIBILITY

All full-time team members working **30 or more hours per week** are eligible to enroll in the benefits outlined in this guide.

DEPENDENTS

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

- Your legal spouse
- Children under age 26 — your natural child, stepchild, legally adopted child, or a child for whom you have legal guardianship
- An unmarried child age 26 or older who cannot support themselves because of a mental or physical disability
- Dental and vision: under the UnitedHealthcare dental and vision plans, dependent children may be covered to age 30

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 Human Resources within 30 days of a qualifying event.**

Examples of qualifying events include:

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



MEDICAL
Enroll through Thatch — see page 5



ALL OTHER BENEFITS
Enroll in Paycom — see page 9

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.

MEDICAL INSURANCE

THATCH

support@thatch.com | thatch.com

YOUR THATCH HEALTH ALLOWANCE

For 2027, 5th HQ gives you a **monthly, tax-free allowance** to buy the individual health insurance plan **you** choose through **Thatch** — so you can pick the coverage, doctors and price that fit you and your family.

This type of benefit is called an ICHRA (Individual Coverage Health Reimbursement Arrangement).

HOW IT WORKS

You get a monthly allowance

5th HQ sets aside a tax-free amount each month for your health insurance. **Your personal allowance amount is shown in your Thatch invitation and in your Thatch dashboard.**

You pick the plan

Thatch shows plans from all of the individual-market carriers in your area — on average about **5 carriers and 160+ plans** per employee — including HMO, PPO, EPO and POS plans.

Your allowance pays your premium

Your allowance is applied to your monthly premium. If the plan you pick costs more than your allowance, you pay the difference through payroll deduction — the choice is yours.

Help is always available

Licensed Thatch advisors can help you compare plans, check your doctors and prescriptions, and choose with confidence. Use the **Ask Thatch** help button in your dashboard.

PLAN TYPES AT A GLANCE

HMO	Usually lower premiums. You use the plan's network and typically need a referral to see a specialist.
PPO	More flexibility to see in- and out-of-network providers, usually with a higher premium.
EPO	Network-only coverage (except emergencies), usually without referrals.
POS	A mix of HMO and PPO: choose a primary care doctor, with some out-of-network coverage.

65 OR OLDER?

If you are 65+ (or turning 65 within 3 months), read the **Medicare** section on page 17 before you enroll.

YOUR PRIVACY

Thatch doesn't share your health details with your employer.

PLEASE NOTE: This is a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance. In the event of discrepancy, the carrier policy governs.

HOW TO ENROLL WITH THATCH

THATCH

Enroll online at thatch.com

1 Watch for your invitation email

Look for an email from **hello@thatch.com** and sign up using the link. If it went to a work address, you can switch to a personal email.

2 Build your profile

Enter your name, address, date of birth, phone, approximate household income and tobacco use. Add the family members you want to cover and review your Thatch budget.

3 Add your doctors and prescriptions

Choose *"Keeping my doctors"* and/or *"Covering my prescriptions."* Search each doctor or hospital, and each medication with its dose and refills per year, so Thatch can show what plans will cost for the care you already use.

4 Review and choose a plan

Your closest match appears at the top, plus two other good options. Compare plans side by side and use **"See cost breakdown"** to confirm your doctors and prescriptions are in-network.

5 Finish and get started

Complete your account setup and read the confirmation page carefully. Then use your Thatch dashboard and your Thatch Card.

KEY DATES

Nov 30 - Dec 4, 2026
Invitations sent

Dec 16, 2026
Enrollment deadline

Dec 17, 2026
All Thatch actions close

Jan 1, 2027
Coverage begins

NEED HELP?

Click the **Ask Thatch** help button in your dashboard to chat or request a callback, or email **support@thatch.com**.

Callbacks: **Mon–Fri, 9 a.m.–8 p.m. ET**, usually within one business day. Urgent access-to-care issues are prioritized.

Already have your own health plan?

Bought through the Marketplace (HealthCare.gov) or directly from a carrier? Here's what to do:

- **A new plan does not automatically cancel your old one.** Cancel your 2026 plan with an end date of **December 31, 2026** — Marketplace plans through HealthCare.gov; carrier plans directly with the carrier.
- Get the cancellation confirmation **in writing**, and turn off any old autopay.
- Check your Thatch dashboard for instructions.

