Team Member Benefits Guide

Plan Year: 01/01/2026 – 12/31/2026

Provided to you by:

HAUSER

What's Inside?

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

Scan to access the benefits site!

SCAN ME

Important Resources

Carriers

Contact Name	Contact Information
Medical **United Healthcare (UHC)**	Phone: 1 (855) 213-6748 Website: www.uhc.com
Dental **MetLife**	Phone: 1 (800) 942-0854 Website: www.metlife.com
Vision **EyeMed**	Phone: 1 (866) 939-3633 Website: www.eyemed.com
Life and AD&D **MetLife**	Phone: 1 (866) 492-6983 Website: www.metlife.com
Disability **MetLife**	Phone: 1 (800) 300-4296 Website: www.metlife.com
Health Savings Account (HSA) **Paylocity**	Phone: 1 (800) 631-3539 Website: www.bat.paylocity.com
Employee Assistance Program (EAP) **MetLife / LifeWorks**	Phone: 1 (888) 319-7819 Website: https://metlifeeap.lifeworks.com/ **Username**: metlifeeap **Password**: eap
Pet Insurance **Wishbone**	Phone: 1 (800) 887-5708 Website: www.wishboneinsurance.com/southernop
Added Value Programs **MetLife**	**Travel Assistance:** Phone: 1 (800) 454-3679 Website: www.metlife.com/travelassist **Grief Counseling:** Phone: 1 (888) 319-7819 Website: https://metlifegc.lifeworks.com/ **Username**: metlifeassist **Password**: support **Will Preparation:** Phone: 1 (800) 821-6400

Human Resources Team

Contact Name	Title	Phone	Email
Emily Leonard	Chief People Officer	(615) 551-8066	eleonard@southernop.com
Dave Johnson	Benefits and Onboarding Specialist	(629) 309-0124	hrservices@southernop.com
Benefits Website	**www.sopbenefits.com**		

Hauser Team

Contact Name	Phone/E-Mail	Description
Julie Price Client Executive	(513) 410-2797 jprice@thehausergroup.com	The day-to-day point of contact for plan questions, eligibility, and assistance in resolving a claim.
Dineka Johnson Consultant	(513) 885-0917 djohnson@thehausergroup.com	Ensures that your health plan runs smoothly and efficiently. Will handle any question or issue that you wish to elevate to a management level.

Eligibility & Enrollment

When to Enroll?

Open Enrollment runs from **12/1/2025– 12/12/2025**. Deadline to submit changes: **Friday, December 12, 2025**.

If you are a newly hired team member or are enrolling due to a qualifying event you must enroll or waive coverage within 30 days from your date of hire or date of event.

Who is Eligible?

Team Members
If you are a full-time team member, you are eligible to enroll in the benefits described in this guide. The effective date of coverage for new team members is the **first of the month following date of hire**.

Dependents
In addition to enrolling yourself, you may also enroll any eligible dependents under the Medical/Prescription, Dental, Vision, Voluntary Life and AD&D plans.

Eligible dependents are defined below:

- Spouse: a person to whom you are legally married by ceremony, common law spouses, and domestic partners (same sex & opposite sex).
- Dependent Children: You or your spouse's biological, adopted, legal dependents (including grandchildren for whom you have legal custody) up to age 26 regardless of student, financial, residential, or marital status. Dependent coverage terminates at the end of the month in which they turn 26.

How to Enroll?

Review the 2026 Team Member Benefits Guide to understand the coverage available and changes to the **Southern Orthodontic Partners (SOP)** Benefit Program.

If you wish to enroll in the benefits offered by **SOP**, **ACTION IS REQUIRED**, you will need to enroll in Paylocity.

Your 2025 elections will not carry-over, if you do nothing. If you do not log into Paylocity and elect benefits, you will not have coverage as of January 1, 2026.

Making Changes

You will not be able to make changes to your benefits outside of Open Enrollment unless you, your spouse or dependent children experience an IRS defined qualified life event.

