



YOUR TEAM MEMBER BENEFITS

JANUARY 1, 2024 – DECEMBER 31, 2024

At Atlantis, we care about you. That's why we offer benefits that support your physical, emotional, and financial health. We encourage you to evaluate and elect benefits that best suit your personal needs.

WHO IS ELIGIBLE

If you work an average of at least 30 or more hours per week, you are eligible for all Atlantis benefits.

If you work less than 30 hours per week, you are eligible for voluntary supplemental benefits.

Medical coverage begins on day 90 of your employment and ends on your last day of employment. All other benefits begin on the first of the month following 90 days and end on the last day of the month following your last day of employment.

Many of the plans allow you to cover your eligible dependents, which include:

- Your legal spouse as defined by the state in which you reside. Same-sex spouses are covered. Domestic partners are not covered.
Note: Medical insurance is not available for spouses who work full-time and are eligible for medical insurance through their own employer.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

You will need to provide proof of your dependent's status, such as marriage certificate, birth certificate, or other legal documentation.

WHEN TO ENROLL

You can only sign up or change your benefits:

- Within 31 days of your eligibility date. For new hires, this is on day 90 of joining Atlantis as a new Team Member.
- During the annual benefits open enrollment period.
- Within 31 days of a qualifying life event.

The choices you make at this time will remain the same through December 31, 2024. If you do not sign up for benefits during your initial eligibility period or during the open enrollment period, you will not be able to elect coverage until the following plan year.

MAKING BENEFIT CHANGES

Due to IRS regulations, once you have made your elections for 2024, you cannot change them until the next annual open enrollment unless you experience a qualifying life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of a child.
- Death of your spouse or covered child.
- Change in your spouse's work status that affects their benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

To request a benefits change, notify Human Resources within 31 days of the qualifying life event. Change requests submitted after 31 days cannot be accepted. You may need to provide proof of the event, such as a marriage license or birth certificate.

MEDICAL INSURANCE

Atlantis offers a medical plan through Hometown Health. The plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate a Hometown Health provider at hometownhealth.com.

The table below summarizes the key features of the medical plan. Please refer to the official plan documents for additional information on coverage limitations and exclusions.

Summary of Covered Benefits	Hometown Health Medical Plan	
	In Network	Out of Network
	The coinsurance amounts listed show the amount you pay	
Plan Year Deductible Individual/Family	\$350/\$1,050	\$1,000/\$3,000
Out-of-Pocket Maximum Includes deductible, copay, and coinsurance Individual/Family	\$25,000 ¹ /\$25,000 ¹	Unlimited/Unlimited
Preventive Care	0%	Not covered
Physician Services Primary Care Physician Specialist Urgent Care	\$25 copay \$25 copay \$25 copay	70% after deductible 70% after deductible 70% after deductible
Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services (MRI, CT, PET)	20% after deductible 20% after deductible	70% after deductible 70% after deductible
Hospital Services Inpatient	\$300 copay per admission, then 20% after deductible	\$1,000 copay per admission, then 70% after deductible
Outpatient	\$300 copay per admission, then 20% after deductible	Not covered
Emergency Room	\$250 copay, then 20%	\$1,000 copay, then 70%
	Once the plan pays \$6,000 for a member each year, the plan will pay 50% of prescription drug charges for the remainder of the plan year	
Prescription Drugs (30-day supply)		
Tier 1		\$10 copay
Tier 2		\$25 copay
Tier 3		\$50 copay
Mail Order (Up to a 90-day supply)		2x retail copay

(1) Plan pays 100% thereafter up to \$250,000; then 10%.

