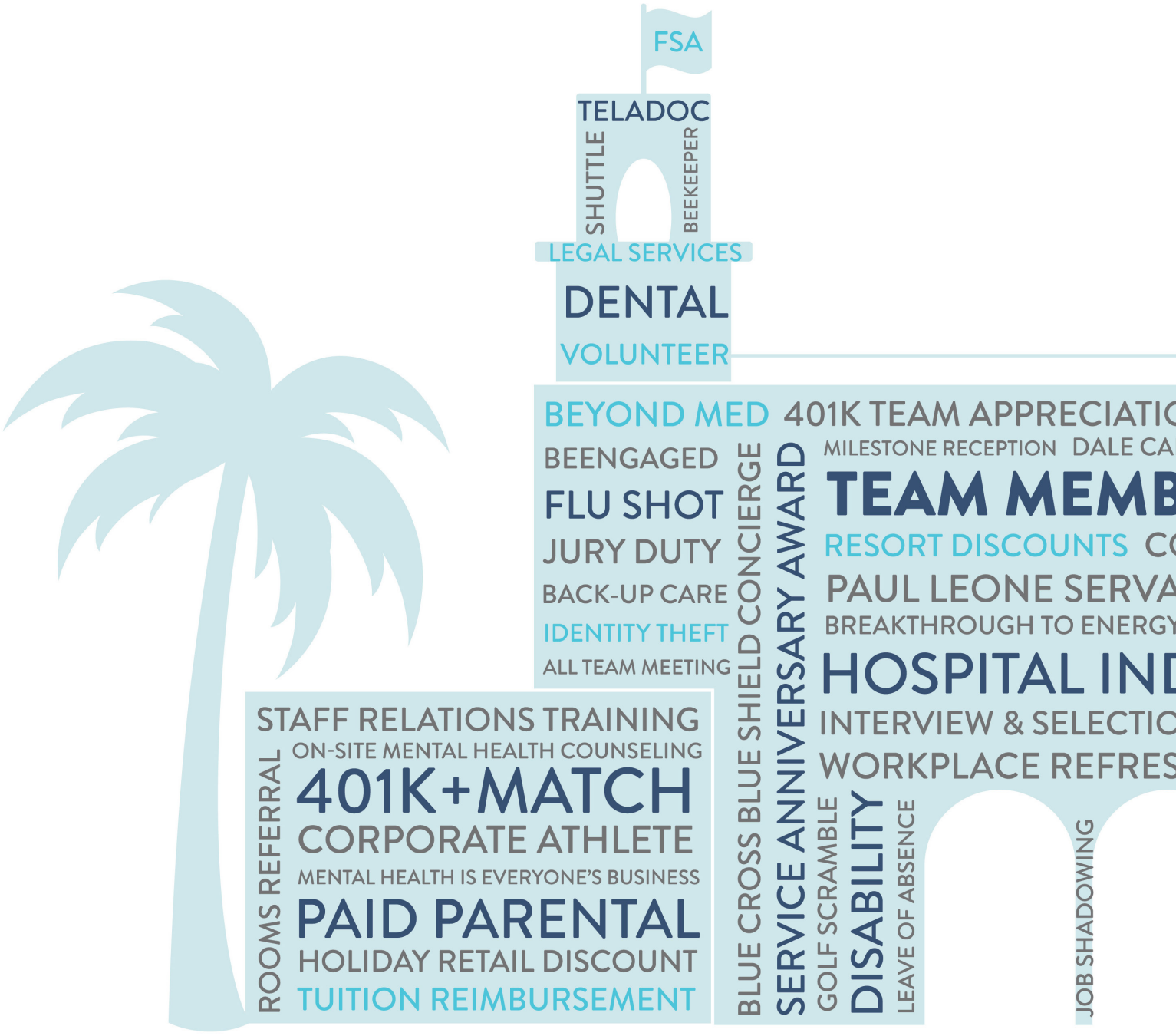
MANM EKIP YO
BENEFIS
2026-2027

TAN-PLEN

THE BREAKERS®
PALM BEACH

BENEFIS MANM EKIP YO




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
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

TAB MATYÈ YO

Issued July 2, 2026

The Breakers kontan ofri manm ekip nou yo yon pakè benefis anplwaye konpreyansif ak konpetitif. Gid benefis sa a pral ba w apèsi kouvèti, kowòdone enpòtan ak divilgasyon anyèl manm ekip The Breakers la.

SANTE & BYENNÈT

- Medikal
- Dantè
- Vizyon
- Klinik Byennèt Sou Sit
- Asirans Aksidan, Dedonmajman Lopital & Maladi Kritik
- Dont Depans Fleksib (Lastante & FSA Swen Depandan)
- Beyond Med - Sante membre

BYENNÈT FINANSYE

- Asirans Vi ak AD&D Debaz
- Asirans Vi Anplwayè a Peye
- Andikap Tèm Kout/Alontèm Anplwayè a Peye
- Asirans Vòl Idantite
- Gwoup Konsèy SageView
- Life & Care Benefis - Vi Asurans + Long term Care

RETRÈT & ESTIL LAVI

- 401(k) avèk Match Konpayi
- Asirans Legal
- Swen Bakòp
- Swen Motivite
- Pwogram Asistans pou Anplwaye
- Asirans pou Bèt Kay

BENEFITS HUB

En sel lokasyon pou tou ou bezwen benefis.

Bann gid benefis • Bann lyen lanrezistreman • Bann flyer lenformasyon • Bann webinar

ELIJIBILITE AK GID POU MANM EKIP YO

"Ane Plan" asirans an gwoup The Breakers la se 1e Septanm pou 31 Out.

Manm ekip nou ki elijib pou benefis yo genyen yon okazyon pou yo anwole nan pwogram benefis ki patwonize pa konpayi The Breakers la pandan premye 60 jou anplwa yo, yon evènman lavi ki kalifye ak Anwòlman Ouvè Anyèl.

Manm ekip tan plen ki travay trant (30) èdtan oswa plis chak semèn elijib. Pou rete elijib, ou oblije travay pa mwayen trant (30) èdtan oswa plis chak semèn pandan peryòd mezi è travay pandan 12 mwa anyèl nou an. Nou konte tout è nou peye w pou yo, konje peye pèsonèl ak vakans ladan li (Pèsonèl, Rezèv Medikal, Vakans ak VTO). Pou plis enfòmasyon sou mezi è travay pandan 12 mwa nou an, kontakte Ekip Benefis la.

Manm ekip tan-pasyèl ak sou demann yo kapab refere nan Gid Benefis Tan-pasyèl/Sou Demann la pou revize benefis ki disponib pou anwòlman apre konplesyon 1,040 è travay pandan peryòd mezi a.

KONSÈY: Li enpòtan anwole anvan dat kouvèti w an vigè.
Nou rekòmande w chwazi benefis nan lespas premye 30 jou anplwa.

ENSTRIKSYON POU ANWÒLMAN

Kòm yon manm ekip Breakers tan-plen, ou elijib pou benefis asirans premye jou nan mwa apre 60 jou anplwa oubyen chanjman nan estati.

Konekte nan platfòm anwòlman oto-sèvis nou, PlanSource, pou fini anwòlman w.

Konekte sou **https://thesource.plansource.com/thebreakers**

A. Non pou Itilizatè: Numero ID (Eg: 123456)

B. Modpas: DOB 8 chif nan fòma mmjjaaaa (Eg: 05021997)

ELIJIBILITE DEPANDAN YO

Yon depandan defini kòm konjwen legal yon manm ekip ki kouvri oubyen yon timoun depandan manm ekip la oswa konjwen manm ekip la ki poko marye. Timoun depandan yo ap rete kouvri jis fen mwa kote yo vin gen laj 26 zan. Yon timoun depandan defini kòm:

- Pitit natirèl
- Bèlfi/bofis
- Pitit ki adopte legalman
- Pitit ki plase pou adopsyon
- Yon timoun yo te bay manm ekip oubyen konjwen manm ekip la ki kouvri gad legal
- Pitit ki poko marye nenpòt laj ki vin andikape mantalman oswa fizikman anvan yo rive nan laj limit la

PRÈV ELIJIBILITE DEPANDAN YO

Tanpri asire w prepare pou founi prèv relasyon (sètadi batistè, akt maryaj oubyen deklarasyon taks pou ane ki sòt pase a) si w ap anwole konjwen ou oubyen pitit ou nan nenpòt nan plan ou yo ansanm ak dat nesans ak nimewo sekirite sosyal chak manm fanmi w ap anwole a.

RAPÈL SOU BENEFISYÈ

Manm ekip tan-plen yo oblije ajoute kowòdone benefisyè a pou kouvèti asirans vi ak lanmò ak demantelman aksidantal debaz nou founi gratis pou w.

VERIFYE ELEKSYON

Apre w fin anwole nan pwogram benefis patwonize pa konpayi The Breakers la, se responsabilite pa w pou tcheke sou pòtal ADP a pou asire benefis ou te chwazi yo enkli epi n ap dedwi montan kòrèk la nan chèk ou. Tout koreksyon dwe fèt nan lespas premye 30 jou anwòlman.

CHANJMAN NAN ANWÒLMAN: EVÈNMAN KALIFYE

Eleksyon kouvèti ki fèt pandan Anwòlman Ouvè pa kapab chanje jiskaske pwochen peryòd Anwòlman Ouvè anyèl la.

Sèl eksepsyon ki genyen pou Règ IRS Seksyon 125 sa a se si w sibi yon “Evènman Kalifye.” Yon Evènman Kalifye pèmèt ou fè yon chanjman nan eleksyon benefis ou nan lespas 30 jou depi evènman an.

Egzanp Evènman Kalifye enkli, men pa limite a:

- Maryaj
- Divòs
- Nesans, adopsyon, oswa gad legal yon timoun depandan
- Pèt envolontè lòt kouvèti asirans an gwoup
- Lanmò
- Anwòlman Ouvè Konjwen Ou

Si w genyen yon Evènman Kalifye ki pèmèt oswa egzije w fè yon chanjman nan estati, fòk ou kontakte Depatman Benefis la nan lespas 30 jou depi evènman an pou fè chanjman nan eleksyon benefis ou yo.

Se pou w enfòme silvouple ke gid sa a ba w yon rezime jeneral sou benefis ki disponib pou w ak depandan elijib ou yo sèlman. Tanpri refere nan Deskripsyon Plan Rezime a, Rezime Benefis ak Kouvèti medikal la, rezime ak Sètifika Kouvèti founisè yo pou deskripsyon ak pwovizyon kouvèti an detay, ki sou thebreakers.wl.alight.com.