Qualified life events include:

- Marriage
- Divorce
- Legal Separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of spouse, child, or other qualified dependent
- Change in residence due to an employment transfer for you or your spouse
- Change in your spouse's benefits or employment status
- Commencement or termination of adoption proceedings
- Change in employment status or change in coverage under another employer-sponsored plan

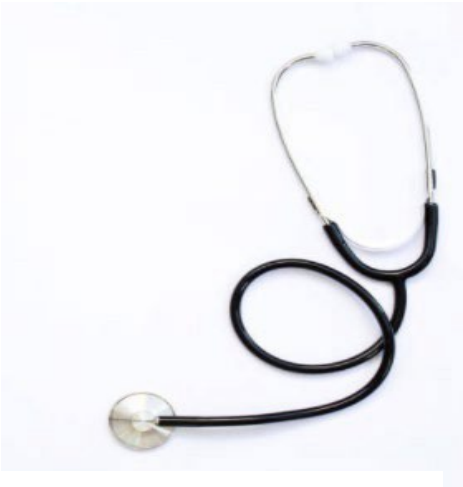
If you experience a qualified life event or if you have questions, please contact Human Resources. You have 30 days after a qualifying event to notify HR and request a change to your benefit elections.

Medical & Prescription Drug Benefits

SOP offers a comprehensive benefits program to help you and your family protect your health and financial security. Your benefits are a valuable part of your compensation; we encourage you to learn how your plans work so you can get the most from them. These plans encourage you to seek care from In-Network providers, which provide a higher level of benefit. You may choose to use Out-Of-Network providers, but if you do, your benefits will be reduced, and your out-of-pocket expense will increase.

Medical Key Reminders:

- ✓ To limit your out-of-pocket expenses, please seek services from a UHC provider. To find a provider, visit: https://www.uhc.com/find-a-doctor
- ✓ If services are provided by a non-UHC provider, the member is responsible for any amounts exceeding the "allowable charges", in which case balance billing could occur.
- ✓ Dependent Child Age Limits: Covered to age 26.



Prescription Drug Coverage

When you elect medical coverage, you are automatically covered under the prescription drug plan. We know prescription drug coverage is important to you and your family. You may fill your prescriptions at participating retail pharmacies. The mail order option allows you to buy qualified prescriptions in larger 90-day quantities for the same copay amount as a 60-day supply at the retail pharmacy. Mail order saves you time in trips to the pharmacy because prescriptions are delivered right to your door.

There are several categories of drugs under the plans. The differences between these categories are described below:

- Tier 1 – **Generic**: Frequently prescribed generic drugs.
- Tier 2 – **Preferred Brand**: Lowest cost brand name drugs.
- Tier 3 – **Non-Preferred Brand**: Highest cost brand name drugs.

HELPFUL TIP:

Choose Generics - The member pays the applicable copay (if applicable) only if the physician requires brand. If the member requests brand when a generic is available, the member pays the applicable copay plus the difference between. Be sure to discuss this with your physician when he or she writes your prescription.

Medical & Prescription Drug Benefits

The following chart provides a summary of the main features of the **Medical** benefit options offered by United Healthcare (UHC). Complete benefit summaries are available on the *SOP benefits website.*

