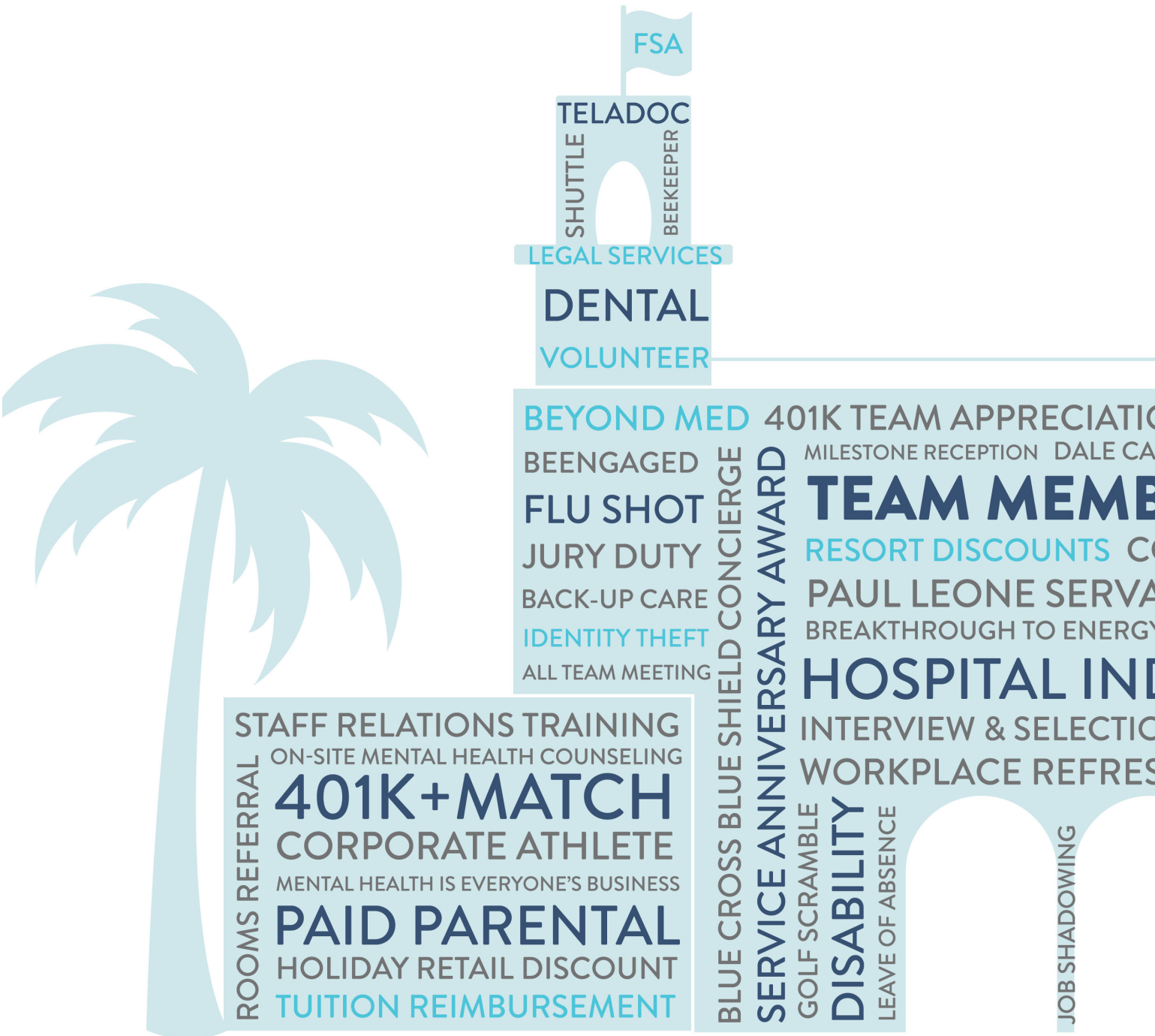
TEAM MEMBER BENEFITS

2026-2027

INTERNATIONAL ASSOCIATES PROGRAM

THE BREAKERS®
PALM BEACH

TEAM MEMBER BENEFITS




GIVES
MEDICAL
TUTORING
ADMIN DAY
LIFE INSURANCE
VISION
UNITED WAY
ON CONTRIBUTION
LONG TERM CARE
RNEGIE LEADERSHIP PROGRAM
BER BENEFITS
OMMUNITY DISCOUNTS
ANT LEADERSHIP DAY
Y TASTE SNACK PROGRAM
DEMNITY
ON WORKSHOP
SHER COURSE
TAX ASSISTANCE
HOLIDAY PAY & BONUS
BEREAVEMENT BENEFIT
BREAKERS BIRTHDAY
CRITICAL ILLNESS
EMPLOYEE ASSISTANCE PROGRAM
TOWER TREK
PET INSURANCE
ACCIDENT
MOTIVITY CARE
LACTATION SUPPORT
JUNETEENTH
ON-SITE CLINIC
FINANCIAL ADVISOR
WELLNESS
BREAKAWAY MARKETPLACE
HEALTH COACHING
ENGLISH AS A SECOND LANGUAGE
PAID TIME OFF
WELL BEYOND PROGRAM
HEALTHY VENDING

TABLE OF CONTENTS

Issued July 2, 2026

The Breakers is pleased to offer our team members a comprehensive and competitive employee benefits package. This benefits guide will provide you with coverage highlights, important contact information and The Breakers' annual team member disclosures.

HEALTH & WELLNESS

- Medical
- Dental
- Vision
- On-site Wellness Clinic

FINANCIAL WELLNESS

- SageView Advisory Group

RETIREMENT & LIFESTYLE

- 401(k) with Company Match
- Back Up Care
- Employee Assistance Program

BENEFITS HUB

One location for all your benefit needs.

Benefit Guides • Enrollment Links • Informational Flyers • Webinars

TEAM MEMBER ELIGIBILITY AND GUIDELINES

International Associate team members are provided an opportunity to enroll in The Breakers' company sponsored benefits (Medical, Dental and Vision) upon their first day of work.

Medical Insurance will be effective on your first day of work. If you choose to enroll in Dental and/or Vision, the plans will begin on the first of the month following sixty (60) days.

TIP: It is important to enroll prior to the date your coverage is effective. It is recommended to select benefits within the first 30 days of employment.

ENROLLMENT INSTRUCTIONS

As a Breakers full-time team member, you are eligible for insurance benefits on the first of the month following 60 days of employment or change in status.

Log into our self-service enrollment platform, PlanSource, to complete your enrollment.

Log on to: **https://thesource.plansource.com/thebreakers**

A. Username: Your Team Member ID (Ex: 123456)

B. Password: 8 digit DOB in the mmddyyyy format (Ex: 05021997)

VERIFY ELECTIONS

After you enroll in The Breakers' company sponsored benefits program, it is your responsibility to check on ADP's portal to ensure the benefits you elected are included and the correct amount is being deducted from your paycheck. Any corrections must be made within the first 30 days of of your effective date of coverage.

