



Five9 2027 Benefits

FUELING GROWTH, FOSTERING #JOY

Five9[®]

01/01/2027 - 12/31/2027

Updated October 21, 2026

Here's some important information you should know.

Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices for more details.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

A list of plan contacts is included at the back of this guide.

The benefits in this summary are effective 01/01/2027 through 12/31/2027.



Welcome to your 2027 benefits. Our benefits program provides you with the best coverage that is simple and easy to use. We offer programs that protect your health, your money, your family, and help you find balance between your concerns at work and at home. We also know the value of understanding your coverage, so you know how to get care, when you need it, at the lowest cost. With the information and tools in this guide and related resources, we hope to help you be well today and work toward a healthy and secure future.

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Are you eligible for benefits?

You're eligible for benefits if you are a regular, full-time employee working 30 hours per week, unless otherwise specified by your employer.

Your eligible dependents

- Legally married spouse or qualified domestic partner (including same- or opposite-sex)
- Natural, adopted, stepchildren, and children of your qualified domestic partner up to age 26.
 - Coverage ends at the end of the month in which the child reaches age 26.
- Tax dependent children of any age who are disabled and dependent on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Family members such as parents, grandparents, grandchildren, siblings, or anyone who is not your tax dependents as described above are not eligible for coverage. In some situations, eligible domestic partners (and their children) may be covered under many of our plans. As required by the IRS, employees covering domestic partners (and/or children of domestic partners) will be taxed on the total value of coverage including your and Five9's portion of the premiums each pay period. To enroll a domestic partner (and/or their children) you will be required to submit a completed Affidavit and submit a [Benefits & Retirement Freshservice ticket](#). If you are unable to access Freshservice tickets, you can also contact the Benefits Advocate at five9@alliant.com. You can find the Affidavit of Domestic Partnership form on the [US Benefits Programs](#) Sharepoint page.

When you can enroll

You can enroll in benefits as a new hire, during the annual open enrollment period in the Fall, or with a qualified life event. All enrollments must be completed through the Five9 US Benefits Hub, *powered by PlanSource*. New hire coverage for full-time employees begins on your date of hire as long as you enroll **within 30 days** of becoming eligible. If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason). If you are an intern working 30 hours per week, you become eligible for coverage 90 days after your date of hire.

Changing your benefits

Outside of open enrollment, you may be able to enroll, add or remove dependents or change benefit options if you have a significant change in your life. All life event changes need to be submitted **within 30 days** from the date of the Qualifying Event through the Five9 US Benefits Hub. Eligible events include:

- Change in legal marital status.
- Change in number of dependents or dependent eligibility status (i.e. birth, adoption).
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren).
- Change in residence that eliminates access to the network providers of your current plan.
- Change in your health coverage or your spouse's coverage due to your spouse's employment.
- Change in an individual's eligibility for Medicare or Medicaid.
- Court order requiring coverage for your child.
- "Special enrollment" event under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan.
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

Changes to your benefits must be consistent with the Life Event and documentation is required, as applicable. Upload your documentation in the Five9 US Benefits Hub and submit a [Benefits & Retirement Freshservice ticket](#). If you are unable to access Freshservice tickets, you can also contact the Benefits Advocate at five9@alliant.com. If you do not have the required documentation, i.e. Marriage Certificate, Birth Certificate, Evidence of Other Coverage, etc. within the 30 days, you MUST still submit your Life Event change through the Five9 US Benefits Hub within the 30-day time requirement.

Following successful completion of your mid-year change in the Five9 US Benefits Hub and submission of any required documentation, the effective date of coverage will be the first of the month following your Life Event. Births and adoptions are the exceptions, as coverage will be retroactive to the date of the birth or adoption. Coverage will not be in place until the required documentation is received. Documentation must be received no later than 60 days following the date of your event. If you fail to notify or submit the required documentation within the necessary timeframes, your coverage will not be processed, and you will be responsible for the entire cost of any services you receive.

Enrolling in your benefits & making changes



When you have made your benefits decisions and are ready to enroll or make a benefits change, go to the Five9 US Benefits Hub (**Okta > UKG > Myself > Benefits > Manage My Benefits**) through Okta, Five9's employee single sign on.

Your Elections

- Annual deductibles and Out-of-pocket expenses run on a calendar year basis.
- The Flexible Spending Accounts (FSA) are on a calendar year basis.
- Short-Term and Long-Term Disability Tax Choice – Changes are allowed during the Annual Benefits Open Enrollment period.
- Benefits elections can be changed during the applicable New Hire and Open Enrollment Period and within 30 days of a Qualifying Life Event.

When does your coverage end

- Your health benefits (medical, dental, vision) end at the end of the month in which you are considered ineligible, or you have a Qualified Life Event and request coverage termination. You are considered ineligible if you are no longer a regular, full-time employee working 30 hours per week.
- Your contributions will continue until the end of the month if you are still employed. If you are no longer employed, the full amount of your deductions for the month will be taken on your final paycheck.
- Your income replacement benefits (life, AD&D, short-term disability and long-term disability) end on the date in which your employment ends with Five9.
- Your Healthcare and Limited Purpose Flexible Spending Account (FSA) coverage ends on the date of your termination. You will have 90 days from the end of the calendar year (March 31st) to submit any claims incurred while you were an active employee. Otherwise, your funds will be forfeited.
- Your Dependent Care Flexible Spending Account (FSA) coverage ends on the date of your termination. You will no longer be able to fund your account after this date. You will be able to submit eligible expenses incurred prior to your termination date until 90 days following the end of the calendar year.
- Your Health Savings Account (HSA) will remain yours, even if you leave Five9. HSA Bank will continue to administer the account and begin charging a monthly fee.
- Your voluntary accident, critical illness, hospital indemnity and Legal / ID Theft Protection end at the end of the month in which you are considered ineligible or terminate employment.



Need help?



Get help with your benefits however you feel most comfortable. You have many different ways to get answers to your questions and assistance with coverage and claims issues. Use the resources on the following pages freely!

Say hello to your Benefit Advocates

Reach out to your Benefit Advocates for personal and confidential assistance with

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Coverage changes due to life events such as marriage, a new child, or divorce
- Health care claim or billing issues

Contact our dedicated Alliant Benefit Advocate by submitting a [Benefits & Retirement Freshservice ticket](#). If you are unable to access Freshservice tickets, you can also contact the Benefits Advocate at:
Five9@alliant.com
(925) 658-1569
8:00 am – 5:00 pm Mon-Thu
8:00 am – 4:30 pm Fri (Pacific Time)

Make friends with mobile apps

Stay informed while you're on the go! Many of your benefit plans offer apps that provide personalized information about your benefits coverage and individual usage.

Visit the plan's website for app information or search on the Apple Store or Google Play.

Employee Benefits Portal

Many of our plan specifics and documents can be found on our online benefits portal, MyBenefits.Life. Plan information, contacts, legal documents, and carrier resources are available for you and your family members. To access the site, go to [Five9.MyBenefits.Life](#).

Retirement Questions

To enroll in the Five9 401(k) plan, please register and/or log into your Fidelity account at [www.401k.com](#).

You can contact the Sequoia Retirement Advocates if you need assistance with enrolling, rollovers, distributions, investments and more: sequoia401k@worldadvisors.com or (866) 220-6500

Cost of coverage

The total amount that you pay for your benefits coverage depends on the plans you choose and the dependents you cover.

Your medical, dental, and vision costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes. As required by the IRS, employees covering domestic partners (and/or children of domestic partners) will be taxed on the total value of coverage including your and Five9's portion of the premiums each pay period. To enroll a domestic partner (and/or their children), you will be required to submit a completed Affidavit and submit a [Benefits & Retirement Freshservice ticket](#). If you are unable to access Freshservice tickets, you can also contact the Benefits Advocate at five9@alliant.com.

Five9 covers the cost of your coverage and shares in the cost of your eligible dependents.

Healthcare

Costs shown are semi-monthly (24/year) and are effective from January 1, 2027 – December 31, 2027.

Medical	Employee Only	Employee + Spouse/Domestic Partner	Employee + Child(ren)/Child(ren) of Domestic Partner	Employee + Family/Domestic Partner Family
Cigna HDHP	\$0.00	\$214.17	\$142.77	\$374.79
Cigna PPO OAP	\$0.00	\$321.25	\$214.17	\$562.18
*Kaiser HMO (CA only)	\$0.00	\$189.35	\$157.79	\$315.57

Dental	Employee Only	Employee + Spouse/Domestic Partner	Employee + Child(ren)/Child(ren) of Domestic Partner	Employee + Family/Domestic Partner Family
Cigna Dental PPO	\$0.00	\$5.00	\$5.00	\$10.00

Vision	Employee Only	Employee + 1 (EE + 1 Child or EE + Spouse/DP)	Employee + 2+ (Family)
VSP Vision Base	\$0.00	\$2.50	\$5.00
VSP Vision Buy Up	\$3.01	\$8.25	\$14.34

*Kaiser HMO (CA ONLY), limited to Kaiser service areas in California. Some California residents may not have access to the Kaiser HMO service areas based on zip code.

Your contributions will begin on the next possible paycheck following your enrollment. Based on the timing in which you complete your enrollment, you may have multiple contributions on one paycheck. To avoid multiple contributions on one paycheck, be sure to complete your enrollment as soon as possible.

BENEFIT WAIVER CREDIT

If you decline Medical, Dental AND Vision coverage, you will receive \$50.00 per paycheck (taxable income). The Benefit Waiver credit begins on the paycheck following your submitted and approved election to decline benefits, which you make during Open Enrollment, New Hire Enrollment, or with the Qualified Life Event process in the Five9 US Benefits Hub. After declining coverage, please be sure to review your next two paychecks (it may take a full pay cycle to take effect) to ensure you are receiving your waiver credit. If you find you are not receiving the payment, submit a [Benefits & Retirement Freshservice ticket](#). If you are unable to access Freshservice tickets, you

Medical

can also contact the Benefits Advocate at five9@alliant.com. Back payments can only be processed for two paychecks, and in no event can they be processed for the prior year.

