



Summary of Employee Benefits

June 1, 2020 Through May 31, 2021

April 2020

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Welcome!

Welcome to Midwest Dental! You are joining a dynamic and innovative group of employees whose contributions are vital to providing excellence in patient care.

One of the most important decisions you'll make in your employment involves benefits. Midwest Dental offers a competitive benefits program that is designed to meet the health needs of our employees, as well as build financial security. In the following pages, you'll find answers to many of the questions you have, as well as important resources to help you navigate through this exciting new experience.

Human Resources Contact Information

Log-in: [HR Support Ticket](#)

Email: hrsolutions@midwest-dental.com

Phone: 715-598-5174

Your Benefits at a Glance

| Benefit Available | Carrier information | Eligibility Requirement | Additional information |
|---|---|---|--|
| Health Coverage | UMR 800-826-9781 www.UMR.com | Employees scheduled and working 30 hours or more per week | <ul style="list-style-type: none"> Coverage date is first of the month following 30 days of continuous employment Premiums split Company and Employee |
| Health Savings Account | Financial institution of your choice | Employees scheduled and working 30 hours or more per week | <ul style="list-style-type: none"> Coverage date is first of the month following 30 days of continuous employment Must be enrolled in HDHP to contribute Employee pre-tax contributions |
| Flexible Spending Accounts Health Care Dependent Care | UMR 800-826-9781 www.UMR.com | Employees scheduled and working 30 hours or more per week | <ul style="list-style-type: none"> Coverage date is first of the month following 30 days of continuous employment Employee pre-tax contributions with annual election required Use it or Lose It benefit per federal guidelines |
| Teladoc | Teladoc 800-TELADOC www.teladoc.com | All employees enrolled in a Company health plan | <ul style="list-style-type: none"> Coverage date is first of the month following 30 days of continuous employment Auto enrolled (registration required) with no additional premium 24/7/365 medical consults with board-certified doctors |
| Nurse Line | Avidyn Health 877-950-5083 www.UMR.com | All employees enrolled in a Company health plan | <ul style="list-style-type: none"> Coverage date is first of the month following 30 days of continuous employment Included at no additional cost for employees enrolled in a MD health plan |
| Dental Benefit | Any MD provider | Employees scheduled to work 25 or more hours per week | <ul style="list-style-type: none"> Coverage date is first of the month following 30 days of continuous employment No employee premium contribution |
| Vision Coverage | EyeMed 866-800-5457 www.Eyemedvisoincare.com | Employees scheduled to work 25 or more hours per week | <ul style="list-style-type: none"> Coverage date is first of the month following 30 days of continuous employment Employee paid premiums |
| Basic Life and AD&D | Reliance Standard 800-351-7500 www.reliancestandard.com | Employees scheduled to work 25 or more hours per week | <ul style="list-style-type: none"> Coverage date is first of the month following 30 days of continuous employment Company provided/paid |
| Voluntary Life and AD&D Insurance | Reliance Standard 800-351-7500 www.reliancestandard.com | Employees scheduled to work 25 or more hours per week | <ul style="list-style-type: none"> Coverage date is first of the month following 30 days of continuous employment Employee paid |

| Benefit Available | Carrier information | Eligibility Requirement | Additional information |
|---|---|---|---|
| Disability Insurance (STD and LTD) | Reliance Standard 800-351-7500 www.reliancestandard.com | Employees scheduled to work 25 or more hours per week | <ul style="list-style-type: none"> Coverage date is first of the month following 30 days of continuous employment Employee paid |
| Accident and Critical Illness Insurance | Reliance Standard 800-351-7500 www.reliancestandard.com | Employees scheduled to work 25 or more hours per week | <ul style="list-style-type: none"> Coverage date is first of the month following 30 days of continuous employment Employee paid |
| Paid Time Off | Midwest Dental | Employees scheduled to work 25 or more hours per week | <ul style="list-style-type: none"> Day-one eligibility Accrual based on hourly or salaried status |
| 401k Retirement Plan | Fidelity Investments 800-294-4015 www.netbenefits.com | All employees | <ul style="list-style-type: none"> Automatic enrollment - employee must opt out if not participating Employee pre-tax contribution with possible company match |
| Roth 401k Retirement Plan | Fidelity Investments 800-294-4015 www.netbenefits.com | All employees | <ul style="list-style-type: none"> Day-one eligibility – contributions to begin approximately a month following election Employee post-tax contribution with possible company match |
| Employee Assistance Program (EAP) | Optum 866-248-4094 www.liveandworkwell.com Access code: MWD | All employees | <ul style="list-style-type: none"> Day-one eligibility Company provided/paid |
| Employee Discount programs | Various (see Intranet) | All employees | <ul style="list-style-type: none"> Day-one eligibility See Intranet for current information |

For additional support; submit an HR Solutions Support Ticket, email HR solutions at hrrsolutions@midwest-dental.com or call 715-598-5174