Your information stays private — Thatch doesn't share your health details with your employer.

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THATCH

Thatch Member Support

Where to go for questions, scheduling time with our licensed advisors, and much more.

Thatch is your health benefits administrator

Because your health insurance belongs to you, any questions or changes must come directly from you. There are two reasons for this, and both come down to taking good care of you. The first is privacy — policy conversations often involve personal health information, so we only share those details with you unless you say it's okay to include your HR representative. The second is that coverage decisions really matter for you and your family, so we need to confirm that the requested change or question came from you.

Find answers fast

TOPIC	WHAT TO DO
Enrolling on Thatch for the first time	When it's time to enroll on Thatch, you'll get an email from hello@thatch.com*. Sign up using the link in your invitation email.
Questions about health insurance	**Ask Thatch** is here to help! Just look for the help button in the lower right corner of your screen.
Help choosing a plan	To schedule time with our licensed advisor team, click the **Ask Thatch** help button, select **Home**, and choose "I need help deciding between plans" to schedule a video call.
Managing your benefits on Thatch	Log in to your **Thatch dashboard** to review your enrollment status, check on payments, make changes to your plan, and much more.
For everything else	Tell **Ask Thatch** what you need. If answers aren't immediately available, request an email or callback, and a member of our support team will reach out. You can also find us at support@thatch.com.

*This email address is used for outgoing messages only and is not monitored for replies. If you have questions, please contact support@thatch.com.

THATCH

Add your doctors and prescriptions

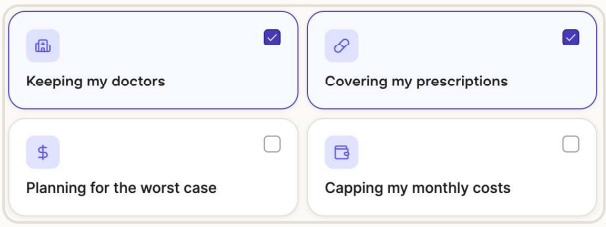
When you set your health priorities, you can add the doctors you see and the medications you take. We'll use them to show you what different plans might cost you for the care you already use.

Your information stays private

This information is never shared with anyone (your employer, your insurance company, etc.).

1 Choose what matters to you

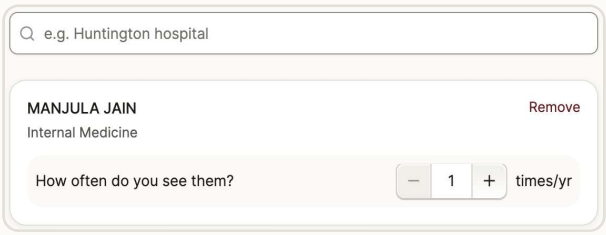
Select **Keeping my doctors** and **Covering my prescriptions**. We'll only ask questions relevant to what you care about.



2 Add your doctors

Search for each doctor, specialist, or hospital by name and select them from the list. Use **+** and **–** to set how many times a year you see them.

Added the wrong one? Select **Remove**.

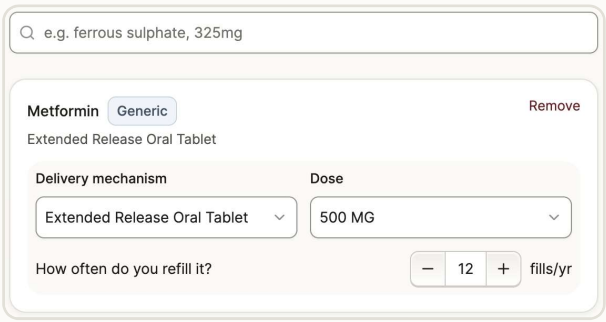


3 Add your prescriptions

Search by medication name. Choose the **delivery mechanism** and **dose** that match your prescription, then set how many times a year you refill it.

Include prescriptions for anyone on your plan.

> **Tip:** Keep your prescription bottle or pharmacy app handy. The dose and form are on the label.