Please be advised that this guide provides you with *only* a general summary of the benefits available to you and your eligible dependents. Please refer to the Summary Plan Descriptions available on the Benefits Hub (**thebreakers.com/benefits**) for more information. Additionally, the medical Summary of Benefits and Coverage descriptions are embedded into the online enrollment portal, located on **https://thebreakers.wl.alight.com**

MEDICAL BI-WEEKLY PAYROLL DEDUCTIONS (PRE-TAX)

With Earned Wellness Incentive Savings			
MEDICAL COVERAGE	**STANDARD PLAN HIGHER DEDUCTIBLE**	**DELUXE PLAN LOWER DEDUCTIBLE**	**CHOICE PLAN**
Team Member Only	$92	$121	$194

Without Earned Wellness Incentive Savings (Team Member)			
MEDICAL COVERAGE	**STANDARD PLAN HIGHER DEDUCTIBLE**	**DELUXE PLAN LOWER DEDUCTIBLE**	**CHOICE PLAN**
Team Member Only	$115.08	$144.08	$217.08

DENTAL BI-WEEKLY PAYROLL DEDUCTIONS (PRE-TAX)

DENTAL COVERAGE	**DHMO PLAN**	**PPO PLAN**
Team Member Only	$7.16	$25.80

VISION BI-WEEKLY PAYROLL DEDUCTIONS (PRE-TAX)

VISION COVERAGE	**BASIC PLAN**	**ENHANCED PLAN**
Team Member Only	$2.07	$3.56

Payroll deductions for Voluntary Benefits are available for review on PlanSource

MEDICAL INSURANCE

The Breakers provides three plan options through Blue Cross Blue Shield of Florida. The plans offered are:

STANDARD IN-NETWORK ONLY	DELUXE IN-NETWORK ONLY	CHOICE PLAN IN OR OUT-OF-NETWORK

The **Standard** and **Deluxe Plans** are In-Network only plans, however all three plans are open-access and do not require you to select a Primary Care Physician (PCP) or obtain a referral to seek care from contracted specialists.

The **Choice Plan** provides benefits when you seek care from providers Out-of-Network. While you have the flexibility of seeking care from non-contracted providers, your benefits will be reduced and may be subject to balance billing for amounts over Blue Cross Blue Shield of Florida's recognized charges. You will receive maximum levels of benefits when you use Blue Cross Blue Shield of Florida's preferred providers.

EXPLANATION OF PLAN YEAR DEDUCTIBLE & PLAN YEAR OUT-OF-POCKET MAXIMUM

Plan Year Deductible

The Plan Year Deductible is a specified dollar amount that you must pay for certain covered services per plan year. There are individual and family deductibles. Once an individual or a family deductible has been satisfied, then coinsurance applies, if applicable. Coinsurance is your share of the costs of a health care service. It is the amount a member pays after the deductible has been met.

Plan Year Out-of-Pocket Maximum

The Plan Year Out-of-Pocket Maximum is the amount of covered expenses, (including deductible, coinsurance, and copayments and pharmacy copayments) that must be paid by you, either individually or combined as a covered family.

After the individual/family out-of-pocket maximum has been satisfied in a plan year, payment for in-network covered services requiring copayment and coinsurance for that covered individual/family will be payable by Blue Cross Blue Shield of Florida at the rate of 100% for the remainder of the plan year, subject to any other terms, limitations and exclusions.

Blue Cross Blue Shield Concierge

The Breakers provides a dedicated concierge to assist you with choosing the correct plan for you and your family, medical claim issues, finding an in-network provider, and answers any questions you may have.

CONTACT DENNIS ASHWOOD

Availability: Monday, Wednesday, Thursday
Hours: 8 AM to 4:30 PM
Phone: (786) 459-8813
Email: dennis.ashwood@bcbsfl.com

PLAN COMPARISON

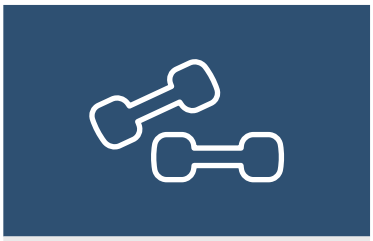
PLAN NAME	STANDARD PLAN HIGHER DEDUCTIBLE	DELUXE PLAN - LOWER DEDUCTIBLE	CHOICE PLAN	
Network Access	In-Network	In-Network	In-Network	Out-of-Network** (Not Covered)
Plan Year Deductibles (PYD)*	Your Responsibility			
Individual	$1,750¤	$1,250¤	$1,250¤	$1,750¤
Family	$3,500¤	$2,500¤	$2,500¤	$3,500¤
Out-of-Pocket Plan Year Max				
Individual	$4,750	$3,750	$2,750	$4,250
Family	$9,500	$7,500	$5,500	$8,500
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	
Physician Office Services				
Primary Care Physician (PCP) Office Visits	$30 Copay	$25 Copay	$25 Copay	30% After PYD*
Teladoc (includes Mental Health & Nutritional Counseling)	Free	Free	Free	Free
Specialist Office Visits	$50 Copay	$40 Copay	$30 Copay	30% After PYD*
Preventive Care (Primary / Specialist)	No Charge	No Charge	No Charge	30% After PYD*
Convenient Care (Minute Clinic)	$10 Copay	$10 Copay	$10 Copay	30% After PYD*
Urgent Care and Emergency Room				
Urgent Care Facility	$100 Copay	$100 Copay	$100 Copay	30% After PYD*
Emergency Room Facility Services	Subject to Deductible			
Diagnostic Services				
Independent Lab / Independent X-Ray	No Charge	No Charge	No Charge	30% After PYD*
MRI, CT Scan, Scan	$300 Copay	$250 Copay	$150 Copay	30% After PYD*
Diagnostic Colonoscopy / Mammogram	$250 Copay	$250 Copay	$250 Copay	30% After PYD*
Hospital / Facility Services				
In-Patient Hospital	20% After PYD*	10% After PYD*	10% After PYD*	30% After PYD*
Out-Patient Hospital / Surgical Facility	20% After PYD*	10% After PYD*	10% After PYD*	30% After PYD*
Pharmacy Services				
Tier 1	$10 Copay	$10 Copay	$10 Copay	Not Covered
Tier 2	$40 Copay	$35 Copay	$30 Copay	
Tier 3	$70 Copay	$60 Copay	$55 Copay	
Tier 4	20% to a maximum of $250 per prescription per 30 days.			
Mail Order Pharmacy & Retail Maintenance (90 Day Supply) 3x Copay	$30 | $120 | $210	$30 | $105 | $180	$30 | $90 | $165	

*PYD (Plan Year Deductibles) must be met before coinsurance applies.
**Out-of-Network benefits are subject to Balance Billing for charges over the carrier's reimbursement schedule not covered.
¤ PYD - applicable only to hospital facilities and patient care.

MEMBER PERKS THROUGH BLUE CROSS BLUE SHIELD

DISCOUNTS FOR YOU — BLUE365

Team members enrolled in the medical plan have access to exclusive discounts on a variety of products and services. Go to **myhealthtoolkitfl.com** and select the **Member Discounts** tab.



FITNESS

Gym Memberships

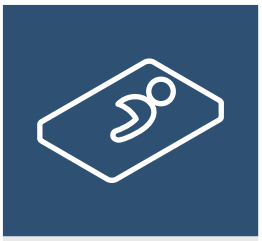
Wearable Fitness Devices

Activewear

Golf Memberships

Home Fitness Equipment

Vitamins and Nutritional Supplements



PERSONAL CARE

Allergy relief

Acupuncture

Chiropractic Services

Massage Therapy

Hair Restoration

Teeth Whitening

LIFESTYLE

Travel Clubs

Vacation Packages

Pet Care

Car Rentals

HEALTHY EATING

Weight Loss Programs

Cookbooks and Recipes

Meal Delivery Services

HEARING & VISION

Hearing Aids

Lasik Eye Surgery

Eyewear

24-HOUR NURSE ADVISOR

When you need immediate health care advice, call 24-Hour Nurse Advisor toll free at (866)-323-0664. This service can help you avoid needless worry, out-of-pocket charges and hours sitting in an emergency room.

When you call, a registered nurse will help you decide:

- If you can take care of the problem at home
- If you need to see your doctor
- If it is safe to wait or if you need help right away
- What you should watch for if you don't need care right away

You can also ask the nurse about:

- Questions you forgot to ask your doctor
- The latest health information
- Making important health care decisions
- Your medicines or other treatments

ESSENTIAL ADVOCATE

The health care system can seem confusing when you're trying to get reliable information. That's why we offer Essential Advocate as a free service of your health plan.