Benefit Plan Year June 1, 2020 through May 31, 2021

Qualifying Life Event Change

Due to IRS regulations, when coverage premiums are withheld out of paychecks on a pre-tax basis, they require that your benefit election remain fixed for the remainder of the plan year. However, if you experience a qualifying life event change at some point during the plan year (as defined in the Plan document), you may be able to make a change in coverage (i.e. you may change coverage from individual to family or from family to individual, add or delete dependents, or revoke coverage), provided you do so within 30 days from the effective date of the qualifying life event change. Examples of acceptable qualifying life event changes include:

- Marriage
- Divorce
- New baby
- Spouses employment change (i.e. Loss of Job / Layoff / Strike / Job Change)
- Adding or removing a dependent (i.e. Full-Time Student / Graduation / Marriage)
- Employment status change (i.e. Full-Time to Part-Time or Part-Time to Full-Time)
- Other events may qualify

Please contact the HR Solutions Team to determine if you have experienced an event change that may qualify.

During open enrollment, you are free to change your coverage benefit elections for the following plan year, whether or not you experience a qualifying life event change.

Open Enrollment

Open enrollment is a period of time each calendar year when employees can make changes to their benefit elections that they were not able to make throughout the year.

Our open enrollment period for flexible spending accounts and the dental benefit is each November with changes becoming effective January 1 of the following calendar year. Our open enrollment period for health insurance, life insurance, voluntary life insurance, voluntary disability, critical illness insurance, accident insurance and the vision plan is each May with changes becoming effective June 1.

Benefits Audit

In order to qualify for our coverage benefits, employees must be scheduled and working an average of either 25 or 30 hours per week, depending on the specific benefit. At the end of each month, we average each employee's hours from throughout the year to ensure that employees continue to work enough hours to continue to qualify for the benefits they participate in, in compliance with the Affordable Care Act (ACA).

If you participate in any of our coverage benefits, we ask that you monitor your own hours and work with your Regional Director on ways to continue to qualify for these coverage benefits. However, there are times when schedules do not allow for employees to maintain these hour minimums, and this would create a status change with regard to benefits eligibility.

Medical and Prescription Drugs

MD provides medical and prescription drug coverage through UMR. Below is a summary of these benefits. Please refer to the Summary Plan Description provided to you by UMR for a complete list of covered services and limitations.

| Services | PPO Plan | | HDHP w/ HSA Plan* | |
|--|--|--|---|---|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible | \$1,250 Single/ \$3,000 Family | \$2,500 Single/ \$6,000 Family | \$3,000 Single/ \$6,000 Family | \$6,000 Single/ \$12,000 Family |
| Medical & Rx Maximum Out-of-Pocket | \$6,000 Single/ \$12,000 Family | \$12,000 Single/ \$24,000 Family | \$5,800 Single/ \$11,600 Family | \$11,600 Single/ \$23,200 Family |
| Coinsurance | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Preventive* | 100% (not subject to deductible or coinsurance) | 60% | 100%(not subject to deductible or coinsurance) | 60% |
| Office Visit | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Urgent Care | 80% after deductible | 80% after deductible | 80% after deductible | 80% after deductible |
| Emergency Room | 80% after deductible | 80% after deductible | 80% after deductible | 80% after deductible |
| Teladoc | \$45 General Consultation, \$75 Dermatology Consultation, Behavioral Health Consultations vary | | | |
| Inpatient/Outpatient Hospitalization | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Inpatient – Mental Health/Substance Abuse | 80% after deductible | 60% after deductible (30 visits per member per year) | 80% after deductible | 60% after deductible (30 visits per member per year) |
| Outpatient – Mental Health/Substance Abuse | 80% after deductible | 60% after deductible (60 visits per member lifetime) | 80% after deductible | 60% after deductible (60 visits per member lifetime) |
| Chiropractic Care | 80% after deductible (12 visits per member per year) | 60% after deductible (12 visits per member per year) | 80% after deductible (12 visits per member per year) | 60% after deductible (12 visits per member per year) |
| Lab and Pathology | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| X-Ray and Imaging | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| Prescription Drugs Generic Formulary Brand | \$15 copay Greater of \$35 or 25% Copays count toward OOPM | \$15 copay Greater of \$35 or 25% Copays count toward OOPM | 80% after deductible 80% after deductible (Coinsurance counts toward OOPM) | 50% after deductible 50% after deductible (Coinsurance counts toward OOPM) |

* All services under the HDHP w/HSA plan (Medical and Rx) are subject to deductible and coinsurance, other than preventive care.

Health Provider Network

Knowing which network your provider belongs to will help you determine how much you will need to pay for certain services. To obtain the highest level of benefits under this plan, you need to see an in-network provider; however, this plan does not limit your right to choose your own provider or medical care.