	Plan A: $3,400 HDHP		Plan B: $5,800 HDHP	
Network	**Choice Plus**			
PCP Required?	**No**			
Referrals Required for Specialist?				
Services	**In-Network**	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Deductible	*Embedded	*Embedded	*Embedded	*Embedded
- Individual	$3,400	$6,800	$5,800	$11,600
- Family	$6,800	$13,600	$11,600	$23,200
Coinsurance	10%	50%	20%	50%
Max. Out-of-Pocket (Includes deductible, coinsurance & copays) - Individual - Family	$4,500 $9,000	$13,500 $27,000	$7,000 $14,000	$21,000 $42,000
Physician Office Visit (Primary/Specialist)	10% After Deductible	50% After Deductible	$50 / $75 Copay After Deductible	50% After Deductible
Preventative Care (Adult/Well-Child)	Covered at 100%	50% After Deductible	Covered at 100%	50% After Deductible
Emergency Room	10% After Deductible	20% After Deductible	20% After Deductible	50% After Deductible
Urgent Care	10% After Deductible	50% After Deductible	$75 Copay After Deductible	50% After Deductible
Inpatient Service	10% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible
Outpatient Diagnostic X-Ray / Laboratory / Complex Imaging	10% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible
Outpatient Services	10% After Deductible	50% After Deductible	20% After Deductible	50% After Deductible
Prescription Drugs - Retail *(30-day supply)* - Mail Order *(90-day supply)*	10% After deductible 10% After deductible	20% After deductible 20% After deductible	$10/$35/$60 After Deductible $30/$105/$180 After Deductible	$10/$35/$60 After Deductible $30/$105/$180 After Deductible

***Embedded** deductible and out-of-pocket (OOP), means that a "per member" deductible and OOP are embedded within the "per family" thresholds. Each covered family member is subject only to their "per member" deductible or OOP, and the family's exposure as a whole is limited by the family deductible and OOP limits.*

Health Savings Account (HSA)

When you enroll in either medical plan, you can open an HSA to help pay for current and future eligible health care expenses. You may contribute to your HSA through pre-tax payroll deductions. You can withdraw that money, tax-free, to pay eligible out-of-pocket medical expenses, as well as dental and vision expenses, or you can save that money for future health care expenses, including those incurred in retirement.

SOP will match up to $50 per pay period (ppp), for team members who have an active account. In addition, *SOP* will contribute a one-time $250 for new enrollees the first month and match up to $50 ppp the remainder of the plan year.

What are the benefits of an HSA?

A WIN-WIN FOR YOUR TAXES

- Your money goes in and grows tax free
- Qualified withdraws are tax free

QUALIFIED EXPENSES INCLUDE:

- Copayments
- Eyeglasses & contacts
- Hearing aids
- Dental Costs
- Prescriptions

The max amount an individual can contribute to an HSA in 2026 is **$4,400**

The max contribution per family is **$8,750**

THIS IS NOT "USE IT OR LOSE IT" SAVINGS

Your funds will roll over from year to year.

IT MOVES WITH YOU

You own all the money in your HSA. It stays with you when you change jobs, change insurance plans, or retire.

NOTE: *If you are age 55 or older, you may make an additional "catch-up" contribution of $1,000.*

SOP partners with *Paylocity* to provide HSA services. You will be able to manage your account online to submit eligible claims, review your account balance, review your claim history, and more.

We will provide you more information about the Welcome Kit and how to set up your account with *Paylocity.*

Vision and Dental Benefits

The following chart shows the features of the **Vision** benefit option offered by EyeMed. A complete benefit summary is available on our *benefits website.*

	Network: Insight	
Services	**In-Network Member Cost**	**Out-of-Network Reimbursement**
Annual Eye Exam *(Every 12 months)*	$10 Copay	Up to $40
Standard Frame *(Every 24 months)*	$150 allowance; 20% off additional balance	Up to $105
Standard Plastic Lenses *(Every 12 months in lieu of contact lenses)*		
Single Vision Bifocal Trifocal	$10 Copay $10 Copay $10 Copay	Up to $30 Up to $50 Up to $70
Contact Lenses *(Every 12 months in lieu of frames and lenses)*		
Conventional	$150 allowance; 15% off additional balance	Up to $105
Disposable	$150 allowance; 100% of additional balance	Up to $105

The following chart shows the features of the **Dental** benefit option offered by MetLife. A complete benefit summary is available on our *benefits website.*

	Network: PDP Plus	
Services	**In-Network**	**Out-of-Network**
Deductible *(Applies to Basic & Major)*	$50 Individual $150 Family	$50 Individual $150 Family
Preventative Services *(Deductible waived)*	100%	100%
Basic Services *(fillings)*	80%	80%
Major Services *(Bridges, dentures, crowns)*	50%	50%
Annual Maximum	$1,500	$1,500
Orthodontia	N/A	
Reimbursement	Negotiated Fee Schedule	Schedule Amount

Make sure you take advantage of your preventative dental visits. Preventative care visits are not subject to any deductible!