If you do not complete the enrollment process to decline coverage at the time of your eligibility or in conjunction with a Qualified Life Event, your next opportunity to receive the Benefit Waiver payment will be during the next Open Enrollment period. You must complete Open Enrollment and actively decline Medical, Dental and Vision coverage.

VOLUNTARY LIFE AND AD&D

The cost for Voluntary Life & AD&D for you and your spouse is dependent upon your age and the benefit amount you elect. Costs increase with the employee's age and the elected benefit amount. The cost of child coverage is based on the benefit amount and covers the employee's selected dependent children. Rates will be calculated for you when you complete your enrollment in the Five9 US Benefits Hub. Voluntary life and AD&D costs are deducted from your pay on a post-tax basis — after federal, state, and social security taxes are calculated.

Voluntary Life (per \$1,000)

Age	Monthly age-based rates
<35	\$0.046
35-39	\$0.052
40-44	\$0.062
45-49	\$0.088
50-54	\$0.121
55-59	\$0.193
60-64	\$0.295
65-69	\$0.482
70-74	\$0.772
75+	\$2.060
Child	\$0.295

Voluntary AD&D (per \$1,000)

	Monthly rates
Employee	\$0.028
Spouse	\$0.028
Child	\$0.028

Medical

VOLUNTARY ACCIDENT, HOSPITAL INDEMNITY, CRITICAL ILLNESS (MONTHLY)

Voluntary Accident, Hospital Indemnity and Critical Illness costs are deducted from your pay on a post-tax basis — after federal, state, and social security taxes are calculated.

	Guardian Accident	Guardian Hospital Indemnity
Employee Only	\$9.50	\$10.84
Employee + Spouse/DP	\$15.98	\$24.09
Employee + Child(ren)	\$16.79	\$18.52
Employee + Family	\$23.27	\$31.78

Guardian Critical Illness

The cost for child(ren) is covered as part of the employee election.

Benefit Amount	Age: <30	30-39	40-49	50-59	60-69	70+
Employee						
\$5,000	\$1.55	\$2.60	\$5.00	\$10.05	\$17.30	\$27.50
\$10,000	\$3.10	\$5.20	\$10.00	\$20.10	\$34.60	\$55.00
\$15,000	\$4.65	\$7.80	\$15.00	\$30.15	\$51.90	\$82.50
\$20,000	\$6.20	\$10.40	\$20.00	\$40.20	\$69.20	\$110.00
\$25,000	\$7.75	\$13.00	\$25.00	\$50.25	\$86.50	\$137.50
\$30,000	\$9.30	\$15.60	\$30.00	\$60.30	\$103.80	\$165.00
Spouse						
\$2,500	\$0.78	\$1.30	\$2.50	\$5.03	\$8.65	\$13.75
\$5,000	\$1.55	\$2.60	\$5.00	\$10.05	\$17.30	\$27.50
\$7,500	\$2.33	\$3.90	\$7.50	\$15.08	\$25.95	\$41.25
\$10,000	\$3.10	\$5.20	\$10.00	\$20.10	\$34.60	\$55.00
\$12,500	\$3.88	\$6.50	\$12.50	\$25.13	\$43.25	\$68.75
\$15,000	\$4.65	\$7.80	\$15.00	\$30.15	\$51.90	\$82.50

LEGAL & ID THEFT PROTECTION (MONTHLY)

	Individual	Family
LegalShield	\$16.30	\$16.30
IDShield	\$6.50	\$11.25
LegalShield & IDShield	\$21.80	\$25.55

Compare medical plans

Five9 offers different medical plans for different needs and budgets. Here's an overview of how each type of plan works.

HDHP

High Deductible Health Plan

- Cigna HDHP

An HDHP may have a higher deductible than a traditional plan, but it is the only plan with a Health Savings Account (HSA). Five9 contributes \$75 semi-monthly (\$1,800 annually) to the HSA for an employee enrolling only themselves and \$120 semi-monthly (\$2,880 annually) to the HSA for those enrolling one or more dependents if you are enrolled in the Five9 HDHP. Optionally, you can contribute your own tax-free dollars (Refer to HSA & FSA (HSA Features) section of this booklet for details regarding taxation). The HSA helps you pay your deductible and other healthcare expenses. You can visit any provider, and if you stay in-network, you'll be able to save more of your HSA dollars for future healthcare needs.

Cigna Network: Open Access Plus/OAP without Carelink*

PPO

Preferred Provider Organization

- Cigna PPO OAP

The PPO OAP gives you flexibility and choice, for a price. You can go to any doctor without a referral, but you will pay a larger share of the cost if they are not in the plan's network. You'll need to meet an annual deductible for most medical services before the plan starts to pay.

Cigna Network: Open Access Plus/OAP without Carelink*

HMO

Health Maintenance Organization

- Kaiser HMO (CA Only)

An HMO gives you more predictable costs but less flexibility. You pay a copay for most services, but all care must be received within the HMO network. Out-of-network care is not covered except in an emergency. Kaiser plans are unique in that you must receive all care at Kaiser facilities.

*Open Access Plus is the national network name. There may be a slight variation in the plan names shown. In all cases, be sure to select the "Open Access Plus/OAP" option without Carelink.

Finding a Cigna provider for 2027:

Cigna's network of providers can be reviewed through their [provider lookup tool](#) and selecting the Open Access Plus/OAP Option without Carelink. If you wish to have a Cigna Medical ID card, these can be accessed through [Cigna's website](#) or accessed through their [IOS](#) or [Android](#) mobile apps.

Medical

CIGNA HDHP

	In-network	Out-of-network
Annual deductible (calendar year)	\$3,500 per individual; \$6,000 per family	\$3,500 per individual; \$6,000 per family
Annual out-of-pocket maximum	\$3,500 per individual; \$7,000 per family	\$7,000 per individual; \$14,000 per family
Primary provider office visit	No charge after deductible	30% after deductible
Specialist office visit	No charge after deductible	30% after deductible
Acupuncture	No charge after deductible	30% after deductible
Preventive care	No charge	30% after deductible
Diagnostic lab and X-ray	No charge after deductible	30% after deductible
Urgent care	No charge after deductible	30% after deductible
Emergency room	No charge after deductible	No charge after deductible
Hospitalization	No charge after deductible	30% after deductible
Outpatient surgery	No charge after deductible	30% after deductible

Prescription Drugs

Annual deductible	Subject to Medical deductible	
Annual out-of-pocket maximum	Subject to Medical out-of-pocket maximum	
Generic	Pharmacy: \$5 copay after deductible Mail order: \$10 copay after deductible	Pharmacy: Not Covered Mail order: N/A
Preferred brand	Pharmacy: \$30 copay after deductible Mail order: \$60 copay after deductible	Pharmacy: Not Covered Mail order: N/A
Non-preferred brand	Pharmacy: \$50 copay after deductible Mail order: \$100 copay after deductible	Pharmacy: Not Covered Mail order: N/A
Specialty Drugs	20% after deductible up to \$250	Not Covered
Number of days' supply	Pharmacy: Up to 30 days Mail order: Up to 90 days	Not applicable

The Cigna Medical plans cover advanced reproductive care (ex. in-vitro fertilization) for all health plan enrollees.

Five9 HSA Funding: Five9 contributes \$75 semi-monthly (\$1,800 annually) to the HSA for employees enrolling only themselves in the Five9 Cigna HDHP or \$120 semi-monthly (\$2,880 annually) to the HSA for those enrolling themselves and one or more dependents in the Five9 Cigna HDHP. Complete the HSA election process in the Five9 US Benefits Hub (including the HSA eligibility survey) to receive the Five9 HSA Funding.

Out of network coverage: If you receive coverage from an out of network doctor, professional, hospital, or facility, Cigna will cover your costs based on their “recognized” amount. The amount is based on what Medicare pays for the service which is set by the government. Your non-network provider may charge a rate higher than the “recognized” amount and you will be responsible for any balance in excess of the “recognized” amount.

Medical

CIGNA PPO OAP

	In-network	Out-of-network
Annual deductible (calendar year)	\$250 per individual; \$750 family limit	\$250 per individual; \$750 family limit
Annual out-of-pocket maximum	\$2,500 per individual; \$5,000 family limit	\$6,500 per individual; \$13,000 family limit
Primary provider office visit	\$20 copay	30% after deductible
Specialist office visit	\$20 copay	30% after deductible
Acupuncture	10% after deductible	30% after deductible
Preventive care	No charge	30% after deductible
Diagnostic lab and X-ray	10% after deductible	30% after deductible
Urgent care	\$35 copay	30% after deductible
Emergency room	\$150 copay + 10%	\$150 copay + 10%
Hospitalization	10% after deductible	30% after \$500 copay after deductible
Outpatient surgery	10% after deductible	30% after deductible
Prescription Drugs		
Annual deductible	Not subject to deductible	
Annual out-of-pocket maximum	Subject to Medical out-of-pocket maximum	
Generic	Pharmacy: \$5 copay Mail order: \$10 copay	Pharmacy: Not Covered Mail order: N/A
Preferred brand	Pharmacy: \$30 copay Mail order: \$60 copay	Pharmacy: Not Covered Mail order: N/A
Non-preferred brand	Pharmacy: \$50 copay Mail order: \$100 copay	Pharmacy: Not Covered Mail order: N/A
Specialty Drugs	20% up to \$150	Not Covered
Number of days' supply	Pharmacy: Up to 30 days Mail order: Up to 90 days	Not applicable

The Cigna Medical plans cover advanced reproductive care (ex. in-vitro fertilization) for all health plan enrollees.

Out of network coverage: If you receive coverage from an out of network doctor, professional, hospital, or facility Cigna will cover your costs based on their “recognized” amount. The amount is based on what Medicare pays for the service which is set by the government. Your non-network provider may charge a rate higher than the “recognized” amount and you will be responsible for any balance in excess of the “recognized” amount.

