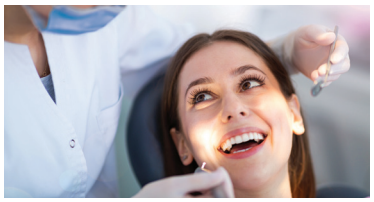
BENEFITS ENROLLMENT GUIDE

2023 \\ BENEFITS PLAN YEAR

We believe in a healthy you!



WASHINGTON
DENTAL CORPORATION, PC

Stephen Thorne IV | Founder and CEO

MESSAGE FROM THE FOUNDER AND CEO

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit in vulputate velit esse molestie consequat, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissim qui blandit praesent luptatum zzril delenit augue duis dolore te feugait nulla facilisi.

Lorem ipsum dolor sit amet, cons ectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat.

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat. Duis autem vel eum iriure dolor in hendrerit in vulputate velit esse molestie consequat, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et iusto odio dignissim qui blandit praesent luptatum zzril delenit augue duis dolore te feugait nulla facilisi.

Lorem ipsum dolor sit amet, cons ectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat.

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut .

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut .

Stephen Thorne, IV
Founder and CEO

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

IMPORTANT NOTICE

This brochure provides a general description of benefits and may not include all relevant limitations and conditions.

Specific details, limitations and conditions are provided in the plan documents, which may include a Summary Plan Description (SPD), Evidence of Coverage (EOC), and/or insurance policies. If the information in this brochure differs from the plan documents, the plan documents will prevail.

This brochure is applicable to all Team Members of Pacific Dental Services, LLC ("PDS®") and its PDS Supported Entities. Whenever the term "Team Member" is used in this brochure, it refers to you, whether your employer is PDS or a PDS Supported Entity. PDS' People Services department provides support in the administration of Team Member policies to PDS and all PDS Supported Entities.

If you would like to receive paper copies of the plan documents, you may email PDS' Benefits Advocate at **pdsbenefits@lockton.com** or call them toll free at (877) 536-8693.

WHAT'S INSIDE

Eligible for Medicare in the next 12 months? A Federal law gives you more choices about your prescription drug coverage. Please see pages 40-41 for more details.

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Eligibility for Benefits

WHO IS ELIGIBLE FOR BENEFITS?

Full-time (FT)

- Regular full-time Team Members who are scheduled to work at least 30 hours or more per week are eligible to enroll in all PDS benefit offerings.
- Temporary In-House full-time Team Members who are scheduled to work at least 30 hours or more per week are eligible to enroll in a PDS medical plan and the 401(k) plan.

Part–time (PT)

- Regular part-time Team Members who are scheduled to work less than 30 hours per week are eligible to enroll in the PDS Dental, 401(k) and Voluntary Legal plans.
- Temporary In-House part-time Team Members who are scheduled to work less than 30 hours per week are eligible to enroll in the 401(k) plan.

Note: For Team Members working part-time or variable hours, benefits eligibility is based on your hours worked during established measurement periods. See "PDS® Benefits Eligibility–Affordable Care Act Compliance Policy" for more information.

ELIGIBLE DEPENDENTS INCLUDE:

- Your legal spouse
- Your legally registered and valid domestic partner (RDP) (where state law and insurance carriers allow)
- Your dependent children until they are 26 years old. "Children" include you or your spouse's/RDP's biological children, step-children, adopted children, including children placed with you for the purpose of adoption, children for whom you are required to provide insurance coverage under a Qualified Medical Child Support Order (QMCSO), or disabled children who have reached the maximum age and who are (or become) physically or mentally incapable of self support (medical certification required)
- **Team members who cover dependents on a PDS medical, dental and/or vision plan will be required to verify dependent eligibility through a third party vendor.** Once your benefits are effective you will receive a letter from UnifyHR to your home address. You will have 60 days to respond to the letter to verify your covered dependents. Failure to respond will result in dependents being removed from the PDS plan(s).

TEAM MEMBERS HAVE 30 DAYS FROM THE DATE OF HIRE OR QUALIFYING LIFE EVENT TO ENROLL OR MAKE CHANGES TO BENEFITS.

WHEN ARE TEAM MEMBERS ELIGIBLE FOR BENEFITS?

For most of our benefit plans your coverage will become effective on the first day of the month following 30 days of continuous service, which includes any orientation period and new hire benefits eligibility waiting period. You must be actively at work for your coverage to be effective on your benefits eligibility date.

If hired between the dates below you must enroll within 30 days from date of hire:	If Elected, Benefits will be Effective:
January 2nd and February 1st	March 1st
February 2nd and March 1st	April 1st
March 2nd and April 1st	May 1st
April 2nd and May 1st	June 1st
May 2nd and June 1st	July 1st
June 2nd and July 1st	August 1st
July 2nd and August 1st	September 1st
August 2nd and September 1st	October 1st
September 2nd and October 1st	November 1st
October 2nd and November 1st	December 1st
November 2nd and December 1st	January 1st
December 2nd and January 1st	February 1st

QUALIFYING LIFE EVENT

Other than during annual Open Enrollment, you may only make changes to your benefit elections if you experience a qualifying life event, including marriage, divorce, spouse gains or loses other coverage, or the birth/adoption of a child. **You must contact a Benefits Advocate at (877)536-8693 within 30 days of the date of your qualifying life event to make changes to your benefit elections.** If you miss the 30 day window you will need to wait until the next annual Open Enrollment to make changes. **NOTE: Financial hardship is not a qualified status change nor does it qualify for a special enrollment change.**

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com
M-F 8:00 am to 5:00 pm PST.

Benefits Advocate & Online Benefits Information

Contact a Benefits Advocate to get more information about your benefits!

PDS' Benefits Advocates are dedicated to assisting our Team Members with their benefits, eligibility, or claims service issues. Advocates are available Monday through Friday, 5:00 am to 4:00 pm (PST). You may contact an Advocate by calling (877) 536-8693 or by sending an email to: pdsbenefits@lockton.com

Process Mid-Year Qualified Status Changes & Special Enrollment Events

If you experience a qualified status change or if you qualify for a "special enrollment" outside of your open enrollment period, you may qualify for a mid-year benefit change.

If you, and your covered dependents, enroll in an Exchange health plan during the Exchange open enrollment or during an Exchange special enrollment period you may cancel your PDS group health plan coverage mid plan year. The Exchange plan must provide minimum essential coverage and be effective no later than the first day of the second month following the month of the election change in order to cancel your PDS group health plan coverage. Proof of enrollment in an Exchange plan will be required.

The medical plans offered by PDS and its supported offices provide minimum value coverage; therefore, Exchange coverage may not be subsidized and an Exchange plan may be less affordable.

Note: Financial hardship is not a qualified status change nor does it qualify for a special enrollment change.

PDSconnect is your source for complete plan details.

Contact a Benefits Advocate to verify your eligibility and to process your mid-year qualified status changes at: (877) 536-8693 or email pdsbenefits@lockton.com

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com
M-F 8:00 am to 5:00 pm PST.

Benefit Plan Highlights

FT = Full-time
PT = Part-time
(See page 2 for details.)

VALUE PPO MEDICAL - (FT)

The Anthem Blue Cross Value PPO medical plan is designed to provide members choice and flexibility. Members can choose to see a participating network physician and pay only a **$20 office visit copay (deductible waived)** or they can see other providers of their choice at higher out-of-pocket costs **after** satisfying the medical plan deductible. In addition, preventive care is available at no charge, no deductible applies. Preferred Brand and Non-Preferred Brand medications are also available after members pay a deductible of $150 per member or $300 per family. Once the deductible has been met, members pay only a fixed copay amount of $40 for Preferred Brand and $50 for Non-Preferred Brand medications.

To find a participating network physician, Non-California members will use the National Blue Card PPO Network.

See page 15 for more details.

HSA MEDICAL - (FT)

WDC and its supported offices also offer a comprehensive, HSA compatible health plan with Anthem Blue Cross. The Blue Cross Lumenos Consumer Directed Health Plan (CDHP) is designed to work hand in hand with a **Health Savings Account (HSA)**.

A comprehensive and affordable benefits program. Utilizing the Anthem Blue Cross network of providers, you are eligible for the deepest discounts available, which means you spend less. Once you meet your deductible and out-of-pocket limits, the medical plan covers all eligible medical services for the rest of the plan year. Use your HSA funds to pay for your out-of-pocket healthcare expenses. In addition, generic medications are available at no cost to you once the deductible is met.

See page 16 for additional details.

ANTHEM SYDNEY MOBILE APP - (FT)

Sydney is Anthem's new mobile app that gives you a single hub to keep track of your health and benefits.

You can quickly view health plan info, find care, check costs, track fitness activity and even explore health topics and wellness programs that spark your interest.

You can login with your anthem.com login and password.

You can sync it with Apple Health, Fitbit, Garmin, Google Health, iHealth, Misfit and Nokia/Withings. Once you sync your tracker, your activities will update automatically throughout each day.

HEALTH SAVINGS ACCOUNT (HSA) - (FT)

Team members enrolled in the HSA medical plan have the option to participate in a Health Savings Account (HSA). The HSA with Health Equity is like a personal savings account for healthcare, except that it's tax-free. An HSA is an account you can set-up and use to pay for qualified medical, dental, vision, prescription medication, and orthodontia expenses not covered by an insurance plan.

WDC HSA Contributions: You can receive money from WDC or its supported offices by simply opening an HSA. WDC and its supported offices contribute to your HSA through semi-annual deposits (January and July). The semi-annual contributions into your HSA account are based on being Tobacco free or not. In addition to the contributions WDC or its supported offices make into your HSA, you choose how much more you would like to save in your HSA each year by electing automatic pre-tax contributions made from your paycheck. Each year the IRS sets contribution limits. These limits are the total funds contributed to your HSA, including company contributions, your contributions, and any other contributions.

Any unused balances roll over from year to year, grow tax-free and offer an opportunity to save for future healthcare and retirement healthcare expenses.

See page 17 for additional details.

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

ANTHEM LIVEHEALTH ONLINE - (FT)

With LiveHealth Online, you'll be able to talk to a doctor right away, any time of the day or night, from the comfort of your home or office. This service should be used for things like colds, flu, headaches, sinus infections, fever, etc. All you need is a smart phone with web service or a computer/tablet with an internet connection.

How it works
Members must first register at www.livehealthonline.com.

- HSA Plan members pay $59 per visit (which counts toward the plan year deductible and out-of-pocket maximums). Once the deductible is met, members pay 20% of $59 visit, or $11.80 per visit.
- PPO Plan members have a $0 copay per visit.
- Members must be located in the state that allows for online services in order to have the online visit and any prescribing—if allowed by the state. Example: A Washington team member who travels to Texas cannot use the service while in Texas as the state law does not allow for online care.

DENTAL - (FT & PT)

PDS and its supported offices offer dental benefits for you and your covered dependents, including:
- Preventive care, diagnostic services, exams and x-rays, at no charge
- No deductible
- High benefit maximum
- Significant discounts for Basic and Major Services
- Orthodontia Services at a flat fee or discount

See page 18 for additional details.

VISION - (FT)

Our Vision Plan, with VSP, provides you and your covered dependents a cost-effective, comprehensive vision plan that includes yearly examinations and materials with minimal copays.

See page 20 for additional details.

FLEXIBLE SPENDING ACCOUNTS (FSA) - (FT)

WDC and its supported offices offer FSA benefits, with Navia Benefit Solutions, which allow you to set aside pre-tax dollars for healthcare and dependent care expenses. If you participate in an HSA, you may enroll in a Limited Healthcare FSA. For the 2023 Plan year, you may set aside up to $2,850 pre tax, per year, to pay for eligible dental, vision and orthodontia expenses. If you do not participate in an HSA you may enroll in the General Purpose Healthcare FSA. For the 2023 Plan year, you may set aside up to $2,850 pre tax, per year, to pay for eligible medical, dental , vision and orthodontia expenses. Through the Dependent Care FSA you may set aside up to $5,000 pre-tax, per year, to pay for eligible dependent care expenses.