PENDING UPDATES

DEDIKSYON PEWÒL MEDIKAL CHAK DE SEMÈN (ANVAN-TAKS)

Avèk Epay Ensantif Byennèt la			
KOUVÈTI MEDIKAL	**PLAN STANDARD FRANCHIZ PI WO**	**PLAN DELUXE FRANCHIZ PI BA**	**PLAN CHOICE**
Manm Ekip la Sèlman	$92	$121	$194
Manm Ekip la + Konjwen Li	$368	$443	$596
Manm Ekip la + Pitit	$305	$380	$534
TManm Ekip la + Fanmi	$376	$463	$627

San Epay Ensantif Byennèt la (Manm Ekip la OUBYEN Konjwen li)			
KOUVÈTI MEDIKAL	**PLAN STANDARD FRANCHIZ PI WO**	**PLAN DELUXE FRANCHIZ PI BA**	**PLAN CHOICE**
Manm Ekip la Sèlman	$115.08	$144.08	$217.08
Manm Ekip la + Konjwen Li	$391.08	$466.08	$619.08
Manm Ekip la + Pitit	$328.08	$403.08	$557.08
Manm Ekip la + Fanmi	$399.08	$486.08	$650.08

San Epay Ensantif Byennèt la (Manm Ekip la AK Konjwen li)			
KOUVÈTI MEDIKAL	**PLAN STANDARD FRANCHIZ PI WO**	**PLAN DELUXE FRANCHIZ PI BA**	**PLAN CHOICE**
Manm Ekip la + Konjwen Li	$414.15	$489.15	$642.15
Manm Ekip la + Fanmi	$422.15	$509.15	$673.15

SEMÈN DEDIKSYON PEWÒL DANTÈ CHAK DE (ANVAN TAKS)

KOUVÈTI DANTÈ	**PLAN DHMO**	**PLAN PPO**
Manm Ekip la Sèlman	$7.16	$25.80
Manm Ekip la + Yon Lòt Moun	$12.74	$51.58
Manm Ekip la + De Lòt Moun oswa Plis	$19.69	$77.39

DEDIKSYON PEWÒL VIZYON CHAK DE SEMÈN (ANVAN TAKS)

KOUVÈTI VIZYON	**PLAN DEBAZ**	**PLAN AMELYORE**
Manm Ekip la Sèlman	$2.07	$3.56
Manm Ekip la + Konjwen Li	$4.15	$6.68
Manm Ekip la + Pitit	$4.44	$7.15
Manm Ekip la + Fanmi	$7.09	$11.42

ASIRANS MEDIKAL

The Breakers founi twa opsyon pou plan atravè Blue Cross Blue Shield of Florida. Plan nou ofri yo se:

STANDARD ANDAN-REZO SÈLMAN	**DELUXE** ANDAN-REZO SÈLMAN	**CHOICE PLAN** ANDAN OUBYEN AN DEYÒ REZO

Plan Standard ak Deluxe yo se plan Andan-Rezo sèlman, sepandan touletwa plan yo genyen aksè ouvè epi yo pa egzije w chwazi yon Doktè pou Swen Prensipal (PCP) ni akeri yon rekòmandasyon pou chache swen nan men espesyalis ki genyen kontra avèk yo.

Plan Choice la founi benefis lè w chache swen nan men founisè An Deyò Rezo a. Byenke ou genyen fleksibilite pou chache swen nan men founisè ki pa genyen kontra avèk yo, benefis ou yo ap redwi epi ou kapab oblije peye res balans bòdwo pou montan ki depase fre Blue Cross Blue Shield of Florida rekonèt. Ou pral resevwa maksimòm nivo benefis lè w itilize founisè prefere a Blue Cross Blue Shield of Florida.

EKSPLIKASYON FRANCHIZ ANE PLAN & MAKSIMÒM SÒTI NAN PÒCH OU POU ANE PLAN

Franchiz Ane Plan

Franchiz Ane Plan nan se yon montan spesifye ou dwe peye pou sèten sèvis ki kouvri chak ane pou plan nan. Genyen franchiz endividyèl ak fanmi. Apre yon franchiz endividyèl oswa fanmi fin satisfè, lè sa genyen ko-asirans, si sa aplikab. Ko-asirans se sa ou dwe peye nan fre yon sèvis swen medikal. Se montan yon manm peye apre franchiz la fin satisfè.

Maksimòm Sòti Nan Pòch Ou Pou Ane Plan

Maksimòm Sòti Nan Pòch Ou Pou Ane Plan nan se montan depans ki kouvri yo, (li genyen ladan li franchiz, ko-asirans, ak kopeman ak kopeman famasi) ou dwe peye, swa endividyèlman oswa kòm yon fanmi ki kouvri.

Apre ou fin satisfè maksimòm sòti nan pòch endividyèl/fanmi nan yon ane pou plan nan, peman pou sèvis andan rezo ki kouvri ki mande kopeman ak ko-asirans pou endividi/fanmi ki kouvri a, se Blue Cross Blue Shield of Florida ki pral peye yo nan to 100% pandan res ane plan nan, depandan sou kèlkeswa lòt tèm, limitasyon ak esklizyon.

Konsyèj Blue Cross Blue Shield

The Breakers founi yon konsyèj dedye pou ede w chwazi plan ki bon pou ou menm ak fanmi w, pwoblèm ak reklamasyon medikal, jwenn yon founisè andan-rezo, ak repons pou kèlkeswa kesyon ou ka genyen.

KONTAKTE DENNIS ASHWOOD

Disponibilite: Lendi, Mèkredi, Jedi
Orè: 8 AM pou 4:30 PM
Telefòn: (786) 459-8813
Imèl: dennis.ashwood@bcbsfl.com

KONPAREZON PLAN YO

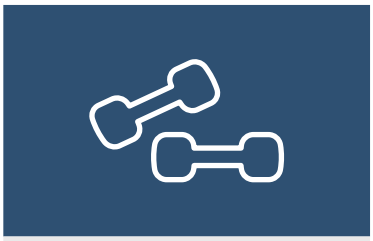
NON PLAN	PLAN STANDARD FRANCHIZ PI WO	PLAN DELUXE – FRANCHIZ PI BA	PLAN CHOICE	
Network Access	Andan-Rezo	Andan-Rezo	Andan-Rezo	An Deyò-Rezo**
Franchiz Chak Ane Plan (PYD)*	Responsabilite Pa W			
Endividyèl	$1,750¤	$1,250¤	$1,250¤	$1,750¤
Fanmi	$3,500¤	$2,500¤	$2,500¤	$3,500¤
Maksimòm Sòti Nan Pòch pou Ane Plan				
Endividyèl	$4,750	$3,750	$2,750	$4,250
Fanmi	$9,500	$7,500	$5,500	$8,500
Benefis Maksimòm Pou Tout Lavi	San limit	San limit	San limit	
Sèvis Kay Doktè				
Vizit Kay Doktè Swen Prensipal (PCP)	Kopeman $30	Kopeman $25	Kopeman $25	30% Apre PYD**
Teladoc (sa a enkli Sante Mantal)	Gratis	Gratis	Gratis	Gratis
Konsiltasyon Kay Espesyalis	Kopeman $50	Kopeman $40	Kopeman $30	30% Apre PYD**
Swen Prevantif (Prensipal / Espesyalis)	No Charge	No Charge	No Charge	30% Apre PYD**
Swen Konveneyan (Minute Clinic)	Kopeman $10	Kopeman $10	Kopeman $10	30% Apre PYD**
Swen Ijan ak Sal Dijans				
Enstalasyon Swen Ijan	Kopeman $100	Kopeman $100	Kopeman $100	30% Apre PYD**
Sèvis Enstalasyon Sal Dijans	Subject to Deductible			
Sèvis Dyagnostik				
Laboratwa Endepandan / Radyografi Endepandan	San Fre	San Fre	San Fre	30% Apre PYD**
MRI, CT Scan, PET Scan	Kopeman $300	Kopeman $250	Kopeman $150	30% Apre PYD**
Kolonoskopi / Mamogram Dyagnostik	Kopeman $250	Kopeman $250	Kopeman $250	30% Apre PYD**
Sèvis Lopital / Enstalasyon				
Lopital Entène	20% Apre PYD*	10% Apre PYD*	10% Apre PYD*	30% Apre PYD**
Lopital / Enstalasyon Chirijiri Anbilatwa	20% Apre PYD*	10% Apre PYD*	10% Apre PYD*	30% Apre PYD**
Sèvis Famasi				
Nivo 1	Kopeman $10	Kopeman $10	Kopeman $10	Pa Kouvri
Nivo 2	Kopeman $40	Kopeman $35	Kopeman $30	
Nivo 3	Kopeman $70	Kopeman $60	Kopeman $55	
Nivo 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.

BENEFIS POU MANM YO ATRAVÈ RABÈ BLUE CROSS BLUE SHIELD

POU OU — BLUE365

Manm ekip ki anwole nan plan medikal la genyen aksè ak rabe esklizif sou divès pwodwi ak sèvis.
Ale sou **mysantetoolkitfl.com** epi chwazi zonglèt **Member Discounts la.**



FITNESS

Abònman nan Gym

Aparèy Fitness Pòtab Rad pou Fè Spò

Abònman Magazin

Enskripsyon nan Kous 5K ak Obstak

Ekipman Fitness Lakay

Vitamin ak Sipleman Nitrisyonèl

SWEN PÈSONÈL

Soulajman alèji

Akiponkti

Sèvis Kiwopratik

Terapi Masaj

Restorasyon Cheve

Blanchisman Dantè

ESTIL LAVI

TKlib Vwayaj

Pakè Vakans

Swen Bèt

Kay

MANJE AN SANTE

Pwogram pou Pèdi Pwa

Liv Kwizin ak Resèt

Kou Anliy sou Fè Manje

ODISYON & VIZYON

Pwotèz Oditif

Chirijiri Lasik pou Je

Linèt

KONSEYE ENFIMYÈ 24 SOU 24

Lè w bezwen konsèy sou swen medikal imedyatman, rele Konseye Enfimyè 24 sou 24 la gratis nan (866)-323-0664. Avèk sèvis sa a ou kapab evite sousi pou granmèsi, fre peye sòti nan pòch ou ak anpil tan chita nan yon sal dijans.

Lè w rele, yon enfimyè diplome pral ede w deside:

- Si w kapab jere pwoblèm nan lakay w
- Si w bezwen konsilte ak doktè w
- Si ou an sekirite si w tann oubyen si w bezwen èd touswit
- Sa w dwe veye si w pa bezwen swen touswit

You can also ask the nurse about:

- Kesyon ou te bliye mande doktè w
- Dènye enfòmasyon yo sou sante
- Pran desizyon enpòtan sou swen medikal
- Medikaman w yo oswa lòt trètman w yo

AVOKA ESANSYÈL

Sistèm swen medikal la kapab li pa gen ni pye ni tèt lè w ap eseye jwenn enfòmasyon fyab. Se poutèt sa nou ofri Avoka Esansyèl kòm yon sèvis gratis nan plan medikal ou.

Rele Avoka Esansyèl la nan (888) 521-2583 nenpòt lè, nenpòt jou. Yon kowòdinatè swen pral konekte w avèk yon enfimyè diplome oubyen yon lòt ekspè ki kapab ba w enfòmasyon, sipò oswa konsèy sou sante. Pa egzanp, ou kapab jwenn èd avèk:

- Enkyetid otou medikaman ak efè segondè
- Jwenn yon doktè, espesyalis oswa sant swen ijan
- Mete yon randevou avèk doktè w
- Konpare fre yo anvan w pwograme trètman medikal
- Prepare pou chirijiri ak pran etap pou yon rekiperasyon an sante
- Jwenn pwogram ak resous itil nan kominote w

TWOUS SANTE PA M—BLUE CROSS BLUE SHIELD

Twous Sante Pa M se sèl kote w bezwen ale pou jwenn repons sou swen medikal ou — epi li pèsonalize pou ou menm! Li genyen tout sa w bezwen pou konprann kouvèti plan medikal ou ak jere benefis ou yo. Tout manm kòmanse nan laj 16 zan ak pi gran, sa enkli konjwen ak depandan, dwe enskri pou fè yon kont. Li byen fasil pou enskri epi li gratis.

