

Beach Babies Insurance Enrollment Guide

This document is your guide to understanding Beach Babies' group insurance benefits and how and when you can enroll or make changes to your coverage. It explains who is eligible, what plans are offered, when enrollment is allowed, and what steps you need to take to enroll, change, or cancel coverage.

This guide will walk you through:

- Who is eligible
- When you can enroll or make changes
- What plans are available
- How Beach Babies contributes toward your coverage
- What forms are required and when they are due

Please read this document carefully so you understand your options and responsibilities when it comes to your benefits.

Eligibility

All full-time team members and anyone who regularly works **30 or more hours per week** are eligible to participate in Beach Babies' group medical, dental, and vision insurance plans once they meet the company's eligibility requirements. New hires and team members who increase to full-time status become eligible on the **first of the month following 60 days of full-time employment**.

Enrollment forms must be submitted **no later than the 1st of the month following 60 days of full-time employment**. Late submissions will not be accepted, and there are no exceptions.

When You Can Enroll or Make Changes

You may enroll in coverage or make changes during any of the following times:

1. New Hire or Newly Full-Time Enrollment

As a new eligible team member or someone who has increased to full-time status, you will have an initial enrollment window tied to your eligibility date. Your coverage becomes effective on the **first of the month following 60 days of full-time employment**. Enrollment forms must be submitted **no later than the 1st of that same month**. If your forms are not received by this deadline, you will have to wait until Open Enrollment or a qualifying life event to enroll.

2. Open Enrollment

Open Enrollment takes place every year in May and June, with coverage becoming effective on July 1. This is your annual opportunity to:

- Enroll in coverage
- Change plans
- Add or remove eligible dependents
- Cancel coverage

The only other time you can make changes is after a qualifying life event. Updated plan offerings, descriptions, and costs will be distributed to all team members in early May of each year.

3. Qualifying Life Event

Outside of New Hire or Open Enrollment, you may only make changes if you experience a qualifying life event, such as marriage, divorce, birth or adoption of a child, or loss of other coverage. Changes must be made within the required time window after the event.

How to Enroll or Make Changes

To enroll in benefits or make changes to your existing coverage:

1. Go to www.beachbabies.com/insurance
2. Download the appropriate form:
 - Enrollment Application – for new enrollments
 - Change Request Form – to change or cancel existing coverage
3. Complete the form in full
4. Email the completed form to hr@beachbabies.com

Forms must be received by the applicable deadline based on your enrollment window. Late submissions will not be accepted.

Employer Contributions

For all eligible team members, Beach Babies contributes toward the cost of the base plans:

- Medical: United Healthcare Silver HMO G
- Dental: Smilesaver HMO 1000

Your exact cost depends on:

- Your age as of July 1 (for medical)
- The plan you choose
- Beach Babies' contribution level based on your length of service

Please refer to the rate tables for detailed pricing.

Length of Employment	Beach Babies Will Pay
0 – 3 Years	50%
3 – 5 Years	75%
5+ Years	100%

****Contribution rates are subject to change.****

Medical Plan Benefits Overview (Effective July 1st, 2026)

Health Plan	United Healthcare Silver HMO G	Kaiser Silver HMO B	United Healthcare Gold HMO B	Anthem Blue Cross Silver HMO A	Health Net Gold HMO B	Anthem Blue Cross Gold HMO A
Network Name	Harmony	Full	Alliance	Select HMO	Wholecare	Select HMO
Deductible	\$2,500 / \$5,000 (applies to Max OOP)	\$2,000 / \$4,000 (comb. Med/Rx ded; applies to Max OOP)	\$1,500 / \$3,000 (applies to Max OOP)	\$2,200 / \$4,400 (applies to Max OOP)	None	None
Dr. Office Visit	60%	\$65 Copay (ded waived)	\$35 Copay (ded waived)	\$60 Copay (ded waived)	\$40 Copay	\$30 Copay
Lab & X-Ray	\$70 Copay (ded waived)	\$75 Copay	\$40 Copay (ded waived)	\$20 Copay (ded waived)	\$50 Copay	\$15 Copay
Specialist	60%	\$100 Copay (ded waived)	\$70 Copay (ded waived)	\$95 Copay (ded waived)	\$60 Copay	\$60 Copay
Hospital Services	60%	55%	75%	55%	\$750 Copay per day - 5 days max	\$550 Copay per day - 4 days max per admit
Emergency Room	60%	55%	\$500 Copay (waived if admitted)	\$350 Copay (waived if admitted) - 55%	\$350 Copay (waived if admitted)	\$325 Copay (waived if admitted)
Urgent Care	60%	\$65 Copay (ded waived)	\$100 Copay (ded waived)	\$60 Copay (ded waived)	\$40 Copay	\$30 Copay
Out-Patient Surgery	60%	55%	75%	55%	\$1,200 Copay	\$500 Copay
RX – Generic	Tier 1 Non-specialty \$20 Copay / Tier 1 Specialty \$20 Copay (ded waived)	\$20 Copay (ded waived)	Tier 1 Non-specialty \$15 Copay / Tier 1 Specialty \$15 Copay (ded waived)	Level 1 \$10 Copay / Level 2 \$20 Copay (ded waived)	\$15 Copay	Level 1 \$10 Copay / Level 2 \$20 Copay
RX – Brand	\$400 / \$800 Ded - Tier 2 Non-specialty \$85 Copay / Tier 2 Specialty \$150 Copay	\$100 Copay (ded waived)	\$100 / \$200 Ded - Tier 2 Non-specialty \$50 Copay / Tier 2 Specialty \$150 Copay	\$300 / \$600 Ded - Level 1 \$70 Copay / Level 2 \$80 Copay	\$50 Copay	Level 1 \$50 Copay / Level 2 \$60 Copay
Out of Pocket Max (Individual/Family)	\$9,600 / \$19,200	\$8,900 / \$17,800	\$7,600 / \$15,200	\$10,150 / \$20,300	\$7,500 / \$15,000	\$7,250 / \$14,500