Cost of Coverage

SOP pays a portion of your health care premiums; however, we do require team members to contribute toward their health care costs as well. Team members pay a dollar amount based on the level of coverage they select. The following Team Member Payroll Deductions will be effective for this plan year and will be reflected on your first paycheck after your effective date.

MEDICAL Plan Payroll Deductions (Per 24 Pay Periods)				
	Team Member	**Team Member + Spouse/Domestic Partner**	**Team Member + Child(ren)**	**Family**
Plan A: $3,400 HDHP	$75.00	$355.00	$225.00	$540.00
Plan B: $5,800 HDHP	$39.00	$285.00	$144.00	$480.00

VISION Plan Payroll Deductions (Per 24 Pay Periods)			
Team Member	**Team Member + Spouse/Domestic Partner**	**Team Member + Child(ren)**	**Family**
$3.25	$6.49	$6.81	$9.47

DENTAL Plan Payroll Deductions (Per 24 Pay Periods)			
Team Member	**Team Member + Spouse/Domestic Partner**	**Team Member + Child(ren)**	**Family**
$14.50	$33.43	$31.07	$48.16

Life/AD&D and Disability Benefits

Group Life and Accidental Death & Dismemberment (AD&D)

SOP provides full-time team members with group life and AD&D insurance and pays for **100% of the coverage**. Coverage is available through MetLife and the amount provided by *SOP* is a **minimum of $50,000 or one (1) times salary up to a benefit maximum of $250,000**.

Voluntary Life and Accidental Death & Dismemberment (AD&D)

If you need additional Life Insurance to meet your financial needs, you can purchase Voluntary Life Insurance through after-tax payroll deductions for yourself and your dependents offered by MetLife.

Team Member	Spouse/Domestic Partner	Child(ren)
Increments of $10,000 to a maximum of lessor of five (5) times salary or $500,000. (**New Entrants**: Guarantee Issue Amount $150,000)	Increments of $5,000 to a maximum of $250,000. Not to exceed 50% of the team member election. (**New Entrants**: Guarantee Issue Amount $25,000)	Child 15 days to 6 months old $100. Child more than 6 months $1,000, $2,000, $4,000, $5,000 or $10,000. (**New Entrants**: Guarantee Issue Amount $10,000)

Short-Term Disability and Long-Term Disability

If you become disabled and cannot work, no benefit becomes more important to your financial security than Disability Income protection. The disability coverage is offered by MetLife.

SOP provides benefit-eligible team members with STD and LTD benefits and pays for **100% of the cost**.

	Group Short-Term Disability	Group Long-Term Disability
Benefits Begin	8th day for accident 8th day for illness	90 days
Income Replacement	60%	60%
Maximum Benefit	$1,000 weekly	$5,000 Monthly
Maximum Benefit Period	12 weeks	Social Security Normal Retirement Age (SSNRA)
Pre-Existing Condition	None	3/12

