



2027 Plan Year Benefits Enrollment Guide

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Important Reminders

- **Open Enrollment for the 2027 plan year will be October 26 – November 20, 2026.** This will be an active enrollment, requiring everyone who is benefit-eligible to log into Paylocity and complete the open enrollment event.
- **Enroll by the November 20th deadline. If you do not complete your enrollment by Friday, November 20, 2026, your current coverage will NOT continue for the 2027 plan year.** If you want to participate in these benefits in 2027, you must actively enroll during Open Enrollment, or you will be defaulted to no coverage — except for plans and programs that are fully paid by Denbright.
- **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.
- **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 within 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 Denbright's benefit website: <https://denbrightdentallabs.hrbenefits.net/>



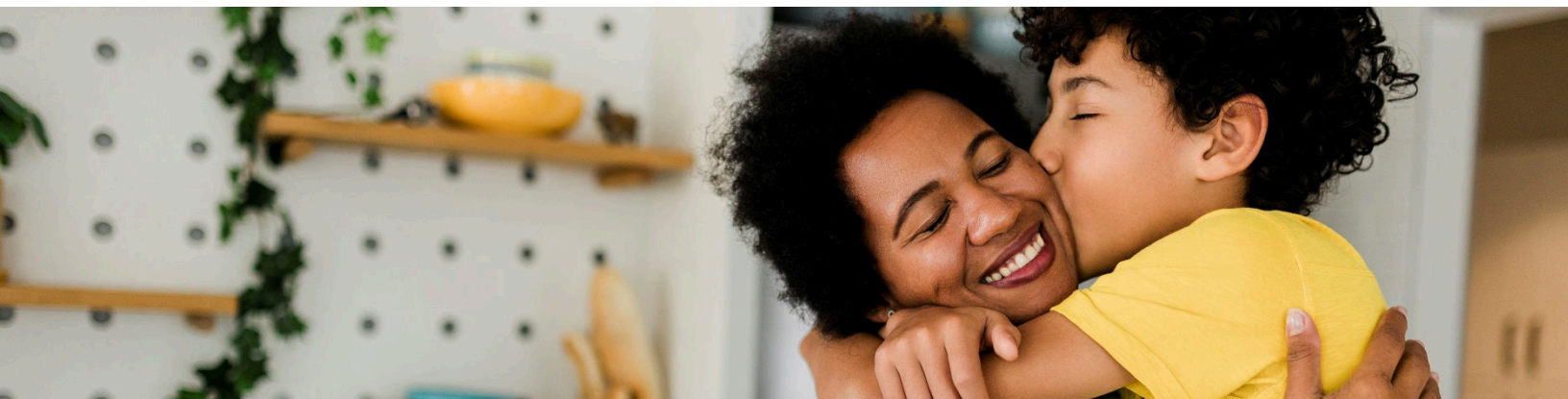
A MESSAGE TO OUR EMPLOYEES

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 Denbright's Microsite (QR code below)
denbrightdentallabs.hrbenefits.net/



EMPLOYEE BENEFITS ENROLLMENT & ELIGIBILITY

If you are a Denbriht 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.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Denbright offers health care and dependent care flexible spending accounts (FSAs), administered by Paylocity, 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 enroll in a Health Care FSA only if you are not enrolled in Denbright's High Deductible Health Plan with a Health Savings Account (HSA). As long as you are not enrolled in the HSA, you can enroll and use the 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 the projected amount of \$3,500 for 2027. For Health Care FSA claims over \$100, proof of purchase is required. Documentation must include an Explanation of Benefits (EOB) or an itemized receipt showing the date of service, provider name and address, and the amount and description of the service or product purchased.

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.

