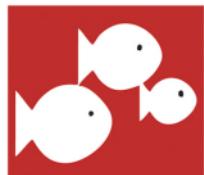


COCONUTS BAHAMA GRILL, LLC

JANUARY 1, 2025 - DECEMBER 31, 2025

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Provided by:

Brown & Brown | West Palm Beach

2025 OVERVIEW

For the 2025 plan year, Coconuts Bahama Grill, LLC will continue to offer a robust benefit package to all of our valued employees. There will be three medical plans to choose from to meet your personal needs. This guide will assist in reviewing available options for open enrollment and also serve as a quick reference guide for you and your family.

- Medical Plans** - RENEWING with AvMed
- Dental Plan** - RENEWING with Principal
- Vision Plan** - RENEWING with Principal

Full time employees are eligible to participate in benefit plans on the 1st of the month following 60 days of employment. Full time employment is defined as working a minimum of 30 hours per week.

What determines a full-time employee?

Due to the nature of our industry, we use a specific method to determine whether or not an employee meets the 30 hour requirement to be deemed full-time for benefits eligibility. The measurement period is the span of months during which an employee's hours of service are measured, also referred to as a look-back period. The measurement period for Coconuts Bahama Grill, LLC is from January 1st – October 1st. This only applies to existing employees. New hires intended to work 30+ hours per week are considered full-time and benefit eligibility will be determined at the end of the next measurement period ending on October 1, 2025.

Your eligible dependents include your spouse and dependent children. Dependent children are eligible to 26 (or 30 under certain circumstances) on the medical and 26 on the dental and vision.

INCLUDED IN THIS GUIDE

General Information

Section 125 /Qualifying Events

Medical Coverage

Cost Savings Tools

Dental Coverage

Vision Coverage

Contact Information

GENERAL INFORMATION

What is a “Copayment”?

- A copayment is a pre-determined amount you must pay out-of-pocket when seeing a service provider. It is paid directly to the provider and is due at the time services are rendered.

What is a “Deductible”?

- A deductible is a pre-determined amount that is paid by you before the insurer begins to pay.

What is “Coinsurance”?

- Coinsurance is the percentage paid by the insurer and the percentage paid by you after you have met the deductible.

What is the definition of embedded and non-embedded?

- An embedded deductible has both an individual deductible for each family member and family deductible that is the overall deductible for the policy. A non-embedded deductible would require all family members to pay the family deductible before the plan begins to pay. This term also refers to what is included in the out of pocket maximum. As long as you remain in network, your coinsurance, copays and deductible are included in your out-of-pocket maximum. *All plans in place with AvMed are considered “embedded”*

What is “Precertification”?

- Certain services, such as hospitalization or outpatient surgery, may require prior authorization with your insurer to verify coverage for those services. When required, your participating physician must obtain a precertification for you prior to your treatment.

What is a “Primary Care Physician” (PCP)?

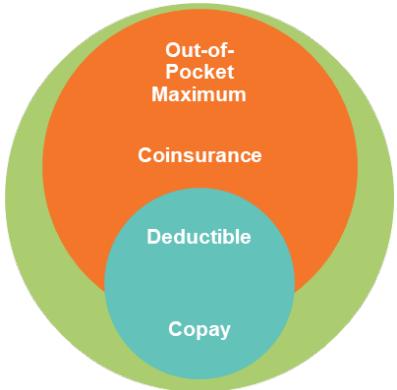
- A physician who is usually the first health professional to examine a patient and who recommends secondary care physicians, medical or surgical specialists with expertise in the patient’s specific health problem, if further treatment is needed.

Where can I find an in-network provider?

- Directories of participating service providers may be found on your insurer’s website. If you do not have internet access, you may call member services to find an in-network provider near you.

Should I use a Convenient Care Center, an Urgent Care Center, or the Emergency Room?

- Convenient Care Centers (found in many CVS and Walgreens stores) are a great way to address the common cough, cold, and sore throat. The cost is normally the same co-payment as seeing your doctor. Urgent Care Centers are another great alternative to the Emergency Room when your doctor’s office is closed. The co-payments are normally a lot less than an Emergency Room visit.



