DENTAL PLAN

PDS Health and its supported offices provide all team members and eligible dependents with significant discounts on dental and orthodontia services through PDS Health supported offices. No other discounts may be combined with the Dental Plan discounts and additional fees may apply if services are rendered by a non-PDS Health Supported Dentist.

Services	Benefits
Plan Year Maximum	$7,500 Per Member
Plan Year Deductible	None
Preventive & Diagnostic Services ▪ Exams (Consultations - GP & Specialty) & X-rays (do not count toward plan year maximum) ▪ X-rays - Full mouth and panographic x-rays are limited to one full mouth set every (24) consecutive months	No Charge

Copays Access your dental plan benefits on **Wellfit.com**	Team Member	Dependent
DIAGNOSTIC & PREVENTIVE		
Cleaning & polishing (prophylaxis)	$0	$0
Routine exams	$0	$0
Cone-beam computed tomography (CBCT)	$0	$0
Fluoride varnish	$6	$11
Sealants	$10	$10
RESTORATIVE DENTISTRY		
Anterior composite filling, one surface	$14	$28
Three anterior surface fillings	$20	$41
One posterior surface filling	$18	$35
Three posterior surface fillings	$25	$49
CEREC CAD/CAM Inlay	$56	$111
CROWNS, IMPLANTS & VENEERS		
CEREC crown	$132	$250
Premium CEREC crown	$148	$250
Implant (implant, abutment, crown)	$1,233	$1,665
Veneers (per tooth)	$146	$231
ENDODONTICS		
GP Root canal - 1 Root	$69	$138
GP Root canal - 3 Root	$99	$198
Pulpotomy (general dentist)	$16	$32
PERIODONTICS		
Periodontal maintenance visit (PMV)	$20	$30
Scaling and root planing (SRP)	$22	$44
Bacterial Decontamination Per Quad	$13	$20
Irrigation per QD	$5	$10
Full-mouth debridement	$16	$31
Full Mouth SRP inclusive of bacterial decontamination and irrigation (4 quads)	$160	$295

CONTINUED ...

DENTAL PLAN CONTINUED

Services	Benefits	
Copays		
	Team Member	Dependent
DENTURES		
Each tooth replacement	$62	$73
Denture repair (no teeth involved)	$12	$24
Immediate or partial dentures	$316	$472
Complete dentures	$453	$706
Implant-supported denture (per arch)	$465	$680
OTHER SERVICES		
After-hours Emergency Visit	$18	$35
Simple extraction	$16	$32
Surgical extraction	$27	$55
In office teeth whitening	$110	$165
SALIVARY DIAGNOSTICS		
Alert 2 Salivary Diagnostic Testing	$10	$20
Orthodontics*		
(Benefits Will Be Calculated as of the Date the Treatment Begins)		
• Limited Treatment	$1,000	$1,200
• Comprehensive Treatment	$1,800	$2,160
Clear Aligner Upgrade (in addition to Orthodontic Treatment Fee)		
• Spark Advanced Dual Arch	$745	$745
• Spark 10 / 20 Dual Arch	$635	$635

Limited and Comprehensive orthodontic fees are inclusive of records, retainers, and appliances. Surgical cases may require additional fees if surgery performed by non-PDS Health supported dentists. Additional Orthodontic Upgrades available as per the PDS Health team member Fee Schedule. Plus Lab and/or Supply Costs.

*Should a team member lose benefits eligibility during the course of orthodontia treatment, any remaining orthodontia treatment will be re-priced using the office's usual and customary fees in place at the time, unless the team member elects COBRA continuation coverage. Benefits will be calculated as of the date the treatment begins.

Specialists Discounts (Endo, OS, Peds, Perio)	As Per the PDS Health Team Member Fee Schedule, Plus Lab and/or Supply Costs.

Specialty Services

If your PDS Health Supported Dentist indicates the services needed are more complex and require a specialist, you will be referred to a dentist in the appropriate specialty in a PDS Health Supported practice. If you or your dependents seek services from a dentist or dental practice that is not a PDS Health Supported practice you will be responsible for all charges incurred.

