



# 2026-2027 Benefits Guide



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### Questions?

» Aptia365 Benefit Counselors are ready to help you understand your options and make the right choices for your needs and budget.

<https://aptia365.ultradent.com>

### Chat

» Virtual assistant available 24/7 or chat with a live Benefits Counselor  
Monday – Friday, 8:00 am – 7:00 pm ET

### Phone

» **844.344.8830**

Benefits Counselors available

Monday – Friday, 7:00 am – 9:00 pm ET

Assistance is available in multiple languages

**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 31 for more details.**

This document is an outline of the coverage provided under your employer’s benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the “plan documents”). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer’s benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

## Welcome to Ultradent

Dear Ultradent Team,

At Ultradent Products Inc., we value you and the contributions you make every day. Your health, financial security, and overall well-being are important to us, which is why we are pleased to offer a comprehensive benefits package designed to support you and your family.

This year, we have worked to enhance our benefits offerings to ensure they meet your evolving needs. Whether it's health coverage, retirement savings, wellness programs, or other valuable resources, we encourage you to explore your options and take full advantage of what's available.

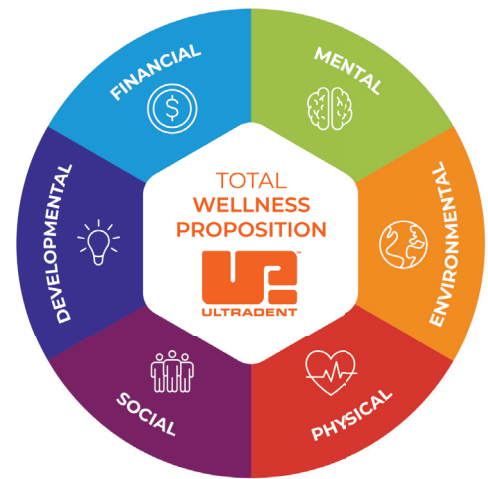
Please take the time to review the details of your benefits and make any necessary selections during the open enrollment period. If you have any questions, our HR team is here to help.

Thank you for being a valued part of Ultradent Products. We appreciate your dedication and look forward to another successful year together.

Best regards,



Dirk Jeffs  
Chief Executive Officer



## Benefits Overview

Ultradent Products is pleased to offer a comprehensive benefit program to our valued employees working at least 20 hours per week. This Benefit Guide will provide you with information about the benefits available to you and how to enroll.

### Benefit Plans Offered

You can elect your benefits for the 2026-2027 plan year during your enrollment period.

#### Health Benefits

- » Medical / Rx Insurance
- » Dental Insurance
- » Spending Accounts
- » Vision Insurance

#### Financial Benefits

- » Group and Voluntary Life Insurance
- » Disability Insurance
- » Accidental Death & Dismemberment (AD&D) Insurance
- » Accident Insurance
- » Hospital Insurance
- » Critical Illness Insurance
- » Permanent Life Insurance

#### Additional Benefits

- » Identity Theft Protection
- » Auto / Home Insurance
- » Legal Insurance
- » Pet Insurance
- » Commuter Benefits
- » Online Marketplace

### Eligibility For Benefits

Benefit coverage begins on the first of the month following 60 days of employment.

You and your dependents are eligible for coverage at Ultradent. Eligible dependents are your legally married spouse or domestic partner, children under age 26, and disabled dependents of any age.

### Open Enrollment

During open enrollment, you may enroll in or make changes to your benefit elections. Make sure that you understand the offerings and enroll yourself and your eligible dependents in the programs that you would like for the upcoming plan year. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact Aptia within 30 days.

### Qualifying Events

The following events allow for a 30-day special enrollment period to complete and submit a change request to update your benefits outside of the open enrollment period:

- » Loss of Dependent coverage (including loss of spouse or parent coverage through employer)
- » Marriage
- » Divorce
- » Birth of a Child
- » Adoption or Change in Custody
- » Death

The following events allow for a 60-day special enrollment period to complete and submit a change request to update your benefits outside the open enrollment period:

- » You, your spouse, or child loses coverage under either a Medicaid plan under Title XIX or under a state child health plan (CHIP) under Title XXI of the Social Security Act due to a loss of eligibility for that programs coverage.
- » You, your spouse, or child becomes eligible for premium assistance with respect to the cost of coverage under our group health plan through either a Medicaid plan under Title XIX (such as Utah's Premium Partnership) or under a state health plan (CHIP) under Title XXI of the Social Security Act (see enclosed disclosure).

Enrolling in benefit plans during special enrollment periods will be allowed according to each insurer's policies/terms and conditions.

### Summary of Benefits and Coverage (SBC) and Uniform Glossary

In addition to the plan information in this benefits guide, you can also review a Summary of Benefits and Coverage (SBC) for each medical plan. This requirement of the ACA standardizes health plan information so that you can better understand and compare plan features.

Please consult with Human Resources if you would like a copy for review. For the most up-to-date information regarding the ACA, please visit [www.healthcare.gov](http://www.healthcare.gov).



## How To Enroll

### Visit <https://aptia365.ultradent.com> to Start Your Enrollment

- » The first time you visit the Aptia365 website, select *Get Started* and follow the instructions provided to register.
- » You can enroll year-round in Pet Insurance and Commuter Benefits.

### Multi-factor Authentication (MFA)

The security of your information is critical, which is why we use multi-factor authentication.

- » MFA combines your username and password with a temporary numeric code sent to you as an additional security factor to confirm your identity and keep your information safe.
- » As part of the registration process, you will need to provide the last four digits of your Social Security Number (SSN), your last name, date of birth and zip code.
- » Once the above information is verified, you will be prompted to choose either the email and/or phone number you provided to Ultradent Products, Inc. A verification code will be sent to the device you selected. You will then be able to complete the registration process by entering the code.
- » If an email or phone number has not been provided by Ultradent Products, Inc., you will need to add an email address at this time. You can input an alternate email or phone number to be used for future verification.
- » You will be required to go through the MFA verification code process every time you log in.

### ATTENTION!

**You must enroll in your 2026-2027 benefits within 45 calendar days from your date of hire. Your benefits will be effective the first of the month following 60 days of employment.**

### Need Help?

If you don't have access to a computer or need assistance, you can enroll with a Benefits Counselor by calling:

**844.344.8830**

Monday – Friday, 7 am – 9 pm ET

### Expert Guidance

Use the *Expert Guidance* decision support tool to get advice on which healthcare packages best suit you and your family.

#### How does Expert Guidance work?

- » It starts with a few confidential questions online to get to know you better.
- » Answer these questions when you start your enrollment at <https://aptia365.ultradent.com>.
- » Your responses allow the *Expert Guidance* tool to find the best options for you.

### What If I Don't Enroll?

- » Remember, you must secure your benefits before your enrollment deadline.
- » If you don't make elections within 45 days from your date of hire, you will only have the following employer paid benefits until the next annual open enrollment period, unless you experience a qualifying life event: Life Insurance, Accidental Death & Dismemberment, Short Term and Long Term Disability.

## Medical and Prescription Drug Coverage Overview

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way, especially in healthcare.

With Ultradent, you can choose between two excellent high deductible health plans. If you reside in Utah, you also have the choice to choose between coverage with Regence Group Administrators (RGA) or with Select Health. For those living outside Utah, your coverage will be through Regence Group Administrators (RGA).

### Determine Which Plan is Right for You

When you go online, you will have two options to navigate and select your benefits:

- » Choose *Expert Guidance* to get personalized recommendations.
- » Enroll by individual benefit: You will have an experience similar to shopping online, navigating through different categories and adding benefits to your shopping cart. Just click “check out” when you are finished!

#### As you prepare, think about:

- » How often do you and your household receive medical care? What kind of care is it?
- » Would you prefer to pay less from your paycheck or less out of your pocket when you need care?
- » Do you or your dependents have any planned surgeries or procedures scheduled in the next 12 months?

### Using In-Network Providers

You'll save money when receiving care from an in-network provider. To access a list of in-network providers, click on the link provided on the Aptia365 enrollment site or follow the directions below to find a provider near you.

### How to Find a Provider



1. Go to [accessrga.com](https://accessrga.com) and select Utah
2. Select Member and click on Find a Provider and then Find a Medical Provider
3. Enter your zip code and choose either ValueCare Network or BlueOption Network



1. Go to [Selecthealth.org/find-care](https://selecthealth.org/find-care) and click Search Doctors or Facilities
2. Choose the network (you have access to both Select Health Med and Select Health Value) and enter your zip code
3. Enter the name of a provider in the search bar or browse providers by category

## Tobacco-Free Incentive

Ultradent Products, Inc. is dedicated to supporting you in achieving optimal health. By choosing not to use tobacco products, you can enjoy lower costs for your medical insurance. As you go through the enrollment process, your benefit selections will be clearly displayed. Your responses regarding tobacco use will be calculated and shown on your confirmation statement after you complete your benefits enrollment. For more information, including any reasonable alternative standards that accommodates your personal physician’s recommendation, please reach out to your HR team.

## Helpful Information about Deductibles and Out-of-Pocket Maximums

When electing coverage for any family members in addition to yourself, deductibles and out-of-pocket maximums are applied differently for different plans.

Plan	Deductible	Out-of-Pocket Maximum
<b>\$1,700 / \$3,400 HDHP</b> <b>\$2,500 / \$5,000 HDHP</b>	The entire Family Deductible must be met before benefits begin to pay for any family member	The entire Family Out-of-Pocket Maximum must be met before the plan pays for any family member

## Prescription Drug Coverage

- » Your prescription drug coverage depends on the medical plan you choose. Medications are grouped into tiers, which determine your portion of the drug cost.
- » High deductible health plan members pay 100% of the prescription drug costs until the annual deductible is met.
- » The applicable coinsurance per prescription applies after the annual deductible has been met.