Dependent Care FSA

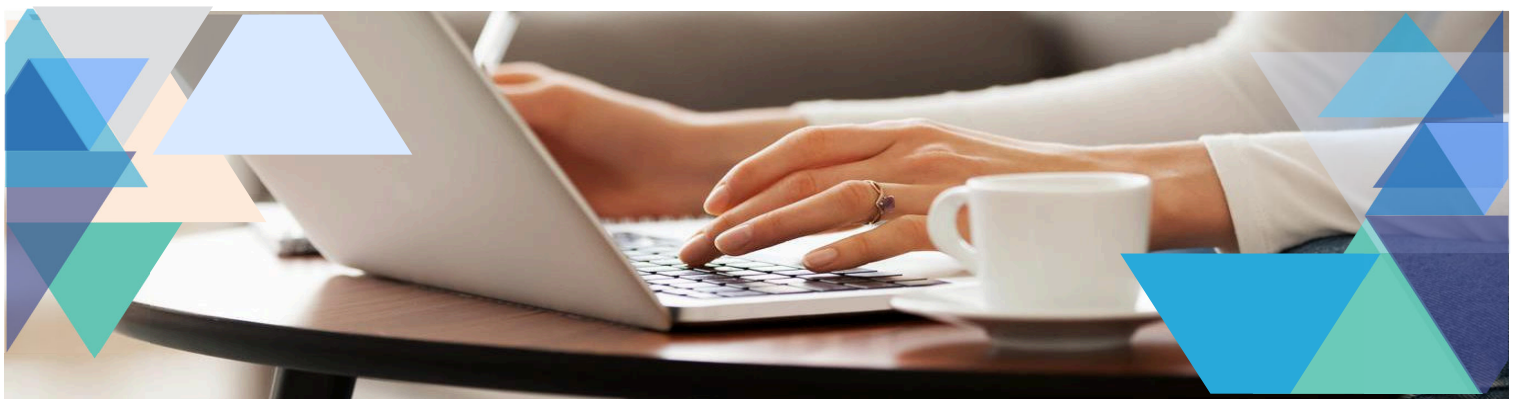
This account can be used to pay for eligible child or adult day care. To be considered an eligible expense, the care must be necessary to enable both you and your spouse or domestic partner, if applicable, to work, look for work or attend school. Eligible dependents include: your children under age 13 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 you for at least 50% of their financial support.

You will be able to contribute up to the projected amount of \$7,500 for 2027.

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>



TRANSPORTATION MANAGEMENT ACCOUNT (TMA)

A TMA is an employer-sponsored benefit that enables employees to contribute pre-tax funds into an account to pay for work-related commuting costs. The account reimburses them for expenses like parking, buses, vanpooling, and subway or commuter train costs.



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 transportation and 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 2027 is \$350 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 2027 is \$350 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!

Make a Pivot to GoPivot

Welcome to your GoPivot Wellness program. At GoPivot, we believe in the power of small, meaningful changes every day. Throughout this program, you'll build healthy habits, engage with your coworkers in fun and rewarding ways, and reap the rewards.

Build Your Exercise Plan

Build a custom exercise plan that meets you where you are and guides you on a path to better fitness. Start by selecting your preferences with our easy exercise plan builder to help create a personalized exercise plan just for you!

Sync Your Device

Sync your activity tracker by tapping on the three lines in the top left-hand corner of your app and selecting, 'Connect Tracker'. Follow the easy instructions to add your activity tracker and automate your steps activity.

Take a FitIn

Take a FitIn and receive your own FitScore! A FitScore is a fitness measurement rating that evaluates you on a variety of exercise and compares you to others of the same age and gender in America. The FitScore is designed specifically to offer every participant an ongoing goal.

Customize Your Nutrition Plan

Build a recommended recipe plan derived from your wellness goals, allergies, preferred cuisines, desired weight and exercise plan.

Explore Our Rewards Marketplace

Choose your own rewards from our world-class YourChoice Rewards Marketplace - a comprehensive shopping mall boasting millions of merchandise choices and hundreds of gift card options.

Register For An Account

- ✓ Download the GoPivot Mobile App from the App Store or Google Play and select **REGISTER**
- ✓ Enter your promo code: **DEN**
- ✓ Enter your username, which is your first initial and entire last name (i.e. Jane Doe would be jdoe)
- ✓ Enter your passcode, which is your date of birth in an 8-digit format (mmddyyyy)
- ✓ You will be prompted to select a new username and password that you will use to log in moving forward.



Get Started Today!