Emergency Care

All emergency services will be provided through PDS Health Supported Offices whenever possible. Going outside the PDS Health Supported Offices network without express advance approval from the PDS Health' Benefits Department will result in no coverage and the entire expense will be your sole responsibility.

VISION

Vision care is essential to your overall health. Getting regular eye exams helps your doctor detect a variety of medical conditions before they become big problems.

VSP

Phone: (800) 877-7195
Website: www.vsp.com

	VSP Signature Plan	
	In-Network	Out-Of-Network
Coinsurance/Copays	**Plan Pays**	**Plan Pays**
Exam	Covered after $10 Copay	Up to $50
Lenses		
Single	Covered after $25 Copay	Up to $50
Bifocals	Covered after $25 Copay	Up to $75
Trifocals	Covered after $25 Copay	Up to $100
Lenticular	Covered after $25 Copay	Up to $125
Frames		
Frames	$130 Allowance + 20% Off the Amount Over the Allowance	Up to $70
Contact Lenses		
Medically Necessary	Covered in Full	Up to $210
Elective*	$130 Allowance	Up to $105
Laser Vision Correction		
Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
LightCare		
$130 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts.		
Benefit Frequency		
Exams	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 24 months	
Contact Lenses	Once every 12 months	

*When you choose contacts instead of glasses, your $130 allowance applies towards the cost of your contacts. Additional material costs may apply and the filing and evaluation exam are in addition to the vision exam. Through the VSP Member Contact Lens Program, you are provided with 15% off the cost of contact lens exam (fitting and evaluation), along with exclusive pricing on annual supplies of popular brands.

LIFE ASSISTANCE

Juggling all the responsibilities in life can feel overwhelming. It's important to have tools and resources to help you in every situation.

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) provides 24/7 confidential support to guide you and your family members through any issue – from everyday matters to more serious problems.

Experienced representatives can help you in every area of life:

- **Financial problems**
- **Emotional and psychological issues such as stress, anxiety, depression, grief**
- **Personal and life improvement**
- **Child care and elder care concerns**
- **Alcohol and drug abuse**

Counseling and Wellbeing Support

You don't have to handle anything alone. With the EAP you have access to three (3) face-to-face or virtual counseling sessions per issue per year and five (5) coaching telephonic or virtual coaching sessions per year.

Don't hesitate to reach out to the EAP with any questions or concerns.

New York Life

Phone: (800) 344 - 9752
Website: www.compsych.com

RETIREMENT PLAN

Saving for your future is a vital part of your financial planning. It's never too early – or too late – to get started on building a bright future.

Eligibility

Team member eligibility date is the first of the month after completing 1 month of employment.

Investing in the Plan

You have access to a variety of investment options to choose from. Investments can be changed at any time. To learn more about your investment options, visit **benefitsatpdshealth.com** for information on your 401(k) plan and resources available to you.

Saving for Your Future

The 401(k) Retirement Plan makes it easy for you to save money on a tax-deferred basis. When you enroll, your 401(k) account will be established in your name, funded by:

- Your contributions (pre-tax and/or Roth)
- PDS Health and its supported offices contributions
- Investment earnings on all contributions

Your Contributions

You may contribute up to 80% of your eligible salary on a pre-tax basis and/or Roth after-tax basis, up to the annual IRS limit (for 2024, $23,000) as soon as you are eligible.*

- Your contributions are made through convenient payroll deductions.
- You may change or stop your contributions at any time.
- You are automatically enrolled at 4% pre-tax contribution unless you change your deferral elections through Fidelity

PDS Health and its Supported Offices Contributions

PDS Health and its offices offer a discretionary match. The current matching formula is ($0.33) on the dollar, up to the first 6% of compensation you defer as 401(k) and/or Roth. The discretionary match will not exceed $1,500 per Plan Year.