Medical

*KAISER HMO (CA ONLY)

	In-network	Out-of-network
Annual deductible (calendar year)	None	N/A
Annual out-of-pocket maximum	\$1,500 per individual; \$3,000 per family	N/A
Primary provider office visit	\$20 copay	Not covered
Specialist office visit	\$20 copay	Not covered
Acupuncture	\$20 copay	Not covered
Preventive care	No charge	Not covered
Diagnostic lab and X-ray	\$10 copay	Not covered
Urgent care	\$20 copay	Not covered
Emergency room	\$50 copay	Not covered
Hospitalization	\$250 copay	Not covered
Outpatient surgery	\$100 copay	Not covered

Prescription Drugs

Annual deductible	Not subject to deductible	N/A
Annual out-of-pocket maximum	Subject to Medical out-of-pocket maximum	N/A
Generic	Pharmacy: \$10 copay Mail order: \$20 copay	Not covered
Preferred brand	Pharmacy: \$30 copay Mail order: \$60 copay	Not covered
Non-preferred brand	Pharmacy: \$30 copay Mail order: \$60 copay	Not covered
Specialty Drugs	20% up to \$150	Not covered
Number of days' supply	Pharmacy: Up to 30 days Mail order: Up to 100 days	N/A

*Kaiser HMO (CA ONLY), limited to Kaiser service areas. Some California residents may not have access to the Kaiser HMO service areas based on zip code.

The Kaiser medical plan covers advanced reproductive care (ex. in-vitro fertilization) for all health plan enrollees.



Prescription drug savings

Are prescription drug costs breaking your budget?

A little research before you go to the pharmacy could result in huge savings. This is especially important in a high deductible health plan because you pay the full cost of prescription drugs until you meet your deductible.

Insider tip

Rx expert!



Your medical plan includes prescription drug coverage. You pay a different amount depending on the “tier” or class of drug.

GENERIC drugs are almost always the least expensive. Get in the habit of asking your doctor or pharmacist if there’s a generic alternative.



A FORMULARY is a list of drugs that are preferred by the plan. Plans use formularies to encourage the most cost-effective drugs.

If a generic drug is not available, ask your doctor whether there is an effective brand name medication that is on the plan's preferred drug list.



A PARTICIPATING PHARMACY (one that contracts with your medical plan) will usually offer the best price. You can find a participating (in-network) pharmacy on your plan’s website or by calling member services.

SHOP AROUND! Even within the same drugstore chain, you may find a better price at a different location. Your medical plan may have an online tool or app to compare prices. Or try websites like [goodrx.com](https://www.goodrx.com) or [lowestmed.com](https://www.lowestmed.com). Note, using these websites may disallow use of your insurance plan.



SPECIAL HANDLING REQUIRED? Your prescription may require preauthorization (plan approval) or step therapy (trying certain drugs before others). Specialty drugs such as injectables may need to be purchased from a certain provider.

Talk with your doctor about your course of treatment and confirm whether your plan requires any special procedures. Before filling your prescription, verify that the pharmacy is in-network.



You can get medicines that you take routinely by MAIL ORDER. Your doctor will need to authorize an extended supply. You can submit refills through a website or app, or by phone.

Compare your plan's mail-order copay and shipping costs against your local pharmacy price and/or other discount programs.



Preventive care & you

Your body doesn't come with an owner's manual, but you have to take care of it to make sure it will keep running for a long time. An important part of self-care is getting preventive medical exams to check that you're staying healthy or to identify and treat diseases before they become serious. Standard preventive services are covered in full by your insurance if you see an in-network provider.

WHAT IS PREVENTIVE CARE?

TESTS

Blood pressure
Diabetes
Cholesterol



CHECKUPS

Well baby
Well child
Well woman



Mammograms
Colonoscopies

CANCER SCREENINGS



Prenatal care for
healthy pregnancy &
healthy baby

PREGNANCY

VACCINATIONS

Flu, pneumonia, measles,
polio, meningitis, and
other diseases



Screenings for
sexually transmitted
infections

STD

TALK WITH YOUR DOCTOR ABOUT



Tobacco use, healthy weight,
exercise, eating habits, alcohol
use, depression

FOR MORE RESOURCES, VISIT [CDC.GOV/PREVENTION](https://www.cdc.gov/prevention)



Recommended preventive care and healthy
lifestyle choices are key steps to good
health and well-being.

Prevention is a habit

- Make healthy lifestyle choices —food, exercise, sleep, safety.
- Schedule an annual physical with your primary care doctor and follow your doctor's recommendations.
- Set health and wellness goals and work towards them daily.

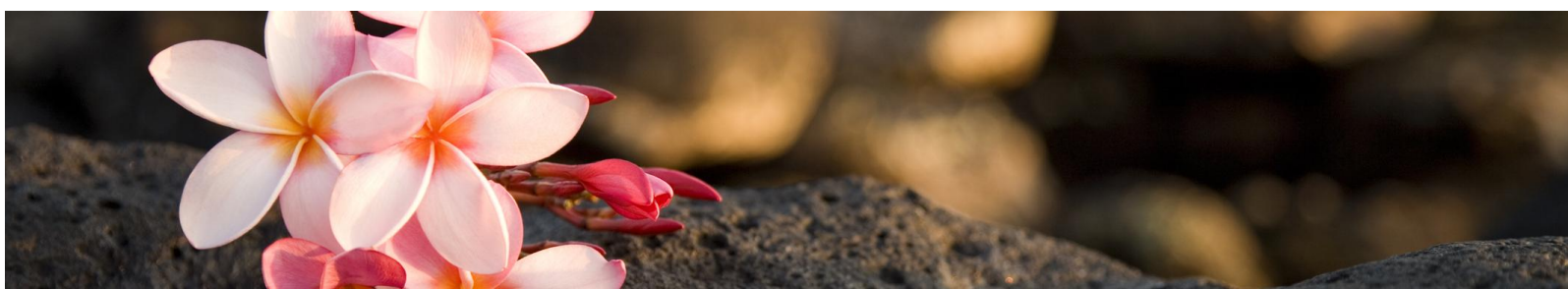
Know your numbers

Keep a record of your health screening dates and results so you can talk to your doctor about any changes.

- Date of last checkup
- Height and weight
- Blood pressure
- Cholesterol
- Immunizations and vaccines
- Other test results

What preventive care do you need?

Visit [healthfinder.gov](https://www.healthfinder.gov) and enter your age and sex in the app to get a list of recommended preventive screenings for your stage in life. Talk to your doctor about which are appropriate for you.



Know where to go

ER or urgent care?

The emergency room shouldn't be your first choice unless there's a true emergency.

Consider urgent care for...

Symptoms, pain or conditions that require quick medical attention but do not require hospital care, such as:

- Earache
- Sore throat
- Rashes
- Sprains
- Broken fingers or toes
- Flu
- Fever up to 104 degrees

Go to the emergency room for...

Serious or life-threatening conditions that require immediate treatment that you can get only at a hospital, such as:

- Chest pain or severe abdominal pain
- Trouble breathing
- Loss of consciousness
- Severe bleeding that can't be stopped
- Large broken bones
- Major injuries from a car crash, fall or other accident
- Fever above 104 degrees

Can't get to the doctor's office? Have your visit online!

Have you ever needed to see a doctor but couldn't because of scheduling, holidays, weekends, travel or even bad weather? Cigna and Kaiser save you time and money by connecting you to a doctor via video chat from any location, 24/7, no appointment needed. You'll be connected to a board-certified doctor who can diagnose and treat many common medical problems such as colds and flu, ear infections, skin problems, allergies, sinus problems, and more. General telemedicine visits are charged the same as general in office physician visits, consult your plan documents for further information on coverage levels.

Carrier	Website	Cost	Phone Number/App
Cigna	Access MDLIVE through myCigna.com	Covered the same as in person visits	(888) 726-3171
Kaiser	kp.org/mydoctor/videovisits	Covered at no cost	KP Preventive Care App (Apple and Android)

Other non-emergency care options

Our medical plans offer options when you need care or advice, but it's not an emergency:

Plan	Call a nurse 24/7	Find doctor/urgent care
Cigna HDHP Cigna PPO OAP	(800) 244-6224	https://hcpdirectory.cigna.com/web/public/consumer/directory/search Click "Health Facilities and Group Practices", then "Urgent Care Facility" Network – select the "Open Access Plus/OAP" option without Carelink
Kaiser HMO	(800) 464-4000	https://healthy.kaiserpermanente.org/doctors-locations



Health Savings Account (HSA) & Flexible Spending Accounts (FSA)



Would you like to save up to 30% on medical, dental and vision costs? Using these accounts saves you money because you can pay your healthcare bills with tax-free dollars! There are different accounts for different situations and needs. Each type of account has its own eligibility requirements and rules.

HSA

Health Savings
Account - for Five9
Cigna HDHP
members only

An HSA is what makes high deductible health plans (HDHP) so popular. It helps with your current healthcare expenses and helps you build a safety net for the future. Unused money rolls over year after year, earns interest, and can even be invested. Deposits, withdrawals for eligible healthcare expenses, and earnings are federally tax-free. After 65, you can even use the money for non-healthcare expenses (subject to your regular tax rate). You own the account, even if you change jobs.

To open an HSA, you must be enrolled in Five9's Cigna HDHP, and you may not have non-HDHP medical coverage, including Medicare, Medicaid, or Tricare. You may not be a tax dependent. You (or your spouse) may not have a healthcare Flexible Spending Account, unless it's a limited purpose FSA for dental and vision expenses only.

FSA

Healthcare Flexible
Spending Account

You can set aside money from your pay, pre-tax, and use it for medical, dental, and vision expenses any time during the plan year. You can use the account for yourself, your spouse, your children under age 27 as of the end of the tax year, and your legal tax dependents. You don't have to enroll in one of our medical plans to participate in the healthcare FSA. The catch is that you need to estimate carefully. If you set aside more than you need and don't spend it by the deadline, you may forfeit some or all of your remaining account balance. See the table on the next page for more details.