(919) 885-0525



support@gopivotsolutions.com



www.gopivotsolutions.com



DENTAL

The 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 MetLife'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 the Summary of Benefits 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	100%	100%	100%	100%
• Oral exams				
• Cleaning				
Basic Care				
• Fillings	80%	80%	80%	80%
• Simple extractions				
• X-rays				
Major Care				
• Bridges & dentures	50%	50%	50%	50%
• Crowns, Inlays, Onlays				
• Oral surgery (excluding extractions)				
Orthodontia				
• Children to age 19	Not Covered	Not Covered	50%, \$2,400 Maximum	50%, \$2,400 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 **Vision** Provider Directory. There are two ways to find a quality eye doctor in your area:

1. Log into myCigna.com, under "Find Care & Costs", select "Doctor by Type." Then select "Optometrist." A pop-up message will appear with a link to Cigna Vision Directory (Serviced by EyeMed). Once the link is selected, you will be brought to the list of Cigna + EyeMed providers.
2. Don't have access to myCigna.com? Go to Cigna.com, then select "Find a Doctor" in the blue bar. Select "Employer or School" when prompted. Enter in your zip code and then select "Doctor by Type." Select "Optometrist" from the list, and then "Continue as Guest." Select "OAP-Open Access Plus." You will then see the same pop-up message as in Option 1 above. **Select the link** which will take you to the "Find an eye care provider" webpage. *Do not click the "Ok" button in the pop-up message.*

The chart below shows how the plan works and how each type of service is covered. This is a brief summary; please refer to the Summar of Benefits 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



BASIC LIFE and AD&D

Denbright provides Basic Life Insurance and Accidental Death and Dismemberment (AD&D) benefits to all Full-Time eligible employees at no cost. Life insurance can provide an element of financial security to your survivors in the event of your death. The benefit will be paid to your designated beneficiary in the event of death while covered under the plan.

- 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 and AD&D

You are able to purchase additional amounts of Basic Life/AD&D coverage to meet your individual needs. Voluntary Life/AD&D is available for employees, spouses and children. There is no age reduction. 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 for Initial Eligibility Period ^{1, 2}
Employee Only	Coverage is available up to 5x earnings to \$500,000 in \$10,000 increments	5x earnings or \$200,000	Required in amounts excess of \$200,000
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) 15 days to Age 26	\$10,000	Full Benefit	N/A

1. Amounts over the GI limit require an EOI and approval before these amounts are effective.
2. If you declined electing voluntary life during your initial eligibility period (i.e., new hire enrollment), you are considered a late entrant and may need to complete an EOI for certain benefit amounts even if under the GI amounts listed above. In addition, if currently enrolled and you decide to increase your benefit amount, you may need to submit an EOI as well.

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 Summary of Benefits for complete plan details.

Benefits	Employer Paid Short-Term Disability
Benefit Provided	Up to 60% of your weekly salary
When do Benefits Begin	After the 7 th day of an illness or an injury
Maximum Benefit Duration	12 weeks
Maximum Weekly Benefit	\$750

LONG TERM DISABILITY

In the event you are unable to work due to a sickness or an accident, Denbright has a disability plan with MetLife that covers you for 50% of your monthly earnings up to \$7,500 a month. Benefits begin after 90 days and are payable until Normal Social Security Retirement Age.

Benefits	Employer Paid Long-Term Disability
Benefit Provided	50% of your monthly salary
Maximum Benefit Duration	Until you're no longer considered disabled or you reach normal retirement age, whichever comes first.
Maximum Monthly Benefit	\$7,500
Waiting Period	90 days or until the end of the STD Maximum Benefit Period

VOLUNTARY BENEFITS

Denbright offers plans to provide you additional protections against unexpected events. Through Chubb, 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

Chubb 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

Chubb 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.

During Enrollment

When enrolling, you will be asked whether you currently have medical insurance coverage.

- Select **Yes** if you **have medical coverage** through Denbright, a spouse, or another source. You will then be eligible to enroll in Critical Illness and Hospital Indemnity coverage.
- Select **No** if you **do not have medical insurance coverage**. You will not be able to enroll in Critical Illness or Hospital Indemnity coverage.

Accident Insurance is not subject to this requirement, so you may enroll regardless of whether you have medical coverage.

For more information visit:
denbrightdentallabs.hrbenefits.net/

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Denbright offers a comprehensive Employee Assistance Plan (EAP) through MetLife, at no cost to you. TELUS Health 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 in person, phone, or video counseling sessions per issue.