Ou kapab jwenn yon doktè ki patisipe ak Blue Cross Blue Shield of Florida lè w kontakte Sèvis Manm Blue Cross Blue Shield of Florida oubyen ale sou sit entènet yo dirèk sou mysantetoolkitfl.com. Mete premye twa karaktè nan ID manm ou (TBY) pou pakouri founisè ki nan plan w.

The My Health Toolkit can assist you with:

- Aprann plis sou kouvèti w
- Tcheke reklamasyon medikal
- Gade istorik medikal ou
- Ranplase kat manm ou
- Jwenn yon doktè oubyen lopital

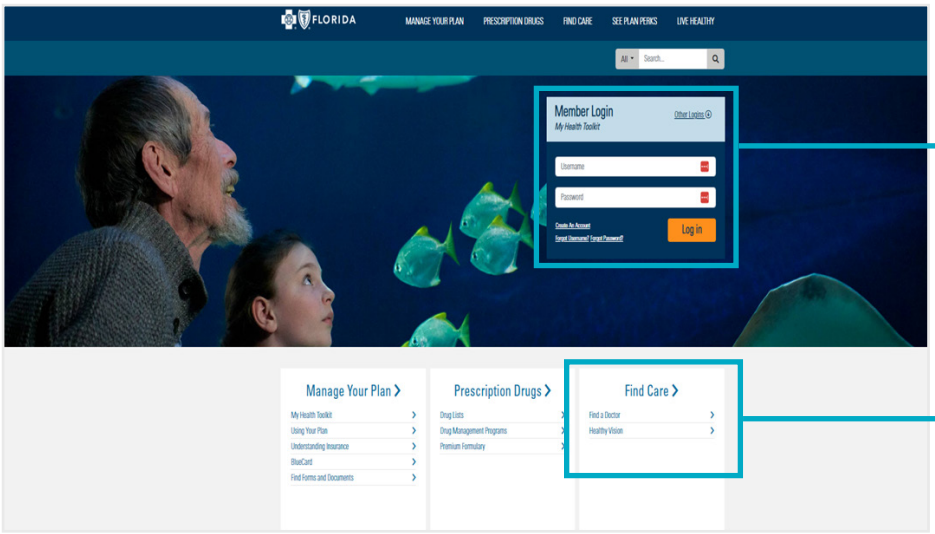
Enskri ak kèk ti klik:

1. Ale sou **mysantetoolkitfl.com**
2. Klike sou bouton **Register Now** la sou bò dwat paj la
3. Mete nimewo ID Manm ou ki sou kat manm ou
4. Swiv enstriksyon yo pou Kreye Pwofil Ou

Fichye Lizib pou Machin: https://bit.ly/BCBStc
Lyen sila a ale sou fichye lizib pou machin ki fèt disponib an repons ak Règ federal la sou Transparans nan Kouvèti a epi li enkli pri sèvis ki te negosye ak montan pèmisib an deyò-rezo ant plan medikal ak founisè swen medikal. Fichye lizib pou machin yo fèt nan yon fòma ki pou pèmèt rechèchè, regilatè ak devlope aplikasyon yo aksede ak analize done yo pi fasilman.

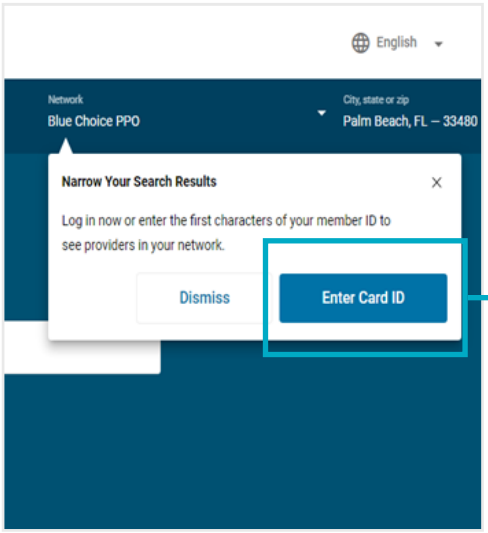
RECHÈCH FOUNISÈ MEDIKAL BLUE CROSS BLUE SHIELD OF FLORIDA

Pou jwenn founisè, lopital ak plis ki patisipe ale sou: mysantetoolkitfl.com

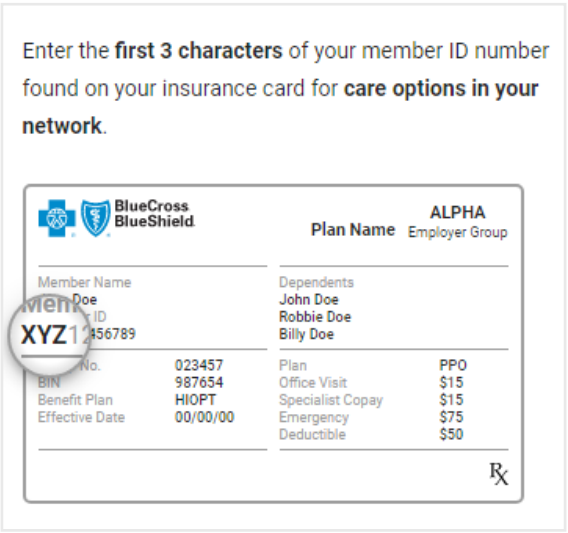


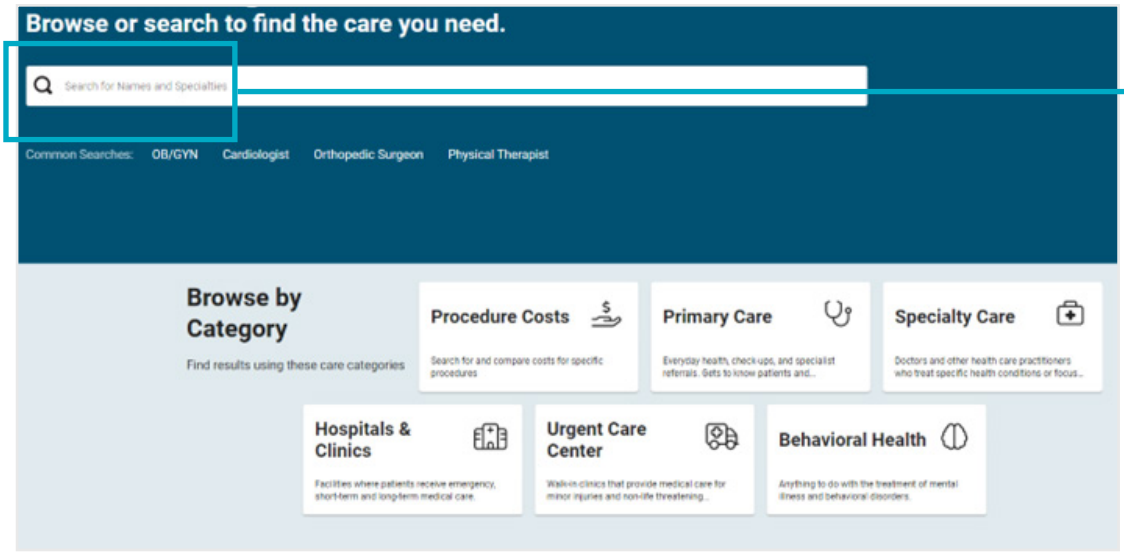
Klike sou
KREYE YON AKOUNT

Klike sou
Cheche yon Dokte



Mete ID kat ou oubyen konekte sou kont





Sou paj Provider Search la, ou ka chache selon founisè, sèvis, kondisyon, oswa kategori.

KONSÈY: Asire w ke kote w fikse nan zòn ki kòrèk la.

KONNEN ANVAN W ALE

Chwazi bon kalite swen pou yon sityasyon medikal ka difisil epi fè tèt ou vire. Konprann diferan nivo swen ak kilè pou itilize chak kapab ede w genyen tan ak lajan, epi mete lapè nan tèt ou.

Si w bezwen asistans pou detèmine ki kote pou jwenn swen, tanpri pa ezite kontakte Konsyèj Blue Cross Blue Shield nou a, Dennis Ashwood.

TYPE OF FACILITY	PRI MWAYEN	EGZANP PWOBLÈM SANTE
TELADOC Founi aksè 24 sou 24 lè doktè swen prensipal ou oubyen pedyat pitit ou pa kapab konsilte w touswit. Genyen doktè ki disponib pou trete maladi ki pa ijan sou web la, telefòn nan oubyen app mobil la.	**GRATIS**	• Enfeksyon Sinis • Rim ak Grip • Tous / Gòj Fè Mal • Konsèy sou Sante Mantal • Gratèl • Alèji • Vant Fè Mal • Nozi
KLINIK SWEN KONVENYANS Trete sousi medikal minè. Pèsonèl yo sitye nan magazen vant an detay ak famasi. Souvan yo ouvri lannwit ak nan wikenn. minute clinic	**$**	• Enfeksyon • Rim oswa Grip • Blesi oswa Doulè Minè • Vaksen • Vaksen Kont Grip • Gòj Fè Mal oswa Strep • Pwoblèm nan Po • Alèji
KAY DOKTÈ W Pi bon kote pou ale pou swen woutin oswa prevantif, pou kontwole medikaman w ap pran yo	**$**	• Fyèv, Rim, oswa Grip • Gòj Fè Mal • Gratèl • Brile Minè • Doulè Zòrèy oswa Sinis • Swen Prevantif • Vaksen • Reyaksyon Alèjik Minè
KONSILTASYON VITYÈL Pi bon pou maladi woutin; sa yo pèmèt ou wè ak pale ak yon doktè nan konfò lakay w oubyen biwo w san randevou.	**$**	• Alèji • Rim ak Grip • Nozi • Vant Fè Mal • Enfeksyon Sinis • Lasm • Enfeksyon nan Je • Tèt Fè Mal
SANT SWEN IJAN Pou kondisyon ki pa menase lavi. Yo ekipe ak enfimyè ak doktè epi nòmalman yo genyen orè pwolonje.	**$$**	• Migrèn oswa Tèt Fè Mal • Koupe (si yo bezwen koud) • Doulè Abdominal • Antòs oswa Fouli • Enfeksyon nan Vwa Irinè • Mòde pa Bèt • Doulè nan Do • Doulè nan Jwenti
SAL DIJANS NAN LOPITAL Pou trètman imedya pou blesi oswa maladi kritik. Si yon sityasyon sanble li kapab menase lavi, rele 911 oubyen ale nan sal dijans ki pi pre w la.	**$$$**	• Doulè nan Pwatrin, Konjesyon Serebral • Kriz Malkadi • Blesi nan Tèt oswa Kou • Pèt Sansasyon Toudenkou • Tonbe Ensipoze, Toudi • Senyen San Kontwòl • Difikilte Respire • Zo Kase

TELADOC

Teladoc ba w aksè 24 sou 24, 7 sou 7, 365 sou 365 ak yon medsen ki sètifye pa komite atravè konvenyans telefòn oswa videyo. Sa a se yon sèvis gratis avèk yon kopeman $0 pou manm ekip nou ki anwole nan plan medikal nou a. Pran kat asirans ou epi ale sou teladochealth.com/benefits/go oubyen rele (866) 789-8155 pou kreye kont ou.