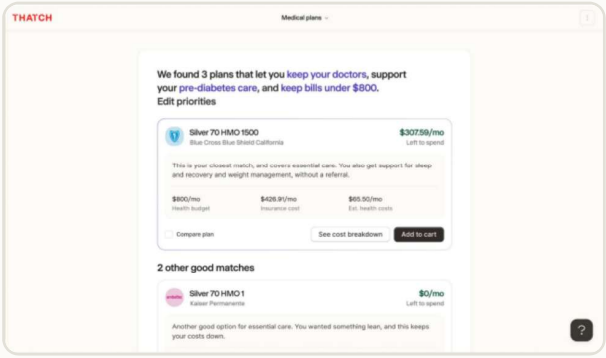


4 Review and choose a plan

The plan at the top is your closest match, and you'll see exactly which of your priorities were used to build the recommendation. Below that, we'll show you two other good options.

Here you can still compare plans side by side or view the full cost breakdown. Finally select the right plan and click **Next**.

> **Check your network:** Select **See cost breakdown** and scroll to the bottom to see which of your providers and prescriptions are in-network on that plan.



Questions? Reach out to us at support@thatch.ai.

THATCH

THATCH

Need help?

Get support by chat, email, or phone.

CHAT WITH US

Sign in and use the Help button

- Sign in to Thatch.
- Click the **Help** button to open **Ask Thatch** and start a chat.
- Tell us what you need help with.
- **Prefer a phone call?** Ask for a callback.

OR

EMAIL US

Send us an email

Email
support@thatch.com

Subject line
What you need help with

- Share the details. The more context, the better — it helps us get it sorted faster.
- **Prefer a phone call?** Ask for a callback.

What to expect if you request a call

We make calls Monday to Friday, 9 a.m. to 8 p.m. ET.

If it's urgent

If something is affecting your access to care, we'll prioritize getting back to you as quickly as possible.

Everything else

We aim to call you back within one business day. Some days are busier than others, so it may take a little longer — but we'll get to you as fast as we can.

ENROLL IN YOUR OTHER BENEFITS

Paycom

Employee self-service benefits enrollment

Dental, vision, life and worksite benefits (accident, critical illness and hospital indemnity) are elected in **Paycom**. *Medical is not in Paycom* — enroll in medical through Thatch (see page 5).

Dental | Vision | Life | Accident | Critical Illness | Hospital Indemnity

LOG IN AT

https://www.paycomonline.net/v4/ee/web.php/app/login

or use the Paycom mobile app

STEP BY STEP

1 **Go to Paycom**

Visit **https://www.paycomonline.net/v4/ee/web.php/app/login** or open the Paycom mobile app.

2 **Log in**

Enter your username, password and the last four digits of your SSN. First-time users: follow the new-user / forgot-password prompts to set up your login.

3 **Start your 2027 enrollment**

Open **Benefits > Enrollment** and start your 2027 enrollment.

4 **Make your choices**

Review each plan, add your dependents and beneficiaries, and choose or waive each coverage.

5 **Review and submit**

Review your elections, submit, then print or save your confirmation.

GOOD TO KNOW

Your cost for these benefits is deducted from your paycheck. Rates shown in this booklet are your **weekly** cost, deducted from each weekly paycheck. Make sure to name your life insurance beneficiaries.

NEED HELP? CONTACT AAB

Elizabeth Mendoza, Senior Account Manager
elizabethm@allatlanticbenefits.com
Talk/Text: (954) 623-8737
Diana Prieto, Account Manager
dianap@allatlanticbenefits.com • (305) 809-8211

PLEASE NOTE: This is a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance. In the event of discrepancy, the carrier policy governs.

DHMO DENTAL INSURANCE

Carrier Name		UnitedHealthcare
Plan Name		SFL07
	Office Visit Copay (D9430 - observation only)	$0
ADA Code	**Service**	**Member Cost**
D0120	Periodic oral evaluation	$0
D0150	Comprehensive oral evaluation	$0
D1110	Prophylaxis - adult	$0
D1120	Prophylaxis - child	$0
D1206	Topical fluoride varnish	$5
D1351	Sealant - per tooth	$0
D2140	Amalgam restoration - one surface	$0
D2150	Amalgam restoration - two surfaces	$0
D2160	Amalgam restoration - three surfaces	$0
D2161	Amalgam restoration - four or more surfaces	$0
D2751	Crown - porcelain fused to predominantly base metal	$195*
D2752	Crown - porcelain fused to noble metal	$195*
D3310	Root canal therapy - anterior	$100
D3320	Root canal therapy - bicuspid	$175
D3330	Root canal therapy - molar	$210
D3410	Apicoectomy / periradicular surgery - anterior	$96
D4210	Gingivectomy / gingivoplasty - 4+ teeth per quadrant	$175
D4341	Periodontal scaling / root planing - 4+ teeth per quadrant	$36†
D4910	Periodontal maintenance	$40
D5110	Complete denture - upper	$210*
D5120	Complete denture - lower	$210*
D5213	Upper partial denture - cast metal with resin base	$220*
D7111	Extraction - coronal remnants of primary tooth	$45
D7140	Extraction - erupted tooth or exposed root	$10
D7210	Surgical extraction - erupted tooth	$25
D8080	Comprehensive orthodontic treatment - adolescent	$1,850
D8090	Comprehensive orthodontic treatment - adult	$1,950
Dependent Child Age	Covered to age 30	