The health insurance network is UHC Choice Plus for all members outside of the Madison, WI area. For members in the 13 county Madison, WI area, the network is The Alliance network. Providers can be found by going to www.umr.com, clicking on "Find a provider", "Medical", then "U" and selecting the appropriate network. Your applicable network can be found on your insurance ID card.

PPO PLAN – EMPLOYEE CONTRIBUTIONS

| | Employee Only | Employee + 1 | Family |
|--------------|---------------|--------------|----------|
| Bi-Weekly | \$110.31 | \$280.15 | \$307.85 |
| Semi-Monthly | \$119.50 | \$303.50 | \$333.50 |

HIGH DEDUCTIBLE HEALTH PLAN (HDHP) – EMPLOYEE CONTRIBUTIONS

| | Employee Only | Employee + 1 | Family |
|--------------|---------------|--------------|----------|
| Bi-Weekly | \$63.23 | \$160.62 | \$176.31 |
| Semi-Monthly | \$68.50 | \$174.00 | \$191.00 |

NOTE: Premiums are withheld one month in advance.

Teladoc

Teladoc is a national network of U.S. board-certified doctors available on-demand, 24/7/365, to diagnose, treat and prescribe medication, if necessary, for many of your medical issues. It is quality care when you need it, at a price you can afford. Teladoc services can be accessed online, www.teladoc.com or by phone, 1-800-Teladoc.

Nurse Line

MD provides employees that participate in the health insurance plan a Nurse Line, through Avidyn Health, that is available 24 hours/day, 7 days/week. When you call, you may choose to speak with a registered nurse or access the audio health library which contains over 1,100 topics, such as physical and emotional conditions, procedures, medications, men's and women's health, children's health and much more. The phone number for the Nurse Line is: 1-877-950-5083.

Health Savings Account

MD offers a High Deductible Health Plan (HDHP) that allows for a personal Health Savings Account (HSA). This is available only if enrolled in the MD HDHP. Pre-taxed contributions are deducted from your paycheck and deposited into your HSA account to use toward qualified out-of-pocket medical, dental, and vision expenses. You can contribute up to \$3,550 if on the single plan or \$7,100 if on the family plan in 2020. If you are at least 55 years old, you can contribute an additional \$1,000 for the year as well. This account rolls over from year-to-year if you don't use all the money and you have the freedom to change or stop deductions at any time.

To set up a personal HSA account you will have two options, either sign up with Fidelity HSA or contact and work with a financial institution of your choice. MD employees are eligible for coverage first of the month following 30 days of continuous, full-time employment. Full-time employment for this benefit is defined as being scheduled and working a minimum of 30 hours per week.

Health Care and Dependent Care Flexible Spending Accounts*

MD provides you the opportunity to pay for qualified out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through Flexible Spending Accounts (FSA). If you are enrolled in the HDHP and contribute to a Health Savings Account (HSA), the FSA becomes “limited” and can only be used for Dental, Vision, and Post-Deductible expenses.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don’t pay federal income tax, social security taxes, or state and local income taxes on the portion you contribute to your FSA. You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan year. If you do not use the money you contributed, it will not be refunded to you or carried forward to a future plan year.

The maximum that you can contribute to the Health Care FSA is \$2,750 per calendar year. The maximum that you can contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. You must enroll/re-enroll in the plan during open enrollment to participate each year.

* KS and NY employees are not eligible

Dental

MD provides a benefit to employees and their dependents for dental care received at any MD dental clinics. There is no premium cost to employees, their spouses and/or dependent children. Many services are covered with no additional cost to the covered person. Some services will require a copay associated with them. Below is a brief summary of this benefit.

MD employees are eligible for coverage first of the month following 30 days of continuous, part-time employment. Part-time employment for this benefit is defined as being scheduled and working a minimum of 25 hours per week.

Prevention & Diagnostic

| | |
|----------------------------|---|
| Oral Examinations | |
| Radiographs | |
| Test and Examinations | |
| Prophylaxis | 100% |
| Fluoride Treatments | |
| Space Maintainers | |
| Oral Hygiene Instructions | |
| Sealants | |
| <hr/> | |
| Oral Pathology - Lab Tests | Limited Coverage Predetermined Copay |

Restorative

| | |
|--|---------------------|
| Amalgam & Resin-Based Composite Fillings | |
| Sedative Fillings | |
| Temporary Crowns | 100% |
| Stainless Steel Crowns | |
| Crown Build-Up | |
| <hr/> | |
| Foils, Inlays, Onlays & Crowns | Predetermined Copay |

Endodontics

| | |
|--|------------|
| Pulp Capping | |
| Pulpotomy | |
| Endodontic Therapy on Primary Teeth | 100% |
| Endodontic Therapy—Root Canals | |
| Endodontic Retreatment | |
| Apicoectomy/Periradicular Services | |
| <hr/> | |
| Apexification/Recalcification Procedures | No Benefit |
| Retrograde Fillings | |
| Root Amputations | |
| Endodontic Endosseous Implant | |
| Hemisection | |