Team members may carryover up to $570 of their unused health FSA balance into the next Plan Year **in lieu of a grace period**. Team members may use this carryover balance for claims incurred during the next Plan Year (in addition to any newly elected FSA contributions). Balances above the $570 carryover amount remaining from the prior Plan Year and not used to reimburse prior Plan Year expenses are forfeited. You may continue to submit eligible healthcare claims from the previous Plan Year during the claims run out period. Please note, this carryover provision does not apply to the Dependent Care FSA.

See pages 21-22 for additional details.

LIFE ASSISTANCE PROGRAM - (FT)

Finding work/life balance is challenging for all of us. With the Life Assistance Program offered by New York Life, you have access to a number of resources. You and your family members are eligible for unlimited telephonic access and web-based services for a wide variety of issues.

See page 22 for additional details.

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D) - (FT)

WDC and its supported offices provide Basic Life and AD&D insurance coverage equal to one times your annual salary. The minimum benefit provided is $50,000. This benefit is provided to all eligible Team Members at no cost to you. **All eligible Team Members are automatically enrolled on their new hire benefits eligibility date.**

SUPPLEMENTAL LIFE INSURANCE - (FT)

Through our Supplemental Life Insurance plan, you may purchase Supplemental Life Insurance for yourself. If you enroll in a Supplemental Life Insurance plan for yourself, you also have the option to enroll in Spouse/ Child Supplemental Life. The Supplemental Life plan offers the convenience of low group rates, no health underwriting on amounts below the guarantee issue amounts (if you enroll within 31 days of your new hire eligibility), and convenient payroll deductions. Team Member must be enrolled to elect dependent coverage.

Team Member Supplemental Life Insurance:

- Coverage available in increments of: $25,000
- Minimum benefit: $25,000
- Maximum benefit: Class 1 & Class 2 = $1,000,000 (combined with basic life)
- Guarantee Issue Amount: $250,000

Spouse Supplemental Life Insurance:

- Coverage available increments of: $10,000
- Minimum benefit: $10,000
- Maximum benefit: $250,000
- Guarantee Issue Amount: $20,000

Child Life Insurance:

- Benefit amount: from birth to 6 months = $1,000
- Benefit amount: 6 months to age 26 = $10,000

See page 22 for supplemental life and AD&D rates.

SUPPLEMENTAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D) - (FT)

Supplemental AD&D insurance provides additional benefits for an accidental death or for an accidental dismemberment. Team Members do not need to be enrolled in supplemental life insurance to enroll in the supplemental AD&D insurance.

Team Member Supplemental AD&D Insurance:

- Coverage available in increments of: $25,000
- Minimum benefit: $25,000
- Maximum Benefit: Lesser of 6x annual salary or $2,000,000, less basic AD&D benefit. AD&D Benefit amount does not need to match supplemental life benefit amount.
- Guarantee Issue Amount: n/a

You can enroll in the Supplemental Life and Supplemental AD&D insurance within 31 days of your new hire benefits eligibility date, during an annual enrollment period, or at any time during the plan year other than an annual enrollment period.

You and your dependents are guaranteed coverage up to the Guarantee Issue Amounts during your new hire benefits eligibility period. If you elect amounts above the Guarantee Issue Amount, or if you enroll during an Annual Open Enrollment period or at anytime other than an annual enrollment period, you will be required to complete a Statement of Health and your coverage will be subject to medical underwriting.

If you experience a qualified status change, contact a Benefits Advocate at (877)536-8693.

See page 22 for supplemental life and AD&D rates.

VOLUNTARY SHORT TERM DISABILITY - (FT)

This plan pays a percentage of your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury. Benefits may begin on the 1st day of an accident or on the 8th day of a sickness. Benefits are payable for up to 16 weeks.

Team members are eligible to receive 70% of weekly earnings to a maximum of $2,000 per week. Benefit payments are reduced by deductible sources of income such as sick pay, vacation, or state disability earnings.

All team members will be auto-enrolled in this plan and you must opt out to waive this benefit.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com
M-F 8:00 am to 5:00 pm PST.

You can enroll in the Voluntary Short Term Disability plan within 31 days of your new hire benefits eligibility date, during an annual enrollment period, or at any time during the plan year other than an annual enrollment period. During your initial eligibility, you are guaranteed enrollment into the Voluntary Short Term Disability plan. If you apply for coverage during an annual enrollment period or at any time during the plan year, an approval process will apply.

VOLUNTARY LONG TERM DISABILITY - (FT)

This LTD plan picks up where short-term disability (STD) leaves off. Once your STD benefits expire, the long-term disability plan replaces 60% of your income during an extended period of a disabling illness or injury. By providing a steady stream of income while you are unable to work, LTD insurance can help you meet your financial obligations.

You can enroll in the Voluntary Long Term Disability plan within 31 days of your new hire benefits eligibility date, during an annual enrollment period, or at any time during the plan year other than an annual enrollment period. During your initial eligibility, you are guaranteed enrollment into the Voluntary Long Term Disability plan. If you apply for coverage during an annual enrollment period or at anytime during the plan year, an approval process will apply.

See page 23 for disability rates.

VOLUNTARY ACCIDENT INSURANCE - (FT)

Unum's Accident Insurance is designed to help covered participants meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits are paid directly to the participant based on the amount of coverage listed in the schedule of benefits. The accident base plan is guaranteed issue, so no health questions are required.

Examples of covered treatments & services include:

- Burns
- Broken Bones
- Lacerations (stitches)

Additional Benefit Highlights

- Sickness Hospital Confinement Benefit
- Portability - you own the policy so you can keep it even if you leave the company or retire
- Dependent Coverage - cover yourself, your spouse or your child(ren)
- Convenient payroll deduction

You can enroll in the Voluntary Accident plan within 31 days of your new hire benefits eligibility date and during an annual enrollment period.

See page 24 for additional information.

VOLUNTARY HOSPITAL INDEMNITY INSURANCE - (FT)

The Unum Group Hospital Indemnity insurance plan is designed to help provide financial protection by paying you a benefit due to a hospitalization of 20 or more hours.

Team Members can use the benefit to meet their out-of-pocket expenses and pay the extra bills that can occur. The Indemnity lump sum payments are paid directly to the Team Member regardless of the actual cost of treatment.

Benefit Amount:

- Voluntary, Team Member-paid benefit
- $1,000 per insured per Calendar year
- Cover yourself, your spouse and your children
- Portable - you can take this benefit with you
- No health questions asked (Guaranteed Issue) if you elect when you first become eligible

You can enroll in the Voluntary Hospital Indemnity plan within 31 days of your new hire benefits eligibility date and during an annual enrollment period. During your initial eligibility, you are guaranteed enrollment into Voluntary Hospital Indemnity plan. If you elect to enroll at a subsequent enrollment period, an approval process will apply.

See page 25 for additional information.

VOLUNTARY CRITICAL ILLNESS - (FT)

Unum's Critical Illness Insurance is designed to help participants offset the financial effects of a catastrophic illness with a lump sum benefit if an insured is diagnosed with a covered critical illness. The Critical Illness benefit is based on the amount of coverage in effect on the date of diagnosis of a critical illness or the date treatment is received according to the terms and provisions of the policy.

Examples of covered diagnoses include:

- Stroke
- Cancer
- Heart Attack
- Coma
- Paralysis
- Brain Injury

Additional Benefit Highlights

- Wellness Benefit
- Mammogram Benefit
- Portability - you own the policy so you can keep it even if you leave the company or retire
- Dependent Coverage - cover yourself, your spouse or your child(ren)
- Convenient payroll deduction

You can enroll in the Voluntary Critical Illness plan within 31 days of your new hire benefits eligibility date and during an annual enrollment period. During your initial eligibility, you are guaranteed enrollment into Critical Illness plan. If you elect to enroll at a subsequent enrollment period, an approval process will apply.

See page 26 for additional information.

HEALTHCOMPARE - (FT & PT)

877-470-3075 or
healthcompare.com/alliant

Open Enrollment Period:
November 1 – December 15.
Outside the Open Enrollment Period, you can generally enroll in a health plan only if you qualify for a Special Enrollment Period. You qualify if you have certain life events, like getting married, having a baby, or losing other health coverage. If you believe one of these events applies to you or your family, call us at (877) 470-3075 and get your questions answered by a licensed health insurance counselor.

HealthCompare helps individuals, families, and those eligible for Medicare easily research, compare, buy, and enroll in the right health insurance plan at the right price – online and over the phone. They offer free, accurate comparisons for on- and off-exchange Medical plans, as well as Short-Term Medical, Dental, and Vision insurance, Medicare Advantage (Part C), Medicare Supplement (Medigap), and Medicare Prescription Drug Program (Part D) plans.

When you call, you'll need to provide some basic information, including your Social Security Number, number of people in your household, and your estimated income.

For complete plan details, visit the Benefits section of PDSconnect.

You may also request copies by contacting a Benefits Advocate at (877) 536-8693 or at pdsbenefits@lockton.com

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

HEALTH CLUB & WIRELESS DISCOUNTS - (FT & PT)

WDC and its supported offices have paid for your enrollment and processing fees! Offerings include:

- LA Fitness - Check your Team Member Discount page to enroll online.
- Verizon Wireless - To receive your 8% discount, present your paystub to verify employment at WDC and WDC Supported Offices.

VOLUNTARY AUTO, HOME, AND PET INSURANCE AVAILABLE ANYTIME DURING THE YEAR - (FT & PT)

- Pet Insurance offered by MetLife (FT & PT)
- Auto & Home Insurance offered by MetLife (FT & PT)

VOLUNTARY LEGAL PLAN - (FT & PT)

The MetLife Voluntary Legal Plan provides unlimited telephone advice and office consultations on virtually any personal legal matter with a plan attorney of your choice. Services include will preparation, codicils and living trusts, document review, and immigration assistance.

Plan Covers 100% of Attorney Fees. Fees over and above attorney fees are the responsibility of the member.

You can you enroll within 31 days of your new hire benefits eligibility date and during Annual Open Enrollment.

See page 27 for additional information.

ADOPTION ASSISTANCE - (FT)

Washington Dental Corporation, PC will reimburse eligible participants for a portion of the expenses resulting from the legal adoption of an eligible child.

Program Highlights:

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

BACK-UP CHILD CARE - (FT)

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

Program Benefits:

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

WEEKEND TO REMEMBER - (FT & PT)

The two-and-a-half day getaway weekend is a time to invest in and strengthen the foundation of your relationships, no matter how firm or fragile they are. By getting away from the distractions of life, you can fortify your most important relationships and work toward building wonderful memories, for decades to come.

- WDC will pay the registration fee for couples, engaged couples, married couples and singles for the weekend getaway of your choice.
- For more information including event dates, please visit www.familylife.com/events.
- To ask questions or register for a Weekend to Remember, call (501) 228-2444.

MALPRACTICE INSURANCE

Malpractice insurance is provided to all full and part time employed dentists at PDS supported offices. The coverage begins on the first day of employment and ends upon termination. Coverage only applies to professional dental services performed at PDS supported offices, events or functions. The policy is underwritten by CNA and is a “Claims Made” policy with limits of $1M per occurrence and a $3M aggregate.

Bright Horizons
backup.brighthorizons.com
(877) 242-2737

Download our App!

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

TIME OFF

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

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

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

Team Member Discount Programs

COSTCO MEMBERSHIP

With hundreds of locations worldwide, Costco provides a wide selection of merchandise, plus the convenience of specialty departments and exclusive member services, all designed to make your shopping experience a pleasurable one. Join Costco as a new member and receive coupons valued at over $60, including 3 FREE gifts.

- Go to https://costcomembershipoffer.com/purchase/purchase/PacificDental
  Complete a membership application and present it at any Costco location to join.

HEALTH CLUBS

LA Fitness

At LA Fitness you can exercise your options. From basketball to racquetball, swimming to indoor cycling, free weights to cardio equipment, personal training to group fitness and much more. They offer options in an environment that makes you feel at home, no matter what your current fitness level may be.
PDS and its supported offices have paid for your enrollment and processing fees!

- Go to the Team Member Discount Page and click on the LA Fitness Website link to enroll
- Click on Wellness Program to begin your online enrollment process.