The FSA plan year runs from January 1st to December 31st and you have until March 31st to submit claims for expenses paid for in the prior year.

If you or your spouse participate in an HSA-compatible plan, you are eligible for the Limited Purpose FSA which you can use for dental and vision expenses only (not medical).

You can use a tax-free health account for a wide variety of expenses

- Deductibles, copays, coinsurance
- Medically necessary expenses not covered by your health plan
- Prescription drugs
- Over-the-counter (OTC) drugs
- Feminine hygiene products
- Some drugstore items such as diabetic supplies and first aid
- Dental and vision care services
- Certain types of medical equipment

* Information on the **Dependent Care FSA** can be found on page 25.

Flexible Spending Account (FSA) features

	Healthcare FSA	Limited FSA
Medical plan enrollment	Any plan other than the Cigna HDHP.	For HDHP member dental and vision expenses only.
Eligible dependents	Spouse, children under age 27, and tax dependents. Domestic partner must be tax dependent.	Spouse, children under age 27, and tax dependents. Domestic partner must be tax dependent.
Contribution from Five9	\$0	\$0
Annual contribution limit	\$3,500 (pending)	\$3,500 (pending)
Federal and state tax	None	None
Funds are available	Day 1 of plan year	Day 1 of plan year
Account balance earns interest	No	No
Allows carryover to next plan year	Yes, up to \$680 can carryover from 2026 to 2027. FSA must be elected for 2027 to receive a rollover from 2026. If FSA is not elected for 2027, any unused 2026 balance will be forfeited.	Yes, up to \$680 can carryover from 2026 to 2027. FSA must be elected for 2027 to receive a rollover from 2026. If FSA is not elected for 2027, any unused 2026 balance will be forfeited.
Deadline to submit expenses	Reimbursements for eligible expenses in a calendar year must be submitted by 3/31 of the following year.	Reimbursements for eligible expenses in a calendar year must be submitted by 3/31 of the following year.
If you leave Five9	You may be eligible to elect COBRA continuation of coverage for the FSA.	You may be eligible to elect COBRA continuation of coverage for the FSA.
Administered by	PlanSource	PlanSource

Flexible Spending Account and Health Savings Account Compatibility

If you elected the Healthcare FSA for the current calendar year, no contributions (employee or employer) can be made to an HSA until the next calendar year. HSA contributions, to include your contributions and Five9's contributions, can only begin in the next calendar year if your Healthcare FSA has a \$0 balance.

NEW HIRES & LIFE EVENTS

If you participated in the Health Care FSA through Five9, another employer or through your spouse during the current calendar year, you are ineligible to contribute to the HSA for the remainder of this year. For those who are eligible, your HSA contribution limits will be prorated based on the number of months you were covered under a qualified High Deductible Health Plan (HDHP) and whether you covered dependents (count each month in which you were enrolled on the 1st). For example, if you cover yourself and a dependent child under the Five9 HDHP beginning July 1st, your contribution limit for the year would be \$4,500 (projected).

OPEN ENROLLMENT

If you plan to enroll in the HDHP during the Open Enrollment Period, you will need to spend any remaining balance in your Health Care FSA before the end of the prior calendar year to be eligible for HSA contributions through Five9's Cigna HDHP during the year in which you enroll in the HDHP.

Health Savings Account (HSA) features

HSA

Medical plan enrollment	Five9's Cigna HDHP. You may not have other non-HDHP coverage.
Eligible dependents	Spouse and tax dependents. Adult children must be tax dependents. Domestic partner may open a separate HSA outside of Five9's offering.
Contribution from Five9	\$75 semi-monthly (\$1,800 annually) to the HSA for an employee enrolling only themselves in Five9's Cigna HDHP and \$120 semi-monthly (\$2,880 annually) to the HSA for those enrolling one or more dependents in Five9's Cigna HDHP. Complete the HSA election process in the Five9 Benefits Hub (including the HSA eligibility survey) to receive the Five9 HSA Funding. If you enroll in the HDHP for the first time during Open Enrollment, company contributions will begin to your account beginning on the 1/15 pay-period. If you are a new hire, company contributions will begin on the next month after your elections become effective.
Five9 contribution timing	If you open your HSA on or before the 25th day of the month, Five9 will contribute to your HSA beginning in the following month. If you open your HSA after the 25th day of the month, Five9 will contribute to your HSA one month after the end of the month in which you open your HSA. Once Five9 contributions begin, Five9 will retroactively fund your HSA for the contributions missed during the prior month. <i>For example, if you open your HSA on October 26th, Five9 will begin HSA contributions in December and retroactively fund your HSA with November contributions.</i>
Annual contribution limit	\$4,500 employee only or \$9,000 employee plus one or more total, includes the company funds above. Due to Five9's contributions, the employee individual limit is \$2,700, or \$6,120 for employees who have enrolled at least one dependent. Employees who are 55+ during the tax year are eligible to contribute an additional \$1,000. If you begin HSA eligibility or enroll/drop dependents mid-year, your annual contribution limits will be prorated for the calendar year.
Changing your annual goal or per-paycheck deductions	You can change your HSA contribution throughout the year. To do so, go to the Five9 US Benefits Hub (Okta > UKG > Myself > Benefits > Manage My Benefits) through Okta, Five9's employee single sign on. If you update your elections, changes will be made as soon as administratively possible.
Federal and state tax	No federal tax. CA and NJ do not exclude HSA contributions from income.
Funds are available	After deposit
Account balance earns interest	Yes
Allows rollover to next plan year	Yes, unlimited
Deadline to submit expenses	N/A
If you leave Five9	Your account goes with you for future eligible healthcare expenses, tax-free. Banking fees may apply.
Administered by	HSA Bank



Dental

Dental coverage provides periodic preventive care, and if there's a problem, helps with the cost of dental work. To submit services through insurance, the dental office can verify enrollment with your Cigna group number (3346257) and your SSN. To find a Cigna Dental provider for 2027, check out Cigna's provider search tool. If you wish to have a Dental ID card, these can be accessed through Cigna's website or accessed through their IOS or Android mobile apps.

CIGNA DENTAL PPO PLAN*

	In-network	Out-of-network
Annual deductible (calendar year)	\$50 per individual; \$150 per family	\$50 per individual; \$150 per family
Annual plan maximum	\$2,000 (combined in and out of network)	\$2,000 (combined in and out of network)
Diagnostic and preventive	No charge	No charge
Basic services		
Fillings	10% after deductible	20% after deductible
Root canals	10% after deductible	20% after deductible
Periodontics	10% after deductible	20% after deductible
Major services	40% after deductible	50% after deductible
Orthodontia services		
Orthodontia	50%	50%
Dependent children	Covered	Covered
Adults	Covered	Covered
Lifetime orthodontia maximum	\$1,500 (combined with in and out of network)	\$1,500 (combined with in and out of network)
Plan	Phone	Find dentist
Cigna Dental PPO	(800) 244-6224	https://hcpdirectory.cigna.com/web/public/consumer/directory/ Click "Doctor by Type", then "General Dentist" Network – Total Cigna DPPO (Cigna DPPO Advantage and Cigna DPPO)

Out of network coverage: If you receive coverage from an out-of-network provider Cigna will cover your costs based on the usual and customary amount for the service. Your non-network provider may charge a rate higher than the usual and customary amount and you will be responsible for any balance in excess of this amount.

Preventive Exams: You are allowed 1 office visit every 6-month period.

Restorative Services: Amalgam restoration covered for all teeth; composite restoration limited to anterior teeth only.

*TX, LA, MS: in-network benefits apply to out-of-network services.



Vision

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease. Our provider (VSP) does not provide ID cards as you or your covered dependents only need to identify yourself as a VSP member at the time of service. If you wish to have a personalized ID card, you can print one through the VSP member portal.

VSP VISION BASE (DIRECT)

	In-network	Out-of-network
Frequency		
Examination	Once per calendar year	Once per calendar year
Frames	One per every 2 calendar years	One per every 2 calendar years
Eyeglass lenses	Once per calendar year	Once per calendar year
Contacts (elective)	Once per calendar year	Once per calendar year
Benefit		
Examination	\$25 copay (combined for exam and materials)	Up to \$50 allowance
Materials	\$25 copay (combined for exam and materials)	Reimbursed according to schedule
Frames	Up to \$130 allowance; 20% discount on amount over \$130	Up to \$70 allowance
	Up to \$150 Featured Frame Brands allowance	
	Up to \$130 allowance when purchasing at Walmart/Sam's Club	
	Up to \$70 allowance when purchasing at Costco	
Single vision lenses	No charge after copay	Up to \$50 allowance
Bifocal lenses	No charge after copay	Up to \$75 allowance
Trifocal lenses	No charge after copay	Up to \$100 allowance
Standard progressives	No charge after copay	Not covered
Contacts (elective)	Up to \$130 allowance (in lieu of lenses and frames)	Up to \$105 allowance (in lieu of lenses and frames)
Plan		
VSP Vision Direct	Phone (800) 877-7195	Find provider https://www.vsp.com/eye-doctor
Network – VSP Signature		



VSP VISION BUY-UP

	In-network	Out-of-network
Frequency		
Examination	Once per calendar year	Once per calendar year
Frames	One per calendar year	One per calendar year
Eyeglass lenses	Once per calendar year	Once per calendar year
Contacts (elective)	Once per calendar year	Once per calendar year
Benefit		
Examination	\$25 copay (combined for exam and materials)	Up to \$50 allowance
Materials	\$25 copay (combined for exam and materials)	Reimbursed according to schedule
Frames	Up to \$250 allowance; 20% discount on amount over \$250 Up to \$270 Featured Frame Brands allowance Up to \$250 allowance when purchasing at Walmart/Sam's Club Up to \$135 allowance when purchasing at Costco	Up to \$70 allowance
Single vision lenses	No charge after copay	Up to \$50 allowance
Bifocal lenses	No charge after copay	Up to \$75 allowance
Trifocal lenses	No charge after copay	Up to \$100 allowance
Standard progressives	No charge after copay	Not covered
Contacts (elective)	Up to \$250 allowance (in lieu of lenses and frames)	Up to \$105 allowance (in lieu of lenses and frames)
Plan		
VSP Vision Direct	Phone (800) 877-7195	Find provider https://www.vsp.com/eye-doctor Network – VSP Signature



Basic Life/Group Term Insurance

Life insurance can fill a number of financial gaps for a family recovering from the death of a loved one. Without enough life insurance, many families have to reduce their standard of living after the loss of an income. Consider your current and future financial needs when evaluating how much coverage you need. The most common short and long-term financial needs include:

- Medical bills and funeral expenses
- Living expenses for the surviving family (housing, food, clothing, utilities, etc.)
- Large expenses, e.g., college education, or home mortgage
- Taxes and debts that need to be settled



Make sure that you have named a beneficiary for your life insurance benefit and update it in the Five9 US Benefits Hub if your family or marital status changes.

