

2026 Employee Benefits Guide

January 1, 2026 - December 31, 2026



Table of Contents

Welcome to Your 2026 Benefits Guide	3
New Hires & Annual Enrollment	3
Making Changes During the Year	3
Eligibility and Dependents	4-5
Medical Plans & Pharmacy	6-8
Wellness/Preventive Benefits	9
Prescription Drug Coverage.....	9
Virtual Visits, Behavioral Health, Find a Doctor, MyCigna® App	9-11
Dental.....	12-13
Vision	13-14
Flexible Spending Account (FSA) and Health Savings Account (HSA).....	14-18
Life and AD&D Insurance	19-20
Disability Insurance	21
Supplemental Health Insurance	22-24
Employee Assistance Program (EAP)	24
401(k) Plan.....	25
Legal Resources	25
Identity Theft Protection Plan.....	26
Pet Health Insurance	27
Discount Program.....	28
Enrollment.....	29-31
Health Care Premiums.....	32
Contact Information.....	33

Welcome to Your 2026 Benefits Guide

Use this guide to learn what is available and how to enroll in your benefits. There is also the intranet site [Operation Smile Company Benefits](#) for you to access 24 hours a day, seven days a week.

Visit our [Operation Smile Company Benefits page](#) before you enroll and check back throughout the year for benefits-related information and updates. Whether you are new to Operation Smiles (Welcome!) or an employee (Thank you for your service!), in this guide and on the website, you will find a wide spectrum of plans and benefits for you and your family.

Take time to review, ask questions and make decisions that give you the best coverage to fit you and your family's needs. If you need more details on a topic or benefit, visit [Operation Smile Company Benefits](#) or [Paycom](#).

New Hires & Annual Enrollment

As a new employee, you must enroll in benefits within 30 days of your date of hire for an effective date of the first day of the month following your date of hire or reclassification as a benefits-eligible employee.

If eligible to enroll as a new hire/newly-benefit-eligible employee, go to [Paycom](#) and go to the Notifications Center, tap the current year's Benefits Enrollment, review the instructions, then tap "Start Enrollment" to begin your elections. If you need assistance, contact HR Benefits at benefits@operationsmile.org.

You can find more information about enrollment on the pages that follow. Remember, you need to take action to make sure you have the coverage that is right for you.

Making Changes During the Year

Once enrolled, you can make mid-year changes to your benefits during the plan year only within 30 days of a change in life status (qualified life event). Note: The mid-year changes you are eligible to make depend on the type of life-status change you have experienced. If you miss this 30-day deadline, you will not be able to enroll yourself or your dependents until the next annual enrollment window. Qualified life events include:

- You marry or divorce.
- You or your spouse give birth or adopt a child.
- Your spouse has a change in employment status, causing gain or loss of coverage for you or your dependents.
- You lose your current coverage under a different plan.
- Your spouse or a dependent passes away.
- Your dependent child is no longer eligible or is newly eligible.
- Qualified life event changes will be effective on the date of notification of the qualified life event, except for the birth or adoption of a child, which will be effective on the date of the event.
- Your dependent is eligible for the Children's Health Insurance Program Reauthorization Act of 2009 (CHIP). Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan—as long as you and your dependents are eligible but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

To make a change to your benefits following a qualified life event, contact Human Resources within 30 days of the date of the event to begin the process. To process the change, make your updates through [Paycom](#).

Eligibility

Operation Smile benefits are available to you if you're actively working 30 hours per week and designated as a benefits-eligible employee.

Your effective date of coverage is the first day of the month following your date of hire in a benefits-eligible position.

An enrollment window is provided each year so employees can review and change their coverage(s) for the following year's benefits plan, beginning January 1st through December 31, 2026.

To take advantage of Operation Smile benefits in 2026, you must enroll by the applicable deadline.