2024 MEDICAL PLAN COSTS PER PAYCHECK

Coverage Level	Hometown Health Medical Plan	
	Non-Tobacco User	Tobacco User
Team Member Only	\$66.00	\$166.00
Team Member + Spouse	\$164.00	\$370.00
Team Member + Child	\$127.00	\$278.00
Team Member + Children	\$158.00	\$304.00
Team Member + Family	\$201.00	\$408.00

FLEXIBLE SPENDING ACCOUNTS

Atlantis offers two flexible spending account (FSA) options, which allow you to pay for eligible expenses with before-tax dollars. **You will have the opportunity to elect one or both of these options during the annual open enrollment, to be effective January 1 each year. These FSA options cannot be elected at any other time during the year.**

- **Health care FSA:** Eligible expenses include deductibles, copays, and other health-related expenses that are not paid by the medical, dental, or vision plans for reimbursement. Your annual election is divided by the number of pay periods each year and deducted evenly from each paycheck. **The maximum health care FSA contribution is \$3,200.** You have a 2 month and 15 day grace period after the plan year ends to use up your health care FSA funds before they are forfeited. If you do not use up all of your health care FSA funds during the plan year, or within the 2 month and 15 day grace period immediately following the end of the plan year, you will lose any health care FSA funds left in your account.
- **Dependent care FSA:** Eligible expenses include day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider). Your annual election is divided by the number of pay periods each year and deducted evenly from each paycheck. **You may contribute up to \$5,000 a year for individuals or married couples filing jointly, or \$2,500 for a married person filing separately.**

DENTAL INSURANCE

Atlantis offers two dental insurance plan options through UnitedHealthcare. The plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate a UnitedHealthcare network provider at myuhc.com.

The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	UnitedHealthcare Passive Plan		UnitedHealthcare Incentive Plan	
	In Network	Out of Network	In Network	Out of Network
Plan Year Deductible Individual/Family	\$50/\$150		\$50/\$150	\$100/\$300
Plan Year Benefit Maximum	\$1,750		\$1,750	\$1,000
The coinsurance amounts listed show the amount you pay.				
Preventive Care Oral exams, cleanings, x-rays	0%	0%	0%	20% after ded.
Basic Services Periodontal services, endodontic services, oral surgery, fillings	20% after ded.	20% after ded.	20% after ded.	50% after ded.
Major Services Bridges, crowns (inlays/onlays), dentures (full/partial)	50% after ded.	50% after ded.	50% after ded.	70% after ded.
Orthodontia Services	Not covered		Not covered	

2024 DENTAL PLAN COSTS PER PAYCHECK

Coverage Level	UnitedHealthcare Passive Plan	UnitedHealthcare Incentive Plan
Team Member Only	\$25.00	\$18.50
Team Member + One	\$52.50	\$38.50
Team Member + Two or More	\$66.50	\$49.00

VISION INSURANCE

Atlantis offers a vision insurance plan through UnitedHealthcare. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a UnitedHealthcare network provider at myuhcvision.com.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	UnitedHealthcare Vision Plan	
	In Network	Out of Network
Eye Exam (every plan year)	\$10 copay	Reimbursement up to \$40
Standard Plastic Lenses (every plan year) Single/Bifocal/Trifocal	\$25 copay	Reimbursement varies
Frames (every plan year)	\$130 allowance	Reimbursement up to \$45
Elective Contact Lenses (every 12 months in lieu of standard plastic lenses) Preferred Brand Non-Preferred Brand	Up to four boxes \$130 allowance	N/A Reimbursement up to \$130
Medically Necessary Contact Lenses (every 12 months in lieu of standard plastic lenses)	0%	Reimbursement up to \$210

2024 VISION PLAN COSTS PER PAYCHECK

Coverage Level	UnitedHealthcare Vision Plan
Team Member Only	\$3.00
Team Member + One	\$4.50
Team Member + Two or More	\$7.00

VOLUNTARY BENEFITS

VOLUNTARY LIFE AND AD&D INSURANCE

Atlantis offers you the option to purchase voluntary life and AD&D insurance through The Standard.