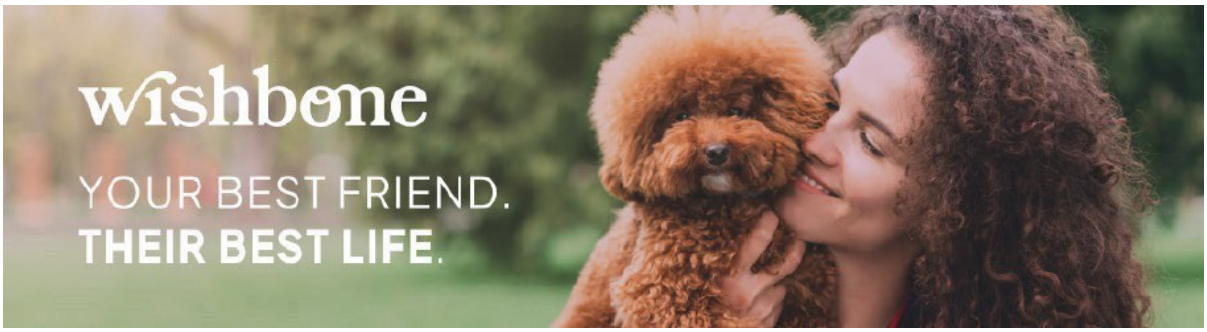
Pet Insurance

SOP provides team members with the opportunity to purchase pet insurance. Coverage is available through Wishbone.

Wishbone is accepted at any vet in the U.S., including emergency hospitals. The claims process is a simple online process which means you get your money back fast, whether it's for routine care or an accident.

Wishbone offers a Wellness Plan for regular routine visits and an Advantage Plan for unexpected accidents and illnesses. You can combine the Wellness Plan and Advantage Plan to provide more complete coverage for your pet's health. Rates vary depending on your pets' breed, age, and other factors.

Get a quote & enroll at www.wishboneinsurance.com/southernop



Added Value Programs

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) provides a network of experienced professionals who can offer counseling for you and your dependents facing difficult legal, emotional, or financial issues. Counselors and qualified professionals are available 24 hours a day, 365 days a year, and all calls are completely confidential – nothing is reported back to your employer. Services include online resources, 5 in-person, telephonic or video conferencing sessions. The EAP is available to all team members.

Topics Include:

- ✓ Family
- ✓ Parenting
- ✓ Addictions
- ✓ Emotional
- ✓ Legal
- ✓ Financial
- ✓ Relationships
- ✓ Stress

For more support or information please visit, https://metlifeeap.lifeworks.com/ (**username**: metlifeeap **password**: eap) or talk with a specialist at 1-888-319-7819.

Travel Assistance

MetLife offers you travel assistance known as Travel Assistance through *AXA Assistance USA, Inc.* The Travel Assistance program can bring help, comfort and reassurance if you face a medical emergency while traveling. Whether you are traveling for business or leisure, you and your loved ones can receive support 24 hours a day, 7 days a week.

- Emergency travel arrangements
- Lost or stolen travel documents
- Language translation services
- Emergency pet boarding and/or return
- ID recovery assistance
- Vehicle return
- Destination information

For a complete list of Travel Assistance services go to www.metlife.com/travelassist or call 1-800-454-3679.

Grief Counseling

Whether it's help coping with a loss or major life change, the professional counselors and services offered through LifeWorks, are ready to support you and your families. For confidential 24/7 support call 1-88-319-7819 or visit https://metlifeeap.lifeworks.com/ (**username**: metlifeassist **password**: support).

Will Preparation & Funeral Planning

Having a will is important because it allows you to designate who will receive your property and assets when you die. Without one, your state determines how your estate is distributed. SmartLegalForms will preparation is a quick and easy way to create and execute a will.

Added Value Programs

save where you...

HAUSER

Up to 50% off hotels at over 850K properties worldwide

Deals on car rentals, flights, and destination activities

Discounts at your favorite local spots and national brands on food, shopping, movies, and more

Discounted tickets to major theme parks like Disney, Universal, Busch Gardens, Sesame Place, and more

