DENBRIGHT™
DENTAL LABS

D&S Employees Benefits Guide

2025 Plan Year

January 1, 2025 – December 31, 2025

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Important Reminders

- Enroll before the enrollment deadline of November 15th. If you do not make changes to your coverage by **Friday, November 15, 2024**, your current coverage will **NOT** continue for all benefits. If you want to participate in these programs in 2025, you must actively enroll in them during Open Enrollment or you will be defaulted to no coverage.
- **Note:** If you choose to stay with your existing plans, you will still be responsible for any new rates.
- **New employees: Enroll within your eligibility timeframe (within 30 days of hire date).** If you don't enroll within this time period, you will not have benefits coverage, except for plans and programs that are fully paid by Denbright, such as basic life insurance.
- **Open Enrollment: Enroll before the enrollment deadline.** If you do not make changes to your coverage within the enrollment time period, your current coverage will **NOT** continue for all benefits except as noted above.
- **After your enrollment opportunity ends, you will not be able to make changes to your benefits** until the next Open Enrollment, unless you experience a qualifying life event, such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status that affects your benefits eligibility.

Changes After Open Enrollment

Under section 125 of the Internal Revenue Service (IRS) code, you are allowed to pay for certain group insurance premiums with tax-free dollars. It states that eligible employees may only make elections to the plan during their initial eligibility period or once a year at open enrollment. Pre-tax benefit choices are binding through the end of the plan year. Special Circumstances, often referred to as life event changes, allow you to make plan elections at any time during the year in which they occur. You must inform Human Resources withing 30 days of the event in order to make the qualified change. All other changes will be deferred to open enrollment.

Summary of Benefits and Coverage

The Health section of this guide provides an overview of your medical plan options. You can find detailed information about each plan, including a breakdown of costs, in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. The SBCs are available on Cendyn Intranet/Human Resources/Employee Resources/United States/Benefit Summaries

A MESSAGE TO OUR EMPLOYEES

At Denbright, our employees are our greatest asset. We believe that by offering one of the most comprehensive benefit packages available, we can attract and retain great people! Our benefits package includes core plans that provide a foundation for your good health and well–being.

We realize that our benefits program can be successful only if it is affordable and meets the needs of our employees. As such, we constantly review our benefits and make changes as necessary. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

For questions regarding your benefits or enrollment options, please refer to the Denbright's Microsite denbrightdentallabs.hrbenefits.net/

EMPLOYEE BENEFITS ENROLLMENT & ELIGIBILITY

If you are a Denbright employee working 30 or more hours per week you are eligible to enroll in the benefits described in this guide. You may also enroll your eligible family members under certain plans you choose for yourself.

Eligible Family Members Include

- Your legally married spouse or qualified domestic partner
- Your children who are your natural children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children aged 26 or older who meet certain criteria may continue your health coverage.

When Does Coverage Begin?

Employees become eligible for benefits the 1st of the month following 60 days of employment. You must complete the enrollment process within 30 days of your date of hire, or the date of your qualifying event.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next Open Enrollment period, unless you have a Qualifying Event during the year. The following are examples of the most common qualifying events:

- Marriage, divorce, annulment, or permanent separation from spouse
- Birth of a child;
- Placement of a foster child or child for adoption with you, or assumption of legal guardianship of a child;
- Change in your spouse's or dependent's employment status that affects benefits eligibility, including termination or commencement of employment or change in worksite;
- You or your spouse's return from unpaid leave of absence;
- You or your dependents become eligible or lose eligibility for Medicare or Medicaid;
- The death of your spouse or dependent child
- Court ordered coverage of your child by you or your spouse, allowing you to add or drop the child(ren)'s coverage;
- Change in your employment that affects benefits eligibility (working at least 30 hours per week);
- Loss of eligibility for a dependent; and
- Change in dependent care provider or cost for dependent care FSA.

The change you request must be consistent with the qualifying event. You are required to provide supporting documentation within 30 days of the event.

Important: To make changes to your benefit elections, you MUST notify HR within 30 days of the Qualifying Event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

DENTAL

Denbright dental plan allows you to seek treatment from the dentist of your choice, in or out-of-network.