Call Essential Advocate at (888) 521-2583 any time of the day, any day of the week. A care coordinator will connect you with a registered nurse or other expert who can provide information, support or health pointers. For example, you can get help with:

- Concerns about medications and side effects
- Finding a doctor, specialist or urgent care center
- Scheduling an appointment with your doctor
- Comparing costs before scheduling medical treatment
- Preparing for surgery and taking steps for a healthy recovery
- Locating helpful programs and resources in your community

MY HEALTH TOOLKIT—BLUE CROSS BLUE SHIELD

My Health Toolkit is the one-stop shop for answers about your health care — customized just for you! It has everything you need to understand your health plan coverage and manage your benefits. All members ages 16 and older, including spouses and dependents, should sign up for an account. It's easy to register and it's free.

You can locate a participating Blue Cross Blue Shield of Florida physician by contacting Blue Cross Blue Shield of Florida's Member Services or by going directly to their website at **myhealthtoolkitfl.com**. Enter the first three characters of your member ID **(TBY)** to browse providers within your plan.

The My Health Toolkit can assist you with:

- Learning more about your coverage
- Checking medical claims
- Viewing your medical history
- Replacing your membership card
- Finding a doctor or hospital

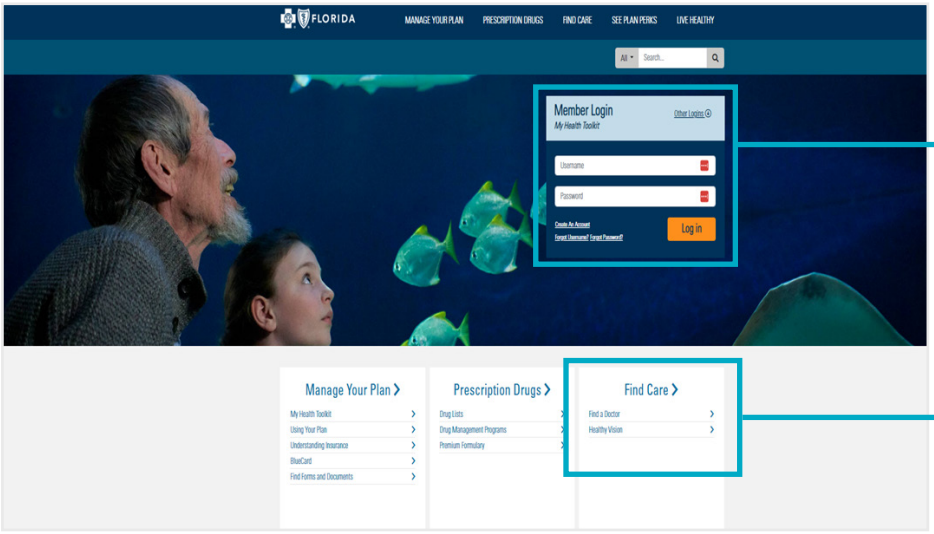
Register in just a few clicks:

1. Go to **myhealthtoolkitfl.com**
2. Click the **Register Now** button on the right-hand side of the page
3. Enter your **Member ID** located on your membership card
4. Follow the instructions to **Create Your Profile**

Machine Readable Files: https://bit.ly/BCBStc
This link leads to the machine readable files that are made available in response to the federal Transparency in Coverage Rule and includes negotiated service rates and out-of-network allowed amounts between health plans and healthcare providers. The machine-readable files are formatted to allow researchers, regulators and application developers to more easily access and analyze data.

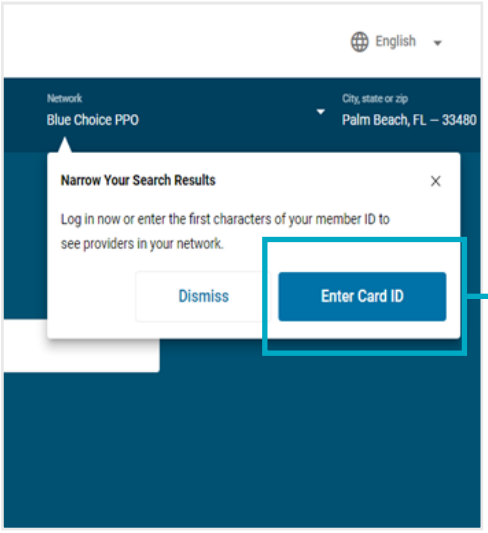
BLUE CROSS BLUE SHIELD OF FLORIDA MEDICAL PROVIDER SEARCH

To find participating providers, hospitals and more visit: **myhealthtoolkitfl.com**
Also available to download as an app



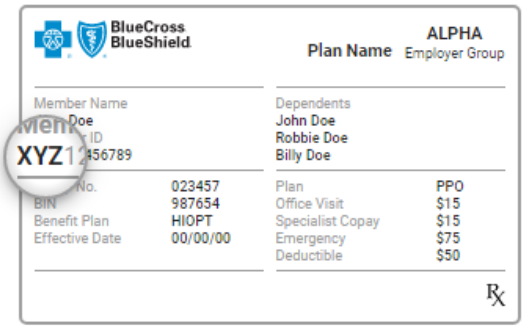
Log In or Create an Account

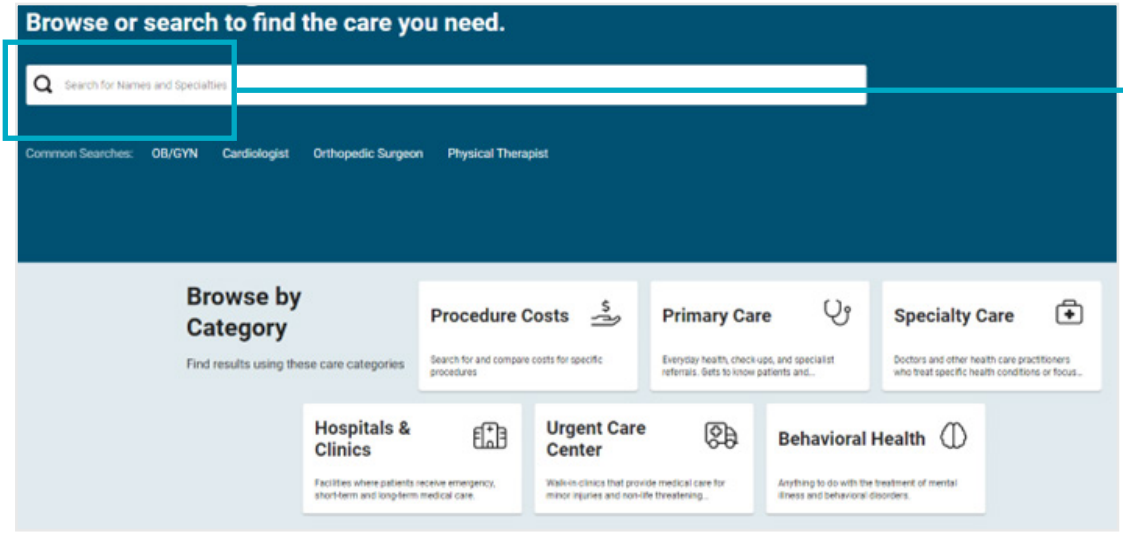
Click on **Find a Provider**



Enter your card ID or log into your account.

Enter the **first 3 characters** of your member ID number found on your insurance card for **care options in your network**.





On the Provider Search screen, you can search by provider, service, condition, or category.

TIP: Make sure your location is set to the correct area.