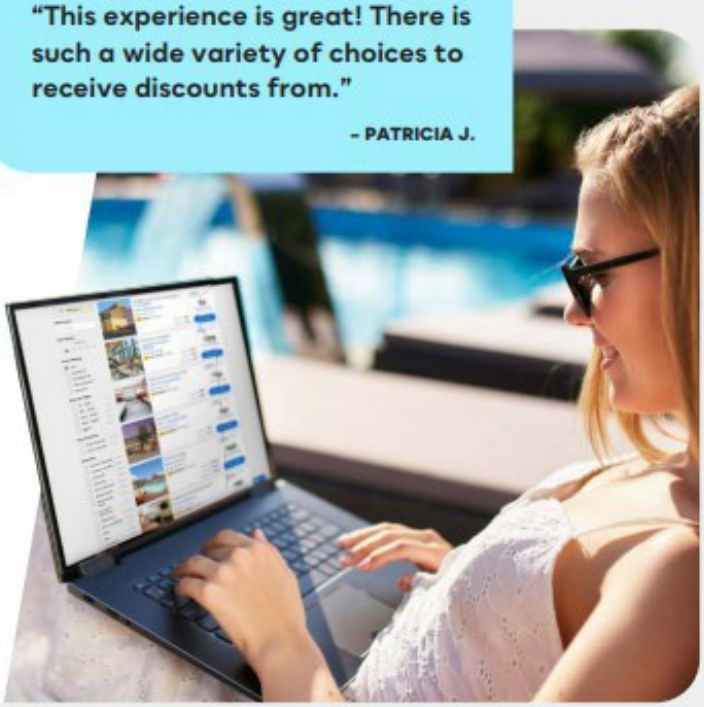
Sign Up or Sign In to Get Your Deals

Save up to 50% with our private discount network where you live work, and travel.

To search, book, and save, visit thehausergroup.accessperks.com and register with code HAUSERPERKS or call 877-428-4585

"This experience is great! There is such a wide variety of choices to receive discounts from."

– PATRICIA J.



SUMMARY OF VOYA RETIREMENT PLAN PROVISIONS & LOG-IN INSTRUCTIONS

SOUTHERN ORTHODONTIC PARTNERS 401(k) PLAN

- **Employee Eligibility:**
  The 1st of each month following 60 days of service.

- **Employer Contributions**:
  Southern Orthodontic Partners will make a Safe Harbor Matching contribution of 100% of the first 3% of your contributions and 50% of the next 2% of your contributions (aggregate match of 4% if you contribute 5% of your earnings).

- **Employee Contributions:**
  Voluntary salary deferral contributions are allowed on a pre-tax or Roth basis. You may defer u p to the lesser of $24,500 in 2026 (annual increasing limit) or 100% of your compensation into the Plan. You may increase or decrease your contribution at any time. Participants who are age 50 or older may contribute a "catch-up" contribution of an additional $8,000 in 2026 (increasing limit) in excess of the above levels.

- **Normal Retirement Age:**
  Age 65

- **Vesting Schedule:**
  100% immediate vesting for the Safe Harbor Matching contribution.

- **Loans:**
  Loans are not permitted.

- **Rollovers:**
  Rollover contributions are permitted by eligible employees. Call (888) 311-9487, Monday - Friday, 8 a.m. -9 p.m. ET for personalized assistance with a rollover by asking for the "Account Consolidation Team"

Online Enrollment

myretirementbenefit.voya.com/66p
Plan Number: 860780
Authentication Code: 86078099

How to enroll via Phone:
Call (888) 311-9487, Monday - Friday, 8 a.m. - 9 p.m. ET

Note: Once you have enrolled in the Southern Orthodontic Partners 401(k) Plan, you will need to create a personalized Username and Password at http://www.voyaretirementplans.com to access your account online. A four-digit pin number is required and will be mailed to your address of record once you've enrolled.

Online Account Access

After enrolling in the plan, create your login credentials and use the participant website by taking the steps below:

www.voyaretirementplans.com

Getting Started

1. Select 'Register now'
2. Enter your Social Security Number and PIN
3. Follow the prompts to complete your registration
4. You will be asked to create a personalized Username and Password for ongoing use

If you forget your Username or Password, click on **Forgot Username?** or **Forgot Password?**

Account Access by Phone:

Call (888) 311-9487, Monday - Friday, 8 a.m. - 9 p.m. ET

Mobile App:

You can also access your Plan account using your mobile device. The Voya Retirement Plan Account mobile app can be downloaded from your preferred mobile app store.
Search using the keywords: **Voya Retire**