	You Pay	What’s Covered
\$	Lowest Cost Sharing	<b>Most Generic Prescription Drugs</b> Generic drugs that are equivalent to a brand product in dosage form, strength, quality and intended use.
\$\$	Second-Lowest Cost Sharing	<b>Preferred Brand Name Drugs</b> Drugs sold under specific trade names that are favorably priced by the pharmacy plan.
\$\$\$	Higher Cost Sharing	<b>Non-Preferred Brand Name Drugs</b> Drugs sold under specific trade names that have a more cost-effective alternative compared to the lowest or the second-lowest cost sharing.
\$\$\$\$	Highest Cost Sharing	<b>Specialty Drugs</b> Specialty medications treat rare or complex conditions and are typically higher cost medications. Most will require pre-authorization before your plan will help pay for them, and some may require you to fill the prescription at a specialty pharmacy.

## Specialty Medication Program

Payer Matrix is a U.S. based Specialty Drug Advocacy organization working in partnership with Ultradent Products and our health insurance carriers – Regence Group Administrators and SelectHealth – to help manage the rising costs of specialty medications. Payer Matrix connects employees with assistance programs to reduce out-of-pocket costs and overall prescription expenses for both you and the company.

### Program Overview

- » **Eligibility:** Mandatory if prescribed a specialty medication; Payer Matrix will contact you.
- » **Support:** A Care Manager will assist with coverage and questions.
- » **Process:** Complete enrollment promptly to avoid denied coverage. Submit a HIPAA consent form via mail or encrypted email.
- » **Important:** Participation is required for refills, even without financial assistance. Opting out may result in uncovered medication and full retail costs.
- » **Alternatives:** Pay out-of-pocket or discuss other treatments with your provider.

## Medical Insurance



Administered by **Regence Group Administrators (RGA)**

Network: Preferred ValueCare (Utah) and Preferred Blue Option (Nationwide)

The following benefits are included in your plan options. Unless otherwise noted, benefits are per insured person and after deductible.

	\$1,700 / \$3,400 HDHP		\$2,500 / \$5,000 HDHP	
<b>Plan Year</b>	July 1 – June 30			
<b>Deductible and Out-of-Pocket Maximum Accumulation Period</b>	July 1 – June 30			
<b>HEALTH SAVINGS ACCOUNTS</b>				
<b>HSA Eligible</b>	Yes		Yes	
<b>HSA Employer Funding</b>	Up to \$720 / year (Individual) Up to \$1,440 / year (Family)		Up to \$720 / year (Individual) Up to \$1,440 / year (Family)	
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Covered Medical Services</b>				
<b>ANNUAL DEDUCTIBLE</b>	<b>You Pay</b>		<b>You Pay</b>	
<b>Individual</b>	\$1,700	\$3,400	\$2,500	\$4,500
<b>Family</b>	\$3,400	\$6,800	\$5,000	\$9,000
<b>OUT-OF-POCKET MAXIMUM</b>				
<b>Individual</b>	\$3,200	\$6,400	\$4,500	\$9,000
<b>Family</b>	\$6,400	\$12,800	\$6,850	\$13,700
<b>MEDICAL BENEFIT COVERAGE</b>	<b>Plan Pays</b>		<b>Plan Pays</b>	
<b>Plan Coinsurance</b>	80%	80%	70%	50%
<b>Preventive Care</b>	100%	80%	100%	50%
<b>Primary / Specialist Visit</b>	80% AD	80%	70% AD	50%
<b>Inpatient Hospital</b>	80% AD	80%	70% AD	50%
<b>Outpatient Hospital</b>	80% AD	80%	70% AD	50%
<b>Urgent Care</b>	80% AD	80%	70% AD	50%
<b>Emergency Room</b>	80% AD	80%	70% AD	50%
<b>RETAIL PRESCRIPTIONS (30-DAY SUPPLY)</b>				
<b>Generic</b>	80%*		70%*	
<b>Preferred Brand</b>	80%*		70%*	
<b>Non-Preferred</b>	80%*		70%*	
<b>MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)</b>				
<b>Generic</b>	80%*		70%*	
<b>Preferred Brand</b>	80%*		70%*	
<b>Non-Preferred</b>	80%*		70%*	
<b>Specialty</b>	Subject to applicable cost share		Subject to applicable cost share	

AD = After Deductible

\*Deductible waived for some preventive medications

For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR codes here.

**Regence Group Administrators (RGA)**  
**\$1,700 Plan**

**Regence Group Administrators (RGA)**  
**\$2,500 Plan**



## Medical Insurance



Administered by **SelectHealth** (Available in Utah Only)  
 Network: Tier 1 = Value Network; Tier 2 = Med Network

The following benefits are included in your plan options. Unless otherwise noted, benefits are per insured person and after deductible.

	\$1,700 / \$3,400 HDHP		\$2,500 / \$5,000 HDHP	
<b>Plan Year</b>	July 1 – June 30			
<b>Deductible and Out-of-Pocket Maximum Accumulation Period</b>	July 1 – June 30			
<b>HEALTH SAVINGS ACCOUNTS</b>				
<b>HSA Eligible</b>	Yes		Yes	
<b>HSA Employer Funding</b>	Up to \$720 / year (Individual) Up to \$1,440 / year (Family)		Up to \$720 / year (Individual) Up to \$1,440 / year (Family)	
	<b>In-Network</b>	<b>Out-of-Network</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Covered Medical Services</b>				
<b>ANNUAL DEDUCTIBLE</b>	<b>You Pay</b>		<b>You Pay</b>	
<b>Individual</b>	\$1,700	\$3,400	\$2,500	\$4,500
<b>Family</b>	\$3,400	\$6,800	\$5,000	\$9,000
<b>OUT-OF-POCKET MAXIMUM</b>				
<b>Individual</b>	\$3,200	\$6,400	\$4,500	\$9,000
<b>Family</b>	\$6,400	\$12,800	\$6,850	\$13,700
<b>MEDICAL BENEFIT COVERAGE</b>	<b>Plan Pays</b>		<b>Plan Pays</b>	
<b>Plan Coinsurance</b>	Tier 1: 80% Tier 2: 75%	80%	Tier 1: 70% Tier 2: 65%	50%
<b>Preventive Care</b>	100%	80%	100%	50%
<b>Primary / Specialist Visit</b>	Tier 1: 80% AD Tier 2: 75% AD	80%	Tier 1: 70% AD Tier 2: 65% AD	50%
<b>Inpatient Hospital</b>	Tier 1: 80% AD Tier 2: 75% AD	80%	Tier 1: 70% AD Tier 2: 65% AD	50%
<b>Outpatient Hospital</b>	Tier 1: 80% AD Tier 2: 75% AD	80%	Tier 1: 70% AD Tier 2: 65% AD	50%
<b>Urgent Care</b>	Tier 1: 80% AD Tier 2: 75% AD	80%	Tier 1: 70% AD Tier 2: 65% AD	50%
<b>Emergency Room</b>	80% AD	80%	70% AD	50%
<b>RETAIL PRESCRIPTIONS (30-DAY SUPPLY)</b>				
<b>Generic</b>	80% AD		70% AD	
<b>Preferred Brand</b>	80% AD		70% AD	
<b>Non-Preferred</b>	80% AD		70% AD	
<b>MAIL-ORDER PRESCRIPTIONS (90-DAY SUPPLY)</b>				
<b>Generic</b>	80%*		70%*	
<b>Preferred Brand</b>	80%*		70%*	
<b>Non-Preferred</b>	80%*		70%*	
<b>Specialty</b>	Subject to applicable cost share		Subject to applicable cost share	

AD = After Deductible

\*Deductible waived for some preventive medications

For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR codes here.

**SelectHealth**  
\$1,700 Plan



**SelectHealth**  
\$2,500 Plan



## Aptia365 HUB

Once you enroll in a medical plan, you are eligible to elect Aptia365 HUB. With Aptia365 HUB, you will get personalized support to help improve the quality and cost of your care, 365 days a year.

### Aptia365 HUB Advantages Include:

» **Support for claims and billing issues, test results and treatments**

A Personal Health Advocate (PHA) will guide you and your family through medical-related questions or concerns. PHAs can assist with finding a provider or facility and provide unbiased support throughout all phases of medical care. They are also available to help clarify and resolve medical claims and related paperwork issues.

» **Access to negotiation experts to help lower medical bills**

Anytime you have a medical bill that is over \$400 and not covered by insurance, a skilled negotiation team will work with your providers to get a discount. Successful negotiations can save hundreds of dollars.

» **Help finding doctors who provide high-quality care for your needs**

With Aptia365 HUB, you can review the quality scores of doctors in your area. In-network physicians are ranked by data-driven quality scores for easy selection. You are more likely to get the care you need to recover faster and save money.

» **The best price for your healthcare services**

The cost of healthcare can vary widely, even within the same area. It is important to know how much a service can cost in advance and compare costs.

» **An expert second opinion for peace of mind**

Never hesitate to get another opinion, especially if it's for a serious condition. Aptia365 HUB gives you and your family access to world-class specialists that will review your case and give you an expert opinion on your diagnosis and treatment plan.