Take Advantage of MetLife's EAP Through TELUS Health

For more information, visit one.telushealth.com, download the TELUS Health mobile app, or call 888-319-7819.

[TELUS Health](#) Login Credentials:

Username: metlifeeap Password: eap

Benefit Resource Center (BRC)



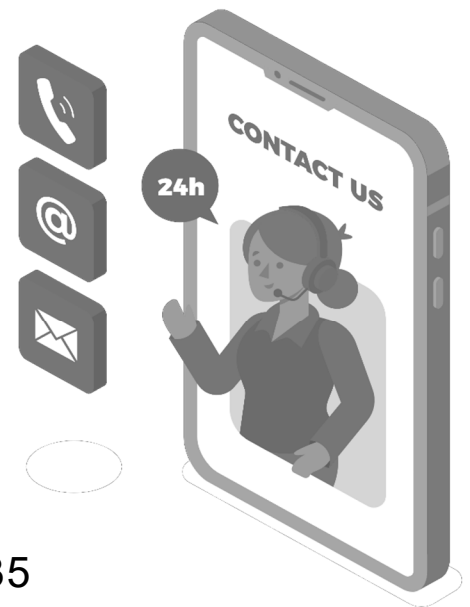
Access all your benefits details while on the go!

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.

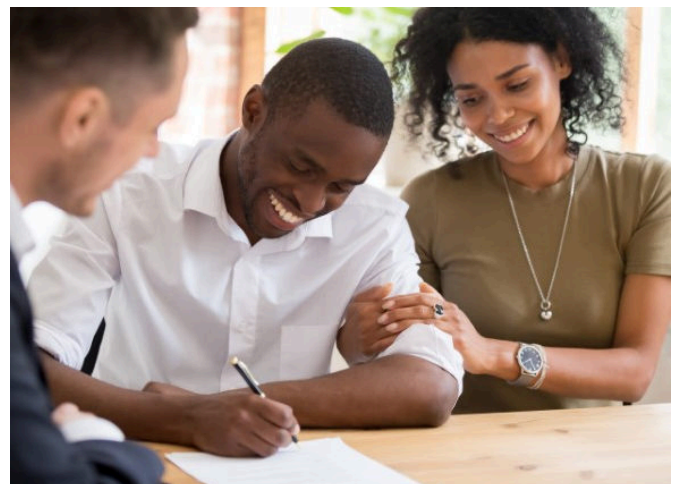
OUT-OF-POCKET MAXIMUM – The total you will pay for covered health care services during the plan year (typically a 12-month period) before the health insurance or plan starts to pay 100% of the allowed amount. This does not include the monthly premium or services not covered by the plan.

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 the insurance carrier or plan benefits and plan coverage offered.



WHO TO CONTACT

Carrier Customer Service			
Benefits Plan	Carrier	Phone Number	Website
Dental	MetLife	800-638-5433	www.metlife.com
Vision	Cigna (EyeMed)	866-939-3633	www.mycigna.com
Flexible Spending Accounts (FSAs)	Paylocity	800-631-FLEX	www.paylocity.com
Life and AD&D Insurance	MetLife	800-638-5433	www.metlife.com
Short & Long-Term Disability	MetLife	800-638-5433	www.metlife.com
Accident Insurance	Chubb	800-225-4500	www.chubb.com/us-en/
Critical Illness Insurance	Chubb	800-225-4500	www.chubb.com/us-en/
Hospital Care Insurance	Chubb	800-225-4500	www.chubb.com/us-en/
Employee Assistance Program (EAP)	TELUS Health (MetLife)	888-319-7819	app.one.telushealth.com
For Additional Resources and Notices please Visit Our Benefits Site: denbrightdentallabs.hrbenefits.net/			

ADA NOTICE REGARDING WELLNESS PROGRAMS

GoPivot is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive such as rewards that may include gift cards or merchandise.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the HR Service Center at 888-620-9409.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Denbright Dental Labs may use aggregate information it collects to design a program based on identified health risks in the workplace, GoPivot will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the HR Service Center at 888-620-9409.

HIPAA WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the HR Service Center at 888-620-9409 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