- Aksè 24 sou 24, 7 sou 7 ak doktè Ozetazini ki gen lisans nan telefòn oswa videyo
- Doktè yo soude w, trete w epi preskri w medikaman si w bezwen
- Bon jan swen nenpòt kote w ye a

Teladoc kapab ede avèk:

- Sentòm rim ak grip
- Alèji
- Bwonchit
- Enfeksyon nan vwa irinè
- Enfeksyon respiratwa
- Pwoblèm sinis
- Pwoblèm dèmatoloji
- Konsèy sou sante mantal
- Ak lòt bagay toujou!

KONSÈY NITRISYON PÈSONALIZE TELADOC

Manm ekip nou yo ki anwole nan plan medikal nou kapab travay avèk yon dyetetis pwofesyonèl pou resevwa konsèy sou nitrisyon pèsonalize, ak tout plan repa pèsonalize ak gid acha. Tout sa a pou yon kopeman de $0!

Dyetetis Teladoc yo kapab ede w avèk:

- Pèdi pwa
- Alèji ak manje
- Pwoblèm dijestif
- Rejim pandan w ansent
- Maladi sik
- Tansyon wo
- Nitrisyon Spò
- Rejim vejetaryen oswa vejetalyen
- Planifikasyon repa
- Nitrisyon pedyat
- Fòme abitid an sante
- Ak lòt bagay toujou
- And more

KONSÈY NITRISYONÈL TELADOC

- Jwenn yon plan rejim pèsonalize pou satisfè bezwen sante w yo
- Pwograme konsiltasyon w 7 sou 7 (7 AM pou 9 PM lè lokal)
- Pale ak yon dyetetis pwofesyonèl nenpòt kote w ye a

TELADOC & KONSÈY TELADOC GENYE YON KOPEMAN DE $0

HSS FLORIDA

Doule oswa koubati? #1 nan mond lan nan Otopedik la pou The Breakers.

HSS Florida ap fe patenarya ak The Breakers pou ofri HSS Care Concierge. Kite HSS ede w rekomanse fe sa w renmen fe. HSS Florida se yon founise rezo pou manm ekip la ak fanmi ki enskri nan youn nan plan sante Blue Cross Blue Shield yo, The Breakers ofri yo.

Pa ale lwen pou w santi w pi byen!

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

Gen swen otopedik espesyalize ki disponib toupre kote w ap travay ak viv la. HSS Florida nan West Palm Beach sea anviwon 5 minit de The Breakers.

Espesyalite yo gen:

- Men ak Manm Siperye
- Anch ak jenou
- Chok otopedik
- Fizyatri
- Terapi fizik
- Kolon vetebral
- Medsin Espotif

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

HSS Florida se yon founise rezo pou manm ekip la ak fan mi ki enskri nan youn nan plan sante Blue Cross Blue Shield yo, The Breakers ofri yo.

HSS Florida gen kote pratik nan Palm Beach County. (Espesyalite yo varye selon zon lan)

KLINIK BYENNÈT THE BREAKERS OPERE PA MARQUEE HEALTH

Disponib pou manm ekip ak konjwen yo ki sou plan medikal The Breakers la, gratis:

- Depistaj Byometrik
- Advise Sou Byennèt

OPERASYON KLINIK BYENNÈT

Adrès: 40 Cocoanut Row, Palm Beach, FL 33480
Orè: Lendi — Vandredi | 8 AM - 4:30 PM **Telefòn:** (561) 650-6976 Ext. 6976
Imèl: thebreakerswellnessclinic@mywellportal.com **Sit entènèt:** thebreakers.com/wellnessclinic

KONTAKTE CHAD PIERRE

Despitage Byometrik Ak Coaching Sante

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.

Telefòn: (561) 650-6976 **Imèl: cpierre@marqueehealth.com**

KONSEY SANTE MANTAL SOU PLAS

Rankontre Alejandra Mejia, konseye sante mantal nou an ki gen lisans sou plas atravè Marquee Health.

Sesyon ou yo ak Alejandra pral pèsonalize pou satisfè bezwen ak objektif inik ou yo. Lè w sèvi ak apwòch terapetik ki baze sou prèv, ou ka kòmanse pwosesis pou amelyore byennèt mantal ou.

Konseye Sante Mantal sou plas disponib chak madi.

- Strikteman konfidansyèl
- Sis sesyon GRATIS pa ane
- Disponib pou TOUT manm ekip yo | A plen tan, a tan pasyèl, Sou apèl
- Sitiye nan Klinik Byennèt la

KONTAKTE ALEJANDRA MEJIA, MSW, LCSW, QS

Konseye Sante Mantal Sou Plas

Mèt nan Travay Sosyal, Travayè Sosyal Klinik Lisansye, Plis pase 10 An Eksperyans

Ap travay avèk Moun/Fanmi epi li se yon Sipèvizè Kalifye.Rele oswa voye yon imèl bay Klinik Byennèt la pou kòmanse.

Telefòn: (561) 650-6976 **Imèl: counseling@mywellportal.com**

ENSANTIF BYENNÈT

Nou fòtman ankouraje manm ekip ak konjwen yo ki anwole nan plan medikal The Breakers la pou yo patisipe nan ensantif byennèt la. Konplesyon yon depistaj byometrik se sèl bagay ou oblije fè pou jwenn ensantif epay lajan an.

- Poukisa fè depistaj? Konnen nimewo metrik sante kle w yo kapab pwoteje sante w, endike risk ou pou sèten kondisyon sante epi endike aksyon apwopriye pou redwi chans pou devlope maladi nan kè, maladi sik ak lòt maladi grav.
- Kilè pou fè depistaj la? Yon fwa w fin anwole nan asirans medikal The Breakers la.
- Manm ekip ak konjwen sou plan medikal The Breakers la pral chak jwenn epay $600 sou prim plan asirans anyèl yo depi yo fè yon sèl etap fasil – yon depistaj byometrik.
- Pou manm ekip yo ki sou plan medikal la aktyèlman, ki fè depistaj ant 1e septanm 2026 – 30 jen 2027 elijib pou jwenn epay lan pou ane plan ki kòmanse 1e septanm 2027 la.
- Manm ekip (ak konjwen yo) ki fenk antre nan plan nan kapab pwograme yon depistaj byometrik apre nou fin anwole nan PlanSource.
- Depistaj la gratis pou ni manm ekip la ni konjwen li.
- Tout enfòmasyon pèsonèl sou sante, sa enkli rezilta depistaj yo, jere pa Marquee Health atravè yon dosye medikal elektwonik ak pòtal ki konfòme ak règ HIPAA yo.
- Yo p ap pataje enfòmasyon pèsonèl sou sante pyès moun avèk The Breakers.
- Marquee Health pral pataje rezilta tès yo an konfidansyalite avèk manm ekip la oubyen konjwen li.
- Yon depistaj byometrik yo genyen ladan yo mezi pou wotè, pwa, sikonferans senti, tansyon, glikoz (pandan w fè jèn), trigliserid ak kolestewòl.
- Pou aprann plis sou rezilta depistaj byometrik ou ak byennèt global, ekip Marquee Health nan Klinik Byennèt la ofri antrènman sante gratis.

Twa opsyon yo pou fè depistaj la se:

KLINIK BYENNÈT NAN 40 COCOANUT ROW TÈS BYOMETRIK	**LABCORP** KI PRE LAKAY OU FOK OU GEN DOKUMEN KI SOTI DE NURSE OUBYEN KLINIK BYENNÈT	**DOKTE PRINSIPAL OU (PCP)** FOK OU GEN DOKUMEN KI SOTI DE NURSE OUBYEN KLINIK BYENNÈT

LabCorp se andeyò rezo ki ta dwe itilize sèlman pou yon tès byometrik ki gen yon r
ekizisyon laboratwa nan klinik la Byennèt. San demann lan, ou pral sijè a yon bòdwo.

- Se sèl twa opsyon sa yo ki genyen. Konsa sa asire tout fòmilè laboratwa yo kode pou Marquee Health epi tout rezilta yo ale nan pòtal sekirize yo a pou presizyon.
- Nou p ap aksepte rezilta tès laboratwa ki sòti nan okèn lòt sous.

ske w gen kesyon oubyen bezwen èd pou mete randevou?
Rele Klinik Byennèt The Breakers la nan Ext. 6976 oubyen (561) 650-6976.

MyBio

ASIRANS DANTÈ

The Breakers founi asirans dantè atravè Cigna. Ou gen chwa ant yon plan DHMO oubyen PPO. Plan DHMO a ofri kouvèti Andan-Rezo yo a sèlman epi ou oblije chwazi yon dantis Swen Prensipal. Plan PPO a genyen twa nivo swen: Dantis ki gen kontra PPO Advantage, dantis ki gen kontra PPO ak kouvèti An Deyò-Rezo (dantis yo pa gen kontra avèk yo).

DHMO ANDAN-REZO	**PPO** ANDAN OUBYEN AN DEYÒ-REZO

Tablo anba a souliyen avantaj ki genyen nan twa nivo sa yo. Lè w chwazi yon dantis an deyò rezo PPO Cigna a, pri w ap responsab pou peye pou yo ap pi wo epi w ka oblije pran "faktirizasyon balans" pou fre founisè a ki depase fre nan kontra oubyen Abityèl, Nòmal ak Rezonab (UCR) kontra Cigna a pèmèt. Ou kapab jwenn founisè dantè ki patisipe nan plan nan (Andan-Rezo) depi w ale sou sit entènet Cigna a.

Si w anwole nan plan PPO a, annik fè dantis ou konnen si w kouvri anba Cigna. Ou pa bezwen yon kat ID manm. Si w vle yon kat, ou kapab telechaje app la oubyen ale sou sit entènet manm Cigna ki sekirize a.

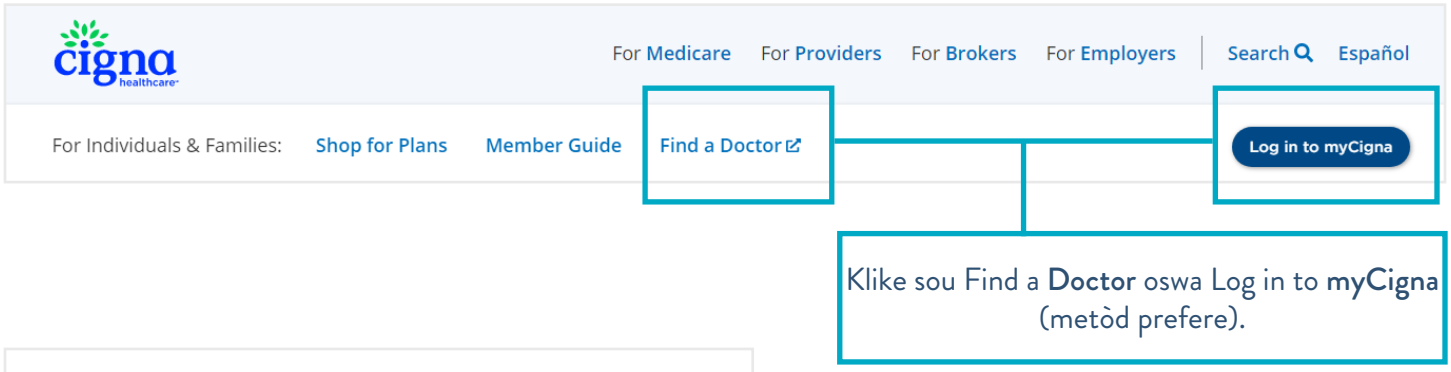
Tanpri Remake: PPO – Benefis maksimòm yo baze sou yon ane plan. Benefis yo sibi yon Kalandriye Fre, ki sou PlanSource.