MAKING CHANGES TO YOUR BENEFITS

Under Section 125 of the Internal Revenue Service (IRS) code, you are allowed to pay for certain group insurance premiums with tax free dollars. This means that your premium deductions are taken before federal income and Social Security taxes are calculated. Depending on your tax bracket, your savings could be significant. However, you must make your benefit elections carefully, including the choice to waive coverage. Your pre-tax elections will remain in effect for the entire plan year unless you experience an IRS-approved qualifying change in status. A qualifying change in status is a life event that allows you to change your pre-tax coverage within 30 days after the day of the event.

QUALIFYING EVENTS

| | |
|---|---|
| <ul style="list-style-type: none">• Marriage | <ul style="list-style-type: none">• Divorce or legal separation (subject to State regulations) |
| <ul style="list-style-type: none">• Death of spouse, child or other qualified dependent | <ul style="list-style-type: none">• Birth or adoption of child |
| <ul style="list-style-type: none">• Loss of other group coverage | <ul style="list-style-type: none">• Change in employment status for employee, spouse or dependent |
| <ul style="list-style-type: none">• Change in residence due to an employment transfer | <ul style="list-style-type: none">• Change of dependent status |

LOWER YOUR OUT-OF-POCKET

Coconuts offers 3 medical plan options through AvMed: 1 HMO plan and 2 POS plans.

The **POS Plan** gives you the freedom to choose any provider you wish, but you will receive the highest level of benefits when you stay within the network.

The **HMO Plan** offers low out-of-pocket costs, but requires you to choose a physician from within the network. Referrals are not required for specialist care.

Directories of participating network providers may be found on your insurer's website. If you do not have internet access, you may call the member services telephone number (located at the back of the Benefits Booklet) to find an in-network provider near you.

MEDICAL COVERAGE



| MEDICAL BENEFITS | | Aim HMO |
|---|--|--------------------------------------|
| Calendar Year Deductible | | \$6,000 Individual / \$12,000 Family |
| Embedded / Non-Embedded | | Embedded |
| Out-of-Pocket Maximum | | \$8,500 Individual / \$17,000 Family |
| Coinsurance (Insurer / Insured) | | 70% / 30% |
| Preventive Care | | 100% Covered |
| OUT-OF-NETWORK | | |
| Out-Of-Network Benefits | | Emergency Only |
| PHYSICIAN OFFICE VISITS | | |
| Primary Care Physician / Specialist | | \$35 Copay / \$70 Copay |
| Referral Required for Specialist? | | No |
| Telemedicine | | No Charge |
| DIAGNOSTIC / LABORATORY | | |
| Diagnostic Testing (X-Ray, Bloodwork) | | 30% After Deductible |
| Advanced Imaging (MRI, CT Scan, PET) | | 30% After Deductible |
| HOSPITALIZATION | | |
| Inpatient Hospitalization | | 30% After Deductible |
| Outpatient Surgery | | 30% After Deductible |
| Emergency Room | | \$350 Copay |
| Urgent Care | | |
| Independent Urgent Care | | \$60 Copay |
| Hospital Affiliated Urgent Care | | \$60 Copay |
| Retail Clinic | | \$35 Copay |
| PRESCRIPTION DRUGS | | |
| Retail | | |
| Value Generic Drugs / Generic Drugs | | \$20 Copay / \$30 Copay |
| Preferred Brand Drugs / Non-Preferred Brand Drugs | | \$50 Copay / \$100 Copay |
| Specialty Brand Drugs | | 50% Coinsurance |
| Mail Order | | 2.5 x Retail |