You will get the most value out of your plan by using Cigna's network providers, who cannot charge more than their negotiated, discounted rate. While the plan covers treatment from out-of- network providers, excess charges may not be covered. The chart below shows how the plan works and how each type of service is covered. This is a brief summary; please refer to your benefit booklet for complete details.

Level of Care	Standard Option PPO		Premium Option PPO	
Benefit	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Individual / Family	$25 / $75	$25 / $75	$50 / $150	$50 / $150
Max Annual Benefit for Services Applied to preventive, basic and major	$800	$800	$1,600	$1,600
Preventative Care • Periodontal maintenance • Oral exams • Cleaning	100%	100%	100%	100%
Basic Care • Fillings • Simple extractions • X-rays	80%	80%	80%	80%
Major Care • Bridges & dentures • Crowns, Inlays, Onlays • Oral surgery (excluding extractions)	50%	50%	50%	50%
Orthodontia	Not Covered	Not Covered	50%, $1,600 Maximum	50%, $1,600 Maximum

VISION

Denbright vision care benefits include coverage for eye exams, standard lenses and frames, contact lenses and discounts for laser surgery. With Cigna + EyeMed Vision, you can purchase lenses & frames from national retailers, as well as many other providers. You will receive a higher level of benefit if you utilize the services of a provider listed in Cigna's Preferred Provider Directory. To find a provider, simply go to www.cigna.com and use the provider locator tool for a complete list, including door-to-door directions.

The chart below shows how the plan works and how each type of service is covered. This is a brief summary; please refer to your benefit booklet for complete details.

Vision Plan

Feature	In-Network	Out-of-Network
Exam (once a year)	$10 copay	$45 allowance
Frames (once every two years)	$150 allowance	$98 allowance
Lenses (once a year)	$10 copay	$32 to $80 allowance
Contact Lens (once a year)	$150 allowance	$120 allowance

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Denbright offers health care and dependent care flexible spending accounts (FSAs), administered by Flores, which allows you to pay for eligible health and dependent care expenses with pre-tax dollars. The money contributed to your account is deducted from your paychecks before tax is taken out, so you end up with lower taxable income for the year.

Health Care FSA

You can use a Health Care FSA to pay for eligible medical, dental, vision and other out-of-pocket health care expenses that aren't covered by your health plan. You can contribute up to $3,300 for 2025.

Dependent Care FSA

This account can be used to pay for eligible child or adult day care. To be considered an eligible expense, the care must be necessary to enable both you and your spouse or domestic partner, if applicable, to work, look for work or attend school. Eligible dependents include: your children under age 13 or dependent of any age who resides in your home for at least eight hours each day who is physically or mentally incapable of self-care and is dependent on your for at least 50% of their financial support.

You will be able to contribute up to $5,000 for 2025.

Estimate Carefully

Once you have made your FSA election amounts, you cannot make changes during the plan year unless you experience a qualifying family status change.

You cannot use money from your Health Care FSA to pay for dependent care expenses, or vice versa. Keep in mind FSAs are "use-it-or-lose-it" accounts. You will forfeit any funds left in the account at the end of the plan year.

Eligible Expenses

A list of eligible health care expenses can be found in Publication 502 on the IRS website at https://www.irs.gov/pub/irs-pdf/p502.pdf

Eligible dependent care expense information can be found in Publication 503 at https://www.irs.gov/pub/irs-pdf/p503.pdf

COMMUTER

Like a Flexible Spending Account, our commuter benefits program (administered by Flores) gives you the opportunity to pay for certain commuting expenses with pretax payroll deductions.

How the Program Works

You can elect to participate in this program at any time, not just during annual Open Enrollment, and set aside pretax money to cover your commuting costs.

- Parking — Out-of-pocket parking fees for parking meters, garages, and lots. (Parking at or near your home is not eligible.) The IRS Pre-tax limit for 2025 is $325 per month.

- Mass transit/Van Pooling — Transit passes, tokens, fare cards, vouchers or similar items entitling you to ride a mass transit vehicle to or from work. The IRS Pre-tax limit for 2025 is $325 per month.

If you spend more than the monthly IRS limit, that additional amount must be paid by you on an after–tax basis and you would enter your payment method on-line. Any money left in your commuter benefit accounts will transfer into your accounts for the following year!

LIFE AND AD&D

Denbright provides life insurance and accidental death and dismemberment benefit (AD&D) for all full- time employees.