KNOW BEFORE YOU GO

Choosing the right kind of care for a medical situation can be challenging and confusing. Understanding the different levels of care and when to use each one can help save time and money, and create peace of mind.

If you require assistance with determining where to locate care, please do not hesitate to contact our Blue Cross Blue Shield Concierge, Dennis Ashwood.

TYPE OF FACILITY	AVERAGE COST	EXAMPLES OF HEALTH ISSUES
TELADOC Provides 24/7 access to care when your primary care doctor or your child's pediatrician cannot see you right away. Doctors are available to treat non-emergency illnesses via web, phone or mobile app.	**FREE**	• Sinus Infections • Cold and Flu • Cough / Sore Throat • Mental Health Counseling • Rash • Allergies • Stomach Ache • Nausea
CONVENIENCE CARE CLINIC Treats minor medical concerns. Staff located in retail stores and pharmacies. Often open nights and weekends. minute clinic®	**$10**	• Infections • Cold or Flu • Minor Injuries or Pain • Shots • Flu Shots • Sore or Strep Throat • Skin Problems • Allergies
YOUR DOCTOR'S OFFICE The best place to go for routine or preventive care, to keep track of medications	**$**	• Fever, Colds, or Flu • Sore Throat • Rashes • Minor Burns • Ear or Sinus Pain • Preventive Care • Shots • Minor Allergic Reactions
VIRTUAL VISITS Best for routine ailments; lets you see and talk to a doctor from the comfort of your home or office without an appointment.	**$**	• Allergies • Cold and Flu • Nausea • Stomach Ache • Sinus Infections • Asthma • Pink Eye • Headaches
URGENT CARE CENTER For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.	**$$**	• Migraines or Headaches • Cuts (that need stitches) • Abdominal Pain • Sprains or Strains • Urinary Tract Infection • Animal Bites • Back Pain • Joint Pain
HOSPITAL EMERGENCY ROOM For immediate treatment of critical injuries or illness. If a situation seems life-threatening, call 911 or go to the nearest emergency room.	**$$$**	• Chest Pain, Stroke • Seizures • Head or Neck Injuries • Sudden Numbness • Fainting, Dizziness • Uncontrolled Bleeding • Problems Breathing • Broken Bones

TELADOC

Teladoc gives you 24/7/365 access to a board-certified physician through the convenience of phone or video. This is a complimentary service with a $0 copay for team members enrolled in our medical plan. Grab your insurance card and go to **teladochealth.com/benefits/go** or call (866) 789-8155 to set up your account.

- 24/7 access to U.S. licensed doctors by phone or video
- Doctors diagnose, treat a prescribe medications when needed
- Quality care from wherever you are

Teladoc can assist with:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infections
- Respiratory infections
- Sinus problems
- Dermatology concerns
- Mental Health counseling
- And more!

TELADOC PERSONALIZED NUTRITION COUNSELING

Team members enrolled in our medical plan are able to work with a registered dietitian to receive personalized nutrition counseling, including custom meal plans and shopping guides. All for a $0 copay!

Teladoc dietitians can assist with:

- Weight loss
- Food allergies
- Digestive issues
- Pregnancy diets
- Diabetes
- High blood pressure
- Sports nutrition
- Vegetarian or Vegan diets
- Meal planning
- Pediatric nutrition
- Building healthy habits
- And more

TELADOC NUTRITIONAL COUNSELING

- Get a personalized diet plan to meet your health needs
- Schedule your visit 7 days a week (7 AM to 9 PM local time)
- Speak with a registered dietitian from anywhere

TELADOC & NUTRITIONAL COUNSELING HAVE A $0 COPAY!

HSS FLORIDA

Aches or pains? The World's #1 in Orthopedics is here for The Breakers.

HSS Florida is partnering with The Breakers to offer HSS Care Concierge. Let HSS help get you back to what you love to do. HSS Florida is an in-network provider for team members and family enrolled in one of the Blue Cross Blue Shield health plans offered by The Breakers.

Don't go far to feel your best!

Expert orthopedic care is available close to where you work and live.

HSS Florida in West Palm Beach is approximately 5 minutes from The Breakers.

Specialties include:

- Hand and Upper Extremity
- Hip and Knee
- Orthopedic Trauma
- Physiatry
- Physical Therapy
- Spine
- Sports Medicine

To learn more or get connected with HSS Care Concierge:
Phone: (561) 657-4581
Email: HSS4TheBreakers@hss.edu
Website: HSS.edu/TheBreakers

HSS Florida is an in-network provider for team members and family enrolled in one of the Blue Cross Blue Shield health plans offered by The Breakers.

HSS Florida has convenient locations in Palm Beach County. (Specialties vary by location)

THE BREAKERS WELLNESS CLINIC OPERATED BY MARQUEE HEALTH

Available to team members and spouses on The Breakers health plan, at no cost:

- Biometric Screening - for incentive completion
- Wellness and Lifestyle Coaching - in-person, telephonic or online
- Mental Health Counseling

WELLNESS CLINIC OPERATIONS

Location: 40 Cocoanut Row, Palm Beach, FL 33480
Phone: (561) 650-6976 Ext. 6976

Hours: Monday – Friday 8 AM to 4:30 PM
Website: thebreakers.com/wellnessclinic

CONTACT CHAD PIERRE

Health Coach
Master of Science, Health Education & Behavior – A Certified Health Education Specialist.
Fluent in English, Creole and French
Schedules biometric screenings and offers personalized one-on-one health coaching.
Phone: (561) 650-6976 **Email: cpierre@marqueehealth.com**

ON-SITE MENTAL HEALTH COUNSELING

Meet Alejandra Mejia, our on-site licensed mental health counselor through Marquee Health.

Your sessions with Alejandra will be customized to meet your unique needs and goals. Using evidence-based therapeutic approaches, you can start the process of enhancing your mental well-being.

On-site Mental Health Counseling is available every Tuesday.

- Strictly confidential
- Six **FREE** sessions per year
- Available to ALL team members | Full-Time, Part-Time, On-Call
- Located at the Wellness Clinic

CONTACT ALEJANDRA MEJIA, MSW, LCSW, QS

On-Site Mental Health Counselor
Master of Social Work, Licensed Clinical Social Worker, 10+ Years of Experience Working with Individuals/Families and is a Qualified Supervisor.
Call or email the Wellness Clinic to get started.
Phone: (561) 650-6976 **Email: counseling@mywellportal.com**

marquee HEALTH

WELLNESS INCENTIVE

Team members and spouses enrolled in The Breakers health plan are strongly encouraged to participate in the Wellness Incentive. Completion of a biometric screening is all that is required to earn the monetary savings incentive.

- **Why screen?** Knowing your key health metric numbers can safeguard your health, indicate your risk for certain health conditions and prompt appropriate action to reduce chances of developing heart disease, diabetes and other major illnesses.
- **When to screen?** Once you are enrolled in The Breakers medical insurance.
- Team members and spouses on The Breakers' medical plan can each earn a $600 savings on their annual insurance plan premium by completing one easy step - a biometric screening.
- For team members currently on the medical plan, screenings completed between September 1, 2026 - June 30, 2027 are eligible to earn the savings for plan year beginning September 1, 2027.
- Team members (and spouses) new to the plan can schedule a biometric screening once your PlanSource enrollment is completed.
- There is no cost to the team member or spouse for the screening.
- All personal health information including screening results are managed by Marquee Health through an electronic medical record and HIPAA compliant portal.
- No individual's personal health information will be shared with The Breakers.
- Lab results will be shared confidentially with the team member or spouse by Marquee Health.
- A biometric screening includes measurements for height, weight, waist circumference, blood pressure, glucose (fasting), triglycerides and cholesterol.
- To learn more about your biometric screening results and overall well-being, health coaching is offered at no-cost by the Marquee Health team in the Wellness Clinic.