MEDICAL COVERAGE



| MEDICAL BENEFITS | | Choice POS |
|---|--|--|
| Calendar Year Deductible | | \$2,500 Individual / \$5,000 Family |
| Embedded / Non-Embedded | | Embedded |
| Out-of-Pocket Maximum | | \$6,350 Individual / \$12,700 Family |
| Coinsurance (Insurer / Insured) | | 100% / 0% |
| Preventive Care | | 100% Covered |
| OUT-OF-NETWORK | | |
| Deductible | | \$7,500 Individual / \$15,000 Family |
| Coinsurance (Insurer / Insured) | | 60% / 40% |
| Out-of-Pocket Maximum* | | \$19,050 Individual / \$38,100 Family |
| *Subject to Balance Billing | | |
| PHYSICIAN OFFICE VISITS | | |
| Primary Care Physician / Specialist | | \$25 Copay / \$50 Copay |
| Referral Required for Specialist? | | No |
| Telemedicine | | No Charge |
| DIAGNOSTIC / LABORATORY | | |
| Diagnostic Testing (X-Ray, Bloodwork) | | |
| Independent Facility / Hospital-Affiliated Facility | | \$100 Copay / \$200 Copay After Deductible |
| Advanced Imaging (MRI, CT Scan, PET) | | |
| Independent Facility / Hospital-Affiliated Facility | | \$200 Copay / \$300 Copay After Deductible |
| HOSPITALIZATION | | |
| Inpatient Hospitalization | | Deductible |
| Outpatient Surgery | | |
| Independent Facility / Hospital-Affiliated Facility | | \$400 Copay / \$500 Copay After Deductible |
| Emergency Room | | \$250 Copay |
| Urgent Care | | |
| Urgent Care | | \$50 Copay |
| Retail Clinic | | \$25 Copay |
| PRESCRIPTION DRUGS | | |
| Retail | | |
| Value Generic Drugs / Generic Drugs | | \$3 Copay / \$9 Copay |
| Preferred Brand Drugs / Non-Preferred Brand Drugs | | \$25 Copay / \$50 Copay |
| Specialty Brand Drugs | | 50% Coinsurance |
| Mail Order | | 2.5 x Retail |

MEDICAL COVERAGE

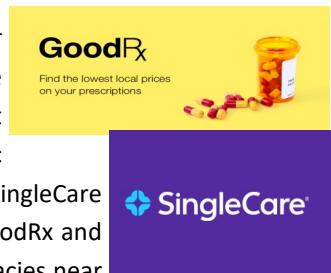


| MEDICAL BENEFITS | Choice POS |
|---|---|
| Calendar Year Deductible | \$0 Individual / \$0 Family |
| Embedded / Non-Embedded | Embedded |
| Out-of-Pocket Maximum | \$1,500 Individual / \$3,000 Family |
| Coinsurance (Insurer / Insured) | 100% / 0% |
| Preventive Care | 100% Covered |
| OUT-OF-NETWORK | |
| Deductible | \$500 Individual / \$1,000 Family |
| Coinsurance (Insurer / Insured) | 90% / 10% |
| Out-of-Pocket Maximum* | \$4,500 Individual / \$9,000 Family |
| *Subject to Balance Billing | |
| PHYSICIAN OFFICE VISITS | |
| Primary Care Physician / Specialist | \$15 Copay / \$30 Copay |
| Referral Required for Specialist? | No |
| Telemedicine | No Charge |
| DIAGNOSTIC / LABORATORY | |
| Diagnostic Testing (X-Ray, Bloodwork) Independent Facility / Hospital-Affiliated Facility | \$10 Copay / \$100 Copay |
| Advanced Imaging (MRI, CT Scan, PET) Independent Facility / Hospital-Affiliated Facility | \$25 Copay / \$200 Copay |
| HOSPITALIZATION | |
| Inpatient Hospitalization | \$250 Copay |
| Outpatient Surgery Independent Facility / Hospital-Affiliated Facility | \$250 Copay / \$500 Copay |
| Emergency Room | \$100 Copay |
| Urgent Care Urgent Care Retail Clinic | \$30 Copay \$15 Copay |
| PRESCRIPTION DRUGS | |
| Retail Value Generic Drugs / Generic Drugs Preferred Brand Drugs / Non-Preferred Brand Drugs Specialty Brand Drugs | \$3 Copay / \$9 Copay \$25 Copay / \$50 Copay 50% Coinsurance |
| Mail Order | 2.5 x Retail |