- The benefit is a flat $25,000 of coverage.
- Coverage is at the company's expense.
- The coverage may be converted or ported upon termination of active employment.

Voluntary Life/AD&D

You're able to purchase additional amounts of life/AD&D coverage to meet your individual needs. Voluntary Life/AD&D is available for employees, spouses and children. The benefit reduces by 65% at age 65, and 40% at age 70 for employees and spouses. The coverage may be continued or ported upon termination of active employment.

Voluntary Life Insurance Coverage			
Coverage Options	Benefit	Guaranteed Issue (GI)	Evidence of Insurability (EOI) Requirements
Employee Only	Coverage is available up to 5x earnings to $500,000 in $10,000 increments	5x earnings or $300,000	Required in amounts excess of $300,000
Spouse	Coverage is available up to 50% of the employee election or $250,000 in $5,000 increments	$30,000	Required in amounts excess of $30,000
Child(ren)	$10,000 Children are covered to age 26.	Full Benefit	N/A

Amounts over the guaranteed issue limit require Evidence of Insurability* and approval before these amounts are effective.

* For the 2025 open enrollment prior voluntary life amounts can be rolled over with no evidence of insurability needed. You need to elect the amount for the new plan year.

For more information visit:
denbrightdentallabs.hrbenefits.net/

SHORT TERM DISABILITY

In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. This coverage is paid by Denbright and is employee coverage only. Disability benefits must be approved by a physician and the disability provider.

Denbright provides this coverage to you at no cost. Short-term disability is designed to replace a portion of your income for a short period of time while you are unable to work. If you qualify for benefits, they are taxable to you. An overview of the coverage is provided below. Please refer to the contract for complete plan details.

	Employer Paid Short-Term Disability
Benefit Provided	Up to 60% of your weekly salary
When do Benefits Begin	After the 7th day of an illness or an injury
Maximum Benefit Duration	13 weeks
Maximum Weekly Benefit	$500

If you live in a state with mandated statutory leave benefits, STD coverage may not be appropriate for you.

LONG TERM DISABILITY

In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. This coverage is paid by the employee. Disability benefits must be approved by a physician and the disability provider.

Long Term Disability

Long Term Disability (LTD) is an employee paid benefit that provides partial income protection if you are unable to work due to an illness or injury. Your benefit covers a portion of your monthly salary up to 24 weeks. Benefits begin on the 15th day of disability and are not taxable income to you.

Benefits	Employer Paid LTD	Employee Paid LTD
Benefit Provided	Up to 50% of your monthly salary	Up to 60% of your monthly salary
Maximum Benefit Duration	Until you're no longer considered disabled or you reach normal retirement age, whichever comes first.	Until you're no longer considered disabled or you reach normal retirement age, whichever comes first.
Maximum Monthly Benefit	$5,000	$10,000
Waiting Period	90 days	90 days

Long Term Disability Premium

Your premium amount will be shown when you enroll through Paylocity. If you'd like to estimate your premium, follow these steps:

(Monthly earnings/$100) x rate (.82) x 12/26 = Bi-weekly premium max. of $16,667/mo.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Denbright offers a comprehensive Employee Assistance Plan (EAP) through Lincoln Financial Group, at no cost to you. EmployeeConnect offers professional, confidential services to help you and your loved ones improve your quality of life.

The Employee Assistance Program helps you and your eligible dependents balance the demands of work,life, and personal issues. This **confidential** service provides access to professional counseling and guidance to address stressful life events.

Employees and their eligible dependents can speak to a trained professional who will help assess their needs and provide referrals to local resources including psychologists, legal and financial consultants, marriage/family therapists, and substance abuse counselors.

You and your eligible dependents have unlimited telephonic access to the EAP and up to five face-to-face counseling sessions per issue.

Take Advantage of EmployeeConnect

For more information, visit GuidanceResources.com, download the GuidanceNow mobile app, or call 888-628-4824.

GuidanceResources.com Login Credentials:

Username: LFGSupport Password: LFGSupport1

VOLUNTARY BENEFITS

Denbright's offers plans to provide you additional protections against unexpected events. Through Cigna, you may purchase Critical Illness, Accident and/or Hospital Indemnity policies. Benefits are paid directly to the policyholder regardless of other insurance. These plans are designed to help with your out-of-pocket costs related to health events.