For more details regarding the benefits and coverage each plan offers, please see the full "Summary of Benefits and Coverages" for each plan attached.

Beach Babies Health Insurance Rates (Effective July 1, 2026)

Age	*Base Plan* United Healthcare Silver HMO G	Kaiser Silver HMO B	United Healthcare Gold HMO B	Anthem Blue Cross Silver HMO A	Health Net Gold HMO B	Anthem Blue Cross Gold HMO A	BB Contribution (0 - 3 Years) 50% of Base Plan	BB Contribution (3 - 5 Years) 75% of Base Plan	BB Contribution (5+ Years) 100% of Base Plan
0 - 14	\$268.32	\$295.23	\$341.42	\$315.16	\$335.37	\$401.04	\$134.16	\$201.24	\$268.32
15	\$292.17	\$320.20	\$371.77	\$343.18	\$365.18	\$436.68	\$146.09	\$219.13	\$292.17
16	\$301.29	\$329.75	\$383.37	\$353.89	\$376.58	\$450.31	\$150.65	\$225.97	\$301.29
17	\$310.41	\$339.30	\$394.98	\$364.60	\$387.98	\$463.94	\$155.21	\$232.81	\$310.41
18	\$320.23	\$349.58	\$407.47	\$376.14	\$400.26	\$478.62	\$160.12	\$240.17	\$320.23
19	\$330.06	\$345.60	\$419.97	\$387.67	\$412.53	\$493.30	\$165.03	\$247.55	\$330.06
20	\$340.23	\$356.25	\$432.91	\$399.62	\$425.25	\$508.50	\$170.12	\$255.17	\$340.23
21	\$350.75	\$367.26	\$446.30	\$411.98	\$438.40	\$524.23	\$175.38	\$263.06	\$350.75
22	\$350.75	\$367.26	\$446.30	\$411.98	\$438.40	\$524.23	\$175.38	\$263.06	\$350.75
23	\$350.75	\$367.26	\$446.30	\$411.98	\$438.40	\$524.23	\$175.38	\$263.06	\$350.75
24	\$350.75	\$367.26	\$446.30	\$411.98	\$438.40	\$524.23	\$175.38	\$263.06	\$350.75
25	\$352.15	\$368.73	\$448.09	\$413.63	\$440.15	\$526.33	\$176.08	\$264.11	\$352.15
26	\$359.17	\$376.08	\$457.01	\$421.87	\$448.92	\$536.81	\$179.59	\$269.38	\$359.17
27	\$367.59	\$384.89	\$467.72	\$431.76	\$459.44	\$549.39	\$183.80	\$275.69	\$367.59
28	\$381.27	\$399.22	\$485.13	\$447.82	\$476.54	\$569.84	\$190.64	\$285.95	\$381.27
29	\$392.49	\$410.97	\$499.41	\$461.01	\$490.57	\$586.61	\$196.25	\$294.37	\$392.49
30	\$398.10	\$416.84	\$506.55	\$467.60	\$497.58	\$595.00	\$199.05	\$298.58	\$398.10
31	\$406.52	\$425.66	\$517.26	\$477.48	\$508.10	\$607.58	\$203.26	\$304.89	\$406.52
32	\$414.94	\$434.47	\$527.97	\$487.37	\$518.62	\$620.16	\$207.47	\$311.21	\$414.94
33	\$420.20	\$439.98	\$534.67	\$493.55	\$525.20	\$628.03	\$210.10	\$315.15	\$420.20
34	\$425.81	\$445.86	\$541.81	\$500.14	\$532.21	\$636.42	\$212.91	\$319.36	\$425.81
35	\$428.62	\$448.80	\$545.38	\$503.44	\$535.72	\$640.61	\$214.31	\$321.47	\$428.62
36	\$431.42	\$451.73	\$548.95	\$506.74	\$539.23	\$644.80	\$215.71	\$323.57	\$431.42
37	\$434.23	\$454.67	\$552.52	\$510.03	\$542.74	\$649.00	\$217.12	\$325.67	\$434.23
38	\$437.03	\$457.61	\$556.09	\$513.33	\$546.24	\$653.19	\$218.52	\$327.77	\$437.03
39	\$442.65	\$463.49	\$563.23	\$519.92	\$553.26	\$661.58	\$221.33	\$331.99	\$442.65