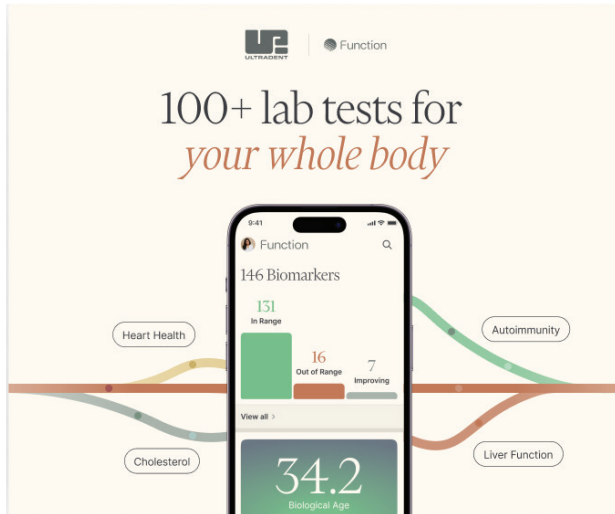
All this and more! Sign up for Aptia365 HUB to find out what other valuable assistance is just a phone call or a click away!





## Comprehensive Lab Testing

Ultradent employees get instant access to Function. Function is the first-ever platform including 100+ advanced lab tests every year—spanning heart, hormones, thyroid, metabolic, nutrients, toxins, cancer signals, stress, and more. With 5x more tests than the average physical and twice-yearly testing, you can monitor early indicators of thousands of diseases and pinpoint areas for improvement. Receive personalized insights from the world’s top doctors and backed by decades of research, along with a detailed clinician summary of your results each time you test. **The cost for this service is \$365 per year.**



For more information about Ultradent’s exclusive access, scan the QR code here.



### How it works

#### 01. Set up account

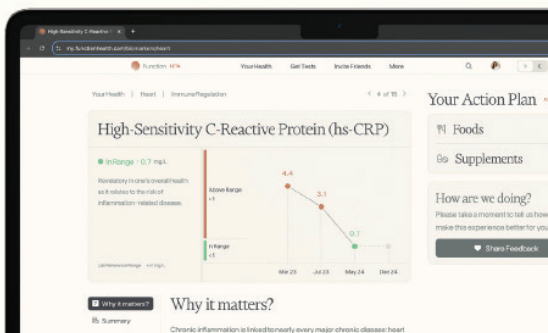
Sign up in 5 minutes. Fill out a simple questionnaire to personalize clinician notes.

#### 02. Schedule lab tests

Instantly schedule your 100+ lab tests with Quest Diagnostics.

#### 03. Get personalized insights

Receive results, actionable insights, and a written summary. Test every 3–6 months to watch your health progress.



### Strategic selection of tests and insights by *top doctors*



Led by former Cleveland Clinic physician, Mark Hyman M.D.  
 Cleveland Clinic

Licensed clinicians review every step of the way:

- ✓ Clinicians order every test.
- ✓ Clinicians review all results.
- ✓ Clinicians share a detailed write-up of results.
- ✓ Clinicians make phone calls for critical values (e.g. high potassium).

#### RECOMMENDED BY:



Casey Means M.D.



Dr. Andrew Huberman



## Health Savings Account (HSA)

Administered by Fidelity

When you enroll in one of the High Deductible Health Plans, you are allowed to open a Health Savings Account (HSA). This allows you to put money away tax free through payroll deductions, let it accrue interest tax free, and then use it for qualified medical, dental and vision expenses tax free.

### What is an HSA?

With an HSA you own the account and it is fully portable. Balances roll over year after year, growing tax free. You never lose your contributions to your HSA, unlike other health accounts, such as a flexible spending account (FSA). Even if you change jobs, health plans, or retire, you keep your HSA.

HSAs can be used to pay for eligible medical, dental and vision expenses for you, your spouse, and any family member who qualifies as a tax dependent. (See IRS Publications 969 for a list of eligible expenses). This includes things like pre-deductible medical expenses and prescription costs.

### Here's How an HSA Works

1. You decide the annual amount you want to contribute to your HSA – not to exceed the yearly IRS limits.
2. Your contributions are deducted from each paycheck pretax and deposited into your HSA.
3. You can pay for eligible medical, dental and vision expenses with your HSA debit card. You may also pay the provider directly through your Aptia365 online account, or you can request a reimbursement if you paid out-of-pocket and did not use your HSA debit card.

### Benefits of an HSA

- » Pay for qualified medical, dental and vision expenses with tax free dollars.
- » Lower health insurance premiums with an HSA qualified health plan.
- » Keep your contributions year after year and watch your balance grow. There is no “use it or lose it” provision. It’s yours.
- » Invest your balance over the threshold amount to grow your HSA further.

### Who's Eligible for an HSA?

Anyone meeting the following requirements is eligible to contribute to an HSA.

- » Be enrolled in a qualified high deductible health plan.
- » Have no other health coverage except what’s permitted by the IRS (see IRS Publication 969).
- » Not be enrolled in Medicare, Medicaid or Tricare.
- » Not be claimed as a dependent on someone else’s tax return.

### HSA Contributions

After you open your account and contribute at least \$30 per pay period, Ultradent will also contribute to your account each pay period:

- » **Individual coverage:** \$30 per pay period (up to \$720 per year)
- » **Family coverage:** \$60 per pay period (up to \$1,440 per year)

**Note:** *Ultradent’s contributions are made each pay period and are prorated based on your coverage start date.*

For 2026, you can make pre-tax contributions from your paycheck up to the following amounts, or to the maximum indexed amount announced by the IRS for the plan year, if different:

- » **Individual coverage:** \$4,400
- » **Family coverage:** \$8,750

**Note:** *If you’re age 55 or older, you can contribute an additional \$1,000 per year.*

The amounts listed above include both Ultradent Products, Inc. and your contributions, which cannot exceed the maximum allowable amount defined by the IRS \*Nearing retirement? For details on when to stop HSA contributions, see IRS Pub 969 at <https://www.irs.gov/publications/p969>.

## Flexible Spending Accounts (FSAs)

Administered by Fidelity



A Flexible Spending Account (FSA) helps you save money on healthcare and dependent care expenses. You decide to set aside a certain amount of money from each paycheck before taxes are taken out. This means you don't pay federal income or Social Security taxes on this money, which saves you money overall. Because the money is taken out before taxes, you end up with more money to spend.

Fidelity manages two types of FSAs: two for healthcare expenses and one for dependent care, like childcare or elder care. You can choose to enroll in one or both types of FSAs.

- » The regular **Flexible Spending Account (FSA)** can be used for medical, dental, and vision expenses as long as you are not actively receiving contributions into a Health Savings Account (HSA).
- » The **Combination FSA** is for those with a High Deductible Health Plan (HDHP) and a Health Savings Account (HSA). Initially, this account can only be used for dental and vision expenses. Once you have met your medical deductible, you can use your Combination FSA for medical expenses.
- » The **Dependent Care FSA** can be used for daycare expenses for children up to age 13 or eldercare expenses.

<b>Flexible Spending Account Limit</b>	\$3,400
<b>Combination FSA Limit</b>	\$3,400
<b>Dependent Care FSA Limit</b>	\$7,500

### Here's How an FSA Works

1. You decide the annual amount you want to contribute to the FSA based on your expected healthcare and/or dependent childcare / elder care expenses.
2. The entire annual amount you elect in your Flexible Spending Account or Combination Flexible Spending Account will be available to spend on July 1st. Dependent Care FSA funds are available as payroll deductions occur and are deposited into your account.
3. Your contributions are deducted from each paycheck before income and Social Security taxes, and deposited into your FSA.
4. You can pay with the FSA debit card for eligible healthcare expenses. For dependent care, you pay for eligible expenses when incurred, and then submit a reimbursement claim form or file the claim online.
5. Remember to keep documentation to support your use of the money in these accounts for tax purposes.
6. The Ultradent FSA program does not have a roll over or grace period provision. Funds in your FSA must be spent by the last day of the plan year (June 30th). If you do not spend all the money in your account, you will forfeit the any remaining balance.

If you are enrolled in any of our Flexible Spending Accounts (FSAs) through Fidelity and enrolled in RGA, you must submit your claims to Fidelity for those expenses to be applied toward your deductible and out-of-pocket maximums.



### Access Your Accounts Anywhere

Download the *Fidelity* mobile app to manage your HSA, FSAs, and Commuter Benefits. You can view your account balances, upload receipts, review plan details, and more!

You'll be redirected to the app store for your device.





## Dental Insurance

Administered by Cigna  
Network: Total Cigna DPPO

Good oral hygiene enhances overall physical health and mental well-being. Problems with the teeth and gums are common and easily treated - but without treatment, they can lead to serious health problems. Keep yourself healthy and your smile bright with one of Ultradent's plans.

	Standard Plan	Enhanced Plan
	In-Network	In-Network
<b>Covered Dental Services</b>		
<b>ANNUAL DEDUCTIBLE</b>	<b>You Pay</b>	<b>You Pay</b>
Individual	\$50	\$50
Family	\$150	\$150
<b>BENEFIT MAXIMUM</b>	<b>Plan Pays</b>	<b>Plan Pays</b>
Annual Maximum*	\$1,500	\$2,000
<b>DENTAL BENEFIT COVERAGE</b>		
Preventive Services	100%	100%
Basic Services	80% AD	80% AD
Major Services	50% AD	50% AD
<b>ORTHODONTIA</b>		
Benefit Coverage	Not covered	Plan pays 50%
Lifetime Maximum	Not covered	\$1,500
Eligibility	Not covered	Eligible children to age 19 and adults

AD = After Deductible

\*When you or your family members receive any preventive care service during one plan year, the annual dollar maximum will increase by \$50 in the following plan year; until it reaches the highest level specified. Please refer to your plan materials for additional information on this plan feature.