Periodontics

| | |
|-------------------------------------|---------------------|
| Periodontal Scaling & Root Planning | |
| Full Mouth Debridement | 100% |
| Periodontal Maintenance | |
| Local Delivery—Antimicrobial Agents | Predetermined Copay |
| Surgical Services | No Benefit |
| Provisional Splinting | |

Prosthodontics - Removable

| | |
|---------------------------------|---------------------|
| Complete Dentures | |
| Partial Dentures | |
| Repair, Reline, Rebase, Replace | Predetermined Copay |
| Interim Prosthesis | |

Prosthodontics - Fixed

| | |
|---|---------------------|
| Fixed Partial Denture Pontics | |
| Fixed Partial Denture Retainers - Inlays/Onlays | Predetermined Copay |
| Fixed Partial Denture Retainers - Crowns | |

Implant Services

| | |
|-----------------------|---------------------|
| Implant Restorations | Predetermined Copay |
| Pre-Surgical Services | No Benefit |
| Surgical Services | |

Oral & Maxillofacial Surgery

| | |
|-------------------------|------------|
| Simple Extractions | 100% |
| Surgical Oral Surgery | No Benefit |
| TMJ Services | |
| Oral Pathology Services | |

Orthodontics

| | |
|--------------------------------|---|
| Participating Orthodontist | Employee Pays 50%, To A Maximum Copay Of \$1,500 |
| Non-Participating Orthodontist | Employer Pays 50%, To A Maximum Benefit Of \$2,500 |

Additional Information

- A complete list of copayments, per ADA code, is available on the company intranet.
- Copays are due day of service
- Frequencies and maximums:
 - Frequency: if a procedure exceeds the frequency limitations listed on the copay schedule, the covered individual will be responsible for 50% of the full fee for service.
 - Maximum: there is an annual maximum benefit of \$10,000 per covered individual. Payment for treatment in excess of that maximum will be at the expense of the covered member for the full fee per procedure.
- With the exception of orthodontics, the employee benefit is applicable for services provided at a Midwest Dental practice only - not for referred treatment.
- Orthodontics:
 - A list of participating orthodontists is available on the company intranet.
 - Midwest Dental's orthodontic benefit is \$2,500 maximum per lifetime, per covered individual.



Vision

MD provides employees with a choice of two vision plans through EyeMed. Plan A includes a vision exam with materials. Plan B is a materials only plan that does not include a vision exam. If you choose to enroll in either plan, you will be responsible for the full premium cost which will be deducted from your paycheck on a pre-tax basis. Both plans utilize EyeMed’s Access Network. Services received must be from this network.

Vision Plan A – Includes Vision Exam

| Vision Care Services | In-Network | Out-of-Network Reimbursement |
|---|--|--|
| Vision Exam | \$10 Copay | Up to \$40 |
| Frames | \$0 copay; \$130 allowance; 20% off balance over \$130 | Up to \$91 |
| Standard Plastic Lenses Cost is per lens | Single vision: \$25 copay Bifocal: \$25 copay Trifocal: \$25 copay | Single vision: Up to \$30 Bifocal: Up to \$50 Trifocal: Up to \$70 |
| Progressive Lenses Cost is per lens | Standard: \$90 Premium: \$90, 80% of charge less \$120 allowance | Standard: Up to \$50 Premium: Up to \$50 |
| Conventional Contact Lenses Does not include fitting | \$0 copay; \$130 allowance; 15% off retail price over \$130 | Up to \$130 |
| Disposable Contact Lenses Does not include fitting | \$0 copay; \$130 allowance; plus balance over \$130 | Up to \$130 |
| Laser Vision Correction | 15% off the retail price or 5% off promotional price | N/A |
| Frequency | Examination: Once every 12 months Lenses or Contact Lenses: Once every 12 months Frames: Once every 24 months | |

* If you use disposable contact lenses it is important to remember to get as many disposable lenses as you can at one time as the \$130 allowance cannot be broken up throughout the plan year (e.g., \$50 for contacts from September through December and then another \$50 for contacts for January through April).

Vision Plan A – Employee Contributions

| | Employee Only | Employee + Spouse | Employee + Child(ren) | Family |
|--------------|---------------|-------------------|-----------------------|--------|
| Bi-Weekly | \$2.75 | \$5.23 | \$5.51 | \$8.10 |
| Semi-Monthly | \$2.98 | \$5.67 | \$5.97 | \$8.77 |

Note: If your health coverage plan does not include an annual vision exam, Plan A may be the best plan option for you.