	PLAN 1	PLAN 2		
AKSÈ NAN REZO A	**ANDAN-REZO**	**ANDAN-REZO**	**ANDAN-REZO**	**AN DEYÒ-REZO**
Tip Plan	**DHMO**	**PPO Advantage**	**PPO**	**PPO**
Rezo	**Swen Dantè Cigna**		**PPO Dantè Cigna**	
Benefis Maksimòm pou Ane Plan	Okèn		$2,000	
F	**Responsabilite Pa W**		**Responsabilite Pa W**	
Franchiz Endividyèl	Okèn	$25	$50	$50
Franchiz Fanmi	Okèn	$75	$150	$150
Deskripsyon Dantè				
Prevantif-Klas I	Kalandriye Fre**	San Fre	San Fre	San Fre*
Debaz-Klas II		10% Apre PYD	20% Apre PYD	20% Apre PYD*
Majè-Klas III		40% Apre PYD	50% Apre PYD	50% Apre PYD*
Egzamen Woutin - 9430		San Fre	San Fre	San Fre*
Netwaye Dan (chak 6 mwa) - 1110		San Fre	San Fre	San Fre*
Radyografi Tout Bouch / Panoramik - 0330		San Fre	San Fre	San Fre*
Plonbaj - 2140		10% Apre PYD	20% Apre PYD	20% Apre PYD*
Endodonti - 3330		10% Apre PYD	20% Apre PYD	20% Apre PYD*
Detatraj Paradontal - 4341		10% Apre PYD	20% Apre PYD	20% Apre PYD*
Inlay ak Onlay - 6600 / 6608		40% Apre PYD	50% Apre PYD	50% Apre PYD*
Dentè Konplè oswa Pasyèl - 5110		40% Apre PYD	50% Apre PYD	50% Apre PYD*
Kouwòn Dantè - 6750		40% Apre PYD	50% Apre PYD	50% Apre PYD*
Otodonti		Otodonti pou Timoun ak Granmoun		
Benefis	Kalandriye Fre**	50%, Pa gen PYD Otodonti		
Kopeman Maksimòm pou Tout Lavi		$1,500		

*Fre An Deyò-Rezo yo kapab sibi yon franchiz ki pi wo ak limitasyon sou fre Cigna rekonèt.
**Kalandriye Fre a sou PlanSource.

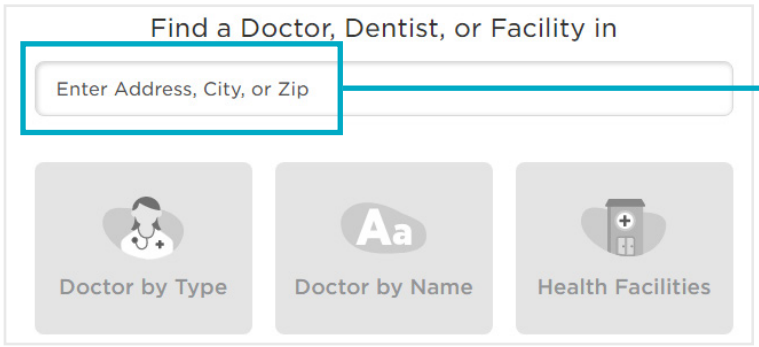
RECHÈCH FOUNISÈ DANTÈ CIGNA

Pou jwenn founisè ki patisipe nan plan nan (Andan-Rezo), tanpri ale sou **cigna.com**. Si w vle yon kat, ou kapab telechaje app la oubyen ale sou sit entènet sekirize a sou **mycigna.com**, klike pou enskri kòm yon manm **Cigna epi w ap kapab enprime yon kat pou ou menm ak depandan w yo.**

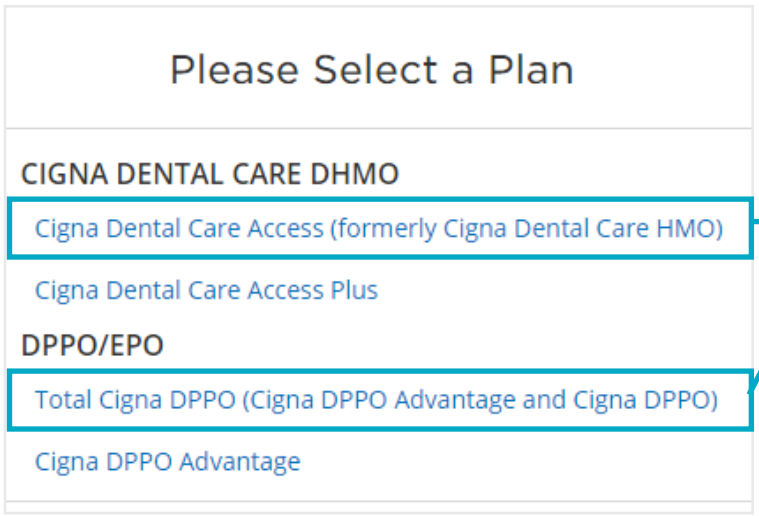


Klike sou Find a **Doctor** oswa Log in to **myCigna** (metòd prefere).

Klike sou **Anplwayè or School** Anba How are you Covered?



Mete adrès lakay w anba **Find a Doctor, Dentist, or Facility** in epi chwazi tip dantis la anba **Doctor by Type**.



Anba Select a Plan chwazi **Cigna Dantè Care Access Network** pou plan DHMO a oubyen **Total Cigna DPPO Network** pou plan PPO a.

ASIRANS VIZYON

The Breakers founi asirans vizyon atravè VSP. Pwogram vizyon VSP founi swen vizyon de kalite ki abòdab. Atravè rezo founisè VSP a, ou kapab jwenn yon egzamen vizyon konpreyansif, osi byen ke linèt (vè ak monti) oubyen vè kontak nan plas linèt.

Annik fè founisè swen vizyon w konnen si w kouvri anba VSP. Ou pa bezwen yon kat ID manm. Si w vle yon kat, ou kapab ale sou sit entènet manm VSP ki sekirize a sou vsp.com, klike pou enskri kòm manm VSP epi w ap ka enprime yon Kat Vizyon Manm VSP.

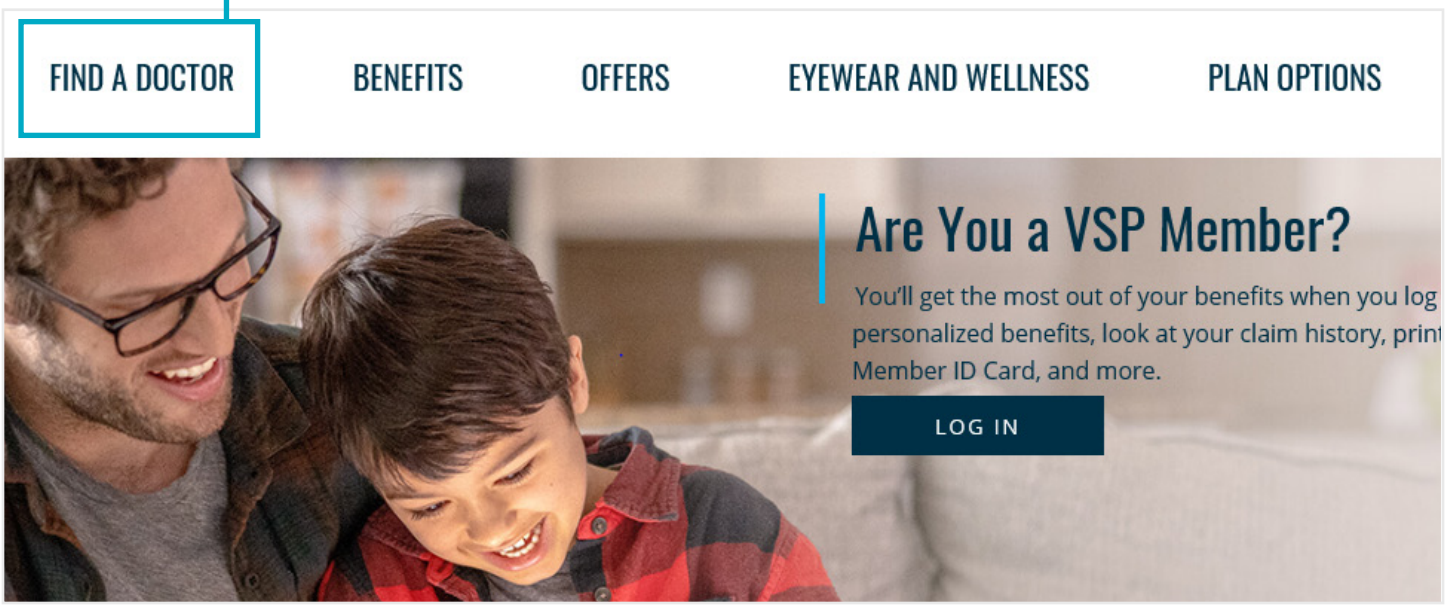
Revize rezime pwogram swen vizyon anba a avèk atansyon epi pwofite de benefis sila a ki enpòtan anpil.