In-network and out-of-network benefit provisions are the same, but may be applied differently for out-of-network services. Please refer to plan documents for additional details.

For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR code here.



**CIGNA**  
Standard Plan



**CIGNA**  
Enhanced Plan





## Vision Insurance

Administered by Cigna  
Network: Cigna Vision

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. If you have vision needs, consider Ultradent’s vision plan!

	Standard Plan		Enhanced Plan	
	Copay	Frequency	Copay	Frequency
<b>Exam</b>	\$10	1 per 12 months	\$10	1 per 12 months
<b>Lenses</b>	\$25	1 per 12 months	\$10	1 per 12 months
<b>Contact Lens Fitting</b>	Not to exceed \$60	1 per 12 months	Not to exceed \$60	1 per 12 months
	Retail Allowance	Frequency	Retail Allowance	Frequency
<b>Frames</b>	Up to \$130**	1 per 24 months	Up to \$180**	1 per 12 months
<b>Contact Lenses*</b>	Up to \$130**	1 per 12 months	Up to \$180**	1 per 12 months

\*Contact lens coverage provided in lieu of frames and lenses

\*\*20% off any amount over the retail allowance

Please refer to plan documents for out-of-network benefits and additional details.

For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR code here.

CIGNA  
Standard Plan



CIGNA  
Enhanced Plan



### Don't Forget!

Your Ultradent medical plan covers a preventive eye exam once per year at no cost to you.



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



Insured by New York Life

**Life & Accidental Death & Dismemberment (AD&D) Insurance** protects your family's future, no matter what life may throw your way.

### Employer-Paid Term Life and AD&D Insurance

Ultradent provides you with a base level of employee **Term Life and AD&D Insurance** at no cost to you. Imputed Income applies after the first \$50,000 of coverage.

Plan	Details
Employee	2 times annual base salary, up to \$850,000
Spouse	\$20,000
Child(ren) – Live Birth to age 26	\$10,000

Basic Life Plan    Basic AD&D Plan



For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR codes here.

### Optional Employee-Paid Term Life and AD&D Insurance

Plan	Details
Employee Term Life*	Elect in \$25,000 increments, up to \$800,000; Guarantee Issue: \$250,000
Employee AD&D**	Elect in \$25,000 increments, up to \$800,000; Guarantee Issue: \$800,000
Spouse / Domestic Partner Term Life*	Elect in \$25,000 increments, up to \$400,000, not to exceed 100% of employee coverage; Guarantee Issue: \$50,000
Child Term Life†	Elect in \$5,000 increments, up to \$20,000

\*Benefit reduction due to age may apply. Review plan documents for additional details.

\*\*You may elect Optional AD&D coverage for yourself, or for yourself and your family. If Family AD&D is elected, dependent coverage is a portion of employee coverage and all of your eligible dependents are covered under one rate. No EOI is required for Optional AD&D coverage.

†All eligible children are covered for Child Term Life. Maximum Benefit paid for children from Live Birth to 6 Months: \$10,000

**Voluntary Term Life Insurance** is tied to your employment and typically ends if you leave Ultradent. However, there may be an opportunity to continue coverage through New York Life, if desired. Please reach out to your HR team with any questions.

Voluntary Life Plan

Voluntary AD&D Plan



For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR code here.

### Permanent Life Insurance

Insured by Transamerica



Unlike **Term Life Insurance**, this **Permanent Life Insurance** plan is tied solely to you and will continue, regardless of your employment, as long as you pay the premium.

As you proceed through your online enrollment, you will be given the option to indicate that you are interested in Permanent Life Insurance. If you have interest, you will be provided a link to enroll in coverage after you have completed the rest of your benefit elections.

Note: The Aptia365 confirmation statement, which is generated once you have completed your elections, will not immediately show the Permanent Life election or the cost of the coverage.

For additional plan details, visit <https://aptia365.ultradent.com> or go to <https://transamerica.benselect.com/enroll/Login.aspx?Path=ULTRADENT>.



## Disability Insurance

Insured by New York Life

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income, and possibly Social Security. Disability insurance provides protection for your most valuable asset – your ability to earn an income.

### Employer-Paid Disability

Plan	Employer-Paid Short Term Disability	Employer-Paid Long Term Disability
<b>Benefit Provided</b>	60% of salary	40% of salary
<b>Maximum Benefit Amount</b>	\$2,000 per week	\$7,500 per month
<b>Maximum Benefit Period</b> (including waiting period)	13 weeks (12 paid)	Social Security Normal Retirement Age
<b>Waiting Period</b>	7 days	90 days
<b>Optional Buy-Up Plan</b>	No	Yes*

\*For buy-up cost and coverage details, visit <https://aptia365.ultradent.com>

Pre-existing condition clause may apply.

### Optional Employee-Paid Disability

Plan	Employee-Paid Long Term Disability
<b>Benefit Provided</b>	Additional 20% of covered salary for 60% total coverage
<b>Maximum Benefit Amount</b>	\$10,000 per month
<b>Maximum Benefit Period</b> (including waiting period)	Social Security Normal Retirement Age
<b>Waiting Period</b>	90 days

\*For buy-up cost and coverage details, visit <https://aptia365.ultradent.com>

Evidence of insurability and/or pre-existing condition clause may apply.

If you live in a state that requires employers to offer **Short Term Disability** benefits, your coverage will be coordinated between Ultradent and the state. Check with your HR team to determine whether this applies to you.

For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR codes here.



STD Plans



LTD Plans



## Employee Assistance Program (EAP)

Administered by Tava Health



### Your Traditional EAP vs TavaHealth



Limited hours, difficult to access & long wait times



24/7 access to care, easy to reach, immediate support

#### How to Get Started



Visit: [care.tavahealth.com](https://care.tavahealth.com)

**Create an Account:** It's quick, easy, and secure.

**Get Matched:** Choose from providers matched to your needs

**Book First Session:** Start getting the support you deserve.

You don't have to navigate this alone. Take the next step toward your mental well-being with a provider who understands your journey.

For questions call Tava Support [385.376.4683](tel:385.376.4683).

### Get back to feeling like you!

Your psychological well-being can affect your physical health, relationships, and work performance. Tava's network of vetted clinicians helps you step out of the fog and get back to a happier, more fulfilled you.

Tava is a free, confidential mental health benefit available to employees and their dependents (including children ages 13–25). The benefit provides up to 12 free sessions with licensed clinicians through Tava's secure, web-based technology platform. All you need for a live, video-based session is reliable internet access and a connected device with a camera (smartphone, computer, or tablet).

### Key Features

» **Free to Use**

No claims, no copays, no deductibles. You and your dependents will have 12 sessions (per person per year) completely covered.

» **Convenient**

Self-scheduled online video sessions mean you get care whenever works best for you: days, nights, or weekends.

» **Confidential**

Tava does not tell your employer who used this service. Your identity and anything you discuss is confidential.

» **Top Quality**

Quality care from quality therapists. Tava's clinicians are licensed, vetted, and use evidence-based treatments.

### Support for a Range of Issues

Whether you feel stressed, stuck, or burdened, Tava can help. Support is available for issues such as:

- » Addiction
- » Anxiety
- » Depression
- » Eating disorders
- » Family issues
- » Grief and loss
- » LGBTQ+ issues
- » Life changes
- » Postpartum issues
- » PTSD
- » Trauma
- » Relationship issues
- » Work pressure
- » Stress
- » And more...

### Frequently Asked Questions

**Can I really use this service for free?**

Yes! The cost of the first 12 sessions annually for you and each of your eligible dependents will be completely covered by your employer.

**What if I would like more sessions?**

Once an individual has used their covered sessions, there are several ways in which they can continue care. Many Tava therapists are credentialed with one or more insurance providers, so some or all of the cost of your additional sessions may be covered by insurance. Individuals can also pay for sessions out-of-pocket using debit or credit cards or FSA or HSA funds.

### Do Tava sessions count toward my insurance plan's deductible or out-of-pocket maximum?

Your use of sessions sponsored by your employer does not impact your deductible or out-of-pocket maximum. Costs of additional sessions that you choose to cover with your insurance apply toward your deductible and out-of-pocket maximum according to your insurance plan.

### Who is eligible to use this service?

The Tava Health benefit is available to all full- and part-time employees and their dependents, including children ages 13–25. Employers are encouraged to ensure all household members are aware of their ability to use this service. When one household member is struggling, others often are as well.

### Is this service confidential?

Yes. Written records of all services are kept private and are unavailable to employers or others without the written consent of the identified patient (or legal guardian) unless disclosure of information is required by law or court order.

### Can my employer see who is using Tava?

No. Employers do not have access to individual usage data. Any usage data that Tava shares with your employer is always de-identified and aggregated, protecting confidentiality and the identities of our individual clients.

### Will my personal information be kept safely?

Yes. All personally identifiable information is stored in a secure, HIPAA-compliant database and will never be sold, shared, or transmitted for any reason.

### Is this service available after business hours?

Yes. Tava's therapists have availability that extends beyond normal business hours. For current appointment availability, please visit [care.tavahealth.com](https://care.tavahealth.com) or call Tava Support **385.376.4683**.

### What if I need help immediately?

If you have an emergency or urgent matter, call the suicide hotline at **988**, go to [www.suicidepreventionlifeline.org](https://www.suicidepreventionlifeline.org), visit your nearest emergency room, or call **911**.