Eligible Dependents

- **Your spouse.** The term “spouse” means the individual lawfully married to you.
- **Your domestic partner.** Domestic partners must be 18 years of age or older and unmarried; not related by blood in any manner that would prohibit legal marriage; have assumed mutual obligations for the welfare and support of each other; share a common residence and live together as a couple in the same household; and each other’s sole domestic partner.
- **Your qualified children under the age of 26.** This can be your biological son or daughter, stepson or stepdaughter, a legally adopted individual, an individual who is lawfully placed with you for legal adoption.
- **Your unmarried child who is disabled, living with you, dependent on you for support and unable to support himself/herself due to a mental or physical disability.**

Documentation Requirements for Dependents

If you enroll your spouse, domestic partner, and/or eligible dependent child(ren), when asked, you will need to provide documentation (noted below) to Operation Smile HR Department to confirm their eligibility for coverage.

Acceptable Forms of Documentation Include:

- Marriage license for spouse
- Domestic partner attestation
- Birth certificate for children
- First page of your most recent tax return, listing eligible dependents (for spouse and/or children).
- Court-ordered guardianship papers, adoption papers, or placement letter
- Divorce decree to show parent/child relationship when names don’t match or to identify responsibility for providing health coverage.
- For Domestic Partners: proof of common residence and documentation of mutual obligation (e.g., mortgage, rental agreement, loan, or some other co-debt)

Medical Plans & Pharmacy

You have two options when it comes to your medical and prescription drug plan, each with different levels of coverage. Both plans available to you are PPO (Preferred Provider Organization) plans, allowing you to receive care both in and out of the Cigna Open Access Plus (OAP) provider network. When you receive care from In-Network providers, those contracted in Cigna's OAP network, your costs are less. When receiving care from Out-of-Network providers you will pay a higher coinsurance amount and may be balance billed for all costs over Cigna's allowed charges. Also, with PPO plans, you are not required to select a Primary Care Provider (PCP) and you do not need a referral to see a Specialist.

Understanding Your Options:

Base Plan - Cigna OAP HDHP (High-Deductible Health Plan) with Health Savings Account (HSA)

Under the Base HDHP, for nearly all services except preventive care, you will first need to satisfy your deductible; then you will pay a percentage of the cost (coinsurance) or copay until your out-of-pocket maximum is reached, after which the plan will pay 100% of the cost of covered services for the remainder of the plan year.

The HDHP can be paired with an HSA. An HSA is a type of savings account that lets you set aside money on a pre-tax basis, thereby lowering your taxable income, to pay for qualified medical expenses, including dental and vision. See details on the HSA, including specifics on Operation Smile's dollar-for-dollar match, later in this guide.

Buy-up Plan - Cigna OAP

Under the Buy-up OAP, certain covered services, such as Dr. office visits, urgent care visits and prescription drugs, are not subject to the deductible; rather, you just have a copay or coinsurance that applies. Just like with the Base HDHP, all your deductible, copay and coinsurance costs add up until you reach the plan's out-of-pocket maximum, after which the plan will pay 100% of the cost of covered services for the remainder of the plan year.

Comparing the Options

Before you review your medical plan options, you should understand how they work. Start with these terms:

- **Coinsurance:** A set percentage you pay off the cost of the care you receive, for example, 20%.
- **Copay:** A set dollar amount you pay when you receive health care, for example, \$35 when you see a specialist.
- **Deductible:** A set amount you must pay out of your pocket before the plan starts paying part of the cost unless a copay applies.
- **Out-of-pocket maximum:** The most you will pay in a calendar year for provider visits, prescriptions, etc., for covered expenses and includes your deductible, copays, and coinsurance. This “safety net” provides peace of mind for those who have a serious condition or illness.