Gym Discount Referral Services

GymTicket.com
GymTicket.com has the most complete directory of over 20,000 gyms and health clubs across the country. Find out about gyms near you and get free guest passes at participating gyms, health clubs and fitness centers. Go to http://www.gymticket.com/ to learn more.

GlobalFit (Anthem Members Only)
GlobalFit provides access to the best gyms and health clubs, fitness products, nutrition and healthy eating programs, and educational resources. The GlobalFit Gym Network offers exceptional pricing and flexible membership options at over 8,000 gyms and specialty studios nationwide.

For your free membership:

- Log into: www.anthem.com/ca
- Click Discounts (under Care button)
- Click Discounts (under Care button)
- Click on Global Fit
- This will redirect you to the GymNetwork 360 site.
- All Anthem members are able to use this site after registration.
- Gyms are based on location through GlobalFit. Once logged in, Team Members will get a list of gyms that offer discounts in your area.

SEAWORLD PARKS AND ENTERTAINMENT

SeaWorld Parks & Entertainment offers special online savings on admission to their parks. At their 11 theme parks across the country, visitors can explore natural environments, enjoy unique and exhilarating experiences, and reconnect with their families, friends and nature. From thrilling rides to amazing adventures and up-close animal encounters, their parks have something for everyone.

To purchase discount tickets:

- Go to https://commerce.4adventure.com/eStore/scripts/skins/paw/Promotion.aspx
- Click on the park of your choice.
- Select the products you wish to purchase.
- Create an account and complete your purchase online.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com
M-F 8:00 am to 5:00 pm PST.

STUDENT LOAN REFINANCING

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

SoFi – Apply now: Sofi.com/PacificDental

TICKETS AT WORK

TicketsatWork offers exclusive discounts, special offers and access to preferred seating and tickets to top attractions, theme parks, shows, sporting events, movie tickets, hotels and much more. TicketsatWork is a unique benefit offered exclusively to companies and their team members. Team members can save up to 50% on tickets and 60% on hotels.

- Go to http://www.ticketsatwork.com/
- First time users: Click on "Become a Member" and complete the enrollment form
- Company code: PACDEN

TOOTHBRUSHES

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

To download order forms go to:

- Oral-B Order Form
- Sonicare Order Form

TRAVEL ASSISTANCE

Europ Assistance USA (EA) offers a suite of protection services that provide individualized assistance and peace of mind when the unexpected happens: while traveling away from home, in the event of identity fraud or in the aftermath of a loved one's death.

- Provider: Europ Assistance USA
- Member Services - US & Canada: (866) 295-4890
- Member Services - All Other Locations: (202) 296-7482
- Email: ops@europassistance-usa.com

VERIZON

Verizon offers team members a discount of 8% off their cell phone bill.
To receive the discount, take your Paystub to your local Verizon Store.
For more information go to http://www.verizon.com.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com
M-F 8:00 am to 5:00 pm PST.


Helping others
can be a big
part of staying
healthy.

Medical Contributions

The following outlines your pre-tax contributions toward medical premiums on a per pay period basis:

TEAM MEMBER CONTRIBUTIONS	ANTHEM HSA PLAN	ANTHEM VALUE PLAN
Tobacco-Free**		
Enrolled Coverage Tier	**Team Member Cost Per Pay Period**	**Team Member Cost Per Pay Period**
Team Member Only	$79.28	$44.10
Team Member + Spouse/RDP	$249.38	$179.03
Team Member + Child(ren)	$202.13	$143.33
Team Member + Spouse/RDP + Child(ren)	$384.30	$290.33
Tobacco - User		
Enrolled Coverage Tier	**Team Member Cost Per Pay Period**	**Team Member Cost Per Pay Period**
Team Member Only	$113.40	$78.23
Team Member + Spouse/RDP	$301.88	$231.53
Team Member + Child(ren)	$254.63	$195.83
Team Member + Spouse/RDP + Child(ren)	$436.80	$342.83

** **To qualify you must certify that you have been tobacco free for the 12 months before and remain tobacco free for the 12 months after the certification date.**
Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all team members. 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 Human Resources 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.

(We consider our enrollment materials and/or applications formal company documents and like all company documents, falsification can lead to disciplinary action, up to and including termination of employment.)

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Medical Plan Highlights (FT)

ANTHEM VALUE PPO PLAN (NOT HSA ELIGIBILE)		
	CA = California Select PPO Network[1] Non-CA = National Blue Card PPO Network[1]	**Out-of-Network[2]**
Plan Year Deductible (Deductibles cross apply.)	$1,750 per insured member; maximum of two separate deductibles per family ($3,500)**	$5,000 per insured member; maximum of two separate deductibles per family**
Plan Year Out of Pocket Maximum (Out of pocket maximums do not cross apply)	$5,000 per insured person* $10,000 per insured family**	$10,000 per insured individual* $20,000 per insured family**
PLAN BENEFITS		
	In-Network	**Out-of-Network**
Coinsurance	You Pay 30%; Plan Pays 70%	You Pay 40%; Plan Pays 60%
Preventive Care (Adults & Children)	No Copay (Deductible Waived)	40%, Subject to Deductible
Physician Office Visits[3]	$20, Deductible Waived	40%, Subject to Deductible
Hospitalization	30%, Subject to Deductible	40%, Subject to Deductible[4]
Pregnancy and Maternity	$20 Office Visit (Deductible Waived); 30% Hospital Services	40%, Subject to Deductible
Outpatient Surgery	30%, Subject to Deductible	40%, Subject to Deductible
Emergency Room	$400 Copay + 30% (Copay Waived if Admitted)	$400 Copay + 30% (Copay Waived if Admitted)
Urgent Care	$20, Deductible Waived	40%
Lab & X-ray	30%, Subject to Deductible	40%, Subject to Deductible
Durable Medical Equipment	30%, Subject to Deductible	40%, Subject to Deductible
PRESCRIPTIONS		
Prescription Plan Year Deductible	**$150 Individual / $300 Family (Deductible does not apply to Generic Medications)**	
Retail Prescriptions	**30-Day Supply**	
Generic	$10 (Deductible does not apply)	Member pays applicable deductible & copay amounts plus 40% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount.
Brand	$40 (Deductible applies)	
Non-Formulary	$50 (Deductible applies)	
Specialty Drugs	30% of prescription drug maximum allowed amount (maximum $150 copay)	
Mail Order Prescriptions	**90-Day Supply**	
Generic	$20 (Deductible does not apply)	Mail Order Not Covered OON
Brand	$80 (After Deductible)	
Non-Formulary	$100 (After Deductible)	
Specialty Drugs	30% of prescription drug maximum allowed amount (maximum $300 copay)	

Anthem Blue Cross
anthem.com
(877) 310-0522

Download our App!

1. California Select PPO Network & National Blue Card PPO Network = Your benefits are greater if you utilize these providers.
2. Out-of-Network = Your benefits are less if you use providers outside the California Select PPO or National Blue Card PPO Networks.
3. The dollar copay applies only to the visit itself, an additional 30% copay applies for any services performed in the office (i.e., X-ray, lab, surgery), after any applicable copay.
4. $500 additional copay for non-PPO hospital or residential treatment center if utilization review not obtained.

* Individual: Enrolled as Team Member Only Coverage.
** Family: Enrolled as Team Member + One or More Dependents.

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Medical Plan Highlights (FT)

Anthem Blue Cross
anthem.com
(877) 310-0522

Download our App!

ANTHEM HSA PLAN

	In-Network[1]	Out-of-Network2
Plan Year Deductible (Accumulative; applies to medical and prescription benefits; deductibles do not cross apply)	$1,750 Individual* / $3,500 Family**	$4,000 Individual* / $8,000 Family**
Plan Year Out of Pocket Maximum (Includes Deductible)	$3,000 Individual* / $6,000 Family**	$6,000 Individual* / $12,000 Family**

USE YOUR HSA ACCOUNT TO SATISFY YOUR DEDUCTIBLE AND PAY YOUR OUT-OF-POCKET COSTS

Individual HSA Contribution Limit	2023 = $3,850
Family HSA Contribution Limit	2023 = $7,750

	2023	EMPLOYER CONTRIBUTION
Individual HSA Contribution Limit	$3,850	$500 - Tobacco Free $400 - Tobacco User
Family HSA Contribution Limit	$7,750	**$600 - Tobacco Free** **$500 - Tobacco User**
Catch-Up HSA Contribution Limit	For participants age 55 or older- $1,000	

PLAN BENEFITS

	In-Network	Out-of-Network
Coinsurance	You Pay 20%; Plan Pays 80%	You Pay 40%; Plan Pays 60%
Preventive Care (Adults & Children)	No Copay (Deductible Waived)	40%, Subject to Deductible
Physician Office Visits	20%, Subject to Deductible	40%, Subject to Deductible
Hospitalization	20%, Subject to Deductible	40%, Subject to Deductible
Pregnancy and Maternity	20%, Subject to Deductible	40%, Subject to Deductible
Outpatient Surgery	20%, Subject to Deductible	40%, Subject to Deductible
Emergency Room	20%, Subject to Deductible	40%, Subject to Deductible
Urgent Care	20%, Subject to Deductible	40%, Subject to Deductible
Lab & X-ray	20%, Subject to Deductible	40%, Subject to Deductible
Durable Medical Equipment	20%, Subject to Deductible	40%, Subject to Deductible

PRESCRIPTIONS

PreventiveRx PLUS Plan Medications*** • Retail (Generic / Brand) • Mail Order - 90 day supply (Generic / Brand)	$0, $5, Deductible Waived $0, $10, Deductible Waived	After Deductible is Met, You Pay: 30% of the Maximum Allowed Amount, Plus Any Costs in Excess of the Maximum Allowed Amount.
Prescription Copay • Generic / Brand / Non-Formulary • Mail Order - 90 day supply • Specialty Drugs	After Deductible is Met, You Pay: $10 / $30 / $50 $20 / $60 / $100 30% of prescription drug maximum allowed amount	Specialty Drugs & Mail Order Not Covered Out-of-Network

1. In-Network = Doctors within the Anthem network of physicians.
2. Out-of-Network = Doctors not in the Anthem plan.

* Individual: Enrolled as Team Member Only Coverage.

** Family: Enrolled as Team Member + One of More Dependents. In-Network Family Deductible can be satisfied by any combination of family members but an individual would never satisfy more than $2,800 In-Network.

***A list of medications included in the PreventiveRx PLUS Plan can be found at https://www.anthem.com/ca/ms/pharmacyinformation/home.html.

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Health Savings Account (HSA) (FT)

Open a health savings account (HSA) with Health Equity and discover the best way to save for healthcare, and a great way to save on taxes.*

Health Equity
healthequity.com/educate
(866)346-5800

Download our App!

WHAT IS A HEALTH SAVINGS ACCOUNT (HSA)?

An HSA is a tax-free savings account that works with a qualified health plan to help you pay for the cost of out-of-pocket healthcare and prescription medication expenses. You take the money you would have paid for higher health insurance premiums and use it to pay for qualified medical expenses or save it and let it grow! What's more:

- Your HSA money, including all the money the Company contributes, is yours, ALWAYS! You won't lose it if you don't spend it, change jobs, retire or change health plans.
- You never pay taxes on withdrawals for qualified medical expenses.
- Your money earns interest and you don't pay taxes on the interest earned.
- Your contributions are tax-free in most states and reduce your overall taxable income.
- You can change your contribution to the HSA any time during the year.

WHO IS ELIGIBLE FOR AN HSA?

Anyone meeting the following requirements is eligible for an HSA:
- Is enrolled in the Company's qualified HSA medical plan,
- Is not covered under another medical plan that is not HSA compatible (example, spouse's medical plan),
- Is not enrolled in Medicare,
- Is not eligible to be claimed on another person's tax return,
- Is not active in the military, and
- Is a U.S. resident.

For more information, contact Health Equity Member Services at (866)346-5800.

	2022	2023
Individual HSA Contribution Limit	$3,650	$3,850
Family HSA Contribution Limit	$7,300	$7,750
Catch-Up HSA Contribution Limit	For participants age 55 or older - $1,000	
You are allowed to contribute the entire year's limit when you first become eligible for the HSA (even if that is in December); however, you must remain eligible for at least 12 months after that date, or you will be subject to taxes and penalties on the amount you contributed.		