**If you are age 50 or older, you are eligible to contribute an additional catch-up contribution up to the IRS limits ($7,500) to accelerate your progress toward your retirement goals.*

Vesting

You will always be 100% vested in any amount you defer. After 6 years of service, you are 100% vested in PDS Health's contributions.

Effective January 1, 2022, a year of service for vesting means that you worked 365 days from your date of hire or rehire.

Vesting Schedule

(assumes max match received each year)

Example					
Years of Service	**% Vested**		**Match Amount**		**Vested**
After 1 Year	%0	x	$1,500	=	$0
After 2 Years	20%	x	$3,000	=	$600
After 3 Years	40%	x	$4,500	=	$1,800
After 4 Years	60%	x	$6,000	=	$3,600
After 5 Years	80%	x	$7,500	=	$6,000
After 6 Years	100%	x	$9,000	=	$9,000

401(K) Automatic Contribution Notice

Pacific Dental Services, LLC 401(k) Plan

Automatic contributions

The Plan includes a feature know as an Eligible Automatic Contribution Arrangement ("EACA"). Under the EACA provisions of the Plan, the Employer will automatically withhold a portion of your compensation from your pay each payroll period and contribute that amount to the Plan as a pre-tax 401(k) deferral. If you wish to defer the automatic contribution amount of 4% you do not need to take any action. However, if you want to contribute a different percentage or do not want to participate at all, then you must make the alternative election within a reasonable time after receiving your enrollment notification from Fidelity. There will be a 30-day enrollment period beginning after you receive the automatic contribution notice from Fidelity. Please contact Fidelity for any account changes.

Automatic increase

The initial automatic deferral amount of 4% will increase January 1 of each year by 1% of compensation per year up to a maximum of 10%.

Limited right to withdraw automatic deferrals

If your Employer automatically enrolled you and you did not want to participate in the Plan, you may elect to have the Plan distribute to you all of your prior automatic deferrals (adjusted for any earning or losses). Please contact Fidelity to request the withdrawal of your automatic deferrals. You must make this election no later than 90 days after the first automatic deferral is taken from your compensation. If you elect to withdraw your automatic deferrals, then the entire amount will be subject to income taxes, but you will not be subject to the 10% premature distribution penalty tax, even if you receive the distribution prior to age 59-1/2. Also, if you withdraw your prior automatic deferrals, then you will forfeit any matching contributions related to those deferrals. You may elect to re-enroll in the plan anytime as long as you meet the eligibility requirement.

Beneficiary Designation

The 401(k) Retirement Plan requires you to name at least one beneficiary. Make sure you keep their information up to date.

Fidelity

Phone: (800) 835-5095
Website: www.netbenefits.com

LIFE AND AD&D INSURANCE

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

As an important part of your financial planning, you are automatically provided with basic life and AD&D insurance to protect you and your family in the event of an accident or death at no cost to you.

Basic Life and AD&D

Team Member

For both Basic Life and AD&D you are covered in an amount equal to **1 times** your annual salary up to a maximum of **$500,000.**

Beneficiary Designation

Benefits are paid to the beneficiary you designate. Please keep your beneficiary information up to date.

Voluntary Life and AD&D

YOU

Increments of **$25,000** up to **$1,000,000**[1] maximum
Guaranteed issue amount: **$250,000**

SPOUSE

Increments of **$10,000** up to **$250,000** — not to exceed **100%** of team member coverage
Guaranteed issue amount: **$20,000**

CHILD

Birth to 6 months — **$1,000**
6 months to 26 years — **$10,000**
Guaranteed issue amount: **$10,000**

New York Life
Phone: (800) 362-4462
Website: www.mynylgbs.com

Things to Keep in Mind

Life and AD&D insurance provides many benefits, and there are a few points to keep in mind:

- **Imputed Income:** The value of your company-provided life insurance premiums over $50,000 is considered taxable. Contact your tax professional for more information.
- **Age Reduction:** Benefit amounts reduce after you reach age 70.
- **Portability:** If you leave PDS Health, you can convert your policy to an individual policy and continue your coverage.