### How will I talk with my therapist?

Therapy sessions are delivered via video chat through Tava's online portal. All you need is a connected device with a camera (e.g., computer, smartphone, tablet). This means your sessions can take place wherever is most convenient and comfortable for you. We recommend choosing a quiet, private location with reliable, high-speed Wi-Fi for your visits.

### What are the qualifications of my therapist?

Therapy sessions are provided by licensed master's-level or doctoral-level mental health professionals. Licensure requirements and specific titles vary by state. We verify each clinician's credentials and require their licensure be maintained in good standing.

### What kind of therapy does Tava provide?

Tava's therapists provide talk therapy (i.e., psychotherapy) to help you identify ways to understand, manage, and resolve problems, including unhealthy thought patterns and behaviors. Therapists cannot prescribe medications.

### What issues does Tava help resolve?

Tava has therapists who understand and treat many types of issues. See the comprehensive list of issues our therapists often address on the previous page of this document. If you are wondering whether Tava can help you, schedule a free, initial consultation at [care.tavahealth.com](https://care.tavahealth.com).

### Will my therapist and I be a good match?

Before your first visit, you will fill out a questionnaire that will help Tava suggest therapists for you. If at any time you feel your therapist is not a great fit, it's easy to change therapists. This relationship is a key determinant to the success of therapy.

### Is online, video-based therapy effective?

Yes. Research has shown that online, video-based therapy is equivalent to in-person care in diagnostic accuracy, treatment effectiveness, quality of care, and patient satisfaction. In 2018, the American Psychiatric Association officially recognized the effectiveness of telehealth mental health.

Telemedicine in psychiatry, using video conferencing, is a validated and effective practice of medicine that increases access to care. The American Psychiatric Association supports the use of telemedicine as a legitimate component of a mental health delivery system to the extent that its use is for the benefit of the patient, protects patient autonomy, confidentiality, and privacy, and adheres to applicable laws on medical ethics and medical practice governing law.

For current appointment availability, please visit [care.tavahealth.com](https://care.tavahealth.com) or call Tava Support **385.376.4683**



## Supplemental Medical Insurance

### Accident Insurance

Administered by Voya

An accidental injury can be costly, especially if you are financially unprepared. Your current medical coverage will help pay for expenses associated with an injury, but won't cover all of the out-of-pocket expenses you may face. Don't wait until you are rushed to the emergency room to realize you need more protection. With accident insurance, you will receive additional coverage that your medical insurance may not cover.

Below is for illustrative purposes only and is not a complete list of benefits payable. Refer to your certificate for complete details, definitions, limitations, and exclusions.

Accident Plan Benefits	
	Value Plan
Accident Coverage	Off Job
Accidental Death or Catastrophic Loss	Employee: \$40,000 Spouse: \$20,000 Child: \$8,000
Wellness Benefit	\$75 per person per calendar year
Accident Emergency Room Treatment	\$300
Accident Follow-up Visit: Doctor	\$100
Air Ambulance	\$2,000
Ground Ambulance	\$500
Burns: 2nd Degree / 3rd Degree	Up to \$1,250 / up to \$15,000
Coma	Induced (up to 14 days): \$150 Non-Induced (14 days or more): \$17,000
Dislocations	Schedule up to \$6,400
Emergency Dental Work	
• Crown	\$350
• Extraction	\$90
Eye Injury	\$350
Fracture	Schedule up to \$5,600
Hospital	
• Admission	\$1,500
• Confinement	\$300 per day, up to 1 year
Critical Care Unit	
• Admission	\$1,500
• Confinement	\$450 per day, up to 30 days
Initial Physician's Office or Urgent Care Facility Treatment	\$100
Laceration	Schedule up to \$480
Ruptured Disc with Surgical Repair	\$800
Surgery: Open Abdominal, Thoracic	\$1,200
Tendon / Ligament / Rotator Cuff	1: \$825; 2 or more: \$1,225
X-Ray	\$100

For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR code here.





## Hospital Indemnity Insurance

Administered by Voya

When hospitalized, you may not realize that most primary health insurance plans do not cover all hospital costs. Hospital Indemnity Insurance can complement your medical coverage by helping to ease the financial impact of a hospitalization due to accident or illness. Coverage is available for employees, spouses, and eligible child dependents. Benefits are paid directly to employees unless otherwise specified and regardless of any other insurance. Eligible employees and dependents will be able to elect coverage during Open Enrollment regardless of prior health history.

Hospital Plan	Benefits
<b>Hospital Admission Benefit (Inpatient)</b> One Benefit per confinement, up to 8 admission(s) per year	\$600
<b>Critical Care Unit Admission Benefit</b>	\$1,200
<b>Rehabilitation Facility Admission Benefit</b>	\$600
<b>Daily Hospital Confinement</b> (starts on day 2, payable up to 31 days)	\$100
<b>Daily Critical Care Unit Confinement</b> (starts on day 2, payable up to 31 days)	\$200
<b>Rehabilitation Facility Confinement</b> (starts on day 2, payable up to 31 days)	\$100
<b>Wellness Benefit</b>	\$75 per person per calendar year
<b>Plan Highlights</b>	<ul style="list-style-type: none"> <li>• <b>Guaranteed issue; no medical questions</b></li> <li>• <b>No pre-existing conditions exclusions</b></li> <li>• No deductibles</li> <li>• Paid directly to you</li> <li>• Coverage offered on a voluntary basis</li> </ul>

For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR code here.





## Critical Illness Insurance

Administered by Voya

Life is unpredictable. Critical Illness coverage can help offer peace of mind when a serious health diagnosis occurs. You can elect \$15,000 or \$30,000 of coverage for yourself. If you elect coverage for yourself, you can elect up to 50% of your coverage amount for your spouse and/or dependent children. Depending on your election amount, that dollar amount will be paid to you at the below percentages if the corresponding critical illness diagnoses occur.

Critical Illness Benefits	
Covered Conditions	First Occurrence*
Heart Attack, Invasive Cancer, Stroke, Major Organ Transplant, Type 1 Diabetes, Benign Brain Tumor, Coronary Artery Bypass, Severe Burns, Coma, Multiple Sclerosis, Permanent Paralysis, Loss of Sight, Loss of Speech, Loss of Hearing, ALS, Parkinson's Disease, Huntington's Disease, Muscular Dystrophy	100%
Carcinoma in Situ, Systemic Sclerosis, Addison's Disease, SLE	50%
Stem Cell Transplant, Open Heart Surgery for Valve Replacement or Repair, ICD Placement, Bone Marrow Transplant	25%
Ruptured or Dissecting Aneurysm, Abdominal Aortic Aneurysm, Thoracic Aortic Aneurysm, Transient Ischemic Attacks, Pacemaker Placement, Skin Cancer, Coronary Angioplasty	10%
<b>Childhood Covered Conditions</b> Cerebral Palsy, Congenital Birth Defects, Cystic Fibrosis, Down's Syndrome, Gaucher Disease – Type II or III, Infantile Tay-Sachs, Niemann-Pick Disease, Pompe Disease, Sickle Cell Anemia, Type IV Glycogen Storage Disease, Zellweger Syndrome, Type 1 Diabetes	100% of Child Benefit
<b>Wellness (Health Screening) Benefit</b>	\$75 per person per calendar year

For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR code here.





### What is the Wellness Benefit?

The Wellness Benefit is included with your Accident, Critical Illness, and Hospital Indemnity Insurance coverage. It provides an annual benefit payment if you complete a covered health screening test on or after your coverage effective date, whether or not there is any out-of-pocket cost to you. You only need to complete one health screening test and may only receive a benefit payment once per calendar year, even if you complete multiple tests. You may also receive a benefit payment for your spouse and/or children if they are covered for the Wellness Benefit and complete a health screening test on or after your coverage effective date.

#### 1 Getting your Wellness Benefit is easy.

You, your covered spouse and/or your covered children complete a health screening test.

What types of health screening tests are eligible?		
<b>Covered Health screening tests include but are not limited to:</b>		
<ul style="list-style-type: none"> <li>• Blood test for triglycerides</li> <li>• Pap smear or thin prep pap test</li> <li>• Flexible sigmoidoscopy</li> <li>• CEA (blood test for colon cancer)</li> <li>• Bone marrow testing</li> <li>• Serum cholesterol test for HDL &amp; LDL levels</li> <li>• Hemoccult stool analysis</li> <li>• Serum Protein Electrophoresis (myeloma)</li> <li>• Breast ultrasound, sonogram, MRI</li> <li>• Molecular or antigen test (Coronavirus disease (COVID-19)*</li> <li>• Immunizations</li> </ul>	<ul style="list-style-type: none"> <li>• Chest x-ray</li> <li>• Mammography</li> <li>• Colonoscopy</li> <li>• CA 15-3 (breast cancer)</li> <li>• Stress test on bicycle or treadmill</li> <li>• Fasting blood glucose test</li> <li>• Thermography</li> <li>• PSA (prostate cancer)</li> <li>• Hearing test</li> <li>• Routine eye exam</li> </ul>	<ul style="list-style-type: none"> <li>• Well child/preventative exams age 1 through age 18</li> <li>• Biometric screenings</li> <li>• Electrocardiogram (EKG)</li> <li>• Annual Physical Exam – Adults</li> <li>• CA 125 (ovarian cancer)</li> <li>• Tests for sexually transmitted infections (STIs)</li> <li>• Ultrasound screening for abdominal aortic aneurysms</li> <li>• Hemoglobin A1C (HbA1c)</li> <li>• Bone density screening</li> <li>• Routine dental exam</li> </ul>

2 Visit the **Employee Benefit Resource Center**: <https://presents.Voya.com/EBRC/Ultradent>

Group policy name: **Ultradent Products, Inc.**

3 Group policy number: **750255**

4 Complete the questions regarding the health screening test, electronically sign and submit your Wellness Benefit claim. A confirmation number will be provided for your reference, as well as the option to save the form for your records. Receive a benefit payment for each covered individual for whom an eligible claim was filed.