Three options to complete the screening include *(lab results through any other source are not accepted):*

WELLNESS CLINIC AT 40 COCOANUT ROW	**LABCORP** NEAR YOUR HOME	**YOUR PRIMARY CARE PHYSICIAN**
On-site biometric screenings by appointment.	(Lab requisition from the clinic required) LabCorp should only be used with the lab requisition, otherwise it is out-of-network.	Have your provider complete a form documenting your screening. Form is provided by the clinic.

*LabCorp is an out-of-network provider that should only be utilized for a biometric screening that has a lab requisition from the Wellness Clinic. Without the requisition, you will be subject to a bill from LabCorp as they are not in-network with Blue Cross Blue Shield. Please utilize in-network labs, such as Quest, for all other lab work.

For appointments, lab requisitions and physician forms and general information, please visit: thebreakers.com/wellnessclinic or email: thebreakerswellnessclinic@mywellportal.com

Questions or need assistance scheduling?
Call The Breakers Wellness Clinic at Ext. 6976 or (561) 650-6976.

MyBio

DENTAL INSURANCE

The Breakers provides dental insurance through Cigna. You have a choice of a DHMO or PPO plan. The DHMO plan offers In-Network only coverage and requires you to select a Primary Care dentist. The PPO plan has three levels of care: PPO Advantage contracted dentists, PPO contracted dentists and Out-of-Network (non-contracted dentists) coverage.

DHMO IN-NETWORK	**PPO** IN OR OUT-OF-NETWORK

The chart below highlights the advantages of these three levels. When you choose a dentist outside of the Cigna PPO network, your out-of-pocket costs will be higher and you may be subject to "balance billing" for provider fees that exceed the contracted or Usual Customary & Reasonable (UCR) fees allowed by the Cigna contract. You can locate participating (In-Network) dental providers by visiting the Cigna website.

If enrolled in the PPO plan, simply let your dentist know you are covered by Cigna. A member ID card is not necessary. If you want a card, you may download the app or go to the secure Cigna member website.

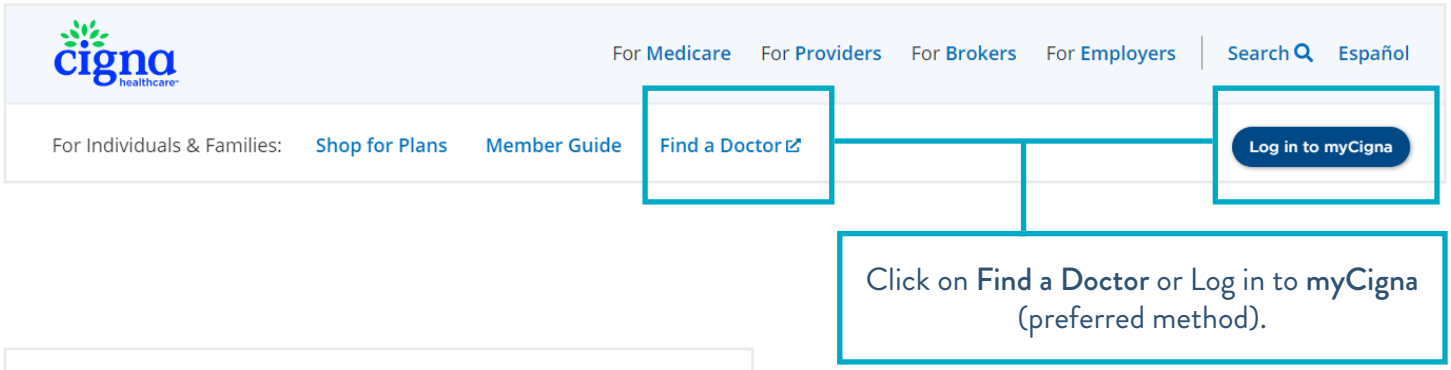
Please Note: PPO - Maximum benefits are based on a plan year. Benefits are subject to a Fee Schedule, located on PlanSource.

	PLAN 1	PLAN 2		
NETWORK ACCESS	**IN-NETWORK**	**IN-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Plan Type/Design	DHMO	PPO Advantage	PPO	PPO
Network	Cigna Dental Care		Cigna Dental PPO	
Plan Year Maximum Benefits	None		$2,000	
	Your Responsibility		**Your Responsibility**	
Individual Deductible	None	$25	$50	$50
Family Deductible	None	$75	$150	$50
Dental Description				
Preventive-Class I	Fee Schedule**	No Charge	No Charge	No Charge
Basic-Class II		10% After PYD	20% After PYD	20% After PYD
Major-Class III		40% After PYD	50% After PYD	50% After PYD
Routine Exams - 9430		No Charge	No Charge	No Charge*
Teeth Cleaning (every 6 months) - 1110		No Charge	No Charge	No Charge*
Full Mouth / Panoramic X-Rays - 0330		No Charge	No Charge	No Charge*
Fillings - 2140		10% After PYD	20% After PYD	20% After PYD
Endodontics - 3330		10% After PYD	20% After PYD	20% After PYD
Periodontal Scaling - 4341		10% After PYD	20% After PYD	20% After PYD
Inlays and Onlays - 6600 / 6608		40% After PYD	50% After PYD	50% After PYD*
Full or Partial Dentures - 5110		40% After PYD	50% After PYD	50% After PYD*
Crowns - 6750		40% After PYD	50% After PYD	50% After PYD*
Orthodontia	Child and Adult		Child and Adult	
Benefit	Fee Schedule**		50%, No Ortho PYD	
Lifetime Maximum Copay			$1,500	

*Out-of-Network charges are subject to a higher deductible and Cigna's recognized charge limitations.
**Fee Schedule located on PlanSource.

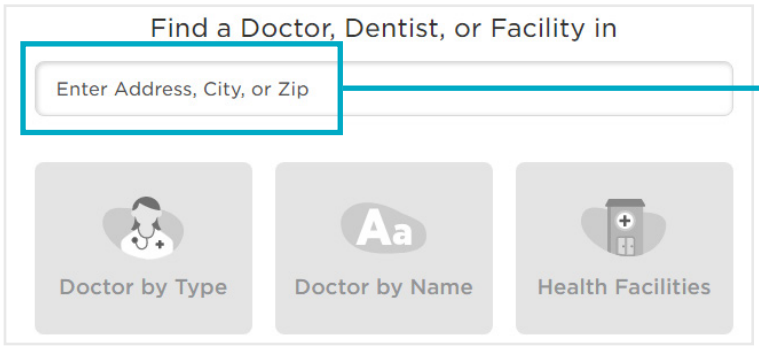
CIGNA DENTAL PROVIDER SEARCH

To find participating providers (In-Network), please visit **cigna.com**. If you want a card, you may download the app or go to the secure member website at **mycigna.com**, click to **sign up as a Cigna member** and you can print a card for you and your dependents.

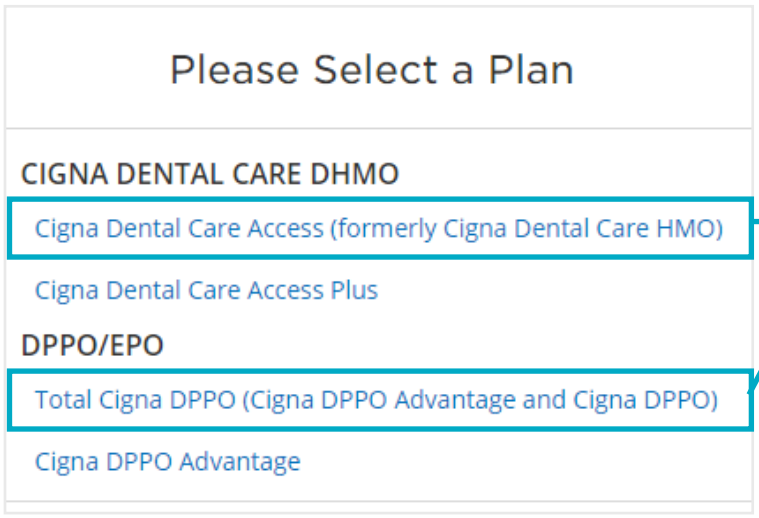


Click on **Find a Doctor** or Log in to **myCigna** (preferred method).