Vision Plan B – Does Not Include Exam

| Vision Care Services | In-Network | Out-of-Network Reimbursement |
|---|---|--|
| Frames | \$0 copay; \$130 allowance; 20% off balance over \$130 | Up to \$91 |
| Standard Plastic Lenses Cost is per lens | Single vision: \$25 copay Bifocal: \$25 copay Trifocal: \$25 copay | Single vision: Up to \$30 Bifocal: Up to \$50 Trifocal: Up to \$70 |
| Progressive Lenses Cost is per lens | Standard: \$90 Premium: \$90, 80% of charge less \$120 allowance | Standard: Up to \$50 Premium: Up to \$50 |
| Conventional Contact Lenses Does not include fitting | \$0 copay; \$130 allowance; 15% off retail price over \$130 | Up to \$130 |
| Disposable Contact Lenses Does not include fitting | \$0 copay; \$130 allowance; plus balance over \$130 | Up to \$130 |
| Laser Vision Correction | 15% off the retail price or 5% off promotional price | N/A |
| Frequency | Lenses or Contact Lenses: Once every 12 months Frames: Once every 24 months | |

* If you use disposable contact lenses it is important to remember to get as many disposable lenses as you can at one time as the \$130 allowance cannot be broken up throughout the plan year (e.g., \$50 for contacts from September through December and then another \$50 for contacts for January through April).

VISION PLAN B – EMPLOYEE CONTRIBUTIONS

| | Employee Only | Employee + Spouse | Employee + Child(ren) | Family |
|--------------|---------------|-------------------|-----------------------|--------|
| Bi-Weekly | \$1.97 | \$3.74 | \$3.94 | \$5.79 |
| Semi-Monthly | \$2.13 | \$4.05 | \$4.27 | \$6.27 |

Note: If your health insurance plan does include an annual vision exam (the employer sponsored health plan through UMR does cover an annual exam), Plan B may be the best plan option for you.

How to find a participating vision provider:

- Go to eyemedvisioncare.com
 - Choose Find a provider on the right-hand side of the screen
 - Enter your zip code under Begin Your Search and choose the Access Network from the dropdown
 - Select Get Results
- You may also call EyeMed Customer Service at 1-866-939-3633.

Life and Disability Insurance

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

MD provides employees with \$25,000 group term life and accidental death and dismemberment (AD&D) insurance and pays the full premium cost. Please contact the HR Solutions Team to update your beneficiary information. This coverage is offered through Reliance Standard.

Voluntary Life and AD&D Insurance

Employees who want to supplement their group term life insurance may purchase additional coverage. Participants pay the full, after-tax cost of this insurance coverage. This coverage is offered through Reliance Standard. The amounts listed under the Guarantee Issue column are the amounts of coverage you can obtain without having to go through any type of underwriting when you are newly eligible for coverage. You must apply for coverage within 30 days of your date of hire. Thereafter, enrollment for any amount of voluntary life insurance may be subject to evidence of insurability.

| | Increments | Guarantee Issue | Maximum |
|-----------------|------------|-----------------|---|
| Employee | \$10,000 | \$140,000 | Lesser of 5X annual salary or \$500,000 |
| Spouse | \$5,000 | \$25,000 | 100% of employee’s coverage |
| Dependent Child | \$2,000 | \$10,000 | \$10,000 |



A value-added benefit available with the group life and/or the voluntary life is Reliance Standard’s Bereavement Support Services. The loss of a loved one is an emotional time. Many people feel overwhelmed by the legal paperwork and financial decisions. Bereavement Support Services are available to covered employees and family members. These services include financial and legal support and grief counseling.

Short-Term Disability Insurance

MD provides eligible employees the option to purchase voluntary short-term disability insurance through Reliance Standard. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided from this plan as a source of income. Participants pay for the full, after-tax cost of coverage, premiums are withheld one month in advance using after tax dollars. If you collect from the short-term disability benefit, you will not pay tax on the amount paid to you.

| Benefits | |
|---|--|
| Maximum Benefit | 60% of weekly earnings up to \$1,000 |
| Elimination Period/ Benefit Duration | 7 days accident/7 days sickness/ 26 weeks duration |

Long-Term Disability Insurance

MD also provides eligible employees the option to purchase voluntary long-term disability insurance through Reliance Standard. In the event you become disabled and your disability extends beyond 26 weeks, disability benefits are provided to replace income. Participants pay for the full, after-tax cost of coverage, premiums are withheld one month in advance using after tax dollars. If you collect from the long-term disability benefit, you will not pay tax on the amount paid to you.

| Benefits | |
|---|--|
| Maximum Benefit | 50% of monthly earnings up to \$5,000 |
| Elimination Period/ Benefit Duration | 180 days / Social Security Normal Retirement Age |



Critical Illness Insurance

MD provides eligible employees the ability to purchase critical illness insurance. The plan pays a lump sum cash benefit upon the diagnosis of a covered illness. Covered illnesses include heart attack, stroke, organ transplant, cancer, and end-stage renal failure. Coverage is provided through Reliance Standard and premiums are based on tobacco use and age. Your premium will display in your enrollment flow in UltiPro. Coverage is available to spouses and children.