40	\$448.26	\$469.36	\$570.37	\$526.51	\$560.27	\$669.97	\$224.13	\$336.20	\$448.26
41	\$456.68	\$478.18	\$581.08	\$536.40	\$570.79	\$682.55	\$228.34	\$342.51	\$456.68
42	\$464.74	\$486.62	\$591.35	\$545.87	\$580.88	\$694.60	\$232.37	\$348.56	\$464.74
43	\$475.97	\$498.38	\$605.63	\$559.06	\$594.90	\$711.38	\$237.99	\$356.98	\$475.97
44	\$490.00	\$513.07	\$623.48	\$575.54	\$612.44	\$732.35	\$245.00	\$367.50	\$490.00
45	\$506.48	\$530.33	\$644.46	\$594.90	\$633.05	\$756.99	\$253.24	\$379.86	\$506.48
46	\$526.13	\$550.90	\$669.45	\$617.97	\$657.60	\$786.35	\$263.07	\$394.60	\$526.13
47	\$548.22	\$574.03	\$697.57	\$643.92	\$685.21	\$819.37	\$274.11	\$411.17	\$548.22
48	\$573.48	\$600.48	\$729.70	\$673.59	\$716.78	\$857.12	\$286.74	\$430.11	\$573.48
49	\$598.38	\$626.55	\$761.39	\$702.84	\$747.91	\$894.34	\$299.19	\$448.79	\$598.38
50	\$626.44	\$655.93	\$797.09	\$735.80	\$782.98	\$936.27	\$313.22	\$469.83	\$626.44
51	\$654.15	\$684.95	\$832.35	\$768.34	\$817.61	\$977.69	\$327.08	\$490.61	\$654.15
52	\$684.66	\$716.90	\$871.18	\$804.18	\$855.75	\$1,023.30	\$342.33	\$513.50	\$684.66
53	\$715.53	\$749.22	\$910.45	\$840.44	\$894.33	\$1,069.43	\$357.77	\$536.65	\$715.53
54	\$748.85	\$784.11	\$952.85	\$879.58	\$935.98	\$1,119.23	\$374.43	\$561.64	\$748.85
55	\$782.17	\$819.00	\$995.25	\$918.72	\$977.63	\$1,169.03	\$391.09	\$586.63	\$782.17
56	\$818.30	\$856.83	\$1,041.22	\$961.15	\$1,022.78	\$1,223.03	\$409.15	\$613.73	\$818.30
57	\$854.78	\$895.02	\$1,087.63	\$1,004.00	\$1,068.37	\$1,277.55	\$427.39	\$641.09	\$854.78
58	\$893.71	\$935.79	\$1,137.17	\$1,049.73	\$1,117.04	\$1,335.74	\$446.86	\$670.28	\$893.71
59	\$913.00	\$955.99	\$1,161.72	\$1,072.38	\$1,141.15	\$1,364.57	\$456.50	\$684.75	\$913.00
60	\$951.94	\$996.75	\$1,211.26	\$1,118.11	\$1,189.81	\$1,422.76	\$475.97	\$713.96	\$951.94
61	\$985.61	\$1,032.01	\$1,254.10	\$1,157.66	\$1,231.90	\$1,473.09	\$492.81	\$739.21	\$985.61
62	\$1,007.70	\$1,055.15	\$1,282.22	\$1,183.62	\$1,259.52	\$1,506.11	\$503.85	\$755.78	\$1,007.70
63	\$1,035.41	\$1,084.16	\$1,317.48	\$1,216.16	\$1,294.15	\$1,547.53	\$517.71	\$776.56	\$1,035.41
64 - 99	\$1,052.25	\$1,101.78	\$1,338.90	\$1,235.94	\$1,315.20	\$1,572.69	\$526.13	\$789.19	\$1,052.25

Additional Coverage Options

Dental	*Base Plan* SmileSaver HMO 1000	Ameritas PPO 4000	BB Contribution (0 - 3 Years) 50% of Base Plan	BB Contribution (3 - 5 Years) 75% of Base Plan	BB Contribution (5+ Years) 100% of Base Plan
Team Member	\$20.00	\$56.18	\$10.00	\$15.00	\$20.00
Team Member + 1 Dependent	\$33.35	\$106.75			
Family	\$46.41	\$173.76			

Vision (No BB Contribution)	EyeMed Provided by Ameritas	VSP Provided by Ameritas
Team Member	\$9.75	\$12.92
Family	\$20.75	\$31.30

**Rates are Subject to Change **