ReliaStar Life Insurance Company,  
a member of the Voya® family of companies

PLAN  
INVEST  
PROTECT



**If you have any questions about the claim process, call 888.238.4840.**

## Additional Benefits

### Identity Theft Protection

#### Allstate Identity Protection (AIP)

This optional benefit offers comprehensive protection for you and your family against identity theft. Benefits include:

- » Identity and credit monitoring alerts to uncover fraud quickly
- » An annual credit report and a score each month, making it easier to monitor your credit
- » Social media monitoring to protect against cyberbullying and reputational damage within sites
- » A digital wallet for securely storing documents and credit cards with a lost wallet replacement service
- » Threshold monitoring to view and manage your financial transactions from all your accounts in one place

For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR code here.



### Legal Plan

#### MetLife® Legal

Finding an affordable attorney can be a challenge. This plan helps you find legal representation for you and your family for legal matters including:

- » Wills and Estate Planning
- » Family Law (Name Change, Adoption)
- » Consumer Protection (Auto Repair, Consumer Fraud)
- » Juvenile Court Matters (Includes Criminal Matters)
- » Debt-Related Matters (Bankruptcy, Tax Audits)
- » Elder Law Matters (Consultations, Document Review)
- » Home and Real Estate Matters (Purchase or Sale of a Home, Security Deposits) The plan is easy to use — no copayments, deductibles or waiting periods!

For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR code here.



### Commuter Benefits

#### Can be changed monthly!

Commuter benefits can lower your costs by using before-tax dollars to pay for qualified transportation expenses, such as transit passes and parking. You decide how much to contribute, and the money will be automatically deducted from your paycheck and placed on a debit card for your use.

For access to our account, visit <https://aptia365.ultradent.com> or scan the QR code here.



## Pet Insurance

Can be elected year-round!



### Nationwide Pet®

Pets are unpredictable. While it's hard to anticipate accidents and illnesses, Nationwide Pet Insurance makes it a little easier to be prepared for them. Nationwide Pet provides coverage for unexpected and significant medical incidents by providing protection for your pets when you need it.

Nationwide Pet policies cover many medical problems and conditions related to accidents and illnesses, including cancer. You are free to use any veterinarian worldwide – even specialists and emergency care providers. Best of all, Aptia365 participants receive preferred pricing.

You will have the opportunity to elect pet insurance during your enrollment. If you choose “I’m interested,” once you have confirmed your benefit elections, you will receive a link to enroll in or change your pet insurance coverage. Note: The Aptia365 confirmation statement, which is generated once you have completed your 2026-2027 elections, will not immediately show the pet insurance election or the cost of the coverage.

For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR code here.



## Online Marketplace

Can be elected year-round!



### Gallagher Marketplace

Shop the Gallagher Marketplace for money-saving deals

Gallagher Marketplace offers you non-traditional benefits that can save you money, including:

- » Home and auto insurance
- » Renters' insurance
- » Extended vehicle warranties, as well as boat, ATV, and RV coverage
- » PerkSpot discounts

Because Ultradent partners with Gallagher, you have access to these and other discounted benefits.

1. Go to [c2mb.ajg.com/gmpet/benefits](https://c2mb.ajg.com/gmpet/benefits) to see the benefits available and select a product to view more details. Scan the QR code with your smartphone to learn more.
2. Enter preliminary details and receive a no-obligation quote.
3. Connect with an agent who will answer your questions and assist you with the application process.

For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR code here.



## Employee Perks

The following benefits are not administered in Aptia365, but are offered to you by your employer. If you have questions regarding these benefits, please refer to the Contact Information page.

### Mobile Phone Discount

Previ



Previ offers an exclusive membership with superior prices on cell phone services. For cell service, Previ negotiates directly with T-Mobile and AT&T to offer unlimited mobile plans for Previ members and their families. The average savings for employees moving to a Previ membership plan is > \$1,000+ annually. At a time when it seems everything else is getting more expensive, that's some significant savings.



For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR code here.

### Recognize, Reward, Redeem

Awardco



Awardco is a company specializing in employee recognition and rewards software. Ultradent is partnered with Awardco to enhance employee engagement and retention.



For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR code here.

### Get Out of Debt and Save

SmartDollar is an employee financial wellness benefit based on the Dave Ramsey's proven principles. These principles, called Baby Steps, have helped millions of people ditch the debt and save wisely.



For additional plan details, visit <https://aptia365.ultradent.com> or scan the QR code here.



## Employee Costs

The per pay period contributions may differ slightly from what is shown on the enrollment site due to rounding. View additional rates for plans not listed below at <https://aptia365.ultradent.com>.

### Medical Plan Rates – Regence Group Administrators and SelectHealth

Per Pay Period Cost	\$1,700 / \$3,400 HDHP	\$2,500 / \$5,000 HDHP
Employee Only	\$116.00	\$72.00
Employee + Spouse	\$203.00	\$111.00
Employee + Child(ren)	\$164.50	\$87.50
Employee + Family	\$228.00	\$115.50

### Dental Plan Rates – Cigna

Per Pay Period Cost	Standard Plan	Enhanced Plan with ORTHO
Employee Only	\$5.50	\$8.00
Employee + Spouse	\$14.50	\$18.00
Employee + Child(ren)	\$12.50	\$15.50
Employee + Family	\$15.50	\$20.50

### Vision Plan Rates – Cigna

Per Pay Period Cost	Standard Plan	Enhanced Plan
Employee Only	\$2.84	\$4.19
Employee + Spouse	\$5.69	\$8.39
Employee + Child(ren)	\$5.76	\$8.48
Employee + Family	\$9.17	\$13.53

### Accident Plan Rates – Voya

Per Pay Period Cost	
Employee Only	\$4.39
Employee + Spouse	\$6.73
Employee + Child(ren)	\$7.88
Employee + Family	\$10.22

### Identity Theft Protection Plan Rates – Allstate

Per Pay Period Cost	
Employee Only	\$4.98
Employee + Family	\$8.98

### Hospital Indemnity Plan Rates – Voya

Per Pay Period Cost	
Employee Only	\$6.64
Employee + Spouse	\$10.92
Employee + Child(ren)	\$9.65
Employee + Family	\$13.92

### Legal Plan Rates – MetLife

Per Pay Period Cost	
\$9.00	

## Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local Human Resources department.

Benefit	Administrator	Phone	Website
Enrollment Support	Aptia365 Benefits Center	844.344.8830	<a href="https://aptia365.ultradent.com">https://aptia365.ultradent.com</a>
Medical	Regence Group Administrators (RGA)	866.738.3924	<a href="https://www.accessrga.com/">https://www.accessrga.com/</a>
	SelectHealth (Utah Only)	801.442.5038	<a href="http://www.selecthealth.org">www.selecthealth.org</a>
Prescription	Scripius	800.442.3127	<a href="https://www.scripius.org/">https://www.scripius.org/</a>
Tobacco Cessation Program	SelectHealth	866.Quit.4.Life 866.7848.4.5433	<a href="http://www.quitnow.net">www.quitnow.net</a>
Flexible Spending and Health Savings Accounts	Fidelity	800.835.5095	<a href="http://www.fidelityworkplace.com">www.fidelityworkplace.com</a>
Aptia365 HUB	Aptia365	866.385.8032	<a href="https://aptia365.ultradent.com">https://aptia365.ultradent.com</a>
Dental	Cigna	800.Cigna24 800.244.6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Vision	Cigna	800.Cigna24 800.244.6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
Term Life / AD&D	New York Life	888.842.4462	<a href="http://www.mynylgbs.com">www.mynylgbs.com</a>
Permanent Life	Transamerica	888.763.7474	<a href="https://transamerica.benselect.com/enroll/Login.aspx?Path=ULTRADENT">https://transamerica.benselect.com/enroll/Login.aspx?Path=ULTRADENT</a>
Disability	New York Life	888.842.4462	<a href="http://www.mynylgbs.com">www.mynylgbs.com</a>
Accident	Voya	855.698.4900	<a href="https://presents.Voya.com/EBRC/Ultradent">https://presents.Voya.com/EBRC/Ultradent</a>
Hospital Indemnity	Voya	855.698.4900	<a href="https://presents.Voya.com/EBRC/Ultradent">https://presents.Voya.com/EBRC/Ultradent</a>
Critical Illness	Voya	855.698.4900	<a href="https://presents.Voya.com/EBRC/Ultradent">https://presents.Voya.com/EBRC/Ultradent</a>
Identity Theft	Allstate Identity Protection	800.789.2720	<a href="http://www.myaip.com">www.myaip.com</a>
Legal	MetLife Legal	800.821.6400	<a href="http://www.legalplans.com">www.legalplans.com</a>
Commuter	Fidelity	800.835.5095	<a href="http://www.fidelityworkplace.com">www.fidelityworkplace.com</a>
Pet Insurance	Nationwide Pet	855.525.1458	<a href="https://benefits.petinsurance.com/ultradentproducts">https://benefits.petinsurance.com/ultradentproducts</a>