	Base Plan - Cigna OAP HDHP with HSA		Buy-up Plan - Cigna OAP	
Plan Highlights	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Health Savings Account				
Employer HSA Contribution	\$750 Single cov. / \$1,000 Family cov. on a dollar-for-dollar match		Not Applicable	
Deductible				
Individual Deductible (ded)	\$4,000	\$8,000	\$2,000	\$4,000
Family Deductible (ded)	\$8,000	\$16,000	\$4,000	\$8,000
Out of Pocket Maximum				
Individual	\$8,000	\$15,000	\$8,000	\$13,750
Family	\$16,000	\$30,000	\$16,000	\$27,500
Coinsurance & Copays				
Coinsurance	20%	50%	20%	50%
Primary Care Visit	20% after ded	50% after ded	\$30 copay	50% after ded
Specialist Visit	20% after ded	50% after ded	\$50 copay	50% after ded
MDLIVE Visit	20% after ded	N/A	No charge	N/A
Preventative Care Services	No charge	50% after ded	No charge	50% after ded
Emergency & Ambulatory				
Urgent Care Visit	20% after ded	50% after ded	\$50 copay	50% after ded
Emergency Room	20% after ded		20% after ded	
Hospital Services				
Inpatient	20% after ded	50% after ded	20% after ded	50% after ded
Outpatient	20% after ded	50% after ded	\$350 + 20%	50% after ded
Therapy Visits				
Mental Health/Substance Abuse				
Inpatient	20% after ded	50% after ded	20% after ded	50% after ded
Outpatient	20% after ded	50% after ded	\$50 copay	50% after ded
Durable Medical Equipment	20% after ded	Not covered	20% after ded	Not covered
Chiropractic Care (20 visits/yr)	20% after ded	50% after ded	20% after ded	50% after ded
Prescription Drugs				
Retail	30-day supply			
Generic	\$10 copay after ded	50% after ded	\$10 copay	50% after ded
Preferred Brand	\$40 copay after ded		\$40 copay	
Non-Preferred Brand	\$70 copay after ded		\$70 copay	
Specialty	20%, \$300 max after ded		20%, \$300 max	
Mail Order	90-day supply			
Generic	\$30 copay after ded	Not covered	\$20 copay	Not covered
Preferred Brand	\$120 copay after ded		\$100 copay	
Non-Preferred Brand	\$210 copay after ded		\$175 copay	
Specialty	N/A		N/A	

* Out-of-network providers can charge you the difference between their bill and the plan's maximum allowed amount.

Wellness/Preventive Benefits

Access **Cigna One Guide** during pre-enrollment (888) 806-5094 to get personalized, useful guidance about the plans and provider networks available to you.

After enrollment Cigna One Guide will be there to guide you through the complexities of the health care system and help you avoid costly missteps.

Treatment from in-network providers for most wellness and preventive care services are covered at 100% with no cost to you. If non-routine or non-preventive care is added at the time of treatment, such as additional tests, procedures, or lab work, then the cost may be subject to copays, deductibles, and coinsurance.

Using these benefits is an excellent way to take care of you! For additional details about

preventive care coverages, see the summary plan description on [Operation Smile Company Benefits](#).

To receive coverage, your provider will need to code preventive services as wellness and preventive care. If you have any questions about how your claims for preventive care are managed, contact CIGNA at 888-806-5094 or visit www.mycigna.com.

Home Delivery with Express Scripts Pharmacy

Choose Express Scripts Home Delivery for a convenient option if you're taking a medication on a regular basis to treat an ongoing health condition. Benefits of using Express Scripts Home Delivery include being able to manage, order, track and pay for your medications on your phone or online; standard shipping at no extra cost; fill up to a 90-day supply at one time; automatic refills or refill reminders so you don't miss a dose; helpful pharmacists available 24/7; and flexible payment options.

Switch to Express Scripts Home Delivery on your myCigna account, by asking your Dr.'s office to send your prescription to them or by calling Express Scripts Pharmacy at (800) 834-3784

Cigna Virtual Care Resources and Digital Tools

Cigna offers a comprehensive suite of convenient virtual care options – available by phone or video whenever it works for you.