1 Maximum for the AD&D coverage is the lesser of 6x annual salary or $2M

VOLUNTARY DISABILITY INSURANCE

An unexpected injury or illness can create a financial burden.

Disability insurance replaces a portion on your income when you experience a qualifying disability and are unable to work.

How Disability Insurance works

First 7 days*
use sick or vacation time and receive
100% of your regular pay.

On **day 8 Short Term Disability** will pay **70%** of your weekly earnings up to **$2,000** weekly maximum for 16 weeks for sickness and 17 weeks for accidents

After **120 days Long Term Disability** will pay **60%** of your monthly earnings up to **$6,000** maximum**

** 7 days waiting period is waived for disability resulting from an accident*

*** You will receive a portion of your monthly income for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first.*

Qualifying disability

A sickness or injury that causes you to be unable to perform the material duties of your regular job. Benefits are not payable for pre-existing medical conditions in the first 12 months of coverage. Refer to the certificate of coverage for more details on disability definition and pre-existing condition exclusions.

Note: Disability benefits are reduced by other income you receive, including but not limited to Social Security, state disability benefits, and pension benefits.

Short Term and Long Term Disability Insurance Cost

Short Term Disability

You may purchase Short Term Disability coverage with after-tax dollars. See benefit summary for cost of coverage.

Long Term Disability

You may purchase LTD coverage with after-tax dollars. See benefit summary for cost of coverage.

New York Life
Phone: (800) 362-4462
Website: www.mynylgbs.com

ADDITIONAL BENEFITS

Adoption Assistance

PDS Health or its supported offices will reimburse eligible participants for a portion of the expenses resulting from the legal adoption of an eligible child.

Program Highlights:

- $5,000 benefit per eligible child
- Two (2) adoptions per eligible household
- Eligible after completion of one year of employment

Back-Up Child and Adult Care

The Bright Horizons Back-Up Care program provides a range of caregiving solutions for times when regular care breaks down. It provides emergency care as well as scheduled care either in-home or at accredited child care centers.

Program Benefits:

- $15 per child per day for in-center services
- $25 per family per day for in-center services
- $6 per hour (4 hour minimum) for in-home services
- 10 Occurrences per year

Home/Auto Insurance

This voluntary benefit program provides you with access to special savings on auto and home insurance. Plus, you can choose the convenience of paying your premiums through automatic payroll deduction. You may start or stop your coverage at any time throughout the year, and your coverage stays with you even if you leave even if you change companies.

Calm App Subscription

Regular full-time team members have access to a free premium Calm subscription offering a diverse, expanded content library of resources to suit your schedule and needs. Explore guided meditations and specialized music playlists to help with stress and focus, mindful movement audio and video, relaxing sleep stories, tailored content for children, wisdom-filled masterclasses led by experts, and much more.

Commuter

Team members can make pre-tax payroll deductions towards a transit and/or parking spending account. Team members can use their spending account to pay for qualified mass transit (e.g. subway, bus, ferry, etc.) or parking expenses incurred for their daily commute. Toll roads are excluded.

Legal Assistance Program

Legal Insurance gives you access to a network of attorneys for a variety of legal needs, including estate planning, financial matters, real estate matters, defense of civil lawsuits, family law, traffic offenses, document preparation and review, immigration assistance, juvenile matters and consumer protection. Most services provided by a network attorney are covered in full, while services provided by non-network attorneys are payable up to specified plan maximums.

Pet Insurance

Veterinary Pet Insurance (VPI) helps offset the cost of caring for your pet with more than 6,400 covered medical treatments. VPI covers everything from preventive care to accidents and illness, as well as the costs of X-rays, office visits, medications, surgeries and hospital stays. You can either choose your own vet or use a licensed vet in the VPI network. The cost of coverage depends on your pet's age, species, and the coverage level that you select.