WEEKLY COST - YOUR COST PER WEEK			
Employee	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
$3.70	$7.41	$9.30	$13.59

Weekly cost = monthly premium x 12 / 52. Actual payroll deductions may differ by a few cents.

*Additional lab/material fees apply. †Not eligible at a specialist. Copays generally apply at participating general dentists; specialist authorization and frequency limits apply. Orthodontic retention and records cost extra. Full SFL07 schedule: click the paperclip.

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DPPO DENTAL INSURANCE

UnitedHealthcare

(877) 816-3596 | www.myuhc.com

Passive PPO - Plan P4271 | Employee-paid (voluntary) | Enroll in Paycom

Use an Options PPO 20 network dentist for negotiated fees, or see an out-of-network dentist. The plan pays the percentages below; out-of-network benefits use MAC reimbursement.

Plan Feature	In Network	Out of Network
Network	Options PPO 20	Any licensed dentist
Deductible - individual / family	$50 / $150	$50 / $150
Deductible waived for preventive	Yes	Yes
Preventive & diagnostic	100%	100%
Basic services - fillings, simple extractions	80%	80%
Major - endodontics, periodontics, surgical extractions, crowns, dentures, bridges	50%	50%
Annual maximum - combined in/out	$1,500 per person	$1,500 per person
Annual maximum rollover	Yes	Yes
Orthodontia - children up to age 19	50%	50%
Lifetime orthodontic maximum - combined	$1,000	$1,000
New enrollee waiting periods	Major: 12 months Ortho: 12 months	Major: 12 months Ortho: 12 months
Out-of-network reimbursement	-	MAC
Dependent children	To age 30	To age 30

WEEKLY COST - YOUR COST PER WEEK

Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
$7.46	$14.92	$18.73	$27.38

Weekly cost = monthly premium x 12 / 52. Actual payroll deductions may differ by a few cents.

MAC: non-network benefits are based on the allowable amount for a network service. You may owe charges above this amount.

In/out-of-network deductibles and maximums are shared, not separate benefits.

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VISION INSURANCE

UnitedHealthcare®

(800) 638-3120 | www.myuhcvision.com

Plan T1151 | **Employee-paid (voluntary)** | **Enroll in Paycom**

Plan	UnitedHealthcare Vision • Plan T1151	
	In-Network	**Out-of-Network**
Eye Exam Copay	**$10 copay**	Reimbursed up to $40
Materials Copay	**$25 copay**	N/A
Frequency Exams / Lenses / Frames / Contacts	Every 12 / 12 / 24 / 12 months	
Single Vision Lenses	**Covered 100%** **after materials copay**	Up to $40
Bifocal Lenses		Up to $60
Trifocal Lenses		Up to $80
Lenticular Lenses		Up to $80
Frames	Up to **$130** retail allowance, plus 30% off any overage	Up to $45
Contact Lenses – Elective In lieu of glasses	Up to **$130**, plus fitting / evaluation up to $40	Up to $105
Contact Lenses – Necessary	**Covered 100%**	Up to $210
Dependent Children	Covered to age 30	

EXTRA VALUE INCLUDED

- **Covered in full:** polycarbonate lenses for children to age 19 and standard scratch coating
- An **extra eye exam** for members ages 0–18 and for pregnant or breastfeeding members
- **Retinal screening:** $39
- **LASIK discount** through QualSight – up to 35% off the national average price

WEEKLY COST - YOUR COST PER WEEK

Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
$1.64	$3.32	$3.76	$5.65

Weekly cost = monthly premium x 12 / 52. Actual payroll deductions may differ by a few cents.