MDLIVE® Virtual Visits: Best of all, virtual care from MDLIVE board-certified doctors is available to employees and their eligible dependents as part of their health benefits. **MDLive Urgent care is provided at 100%.**

Access MDLIVE by logging into mycigna.com and clicking on "Talk to a doctor" (You can also call MDLIVE at 888.726.3171 — no phone calls for virtual dermatology)

RecoveryOne Virtual Physical Therapy: Relieve back, joint, and muscle pain from the convenience of home with personalized exercise therapy and physical therapist support — **at no additional cost.** For additional information visit, recoveryone/cigna



Behavioral/Mental Health Services: You have access to 229K+ Behavioral health and substance use providers. Whether you're dealing with behavioral health condition, going through a rough time or looking for support.



You can find the one that fits your needs, either in person or virtually.

Go to myCigna.com >Find Care & Cost

Search for "Behavioral Health Counselor" under "Doctor by Type"

Call to make an appointment with your selected provider in-network provider.

Includes Happify & iPrevail, and 3 face to face EAP visits with emotional well-being package. Cigna has the largest Virtual Network including Headspace, Talkspace, Meru, Brightside, Equip, Monument

Download the MyCigna® App:



Life can be busy and complicated. So, we created a simple-to-use tool that can help make your life easier (and healthier) while you're on the go. The mycigna.com helps you personalize, organize and access your important plan information on your phone or tablet. Make sure to download the Cigna app from your mobile device in your app store.

Save on Specialty Pharmacy: Provides select Specialty RX to YOU at \$0 cost.

Find a doctor:

1. Go to Cigna's Find a Doctor tool online, hcpdirectory.cigna.com
2. Select "Employer or School" for how you're covered
3. Enter the location where you'd like to search
4. Choose the type of provider or facility that you want to search for
5. Login to your myCigna account or continue as a guest
6. If you continue as a guest, select "OAP ... Open Access Plus" under Medical Plans (or "DPPO/EPO ... Total" under Dental Plans)
7. Filter your search results

Omada: A personalized program that empowers you to achieve your health goals. Combining data-powered human coaching, connected devices, and curriculum tailored to your specific circumstances, the program is designed to help you build healthy habits that last.

Case Management Programs: Take advantage of our personal services to help you with your personal health needs. A Cigna case manager, trained as a nurse, can work closely with you and your doctor to check your progress. You can get help with conditions and illnesses, such as cancer and end-stage renal disease, as well as with neonatal care and pain management. This includes Cigna Healthy Pregnancies, Healthy Babies Program.

You also have access to My Health Assistant on myCigna.com to help you.

Cigna Pathwell Bone & Joint for Musculoskeletal Condition Support: Cigna Pathwell Bone & Joint, a Condition-Specific Care program, helps employees with spine, hip, knee, or shoulder pain get on the right treatment path and reduce unnecessary surgeries.

Employees will have access to designated providers who meet quality and cost criteria, a clinical navigation experience supported by a clinical care advocate that helps them make the right decisions about their care, and benefit design that rewards customers for optimal choices in their care.

Dental

You also have two options to choose from for your dental plan. Both plans available to you are DPPO (Dental Preferred Provider Organization) plans, which allow you to receive dental care both in and out of the Cigna Total provider network. While you can visit any dentist, your costs will be lower when you visit an In-Network dentist. Care received from Out-of-Network dentists is only covered up to Cigna's Maximum Allowable Charge, so you may be balance billed for any service provided by an Out-of-Network provider including preventive & diagnostic care.

See the table below for the benefit differences between the Base DPPO and Buy-up DPPO.

Plan Design	Base DPPO		Buy-up DPPO	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible(ded)	\$100 Individual / \$300 Family		\$50 Individual / \$150 Family	
Preventive & Diagnostic Care	Covered in full	Covered in full	Covered in full	Covered in full
Basic Care	50% after ded	50% after ded	10% after ded	20% after ded
Major Care	75% after ded	75% after ded	40% after ded	50% after ded
Annual Maximum	\$1,500 per person		\$5,000 per person	
Orthodontia (child and adult)	Not covered	Not covered	50%	50%
Orthodontia Lifetime Maximum	N/A		\$2,500 per person	

* Out-of-network dentists can charge you the difference between their bill and the plan's Maximum Allowable Charge

Helping You Stay Healthier

How your teeth affect your health. Gum disease is a painless disease that causes bacteria and toxins to enter your blood, which may also be connected to:

- Diabetes
- Heart disease
- Respiratory conditions
- Pregnancy complications
- Rheumatoid arthritis

Prevention is the Key

Regular dental visits may do more than brighten your smile. Research shows that receiving regular dental care often catches minor problems before they become major and expensive to treat. Practice prevention and take advantage of your plan's preventive care services – certain services may be covered at low cost or no cost to you when you visit a network dentist. Covered services* may include, but are not limited to: oral exams, cleanings, fluoride treatments, X-rays and oral cancer screenings.