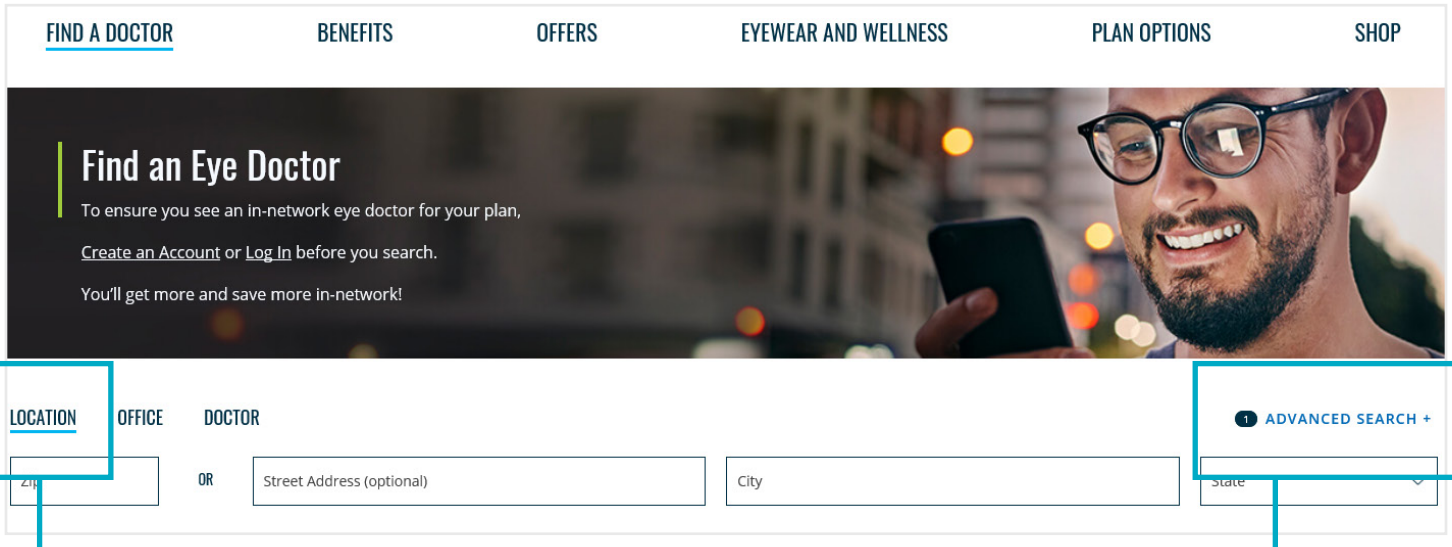
TIP PLAN	PLAN DEBAZ		PLAN AMELYORE	
Aksè nan Rezo	Andan-Rezo	An Deyò-Rezo	In-Network	Out-of-Network
Byennèt Swen Je				
Egzamen Je	Kopeman $10	Ranbouse Jiska $45	Kopeman $10	Ranbouse Jiska $45
Frekans	Yon Fwa Chak 12 Mwa		Yon Fwa Chak 12 Mwa	
Vè				
Vizyon Inik	Kopeman $25	Ranbouse Jiska $30	Kopeman $25	Ranbouse Jiska $30
Bifokal	Kopeman $25	Ranbouse Jiska $50	Kopeman $25	Ranbouse Jiska $50
Trifokal	Kopeman $25	Ranbouse Jiska $65	Kopeman $25	Ranbouse Jiska $65
Frekans	Yon Fwa Chak 12 Mwa		Yon Fwa Chak 12 Mwa	
Monti Linèt				
Monti W Chwazi	Alokasyon $170 + 20% Rabè sou Rès la	Ranbouse Jiska $70	Alokasyon $200 + 20% Rabè sou Rès la	Ranbouse Jiska $70
Amelyorasyon Solè	Alokasyon $170 ak kopeman $25 pou Linèt Solèy San Preskripsyon nan plas Linèt oswa Vè Kontak Preskripsyon	N/A	Alokasyon $200 Allowance ak kopeman $25 pou Linèt Solèy San Preskripsyon nan plas Linèt oswa Vè Kontak Preskripsyon	N/A
Frekans	Yon Fwa Chak 24 Mwa		Yon Fwa Chak 12 Mwa	
Vè Kontak	Nan Plas Tout Lòt Benefis Linèt			
Elektif	Alokasyon $130; mezi & evalyasyon egzamen p ap depase kopeman $60	Ranbouse Jiska $105	Alokasyon $150; mezi & evalyasyon egzamen p ap depase kopeman $60	Ranbouse Jiska $105__
Frekans	Yon Fwa Chak 12 Mwa		Yon Fwa Chak 12 Mwa	
Additional Savings: Laser Vision Correction	Average of 15% off the regular price; discounts available at contracted facilities.			

RECHÈCH FOUNISÈ VIZYON VSP

Pou jwenn founisè ki patisipe nan pwogram sa a (Andan-Rezo), tanpri ale sou vsp.com. Ou kapab rele Sant Sèvis Kliyantèl VSP nan (800) 877-7195 ak kèlkeswa kesyon ou ka genyen konsènan founisè ki gen kontra avèk yo oubyen kouvèti yo.

Klike sou Find a Doctor





Chache selon Kòd Postal oubyen Adrès, Vil ak Eta

Klike sou Advanced Search pou chwazi Rezo Doktè a epi chwazi Choice OUBYEN – Si w konekte nan kont ou, ou ka sote etap sa a kòm li pral rekonèt plan w.

KONT EPAY FLEKSIB (FSA)

FSA, oswa Kont Epay Fleksib, se yon benefis ou ka chwazi pandan Anwòlman Ouvè FSA a oubyen Anwòlman Nouvo Manm Ekip. Lè w kontribye lajan anvan-taks nan yon FSA, ou kapab epanye yon mwayen de 30% sou depans sante ak swen depandan. Ou pa oblije peye taks pewòl sou lajan ou kontribye w, ki kapab fè w epanye anpil lajan nan taks!

- **Ane plan: FSA Swen Medikal & FSA Swen Depandan – 1e janvye pou 31 desanm**
- **Anwòlman disponib sou PlanSource pandan mwa novanm, epi l ap an vigè apati pwochen 1e janvye**
- **Ou oblije re-anwole epi re-chwazi kouvèti chak ane plan sou PlanSource**

Konbyen mwen dwe kontribye?

Se ou menm ki deside konbyen lajan ou vle kontribye pou ane a rive nan maksimòm nan ki se $3,400. Pou epanye maksimòm nan, fòk ou estime montan depans ou peye ou menm ki elijib pou ane k ap vini a avèk atansyon. Montan ou deziyen an pou ane a divize nan peman egal chak peryòd salè epi nou mete li nan yon kont FSA.

Itilize li oubyen Pèdi Li – Alokasyon Transferab

Si w pa peye depans elijib pou tout montan ou te chwazi mete nan FSA Swen Medikal ou nan ane plan aktyèl la, direktiv federal pèmèt ou transfere jiska $680 ke w pa te itilize pou w sèvi avèk li pou depans nan pwochen ane a. Menm si pa genyen eleksyon FSA pou pwochen ane plan nan, ou gen posibilite pou depanse jiska $680 nan eleksyon w sou depans swen medikal ou peye ou menm nan pwochen ane a.

FSA Swen Medikal

Chwazi FSA sa a pou peye pou kopeman, ekipman medikal, preskripsyon, depans dantè ak vizyon ou menm oubyen fanmi w peye.

Depans ki Elijib:

- Akiponkti
- Swen Kiwopratik
- Kopeman pou Doktè ak Dantis
- Linèt ak vè kontak
- Twous glikoz
- Pwotèz odisyon ak pil
- Trètman enfètilite
- LASIK
- Otodonti
- Preskripsyon

Pou wè yon lis depans ki elijib, ale sou ebcflex.com/elijibexpenses

Employee Benefits Corporation

KONT EPAY FLEKSIB (FSA)

FSA Swen Depandan

Ou kapab itilize fon FSA Swen Depandan pou peye pou depans ou dwe pou swen pitit ou ki depandan sou w ki pi piti pase laj 13 lane oubyen nenpòt depandan andikape ki abite ansanm avèk ou epi ou mete sou deklarasyon taks ou kòm depandan.

Pou yon depans Swen Depandan elijib pou ranbousman nan yon FSA Swen Depandan, fòk swen an pèmèt ou menm ak konjwen ou travay, chache travay aktifman, oubyen ale lekòl tan-plen.

Ou kapab mete jiska $7,500 apa pou objektif sa a si w selibatè oubyen marye epi depoze yon deklarasyon taks jwenti. Si w marye epi ou menm ak konjwen w depoze deklarasyon taks separe, maksimòm nou chak kapab kontribye a se $3,750.

Fon yo disponib apre Dediksyon Pewòl yo kredite sou kont FSA Swen Depandan ou an.

Depans ki Elijib

Depans ki elijib pou FSA Swen Depandan an kapab elijib pou yon kredi taks sou deklarasyon taks federal ou a tou. Sonje ou pa kapab deklare menm depans yo pou ni FSA Swen Depandan ni pou kredi taks la. Pale avèk konseye taks pèsonèl ou pou detèmine ki altènatif ki pi bon pou w.

Swen Timoun

- Swen timoun nan yon kay oubyen enstalasyon swen lajounen
- Sant oubyen enstalasyon pou swen timoun ki malad
- 3K oubyen 4K
- Gadri oubyen lekòl matènèl
- Pwogram anvan ak apre lekòl
- Kan lajounen (sa a kapab enkli kan spò, kan konpyitè, elatriye)
- Fre transpò ki founi pa founisè swen depandan an pou transpò ale/sòti kote yo founi swen an

Swen Granmoun

- Sant swen granmoun lajounen
- Swen granmoun an gad (andan oubyen an deyò lakay)
- Fre transpò ki founi pa founisè swen depandan an pou transpò ale/sòti kote yo founi swen an

Pou plis detay sou kont FSA yo, konekte sou PlanSource.

THE HARTFORD

ASIRANS VI & LANMÒ & DEMANTELMAN AKSIDANTAL (AD&D)

Asirans Vi ak AD&D Debaz – Anplwayè a Peye Pou Sa a

Manm ekip tan-plen yo anwole otomatikman nan asirans vi ak lanmò & demantelman aksidantal (AD&D) debaz The Breakers la gratis.

- Nou bay manm ekip ki touche pa è yo yon benefis de $40,000
- Montan asirans vi pou manm ekip ki touche salè fiks yo baze sou 2 fwa salè anyèl yo rive nan maksimòm $500,000

Byenke The Breakers anwole w otomatikman nan plan asirans vi a, asire w mete benefisyè w sou pòtal PlanSource ou a. Ou kapab asire li la si w gade Paj Konfimasyon w oubyen kontakte Resous Imen.

sirans Vi ak AD&D volontè pou Manm Ekip Tan-plen yo

Ou kapab achte asirans vi ak lanmò & demantelman aksidantal (AD&D) volontè pou ou menm nan enkreman $10,000 rive nan yon maksimòm $500,000. Kouvèti a se “Garanti Pou Bay” (yo pa egzije prèv asirabilite) pou montan rive $250,000, pou manm ekip ki fenk elijib yo pandan peryòd elijibilite inisyal ou.*

Asirans Vi ak AD&D volontè pou Konjwen W

Ou kapab achte kouvèti asirans vi ak lanmò & demantelman aksidantal (AD&D) pou konjwen w nan enkreman $5,000 ki p ap ka depase 50% montan Asirans Vi ak AD&D manm ekip tan-plen an rive nan maksimòm $250,000. Kouvèti a se “Garanti Pou Bay” pou montan rive $30,000 pou peryòd elijibilite inisyal konjwen w.*

Si w chwazi achte Asirans Vi ak AD&D volontè pou ou menm (1) ki depase $250,000, (2) apre 31 jou depi dat elijibilite inisyal ou oubyen (3) plis pase $30,000 pou konjwen w, fòk ou ranpli yon fòmilè Prèv Asirabilite (Evidence of Insurability) (EOI) epi ou kapab oblije soumèt yon deklarasyon nan men doktè apre yon dat pi devan.*

Asirans Vi Volontè pou Pitit Ou

Ou kapab chwazi asirans vi pou pitit ou ki depandan sou w jis laj 19 lane, oubyen jis laj 25 lane si li yon etidyan tan-plen nan enkreman $2,000 rive nan maksimòm $10,000, ki p ap ka depase 50% nan montan asirans vi manm ekip tan-plen an. Prim nan enkli tout timoun depandan kèlkeswa kantite timoun ki kouvri. Tout timoun yo pral genyen menm montan an kòm benefis.

**Tout demann pou ajoute oubyen ògmante kouvèti apre elijibilite inisyal pral oblije soumèt yon fòmilè Prèv Asirabilite (EOI) nan lespas 30 jou depi eleksyon. Demann pou kouvèti a pa gen apwobasyon otomatik epi nou p ap fè okèn dediksyon pewòl jiskaske The Hartford apwouve li, apwobasyon EOI a kapab pran jiska 60 jou.*

ASIRANS ANDIKAP – THE HARTFORD

ANPLWAYÈ A PEYE POU SA A

Andikap Tèm Kout (STD)

Tout manm ekip tan-plen ki touche pa è ak salè fiks anwole otomatikman nan pwogram STD The Breakers la gratis. Nan ka ou ta vin andikape swa poutèt maladi oswa blesi an deyò travay la epi ou pa kapab fè travay w, kouvèti STD pral siplemante salè ou pèdi yo. Nouvo manman yo elijib pou benefis STD tou, swa 4 semèn pou akouchman nòmal oswa 6 semèn pou sezaryèn. Kouvèti STD kòmanse apre ou pèdi 14 jou travay poutèt yon maladi oswa blesi ki sètifye medikalman. Benefis yo peyab rive yon maksimòm 10 semèn andikap. Benefis la peye 50% nan salè w chak semèn jiska $1,000 chak semèn.