Click on **Employer or School** under How are you Covered?



Enter your location under **Find a Doctor, Dentist, or Facility** in and select the type of dentist under **Doctor by Type**.



Under Select a Plan pick the **Cigna Dental Care Access** Network for the DHMO plan or the **Total Cigna DPPO** Network for the PPO plan.

cigna healthcare

VISION INSURANCE

The Breakers provides vision insurance through VSP. The VSP vision program provides affordable and quality vision care. Through VSP's provider network, you can obtain a comprehensive vision examination, as well as eyeglasses (lenses and frames) or contact lenses in lieu of eyeglasses.

Simply let your eye care provider know you are covered by VSP. A member ID card is not necessary. If you want a card, you may go to the secure VSP member website at **vsp.com**, click to sign up as a VSP member and you can print out a VSP Member Vision Card.

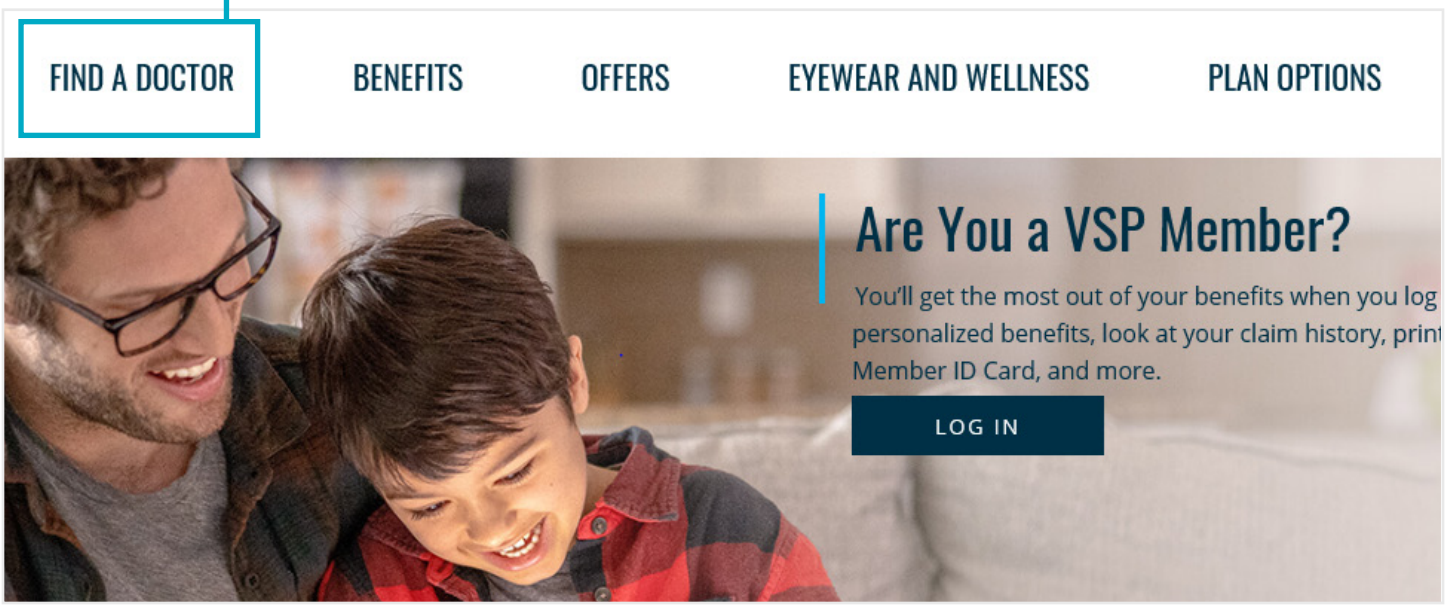
Carefully review the vision care program summary provided and take advantage of this very important benefit.

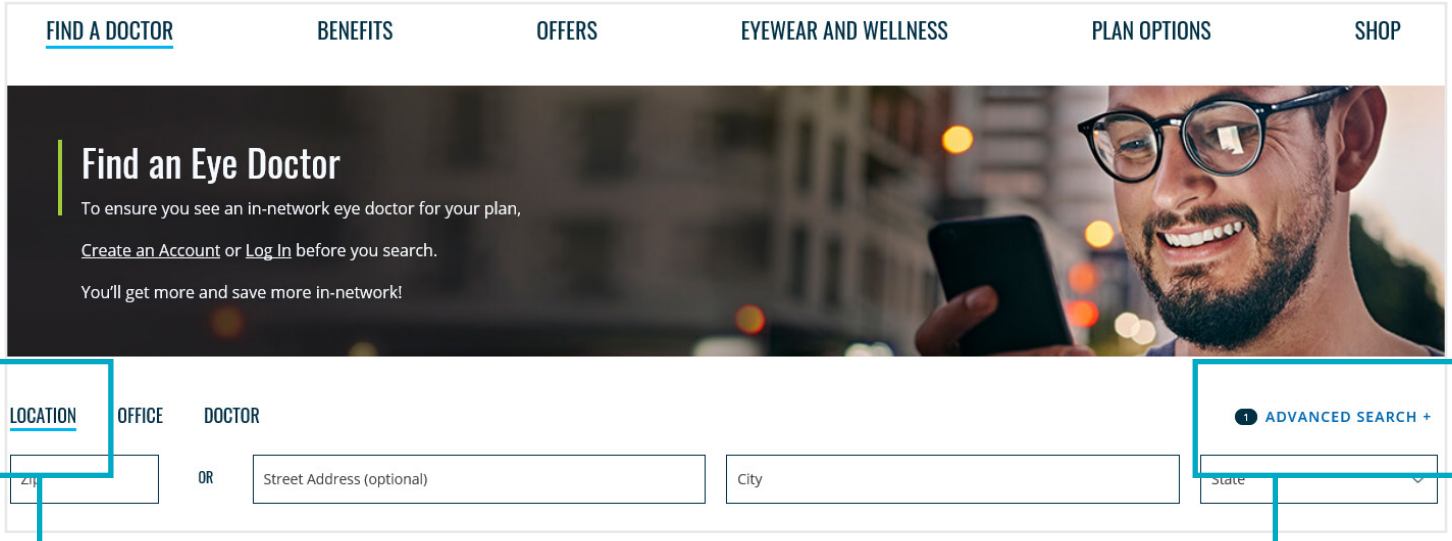
TYPE OF PLAN	BASIC PLAN		ENHANCED PLAN	
Network Access	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Care Wellness				
Eye Exam	$10 Copay	Reimbursed Up To $45	$10 Copay	Reimbursed Up To $45
Frequency	Once Every 12 Months		Once Every 12 Months	
Lenses				
Single Vision	$25 Copay	Reimbursed Up To $30	$25 Copay	Reimbursed Up To $30
Bifocals	$25 Copay	Reimbursed Up To $50	$25 Copay	Reimbursed Up To $50
Trifocals	$25 Copay	Reimbursed Up To $65	$25 Copay	Reimbursed Up To $65
Frequency	Once Every 12 Months		Once Every 12 Months	
Frames				
Selected Frames	$170 Retail Allowance + 20% Off Balance	Reimbursed Up To $70	$200 Retail Allowance + 20% Off Balance	Reimbursed Up To $70
Suncare Enhancement	$170 Retail Allowance with a $25 copay for Non-Prescription Sunglasses in lieu of Prescription Glasses or Contacts	N/A	$200 Retail Allowance with a $25 copay for Non-Prescription Sunglasses in lieu of Prescription Glasses or Contacts	N/A
Frequency	Once Every 24 Months		Once Every 12 Months	
Contacts	In Lieu of Any Other Eyewear Benefits			
Elective	$130 Retail Allowance; exam fitting & evaluation not to exceed $60 copay	Reimbursed Up To $105	$150 Retail Allowance; exam fitting & evaluation not to exceed $60 copay	Reimbursed Up To $105
Frequency	Once Every 12 Months		Once Every 12 Months	
Additional Savings: Laser Vision Correction	Average of 15% off the regular price; discounts available at contracted facilities.			