Find an In-Network Dentist

You can find a network dentist or specialist online at Cigna.com before you sign up, or go to your personalized website at [myCigna](https://myCigna.com). Prefer the phone? Call 866.494.2111

Vision



Cigna's PPO vision coverage is serviced by EyeMed. A regular eye exam is important for keeping your eyes healthy. Eye care professionals can help detect vision disorders as well as many serious medical conditions such as glaucoma, diabetes, tumors, high blood pressure, strokes and high cholesterol. Just like other health issues, early detection of eye problems can help catch minor problems before they turn major.

Savings Value Added

- Up to 40% off additional complete pairs of glasses
- 20% off any item not covered by the plan, including non-prescription sunglasses

Services and Frequency	In-Network	Out-of-Network Reimbursement
Exam and Professional Services Frequency: once per 12 months		
Eye Exam	\$10 copay	Reimbursed up to \$45
Contact Lens Fit and Follow-up	\$0 copay	Not covered
Frame Frequency: once per 12 months		
Allowance (Retail or Wholesale)	\$150 Allowance; 20% off balance over \$150	Reimbursed up to \$83
Eyeglass Lenses Frequency: once per 12 months		
Single Vision	\$20 copay	Reimbursed up to \$40
Bifocal	\$20 copay	Reimbursed up to \$65
Trifocal	\$20 copay	Reimbursed up to \$75
Lenticular	\$20 copay	Reimbursed up to \$100
Lens Enhancements	Cost shares vary, between \$0 copay and 20% off retail	Not covered
Contact Lenses – <i>in lieu of glasses</i> Frequency: One pair or single purchase per 12 months		
Elective	\$150 Allowance	Reimbursed up to \$120
Therapeutic	\$ copay	Reimbursed up to \$210

Find a doctor

1. There are three ways to find a quality eye doctor in your area:
2. Log into [myCigna.com](https://mycigna.com), under "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory (Serviced by EyeMed).
3. Don't have access to myCigna.com? Go to eyedoclocator.eyemedvisioncare.com/cigna and follow the prompts to search for a provider.
4. Call (888) 806-5094 for assistance.

Savings and Spending Accounts

A Flexible Spending Account (FSA) can help you save money on eligible healthcare and dependent care out-of-pocket expenses that you and your family incur during the calendar year. How the FSAs work is, you contribute funds pre-tax, up to the IRS maximum allowed limit, thereby reducing your taxable income, and then you can use those tax-free funds to pay for eligible healthcare and dependent care expenses for

yourself, your spouse, and eligible dependents. Simply present your Lifetime Benefit Solutions-issued Health Spending Card for the purchase of eligible services and goods. Using the debit card allows you to directly tap into your FSA contributions, meaning better cash flow for you and eliminating the need to submit claims and wait for reimbursement. Note that some expenses you incur may require you to submit a receipt for substantiation. You can easily manage your account(s) online or via Lifetime Benefit Solutions' mobile app.

For those that enroll in Operation Smile's Health Savings Account (HSA), a Limited Purpose FSA is now available to offer an additional option for employees to manage their health care costs.