Andikap Alontèm (LTD)

Manm ekip tan-plen anwole otomatikman nan pwogram LTD The Breakers la gratis. Apre w itilize asirans Andikap Tèm Kout, genyen yon peryòd eliminasyon 90 jou anvan kouvèti LTD pral kòmanse ap peye pou revni ou pèdi. Si w apwouve, plan nan pral ba w salè w pèdi nan ka ou pa ka travay poutèt maladi oubyen yon blesi an deyò travay la, jiskaske w atenn peryòd benefis maksimòm nan.

Kontakte Ekip Benefis la pou asistans pou depoze yon reklamasyon nan benefits@thebreakers.com.

BENEFIS VOLONTÈ

Tout Benefis Volontè yo ki disponib pou manm ekip tan-plen yo atravè dediksyon pewòl apre-taks potab nan menm to a. Konjwen w ak pitit ou elijib pou kouvèti tou. Fòk pitit ou pi piti pase laj 26 lane.

Plan Dedonmajman Lopital Volontè: Founi pa The Hartford

Asirans Dedonmajman Lopital travay konplemantè pou kouvèti medikal epi li peye an plis de sa yon plan medikal te kapab kouvri oubyen pa kouvri. Li peye yon montan fiks apre premye jou entène lopital ($1,000 - Avek ziska trwa admisyon par lannen)) ak yon montan spesifik chak jou pou chak jou entène lopital an plis. Plan sa a peye yon benefis siplemantè si w entène nan Inite Swen Entansif tou.

Plan Asirans Aksidan Volontè: Founi pa The Hartford

Pwoteje tèt ou kont depans ou pa t atann ki asosye avèk blesi aksidantal an deyò travay la. Li ba w lajan kach pou depans medikal (menm si yo kouvri pa asirans medikal) ki enkli, men ki pa limite a, entène lopital, dislokasyon, ka zo kase, brile, laserasyon, konsiltasyon nan sal dijans, aparèy medikal ak benefis lanmò ak demantelman aksidantal. Plan sa a genyen yon Benefis Depistaj Sante ladan li nan montan $100 ki peyab chak ane pou chak moun ki kouvri.

Plan Maladi Grav avèk Kouvèti Kansè Volontè: Founi pa The Hartford

Li peye yon benefis tout yon sèl kou ba w dirèkteman, ki depase kèlkeswa lòt kouvèti ki an vigè aktyèlman pou ede ekilibre wo pri ki asosye avèk trètman yon maladi grav ki kouvri tankou kriz kadyak, konjesyon serebral, ensifizans renal tèminal, kansè ak lòt bagay toujou. Genyen yon Benefis Depistaj Sante ladan li nan montan $50 ki peyab chak ane pou chak moun ki kouvri avèk politik sa a.

- Garanti Pou Bay – Pa genyen kesyon sante pou anwole kòm moun ki fenk anboche oubyen pandan anwòlman ouvè nou chak ane pou benefis rive jiska $40,000
- Kouvèti Fanmi Disponib – Konjwen yo kouvri a 100% epi timoun ki pi piti pase laj 26 lane yo kouvri a 50% nan eleksyon benefis ou

Poukisa mwen bezwen sa a?

- Depans ou responsab pou peye yo monte byen rapid, pwiske asirans medikal majè kapab peye yon ti kal nan fakti a sèlman
- Ede soulaje fado finansye ki pa t planifye si gen aksidan
- Li konplemantè ak lòt asirans ou ka genyen, sa enkli kouvèti medikal ak andikap majè
- Yon lòt nivo pwoteksyon finansye kapab fè yon diferans nan yon moman lè ou menm ak fanmi w plis bezwen li

Benefis nan sòm total ka itilize pou:

KOS MEDIKAL | KAY | ÈD NAN KAY LA | MAKÈT

THE HARTFORD

TRUSTMARK LIFE + CARE

Si janmè yon lè ta rive kote w pa ka pran swen tèt ou, bagay yo ka vin difisil – ak chè. Jwenn swen kapab yon defi, epi swen kapab koute plizye santèn dola chak jou.

Li ka rive nan nenpòt laj, a nenpòt moun: yon bagay pase mal, epi w kòmanse bezwen asistans avèk bagay debaz nan lavi kotidyen. Lè sa rive, Trustmark Life + Care® peye benefis kach ki kapab ede w abòde konfò ak kalite swen ou merite a. An plis, li double kòm asirans vi, avèk yon benefis lanmò ki peyab pou moun ki konte sou w yo.

Poukisa Trustmark Life + Care?

1. De kalite kouvèti nan youn sèl plan: resevwa toulede asirans vi pèmanan (benefis lanmò) ak benefis swen pou yon sèl pri abòdab.
2. Benefis yo kapab ede ak depans pou swen lè moman an rive, konsa w ka evite depanse tout sa w te epanye pou Retrèt ou oubyen mete twòp fado sou do fanmi w.
3. Benefis swen yo nou peye yo ba w lè w resevwa sèvis swen nan men swa yon pwofesyonèl oswa yon fanmi w.
4. Gen garanti pou li dire pandan tout vi w: yon fwa w gen kouvèti, pri w pa ògmante pandan w vin gen plis laj.

Kòman Benefis Swen yo Mache

Polis Asirans Swen Alontèm ak Vi soti Trustmark disponib nan montan sa yo:
$20,000, $35,000, $50,000, $65,000 $80,000, $100,000.

Trustmark Life + Care peye benefis yo an kach, ba w dirèkteman, lè w bezwen èd avèk omwens de aktivite nan lavi kotidyen sou sis (pa egzanp, manje, benyen, oubyen mete rad) oubyen genyen yon defisyans koyitif grav (tankou Maladi Alzheimer's).

An plis de sa, benefis swen nou peye yo pa redwi benefis lanmò a, konsa yon benefis lanmò konplè disponib pou benefisyè w yo menm apre w touche benefis swen yo! Sa a kapab ògmante valè maksimòm kouvèti w la anpil. Remake: poutèt kondisyon w pa oblije pèmanan pou w touche benefis yo, lajan w resevwa kapab ede w rekipere endepandans ou.

Benefis lanmò a desann rive 33% lè w vin gen laj 70 lane oubyen 10yèm anivèsè sètifika w, sa ki rive pita a. Sepandan, benefis swen w yo pa janm redwi epi yo rete nan menm nivo wo a menm lè w vin pi aje.

Kouvèti pou Konjwen – Aplike pou kouvèti Trustmark Life + Care pou konjwen w osi byen ke tèt ou. Plan konjwen w la pral genyen menm karakteristik yo ladan li ak pa w la. (Montan kouvèti pou konjwen an limite nan yon pòsyon nan montan an pou anplwaye yo.

Trustmark
benefits beyond benefits

BEYOND MED

Kote sante, kwaze ak byennèt. Yon pwogram rabè pou manm pou amelyore envestisman pi enpòtan w an: ou menm.

Poukisa Beyond Med?

Eleve sante w ak byennèt ou lè w jwenn aksè nan yon rezo pwopriyete doktè ki sètifye pa komite ak founisè ki lisanse nan pri redwi sou sèvis elektif ak kosmetik.

- 3,000 + Founisè
- 15 Espesyalite
- 2,500+ Biwo
- 400+ Trètman

Benefis pou Manm yo

- **Aksè Pèsonalize nan Rezo** – ak milye de founisè elektif ak kosmetik nan pri redwi
- **Sèvis Konsyèj** – yon ekip konsyèj pou gide w ak yon aplikasyon mobil ki fasil pou itilize
- **Ekonomize San Limit** – pa gen peryòd datant ni limit sou itilizasyon benefis yo (itilize li osi souvan ke w vle.)

Save on Services Like

- Byennèt Mantal
- Spa Medikal
- Fizyoterapi
- Chirijiri Plastik
- Chirijiri pou Vizyon
- Terapi Venn
- Veterinè
- Pèdi Pwa
- Akiponkti
- Anti-Aje
- Baryatrik
- Kiropraktik
- Dèmatoloji
- Fètilite
- Restorasyon Cheve
- Odisyon

Beyond Med

LEGAL SERVICES: PROVIDED BY PREFERRED LEGAL

Plan Preferred Legal la se yon pwogram pwoteksyon legal konpreyansif ki fèt pou ede endividi ak fanmi yo jere divès pwoblèm legal 24 sou 24, 7 sou 7. Pwogram sa a enkli, men li pa limite a, sèvis konfidansyèl gratis oubyen a pri redwi tankou:

- Konsèy legal nan telefòn oubyen fasafas
- Revizyon dokiman legal
- Preparasyon testaman ak testaman senp pou manm ekip la ak Konjwen li
- Konsèy sou finans ak pwoteksyon byen
- Sèvis Notè

PWOTEKSYON KONT VÒL IDANTITE: FOUNI PA ALLSTATE ID PROTECTION (AIP)

Genyen yon plan Pwoteksyon Kont Vòl Idantite konpreyansif ki disponib atravè Allstate. Plan sila a siveye aktivite fwodilan konsa nou kapab jwenn li pi bonè. Si w ta tonbe viktim vòl idantite, sèvis restorasyon avoka konfidansyalite sèvis konplè kapab kòmanse. Sèvis yo enkli pwoteksyon si w ta pèdi bous ou ak siveyans kredi, idantite ak sibè. Ranbousman depans ou responsab pou peye ki gen rapò ak vòl idantite rive jiska $1,000,000 pou salè w pèdi, fre legal ak lòt bagay toujou.

ASIRANS POU BÈT KAY: FOUNI PA NATIONWIDE

Asirans pou Bèt Kay atravè NationWide konsiste ak de chwa pou plan oubyen yon konbinezon toulede plan yo pou ede w chwazi ki plan medikal pou bèt kay ki pi bon pou bezwen w yo. Plan sa yo pèmèt ou sèvi ak pwòp veterinè pa w. Benefis sa a pa disponib atravè dediksyon pewòl. (faktirizasyon dirèk sèlman)

Plan Sèvis Byennèt Sèlman:

- Egzamen Byennèt
- Vaksen
- Prevansyon pis ak vè kè

Plan Medikal Maje Konpreyansif:

- Aksidan ak maladi komen (sètadi enfeksyon zòrèy ak gratèl)
- Maladi grav (sètadi kansè, alèji ak maladi sik)
- Chirijiri
- Medikaman preskripsyon
- Lopitalizasyon

T. ROWE PRICE — PLAN DEPAY 401(K)

Manm ekip ki travay tan-plen, tan-pasyèl ak sou-demann yo (laj 18+) elijib pou yo patisipe nan Plan Depay Retrèt 401(k) The Breakers la epi yo kapab chwazi pou yo kontribye 1 - 50% nan revni brit yo. Yon 401(k) enkli kontribisyon pèsonèl ak benefis konpayi a matche.