For many Americans, a home, 401(k) plan and college fund make up the majority of their savings. However, these are not sensible sources of cash for medical emergencies. They represent cash saved for the long haul — not for a few months of recovery along the way.

Critical Illness

Cigna Critical Illness insurance can help with the treatment of costs of covered critical illnesses, such as cancer, a heart attack, or a stroke. More importantly, the plan helps the colleagues focus on getting better (instead of the distraction and stress over the cost of medical and personal bills). This insurance provides a lump-sum benefit to help with out-of-pocket medical expenses and the living expenses that can accompany a covered critical illness. Consider the potential costs of care/recovery and the financial shortfalls that could impact your family if an injury or sickness occurs.

Accident

This coverage provides cash benefits to help offset medical expenses resulting from accidents. Also includes supplemental AD&D coverage.

Hospital Indemnity

Cigna Hospital Indemnity insurance helps deliver financial security for the unexpected – allowing you to help protect your budgets against unforeseen expenses if you suffer an accidental injury or sickness. You can use the cash benefits from this coverage to help meet copayments, to pay for recovery expenses or in any way you see fit.

For more information visit:
denbrightdentallabs.hrbenefits.net/

Benefit Resource Center (BRC)

Access all your benefits details while on the go!

The Benefit Resource Center (BRC) is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you. This confidential service is offered to you at no cost.

The specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time via phone 855-874-0835 or via email BRCSouth@usi.com . If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or email message by the end of the following business day.

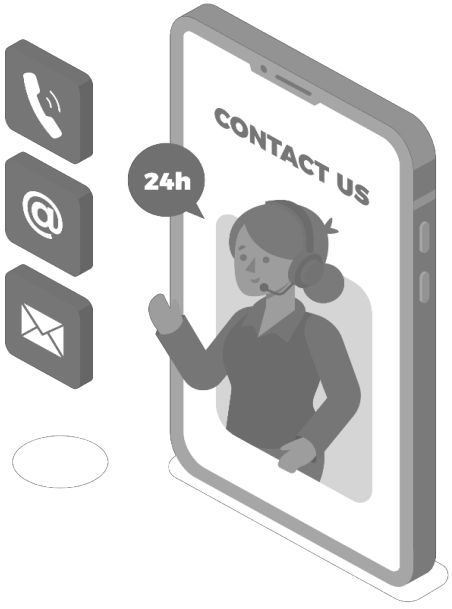
Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution

Benefit Resource Center (BRC)

BRCSouth@usi.com | Toll Free: 855-874-0835

Monday – Friday | 8:00am to 5:00pm EST



FREQUENTLY ASKED QUESTIONS

When Do I Pay A Copayment?

Expect to pay a copayment for doctor's visits, emergency room visits and urgent care center visits.

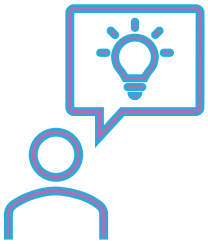
How Do I Know When To Go To An Urgent Care Center Vs. The Emergency Room?

If you need medical care when your regular doctor is not available, think about going to an urgent care center. The urgent care center should be used for minor emergencies (fever, cough, pain, etc.), when your physician's office is closed and your symptoms are too severe to wait until the office reopens, or when you are out-of-town. The copayment is less for the urgent care center than the ER and getting care at the urgent care center will most certainly be faster than an ER visit. Emergency rooms should only be used for true emergencies such as broken bones, vigorous bleeding or severe pain.

The next time you are faced with deciding where to go, be sure to evaluate all your options and choose the setting that best suits your illness or injury. Of course, in a true emergency, seek the appropriate care without delay.

What Is An Explanation Of Benefits (EOB)?

An EOB is a description the insurance company sends to you explaining the health care charges that you incurred and the services for which your doctor has requested payment. You should compare your EOB to the bill you receive from the doctor. All data on your EOB should match the information that appears on the statements you receive from your doctor. If it doesn't, contact the doctor's office immediately.



What Is Preventive Care?