HSA CONTRIBUTIONS

Washington Dental Corporation, PC. gets you started by contributing to your HSA with semi-annual deposits (January and July, you must be actively employed on this date to receive the deposit). See page 18 for the Company's HSA contribution amounts. In addition to the contributions the Company makes into your HSA, you choose how much more you'd like to save in your HSA each year by electing automatic pre-tax contributions made from your paycheck. Each year the IRS sets contribution limits, which are listed above. These limits are the total funds contributed to your HSA, including company contributions, your contributions, and any other contributions.

*__Health Equity__, handles the administration for you. **The Company pays the account set-up and monthly maintenance fees.** This means the money funded into your HSA goes further. If you transfer to a non-HSA eligible plan, fees become your responsibility. If you transfer your HSA to another provider, you will be responsible for set-up and maintenance fees.

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Dental Plan Highlights (FT & PT)

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

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

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

Type of Services	Summary of Benefits	
Plan Year Maximum	$7,500 Per Member	
Plan Year Deductible	None	
Preventive & Diagnostic Services • Exams (Consultations - GP & Specialty) & X-rays (Do not Count Toward Plan Year Maximum) • X-rays - Full Mouth and Panographic X-rays are Limited to One Full Mouth Set Every (24) Consecutive Months	No Charge	
Service Tenure - Team members with at least 30 days of continuous of service (and their enrolled dependents)		
Copay		
Access your dental plan benefits on **Activate.Wellfit.com** (which will deliver the payment and the PDS supplement to the practice's account).	**Team Member 90%**	**Dependent 80%**
DIAGNOSTIC & PREVENTIVE		
Cleaning & polishing (prophylaxis)	$0	$0
Routine exams	$0	$0
Cone-beam computed tomography (CBCT)	$0	$0
Fluoride varnish	$6	$11
Sealants	$5	$10
RESTORATIVE DENTISTRY		
Anterior composite filling, one surface	$14	$28
Three anterior surface fillings	$20	$41
One posterior surface filling	$18	$35
Three posterior surface fillings	$25	$49
CEREC CAD/CAM Inlay	$56	$111
CROWNS, IMPLANTS & VENEERS		
CEREC crown	$132	$250
Premium CEREC crown	$148	$250
Implant (implant, abutment, crown)	$1,033	$1,465
Veneers (per tooth)	$146	$231
ENDODONTICS		
GP Root canal - 1 Root	$69	$138
GP Root canal - 3 Root	$99	$198
Pulpotomy (general dentist)	$16	$32
PERIODONTICS		
Periodontal maintenance visit (PMV)	$20	$30
Scaling and root planing (SRP)	$22	$44
Bacterial Decontamination Per Quad	$13	$20
Irrigation per QD	$5	$10
Full-mouth debridement	$16	$31
Full Mouth SRP inclusive of bacterial decontamination and irrigation (4 quads)	$160	$295
DENTURES		
Each tooth replacement	$62	$73
Denture repair (no teeth involved)	$12	$24
Immediate or partial dentures	$136	$472
Complete dentures	$453	$706
Implant-supported denture (per arch)	$465	$680
OTHER SERVICES		
After-hours Emergency Visit	$18	$35
Simple extraction	$16	$32
Surgical extraction	$27	$55
In office teeth whitening	$110	$165
IMPLANT DETAILS		
Implant with GP	$395	$590
Custom Implant Abutment	$491	$581
Implant with Cerec Fired crown	$147	$294
SALIVARY DIAGNOSTICS		
Alert 2 Salivary Diagnostic Testing	$10	$90
Orthodontics* (Benefits Will Be Calculated as of the Date the Treatment Begins)		
• Interceptive (Phase 1) - (Your Costs, in Addition to Lab and/or Supply Costs)	$1,000	$1,200
• Comprehensive/Phase 2 - (Your Costs, in Addition to Lab and/or Supply Costs)	$1,800	$2,160
• Spark Advanced Dual Arch	$2,000	$2,600
• Spark 10 / 20 Single Arch	$1,800	$2,400
Interceptive and Comprehensive orthodontic fees are inclusive of records, retainers, and appliances. Appliance only cases are available at 60% to 70% off UCR depending on the doctor discipline. Surgical cases may require additional fees if surgery performed by non-PDS supported dentists. *Should a Team Member lose benefits eligibility during the course of orthodontia treatment, any remaining orthodontia treatment will be re-priced using the office's usual and customary fees in place at the time, unless the Team Member elects COBRA continuation coverage. Benefits will be calculated as of the date the treatment begins.		
Specialists Discounts (Endo, OS, Pedo, Perio): Team Member Fee Schedule is 60% Off UCR. *Depending on your workplace location, a portion of an office's UCR charges may be paid directly to a PDS-Supported Dentist by your employer, reducing the amount of the PDS-Supported Dentist's discount. This will not change or in any way impact the amount you are required to pay, which is 10% of UCR, plus lab and/or supply costs, the flat fee for Orthodontics, or 40% for certain specialists plus lab and/or supply costs.	As Per the PDS Team Member Fee Schedule, Plus Lab and/or Supply Costs.	

Dental Limitations and Exclusions

EXCLUDED SERVICES

This section identifies some of the standard exclusions This section identifies some of the standard exclusions for the Plan. Patients will be financially responsible for the dentist's usual and customary fee for any excluded or otherwise ineligible services.

1. Services received from any dental office/dentist other than a PDS-supported dental office/dentist, including Urgent Care which is not preauthorized. This exclusion applies even if the dental procedure cannot be performed in a PDS-supported dental office because of the patient's general health and/or physical limitations. This exclusion does not apply to any benefit or coverage which is available through the Medical Assistance Act (Medicaid).
2. Replacement of a prosthetic or any other type of appliance which has been broken, lost, misplaced, or stolen.
3. Precision or semi-precision attachments, overdentures, or customized prosthetics.
4. Procedures deemed not reasonably necessary or not customarily performed, including, but not limited to: services that have a poor prognosis; duplicate prosthetic devices or appliances.
5. Extra oral grafts (grafting of tissue from outside the mouth to oral tissues).
6. Anesthesia: General anesthesia and/ or the services of an anesthesiologist.
7. Treatment of congenital or developmental malformations.
8. Any dental services and/or supplies to the extent to which coverage is provided under any medical or other coverages offered by the Plan Sponsor including, but not limited to, hospital expenses.
9. Orthognathic Surgery: Surgery to correct discrepancies in the relationship of the jaws.
10. Myofunctional Therapy: Muscle training therapy or training to correct or control harmful habits.
11. Procedures, appliances or restorations that are performed to alter, restore or maintain occlusion (i.e., the way the teeth mesh), including: altering the vertical dimension; replacing or stabilizing tooth structure lost by attrition; realignment of teeth; gnathological recording or bite registration or bite analysis; and/or occlusal equilibration.
12. Courses of treatment which were begun prior to the Covered Person's coverage effective date and Expenses incurred after termination of coverage.
13. Appliances and/or restorations for splinting teeth.
14. Procedures, restorations or appliances for the treatment or for the prevention of temporomandibular joint dysfunction syndrome.
15. Personalization or Characterization of dentures.
16. Any dental disease, defect or injury that arises out of or in the course of any occupational incident or exposure, for which the person is entitled to benefits under applicable workers' compensation law.
17. Services or supplies for which a Covered Person is entitled (or could have been entitled if proper application had been made) to have reimbursed by or furnished by any plan, authority or law of any government, governmental agency (Federal or State, Dominion or Province or any political subdivision thereof).
18. Many dental conditions can be properly treated in more than one way. If a Covered Person chooses a more expensive course of treatment, the Plan reserves the right to provide benefits of the least expensive treatment that would adequately correct the dental condition.
19. Expenses incurred due to the patient's failure to keep a scheduled appointment.
20. Conditions resulting from insurrection, war (declared or undeclared) or any act of war and any complications therefrom, or service (past or present) in the armed forces of any country, to the extent not prohibited by law.

LIMITATIONS

This section identifies standard limitations for the Plan. Patients will be financially responsible for the dentist's usual and customary fee for any ineligible services.

1. X-rays (full-mouth and panographic): Limited to 1 set in any 24-month period
2. Prophylaxis (routine cleaning): Limited to 2 treatments in any 12-month period
3. Scaling and Root Planing: Limited to 4 quadrants in any 12-month period
4. Sealants: Limited to permanent teeth only and once every 6 months, per tooth
5. Dentures: Relining or Rebasing of dentures is covered once during any consecutive 36 month period
6. Stainless Steel Crowns: Limited to children under age 15 when a tooth cannot be restored with a filling
7. Full mouth Reconstruction: Treatment plans involving ten (10) or more crowns or units of fixed bridgework. Such treatment is considered "full mouth reconstruction" and is not covered. However, the Plan will allow for complete or partial dentures. If the Covered Person chooses, he can apply the benefit of the partial and/or complete denture toward the crown and bridge Usual, Customary & Reasonable fees.
8. Replacement of Prosthetics: Replacement of fixed or removable prosthetics is covered if the prosthetics is at least five (5) years old, no longer serviceable, and cannot be repaired.
   a. Fixed or removable prosthetics include, but are not limited to: inlay, onlay, crown, bridge, implants, and/or dentures.
9. Fixed Bridge: Fixed bridges are limited to replacement of permanent teeth for patients over the age of 16.
10. Space maintainers: Limited to prematurely lost primary teeth for patients up to age 15.

The changes included in the Dental Plan Summary are a summary of the material modifications to December 1, 2014 Pacific Dental Services, LLC Benefit Document and Summary Plan Description of the Dental Benefits, as amended.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Vision Plan Highlights (FT)

VSP
Group # 12246632
vsp.com
(800) 877-7195

Download our App!

VSP Signature Plan		
Vision Plan Highlights	**In-Network**	**Out-of-Network**
Type of Service	**Copay**	**Plan Pays**
Eye examination (Once Every 12 Months)	$10	Up to $50
Standard Lenses (Once Every 12 Months) • Single • Bifocal • Trifocal • Lenticular	 $25 Copay $25 Copay $25 Copay $25 Copay	 Up to $50 Up to $75 Up to $100 Up to $125
Frame (Once Every 24 Months)	$130 Allowance + 20% Off the Amount Over the Allowance	Up to $70
Contact Lenses (Once Every 12 Months, in Lieu of Eyeglasses) • Elective* • Necessary	 $130 Allowance Covered in Full	 Up to $105 Up to $210
Laser Vision Correction	15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	

Vision Plan Team Member Pre-Tax Contributions (Per Pay Period)	
Team Member Only	$4.34
Team Member + 1 Dependent	$6.77
Team Member + Family	$10.74

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

Life Assistance Program (FT)

New York Life
nylgbs-lap.com
(800) 538-3543

Finding work/life balance is challenging for all of us. With 's Life Assistance Program, you and your family members have private access to unlimited telephonic access and extensive web-based work/life resources. Members can call the toll-free number 24/7 to access counseling and referral services from anywhere in the U.S. This benefit is provided at no cost to you and includes:

- Three (3) Face-to-Face Visits*
- Child & Elder Care Resources
- Online Financial Calculators & Tools
- Community Resources
- Parenting Information and Resources
- Tips on Dealing with Emotions
- Help Handling Life Events or the Loss of a Loved One
- Identity Theft Victim Recovery Services

Confidential access 24/7 by calling New York Life at (800) 538-3543, or visiting www.nylgbs-lap.com. When going online, no User ID/password needed to access the site.

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Flexible Spending Accounts (FSA) (FT)

HEALTHCARE FSA

This program allows Team Members to pay for certain IRS-approved medical care expenses with pre-tax dollars. The 2023 Plan Year maximum you may contribute to the Healthcare FSA is $2,850.

- For those Team Members **who enroll** in an HSA Plan, you may participate in the Limited Healthcare FSA, which reimburses for dental, vision, and orthodontia expenses only. IRS regulations prohibit participation in a General Purpose Healthcare FSA when you are making contributions to an HSA Account.