Company-provided coverage

Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident. The cost of coverage is paid in full by the company.

GUARDIAN LIFE AND AD&D

Basic Life	2x annual salary up to \$1,000,000.
Basic AD&D	2x annual salary up to \$1,000,000.
Guaranteed Issue	\$1,000,000

A note about taxes: A life insurance benefit over \$50,000 is considered a taxable benefit. You will see the value of the benefit over \$50,000 included in your taxable income on your paycheck and W-2.

Age Reduction: Your benefit will reduce by 33% at age 70 and 50% at age 75.

Voluntary (Supplemental) coverage

Voluntary Life and AD&D

Voluntary Life and AD&D Insurance allows you to purchase additional life and accidental death and dismemberment insurance to protect your family's financial security in case you suffer from loss of life, a limb, speech, sight or hearing or if you have a fatal accident. Coverage is available for your spouse/domestic partner and/or child(ren)/child(ren) of domestic partner if you purchase coverage for yourself. *Note: Any reference to Spouse also applies to Domestic Partners.*

GUARDIAN VOLUNTARY LIFE AND AD&D

	Employee	Spouse/Domestic Partner	Child(ren)/Child(ren) of Domestic Partner
Minimum coverage amount	\$10,000	\$5,000	\$1,000
Maximum coverage amount	Lesser of five times covered annual earnings or \$500,000.	Lesser of 50% of employee approved amount or \$250,000.	Lesser of 10% of employee approved amount or \$10,000.
Guaranteed Issue	\$200,000 for employees between 15-64 years of age, \$10,000 for those between 65-69. Evidence of insurability is required for those 70 or over.	\$50,000 for spouses/Domestic Partners between 15-64 years of age, and \$5,000 for those 65 and older. Coverage for your Spouse/Domestic Partner ends when he/she turns age 70.	Guaranteed issue is \$10,000 Coverage for your Child(ren) ends when he/she turns 26.
Coverage increments	\$10,000	\$5,000	\$1,000

If you select coverage above the "guaranteed issue" amount or make an election after your initial eligibility period without experiencing a Family Status Change, you will need to submit an Evidence of Insurability form with additional information about your health for the insurance company to approve this higher amount of coverage. Your coverage amount will remain at the guaranteed issue amount until approval from Guardian is received. It is your responsibility to follow up with Guardian to complete your Evidence of Insurability and confirm your coverage amount is updated in the Five9 US Benefits Hub after receiving approval. Family Status Changes include your marriage or divorce, death of a spouse or child, birth or adoption of a child, or a change in your spouse's employment that results in the loss of group coverage. Additionally, please note that effective 1/1/2027, changes to your Life election will only be allowed during Open Enrollment or a Family Status Change.

VOLUNTARY LIFE AND AD&D PREMIUM

The premium you pay for voluntary life is based on the amount of coverage you elect and your age. Effective 1/1/2027, cost will be calculated based on your age as of January 1st rather than your birthday. Premium for your spouse is based on the amount of spousal coverage and your age and terminates when your spouse reaches age 70. Below is the table of rates (including voluntary life and AD&D) with an example calculation. The child rate is fixed based on amount at \$0.295 per \$1,000 of child coverage.

Employee's Age	Rate per \$1,000 of coverage
Less than 35	\$0.074
35 – 39	\$0.080
40 – 44	\$0.090
45 – 49	\$0.116
50 – 54	\$0.149
55 – 59	\$0.221
60 – 64	\$0.323
65 – 69	\$0.510
70 – 74	\$0.800
Greater than 74	\$2.088

Example: A 45-year-old employee elects \$100,000 of voluntary life and AD&D insurance for themselves, \$50,000 of voluntary life and AD&D insurance for their spouse, and \$10,000 of voluntary life and AD&D for their children.

Employee - $\$100,000 / \$1,000 \times \$0.116 = \$11.60$ per month
 Spouse - $\$50,000 / \$1,000 \times \$0.116 = \$5.80$ per month
 Child(ren) - $\$10,000 / \$1,000 \times \$0.295 = \$2.95$ per month

Total for the family = **\$20.35 per month**

Disability insurance

Disability benefits help protect you by providing a portion of your income during times when you are unable to work due to a qualifying disability. Five9's Short-Term Disability (STD) and Long-Term Disability (LTD) plans provide for income replacement in the event you become disabled, at no cost to you. Most people underestimate their likelihood of being disabled at some point in their life. Because Five9 pays the premiums, if you become disabled, any approved benefits payable to you are considered Taxable Income.

To change the taxable nature of your STD and/or LTD benefit, you have the option to make an election to pay taxes on the STD/LTD premium (instead of the paid disability benefits) that is paid on your behalf by Five9. **Five9 offers a 'Tax Choice' for disability benefits:**

Elect Tax Choice: The premium Five9 pays is included in your taxable income, you pay tax on this taxable income. If you become disabled, there would be no taxes payable on the paid benefits you receive.

Decline Tax Choice: The premium Five9 pays on your behalf will be non-taxable. However, if you become disabled, the paid benefits you receive are taxable.

Elections are made independently; you do not have to have the same Tax Choice for both STD and LTD.

When can you make an election?

- You will have the opportunity to elect your tax choice during New Hire Enrollment and during an Open Enrollment period.
 - Your Tax Choice election is irrevocable until the next Open Enrollment period.

Short-term disability

Used for **limited duration issues** such as pregnancy issues, childbirth recovery, prolonged illness or injury, and recovery from surgery.

Short-term disability (STD) coverage through Guardian pays a benefit if you temporarily can't work because of an injury, illness, or pregnancy. Payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. The cost of coverage is paid in full by the company.

Weekly benefit amount	60% of covered weekly earnings up to a maximum weekly benefit of \$2,500
Benefits begin	After 7 calendar days of disability due to accident or sickness
Maximum payment period	12 weeks

Long-term disability

Used for **longer term issues** such as debilitating illness, serious injuries, heart attack, or stroke.

If you can't work for an extended period, long-term disability (LTD) coverage through Guardian replaces part of your monthly income. If you qualify, LTD benefits begin after STD benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. The cost of coverage is paid in full by the company.

Monthly benefit amount	60% of covered monthly earnings up to a maximum monthly benefit of \$10,000
Benefits begin	After 90 calendar days
Maximum payment period	Social Security normal retirement age (The age at which disability begins may affect duration of benefits, review plan materials for certain limitations.)

Voluntary Employee-Paid Programs

Accident Insurance

Accident Insurance from Guardian helps you and your family pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest x-ray.

Hospital Indemnity Insurance

Hospital indemnity insurance from Guardian can enhance your and your family's current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest x-ray.

Critical Illness Insurance

Critical illness insurance can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Benefits can be used to help cover medical costs, transportation, childcare, lost income, or costs associated with adjusting to life following a critical illness.

You can cover yourself and your family members if needed. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest x-ray. Guardian provides coverage for this program.

Legal Services (LegalShield)

Most people don't have an attorney on retainer, so our voluntary Legal Program through LegalShield offers you access to legal advice and even representation for an affordable monthly premium. Whether you need assistance reviewing a rental agreement, fighting a traffic ticket, creating a will, buying a house or navigating an IRS audit, LegalShield offers reputable attorney assistance for you and your family if you choose to elect.

Identity Theft Protection(IDShield)

Do you feel that your identity is safe? Five9 offers you the option of enrolling yourself and your family for ID theft protection through LegalShield. IDShield offers comprehensive ID theft protection from cyber threats and identity breaches. IDShield offers a multitude of services including an alert system that monitors your private information and sends alerts via text, phone, email or app, dark web monitoring, complete identity restoration, credit, checking and savings account activity alerts, lost wallet protection and many other services.

Pet Insurance

Pets are members of the family too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. MetLife provides coverage for this program and you manage premium payment and enrollment directly with MetLife. To enroll in pet insurance, go to www.metlife.com/getpetquote or call 1-800-GET-MET8 and mention Five9 as your employer. Then follow the prompts to get your quote today!

Trustmark Life + Care

Five9 is continuing to partner with Trustmark to offer this unique benefit that provides cash payouts to help cover the costs of long-term care, offering comfort and peace of mind when it matters most. It also includes life insurance protection, with a death benefit paid to your loved ones. This benefit includes the following features:

- Premiums – your rate locks in based on enrollment age and is conveniently bank drafted monthly. Please have your checking account and routing number available at time of enrollment.
- Death Benefit – paid to your designated beneficiary
- Care Benefits – up to 2X the death benefit face amount can be advanced if needed for caregiving services provided from either a professional or a family member
- Both the Care benefit and the Death benefit can be paid as care benefits paid out do not reduce the death benefit amount to your beneficiary.