Malpractice Insurance

Malpractice insurance is provided to all full and part time employed medical and dental providers at PDS Health offices. Coverage only applies to professional medical and dental services performed at PDS Health offices, events, or functions. The policy provides coverage for claims made up to $1M per claim and a $3M annual aggregate. The coverage begins on the first day of employment. When a medial or dental provider departs from the organization, PDS Health issues a letter providing proof of extended reporting coverage as per providers' contracts.

Building Healthy Families

PDS Health is proud to offer Anthem enrolled team members an all-in-one program that can help your family grow strong whether you're making a decision around family planning, trying to conceive, expecting a child, going through adoption or surrogacy or in the thick of raising young children. Visit benefitsatpdshealth.com for more details.

TEAM MEMBER DISCOUNT PROGRAMS

Gym Discount Referral Services

PDS Health team members have access to gym membership discounts and fitness resources through Active & Fit Direct. Discover a fitness routine that aligns with your lifestyle and take advantage of:

- Access to 12,700+ gyms nationwide
- Virtual fitness classes
- 1:1 wellbeing coaching

To sign up or for more details about the program, visit the Benefits homepage > Team Member Discount Programs > Active & Fit for all the details on how to take advantage of these fitness benefits.

Student Loan Refinancing

SoFi offers special terms for student loan refinancing for all team members. All loans are subject to the bank's application and approval process. The terms may be subject to change by the bank at any time.

SoFi – Apply now: **Sofi.com/PacificDental**

PDS Health Team Member Perks & Discount Program

The Perks & Discounts program offers exclusive discounts, special offers and access to preferred seating and tickets to top attractions, theme parks, shows, sporting events, movie tickets, hotels and much more. Team members can save up to 50% on tickets and 60% on hotels.

- Go to **benefitsatpdshealth.com** for more details

Toothbrushes

PDS Health is happy to offer team members significant discounts on Oral-B and Sonicare electronic toothbrushes.

To download order forms go to:

- **Oral-B Order Form**
- **Sonicare Order Form**

Forms can be found on PDSConnect > Department > People Services > Benefits > Team Member Discount Programs

TIME OFF

<table>
<tr><th>Plan</th><th>Eligibility</th><th>Highlights</th></tr>
<tr><td>Holidays</td><td>▪ Full-time team members, after 30 days of employment and regularly scheduled to work on the day of the holiday, or the day the holiday is celebrated by PDS Health.
▪ Part-time team members, after 30 days of employment and scheduled to work on a holiday.</td><td>PDS Health observes the following holidays:
▪ New Year’s Day
▪ Memorial Day
▪ Independence Day
▪ Labor Day
▪ Thanksgiving Day
▪ Christmas Day</td></tr>
<tr><td>Vacation</td><td>▪ Full-time team members begin to accrue on the first day of employment, and may be used after the 90th day of employment.
▪ Supported dentists are not eligible.</td><td>Non-Exempt (Hourly) team members
May use vacation time in increments of 1 hour.
<table><tr><th>Length of Service</th><th>Accrual Rate Per Annum* (based on 40 hours worked each week)</th><th>Maximum Accrual</th></tr><tr><td>0-3 years
3 years 1 day or more</td><td>80 hours
120 hours</td><td>100 hours
150 hours</td></tr></table>*Accruals for non-exempt (hourly) team members are based on hours worked. The chart above assumes 40 hours worked each week.
Exempt (Salary) team members
May not take increments of less than 8 hours.
<table><tr><th>Length of Service</th><th>Accrual Rate Per Annum</th><th>Maximum Accrual</th></tr><tr><td>0-3 years
3 years 1 day or more</td><td>96 hours
144 hours</td><td>120 hours
184 hours</td></tr></table></td></tr>
<tr><td>Floating Days</td><td>▪ Full-time team members after 30 days of employment.
▪ Supported dentists are not eligible.</td><td>▪ After thirty (30) days of employment, each regular full-time team member will receive two (2) Floating Days.
▪ Floating Days will be available each January 1st of the calendar year and must be taken by December 31st of the same year.
▪ Floating Days do not carry over from year to year and if the days are not taken by the last day of the calendar year (December 31st), the days will be forfeited. In addition, Floating Days will not be paid out upon a team member’s termination.</td></tr>
<tr><td>Bereavement</td><td>▪ All team members.</td><td>▪ Up to 3 days in the event of the death of an immediate family member, the team member’s own pregnancy loss, or if the team member’s spouse or registered domestic partner experiences a pregnancy loss.
▪ Available upon hire.</td></tr>
<tr><td>Voulnteer Time</td><td>▪ Eligible regular part-time and full-time team members.
▪ Supported dentists and hygienists are not eligible.</td><td>▪ Up to 8 hours of paid volunteer time. Available upon hire.</td></tr>
</table>