- For those Team Members who **do not** enroll in the HSA Plan, you may participate in the General Purpose Healthcare FSA, which reimburses for medical, dental, vision, orthodontia, and pharmacy expenses.

The Benny™ Debit Card - Rather than paying out-of-pocket for qualified FSA expenses, you can use the Benny™ Debit Card where the card is accepted.

Save your Receipts - While most of your Benny™ Debit Card purchases will not require substantiation, we recommend you always save your receipts and documentation.

Health FSA Carryover: Team members may carry over up to $570 of their unused health FSA balance into the next Plan Year. Team members may use this carryover balance for claims incurred during the next Plan Year (in addition to any newly elected FSA contributions). Balances above the $570 carryover amount that are remaining from the prior Plan Year and not used to reimburse prior Plan Year expenses are forfeited. You may continue to submit claims for eligible Health FSA expenses for the current plan year during the claim run out period. For full details regarding the provisions of our plan, please review the Summary Plan Description available online.

Navia Benefits Solutions
Group # PDN
naviabenefits.com
(800) 669-3539

Download our App!

HSA Medical Plan & FSA Qualified Eligibility Chart				
Enrolled in HSA Medical Plan	**HSA**	**Limited FSA**	**General Purpose FSA**	**How to Use:**
Yes	Yes	Yes	No	**HSA** = Medical and Rx **Limited FSA** = Dental, Vision, Orthodontia
No	No	No	Yes	**General Purpose FSA** = Medical, Dental, Vision, Rx, Orthodontia

Value PPO Medical Plan & FSA Qualified Eligibility Chart				
Enrolled in Value PPO Medical Plan	**HSA**	**Limited FSA**	**General Purpose FSA**	**How to Use:**
Yes	No	No	Yes	**General Purpose FSA** = Medical, Dental, Vision, Rx, Orthodontia

We have a nice culture because we hire nice people.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com
M-F 8:00 am to 5:00 pm PST.

DEPENDENT CARE FSA

The Dependent Care FSA lets Team Members use pre-tax dollars toward qualified dependent care such as caring for children under the age of 13 or caring for elders.

The Plan Year maximum amount you may contribute to the Dependent Care FSA is $5,000 (or $2,500 if married and filing separately) per calendar year.

For a detailed listing of IRS-approved medical care and dependent care expenses please visit: www.naviabenefits.com

Under the "Use It or Lose It" Rule, you will forfeit (lose) any unused amounts that remain in your dependent care FSA after the claims run-out period for the Plan Year. Therefore, it is essential to plan ahead and decide how much to contribute to your dependent care FSA to avoid losing dollars that you do not use.

Supplemental Life / AD&D Rates (FT)

Supplemental Life and AD&D - New York Life Term Life			
Monthly Rates per $1,000	**Team Member**	**Spouse**	**Team Member Supplemental Life:** Select coverage in increments of $25,000 not to exceed $1,000,000 **Spouse Supplemental Life:** Select coverage in increments of $10,000 not to exceed $250,000 (or 100% of team member amount). **Child Supplemental Life:** $10,000. *Note: Maximum coverage for children under 6 months of age is $1,000. **To Calculate Cost Per Month & Pay Period** Amount of Coverage; Divide coverage by $1,000 (Team Member), $1,000 (Spouse) or $1,000 (Children); Multiply by rate. **Example of Team Member Coverage (Age 33):** $100,000 of Coverage (Team Member) Divide $100,000 by $1,000 = 100 Multiply 100 x 0.080 = $8 per month or $4 per pay period **Example of Spouse Coverage (Age 37):** $50,000 of Coverage (Spouse) Divide $50,000 by $1,000 = 50 Multiply 50 x 0.090 = $4.50 per month or $2.25 per pay period
Under age 25	$0.050	$0.050	
Age 25-29	$0.060	$0.060	
Age 30-34	$0.080	$0.080	
Age 35-39	$0.090	$0.090	
Age 40-44	$0.117	$0.117	
Age 45-49	$0.180	$0.180	
Age 50-54	$0.288	$0.288	
Age 55-59	$0.495	$0.495	
Age 60-64	$0.684	$0.684	
Age 65-69	$1.287	$1.287	
Age 70+	$2.079	$2.079	
Child Life Coverage Covers 1 or More Dependent Children	**Child Life Rate Per $1,000** $0.12		**Example of Child(ren) Coverage** $10,000 of Coverage Divide $10,000 by $1,000 = 10 Multiply 10 x 0.12 = $1.20 per month or $0.60 per pay period for 1 for more children
AD&D Benefit Team Member Only	**AD&D Rate per $1,000** $0.020		**Team Member Supplemental AD&D:** Select coverage in increments of $25,000, not to exceed $2,000,000 **Example of Team Member AD&D Coverage** $100,000 of Coverage Divide $100,000 by $1,000 = 100 Multiply 100 x $0.020 = $2.00 per month or $1.00 per pay period

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Voluntary Short & Long Term Disability Rates (FT)

VOLUNTARY SHORT TERM DISABILITY - NEW YORK LIFE

NEW YORK LIFE
mynylgbs.com
(800) 362-4462

New hires are provided guaranteed enrollment. Guaranteed enrollment does not mean Guaranteed Claim. **Each claim is subject to the pre-existing condition clause.** If you elect coverage at a subsequent enrollment, an approval process will apply.

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

How to Calculate Your Monthly Cost:

Step 1: Divide your annual salary by 52 to calculate your weekly earnings.
Step 2: Multiply this amount by 70%, or .70. Now, you have your gross weekly benefit.
Step 3: Use the chart above to find your Monthly rate based on age and Group. Multiply this rate by your gross weekly benefit, or the maximum gross weekly benefit, whichever is less.
Step 4: Divide the total by 10. The result is your Monthly cost.

VOLUNTARY LONG TERM DISABILITY - NEW YORK LIFE

New hires are provided guaranteed enrollment. Guaranteed enrollment does not mean Guaranteed Claim. Each claim is subject to the pre-existing condition clause. If you elect coverage at a subsequent enrollment, an approval process will apply.

Monthly Rate per $100 of monthly Covered Payroll	Rates
17-24	$0.057
25-29	$0.101
30-34	$0.260
35-39	$0.490
40-44	$0.850
45-49	$1.153
50-54	$1.326
55-59	$1.499
60-64	$1.427
65-69	$0.994
70 and over	$0.605

How to Calculate Your Monthly Cost:

Step 1: Divide your annual salary by 12 to calculate your monthly earnings.
Step 2: Use the chart to the left to find your Monthly rate based on age.
Step 3: Multiply this rate by your monthly earnings, or $10,000, whichever is less.
Step 4: Divide the total by 100. The result is your Monthly cost.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Accident Insurance Rates (FT)

Unum
Group # R0452144
unum.com
(800) 635-5597

Download
our App!

ACCIDENT INSURANCE - UNUM

Unum's Accident Insurance is designed to help covered participants meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits are paid directly to the participant based on the amount of coverage listed in the schedule of benefits. The accident base plan is guaranteed issue, so no health questions are required.

Examples of covered treatments & services:

- Burns
- Concussions
- Eye Injury
- Broken Bones
- Ruptured Disc
- Lacerations (stitches)
- Emergency Dental Work

Additional Benefit Highlights

- Sickness Hospital Confinement Benefit available
- You own the policy so you can keep it even if you leave the company or retire
- Cover yourself, your spouse or your child(ren)
- Convenient payroll deduction
- Discuss with your Concierge today!

Note: Team member must be covered to purchase spouse and/or child(ren) coverage

ACCIDENT

Semi-Monthly Rates

Team Member	Team Member + Spouse	Team Member + Child	Team Member + Spouse + Child
$9.41	$15.69	$17.84	$24.12

Spouse issue ages are 17 through 64 years. Dependent Children issue ages are newborn up to their 26th birthday or through the maximum coverage age defined in the policy.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com
M-F 8:00 am to 5:00 pm PST.

Hospital Indemnity Insurance Rates (FT)

HOSPITAL INDEMNITY - UNUM

Unum
Group # R0452144
unum.com
(800) 635-5597

Download our App!

The Unum Group Hospital Indemnity insurance plan is designed to help provide financial protection by paying you a benefit due to a hospitalization of 20 or more hours and, in some cases, for treatment received for an accident or sickness, even if treatment occurs outside the hospital.

Team members can use the benefit to meet their out-of-pocket expenses and pay the extra bills that can occur. The Indemnity lump sum payments are paid directly to the team member regardless of the actual cost of treatment.

Benefit Amount: $1,000

Additional Benefit Highlights:

- Voluntary, team member-paid benefit
- $1,000 per insured per Calendar year
- Cover yourself, your spouse and your children
- Portable - you can take this benefit with you
- No health questions asked (Guaranteed Issue) if you elect when you first become eligible
- Contact Unum for any pre-existing condition exclusions

Semi-Monthly Rates

Age Band	Team Member	Spouse	Child (Newborn up to age 26)
17 - 49	$6.09	$4.79	$2.57
50 - 59	$7.84	$7.76	
60 - 64	$11.00	$11.89	
65 +	$15.50		

Coverage Type	Examples of Costs:	Semi-Monthly Rate
Team Member, Spouse and Child	Team Member (age 47) = Spouse (age 47) = Child = Total =	$6.09 $4.79 $2.57 **$13.45**
Team Member and Spouse	Team Member (age 47) = Spouse (age 52) = Total =	$6.09 $7.76 **$13.85**

Spouse issue ages are 17 through 64 years. Dependent Children issue ages are newborn up to their 26th birthday or through the maximum coverage age defined in the policy.

We attract great people by creating an environment great people want to be a part of.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Critical Illness Insurance Rates (FT)

Unum
Group # R0452144
unum.com
(800) 635-5597

Download our App!

CRITICAL ILLNESS - UNUM

Unum's Critical Illness Insurance is designed to help participants offset the financial effects of a catastrophic illness with a lump sum benefit if an insured is diagnosed with a covered critical illness. The Critical Illness benefit is based on the amount of coverage in effect on the date of diagnosis of a critical illness or the date treatment is received according to the terms and provisions of the policy.

Examples of covered diagnoses include:

• Stroke • Coma • Paralysis • Cancer • Heart Attack • Brain Injury

Additional Benefit Highlights:

- Preventative Mammogram Benefit of up to $200 per year
- Wellness Benefit of $75 for each family member
- You own the policy so you can keep it even if you leave the company or retire
- Cover yourself and your spouse **(Note: Team member must be covered to purchase spouse coverage; children are automatically covered at 25% of the team member benefit amount.)**
- Team member must be covered
- Convenient payroll deduction

Monthly Rates per $1000

Issue Ages	Non-Tobacco User	Tobacco User
< 25	$0.59	$0.90
25 - 29	$0.65	$1.08
30 - 34	$0.85	$1.52
35 - 39	$1.16	$2.23
40 - 44	$1.64	$3.27
45 - 49	$2.26	$4.53
50 - 54	$2.98	$6.04
55 - 59	$3.92	$7.69
60 - 64	$5.02	$9.22
65 - 69	$5.65	$9.61
70 +	$10.13	$15.48

Plus Monthly Rate for Mammography Benefit	
Team Member	$3.75
Spouse	$3.75

Plus Monthly Rate for Wellness Benefit	
Team Member	$1.74
Spouse	$1.74

The rate for the Wellness & Mammogram Benefit must be added as Team Members do not have the option to opt out of these riders.

Examples of Calculating Team Member Cost (non-tobacco user)

Age	Benefit Amount		Unit Price		Rate per Unit	Base Cost	Plus	Wellness Benefit		Mammography Benefit		Monthly Cost	Semi-Monthly Cost
40	$10,000.00	/	1,000	X	$1.64	= $16.40	+	$1.74	+	$3.75	=	$21.89	$10.95
50	$20,000.00	/	1,000	X	$2.98	= $59.60	+	$1.74	+	$3.75	=	$65.09	$32.55
60	$30,000.00	/	1,000	X	$5.02	= $150.60	+	$1.74	+	$3.75	=	$156.09	$78.05

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Spouse issue ages are 17 through 64 years. Dependent Children issue ages are newborn up to their 26th birthday or through the maximum coverage age defined in the policy.