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LIFE INSURANCE

UnitedHealthcare **(888) 299-2070 | www.myuhc.com**

VOLUNTARY (SUPPLEMENTAL) LIFE + AD&D

Employee-paid **Enroll in Paycom**

Life insurance pays a benefit to the people you name (your beneficiaries) if you pass away. Accidental Death & Dismemberment (AD&D) pays an additional benefit if death or a covered serious injury results from an accident.

Plan Feature	Voluntary Life + AD&D
Coverage Amount	Increments of $10,000 up to $300,000, not to exceed 5x your annual earnings
Guarantee Issue (New Hires)	$100,000 - no health questions when you first become eligible
2027 Open Enrollment	True open enrollment: elect up to $100,000 with no health questions (requests by January 31, 2027)
Portability	Take your coverage with you if you leave - up to $500,000
Accelerated Death Benefit	50% of your benefit if diagnosed with a terminal illness (12-month life expectancy)
Waiver of Premium	Included
Conversion	Included - convert to an individual policy if your coverage ends
Age Reductions	Benefit reduces to 65% at age 65 and to 50% at age 70
Suicide Limitation	2 years

WEEKLY COST - LIFE + AD&D				
Age	**$10,000**	**$25,000**	**$50,000**	**$100,000**
Under 25	$0.21	$0.51	$1.03	$2.05
25-29	$0.24	$0.59	$1.18	$2.35
30-34	$0.30	$0.74	$1.48	$2.95
35-39	$0.33	$0.82	$1.64	$3.28
40-44	$0.36	$0.89	$1.79	$3.58
45-49	$0.51	$1.28	$2.55	$5.10
50-54	$0.75	$1.88	$3.76	$7.52
55-59	$1.36	$3.40	$6.81	$13.62
60-64	$2.06	$5.15	$10.30	$20.61
65-69	$3.92	$9.79	$19.58	$39.16
70+	$6.32	$15.80	$31.59	$63.18

Weekly cost = monthly premium x 12 / 52. Actual payroll deductions may differ by a few cents.

HOW TO CALCULATE YOUR COST

Find your age and coverage amount in the table.

Coverage is available in $10,000 increments up to $300,000 (not more than 5x your annual earnings).

Example: $50,000 of coverage at age 40 costs **$1.79 per week.**

For amounts not shown, add the columns together: $60,000 = $50,000 + $10,000.

Voluntary Life requires at least 20% of eligible team members to enroll.

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ACCIDENT INSURANCE

UnitedHealthcare

(800) 539-0038 | FPCustomerSupport@uhc.com

Option A | Employee-paid | 24-hour coverage | Portable | Enroll in Paycom

Accident insurance pays cash directly to you for a covered accident, on or off the job. Use the benefit for medical costs or everyday expenses.

Covered Benefit	Option A
Accidental death / common carrier	$30,000 / $60,000
Ground / air ambulance	$600 / $1,800
ER / urgent care / physician / telemedicine	$150
Hospital admission / ICU admission	$1,200 / $2,400
Hospital confinement - per day, starting day 2	$300
ICU confinement - per day, starting day 2	$750
Major diagnostic exam - MRI / CT / PET	$250
X-ray or laboratory test	$75
Fracture example - leg, surgical / non-surgical	$6,000 / $3,000
Dislocation example - hip, surgical / non-surgical	$6,000 / $3,000
Concussion	$200
Lacerations - amount depends on length	$45 - $600
Follow-up physician visits - up to 5 per accident	$75 per visit
Outpatient rehabilitation therapy - up to 10 visits	$35 per visit
Organized sporting activity injury	25% increase
Wellness - covered screening, per insured per year	$50

WEEKLY COST - YOUR COST PER WEEK

Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
$1.79	$3.58	$5.25	$7.86

Weekly cost = monthly premium x 12 / 52. Actual payroll deductions may differ by a few cents.

Hospital confinement: up to 365 days per accident; ICU: up to 30 days, both starting day 2. Benefits generally apply once per covered accident unless stated otherwise. Dependent children are covered to age 26.

PLEASE NOTE: This is a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance. In the event of discrepancy, the carrier policy governs.