Accident Insurance

MD provides eligible employees to purchase accident insurance through Reliance Standard. The plan pays a fixed benefit amount for covered accidental injuries. Covered injuries include ambulance, emergency room care, concussions, fractures, x-rays, and physical therapy.

Accident Insurance – EMPLOYEE CONTRIBUTIONS

| | Employee Only | Employee + Spouse | Employee + Child(ren) | Family |
|--------------|----------------------|--------------------------|------------------------------|---------------|
| Bi-Weekly | \$9.15 | \$13.92 | \$16.00 | \$21.13 |
| Semi-Monthly | \$9.91 | \$15.08 | \$17.33 | \$22.90 |

Critical illness and accident insurance offer guarantee issue coverage and have no pre-existing condition provisions. The plans are HSA compatible and portable upon termination.

Paid-Time Off (PTO)

MD provides regularly scheduled full and part-time employees time away from work to take vacations, celebrate holidays and take care of personal business.

MD employees are eligible for coverage first of the month following 30 days of continuous employment. Part-time employment for this benefit is defined as being scheduled and working a minimum of 25 hours per week.

PTO for Hourly Employees

Due to the wide variation in work schedules among MD's hourly employees, the PTO for hourly employees is designed to provide maximum flexibility in how an employee chooses to spend their time away from work. Paid Time Off (PTO) can be used to compensate for holidays, vacations, personal illness, time off due to sick children, or any other personal time off.

PTO accruals for hourly employees are based on the number of hours that an employee works per pay period, as well as their completed years of service with MD. The "annual maximum" PTO accrual levels can be reached if an employee is consistently paid for working 40 hours a week, 52 weeks a year. Hours included in the hourly PTO accrual are regular hours, CE and/or training, PTO hours, and travel time. Overtime and unpaid time off is not included in the hourly PTO accrual calculation. Hourly employees can choose to take holidays as unpaid time.

| Hourly Employee Years of Service | Accrual Rate (Per Hour Paid) | PTO Annual Maximum (Based on a 40 Hour Workweek) | Holiday Hours Maximum | Annual Paid Time Away Hours Maximum |
|----------------------------------|------------------------------|--|-----------------------|-------------------------------------|
| 0-1 | 0.03077 | 64 Hours | Included in PTO | 64 Hours |
| 1-5 | 0.06924 | 144 Hours | Included in PTO | 144 Hours |
| 5-6 | 0.07308 | 152 Hours | Included in PTO | 152 Hours |
| 6-7 | 0.07693 | 160 Hours | Included in PTO | 160 Hours |
| 7-8 | 0.08077 | 168 Hours | Included in PTO | 168 Hours |
| 8-9 | 0.08462 | 176 Hours | Included in PTO | 176 Hours |
| 9-15 | 0.08847 | 184 Hours | Included in PTO | 184 Hours |
| Over 15 Years | 0.10770 | 224 Hours | Included in PTO | 224 Hours |

PTO for Salaried Employees

The salaried employee PTO accrual rate is a flat rate for each pay period worked. Salaried employees are paid 6 holidays per year.

PTO accruals for salaried employees are based on the number of hours that an employee is regularly scheduled per pay period, as well as their completed years of service with MD. The “annual maximum” PTO accrual levels can be reached if an employee is regularly scheduled full-time for an entire year.

| Salaried Employee Years of Service | Accrual Rate (Per Pay Period) | PTO Annual Maximum | Holiday Hours Maximum | Annual Paid Time Away Hours Maximum |
|------------------------------------|-------------------------------|--------------------|-----------------------|-------------------------------------|
| 0-1 | 0.62 hours | 16 Hours | 48 Hours | 64 Hours |
| 1-5 | 3.69 hours | 96 Hours | 48 Hours | 144 Hours |
| 5-6 | 4.00 hours | 104 Hours | 48 Hours | 152 Hours |
| 6-7 | 4.31 hours | 112 Hours | 48 Hours | 160 Hours |
| 7-8 | 4.62 hours | 120 Hours | 48 Hours | 168 Hours |
| 8-9 | 4.92 hours | 128 Hours | 48 Hours | 176 Hours |
| 9-15 | 5.23 hours | 136 Hours | 48 Hours | 184 Hours |
| Over 15 Years | 6.77 hours | 176 Hours | 48 Hours | 224 Hours |

401(k) Retirement Plan

MD offers a 401(k) retirement plan through Fidelity Investments. Employees are eligible immediately upon hire, provided they meet the age requirement, and there is no minimum number of hours per week that an employee must be scheduled in order to qualify for this benefit.

Employees can elect to defer up to 25% of their gross salary on a pre-tax basis into their 401(k) account, to a maximum contribution in 2020 of \$19,500 per calendar year (employees age 50 and above can also contribute an additional \$6,500 per calendar year as a “catch-up contribution”). MD will match 50% of the first 4% of employee contributions, which equates to approximately 2% of free money contributed to your 401(k) account on your behalf up to an annual maximum match of \$2,000. These company match dollars will be invested into your account every pay period.