Auto, Home, Pet and Prepaid Legal Rates (FT & PT)

METLIFE AUTO AND HOME

MetLife can help you find affordable solutions to meet your unique auto and home insurance needs. Because PDS has arranged to offer team members this program as a benefit, MetLife is able to provide discounts because you are part of a participating group. Once enrolled, PDS will take payroll deduction as your payment method - making it easy and convenient. To get a home quote, call a MetLife representative at 1-800-GETMET8 (1-800-438-6388).

PET INSURANCE OFFERED BY METLIFE

Now more than ever, pets are playing a significant role in our lives and it's even more important to keep them safe and healthy. Help make sure your furry family members are covered in case of an accident or illness. MetLife Pet Insurance provides a product with a simple and straightforward pricing structure, flexible coverage and the caring and passionate service you expect from MetLife. To get a pet insurance quote, call a MetLife representative at 1-800-GETMET8 (1-800-438-6388).

TELEPHONE AND OFFICE CONSULTATIONS

MetLaw provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action.

THE METLIFE VOLUNTARY LEGAL PLAN

For more information visit: www.pacden.alliant-connect.com or www.legalplans.com; enter password 609/0673 or MetLaw.

Monthly Cost: $18.00
Semi-Monthly Cost: $9.00

LEGAL REPRESENTATION

Trials for covered legal matters are covered from beginning to end, regardless of length, when using a network attorney.

- Estate Planning
- Financial Matters
- Real Estate Matters
- Elder Law
- Juvenile Court Defense
- Consumer Protection
- Defense Against Civil Lawsuits

MetLife
metlife.com/mybenefits
(800) 821-6400

Download our App!

Serving together helps to preserve the really good qualities that make up our culture.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

401(K) Retirement Plan (FT & PT)

Plan Name:
Pacific Dental Services, LLC 401(k) Plan
Netbenefits.com
(800) 835-5095

401(K) Match Examples					
MAXIMUM MATCH OF $1,500 ANNUALLY					
Gross Earnings (Semi Monthly)	Election %	Your Deposit	PDS Match (Up to 6%)	Match Calculator	**Total Match**
$1,600.00	3%	$48.00	3% = $48.00	$48.00*.33= $15.84	$15.84
$1,600.00	6%	$96.00	6% =$96.00	$96.00*.33= $31.68	$31.68
$1,600.00	9%	$144.00	6% =$96.00	$96.00*.33= $31.68	$31.68

You MUST contact Fidelity to make changes.

Eligibility:

Team member eligibility date is the first of the month after completing 1 month of employment. Eligible team members may defer up to 80% of their compensation on a pre-tax 401(k) or after-tax Roth basis. If you do not make an election, you are automatically enrolled at 4% pre-tax. If you prefer to make after-tax Roth deferrals, you must contact Fidelity and make an election.

Match:

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

Pre-tax rollovers from other plans are allowed. Effective January 1, 2020, rollovers of Roth are allowed from other plans. Rollovers of Roth IRAs or IRAs to which you made non-deductible contributions are not allowed.

Team Member contributions are always 100% vested. Any matching contributions are subject to the schedule below.

A year of service for vesting means that you worked 1,000 hours or more of service during a calendar year.

The 2023 annual deferral limit, set by the IRS, is $22,000. This limit is a combination of any 401(k) and/or Roth deferrals that you make. If you will be age 50 or older by December 31, 2023, you may make an additional "catch-up" contribution of up to $7,500. Please visit www.irs.gov for updated yearly deferral limits.

Vesting Schedule (assumes max match received each year)					
Example					
Years of Service	**% Vested**		**Match Amount**		**Vested**
After 1 year	0%	X	$1,500.00	=	$0.00
After 2 year	20%	X	$3,000.00	=	$600.00
After 3 year	40%	X	$4,500.00	=	$1,800.00
After 4 year	60%	X	$6,000.00	=	$3,600.00
After 5 year	80%	X	$7,500.00	=	$6,000.00
After 6 year	100%	X	$9,000.00	=	$9,000.00

Investment:

Obtain information about the investment options by accessing your account via Fidelity's website www.netbenefits.com, or by contacting Brenda Tarjan or Michael Coelho of Sageview Advisory Group.

Please contact Sageview Advisory Group at (800) 814-8742 for the following:

- Enrollment guidance
- Assistance with your investment options
- Assistance with rollover contributions

Distributions:

You may withdraw funds in the event of termination of employment, retirement (age 65), death or permanent disability. In-service withdrawals are available if you have attained age 59 1/2 or have a qualified financial hardship (restrictions apply). You may withdraw all or a portion of any Team Member Rollover Contribution account at any time. To request a withdrawal, please contact Fidelity Toll Free at (800) 835-5095.
You may borrow up to 50% of your vested account balance. The minimum loan available is $1,000.

Repayment is made through payroll deduction at a fixed interest rate of the Prime Rate plus one percent as determined at the time of the loan. The maximum term of the loan is four years unless the proceeds are used to purchase a principal residence. The maximum term of a loan to purchase a principal residence is 15 years.

To request a loan, please contact Fidelity Toll Free at (800) 835-5095 or access your account via their website at www.netbenefits.com.

Information:

You can visit Fidelity's website at www.netbenefits.com to find out your current account balance, obtain information on the investment options, including monthly performance and daily share price, and change your investment options. You will receive enrollment information at your home when you first become eligible. You may enroll by visiting www.netbenefits.com or calling Fidelity Toll Free at (800) 835-5095.

New Hire 401(k) Education Meetings: Sageview Advisory Group hosts monthly education live webinars on the last Thursday of each month at 8:30am PST. All Team Members who are not currently participating in the 401(k) are welcome to join these meetings. To participate, visit the PDS Intranet and follow the registration instructions noted in the flyer. This call will educate members on the features and benefits of your 401(k) plan and how a 401(k) works.

401(K) Automatic Contribution Notice

Pacific Dental Services, LLC 401(k) Plan
Eligible automatic contribution notice including qualifed default investment for the 2022 plan year
This notice contains important information regarding your participation in the plan

Automatic contributions (deferrals) and right to elect.
This notice advises you of certain rights and obligations you have under the Plan. The Plan includes a feature known as an Eligible Automatic Contribution Arrangement ("EACA"). Under the EACA provisions of the Plan, the Employer will automatically withhold a portion of your compensation from your pay each payroll period and contribute that amount to the Plan as a pre-tax 401(k) deferral. If you wish to defer the automatic deferral amount (which is described below), you do not need to make a deferral election. However, you have the right to elect not to have the automatic deferrals withheld, and you have the right to elect to defer a different percentage of your compensation (including zero). If you do not wish to defer any of your compensation, or you wish to defer an amount of compensation different from (either more or less) the automatic deferral amount, then you may elect within a reasonable time after receipt of this notice, and before the first automatic deferral to which this notice applies, to defer a different amount of your compensation (including zero). Your election will be effective as soon as the Plan Administrator reasonably can implement your election after receipt. Your election will remain in effect unless and until you change it.

Application of automatic deferral provisions.
The automatic deferral provisions will apply to Team members who become Participants on or after January 1, 2019.

Automatic deferral amount. The automatic deferral amount is 4 % of your compensation for each pay period. The deferral amount will increase January 1 of each future year by 1%of compensation per year up to a maximum of 10%.

Limited right to withdraw automatic deferrals. If your Employer automatically enrolled you and you did not want to participate in the Plan, you may elect to have the Plan distribute to you all of your prior automatic deferrals (adjusted for any earning or losses). You may make this election on the form provided to you by the Plan Administrator. You must make this election no later than 90 days after the first automatic deferral is taken from your compensation. If you elect to withdraw your automatic deferrals, then the entire amount will be subject to income taxes, but you will not be subject to the 10% premature distribution penalty tax, even if you receive the distribution prior to age 59-1/2. Also, if you withdraw your prior automatic deferrals, then you will forfeit any matching contributions related to those deferrals. If you take out automatic contributions, then the Employer will treat you as having chosen to make no further deferrals until you subsequently complete a salary deferral agreement.

Right to direct investment/default investment. You have the right to direct the investment of your directed accounts in any of the investment choices explained in the investment information materials provided to you. We encourage you to make an investment election to ensure that amounts in the Plan are invested in accordance with your long-term investment and retirement plans. However, if you do not make an investment election, then the amounts that you could have elected to invest will be invested in a default investment that the Plan officials have selected.

Description of default investment:

- **Name of Investment:** Vanguard Target Retirement Series: Vanguard Target Retirement 2065 Fund (VSXFX); Vanguard Target Retirement 2060 Fund (VILVX); Vanguard Target Retirement 2055 Fund (VIVLX); Vanguard Target Retirement 2050 Fund (VTRLX); Vanguard Target Retirement 2045 Fund (VITLX); Vanguard Target Retirement 2040 Fund (VIRSX); Vanguard Target Retirement 2035 Fund (VITFX); Vanguard Target Retirement 2030 Fund (VTTWX); Vanguard Target Retirement 2025 Fund (VRIVX); Vanguard Target Retirement 2020 Fund (VITWX); Vanguard Target Retirement 2015 Fund (VITVX); Vanguard Target Retirement Income Fund (VITRX). A specific fund is chosen for you based upon your target retirement date.

- **Investment objectives:** Each fund in this series is designed for investors who plan to retire in, or close to, the year designated in the fund's name. Depending on the proximity to its target date, each fund will seek to achieve the following objectives to varying degrees: growth, income and conservation of capital. As it approaches and passes its target date, each fund will increasingly emphasize income and conservation of capital by investing a greater portion of its assets in bond, equity income and balanced funds. For example, the 2060 Fund, a fund with more years before its target date, will emphasize more growth than a fund closer to its target date, such as the 2020 Fund. In this way, each fund seeks to balance total return and stability over time. Each fund represents a single actively managed investment portfolio that will help you build your retirement savings as well as help meet your income needs after you retire and begin taking withdrawals.

- **Risk and return characteristics:** Investments in each fund are subject to the potential risk that the fund's allocation strategy may not meet the investor's retirement goals. For investors who are close to, or in, retirement, each fund's equity exposure may result in investment volatility that could reduce an investor's available retirement assets at a time when the investor may need to withdraw the funds. For investors who are farther from retirement, there is a risk that a target date fund's allocation may over-emphasize investments designed to ensure capital conservation and current income, which may prevent the investor from achieving his or her retirement goals.
- **Fees and expenses:** As of June 30, 2022, the Funds' average weighted expense ratio was approximately 0.16% (significantly lower than the industry average).

Right to alternative investment. If the Plan invests some of all of your directed accounts in the default investment, then you have the continuing right to direct the investment of your directed accounts in one or more of the other investment choices available to you as explained above at any time.

Where to go for further investment information. You can obtain further investment information about the Plan's investment alternatives and the procedures for changing your Plan investments by contacting the Plan Administrator.

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact Fidelity at (800) 835-5095 or www.netbenefits.com.

PDS® Benefits Eligibility – Affordable Care Act Compliance Policy—EFFECTIVE 1/1/22

This Policy is a component benefit document maintained by PDS® and its supported offices to determine benefits eligibility of certain Team Members for the medical coverages offered by PDS® and its supported offices. Contact the Benefits Department at 714-845-8500 if you have any questions about this Policy. A copy of this Policy is available at www.pdsconnect.com>Human Resources>ACA Information Center, and a hard copy will be provided to you free of charge upon request.

OVERVIEW

Under the Affordable Care Act (ACA), "applicable large employers" are required to offer affordable medical coverage providing minimum value to Team Members who qualify as "full-time employees", as well as their eligible dependents. PDS® and its supported offices offer medical coverage to all Benefits Eligible Team Members (defined below) in compliance with the ACA.