VSP VISION PROVIDER SEARCH

To find participating providers (In-Network), please visit **vsp.com.**
You can call VSP's Customer Service Center at (800) 877-7195 with any questions you may have regarding contracted providers or coverage.

Click on
Find a Doctor





Search by Zip Code or Address, City and State

Select **Doctor Network** by clicking on **Advanced Search** and then selecting **Choice** OR - If you log into your account, you can bypass this step as it will recognize your plan.

T. ROWE PRICE — 401(K) SAVINGS PLAN

Full-time, part-time and on-call team members (ages 18+) are eligible to participate in The Breakers' 401(k) Retirement Savings Plan and may elect to contribute 1 - 50% of their gross earnings. A 401(k) includes personal contributions and the company's match benefit.

Plan Benefits

- Team members own 100% of any personal financial contribution invested in their 401(k)
- The Breakers' matches the first **6%** of gross earning contributions, dollar for dollar, on a quarterly basis
- The Breakers' match is 100% fully owned by a team member after completing five (5) years of employment; for each year of service completed during years 1 – 5, team members retain 20% of the matched contribution (for example: 20% after year one, 40% after year two, etc).
- Roth 401(k), Traditional Pre-tax 401(k) and After-tax are offered
- Team members may roll over previous employers retirement plan(s) into The Breakers' 401(k)

Enrollment Details

- Enrollment eligibility is 60 days after hire date
- Contributions start on the first day of the following month
- Each year, team member contributions automatically increase by 1% until a max contribution of 15% is reached (adjustments may be made manually at any time)

How To Enroll or Make Adjustments

- Visit troweprice.com
- Download the T. Rowe Price app
- Call (800) 922-9945
- Schedule time with a SageView Financial Advisor

FINANCIAL WELLNESS PROGRAM

SageView Advisory Group, a retirement plan advisory firm, provides free financial education and investment counseling for all team members.

Services Include

- 401(k) retirement enrollment and planning
- Financial planning: paycheck analysis and saving/budgeting/investment strategies
- Answering questions: Medicare, Social Security, debt management, estate planning/loans and 529 Education Savings Plans

CONTACT MARESSA ETZIG

Schedule a private consultation in person or via phone; group sessions also available.

Email: metzig@sageviewadvisory.com

Phone: (561) 284-0699

SAGE VIEW

BRIGHT HORIZONS

Benefits include: Back-Up Care, Tutoring and Enhanced Supports.

Back-Up Care Advantage Program

All team members can rely on the Bright Horizons Back-Up Care Advantage Program, where and when you need it most. Breakdowns in your regular child or adult/elder care arrangements cause stressful disruptions that can affect your ability to successfully balance competing personal and professional demands.

When To Use Back-Up Care

- Regular caregiver/stay-at-home spouse is unavailable
- Your child or adult/elder relative is mildly ill
- School closes for vacations, holidays or in-service days
- You, your child or adult/elder relative is recovering from medical treatment
- Transition between child or adult/elder care arrangements
- Transition following maternity leave

Back-Up Care Is Available For:

- Child Care
- Elder Care

Plan Ahead: Register and Reserve Care

Our care consultants are available 24 hours a day, 365 days per year to assist you by finding and scheduling care on your behalf so you can go to work with the assurance of knowing that your child or adult/elder relative is in good hands.

THREE EASY STEPS

1. Register for care online or by phone
2. Make a reservation online or by phone
   Phone: (877) 242-2737
   Website: backup.brighthorizons.com
3. Complete your Care Profile

Limits and Cost

- Up to 15 days of care per team member per fiscal year
- Center-based copay = $15 per child per day, max $25 per family per day
- In-home copay = $6 per hour per caregiver

OTHER BENEFITS

Adult Virtual or In-Person Tutoring

Virtual tutoring for adults can assist learners ages 18+ in 3,000 subjects, including professional certifications. Whether you're trying to figure out your kids' homework, going back to school and managing your own schoolwork, trying to learn a new language, studying to earn a new certification, wanting to learn a professional skill such as public speaking, or all of the above, your Bright Horizons® tutoring benefit makes life easier. Plus, it's very affordable compared to other tutoring programs.

- Meet one-on-one with experts from Sylvan Learning and Varsity Tutors
- 4 Hours of tutoring = 1 credit with a copay of $15
- Booked sessions must be used within 90 days or you lose them
- Available to you and your dependents age 5+, including college students

Child Virtual or In-Person Tutoring

Reserve an experienced tutor to help your 5 to 18-year-old stay on track during the school year or summer break. Get instant homework help in 300+ subjects for targeted support in math or reading.

Virtual Camp

Offered weekdays from 9 AM – 8 PM ET for children ages 3 – 12, this virtual offering gives your child a wide variety of interactive activities all led by engaging instructors. Use your back-up care benefit to reserve your child's spot and keep them entertained from the comfort of your own home.

To register, create an account with Bright Horizons and complete your Care Profile.

Bright Horizons™

MENTAL WELLBEING RESOURCES

YOU ARE NOT ALONE

IF YOU OR SOMEONE ON YOUR TEAM NEEDS HELP, PLEASE SEE MENTAL HEALTH RESOURCES AVAILABLE FOR TEAM MEMBERS BELOW.

MENTAL HEALTH COUNSELING

Teladoc

- Available to team members and their spouses and dependents (ages 18 and older) enrolled in our medical plan
- Virtual confidential treatments with no co-pay
- For more information, visit **member.teladoc.com/go**, download the Teladoc app, or call 1 **(866) 789-8155**.

On-Site Mental Health Counseling Through Marquee Health

- Alejandra Mejia, Mental Health Therapist & Licensed Clinical Social Worker, Bilingual (English & Spanish)
- Six (6) counseling sessions per fiscal year
- Confidential and no-cost
- For more information or to schedule an appointment, call The Breakers Wellness Clinic at **(561) 650-6976** or email **counseling@mywellportal.com**
    - Visit **thebreakers.com/wellnessclinic** (Breakers Health Plan Participants Only)

MENTAL HEALTH RESOURCES AVAILABLE IN OUR COMMUNITY

Community Mobile Response

- Provides emergency intervention, de-escalation and screening for individuals who are in emotional distress
- Call **211**
- Services available 24/7

Alpert Jewish Family Services

Addresses the well-being of children and families. Services include psychiatry counseling, domestic abuse, case management, guardianship and more.

alpertjfs.org | **(561) 684-1991**

Families First

Supports children and families at the earliest stages, from prenatal care to age six.

familiesfirstpbc.org | **(561) 721-2887**

Center for Child Counseling

Mental health services and education for children, teens, families, and caregivers - from early intervention through trauma treatment and healing.