MD participates in an automatic enrollment program with our 401(k) plan. This means that upon employment, you will be automatically enrolled in the 401(k) plan at a deferral rate of 6% of your base salary. This will increase 1% annually, up to 10% pre-tax contribution. You do have the option to either change the deferral percentage or to opt out of the program completely. This can be accomplished by contacting Fidelity Investments directly after receiving your first paycheck.

You will always own 100% of any contributions you either roll into your account or invest out of each of your paychecks. The amount that MD contributes through the company match is on a five-year vesting schedule. This means that for each year of service you provide to MD, you will own a bit more of that amount. See the vesting schedule below:

| Completed Years of Service | Vesting Schedule |
|----------------------------|------------------|
| Year 1 | 20% |
| Year 2 | 40% |
| Year 3 | 60% |
| Year 4 | 80% |
| Year 5 | 100% |



Roth 401(k)

In an effort to provide greater choice to you in how to save for your retirement, MD also offers a Roth 401(k) Feature to the Midwest Dental, Inc. 401(k).

You may make 401K contributions on either:

- the traditional pre-tax basis,
- an after-tax basis with the Roth 401(k), or
- as a combination of both contribution types.

To help you determine if this new feature may be right for you we have included answers to some commonly asked questions about the Roth 401K. More information can be found by logging on to Fidelity NetBenefits® at www.netbenefits.com or by calling Fidelity at 800.294.4015.

How do Roth 401(k) contributions differ from traditional 401(k) contributions?

With a Roth 401(k) feature, you can designate all or a portion of your future deferral contributions as “Roth contributions.” Traditional 401(k) contributions are made on a pre-tax basis and are not included in current taxable income. The pre-tax contributions and any earnings will be subject to income taxes when withdrawn. In contrast, Roth 401(k) contributions are made on an after-tax basis and are included in current taxable income. Earnings are tax free if they are part of a “qualified distribution” - a distribution that is taken at least 5 tax years from the year of your first Roth 401(k) contribution and after you have attained age 59 ½, become disabled, or deceased.

How might Roth 401(k) contributions affect your paycheck?

You elect a percentage of your salary that you wish to contribute to the Roth source within your existing Plan account, just like a traditional 401(k) contribution. However, unlike your traditional 401(k) contributions, you pay taxes up front on the Roth contribution. Therefore, your take home pay will be less if you are making Roth contributions than it would be if you were making traditional Pre-tax contributions.

Hypothetical example:

Assume eligible gross compensation is \$50,000 per year or \$5,000 per month with a 22% federal income tax withholding rate:

| Contribution | Pre-Tax Contributions 10% | Roth Contributions 10% |
|--|------------------------------|---------------------------|
| Compensation | \$50,000 | \$50,000 |
| Less: Pre-tax contribution for the year | (\$5,000) | \$0 |
| Taxable Income | \$45,000 | \$50,000 |
| Less: income taxes (22%) | (\$9,900) | (\$11,000) |
| Less: Roth contribution | \$0 | (\$5,000) |
| Net after-tax (take home pay) | \$35,100 | \$34,000 |
| Difference in take home pay for the year | | (\$1,100) |

This hypothetical example is for illustrative purposes only. It shows the potential impact on take-home pay assuming a pre-tax or after-tax annual contribution of \$5,000 based solely on an assumed 22% federal income tax withholding rate. Actual taxes and take home pay will depend on your individual tax situation. No other payroll deductions are taken into account. Pre-tax contributions and any related earnings will be taxed at the time of withdrawal. Any earnings on after-tax Roth contributions are tax-free if certain conditions are met.

Can contributions be made to both the Traditional Pre-tax 401(k) and the Roth 401(k) source?

Yes. You may contribute to both the traditional Pre-tax and Roth option as long as you do not exceed the total IRS contribution limit for that year. In 2020, the combined IRS contribution limit for both Roth and traditional Pre-tax contributions if you are under age 50 is \$19,500 (employees age 50 and above can also contribute an additional \$6,500 per calendar year as a “catch-up contribution”). The maximum annual Company match, however, still applies whether you participate in one or both.

How do I know if a Roth 401(k) option makes sense for me?

Generally, if you expect to be in the same tax bracket in retirement as now, a traditional, pre-tax or a Roth 401(k) contribution are roughly equivalent from a tax perspective. If you expect to be in a higher tax bracket in retirement, a Roth 401(k) may be the better choice since you won't pay taxes on qualified distributions of earnings. If you expect to be in a lower tax bracket in retirement, then a traditional, pre-tax contribution may make more sense for you. Whether to contribute to the Roth option depends on your own personal situation and many factors should be taken into account. Due to the differing tax implications associated with traditional, pre-tax versus Roth 401(k) contributions, and the potential impact they may have on your current adjusted gross income, which may affect your eligibility for other tax credits and benefits, you may wish to consult with a tax or financial advisor regarding your individual situation.