Preventive care is proactive, comprehensive care that emphasizes prevention and early detection. This care includes physical exams, immunizations, well woman and well man exams. Be sure your child gets routine checkups and vaccines as needed, both of which can prevent medical problems (and bills) down the road. Also, adults should get preventive screenings recommended for their age to detect health conditions early. Remember all preventive care benefits are covered 100% under your medical plan.

What Is The Difference Between Generic And Brand Name Drugs?

The difference between generic and brand name medications lies in the name of the drug and the cost. Generic drugs cost much less than brand name drugs, save you and your employer money, and provide the same health benefits as brand name drugs.

What Is The Benefit Of Mail Order Drugs?

Mail order drugs are perfect for patients who take medication on an ongoing basis. Examples are high blood pressure medication, high cholesterol medication, insulin, and birth control. Mail Order drugs are convenient because they are delivered to your doorstep, which relieves the stress of standing in line at the pharmacy.

What Should I Ask My Doctor?

Amazingly, many patients do not ask their doctor basic questions. "How much will my treatment cost?" "Can I be treated another way that is equally effective but less costly?" "What are the risks?" "What are the side effects?" Having a dialogue with your physician can help you better understand how his or her care decisions affect your health plan costs. It will also help your doctor get to know you better and consequently prescribe treatment that is more effective.

GLOSSARY

1095-C – The health care law outlining which employers must offer health insurance to their employees. The law refers to them as "applicable large employers," or ALEs. A company or organization is an ALE if it has at least 50 full-time employees or full-time equivalents. It also provides information needed to do a federal tax return.

COINSURANCE – A type of health insurance in which the insured individual contributes a specified percentage of the total cost of the medical expense after the deductible has been reached.

COPAY – The fixed amount paid by the insured for health care services or prescriptions received.

DEDUCTIBLE – The amount the insurer pays for health care services before the health insurance begins to pay its portion. A deductible may not apply to all services, including preventive care.

EMPLOYEE CONTRIBUTION – The amount paid by an employee for insurance coverage.

EXPLANATION OF BENEFITS (EOB) – A statement sent by a health insurance company to
covered individuals explaining what medical treatments and/or services were paid for on their behalf.

IN-NETWORK – Discounted rates for healthcare services provided by doctors, hospitals, and other providers that contract with the insurance company.

OUT-OF-NETWORK – Out-of-network providers are doctors, hospitals and other providers that do not offer their health services at a discounted rate because they are not contracted with the insurance company.

OUT-OF-POCKET MAXIMUM – The total you will pay for covered health care services during the plan year (typically a 12-month period) before the health insurance or plan starts to pay 100% of the allowed amount. This does not include the monthly premium or services not covered by the plan.

OVER-THE-COUNTER (OTC) MEDICATIONS – Medications available without a prescription.

PRESCRIPTION MEDICATIONS – Doctor-prescribed medications. The medications costs are determined by their specified tier: Generic, Preferred, Non-Preferred or Specialty.

SUMMARY OF BENEFITS AND COVERAGE (SBC) – Documents required through health care reform, an easy-to-follow summary of theinsurance carrier or plan benefits and plan coverage offered.

WHO TO CONTACT

Carrier Customer Service			
Benefits Plan	**Carrier**	**Phone Number**	**Website**
Dental	Cigna	800-997-1654	www.cigna.com
Vision	Cigna	866-939-3633	cignaeyemedconference.com
Flexible Spending Accounts (FSAs)	Flores	800-532-3327	www.flores247.com
Life and AD&D Insurance	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com
Short & Long-Term Disability	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com
Accident Insurance	Cigna	800-997-1654	www.cigna.com
Critical Illness Insurance	Cigna	800-997-1654	www.cigna.com
Hospital Care Insurance	Cigna	800-997-1654	www.cigna.com
Employee Assistance Program (EAP)	Lincoln Financial Group	800-423-2765	www.lincolnfinancial.com

For Additional Resources and Notices please Visit Our Benefits Site:
denbrightdentallabs.hrbenefits.net/

Denbright Dental Labs

Important Legal Notices

IMPORTANT NOTICE: This document is provided to help employers understand the compliance obligations for Health & Welfare benefit plans, but it may not take into account all the circumstances relevant to a particular plan or situation. It is not exhaustive and is not a substitute for legal advice.

Important Legal Notices Affecting Your Health Plan Coverage

FIXED INDEMNITY NOTICE

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

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