

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 healthcare 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 value of coverage each pay period. To enroll a domestic partner (and/or their children), you will be required to submit a completed Affidavit to our 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, 2026 – December 31, 2026.

Medical

	Employee Only	Employee + Spouse/Domestic Partner	Employee + Child(ren)/Child(ren) of Domestic Partner	Employee + Family/Domestic Partner Family
Cigna HDHP	\$0.00	\$185.59	\$123.72	\$324.77
Cigna PPO OAP	\$0.00	\$283.21	\$188.81	\$495.62
*Cigna OAPIN (CA only)	\$0.00	\$275.87	\$183.91	\$482.76
*Kaiser HMO (CA only)	\$0.00	\$186.25	\$155.20	\$310.42

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.

*Cigna OAPIN (CA ONLY) is only available to California residents.

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, email our 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
<34	\$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

[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