Benefit	Administrator	Phone Number	Website	Email
Employee Assistance Program	Tava Health	385.376.4683	<a href="http://www.tavahealth.com">http://www.tavahealth.com</a>	<a href="mailto:support@tavahealth.com">support@tavahealth.com</a>
Mobile Phone Discount	Previ	801.437.0620	<a href="http://www.previ.com/access/ultk92f">www.previ.com/access/ultk92f</a>	<a href="mailto:hrrservicedesk@ultradent.com">hrrservicedesk@ultradent.com</a>
Recognize, Reward, Redeem	Awardco	N/A	<a href="https://ultradent.awardco.com/">https://ultradent.awardco.com/</a>	<a href="mailto:hrrservicedesk@ultradent.com">hrrservicedesk@ultradent.com</a>
Get Out of Debt and Save	SmartDollar	N/A	<a href="https://www.smartdollar.com">https://www.smartdollar.com</a>	<a href="mailto:hrrservicedesk@ultradent.com">hrrservicedesk@ultradent.com</a>

## Key Words to Know

### Medical Insurance

- » **Coinsurance:** Percentage of the charge your plan pays, typically after you have met the deductible
- » **Copay:** An amount you pay for a covered service each time you use that service, which usually does not apply toward the deductible
- » **Deductible:** The amount you pay before the plan begins to pay
- » **Out-of-Pocket Costs:** Expenses you pay, such as deductibles, copays and the remaining amounts after plan coinsurance is paid
- » **Out-of-Pocket Maximum:** The maximum amount you pay for covered services in a year (you may need to pay additional amounts if you receive care from an out-of-network provider)

### Dental Insurance

The service definitions below are not guarantees of coverage; refer to Plan Documents to confirm covered services.

- » **Annual Maximum Benefit:** Maximum total amount the plan will pay during the plan year
- » **Basic Services:** Restorations, some oral surgery, endodontics and periodontics
- » **Deductible:** The amount you pay before the plan begins to pay
- » **Major Services:** Crowns, dentures, implants and some oral surgery
- » **Orthodontia:** Straightening or moving misaligned teeth and/or jaws with braces and/or surgery
- » **Preventive Services:** Designed to prevent or diagnose dental conditions, including oral evaluations, routine cleanings, x-rays, fluoride treatments and sealants

### Vision Insurance

- » **Copay:** An amount you pay for a covered service each time you use that service
- » **Retail Allowance:** Maximum allowance paid toward the cost of vision materials; you are required to pay any amounts in excess of the retail allowance

### Life Insurance

- » **Accidental Death & Dismemberment Insurance:** Pays a benefit upon the accidental death of an insured person; also provides benefits for certain covered accidental dismemberments
- » **Beneficiary:** Person or legal entity designated as the recipient of benefits from life or AD&D insurance
- » **Evidence of Insurability (EOI):** Statement of health proving a person's eligibility for certain amounts of coverage
- » **Guaranteed Issue:** An amount of insurance that does not require evidence of insurability
- » **Life Insurance:** Pays a benefit upon the death of an insured person

### Disability Insurance

- » **Actively at Work:** You are considered to be actively at work if you are performing all of the usual and customary duties of your job at your employer's place of business (or an alternate place approved by your employer). Use of normal time off provided by your employer does not impact your actively at work status. If you are not working due to an illness, injury or leave of absence, you are not considered to be actively at work. If you are not actively at work you cannot enroll in or increase life, disability or supplemental medical coverage.
- » **Short Term Disability:** When you are unable to work for a period of time due to a disabling illness or injury, short term disability insurance can replace a percentage of your lost income (up to a maximum weekly benefit) for a period of time as defined by the policy.
- » **Long Term Disability:** When you are unable to work for an extended period of time due to a disabling illness or injury, long term disability insurance can replace a percentage of your lost income (up to a maximum monthly benefit) for a period of time as defined by the policy.

## Legal Notices and Disclosures

**ULTRADENT PRODUCTS, INC. RESERVES THE RIGHT TO CHANGE, AMEND OR TERMINATE ANY BENEFITS PLAN AT ANY TIME FOR ANY REASON. PARTICIPATION IN A BENEFITS PLAN IS NOT A PROMISE OR GUARANTEE OF FUTURE EMPLOYMENT. RECEIPT OF BENEFITS DOCUMENTS DOES NOT CONSTITUTE ELIGIBILITY. THESE NOTICES DO NOT APPLY TO ANY BENEFITS YOUR EMPLOYER OFFERS OUTSIDE OF APTIA365.**

The Benefits Decision Guide, combined with these legal notices, provides an overview of the benefits available to eligible employees and their dependents. In all cases, the official plan documents govern and this Benefits Decision Guide is not, and should not be relied upon as a governing document. In the event of a discrepancy between the information presented in the Benefits Decision Guide and official plan documents, the official plan documents will govern.

### Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the Ultradent Products, Inc. Health and Welfare Benefit Plan summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

### Summary of Benefits Coverage

A Summary of Benefits Coverage (SBC) for each of the employer-sponsored medical plans is available at <https://aptia365.ultradent.com>. You may also request a paper copy by calling Aptia365.

### Taxation of Benefits

The taxation of certain benefits may vary at the local, state and federal level. You should consult your tax advisor if you have any questions about the proper treatment of any benefits.

## Notice of Creditable Coverage

### Important Notice from Ultradent Products, Inc. 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 Ultradent Products, Inc. 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. Ultradent Products, Inc. has determined that the prescription drug coverage offered by the medical plan 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 15 to December 7.

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 Ultradent Products, Inc. coverage may be affected. If you do decide to join a Medicare drug plan and drop your current Ultradent Products, Inc. coverage, be aware that you and your dependents may be able to get this coverage back.

### 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 Ultradent Products, Inc. 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.

**For More Information About This Notice or Your Current Prescription Drug Coverage:**

Contact the person listed below for further information. NOTE: 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 Ultradent Products, Inc. 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](http://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 **800.MEDICARE (800.633.4227)**. TTY users should call **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](http://www.socialsecurity.gov), or call them at **800.772.1213** (TTY **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:** April 28, 2026  
**Name of Entity/Sender:** Ultradent Products, Inc.  
**Contact:** Samantha Druce  
**Address:** 505 West Ultradent Drive (10200 South)  
South Jordan, UT 84095  
**Phone Number:** **800.553.4410**  
**Email:** [Samantha.Druce@Ultradent.com](mailto:Samantha.Druce@Ultradent.com)

## HIPAA Notice of Privacy Practices Reminder

### Protecting Your Health Information Privacy Rights

Ultradent Products, Inc. is committed to the privacy of your health information. The administrators of the Ultradent Products, Inc. health plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Samantha Druce at [801.553.4410](tel:801.553.4410) or [Samantha.Druce@Ultradent.com](mailto:Samantha.Druce@Ultradent.com).

## HIPAA Special Enrollment Rights

### Ultradent Products, Inc. Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Ultradent Products, Inc. health plan (to actually participate, you must complete an enrollment form and may be required to pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – 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.

**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 60 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 60 days after the marriage, birth, adoption, or placement for adoption.

**Eligibility for Premium Assistance Under 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 Samantha Druce at [801.553.4410](tel:801.553.4410) or [Samantha.Druce@Ultradent.com](mailto:Samantha.Druce@Ultradent.com).

## Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

## Women's Health & Cancer Rights Act

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 the plan. If you would like more information on WHCRA benefits, please contact Samantha Druce at [801.553.4410](tel:801.553.4410) or [Samantha.Druce@Ultradent.com](mailto:Samantha.Druce@Ultradent.com).

## Newborns' and Mothers' Health Protection Act

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Qualified Medical Child Support Orders

Coverage will be provided to any of your dependent child(ren) if a Qualified Medical Child Support Order (QMCSO) is issued, regardless of whether the child(ren) currently reside with you. A QMCSO may be issued by a court of law or issued by a state agency as a National Medical Support Notice (NMSN), which is treated as a QMCSO. If a QMCSO is issued, the child or children shall become an alternate recipient treated as covered under the Plan and are subject to the limitations, restrictions, provisions, and procedures as all other plan participants.

## COBRA Regulations

COBRA stands for Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA is the Federal Health Care Continuation Law. COBRA requires that if an employee or other “Qualified Beneficiary” loses employer provided health coverage due to termination of employment or other specified qualifying event, the group health plan must offer to continue the healthcare coverage to the qualified beneficiary. A qualified beneficiary is the employee, the employee’s spouse, and any dependent children that are covered by the health plan the day before the qualifying event happens. The qualified beneficiary is required to pay the full cost of coverage plus a 2% administrative fee. COBRA is limited in its durations. In most cases it is limited to 18 or 36 months from the date of the qualifying event.

### Qualifying Events are as follows:

#### 18-Month Duration

- » Voluntary or involuntary termination of the covered employee’s employment (other than by reason of gross misconduct).
- » Reduction of hours of the covered employee’s employment which brings the employee below the 28 hours per week qualification for benefits.

#### 29-Month Duration: Disability

#### 36-Month Duration

- » Divorce and/or legal separation of the covered employee from the employee’s spouse.
- » Covered employee becomes entitled to Medicare benefits.
- » Dependent child ceases to be a dependent child.
- » Death of the covered employee.

If a qualified beneficiary is determined by the Social Security Administration to be disabled at the time of termination or within 60 days of termination, then the normal 18-month COBRA period may be extended to 29 months. For the months after the initial 18-month period, the plan may charge the disabled qualified beneficiary 150% of the applicable premium.