Eligible Expenses* and Guidelines **This is only an example of eligible expenses.*

**IRS Code Section 213(d) lists the Healthcare FSA Eligible Medical Expenses*

Healthcare Flexible Spending Account	Dependent Care Flexible Spending Account
\$3,400 annual maximum contribution limit	\$7,500 annual maximum contribution limit
Use to pay for eligible healthcare expenses*, including: <ul style="list-style-type: none"> • Medical plan office visit copays, deductibles and coinsurance • Certain over the counter (OTC) items prescribed by your provider (prescription required) • Dental plan copays, deductibles and coinsurance • Orthodontia expenses • Vision care expenses including contacts, glasses and LASIK surgery 	Use to pay for dependent care expenses while you and your spouse work, look for work or attend school full-time Dependents include children under age 13, or dependents of any age that are physically or mentally unable to care for themselves Funds are available as you contribute them; can only be reimbursed up to what you have had payroll deducted Additional 2 ½ month Grace Period after the plan year to incur eligible expenses, followed by a 90-day Run-out period to submit claims for reimbursement
Expenses can be for you or anyone you claim as a dependent on your Federal tax return	Limited Purpose Flexible Spending Account <i>Note, HSA enrollment required to participate</i>
Your entire contribution is available the first day of the plan year.	\$3,400 annual maximum contribution limit
Carryover up to \$680 of unused funds to the next plan year, else lose unused funds	Use to pay for eligible dental and vision expenses
90-day Run-out period, following the end of the plan year, to submit claims for reimbursement	Your entire contribution is available the first day of the plan year.
Cannot have a Healthcare FSA and contribute to an HSA; would need to participate in the Limited Purpose FSA	Carryover up to \$680 of unused funds to the next plan year, else lose unused funds
	90-day Run-out period, following the end of the plan year, to submit claims for reimbursement

Using Your Flexible Spending Account (FSA)

How it Works

- Estimate your expenses and make an annual election for the accounts that apply to you.
- Your annual election is calculated on a per pay period basis and deducted from your paycheck and deposited into your personal account. Payroll deductions begin from the effective date of your election and continue through the end of the calendar year.
- An LBS Health Spending Card will be issued to all participants.
- When you incur expenses throughout the year, present your debit card for payment.
- Eligible expenses are only reimbursable if they occur on or after the date of benefit eligibility.

Filing Claims and Reimbursement

- Keep all receipts. The IRS requires documentation for many expenses to confirm they are eligible under the plan.
- Use your debit card at the time of service or submit your receipts with a completed reimbursement claim form. Some debit card transactions may still require a receipt.
- For more information on FSAs, including available balance, savings calculator, expense planning worksheets, reimbursement claim forms, and IRS publications, visit www.lifetimebenefitsolutions.com or call their customer service line at (800) 327-7130. You can even download their Mobile App to view your dashboard and manage claims.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-advantaged savings account used in combination with a High Deductible Health Plan to pay for qualified health care expenses now, and later may be used to pay for health care expenses into retirement.

The HSA features a **triple tax benefit!**

- Your contributions into the HSA are made on a pre-tax basis
- Funds in the HSA can be invested, and the interest and earnings grow tax free
- The distributions you take to pay for eligible health care expenses are tax-free

Eligibility

To contribute to an HSA, you must meet the following conditions:

- You're enrolled in a High Deductible Health Plan (HDHP), **Operation Smile's OAP HDHP**
- You aren't covered as a dependent under a spouse's non-HDHP plan
- Your spouse doesn't have a general-purpose health care FSA
- You aren't enrolled in any part of Medicare*, Medicaid, or TRICARE
- You haven't received VA medical benefits within the past three months (unless for a service-connected disability)
- You aren't claimed as a dependent on another person's tax return

* If you delay enrolling into Medicare, you can continue to contribute to an HSA, but you should stop contributing to your HSA 6 months before signing up for Medicare

Contributions

Employer matching contributions

Operation Smile will continue to provide an HSA annual contribution of up to \$750 for employee-only enrollment or a contribution of up to \$1,000 for employees who elect to enroll 1 or more dependents. You must be an active employee to receive the employer contribution and Operation Smile's contribution will be prorated per payroll cycle and based on your HSA enrollment date.