INITIAL ELIGIBILITY – NEW HIRE TEAM MEMBERS AND THEIR ELIGIBLE DEPENDENTS

Your initial eligibility for medical coverage is determined upon hire. If you are Benefits Eligible, you must enroll online by the deadline date identified in the benefits enrollment guide provided to you with your offer letter or at Open Enrollment. If you do not enroll by your deadline date, you might not have an opportunity to enroll in the medical coverage until the next Open Enrollment or within 30 days following a qualified life event. Eligibility definitions to be aware of include:

- **Full-Time (FT) status.** "Full Time" means that you are regularly scheduled to work at least 30 hours per week. If you have Full Time status, you are eligible for medical coverage at hire ("Benefits Eligible"). Benefits Eligible Team Members include Regular Full Time positions. In addition, effective August 1, 2019, Temporary (In House) Full Time positions are eligible for the medical coverage (except they are not eligible for flexible spending account benefits). Your medical coverage begins on the first of the month following 30 days of active employment in your Full Time status.
- **Part-Time (PT) or Variable-Hour status.** "Part Time" means that you are regularly scheduled to work fewer than 30 hours per week. "Variable-Hour" means that it is not known at your date of hire whether you will work on a Full Time or Part Time basis. Part Time and Variable-Hour Team Members are not eligible for medical coverage ("Non-Benefits Eligible") unless they work sufficient hours to be considered Full Time under the "Initial Eligibility Measurement" section below. **NonBenefits Eligible TMs include those classified as Temporary (In House) Part Time, On-Call, Trial, and Interns.**
- **Eligible Dependents.** A Benefits Eligible Team Member's legal spouse or registered domestic partner, as well as children up to the age of 26, are eligible to be covered as dependents. Intentionally enrolling individuals who are not eligible could lead to retroactive termination of coverage, loss of eligibility for all family members, and other disciplinary actions.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

INITIAL ELIGIBILITY MEASUREMENT

If you are hired in a Part Time or Variable-Hour position, you are Non-Benefits Eligible unless you average at least 120 hours per month over a 12-month Initial Measurement Period that begins no later than the first day of the calendar month following your date of hire. If so, you will be Benefits Eligible for medical coverage for at least 12 months during an Initial Stability Period. Key components related to Initial Eligibility Measurement include:

- A 12-month Initial Measurement Period during which a Part Time or Variable-Hour Team Member's hours are calculated to determine eligibility for medical coverage during the following Initial Stability Period.
- A 1-month Initial Administrative Period beginning immediately after the Initial Measurement Period and ending immediately before the Initial Stability Period, during which an offer of medical coverage is made to a Part Time or Variable-Hour Team Member who is Benefits Eligible.
- A 12-month Initial Stability Period during which medical coverage if elected (or ineligibility for medical coverage) remains in place, even if the Part Time or Variable-Hour Team Member experiences a change in scheduled hours. See the "**How Changes in Status Affect Benefits Eligibility**" section below for more information about eligibility following an employment status change.

ONGOING ELIGIBILITY MEASUREMENT

Team Members in Part Time or Variable-Hour positions who have completed at least one Standard Measurement Period (defined below) are "Existing Team Members." An Existing Team Member's continued eligibility for medical coverage will be determined under the Ongoing Eligibility Measurement as prescribed by applicable regulations under the ACA. If you average at least 120 hours per month over the Standard Measurement Period, you will maintain medical coverage, or be eligible to sign-up for medical coverage if not previously eligible, for at least 12 months during the Standard Stability Period associated with that Standard Measurement Period (per the chart below). Key components related to Ongoing Eligibility Measurement include:

- A Standard Measurement Period during which a Part Time or Variable-Hour Team Member's hours are calculated to determine eligibility for medical coverage during the following Standard Stability Period.
- A Standard Administrative Period beginning immediately after the Standard Measurement Period and ending immediately before the Standard Stability Period, during which an offer of medical coverage is made to a Part Time or Variable-Hour Team Member who is Benefits Eligible (or notice of removal of medical coverage is made, if Non-Benefits Eligible).
- A Standard Stability Period during which medical coverage if elected (or the loss of or ineligibility for medical coverage) remains in place, even if the Part Time or Variable-Hour Team Member experiences a change in scheduled hours. See the "**How Changes in Status Affect Benefits Eligibility**" section below for more information about eligibility following an employment status change.

Standard Measurement Period (12 mos.)	Standard Administrative Period (2 mos.)	Standard Stability Period (12 mos.)
Oct 7, 2018 - Oct 6, 2019	Oct 7, 2019 - Dec 31, 2019	Jan 1, 2020 - Dec 31, 2020
Oct 7, 2019 - Oct 6, 2020	Oct 7, 2020 - Dec 31, 2020	Jan 1, 2022 - Dec 31, 2022
Oct 7, 2020 - Oct 6, 2022	Oct 7, 2022 - Dec 31, 2022	Jan 1, 2023 - Dec 31, 2023
Oct 7, 2022 - Oct 6, 2023	Oct 7, 2023 - Dec 31, 2023	Jan 1, 2023 - Dec 31, 2023

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Loss of Benefits Eligibility for Medical Coverage

A Part Time or Variable-Hour Team Member's eligibility for medical coverage will end on the last day of the month of the current Standard Stability Period if they do not meet the hours requirement to be eligible for medical coverage for the next Standard Stability Period (or if coverage protection has been exhausted while on qualified time away). If you are entitled to COBRA continuation coverage, a COBRA notice will be sent to your mailing address outlining what options are available. You can also shop for medical coverage at your state marketplace for the most affordable option for you and your family.

Crediting Hours and Protecting Coverage While on Qualified Time Away or Other Leave of Absence

If a Part Time or Variable-Hour Team Member was on a continuous leave of absence during any Standard Measurement Period, their hours may be adjusted, or their coverage protected. To be eligible for adjusted hours or coverage protection, you must meet the following criteria:

- You were on an approved, continuous leave of absence during part or all of the Standard Measurement Period, or
- You were enrolled in and eligible for medical coverage in the month that you started your leave.

HOW CHANGES IN STATUS AFFECT BENEFITS ELIGIBILITY

This section discusses how a **change in status** can affect benefits eligibility for both New Hire and Existing Team Members.

New Hire Team Members

(PT/Variable-Hour to FT): If a New Hire Team Member in a Part Time or Variable-Hour position changes status to a Full Time position in which they are reasonably expected to be regularly scheduled to work at least 30 hours a week (or 120 hours per month), they become Benefits Eligible due to the status change. They must affirmatively enroll in medical coverage. Medical coverage will be effective the first day of the month coinciding with or following 30 days of active employment as a Benefits Eligible Team Member.

(FT to PT/Variable-Hour): If a New Hire Team Member changes status from a Full Time position to a Part Time or Variable-Hour position in which they are not reasonably expected to be regularly scheduled to work at least 30 hours a week (or 120 hours per month), the following rules apply:

- The Team Member remains Benefits Eligible until the end of the Standard Stability Period in which the change in status occurs.
- If the Team Member does not work at least 120 hours per month in the Standard Measurement Period in which the change in status occurs, they will be Non-Benefits-Eligible during the following Standard Stability Period associated with that Standard Measurement Period. Medical coverage will end on the last day of the current Standard Stability Period.
- If the Team Member works at least 120 hours per month in the Standard Measurement Period in which the change in status occurs, they will be Benefits Eligible during the Standard Stability Period associated with that Standard Measurement Period. They must affirmatively enroll in medical coverage. Medical coverage will be effective on the first day of that Standard Stability Period.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Existing Team Members

(PT/Variable-Hour to FT): If an Existing Team Member in a Part Time or Variable-Hour position changes status to a Full Time position in which they are reasonably expected to be regularly scheduled to work at least 30 hours a week (or 120 hours per month), they become Benefits Eligible due to the status change. They must affirmatively enroll in medical coverage. Medical coverage will be effective on the earlier of:

- The first day of the month coinciding with or following 30 days of active employment as a Benefits Eligible Team Member; or
- If the Team Member worked at least 120 hours per month during the entire Standard Measurement Period, the first day of the next Standard Stability Period.

(FT to PT/Variable-Hour): If an Existing Team Member in a Full-Time position changes status to a Part Time or Variable-Hour position in which they are not reasonably expected to be regularly scheduled to work at least 30 hours a week (or 120 hours per month), the following rules apply:

- The Team Member remains Benefits Eligible until the end of the Standard Stability Period in which the change in status occurs.
- If the Team Member does not work at least 120 hours per month in the Standard Measurement Period in which the change in status occurs, they will be Non-Benefits-Eligible during the following Standard Stability Period associated with that Standard Measurement Period. Medical coverage will end on the last day of the current Standard Stability Period.
- If the Team Member works at least 120 hours per month in the Standard Measurement Period in which the change in status occurs, they will be Benefits Eligible during the Standard Stability Period associated with that Standard Measurement Period. They must affirmatively enroll in medical coverage. Medical benefits will be effective on the first day of that Standard Stability Period.

Even as the healthcare climate continues to change, our commitment to you remains as strong as ever.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Stability Period	Status Change during Stability Period	Benefit Effective Date
Jan 1, 2020 - Dec 31, 2020	FT to PT	Remains Benefits Eligible until Dec 31, 2020
	PT to FT	Medical coverage offered effective the first day of the month coinciding with or following 30 days of active employment as Benefits Eligible Team Member
Jan 1, 2022 - Dec 31, 2022	FT to PT	Remains Benefits Eligible until Dec 31, 2022
	PT to FT	Medical coverage offered effective the first day of the month coinciding with or following 30 days of active employment as Benefits Eligible Team Member
Jan 1, 2023 - Dec 31, 2023	FT to PT	Remains Benefits Eligible until Dec 31, 2023
	PT to FT	Medical coverage offered effective the first day of the month coinciding with or following 30 days of active employment as Benefits Eligible Team Member
Jan 1, 2023 - Dec 31, 2023	FT to PT	Remains Benefits Eligible until Dec 31, 2023
	PT to FT	Medical coverage offered effective the first day of the month coinciding with or following 30 days of active employment as Benefits Eligible Team Member

Benefits Available:

Status	Benefits Options Available
Benefits Eligible or FT (at least 120 hours per month)	Medical coverage, plus 401k, dental, auto/home, pet, and legal
Non-Benefits Eligible or PT (less than 120 hours per month)	401k, dental, auto/home, pet, and legal only

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Required Federal Notices

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their rights to mastectomy benefits under the plan. Participants and beneficiaries have rights for coverage to be provided in a manner determined in consultation with the attending Physician for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the same deductible and copayments applicable to other medical and surgical procedures provided under this plan. You can contact your health plan's Member Services for more information.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NMHPA) DISCLOSURE REQUIREMENT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF AVAILABILITY OF ALTERNATIVES FOR HEALTH-CONTINGENT WELLNESS PROGRAMS

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all team members. 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 Human Resources 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.

MICHELLE'S LAW NOTICE — EXTENDED DEPENDENT MEDICAL COVERAGE DURING STUDENT MEDICAL LEAVES

The health plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, please call as soon as the need for the leave is recognized to Employer. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

NOTICE OF AVAILABILITY OF HIPAA PRIVACY NOTICE

The Federal Health Insurance Portability and Accountability Act (HIPAA) requires that we periodically remind you of your right to receive a copy of the HIPAA Notice of Privacy Practices applicable to the self-insured group health benefits provided under the Plan (dental, health flexible spending account, and certain wellness benefits). You can obtain a copy of this Notice at the People Services intranet webpage. You also have a right to request a paper copy of this Notice by contacting the People Services Department. For a copy of a HIPAA privacy notice for a fully-insured group health benefit under the Plan, you can contact the insurance carrier directly.

NOTICE OF AVAILABILITY OF SBCS

Your plan offers a choice of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. If you are not clear about any of the bolded terms used in the SBC, you can view the glossary at www.cciio.cms.gov, or by calling the carrier at the number on your ID Card. Copies of SBC's can be found on PDS Connect or by contacting a Benefits Advocate at: (877)536-8693 or pdsbenefits@lockton.com.

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

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, 2022. Contact your State for more information on eligibility.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com
M-F 8:00 am to 5:00 pm PST.

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ARKANSAS – Medicaid	**CALIFORNIA - Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://myarhipp.com Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
Website: Medicaid https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
IOWA - Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https:dhs.iowa.gov/ime/members Hawki Website: http://dhs.iowa.gov/hawki Medicaid Phone: 1-800-338-8366	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	

We create opportunities for people to experience service.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

MASSACHUSETTS – Medicaid and CHIP	MINNESOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	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
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON - Medicaid and CHIP	**PENNSYLVANIA – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
RHODE ISLAND - Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347 or 401-462-0311 (Direct Rite Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com
M-F 8:00 am to 5:00 pm PST.