Please see the Team Member Handbook for additional details and State-by-State Appendix for further requirements.

2025 TEAM MEMBER CONTRIBUTIONS

Health Care Premiums - Monthly

Anthem HDHP with HSA Tobacco Free	Team Member Cost
Employee Only	$173.27
Employee+Spouse/DomesticPartner	$545.07
Employee + Child(ren)	$441.79
Employee + Family	$839.98
Anthem HDHP Plan with HSA – Tobacco User	
Employee Only	$243.27
Employee+Spouse/DomesticPartner	$655.07
Employee + Child(ren)	$551.79
Employee + Family	$949.98

Anthem PPO Tobacco Free	Team Member Cost
Employee Only	$100.15
Employee+Spouse/DomesticPartner	$406.57
Employee + Child(ren)	$325.50
Employee + Family	$659.34
Anthem PPO – Tobacco User	
Employee Only	$170.15
Employee+Spouse/DomesticPartner	$516.57
Employee + Child(ren)	$435.50
Employee + Family	$769.34

Anthem HPN EPO Tobacco Free	Team Member Cost
Employee Only	$83.79
Employee+Spouse/DomesticPartner	$340.15
Employee + Child(ren)	$272.32
Employee + Family	$551.62
Anthem HPN EPO – Tobacco User	
Employee Only	$153.79
Employee+Spouse/DomesticPartner	$450.15
Employee + Child(ren)	$382.32
Employee + Family	$661.62

Completing a smoking cessation program is an alternative to avoid the tobacco surcharge.
Please contact **Benefits@pacden.com** for more details.

Dental Premiums - Monthly

PDS Health Dental	Team Member Cost
Employee Only	$0.00
Employee + Spouse	$0.00
Employee + Child(ren)	$0.00
Employee + Family	$0.00

Vision Premiums - Monthly

VSP Vision	Team Member Cost
Employee Only	$7.34
Employee + Spouse	$11.45
Employee + Child	$11.45
Employee + Family (or + Children)	$18.17

UNUM Accident, Critical Illness, Hospital indemnity Insurance

Unum Accident	Team Member Cost
Employee Only	$8.81
Employee + Spouse/Domestic Partner	$15.43
Employee + Child(ren)	$16.24
Employee + Family	$22.86

Unum Hospital Indemnity	Team Member Cost
Employee Only	$12.16
Employee + Spouse/Domestic Partner	$21.20
Employee + Child(ren)	$17.13
Employee + Family	$26.17

Unum Critical Illness (Rate per $1000)	Team Member	Spouse
Under Age 25	$0.28	$0.28
25 - 29	$0.34	$0.34
30 - 34	$0.43	$0.43
35 - 39	$0.56	$0.56
40 - 44	$0.72	$0.72
45 - 49	$0.94	$0.94
50 - 54	$1.19	$1.19
55 - 59	$1.61	$1.61
60 - 64	$2.23	$2.23
65 - 69	$3.17	$3.17
70 - 74	$4.78	$4.78
75 - 79	$5.61	$5.61
80 - 84	$5.61	$5.61
85+	$5.61	$5.61