How do I enroll or make changes to my current 401K deferral amount?

For more information or to enroll or change your current deferral amount, log on to Fidelity NetBenefits® at www.netbenefits.com or call Fidelity at 800.294.4015. Want to see how a small increase can boost your growth potential? Visit the Planning and Guidance Center under the Planning tab.

Employee Assistance Program (EAP)

Optum provides employees and their family members with free, confidential support for managing emotional, relational or behavioral health concerns, including:

- Work-related problems, such as job stress, burnout, interpersonal and situational conflicts, adjustment issues
- Relationship and marital issues, including communications problems and conflict resolution
- Family problems, such as parent/child conflicts, single parenting issues, child and adolescent problems
- Emotional problems and personal issues, including anxiety, depression, personal crises, grief and loss, life change issues

The EAP includes up to 3 free in-person counseling sessions (limited to 3 sessions per issue, per year) as well as unlimited 24/7/365 phone counseling. Additional support services that may be available include legal services, financial coaching and mediation services.

All employees, their dependents and any member of their household are eligible for EAP support and services. This includes access to liveandworkwell.com, an interactive website that offers tools and resources to help enhance work, health and life.

Continuing Education

Employees are encouraged to keep abreast of the latest developments in their profession. Continued learning is a partnership between the employee and the Company. Individuals who maintain a professional credential have a personal responsibility to meet the requirements for renewal to maintain their employment status. Internal seminars will be scheduled periodically by the Company. Requests to attend external seminars must be made to your supervisor, and then submitted to MD for approval.

Auxiliary employees who are scheduled for at least 25 hours or more per week have up to \$200 per calendar year to use towards the actual program cost for any external program. We do not pay or reimburse for any travel costs or time spent attending the external program. A doctor's continuing education benefit is based on their annual contracted work hours and is outlined below:

| Annual Work Day Requirement | Amount of Annual CE Benefit |
|-----------------------------|-----------------------------|
| Less than 1,600 | Internal CE Only |
| 1,600 to 1,832 | Up to \$750 |
| Above 1,832 | Up to \$1500 |

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please contact the HR Solutions Team.



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

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility.

| | |
|---|--|
| ALABAMA – Medicaid | FLORIDA – Medicaid |
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268 |
| ALASKA – Medicaid | GEORGIA – Medicaid |
| The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507 |
| ARKANSAS – Medicaid | INDIANA – Medicaid |
| Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864 |
| COLORADO – Medicaid | IOWA – Medicaid |
| Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943 | Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562 |
| KANSAS – Medicaid | NEW HAMPSHIRE – Medicaid |
| Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512 | Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218 |
| KENTUCKY – Medicaid | NEW JERSEY – Medicaid and CHIP |
| Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570 | Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 |
| LOUISIANA – Medicaid | NEW YORK – Medicaid |
| Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447 | Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| MAINE – Medicaid | NORTH CAROLINA – Medicaid |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711 | Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100 |
| MASSACHUSETTS – Medicaid and CHIP | NORTH DAKOTA – Medicaid |
| Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120 | Website: http://www.nd.gov/dhs/services/medicalserv/medical/ Phone: 1-844-854-4825 |
| MINNESOTA – Medicaid | OKLAHOMA – Medicaid and CHIP |
| Website: http://mn.gov/dhs/ma/ | Website: http://www.insureoklahoma.org |

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website:

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

Phone: 1-888-365-3742

OREGON – Medicaid

Website:

<http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

MONTANA – Medicaid

Website:

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/hipp>

Phone: 1-800-692-7462

NEBRASKA – Medicaid

Website:

http://dshs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx

Phone: 1-855-632-7633

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>

Phone: 401-462-5300

NEVADA – Medicaid

Medicaid Website: <http://dwss.nv.gov/>

Medicaid Phone: 1-800-992-0900

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>

Phone: 1-800-562-3022 ext. 15473

TEXAS – Medicaid

Website: <http://gethipptexas.com/>

Phone: 1-800-440-0493

WEST VIRGINIA – Medicaid

Website:

<http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>

Phone: 1-877-598-5820, HMS Third Party Liability

UTAH – Medicaid and CHIP

Website:

Medicaid: <http://health.utah.gov/medicaid>

CHIP: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

WISCONSIN – Medicaid and CHIP

Website:

<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

Phone: 1-800-362-3002

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/> Phone: 1-800-250-8427

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>

Phone: 307-777-7531

VIRGINIA – Medicaid and CHIP

Medicaid Website:

http://www.coverva.org/programs_premium_assistance.cfm

Medicaid Phone: 1-800-432-5924 CHIP Website:

http://www.coverva.org/programs_premium_assistance.cfm

CHIP Phone: 1-855-242-8282

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

| | |
|---|--|
| U.S. Department of Labor Employee Benefits Security Administration | U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services |
| www.dol.gov/ebsa 1-866-444-EBSA (3272) | www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565 |

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)

BACK COVER