CRITICAL ILLNESS INSURANCE

UnitedHealthcare

(800) 539-0038 | FPCustomerSupport@uhc.com

Employee-paid | Guaranteed issue | No pre-existing condition exclusion | No age reduction

Employee Benefit	Spouse Benefit	Child(ren) Benefit
$20,000	$20,000	$10,000

Employee enrollment is required for dependent coverage; dependent benefits cannot exceed the employee benefit. Portability is included, with ported coverage ending at age 75.

Covered Condition	Benefit
Invasive cancer	100%
Non-invasive cancer	25%
Skin cancer	$250
Heart attack, stroke, sudden cardiac arrest, ruptured aneurysm	100%
Coronary artery bypass	50%
Stent / angioplasty	25%
Major organ failure, renal failure†, heart failure†, bone marrow disease	100%
Coma, paralysis, loss of sight / hearing / speech†, severe brain damage	100%
Benign brain tumor, severe burns	100%
Alzheimer's, ALS, Huntington's, MS, Parkinson's†	25%
Addison's, Crohn's, myasthenia gravis, lupus, scleroderma†	25%
Covered childhood diseases†	100% of child benefit

Age	Employee $20,000	Spouse $20,000
Under 25	$1.02	$1.02
25-29	$1.29	$1.29
30-34	$1.62	$1.62
35-39	$2.22	$2.22
40-44	$3.37	$3.37
45-49	$5.31	$5.31
50-54	$8.63	$8.63
55-59	$11.86	$11.86
60-64	$16.85	$16.85
65-69	$25.75	$25.75
70-74	$36.37	$36.37
75+	$31.25	$31.25

WEEKLY COST
Children: **$0.95 per week** for $10,000 (covers all children).
Spouse rate uses employee's age.
Monthly premium x 12 / 52; payroll rounding may vary.

Recurrence: Same-condition and cancer recurrence require diagnoses at least 180 days apart. **Additional occurrence:** A different covered condition has no separation period. Eligible repeat benefits are subject to the carrier schedule.

†Not eligible for recurrence: covered childhood diseases; loss of sight/hearing/speech; chronic renal failure; heart failure; neurological diagnosis-only conditions; Addison's, Crohn's, myasthenia gravis, lupus and scleroderma. **Wellness:** $50 per insured per calendar year for a covered screening.

PLEASE NOTE: This is a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance. In the event of discrepancy, the carrier policy governs.

HOSPITAL INDEMNITY INSURANCE

UnitedHealthcare

(800) 539-0038 | FPCustomerSupport@uhc.com

Option A - HIPP HSA Plan | Employee-paid | Portable | Enroll in Paycom

Hospital indemnity insurance pays a fixed cash benefit directly to you for covered hospital care. Benefits are not based on the size of your medical bill and are not a substitute for comprehensive health insurance.

Covered Benefit	Option A
Hospital admission - up to 3 per year	$1,000
ICU admission - up to 3 per year	$2,000
Hospital confinement - per day, up to 364 days/year	$150
ICU confinement - per day, up to 30 days/year	$300
Observation - over 20 hours, 1 time per year	$500
Newborn nursery - per day, up to 2 days/newborn	$150
Wellness - per insured per year	$50

Daily hospital and ICU confinement benefits begin the day after admission. Admission benefits are payable once per qualifying confinement, up to the annual limits above.

Plan features: Pre-existing-condition exclusion waived; childbirth included without a waiting period; portability included with no termination age. Dependent children are covered to age 26.

WEEKLY COST - YOUR COST PER WEEK			
Employee	**Employee + Spouse**	**Employee + Child(ren)**	**Employee + Family**
$3.01	$7.11	$5.57	$10.31

Weekly cost = monthly premium x 12 / 52. Actual payroll deductions may differ by a few cents.

Example: A covered hospital admission pays $1,000. If the hospital stay qualifies for two daily confinement benefits beginning the next day, those benefits add $300.

PLEASE NOTE: This is a brief summary of benefits and does not constitute a contract. Please refer to your Certificate of Insurance. In the event of discrepancy, the carrier policy governs.

MEDICARE ONBOARDING GUIDE

GET STARTED WITH MEDICARE + THATCH

For team members or covered family members age 65+, turning 65 within 3 months, or eligible for Medicare before 65.