Legal Plan - Monthly

Team Member	Team Member Cost
Employee	$18.00

2025 TEAM MEMBER CONTRIBUTIONS

New York Life Supplemental Life Insurance – Monthly

Team Member or Spouse/Domestic Partner Voluntary Life (Rate per $1000)	Team Member Cost per Covered Life
Under Age 25	$0.050
Age 25 - 29	$0.060
Age 30 - 34	$0.080
Age 35 - 39	$0.090
Age 40 - 44	$0.117
Age 45 - 49	$0.180
Age 50 - 54	$0.288
Age 55 - 59	$0.495
Age 60 - 64	$0.684
Age 65 - 69	$1.287
Age 70 +	$2.079

Team Member Voluntary AD&D (Rate per $1000)	Team Member Cost
Team Member	$0.02

Child Voluntary Life (Rate per $1000)	Team Member Cost
Team Member	$0.12

New York Life Voluntary Short-Term And Long-Term Disability - Monthly

New York Life Voluntary STD (Rate per $10 Weekly Benefit)	Group 1 (> $100,000) CA Team Member	Group 2 (< $100,000) CA Team Member	Group 3 (< $100,000) Non-CA Team Member	Group 4 (> $100,000) Non-CA Team Member
Age 17-24	$0.574	$0.254	$0.686	$0.973
Age 25 - 29	$0.512	$0.243	$0.607	$0.866
Age 30 - 34	$0.562	$0.231	$0.671	$0.952
Age 35 - 39	$0.405	$0.220	$0.481	$0.684
Age 40 - 44	$0.382	$0.220	$0.454	$0.645
Age 45 - 49	$0.382	$0.231	$0.460	$0.651
Age 50 - 54	$0.443	$0.243	$0.529	$0.749
Age 55 - 59	$0.626	$0.254	$0.744	$1.061
Age 60 - 64	$0.778	$0.277	$0.925	$1.317
Age 65 - 69	$0.778	$0.277	$0.925	$1.317
Age 70 +	$0.778	$0.277	$0.925	$1.317

New York Life Voluntary LTD (Rate per $100 CMP)	Team Member Cost
Age 17-24	$0.057
Age 25-29	$0.101
Age 30-34	$0.260
Age 35-39	$0.490
Age 40-44	$0.850
Age 45-49	$1.153
Age 50-54	$1.326
Age 55-59	$1.499
Age 60-64	$1.427
Age 65-69	$0.994
Age 70+	$0.605

IMPORTANT CONTACTS

Coverage	Carrier/Vendor	Member Services	Website / Email
General Inquiries / Mid-year Qualifying Events	PDS Health Benefits Advocate	(877) 536-8693	**pdsbenefits@lockton.com**
Medical	Anthem Blue Cross	(877) 310-0522	**www.anthem.com/ca**
LiveHealth Online	–	(855) 603-7985	**www.livehealthonline.com**
Dental	Pacific Dental Services	(877) 536-8693	Benefits Advocate
Vision	VSP	(800) 877-7195	**www.vsp.com**
Health Savings Account	HealthEquity	(866) 346-5800	**www.healthequity.com/pds**
Flexible Spending Accounts	Navia Benefits Solutions	(800) 669-3539	**naviabenefits.com**
Life and AD&D	New York Life	(800) 362-4462	**www.mynylgbs.com**
Disability	New York Life	(800) 362-4462	**www.mynylgbs.com**
Retirement - Advisors	Sageview Advisory Group	(800) 814-8742	–
Retirement - 401(k)	Fidelity	(800) 835-5095	**www.netbenefits.com**
Employee Assistance / Wellness Support	New York Life	(800) 344-9752	**guidanceresources.com**
Accident, Critical Illness and Hospital Indemnity Insurance	Unum	(800) 635-5597	**www.unum.com**
Auto/Home/Pet Insurance	MetLife	(800) 438-6388	**www.metlife.com/mybenefits**
Legal Insurance	MetLaw	(800) 821-6400	**www.metlife.com/mybenefits**
Back-Up Care Program	Bright Horizons	(877) 242-2737	**clients.brighthorizons.com/pds**
Gym Discount Referral Services	To sign up visit the PDSConnect Benefits homepage > Team Member Discount Programs > Active & Fit		

IMPORTANT TERMS TO KNOW

As you review the information in this benefits guide, you might come across a word that is unfamiliar. Take a look at these terms to better understand your benefits.