- **Team Member:** You purchase coverage amounts in \$10,000 increments. No medical evidence is required for amounts up to \$200,000 if you enroll when first eligible.
- **Spouse:** \$5,000 increments up to 100% of your coverage amount. No medical evidence is required for amounts up to \$50,000 if your spouse is enrolled when you are first eligible.
- **Children:** \$1,000 increments up to \$10,000.

You must purchase life insurance coverage for yourself in order to purchase it for your spouse and/or children.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Atlantis offers you the option to purchase voluntary short-term disability (STD) insurance through The Standard. Benefits will be reduced by other income, including state-mandated STD plans.

- **Benefit:** 60% of weekly salary up to \$3,000 per week
- **Elimination period:** 14 days
- **Benefit duration:** Up to 3 months

VOLUNTARY ACCIDENT INSURANCE

Atlantis offers you the option to purchase accident insurance through The Standard. Accident insurance pays flat dollar benefit amounts for injuries suffered as the result of an accident.

VOLUNTARY CRITICAL ILLNESS INSURANCE

Atlantis offers you the option to purchase critical illness insurance through The Standard. Critical illness insurance pays specific dollar amounts when you are diagnosed with a serious illness, such as a heart attack, stroke, or cancer.

Note: If you do not enroll for voluntary benefits when you are first eligible, you may have to answer medical questions and could be declined for coverage or face longer waiting periods.

IMPORTANT CONTACT INFORMATION

If you have questions regarding your benefits or the material contained in this guide, please contact Atlantis Benefits Teams at 775-824-4487 or view additional benefits information at employeeconnects.com/atlantis.

Provider/Plan	Policy Number	Contact Number	Website
Medical—Hometown Health	BS2P	775-982-5880	hometownhealth.com
Prescription Drugs—MaxorPlus	2001036	800-687-0707	maxorplus.com
Dental—UnitedHealthcare	910459	877-816-3596	myuhc.com
Vision—UnitedHealthcare	910459	800-638-3120	myuhcvision.com
Flexible Spending Account—Isolved Benefit Services	N/A	866-370-3040	isolvedbenefitservices.com
Voluntary Plans—The Standard	168064	800-368-1135	standard.com
HealthiestYou—Teladoc	N/A	866-703-1259	member.healthiestyou.com
401(k) Retirement Savings Plan—Fidelity Management Trust Company	93102	800-835-5097	401k.com

This guide contains highlights of the benefits options available to you through Atlantis. They are not complete descriptions of the benefits. Atlantis may terminate, withdraw, or modify any benefit described in this guide, in whole or in part, at any time. The descriptions of the benefit are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official Plan Document, the official documents will govern. Images © 2023 Getty Images. All rights reserved.

HEALTHIESTYOU BY TELADOC

You have the option to purchase this voluntary telemedicine plan for \$3.50 per paycheck (or \$7 a month). With HealthiestYou by Teladoc, you and your family can access doctors or therapists for unlimited virtual services for mental health, dermatology, nutrition, and more by phone, video, or app.

401(k) RETIREMENT SAVINGS PLAN

If you have completed three (3) months of employment and are age 21 or older, you are eligible to participate in the company sponsored 401(k) retirement savings plan.

The Company's discretionary annual match is currently 50 cents on the dollar for up to 4% of your deferred annual pay (i.e. annual match is maximum of 2% of annual pay if you are deferring at least 4% of pay). This match is subject to a vesting schedule that will be explained in the enrollment materials.

BENEFIT PLAN COSTS

You and Atlantis share in the cost of medical coverage for you and your family members. If you choose to enroll in dental or vision plans, you pay the full cost of those plans. Benefit plan costs are deducted from your paycheck on a before-tax basis.

You also pay the full cost of The Standard voluntary insurance plans if you decide to enroll. Your costs for these plans are deducted from your paycheck on an after-tax basis.

Costs for medical, dental, and vision plans are shown on the benefits website: employeeconnects.com/atlantis. Costs for The Standard voluntary plans are included with the enrollment materials for those plans.