centerforchildcounseling.org/programs | **(561) 244-9499**

IMPORTANT CONTACTS

RESOURCE / SERVICE PROVIDER	DETAILS
Medical Insurance Blue Cross Blue Shield of Florida	(800) 830-1501 myhealthtoolkitfl.com
Dennis Ashwood Blue Cross Blue Shield of Florida Concierge	(561) 653-6362 Ext. 7043 dennis.ashwood@bcbsfl.com
Hospital for Special Surgery HSS	(561) 657-4581 HSS4TheBreakers@hss.edu
The Breakers Wellness Clinic Operated by Marquee Health Health Coach - Chad Pierre On-site Mental Health Counselor - Alejandra Mejia	(561) 650-6976 Ext. 6976 thebreakerswellnessclinic@mywellportal.com thebreakers.com/wellnessclinic
Dental Insurance Cigna	(800) 244-6224 mycigna.com
Vision Insurance VSP	(800) 877-7195 vsp.com
401(k) Savings Plan T. Rowe Price	(800) 922-9945 troweprice.com
Financial Wellness Program Maressa Etzig - SageView Advisory Group	(561) 284-0699 metzig@sageviewadvisory.com
Back-Up Care Advantage Program Bright Horizons	(877) 242-2737 backup.brighthorizons.com
Cara Striluk Benefits Services Manager	(561) 653-6661 cara.striluk@thebreakers.com
Jewel Lepoff Benefits Assistant Manager	(561) 653-6646 jewel.lepoff@thebreakers.com
Stephanie McCullough Benefits Services Coordinator	(561) 653-6362, ext. 7510 stephanie.mccullough@thebreakers.com

Medicare Part D Creditable Coverage Notice

Important Notice from The Breakers of Palm Beach, Inc.

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Breakers of Palm Beach, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Breakers of Palm Beach, Inc. has determined that the prescription drug coverage offered by The Breakers of Palm Beach, Inc. is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan while enrolled in The Breakers of Palm Beach, Inc. coverage as an active employee, please note that your The Breakers of Palm Beach, Inc. coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary.
As a result, the value of your Medicare prescription drug benefits may be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in The Breakers of Palm Beach, Inc. coverage as a former employee.

You may also choose to drop your The Breakers of Palm Beach, Inc. coverage. If you do decide to join a Medicare drug plan and drop your current The Breakers of Palm Beach, Inc. coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with The Breakers of Palm Beach, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through The Breakers of Palm Beach, Inc. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: 6/5/2026
Name of Entity/Sender: The Breakers of Palm Beach, Inc.
Contact-Position/Office: Cara Striluk
Address: One South County Road, Palm Beach, FL 33480
Phone Number: 561-653-6646

HIPAA Special Enrollment Rights Notice

If you are declining enrollment in The Breakers of Palm Beach, Inc.'s group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days" or any longer period that applies under the plan after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days" or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact

Cara Striluk
561-653-6661
cara.striluk@thebreakers.com

Women's Health Cancer Rights Act (WHCRA) Notice

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your plan administrator.

Women's Health Cancer Rights Newborns' and Mothers' Health Protection Act (NMHPA) Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

Part A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%1 of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage

is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[12]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?
You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

1 Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
2 An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period[1] for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?
For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact your plan administrator.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name	4. Employer Identification Number (EIN)	
The Breakers of Palm Beach, Inc.	59-0246320	
5. Employer address	6. Employer phone number	
One South County Road	561-653-6661	
7. City	8. State	9. Zip code
Palm Beach	FL	33480

10. Who can we contact about employee health coverage at this job?	
Cara Striluk	
11. Phone number (if different from above)	12. Email address
	Cara.Striluk@thebreakers.com

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

_____

☑ Some employees. Eligible employees are:

- Employees working 30 or more hours per week

- With respect to dependents:

☑ We do offer coverage. Eligible dependents are:

- Spouse or domestic partner and children up to age 26 or 30, if they qualify

☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility.

LEGAL NOTICES

ALABAMA – Medicaid	ALASKA – Medicaid	ARKANSAS – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid	**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**	**FLORIDA – Medicaid**
Health Insurance Premium Payment (HIPP) Program Website:http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website:https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**	**IOWA – Medicaid and CHIP (Hawki)**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**	**LOUISIANA – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	LA Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP Phone: 877-697-6703 Email: La.HIPP@la.gov fax: 1-888-716-9787 Address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**	**MINNESOTA – Medicaid**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 | TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 800-977-6740 / TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA - Medicaid**	**NEBRASKA – Medicaid**

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website:http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website:https://dhhs.ne.gov/Pages/ACCESSNebraska.aspx Phone: 1-855-632-7633 Lincoln: 402-473-7000 | Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**	**NEW JERSEY – Medicaid and CHIP**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**	**NORTH DAKOTA – Medicaid**
Website:https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website:http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website:https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: pa.gov | Phone: 1-800-986-5437
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**	**SOUTH DAKOTA - Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311	Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**	**VERMONT– Medicaid**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**	
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Service
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

HIPAA Notice of Privacy Practices

Protecting Your Health Information Privacy Rights

The Breakers Palm Beach is committed to the privacy of your health information. The administrators of the Breakers Palm Beach Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Cara Striluk – Benefit Services Manager at 561.653.6661 or cara.striluk@thebreakers.com or view this notice located in the Mandatory Notice Section on the Benefits Hub on Beekeeper or at the following web address: thebreakers.com/benefits

HIPAA Wellness Program Reasonable Alternative Standards Notice

Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at cara.striluk@thebreakers.com or 561-653-6661 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Notice of COBRA Continuation Coverage Rights

Your COBRA notice was provided during your onboarding process. COBRA (Consolidated Omnibus Budget Reconciliation Act) is a federal law that allows you to temporarily keep your existing employer-sponsored health insurance after a qualifying event, such as job loss, reduced hours, divorce, or aging out of a parent's plan. For questions or to receive a copy, contact Cara Striluk – Benefit Services Manager at 561.653.6661 or cara.striluk@thebreakers.com or view this notice located in the Mandatory Notice Section on the Benefits Hub on Beekeeper or at the following web address: thebreakers.com/benefits

Fixed Indemnity Policy Notice – The Hartford

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Notice Regarding Wellness Program

Effective Date: September 1, 2024

The Breakers wellness program is a voluntary program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you may be asked to do a biometric screening, a Labcorp appointment or a Primary Care Physician wellness screening which may include a blood test for cholesterol, HDL/LDL cholesterol, triglycerides, glucose and A1C, height, weight, waist circumference and blood pressure. You are not required to complete the medical examination, however, employees who choose to participate in the wellness program have an opportunity to earn a wellness incentive. The information from your screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. The Breakers wellness program may use aggregate information it collects to design a program based on identified health risks in the workplace. **Marquee Health (Health Coaching Vendor) and eHealth Screenings (Biometric Screening/LabCorp Vendor) will never disclose any of your personal information either publicly or to The Breakers your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law.** Medical information that personally identifies you that is provided to **Marquee Health (Health Coaching Vendor) and eHealth Screenings (Biometric Screening/LabCorp Vendor)** in connection with the wellness program will not be provided to The Breakers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. **The only individuals who will receive your personally identifiable health information are eHealth Screening, Marquee Health, and LabCorp in order to provide you with services under the wellness program.**

In addition, all medical information obtained through the wellness program will be maintained by **Marquee Health (Health Coaching Vendor) and eHealth Screenings (Biometric Screening/LabCorp Vendor)** separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken by **Marquee Health (Health Coaching Vendor) and eHealth Screenings (Biometric Screening/LabCorp Vendor)** to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, they will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your benefits department at benefits@thebreakers.com.

NOTES

The information in this guide is a summary of the benefits available to you and should not be intended to take the place of the official carriers' Member Certificates or Benefit Summaries. This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as a full-time employee. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail.

This guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description. The Summary Plan Description can be located on PlanSource.

The Breakers reserves the right, in its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of the benefit plans.