Beneficiary: A person you designate to receive your financial benefits (i.e. life insurance, 401(k), HSA) in the event of your death.

Calendar Year Maximum: Total amount paid each year by your insurance company for each family member enrolled in the plan.

Claim: A request for payment that you or your health care provider submits to your health insurer after receiving a service or item.

Coinsurance: The percentage you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

Copay: The flat fee you pay toward the cost of covered medical services.

Deductible: The amount you are responsible for paying for covered health care services before the plan pays benefits. Under some plans, the deductible is waived for certain services.

Evidence of Insurability (EOI): The process in which you provide required health documentation in order to receive certain levels of coverage.

Formulary: A list of preferred drugs chosen by a panel of doctors and pharmacists. Both brand and generic medications are included on the formulary.

Guaranteed Issue: The amount of coverage pre-approved by the insurance carrier regardless of health status.

Network: A designated list of health care providers (doctors, dentists, etc.) with whom the health insurance provider has negotiated special rates. These contracted fees are usually lower than the provider's normal fees for services.

Out-of-Pocket Maximum: The highest amount paid for covered services during a benefit period. Both the deductible and the coinsurance apply towards meeting the out-of-pocket maximum, but copayments may not apply.

Pre-Existing Condition: A health problem you had before the date that new health coverage starts.

Preauthorization: A decision by your health plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Preauthorization may be required for certain services before you receive them.

Premium: The amount you pay for a health plan in exchange for coverage.

Preventive Care: Routine health care that includes screenings, checkups, and patient counseling to prevent illnesses, disease, or other health problems.

Reasonable and Customary: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or procedure.

Vesting: The point at which benefits become owned by the team member.

PDS Health

HEALTH PLAN NOTICES

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IMPORTANT NOTICE

This packet of notices related to our health care plan includes a notice regarding how the plan's prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, "Important Notice From PDS Health About Your Prescription Drug Coverage and Medicare."

IMPORTANT NOTICE FROM PDS HEALTH 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 PDS Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

1. 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.

2. PDS Health has determined that the prescription drug coverage offered by the PDS Health Employee Health Care Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to *wait* to enroll in a Medicare drug plan you may enroll later, during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that's at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are "special enrollment periods" that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes "creditable" prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage

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. See the PDS Health Plan's summary plan description for a summary of the Plan's prescription drug coverage. If you don't have a copy, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage With Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the PDS Health Plan due to your employment (or someone else's employment, such as a spouse or parent), your coverage under the PDS Health Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your PDS Health prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information, or call 714-845-8500. **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 PDS Health changes. You also may request a copy.

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 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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 whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2025
Name of Entity/Sender:	Pacific Dental Services
Contact—Position/Office:	Team Member Benefits
Address:	17000 Red Hill Ave Irvine, CA 92614
Phone Number:	714-845-8500

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

PDS HEALTH
IMPORTANT NOTICE
COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES

NOTICE OF AVAILABILITY OF HIPAA PRIVACY NOTICE

The Federal Health Insurance Portability and Accountability Act (HIPAA) requires that we periodically remind you of your right to receive a copy of the HIPAA Notice of Privacy Practices applicable to the self-insured group health benefits provided under the Plan (dental, health flexible spending account, and certain wellness benefits). You can obtain a copy of this Notice on PDSConnect > Department > People Services > Benefits > Benefits Guides, Summaries and Notices

You also have a right to request a paper copy of this Notice by contacting the People Services Department. For a copy of a HIPAA privacy notice for a fully-insured group health benefit under the Plan, you can contact the insurance carrier directly.

Use and Disclosure for Treatment, Payment and Health Care Operations: A group health plan may use protected health information without your authorization to carry out treatment, payment and health care operations of the group health plan.