Take charge of tomorrow with this two-in-one protection that helps employees better plan for their families, finances and futures. Trustmark's fully portable Trustmark Life + Care offers the stability of guaranteed premiums. It provides both permanent term life insurance and benefits for caregiving services. Employees get both a safety net for their loved ones and the ability to better afford comfortable, high-quality care when they need it.

Trustmark	Employee (to age 75)	Spouse/Domestic Partner (to age 70)
Guarantee Issue	\$200,000	\$35,000
Full Benefit Amount at initial Open Enrollment:	\$200,000	\$35,000
LTC Rider Included	<u>Professional Caregiving:</u> 4% of Death Benefit per month <u>Family Caregiving:</u> 2% of Death Benefit per month	
Length of LTC Benefit	<u>Professional Caregiving:</u> 50 months <u>Friends and Family Caregiving:</u> 100 months (can switch between the two at any time)	
Benefit Reduction	Death Benefit decreases to 1/3 of benefit at age 70 or the 10 th policy anniversary, whichever is later. The LTC benefit does not decrease.	

Enrollment for the Trustmark Life + Care plan occurs once a year during the Open Enrollment period and will take effect on January 1. New hires participating in Open Enrollment for the first time will have a guaranteed issue (no health questions) amount of up to \$200,000 for employees and up to \$35,000 for spouse coverage. All other employees will be subject to a health questionnaire before coverage is approved.

Dependent Care FSA



The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while participating in these programs which you pay for with pre-tax dollars?

Dependent Care FSA

A dependent care flexible spending account (FSA) can help families save potentially hundreds of dollars per year on childcare. A dependent care FSA allows you to set aside pre-tax dollars to pay for eligible day care expenses that allow for you and your spouse to work or attend school. These expenses include not only day care, but also before- and after-school care programs, and preschool and summer day camps for children under age 13. The account can also be used for care for a spouse or other dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$7,500 per household per year, tax-free. **Estimate carefully!** Money contributed to a dependent care FSA must be used for expenses incurred through March 15th of the following year. Any remaining account balance will be forfeited. You have until March 31st to submit claims for the prior calendar year.

Dependent care FSA elections are irrevocable unless you have a change in your care situation. Be sure to submit a [Benefits & Retirement Freshservice ticket](#). If you are unable to access Freshservice tickets, you can also contact the Benefits Advocate at five9@alliant.com within 30 days of your change in care situation. Any changes to your dependent care FSA will be prospective, meaning prior contributions cannot be reversed.

You are only eligible to contribute to a dependent care FSA when you and your spouse are “gainfully employed” which includes actively working, actively searching for work, or physically or mentally disabled. You are eligible to contribute if you meet these qualifications and your spouse is a full-time student. You can continue your contributions during a temporary leave of absence for up to 2 weeks.

Dependent Care FSA is managed through PlanSource.

If you use the Dependent Care FSA, the IRS will not allow you to claim a dependent care tax credit. Consult your tax advisor if you have questions about the federal tax credit.

Transportation – Commuter & Parking

Do you have out-of-pocket commuting expenses for public transportation, van pooling, or for worksite (or transit) parking? If so, you can save on taxes by enrolling in our transportation savings account, administered by PlanSource. A transportation savings account lets you set aside money—before it's taxed—through payroll deduction. You may set up automatic monthly elections, elect for individual months, or select specific months to enroll within the Five9 US Benefits Hub. Your choice can be adjusted each month. Money in the account can be used in future months or plan years but is forfeited should you ever leave Five9.

Here are the maximum amounts of money you can set aside (these amounts are evaluated annually by the IRS and subject to change):

	Commuter	Parking
Maximum contribution amount	Up to \$350 (projected)	Up to \$350 (projected)
Which expenses are allowed?	• Mass transit fares • Monthly bus passes • Vanpooling fees • Uber Pool and Lyft Line	• Parking at or near your work • Parking at a location from which you participate in a carpool or board mass transit
Which expenses are not allowed?	• Taxi fares • Bridge tolls • Cost of auto maintenance	• Parking costs at home • Parking when not commuting to or from work location
How does this benefit work?	➤ Funds are deducted from your paycheck on a pre-tax basis. ➤ PlanSource will issue you a Debit Card to pay for qualified expenses or you can elect to have your funds automatically loaded to your commuter smart card (i.e. Clipper card). ➤ Expenses may also be submitted to PlanSource for reimbursement via Claim Form (via mail/fax), or through the PlanSource app.	

You can elect or change your contribution on the Five9 US Benefits Hub. However, you must manage your account on the PlanSource portal.

401(k) Retirement Savings Plan

Our 401(k) Retirement Savings Plan through Fidelity helps you save for retirement and offers both pre-tax and after-tax (Roth) options. You can access your retirement savings as early as age 59 ½, without penalty. You will just pay normal income taxes when you withdraw the money. Log into your account at www.401k.com.

You may contribute as little as 1% or as much as 80% of your paycheck.

Should you have any questions regarding your 401(k) account such as enrolling, rollovers, distributions, loans, how to select your investments, and more, please contact our Sequoia Retirement Advocates: sequoia401k@worldadvisors.com or (866) 220-6500.

Entry	First of the month following date of hire. Must be 21 years of age.	
Maximum annual contributions	2027 Calendar Year - *\$25,500 (pending); or \$34,000 (pending) if you are age 50+; or \$37,250 (pending) if you are age 60 - 63; After-tax contribution limit: \$20,000.	
Employer match	100% of the first \$750 you defer each quarter (up to \$3,000 annually); after-tax contributions are not eligible for the employer match.	
Rollover	You may rollover old retirement accounts into the 401(k)	
How do I enroll?	www.401k.com Be sure to properly designate and maintain your beneficiary with Fidelity	
How do I make Contribution changes?	All contribution changes are made through Fidelity at www.401k.com and may take up to one additional pay period to be reflected	
Vesting	Your personal contributions are always 100% vested. Vesting on employer match contributions is 100% immediate vesting.	
Roth In-Plan Conversion	A Roth in-plan conversion allows you to move money you have saved in the Five9 401(k) retirement plan into a designated Roth account within that plan.	
Deferral types	Five9 offers both Pre-tax (Traditional), Post-tax (Roth) and After-tax	
Deferral type attributes	<i>Pretax (Traditional)</i>	<i>Post tax (Roth)</i>
	❖ Contributions are made before taxes are applied, which reduces current tax burden. ❖ All capital gains, dividends, interest, etc. grow within the account on a tax-deferred basis. ❖ Account holder becomes eligible to withdraw at age 59 ½. Withdrawals will be taxed at then-current rates and total income levels. ❖ All withdrawals prior to eligibility are subject to limitations, taxes, and /or penalties.	❖ Contributions are made after taxes have been applied. ❖ All capital gains, dividends, interest, etc. grow tax free in the account. ❖ Account holder becomes eligible to withdraw at age 59 ½. Withdrawals are not subject to taxes but funds must be held in account for at least five years.
		<i>After-Tax</i>
		❖ Contributions are made after taxes have been applied. ❖ All capital gains, dividends, interest, etc. grow within the account on a tax-deferred basis. ❖ Not eligible for employer match

*The Maximum annual contribution is a combination of all your contributions in a calendar year from all employers. It is your responsibility to notify Five9 by completing the Previous 401(k) Employer Deferrals Form. This form collects your previous contribution amount so your record can be updated properly to avoid excess contributions. Please visit the [US Benefits Programs](#) Sharepoint page for more information.

Wellness



These programs can lend a helping hand when you need it or just make life a little easier.

Your well-being is important to us and we provide various Wellness initiatives to help give you the opportunity and resources to achieve overall wellness. These initiatives include Financial Wellness, Physical Wellness, Emotional Wellness and Social Wellness. Throughout the year watch for events, seminars and posted resources on our Employee Resource SharePoint site.

Spring Health Mental Well-being



Life is easier with the right support. You don't need to wait for a crisis to prioritize your mental health. Five9 partners with Spring Health to provide personalized care and resources to support you through any of life's challenges.

With Spring Health, you have access to:

- 6 free sessions with certified coaches
- 6 free sessions with licensed therapists
- Dedicated guidance through your Care Navigator
- Self-guided wellness exercises through the "Moments" content library
- Medication management – 2 of your covered therapy sessions can be used for medication management consultations with a doctor
- Expert guidance and resources to navigate legal or financial matters, childcare, elder care, pet care, travel, household services, and more
- Personalized care through short online assessments help identify your immediate needs and long-term goals



Visit Spring Health's [website](#) or download the Spring Health app in the [Google Play Store](#) (Android) or [App Store](#) (iOS) to get started, and enter code "five9". Contact Spring Health's support team with any questions at 855-629-0554.

Volunteer Program

Five9 helps provide resources, support and empowerment to those in need. We strive to give opportunities for our team members to make an impact for our local communities. We currently provide employees with 8 hours per year to volunteer to charities of their choice. Charities Five9 has supported in the past include: Make A Wish, National Kidney Foundation, Meals on Wheels, Contra Costa Food Bank, Feeding America, American Heart Association, and One Warm Coat. Event we have participated in include, canned food drives, and blood drives.

Employee Assistance Program (EAP)

There are times when everyone needs a little help or advice. The EAP through Guardian/ComPsych can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Best of all, it's completely confidential, free and available to any member of your immediate household.

- Unlimited free phone access 24/7.
- In-person help for short-term issues; up to 3 sessions per incident per family member per 6 months and 10 sessions for substance/alcohol issues.
- Unlimited web access 24/7 to helpful articles, resources, and self-assessment tools.

Contact the EAP
24/7/365

Phone: (855) 239-0743
Web: guidanceresources.com
Organization Web ID: Guardian

Five9 Employee Discount Hub

Five9 has partnered with Working Advantage to provide valuable discounts for Five9 employees. Access the virtual marketplace using the URL listed here Five9.savings.workingadvantage.com.