COST SAVINGS TOOLS

Prescription Drug Cost Comparison Tools:

Use GoodRx and SingleCare's drug price search to compare prices (just like you do for travel or electronics on other sites) for your prescription at pharmacies near you. GoodRx as well as SingleCare do not sell the medications, the free website and mobile app will tell you where you can get the best deal on them. If you have insurance, your co-pay might not be the best price. Hundreds of generic medications are available for \$4 or even free without insurance. Every week both GoodRx and SingleCare collect millions of prices and discounts from pharmacies, drug manufacturers and other sources. GoodRx and SingleCare will show you prices, coupons, discounts and savings tips for your prescriptions at pharmacies near you. There is no cost or membership required to use either of these cost savings tools. Please visit the websites at www.goodrx.com and www.singlecare.com. You can also download these apps on your smartphone. Please note: amounts paid for prescriptions using GoodRx or SingleCare's discount programs do not apply toward your medical plan's deductible or annual out of pocket maximum.



Pharmacy Discount Programs:

Before you pay for your next prescription, check to see if they are available for free or at a lower cost than traditional copays. Pharmacies such as Wal-Mart and Costco offer prescription discount programs that allow you to purchase medications for as low as \$4 for a 30 day Supply. If your local pharmacy is not listed please check with them to see if they offer any discounts.



Urgent Care/Walk-In-Clinics Vs. Emergency:

Do not pay more than you have to for medical care. The Emergency room is meant for true emergencies such as life threatening illnesses and injuries. Walk-in-clinics are designed to treat common ailments and provide basic primary health care and are typically staffed by nurse practitioners and sometimes a physician's assistant. They are used for common ailments such as: flu/strep throat, allergies, cold and cough. Urgent care facilities are designed to serve patients who are suffering from acute illnesses and injuries which are beyond the capacities of a regular walk-in-clinic, are typically open for extended hours, and are used to treat non-life threatening injuries and illnesses. To maximize savings use in-network facilities.

| URGENT CARE SITUATIONS | EMERGENCY SITUATIONS |
|---|--|
| <ul style="list-style-type: none">Ear or eye infectionFeverCuts that may need stitchesPossible broken bones or simple fracturesSevere sore throatSprains and strainsVomiting / Diarrhea | <ul style="list-style-type: none">Chest pain or squeezing sensation in the chestSeizure or loss of consciousnessSevere abdominal painSudden paralysis or slurred speechUncontrolled bleeding |

Above are potential ways to save money on the cost of medical care and prescriptions. Actual results may vary.

DENTAL COVERAGE



The PPO dental plan gives you freedom to use in-network or out-of-network dentists. Since network providers offer reduced contracted rates, you save money by using network providers for all your dental needs. *All benefits received from out-of-network dentists are subject to "the amounts agreed to by network dentist" fees. Any amount that exceeds the dental carrier's "reasonable and customary maximum allowable" amounts is the patient's responsibility.



| DENTAL BENEFITS | IN-NETWORK | OUT-OF-NETWORK |
|---|--------------------|----------------|
| Annual Deductible Individual / Family | \$50 / \$150 | \$50 / \$150 |
| Annual Maximum | \$1,500 | \$1,000 |
| PREVENTIVE PROCEDURES | DEDUCTIBLE WAIVED | |
| Routine Exams (2 Per Calendar Year) Teeth Cleaning (4 Per Calendar Year) Fluoride Treatments Bitewing / Full Mouth X-Rays Sealants | Plan Pays 100% | Plan Pays 80%* |
| BASIC PROCEDURES | DEDUCTIBLE APPLIES | |
| Emergency Exams Periodontal Maintenance Periodontics (Non Surgical and Surgical) Fillings Composite Oral Surgery (Simple and Complex) Simple Endodontics | Plan Pays 80% | Plan Pays 60%* |
| MAJOR PROCEDURES | DEDUCTIBLE APPLIES | |
| Anesthesia Complex Endodontics Crowns Core Buildup Bridges Dentures | Plan Pays 50% | Plan Pays 40%* |
| ORTHODONTIC PROCEDURES | NOT COVERED | |