## Preventive Care

Certain preventive care services must be provided by nongrandfathered group health plans without member cost sharing (such as deductibles or copays) when these services are provided by a network provider. Please refer to your insurance company for more information. Contact information is listed under the “Contact Information” page in this Guide.

## Patient Protection Disclosure Notice

The Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the medical carrier listed under “Contacts” in Guide. You do not need prior authorization from the medical carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a preapproved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact the medical carrier listed under “Contacts” in this Guide.

## Family Medical Leave Act

FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. It also seeks to accommodate the legitimate interests of employers and promote equal employment opportunity for men and women. FMLA applies to all public agencies, all public and private elementary and secondary schools, and companies with 50 or more employees. There may be times when you need an extended leave of absence. The company has a Family and Medical Leave Policy that is in compliance with The Family and Medical Leave Act of 1993 (FMLA), as amended. FMLA provides an entitlement of up to 12 weeks, which protects employees’ jobs and benefits in the event of a medical or family circumstance, which requires the employee to take time off from work without pay. In general, the employee must have worked for at least 12 months and at least, 1,250 hours within the last 12 months immediately prior to the first day of leave.

### CIRCUMSTANCES PERMITTING FAMILY AND MEDICAL LEAVE

- » Birth of an employee’s child (within 12 months after birth)
- » Adoption of a child by an employee (within 12 months after placement)
- » Placement of a child with the employee for foster care (within 12 months after placement)
- » Care of a child, spouse or parent having a serious health condition
- » Incapacity of the employee due to a serious health condition
- » Military Leave

Additional leave laws may apply to you depending upon your specific state and if you or a dependent or a military member. Whenever possible leave must be requested in advance. If you have questions about FMLA or any leave requests, please 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](http://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 **877.KIDS.NOW** or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call **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 January 31, 2026. Contact your state for more information on eligibility.**

### ALABAMA – Medicaid

<http://myalhipp.com>  
855.692.5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program  
<http://myakhipp.com/> | 866.251.4861  
CustomerService@MyAKHIPP.com  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – Medicaid

<http://myarhipp.com>  
855.MyARHIPP (855.692.7447)

### CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program  
<http://dhcs.ca.gov/hipp>  
916.445.8322 | Fax: 916.440.5676 | Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO – Medicaid and CHIP

Health First Colorado (Colorado’s Medicaid Program)  
<https://www.healthfirstcolorado.com>  
Member Contact Center: 800.221.3943 | State Relay 711  
Child Health Plan Plus (CHP+)  
<https://hcpf.colorado.gov/child-health-plan-plus>  
Customer Service: 800.359.1991 | State Relay 711  
Health Insurance Buy-In Program (HIBI)  
<https://www.mycohibi.com/>  
HIBI Customer Service: 855.692.6442

### FLORIDA – Medicaid

[www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html](http://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html)  
877.357.3268

### GEORGIA – Medicaid

GA HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
678.564.1162, Press 1  
GA CHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
678.564.1162, Press 2

### INDIANA – Medicaid

Health Insurance Premium Payment Program  
All other Medicaid  
<https://www.in.gov/medicaid/> | 800.457.4584  
Family and Social Services Administration  
<http://www.in.gov/fssa/dfr/> | 800.403.0864

### IOWA – Medicaid and CHIP (Hawki)

Medicaid: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>  
800.338.8366  
Hawki: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>  
800.257.8563  
HIPP: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>  
888.346.9562

### KANSAS – Medicaid

<https://www.kancare.ks.gov/>  
800.792.4884 | HIPP Phone: 800.967.4660

### KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):  
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
855.459.6328 | KIHIPP.PROGRAM@ky.gov  
KCHIP: <https://kynect.ky.gov/> | 877.524.4718  
Medicaid: <https://chfs.ky.gov/agencies/dms>

### LOUISIANA – Medicaid

Medicaid: [www.la.gov/healthy-louisiana](http://www.la.gov/healthy-louisiana)  
Customer Service Line: 888.342.6207  
Medicaid Email: [healthy@la.gov](mailto:healthy@la.gov)  
Louisiana Health Insurance Premium Program (LaHIPP):  
<https://www.la.gov/lahipp>  
LaHIPP Phone: 877.697.6703 | LaHIPP Email: [La.HIPP@la.gov](mailto:La.HIPP@la.gov)  
LaHIPP Fax: 888.716.9787  
LaHIPP Mailing Address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

### MAINE – Medicaid

Enrollment: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
800.442.6003 | TTY: Maine relay 711  
Private Health Insurance Premium:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
800.977.6740 | TTY: Maine relay 711

**MASSACHUSETTS – Medicaid and CHIP**

<https://www.mass.gov/masshealth/pa>  
800.862.4840 | TTY: 711 | Email: [masspreassistance@accenture.com](mailto:masspreassistance@accenture.com)

**MINNESOTA – Medicaid**

<https://mn.gov/dhs/health-care-coverage/>  
800.657.3672

**MISSOURI – Medicaid**

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
573.751.2005

**MONTANA – Medicaid**

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
800.694.3084 | Email: [HSHSHIPProgram@mt.gov](mailto:HSHSHIPProgram@mt.gov)

**NEBRASKA – Medicaid**

<http://www.ACCESSNebraska.ne.gov>  
Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178

**NEVADA – Medicaid**

<http://dhcnp.nv.gov>  
800.992.0900

**NEW HAMPSHIRE – Medicaid**

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 15218  
| Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

**NEW JERSEY – Medicaid and CHIP**

Medicaid: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>  
800.356.1561  
CHIP: <http://www.njfamilycare.org/index.html>  
800.701.0710 (TTY: 711) | Premium Assistance: 609.631.2392

**NEW YORK – Medicaid**

[https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
800.541.2831

**NORTH CAROLINA – Medicaid**

<https://dma.ncdhhs.gov>  
919.855.4100

**NORTH DAKOTA – Medicaid**

<https://www.hhs.nd.gov/healthcare>  
844.854.4825

**OKLAHOMA – Medicaid and CHIP**

<http://www.insureoklahoma.org>  
888.365.3742

**OREGON – Medicaid and CHIP**

<http://healthcare.oregon.gov/Pages/index.aspx>  
800.699.9075

**PENNSYLVANIA – Medicaid and CHIP**

<https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
800.692.7462  
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
CHIP Phone: 800.986.KIDS (5437)

**RHODE ISLAND – Medicaid and CHIP**

<http://www.eohhs.ri.gov>  
855.697.4347 or 401.462.0311 (Direct Rlte Share Line)

**SOUTH CAROLINA – Medicaid**

<http://www.scdhhs.gov>  
888.549.0820

**SOUTH DAKOTA – Medicaid**

<http://dss.sd.gov>  
888.828.0059

**TEXAS – Medicaid**

<https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
800.440.0493

**UTAH – Medicaid and CHIP**

Utah's Premium Partnership for Health Insurance (UPP)  
<https://medicaid.utah.gov/upp/> | Email: [upp@utah.gov](mailto:upp@utah.gov) | 888.222.2542  
Adult Expansion: <https://medicaid.utah.gov/expansion/>  
Utah Medicaid Buyout Program: <https://medicaid.utah.gov/buyout-program/>  
CHIP: <https://chip.utah.gov/>

**VERMONT – Medicaid**

<https://dvha.vermont.gov/members/medicaid/hipp-program>  
800.250.8427

**VIRGINIA – Medicaid and CHIP**

<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 and Chip: 800.432.5924

**WASHINGTON – Medicaid**

<https://www.hca.wa.gov/>  
800.562.3022

**WEST VIRGINIA – Medicaid and CHIP**

<https://dhr.wv.gov/bms/> or <http://mywvhipp.com/>  
Medicaid: 304.558.1700  
CHIP Toll-free: 855.MyWVHIPP (855.699.8447)

**WISCONSIN – Medicaid and CHIP**

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
800.362.3002

**WYOMING – Medicaid**

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
800.251.1269

**To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, contact either:**

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
866.444.EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
877.267.2323, Menu Option 4, Ext. 61565

## Marketplace Notice

### Health Insurance Marketplace Coverage Options and Your Health Coverage

#### **PART A: GENERAL INFORMATION**

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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 Employer 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%<sup>1</sup> 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.<sup>1,2</sup>

**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.

#### **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.

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

<sup>2</sup> 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.

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](https://www.healthcare.gov) and either submit a new application or update an existing application on [HealthCare.gov](https://www.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](https://www.healthcare.gov) or call the Marketplace Call Center at **800.318.2596**. TTY users can call **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 Samantha Druce at **801.553.4410** or [Samantha.Druce@Ultradent.com](mailto:Samantha.Druce@Ultradent.com).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.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 Ultradent Products, Inc.		4. Employer Identification Number (EIN) 87-0336957	
5. Employer address 505 West Ultradent Drive (10200 South)		6. Employer phone number 801.572.4200	
7. City South Jordan	8. State Utah	9. ZIP code 84095	
10. Who can we contact about employee health coverage at this job? Samantha Druce			
11. Phone number (if different from above) 801.553.4410		12. Email address Samantha.Druce@Ultradent.com	

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

» As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are: Regular employees working 30+ hours per week and part-time employees working at least 20 hours per week.

» With respect to dependents:

We do offer coverage. Eligible dependents are: Spouse, Domestic Partners, and Child(ren) (including Stepchild(ren) and Child(ren) of Domestic Partners)

We do not offer coverage.

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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

## Notes

## Notes



This benefits guide prepared by



**Gallagher**

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