You have access up to almost 10,000 different discounts on the Working Advantage site, which is always adding new vendors and offers. Over 1,000 international offers are also accessible as well. Below are a few features of the Working Advantage hub:

- User-friendly search
- Mobile-friendly design
- Employee-controlled settings and personalization
- Offers for every stage of life, location, and interests
- 365 day customer service team to support your needs
- Popular offers include discounts for Apple products, hotels, movie tickets, Sam's Club, theme parks, and gym memberships

Travel Assistance

When You Travel Abroad on Business

When you travel internationally for business, be sure to have your Cigna Medical Benefits Abroad contact information handy. Business travel medical insurance provides benefits to assist you and your dependents while you're traveling for business for up to 180 days per trip. Benefits include medical care, accidental death and dismemberment, and assistance with returning to the US in the case of an emergency.

Policy ID	0627A-MBA (Cigna Payor ID# 62308)
Employee Eligibility	Full-time active employees traveling internationally or on permanent assignment, for the business or at the expense of the Policyholder for no more than 180 consecutive days per one trip.
Dependent Eligibility	Your spouse or domestic partner and dependent children (up to age 26 years) traveling internationally or on permanent assignment, with the covered employee for no more than 180 consecutive days per one trip. Dependents are not eligible for Accidental Death and Dismemberment coverage.
Contact Cigna	Phone: (800) 243-1348 (toll-free inside the US), 001.302.797.3535 (outside the US) Web: CignaEnvoy.com à Select "I am an international business traveler" User ID: 06274AMBA Password: Cigna1
Medical and Rx Maximum	\$50,000
Deductible	\$0
Coinsurance	0%

When You Travel Abroad for Pleasure

Regardless of whether you are covered under the Five9 [Cigna](#) or [Kaiser](#) plans, you will only have coverage outside of the United States in the case of emergencies. If you are traveling on business, please refer to the "When You Travel on Business" section above.

When you travel internationally for purposes other than work, you can rely on Travel Aid. This program offers referrals to an international network of participating doctors and hospitals for a broad range of medical care services. They can also help you prepare for upcoming travel and react to emergencies while you are away from home, including arrangement of evacuation and transportation. The center is available to all employees by phone 24/7 and is staffed with multilingual representatives who can help coordinate your medical care.

Contact Phone Numbers	(800) 527-0218 or (410) 453-6330
Website	ibhtravelaid.com

When Traveling Within the US for Any Reason

If you are covered under a Five9 [Cigna](#) plan, you will have coverage when seeking care through Cigna's national network of providers, even outside your home state.

If you are covered under the Five9 [Kaiser](#) plan, you will be able to receive urgent and emergent care from non-Kaiser facilities while traveling outside of the Kaiser provider area. All routine care will need to be done at a Kaiser facility to be covered.

Plan contacts

To address any matters regarding your health and well-being benefits, we encourage you to submit a [Benefits & Retirement Freshservice ticket](#). If you are unable to access Freshservice tickets, you can also contact the Benefits Advocate at five9@alliant.com, or call (925) 658-1569 from 8:00 am - 5:00 pm Mon-Thu, 8:00 am – 4:30 pm Fri (Pacific Time).

Plan type	Provider	Phone	Web	Policy #
Medical PPO OAP	Cigna	(800) 244-6224	myCigna.com	3346257
Medical HDHP	Cigna	(800) 244-6224	myCigna.com	3346257
Medical HMO	Kaiser	(800) 464-4000	kp.org	651834
Health Savings Account	HSA Bank	(800) 357-6246	hsabank.com	N/A
Dental PPO	Cigna	(800) 244-6224	myCigna.com	3346257
Vision	VSP (Direct)	(800) 877-7195	vsp.com	30098659
Life and AD&D	Guardian	(800) 525-4542	guardianlife.com	477224
Voluntary Life/AD&D	Guardian	(800) 525-4542	guardianlife.com	477224
Short Term Disability (STD)	Guardian	(800) 268-2525	guardianlife.com	477224
Long Term Disability (LTD)	Guardian	(800) 538-4583	guardianlife.com	477224
Voluntary Accident, Hospital Indemnity, Critical Illness	Guardian	(800) 541-7846	guardianlife.com	477224
Mental Well-Being	Spring Health	(855) 629-0554	springhealth.com/support	Work-life code: five9
Employee Assistance Program (EAP)	ComPsych	(855) 239-0743	Guidanceresources.com	Organization Web ID: Guardian
Legal/ID Theft	LegalShield	(888) 807-0407	shieldbenefits.com/five9	304139
Pet Insurance	MetLife	(800) 438-6388	metlifepetinsurance.com	Five9
Business Travel Medical (BTM)	Cigna	Inside US: (800) 243-1348 Outside US: 001.302.797.3535	Cignaenvoy.com Select: "I am an international business traveler" User ID: 06274AMBA Password: Cigna1	06274A
Five9 Employee Discount Hub	Working Advantage	(800) 565-3712	Five9.savings.workingadvantage.com	N/A
Flexible Spending Accounts	Plan Source	888-266-1732, option 2 for reimbursement support customersupport@plansourcesupport.com	https://plansource.wealthcareportal.com/Page/Home	N/A
Transit/Parking Administration	Plan Source	888-266-1732, option 2 for reimbursement support customersupport@plansourcesupport.com	https://plansource.wealthcareportal.com/Page/Home	N/A

Plan type	Provider	Phone	Web	Policy #
Trustmark Life + Care (Long-Term Care)	Trustmark	888-369-7049	N/A	Employer Name: Five9
Telehealth	Cigna	(888) 726-3171	Access MDLIVE through the myCigna.com website	See Medical above
	Kaiser	KP Preventive Care App	kp.org/mydoctor/videovisits	
401(k)	Fidelity	(800) 835-5097	401k.com	29534

Important plan notices & documents

Health plan notices

These notices must be provided to plan participants on an annual basis and are available on the on the benefits portal/are available at the end of this guide:

Medicare Part D Notice	Describes options to access prescription drug coverage for Medicare eligible individuals
Women's Health and Cancer Rights Act	Describes benefits available to those that will or have undergone a mastectomy
Newborns' and Mothers' Health Protection Act	Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
HIPAA Notice of Special Enrollment Rights	Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
HIPAA Notice of Privacy Practices	Describes how health information about you may be used and disclosed
Notice of Choice of Providers	Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)	Describes availability of premium assistance for Medicaid eligible dependents

COBRA continuation coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

Plan documents

Important documents for our health plan and retirement plan are available on the on the [Five9 Benefits Portal](#). Paper copies of these documents and notices are available if requested. If you would like a paper copy, please submit a [Benefits & Retirement Freshservice ticket](#). If you are unable to access Freshservice tickets, you can also contact the Benefits Advocate at five9@alliant.com or call (925) 658-1569.

SUMMARY PLAN DESCRIPTIONS

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

- Five9, Inc. Health and Welfare Benefit Plan

SUMMARY OF BENEFITS AND COVERAGE

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format.

- Cigna HDHP
- Cigna PPO OAP
- Kaiser HMO

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Five9, Inc. Health and Welfare Benefits Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Medicare Part D Notice

This notice explains your options for accessing prescription drug coverage if you are eligible for Medicare.

Important Notice from Five9, 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 Five9, 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:

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.

Five9, Inc. has determined that the prescription drug coverage offered by the following plans 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.

- Cigna PPO OAP
- Cigna HDHP
- Kaiser HMO

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, your Five9, Inc. coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under the Five9, Inc. Health and Welfare Benefit Plan is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Five9, Inc. prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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 Five9, 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 or at HR.US@five9.com. **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 Five9, 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 [medicare.gov](https://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 800-MEDICARE (800-633-4227). TTY users should call 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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	01/01/2027
Name of Entity/Sender:	Five9, Inc.
Contact-Position/Office:	People Team
Address:	3001 Bishop Ranch, Suite 350, San Ramon, CA 94583
Phone Number:	(925) 201-2000

Women's Health and Cancer Rights Act

This notice describes benefits available to people who have had or will have a mastectomy.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the 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. Please check your plan materials for any deductibles or coinsurances that may apply. If you would like more information on WHCRA benefits, call your plan administrator at (925) 201-2000.

Newborns' and Mothers' Health Protection Act

This notice explains the rights of mothers and newborns to stay in the hospital 48–96 hours after delivery.

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 a 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). If you would like more information on maternity benefits, call your plan administrator at (925) 201-2000.

HIPAA Notice of Special Enrollment Rights

This notice explains when you and/or your dependents can enroll in medical coverage outside of the annual open enrollment period.

If you decline enrollment in Five9, Inc.'s health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Five9, Inc.'s health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Five9, Inc.'s health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the

first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

This notice explains how to access the HIPAA Notice of Privacy Practices, which describes how health information about you may be used and disclosed.

We maintain the HIPAA Notice of Privacy Practices for Five9, Inc. describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting HR.US@five9.com.

Notice of Choice of Providers

This notice explains that your plan either requires you to designate a primary care provider (PCP) or allows you to select one.

The Kaiser HMO generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser at (800) 464-4000.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser at (800) 464-4000.

ACA Disclaimer

This notice explains how insurance offered by Five9, Inc. affects your eligibility for premium subsidies through the ACA Exchange.

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.96% of your modified adjusted household income in 2026 (10.22% in 2027).

The ‘No Surprises’ Rules

This notice explains rules that protect you from unexpected large medical bills and limits on out-of-network charges for certain services.

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

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

This notice describes premium assistance that may be available in your state for Medicaid-eligible dependents.

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 July 31, 2026. Contact your State for more information on eligibility.