VISION COVERAGE



This plan covers eye exams, prescription lenses and frames, or contact lenses for you and your dependents when you receive services from in-network or out-of-network providers. As you can see from the table below, staying in-network cuts costs down and gives you more of a benefit.



| VISION BENEFITS | IN-NETWORK | OUT-OF-NETWORK REIMBURSMENT UP TO ... |
|---|-----------------------------------|--|
| Eye Exam (Once every 12 months) | \$10 Copay | \$45 |
| Lenses (Once every 12 months) Single Vision Bifocal Trifocal | \$25 Copay | \$30 \$50 \$65 |
| Frames (Once every 24 months) | \$130 Allowance + 20% Off Balance | \$70 |
| Contact Lenses (Once every 12 Months) Elective Medically Necessary | \$130 Allowance \$25 Copay | \$105 \$210 |
| LASIK or PRK | Discount Available | |

**Contacts and eyeglasses cannot be purchased in the same year*

CONTACT INFORMATION

| BENEFIT | CARRIER | PHONE | WEBSITE |
|--------------------------------|-----------------------------|----------------|--|
| Medical and Prescription Plans | AvMed Group# 203481 | 1-800-835-6131 | www.avmed.com |
| Dental Plan | Principal Group# 1149768 | 1-800-245-1522 | www.principal.com |
| Vision Plan | Principal Group# 1149768 | 1-800-245-1522 | www.principal.com |



For more information regarding your benefits,
please reach out to your dedicated Account Manager:
Liz Romo (561) 473-6065

IMPORTANT NOTICE

This Benefits-At-A-Glance booklet is designed to provide basic information to employees on benefit plans and programs available January 1, 2025—December 31, 2025. It does not detail all of the provisions, restrictions and exclusions of the various benefit programs documented in the carrier contract or the Summary Plan Description (SPD). This booklet does not constitute an SPD or Plan Document as defined by the Employee Retirement Income Security Act (ERISA).



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PAYROLL DEDUCTIONS

PLAN YEAR: JANUARY 1, 2025 – DECEMBER 31, 2025

MEDICAL ELECTION / ELECCIÓN MEDICA

Deductions are illustrated as a bi-weekly amount and deducted on a pre-tax basis.

Las deducciones se ilustran como una cantidad semanal y se deducen antes de impuestos.

| AVMED – MEDICAL / MÉDICO | AIM HMO PLAN | CHOICE MID POS PLAN | CHOICE HIGH POS PLAN |
|---|--------------|---------------------|----------------------|
| Employee Only / Solo empleado | \$82.81 | \$173.57 | \$261.20 |
| Employee + Spouse / Empleado + Cónyuge | \$274.89 | \$453.59 | \$626.15 |
| Employee + Child(ren) / Empleado + hijo (s) | \$210.87 | \$360.26 | \$504.51 |
| Family / Familia | \$402.95 | \$640.28 | \$869.46 |

DENTAL ELECTION / ELECCIÓN DENTAL

Deductions are illustrated as a bi-weekly amount and deducted on a pre-tax basis.

Las deducciones se ilustran como una cantidad semanal y se deducen antes de impuestos.

| PRINCIPAL – DENTAL / DENTAL | PPO PLAN |
|---|----------|
| Employee Only / Solo empleado | \$11.28 |
| Employee + Spouse / Empleado + Cónyuge | \$24.25 |
| Employee + Child(ren) / Empleado + hijo (s) | \$27.40 |
| Family / Familia | \$42.30 |

VISION ELECTION / ELECCIÓN VISIÓN

Deductions are illustrated as a bi-weekly amount and deducted on a pre-tax basis.

Las deducciones se ilustran como una cantidad semanal y se deducen antes de impuestos.

| PRINCIPAL – VISION / VISIÓN | PPO PLAN |
|---|----------|
| Employee Only / Solo empleado | \$2.41 |
| Employee + Spouse / Empleado + Cónyuge | \$5.25 |
| Employee + Child(ren) / Empleado + hijo (s) | \$5.54 |
| Family / Familia | \$9.00 |