Important Notices

Notice of Patient Protections & Prior Authorization Procedures

Your **United Healthcare (UHC)** plans allow you to visit any doctor or hospital you choose. However, Prior Authorization is required for certain services. Make sure Your Provider obtains Prior Authorization before any planned hospital stays (except maternity admissions), skilled nursing and rehabilitative facility admissions, certain outpatient procedures, Advanced Radiological Imaging services, certain Specialty Drugs, and Durable Medical Equipment costing $500 or more. Contact **UHC** Customer Service using the number on the back of your medical ID card or online at www.uhc.com to find out which services require Prior Authorization. You can also call the customer service department to find out if your admission or other service has received Prior Authorization. For more information, please refer to your Evidence of Coverage document located online at www.uhc.com.

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, 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 will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

- **HDHP/ H.S.A: $3,400 Individual Deductible / $6,800 Family Deductible / 10% Coinsurance**
- **HDHP/H.S.A: $5,800 Deductible / $11,6000 Family Deductible / 20% Coinsurance**

If you would like more information on WHCRA benefits, call your plan administrator **1-866-801-4409**.

Newborns and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your Out-of-Pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, 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 dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources.

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, 2025. Contact your State for more information on eligibility –

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: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

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+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137
(expires 1/31/2026)

Notice of Privacy Practices

UHC is required to maintain the privacy of all medical information as required by applicable laws and regulations; provide a notice of privacy practices to all Members; inform Members of the Plan's legal obligations; and advise Members of additional rights concerning their medical information. For more information, please refer to your Evidence of Coverage document located online at www.uhc.com.
All Members will be notified of any changes by receiving a new notice of the Plan's privacy practices. You may request a copy of this notice of privacy practices at any time by contacting **UHC**.

Uniformed Services Employment and Reemployment Rights Act of 1994

A Subscriber may continue his or her Coverage and Coverage for his or her Dependents during military leave of absence in accordance with the Uniformed Services Employment and reemployment Rights Act of 1994. When the Subscriber returns to work from a military leave of absence, the Subscriber will be given credit for the time the Subscriber was covered under the Plan prior to the leave.

Important Notice from Southern Orthodontic Partners About Your Prescription Drug Coverage and Medicare for plans:

- **Plan A: $3,300 Deductible**
- **Plan B: $5,800 Deductible**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage **Southern Orthodontic Partners** 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. **Southern Orthodontic Partners** has determined that the prescription drug coverage offered by the **UHC Plans** are, 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 to 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 decide to join a Medicare drug plan, your current **UHC Plan** coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current **Southern Orthodontic Partners** coverage, be aware that you and your dependents will not be able to get this coverage back until next Annual Open Enrollment or a mid- year qualifying event.

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

Since the coverage under your **UHC Plans** are creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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:	01/01/2026
Name of Entity/Sender:	Southern Orthodontic Partners
Office Contact/Position:	Emily Leonard / Chief People Officer
Phone:	(615) 551-8066
Address:	333 11th Ave., Ste 520, Nashville, TN 37203

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved

OMB No.1210-0149

(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

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[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit **https://www.healthcare.gov/medicaid-chip/getting- medicaid-chip/ for more details.**

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact **YOUR HUMAN RESOURCES DEPARTMENT.**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)
Southern Orthodontic Partners		84-1833465
5. Employer address 333 11th Ave South, Suite 520		6. Employer phone number (615) 551-8066
7. City Nashville	8. State TN	9. ZIP code 37203

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

[X] All employees. Eligible employees are:

Full-time Employees

With respect to dependents: We do offer coverage. Eligible dependents are:

1. Legal Spouses
2. Dependents up to age 26
3. Domestic Partners (same & opposite sex)

[ ] We do not offer coverage.

[X] If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

[X] **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

[ ] **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*? [X] Yes (Go to question 15) [ ] No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? $ 78.00

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☒ Monthly Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

A. How much would the employee have to pay in premiums for this plan? $

B. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