SOUTH DAKOTA - Medicaid	TEXAS – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
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	Website: http://www.hca.wa.gov Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531	

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration Centers
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Important Notice About Your Prescription Drug Coverage And Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Washington Dental Corporation, PC. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Washington Dental Corporation, PC has determined that the prescription drug coverage offered by Anthem Blue Cross is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you do decide to join a Medicare drug plan and drop your current Washington Dental Corporation, PC prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

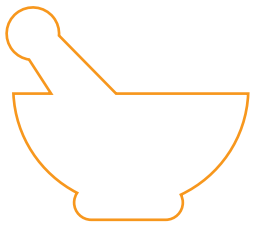
Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

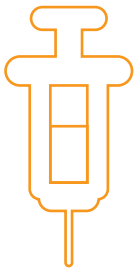
When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Washington Dental Corporation, PC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com
M-F 8:00 am to 5:00 pm PST.





For More Information About This Notice Or Your Current Prescription Drug Coverage:
Contact the person listed below for further information. You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Washington Dental Corporation, PC changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
Visit www.medicare.gov.
Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1 -800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	December 1, 2022
Name of Entity:	Washington Dental Corporation, PC
Contact:	Benefits
Address:	17000 Red Hill Avenue, Irvine, CA 92614
Phone Number:	(714) 845-8500

We create opportunities for people to experience service.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Notice of Special Enrollment Rights in PDS Group Insurance Arrangement and Welfare Benefits Plan

Our records indicate that you are potentially eligible to participate in the PDS Group Insurance Arrangement and Welfare Benefits Plan (the "Plan"). A federal law called HIPAA requires that we notify you about a very important provision in the Plan. The provision is your right to enroll in the Plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this Plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

I. Special Enrollment Provision

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this Plan, you may be able to enroll yourself and your dependents in this Plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the Plan's special enrollment provisions, contact a Benefits Advocate at: (877) 536-8693 or pdsbenefits@lockton.com

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com
M-F 8:00 am to 5:00 pm PST.

Important Contact Information

General Inquiries & Mid-Year Qualifying Events	
Provider:	PDS Benefits Advocate
Group Plan Number:	Pacific Dental Services
Member Services:	(877) 536-8693
Email:	pdsbenefits@lockton.com

Medical	
Provider:	Anthem Blue Cross
Group Plan Number:	CDHP HSA & Value PPO
Member Services:	(877) 310-0522
Website:	www.anthem.com/ca

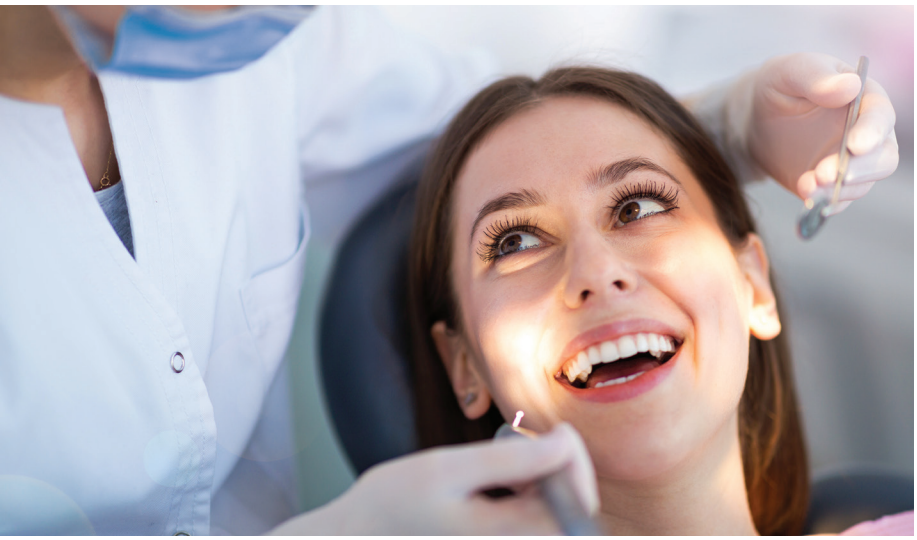
LiveHealth Online	
Website:	www.livehealthonline.com
Customer Support:	(855) 603-7985

Dental	
Provider:	Pacific Dental Services
Member Services:	(877) 536-8693
E-mail:	Benefits Advocate

Vision	
Provider:	Vision Service Plan
Group Plan Number:	12246632
Member Services:	(800) 877-7195
Website:	www.vsp.com

Health Savings Account	
Provider:	HealthEquity
Member Services:	(866) 346-5800
Website:	www.healthequity.com/pds

Flexible Spending Account	
Provider:	Navia Benefits Solutions
Group Plan Number:	PDN
Member Services:	(800) 669-3539
Website:	www.naviabenefits.com



To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Life Insurance and AD&D	
Provider:	New York Life
Member Services:	(800) 362-4462
Website:	www.mynylgbs.com

Disability Insurance	
Provider:	New York Life
Member Services:	(800) 362-4462
Website:	www.mynylgbs.com

Retirement - Advisors	
Provider:	Sageview Advisory Group
Group Plan Name:	Pacific Dental Services
Member Services:	(800) 814-8742 Brenda Tarjan or Michael Coelho

Retirement – 401(k)	
Provider:	Fidelity
Group Plan Name:	Pacific Dental Services
Member Services:	(800) 835-5095
Website:	www.netbenefits.com

Life Assistance Program	
Provider:	New York Life
Member Services:	(800) 538-3543, Option 3
Website:	www.nylgbs-lap.com

Hospital Indemnity Plan	
Provider:	Unum
Group Plan Number:	R0452144
Member Services:	(800) 635-5597
Website:	www.unum.com

Critical Illness & Accident Insurance	
Provider:	Unum
Group Plan Number:	R0452144
Member Services:	(800) 635-5597
Website:	www.unum.com

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Auto/Home/Pet/Legal Insurance	
Provider:	MetLife
Company Code:	Pacific Dental Services; use code A70 for auto quotes
Member Services:	(800) 438-6388
MetLaw Member Services:	(800) 821-6400
Website:	www.metlife.com/mybenefits

Travel Assistance	
Provider:	Europe Assistance USA
Member Services:	(866) 295-4890 US & Canada
Member Services:	(202) 296-7482 All Other Locations
Email:	ops@europassistance-usa.com

Back-Up Care Program	
Provider:	Bright Horizons
Member Services:	(877) 242-2737
Website:	http://backup.brighthorizons.com Username: PDSCares; Password: Smile4fam You will be prompted to change your user-name and password after initial login.

Health Club	
Provider:	LA Fitness
To Register:	Visit the Team Member Discount Page to register online
Member Services:	(800) 523-4863
Website:	www.lafitness.com

Anthem Gym & Other Discounts
Go to: www.anthem.com/ca
1. Click Discounts (under Care button)
2. Click on Global Fit
3. This will redirect you to the GymNetwork 360 site.
4. All Anthem members are able to use this site after registration
5. Gyms are based on location through GlobalFit.
Once logged in, Team Members will get a list of gyms that offer discounts in your area.

Verizon Wireless
Visit the Team Member Discount Page for more information.

FamilyLife Weekend to Remember	
Member Services:	(800) 358-6329 x2
To Register:	Contact Benefits
Website:	http://www.familylife.com/pds

We create opportunities for people to experience service.

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

HOW DOES PDS® GIVE BACK?

Pacific Dental Services® believes that the way we do business is as critical as whether business isgood or bad. Our “We Serve” culture is embodied in three “Ds.”

The first “D” is donated dentistry. Every year, the PDS® family comes together for Smile Generation® Serve Day. Smile Generation Serve Day is an opportunity for Smile Generation- trusted offices to be a force for good. The offices provide donated dental care to underserved patients in their communities. Team members also support Smile Generation Serve Day by serving their communities in other ways; through beach clean-ups and food banks, to name a few. All throughout the year, we encourage PDS®-supported offices to donate their time and expertise to patients who cannot otherwise afford treatment. PDS® also provides multiple opportunities each year for clinicians and team members to travel together to Guatemala with the PDS® Foundation to volunteer their services to provide access to care to those who are vastly underserved.

The second “D” is for donate. Offices are empowered to host local drives for patient donations in their communities. Offices partner with charitable organizations in their community to organize these drives. Additionally, each spring, PDS® partners with charity: water, a non-profit organization that provides drinking water to people in developing nations, to host an in-office fundraising campaign. All donations collected go directly to building wells and providing clean drinking water to people in Uganda. PDS® also partners with the PDS® Foundation each fall to host an in-office fundraising campaign during which all donations collected go directly to their work in Special Needs Dentistry.

The final “D” is do something. PDS® team members and supported clinicians are active in their communities and serve them in a variety of ways. PDS® team members receive eight hours of paid volunteer time each year that they are encouraged to use during regular working hours. At PDS®, we believe extraordinary performance deserves to be celebrated. Each year the annual Region of the Year winner, in partnership with the national non-profit, KaBOOM!, builds a playground in underserved communities. In less than 24 hours, PDS® team members help transform vacant lots into safe places for children to play.

Eight Hours of Paid Volunteer Time

We know you’re busy, so the purpose of the eight hours is to help you reach your volunteer goals by offering paid time during your work week to serve. You can serve by yourself or through other regional team events. You can even break them up and use them two hours at a time. Your paid volunteer time is not to lead you into overtime and is to be used for events outside of Smile Generation Serve Day and KABOOM! playground builds. For more information visit the We Serve Center in People Services Center.

We Serve Center

Whether you choose to donate your time by registering for volunteer events or give financially by enrolling in payroll deductions, you’ll find opportunities to support numerous non-profits by visiting the We Serve Center.

Learn more.

THE PACIFIC DENTAL SERVICES® FOUNDATION

The PDS® Foundation is a 501(c)(3) charitable organization whose mission is to improve overall health by improving oral health, through opportunities to serve locally, nationally, and internationally with a vision of a world where everyone has a heart to serve and a home for oral health. The PDS® Foundation has three key programs:

Special Needs Dentistry

The PDS® Foundation is leading the charge to make oral health more accessible to people with special needs. While providing training to dental professionals and advocating for the special needs community, we saw the need to increase access to oral healthcare and responded to this need by opening the first PDS® Foundation Dentists for Special Needs office. The office provides immediate dental care for people with special needs and is helping make proper oral health achievable for patients between visits.

International Trips

The PDS® Foundation opened a clinic in Xenacoj, Guatemala in 2015. Since then, PDS® team members and supported clinicians travel to Guatemala several times a year to serve donated dentistry.

Dr. Carolyn Ghazal Dental Assistant Scholarship

The Dr. Carolyn Ghazal Dental Assistant Scholarship named after Dr. Carolyn Ghazal and her heart for service, the scholarship aims to elevate the dental assistant profession and help eliminate financial barriers through providing educational support and mentorship opportunities to students passionate about the dental field and serving others, creating the next generation of servant hearted industry leaders.

How can you help?

One of the greatest ways you can support the PDS® Foundation is through our charitable contributions campaign. This campaign allows PDS® team members to enroll in a bi-weekly charitable donation. PDS® Foundation donors can establish their donation amount and input how they would like the donation to be utilized. Visit the We Serve Center in People Services Center to enroll. Deductions are automatic and can be terminated at any time. You can also donate directly on our website, www.PDSFoundation.org or contact PDS® Foundation about partnership opportunities at PDSFoundation@pacden.com or call (714) 845-8745.

NOTES:

To enroll in benefits refer to page 3. If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

To enroll in benefits refer to page 3.
If you have questions regarding the enrollment process, or for questions regarding your specific benefits, contact a Benefits Advocate at (877) 536-8693 or pdsbenefits@lockton.com M-F 8:00 am to 5:00 pm PST.

Washington Dental Corporation, P.C.
c/o17000 Red Hill Avenue
Irvine, CA 92614
(714) 845-8500