1 Apply for Medicare Parts A and B

Apply through Social Security as soon as possible; processing can take several weeks. If you already have Part A, apply for Part B. Confirm your coverage start date with Social Security and Thatch.

Apply: ssa.gov/medicare | **Call:** 1-800-772-1213

2 Create your Thatch account

Use the signup link in your invitation from hello@thatch.com. Add your personal information and eligible family members, then review your employer-provided health allowance.

3 Add Medicare and review coverage

Enter your Medicare information. Use Thatch's licensed Medicare advisors for help comparing Medicare Advantage, Medigap and prescription drug coverage. Family members under 65 can shop for individual plans on Thatch.

4 Finish signup and arrange premium payments

Confirm your elections and read the confirmation page carefully. Use your dashboard to submit eligible premium reimbursements or follow Thatch's instructions for using your Thatch Card and Medicare Easy Pay.

FULL MEDICARE ONBOARDING GUIDE

Click the paperclip to open the 8-page guide (Adobe Acrobat recommended).

YOUR ALLOWANCE: KEY POINTS

To use your allowance for Medicare, the source guide requires Parts A and B together or Medicare Advantage (Part C); Part A or B alone is not sufficient. Eligible premiums may include Part B, Medicare Advantage, Medigap and Part D, subject to your available allowance.

Already have Medicare? Add your existing policies in Thatch. If Social Security finds you ineligible, ask Thatch about your options.

OTHER BENEFITS

Enroll in the company's dental, vision, life and worksite benefits through Paycom (page 9).

HELP: Ask Thatch in your dashboard | support@thatch.com

TJ North: (305) 701-1076 | tjn@allatlanticbenefits.com

401(k) RETIREMENT PLAN

Human Interest

Save for retirement through the 5th HQ 401(k) plan.

COMPANY MATCH

100%

Our plan offers a company match of **100% of employee contributions up to 4% of annual compensation** for eligible employees.

TWO CONTRIBUTION OPTIONS

Traditional 401(k)

Roth 401(k)

QUESTIONS ABOUT YOUR 401(k)?

AJ DiNoto

Relationship Manager

Phone: (385) 330-0750 ext. 620

Email: dedicatedam@humaninterest.com

Participant Support: (855) 622-7824

Eligibility and plan terms apply. Refer to the plan documents or contact Human Interest for details.

This page provides a general summary of the retirement benefit. The plan documents govern.

DISCLOSURES

Section 125

5th HQ's benefits are offered under a **Section 125 plan** (sometimes called a "cafeteria plan"), as defined by the Internal Revenue Code. This allows eligible benefit deductions to be taken from your pay **before taxes**, which can lower your taxable income.

Because of these tax rules, the choices you make at open enrollment stay in place for the whole plan year. You can change your elections during the year only if you have a **qualifying life event** — such as marriage, divorce, the birth or adoption of a child, or a change in a dependent's eligibility — and the change must match the event.

You must report a qualifying event to Human Resources within 30 days. Requests made after 30 days will be denied, and you may be responsible for any claims or premiums for dependents who stayed enrolled after they were no longer eligible.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) may allow you and your covered family members to keep your **group dental and vision coverage** for a limited time when it would otherwise end — for example, if you leave 5th HQ, your hours are reduced, or a dependent is no longer eligible. If you choose to continue coverage, you pay the full cost (plus a small administrative fee).

If a qualifying event happens, you will receive information explaining your rights and deadlines. For questions, please speak with Human Resources.

Medicaid and CHIP Premium Assistance

If you or your children are eligible for Medicaid or the Children's Health Insurance Program (CHIP), your state may have a premium assistance program that can help pay for health coverage, using funds from its Medicaid or CHIP program.

If you or your dependents are not currently enrolled in Medicaid or CHIP and you think you might be eligible, contact your state Medicaid or CHIP office, call **1-877-KIDS NOW** (1-877-543-7669) or visit **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state whether it has a program that can help you pay the premiums for employer-sponsored coverage.

If you become eligible for premium assistance under Medicaid or CHIP, you may have a special enrollment right — you must request coverage within **60 days** of being determined eligible.

NOTES

5th HQ | 2027

Employee Benefits Booklet • Hourly Team Members

All Atlantic Benefits

200 S Park Road, Suite 475
Hollywood, FL 33021
(305) 809-8211
allatlanticbenefits.com