Benefis Plan nan

- Manm ekip yo posede 100% nan tout kontribisyon finansye pèsonèl ki envesti nan 401(k) yo a
- The Breakers matche premye **6%** nan kontribisyon revni brit, dola pou dola, sou baz trimèstryèl
- Sa The Breakers matche a pou manm ekip la a 100% apre yo konble senk (5) lane anplwa; pou chak ane sèvis yo konplete pandan ane 1 – 5, manm ekip yo kenbe 20% nan kontribisyon an ki matche a (pa egzanp: 20% apre premye ane a, 40% apre dezyèm ane a, elatriye).
- Nou ofri 401(k) Roth ak 401(k) Tradisyonèl Anvan-taks, e apre taks
- Manm ekip yo kapab transfere plan retrèt ansyen anplwayè yo nan 401(k) The Breakers la

Detay sou Anwòlman

- Elijibilite pou anwòlman se 60 jou apre dat anbochaj
- Kontribisyon yo kòmanse nan premye jou nan pwochen mwa a
- Chak ane, kontribisyon manm ekip yo ògmante 1% otomatikman jiskaske li rive nan kontribisyon maksimòm nan ki se 15% (ou kapab fè ajisteman manyèlman nenpòt lè)

Kijan Pou Anwole oubyen Fè Ajisteman

- Ale sou troweprice.com
- Telechaje app T. Rowe Price la
- Rele (800) 922-9945
- Mete randevou avèk yon Konseye Finansye SageView

PWOGRAM BYENNÈT FINANSYÈ

Gwoup Konsèy SageView, yon antrepriz konsèy sou plan retrèt, bay edikasyon finansye ak konsèy sou envestisman gratis pou tout manm ekip yo.

Sèvis yo Enkli

- Anwòlman ak planifikasyon retrèt 401(k)
- Planifikasyon finansye: analiz chèk travay ak estrateji epay/bidjè/envestisman
- Repòn kesyon: Medicare, Sekirite Sosyal, jesyon dèt, planifikasyon/pre siksesoral ak Plan Epay 529 pou Edikasyon

KONTAKTE MARESSA ETZIG

Pwograme yon konsiltasyon prive an pèsòn oubyen nan telefòn; genyen seyans an gwoup disponib tou.

Imèl: metzig@sageviewadvisory.com

Telefòn: (561) 284-0699

BRIGHT HORIZONS

Benefis sa yo enkli: Swen Bakòp, Leson Patikilye ak Sipò Amelyore.

Pwogram Avantaj Swen Bakòp

Tout manm ekip yo kapab konte sou Pwogram Avantaj Swen Bakòp Bright Horizons la, kote ak lè ou plis bezwen li. Pann nan aranjman swen timoun oubyen granmoun nòmal ou yo kapab lakòz deranjman ki strese w epi ki kapab afekte kapasite w pou w balanse demann pèsonèl ak pwofesyonèl avèk siksè.

Kilè Pou Itilize Swen Bakòp

- Gadyen/konjwen ki rete lakay nòmalman pa disponib
- Fanmi w ki swa pitit oswa granmoun malad lejèman
- Lekòl fèmen pou vakans, jou fèt oubyen jounen nan sèvis
- Tranzisyone ant aranjman swen timoun oubyen granmoun
- Vwayaj pou biznis, demenaje oubyen chanjman nan orè travay
- Tranzisyone sòti nan konje matènite
- Ou menm, pitit ou oubyen fanmi w ki granmoun ap rekipere nan yon trètman medikal

Swen Back-Up Disponib Pou:

- Swen Timoun
- Swen Granmoun ki Aje

TWA ETAP FASIL

1. Enskri pou swen anliy oubyen sou telefòn
2. Fè yon rezèvasyon anliy oubyen sou telefòn
   Phone: (877) 242-2737
   Website: backup.brighthorizons.com
3. Complete your Care Profile

Limit yo ak Pri yo

- Jiska 15 jou swen pou chak manm ekip pou chak ane fiskal
- Kopeman pou swen nan yon sant = $15 chak timoun chak jou, maksimòm $25 chak fanmi chak jou
- Kopeman pou swen lakay w = $6 pa è pou chak moun ki bay swen

Leson Patikilye Vityèl oswa an pèsòn pou granmoun

Leson patikilye vityèl pou granmoun kapab ede moun laj 18+ k ap aprann nan 3,000 sijè, sa enkli sètifikasyon pwofesyonèl. Kit ou bezwen èd ak devwa pitit ou, kit w ap retounen lekòl epi bezwen èd ak pwòp devwa pa w, kit w ap eseye aprann yon nouvo lang, kit w ap etidye pou fè yon nouvo sètifikasyon, kit ou vle aprann yon konpetans pwofesyonèl tankou diskou piblik, kit se tout bagay sa yo, benefis leson patikilye Bright Horizons® ou rann lavi pi fasil. Epi an plis de sa, li trè abòdab konpare ak lòt pwogram leson patikilye.

- Reyini pèsonèlman avèk ekspè ki sòti nan Sylvan Learning ak Varsity Tutors
- 4 Èdtan leson patikilye = 1 kredi ak kopeman $15
- Fòk ou sèvi ak seyans ou rezève yo nan lespas 90 jou sinon w ap pèdi yo
- Sa a disponib pou ou menm ak depandan w yo laj 5+, etidyan inivèsite ladan l

Leson Patikilye Vityèl oswa an pèsòn pou timoun

Rezève yon titè ki gen eksperyans ki kapab ede pitit ou laj 5 lane rive 18 lane rete sou wout pandan ane skolè a oubyen vakans ete. Jwenn èd enstan sou devwa nan 300+ sijè pou sipò vize nan matematik oubyen lekti.

Kan Vityèl

Yo ofri sa a lendi pou vandredi kòmanse a 9 AM pou 8 PM ET pou timoun laj 3 – 12 lane, epi benefis vityèl sa a bay pitit ou divès aktivite entèaktif ki tout dirije pa pwofesè ki angaje. Itilize benefis Swen Bakòp ou pou rezève plas pitit ou epi kenbe yo okipe nan konfò lakay pa w.

Pou enskri, kreye yon kont avèk Bright Horizons epi kreye Pwofil Swen w.

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)

WELL BEYOND

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**

SWEN MOTIVITE

Swen Motivite retire konpleksite a nan jesyon bay swen nan chak etaj lavi granmoun. Èske ou menm ak moun ou renmen yo pare pou kounye a ak fiti a avèk enfòmasyon lavi nou òganize, aksesib ak ajou? Swen Motivite ofri solisyon an.

Platfòm MC Life Intell

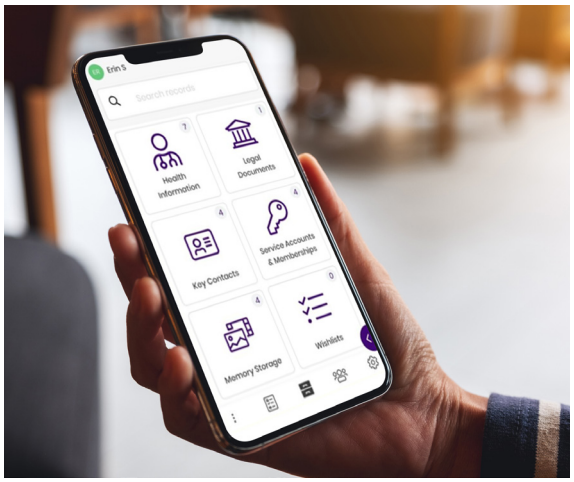
- Lojisyèl ak App Mobil an Anglè ak Panyòl
- Pi bon teknoloji nan klas la pou kenbe enfòmasyon medikal, legal ak pèsonèl esansyèl sekirize ak aksesib 24 sou 24, 7 sou 7

Benefis pou Anplwaye yo

Swen Motivite pral founi inisyasyon ak fòmasyon an gwoup pou Platfòm MC Life Intell ak sèvis yo.

- Atelye ak webinè pratik
- Sipò/liy asistans teknoloji

Nou ofri sa a kòm dediksyon pewòl pou anplwaye nou yo



EGZANP

Ou chwazi ajoute papa w nan kont Swen Motivite w.

Papa w abite nan yon lòt eta epi li fè aksidan ki mande li entène lopital pandan 48 èdtan. Kòm ou sere enfòmasyon enpòtan li yo sou Swen Motivite, w ap kapab idantifye kiyès ki doktè li yo, ki medikaman l ap pran yo, alèji li fè yo, epi menm bagay lakay li tankou moun ki konn voye je sou bèt kay li yo, ki bòdwo li dwe, modpas, vwazen pou kontakte ak anpil lòt bagay toujou.

Pakè konsyèj* pèsonalize disponib tankou:

- Ofri rekòmandasyon ak mete randevou
- Verifye resous sou demann w
- Rekòmandasyon ak kowòdinasyon pou tranzisyon lavi
- Jere defi medikal ou pa t atann

**Pakè konsyèj genyen yon pri siplemantè ak òf Benefis Anplwaye*

KONTAK ENPÒTAN

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
Flexible Spending Account Employee Benefits Corporation	(800) 346-2126 ebcflex.com
Basic and Voluntary Life and AD&D, Short Term Disability and Long Term Disability Insurance The Hartford	(800) 523-2233 thehartford.com/resources/employeechoice
Voluntary Benefits - Hospital Indemnity, Accident Insurance and Critical Illness with Cancer Coverage The Hartford	(800) 523-2233 thehartford.com/resources/employeechoice
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
Life and Care Insurance Trustmark	(866) 813-7192 x3 trustmarkvb.com
Health and Wellness Membership Program Beyond Med	(844) 267-6192 beyondmedplans.com
Legal Services Preferred Legal	(888) 577-3476 preferredlegal.com
Identity Theft Protection Allstate ID Protection	(800) 789-2720 myaip.com
Pet Insurance Nationwide	(800) 540-2016 petinsurance.com/thebreakers
Back-Up Care Advantage Program Bright Horizons	(877) 242-2737 backup.brighthorizons.com
Caregiving Management Services Motivity Care	(844) 424-2021 info@motivitycare.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

If you would like to receive the compliance notices translated,
please contact the Benefits Team at benefits@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.

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

Enfòmasyon ki nan gid sa a se yon rezime benefis ki disponib pou w epi yo pa fèt pou yo ranplase Sètifika Manm oubyen Rezime Benefis founisè ofisyèl yo. Gid sa a genyen yon deskripsyon jeneral sou benefis ou ak depandan elijib ou yo ka gen dwa ak yo kòm yon anplwaye tan-plen. Gid sa a pa chanje ni otreman entèprete kondisyon nan dokiman ofisyèl yo pou plan yo. Jis nan pwen nenpòt nan enfòmasyon ki nan gid sa a pa konsistan avèk dokiman ofisyèl yo pou plan yo, pwovizyon yo ki nan dokiman ofisyèl yo pral gouvène nan tout ka epi se dokiman plan yo ak sètifika founisè yo ki pral domine.

Gid sa a souliyen chanjman resan nan jan plan yo fèt epi li fèt pou li konfòme konplètman avèk egzijans ki nan Lalwa sou Sekirite Revni Retrèt Anplwaye a (“ERISA”) kòm nou dwe kenbe yon Rezime sou Modifikasyon Materyèl ansanm avèk Deskripsyon Plan Rezime pi resan w. Ou kapab jwenn Deskripsyon Plan Rezime a sou PlanSource.

The Breakers rezève dwa a, nan diskresyon inik ak absoli li, pou li amande, modifye oubyen tèmine, konplètman oubyen pasyèlman, nenpòt oubyen tout pwovizyon plan benefis yo.