Alabama – Medicaid

Website: myalhipp.com

Phone: (855) 692-5447

Alaska – Medicaid

The AK Health Insurance Premium Payment Program

Website: myakhipp.com

Phone: (866) 251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid eligibility:

health.alaska.gov/dpa/Pages/default.aspx

Arkansas – Medicaid

Website: myarhipp.com

Phone: (855) MyARHIPP (692-7447)

California – Medicaid

Health Insurance Premium Payment (HIPP) Program
website: [dhcs.ca.gov/services/health-insurance-](http://dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance)

[premium-payment-program-cost-avoidance](http://dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance)

Phone: (916) 445-8322 | Fax: (916) 440-5676

Email: hipp@dhcs.ca.gov

Colorado – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado website:

healthfirstcolorado.com

Health First Colorado Member Contact Center: (800) 221-3943 (TTY: 711)

CHP+: hcpf.colorado.gov/child-health-plan-plus

CHP+ Customer Service: (800) 359-1991 (TTY: 711)

Health Insurance Buy-In Program (HIBI):

mycohibi.com

HIBI Customer Service: (855) 692-6442

Florida – Medicaid

Website:

flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp

Phone: (877) 357-3268

Georgia – Medicaid

GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp

Phone: (678) 564-1162, press 1

GA CHIPRA Website:

medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra

Phone: (678) 564-1162, press 2

Illinois – Medicaid

Illinois Medicaid Premium Assistance Information

Medicaid application website: abe.illinois.gov

HIPP Hotline Number: (217) 524-8268

HIPP Email: mhfs.boc.hipp@illinois.gov

Indiana – Medicaid

Health Insurance Premium Payment Program

All other Medicaid

Website: in.gov/medicaid

Website: in.gov/fssa/dfr

Family and Social Services Administration

Phone: (800) 403-0864

Member Services phone: (800) 457-4584

Iowa – Medicaid and CHIP (Hawki)

Medicaid website: hhs.iowa.gov/programs/welcome-iowa-medicaid

Medicaid phone: (800) 338-8366

Hawki website: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki

Hawki Phone: (800) 257-8563

HIPP website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp

HIPP Phone: (888) 346-9562

Kansas – Medicaid

Website: kancare.ks.gov

Phone: (800) 792-4884

HIPP Phone: (800) 967-4660

Kentucky – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) website:

chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx

Phone: (855) 459-6328

Email: KIHIPP.PROGRAM@ky.gov

KCHIP website: kynect.ky.gov

Phone: (877) 524-4718

Medicaid website: chfs.ky.gov/agencies/dms

Louisiana – Medicaid

Louisiana Medicaid website: ldh.la.gov/healthy-louisiana

Medicaid Customer Service Line: (888) 342-6207

Louisiana Medicaid email: healthy@la.gov

Louisiana Health Insurance Premium Program

(LaHIPP) Website: ldh.la.gov/lahipp

LaHIPP phone: (877) 697-6703

LaHIPP email: La.HIPP@la.gov

LaHIPP fax: (888) 716-9787

LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000, Tucker, GA 30084

Maine – Medicaid

Enrollment website: mymaineconnection.gov/benefits

Phone: (800) 442-6003 (TTY: 711)

Private Health Insurance Premium webpage:

maine.gov/dhhs/ofa/applications-forms

Phone: (800) 977-6740 (TTY: 711)

Massachusetts – Medicaid and CHIP

Website: mass.gov/masshealth/pa

Phone: (800) 862-4840 (TTY: 711)

Email: masspremassistance@accenture.com

Minnesota – Medicaid

Website: mn.gov/dhs/health-care-coverage/

Phone: (800) 657-3672

Missouri – Medicaid

Website: <https://dss.mo.gov/healthcare/apply>

Phone: (573) 751-2005

Montana – Medicaid

Website:

dphhs.mt.gov/MontanaHealthcarePrograms/HIPP

Phone: (800) 694-3084

Email: HSHIPPProgram@mt.gov

Nebraska – Medicaid

Website: accessnebraska.ne.gov

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

Nevada – Medicaid

Medicaid website: dhcfp.nv.gov

Medicaid phone: (800) 992-0900

New Hampshire – Medicaid

Website: dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program

Phone: (603) 271-5218

Toll free number for the HIPPA program: (800) 852-3345, ext. 15218

Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

New Jersey – Medicaid and CHIP

Website: nj.gov/humanservices/dmahs/individuals-families/familycare

Phone: (800) 356-1561

CHIP Premium Assistance Phone: (609) 631-2392

CHIP phone: (800) 701-0710 (TTY: 711)

New York – Medicaid

Website: health.ny.gov/health_care/medicaid

Phone: (800) 541-2831

North Carolina – Medicaid

Website: medicaid.ncdhhs.gov

Phone: (919) 855-4100

North Dakota – Medicaid

Website: hhs.nd.gov/healthcare

Phone: (866) 614-6005

Oklahoma – Medicaid and CHIP

Website: insureoklahoma.org

Phone: (888) 365-3742

Oregon – Medicaid

Website: healthcare.oregon.gov

Phone: (800) 699-9075

Pennsylvania – Medicaid and CHIP

Website: pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html

Phone: (800) 692-7462

CHIP website: dhs.pa.gov/CHIP/Pages/CHIP.aspx

CHIP phone: (800) 986-KIDS (5437)

Rhode Island – Medicaid and CHIP

Website: eohhs.ri.gov

Phone: (855) 697-4347 or (401) 462-0311 (Direct Rite Share Line)

South Carolina – Medicaid

Website: scdhhs.gov

Phone: (888) 549-0820

South Dakota – Medicaid

Website: dss.sd.gov

Phone: (888) 828-0059

Texas – Medicaid

Website: hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program

Phone: (800) 440-0493

Utah – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) website: medicaid.utah.gov/upp

Phone: (888) 222-2542

Email: upp@utah.gov

Adult Expansion website:

medicaid.utah.gov/expansion

Utah Medicaid Buyout Program website:

medicaid.utah.gov/buyout-program

CHIP website: chip.utah.gov

Vermont – Medicaid

Website: dvha.vermont.gov/members/medicaid/hipp-program

Phone: (800) 250-8427

Virginia – Medicaid and CHIP

Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select

Website: coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs

Medicaid/CHIP phone: (800) 432-5924

Washington – Medicaid

Website: hca.wa.gov

Phone: (800) 562-3022

West Virginia – Medicaid and CHIP

Website: bms.wv.gov

Website: mywvhpp.com

Medicaid phone: (304) 558-1700

CHIP toll-free phone: (855) MyWVHIPP (699-8447)

Wisconsin – Medicaid and CHIP

Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm

Phone: (800) 362-3002

Wyoming – Medicaid

Website:

health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/

Phone: (800) 251-1269

To see if any other states have added a premium assistance program since July 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 Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Illinois Consumer Coverage Disclosure Act

This notice compares Five9, Inc.'s health plan benefits with the essential health benefits regulated by the State of Illinois.

The Consumer Coverage Disclosure Act requires employers to notify Illinois employees which of the Essential Health Benefits listed below are and are not covered by their employer-provided group health insurance coverage. Refer to the [Access to Care and Treatment Benchmark Plan](#) and the [Pediatric Dental Plan](#) to reference the pages listed below.

Employer Name: Five9, Inc.
Employer State of Situs: CA
Name of Issuer: Cigna
Plan Marketing Name: Cigna PPO OAP/Cigna HDHP
Plan Year: 2027

Ten (10) Essential Health Benefit (EHB) Categories

1. Ambulatory patient services (outpatient care you get without being admitted to a hospital)
2. Emergency services
3. Hospitalization (like surgery and overnight stays)
4. Laboratory services
5. Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
6. Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
7. Pregnancy, maternity, and newborn care (both before and after birth)
8. Prescription drugs
9. Preventive and wellness services and chronic disease management
10. Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page #	Covered Benefit?
1	Accidental Injury—Dental	1	10 & 17	Yes
2	Allergy Injections and Testing	1	11	Yes
3	Bone anchored hearing aids	1	17 & 35	No
4	Durable Medical Equipment	1	13	Yes
5	Hospice	1	28	Yes
6	Infertility (Fertility) Treatment	1	23–24	No
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	1	21	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	1	15–16	Yes
9	Private-Duty Nursing	1	17 & 34	Yes
10	Prosthetics/Orthotics	1	13	Yes
11	Sterilization (vasectomy men)	1	10	Yes
12	Temporomandibular Joint Disorder (TMJ)	1	13 & 24	Yes
13	Emergency Room Services (Includes MH/SUD Emergency)	2	7	Yes
14	Emergency Transportation/Ambulance	2	4 & 17	Yes

15	Bariatric Surgery (Obesity)	3	21	Yes
16	Breast Reconstruction After Mastectomy	3	24–25	Yes
17	Reconstructive Surgery	3	25–26 & 35	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	3	15	Yes
19	Skilled Nursing Facility	3	21	Yes
20	Transplants—Human Organ Transplants (Including transportation & lodging)	3	18 & 31	Yes
21	Diagnostic Services	4	6 & 12	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	5	32	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	5	8–9, 21	Yes
24	Opioid Medically Assisted Treatment (MAT)	5	21	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	5	9 & 21	Yes
26	Tele-Psychiatry	5	11	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	5	32	Yes
28	Pediatric Dental Care	6	See AllKids Pediatric Dental Document	No
29	Pediatric Vision Coverage	6	26–27	Yes
30	Maternity Service	7	8 & 22	Yes
31	Outpatient Prescription Drugs	8	29–34	Yes
32	Colorectal Cancer Examination and Screening	9	12 & 16	Yes
33	Contraceptive/Birth Control Services	9	13 & 16	Yes
34	Diabetes Self-Management Training and Education	9	11 & 35	Yes
35	Diabetic Supplies for Treatment of Diabetes	9	31–32	Yes
36	Mammography—Screening	9	12, 15 & 24	Yes
37	Osteoporosis—Bone Mass Measurement	9	12 & 16	Yes
38	Pap Tests/Prostate-Specific Antigen Tests/Ovarian Cancer Surveillance Test	9	16	Yes
39	Preventive Care Services	9	18	Yes
40	Sterilization (women)	9	10 & 19	Yes
41	Chiropractic & Osteopathic Manipulation	10	12–13	Yes
42	Habilitative and Rehabilitative Services	10	8, 9, 11, 12, 22 & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.



Rev. October 23, 2026