For example, Operation Smile has 24 pay periods, and the full-year contribution of \$750 or \$1,000 is based on 24 pay periods. If an employee enrolls after January 1st, Operation Smile's contribution of \$750 or \$1,000 will be reduced and prorated by the number of pay periods left in the year.

(Note: Your HSA contribution match by Operation Smile will be reduced and prorated based on your enrollment date after January 1st.)

Annual contribution limits

Maximum contribution limits are set by the IRS. For 2026, the maximum annual contribution limit is \$4,400 for Single coverage, or \$8,750 (per household) for Family coverage. **Operation Smile's contribution counts towards the IRS's maximum annual contribution limits.** An annual catch-up contribution of \$1,000 can be made by individuals age 55 and older. You can change your elected contribution monthly. *Note, state income taxes may apply to HSA contributions in some states.*

Use your HSA

You'll be issued a Health Spending Card by Lifetime Benefit Solutions to use to pay for qualified health care expenses, but you can also reimburse yourself at any time online or via Lifetime Benefit Solutions' mobile app. There is no time limit to reimburse yourself, **the** funds just have to be contributed to the account first before you can use them. Any unused funds rollover year-to-year and all funds are always yours to keep, regardless of your employment status with Operation Smile.





Income Protection



Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance provides financial protection for loved ones should the insured individual pass away! Operation Smile pays for employees' Basic Life/AD&D coverage and makes Voluntary Life/AD&D available, at group rates, so employees can purchase coverage for themselves and their dependents. The chart below provides a summary of the coverage.

Plan	Benefit Summary and Guidelines
Basic Life/AD&D Coverage	<ul style="list-style-type: none"> • Benefit – 1X your annual salary up to a maximum benefit of \$500,000 • Guarantee issue amount – up to \$500,000 • Benefit reduction to 65% at age 65, and 50% at age 70 • AD&D coverage provides double indemnity, if death is result of an accident, as well as dismemberment benefits based on a benefit schedule
Voluntary Employee Life/AD&D Coverage	<ul style="list-style-type: none"> • Benefit – Available for purchase in increments of \$10,000 to a maximum benefit of 5X your annual salary, up to \$500,000 • Guarantee issue amount – 5X your annual salary, up to \$150,000 • AD&D coverage provides double indemnity, if death is result of an accident, as well as dismemberment benefits based on a benefit schedule • Benefit reduction to 65% at age 65, and 50% at age 70
Voluntary Spouse/ Domestic Partner Life/AD&D Coverage	<ul style="list-style-type: none"> • Available for purchase only if you enroll in Voluntary Life/AD&D coverage • Benefit – in increments of \$5,000, elect coverage to a maximum benefit of 100% of employee's benefit, up to \$250,000 • Guarantee issue amount – 100% of employees' benefit, up to \$50,000 • AD&D coverage provides double indemnity, if death is result of an accident, as well as dismemberment benefits based on a benefit schedule • Rate for spouse coverage is based on employee's age, and spouse coverage terminates at age 70
Voluntary Child Life/AD&D Coverage	<ul style="list-style-type: none"> • Available for purchase only if you enroll in Voluntary Life/AD&D coverage • Benefit – in increments of \$1,000, elect coverage amount between \$2,000 to \$10,000; reduced benefit amount applies for children age birth to 6 months • Guarantee issue amount – \$10,000 • All children covered under one rate, and children are eligible until age 26 • AD&D coverage provides double indemnity, if death is result of an accident, as well as dismemberment benefits based on a benefit schedule

Designate Your Beneficiary

When you enroll online for benefits, designate a beneficiary for your Operation Smile-provided life insurance coverage and your voluntary life insurance coverage. If a beneficiary is not designated, benefits will be paid according to the carrier policy. It is not necessary to add a beneficiary for any spouse life or child life insurance coverage you purchase since you are automatically the beneficiary.

Evidence of Insurability

You may be asked to provide Evidence of Insurability (EOI) or proof of good health, if:

- You do not enroll for coverage when first available and choose to enroll later.
- You want to increase your coverage after your initial enrollment.
- [Evidence of Insurability Online Submission Link](#)

Disability



Disability insurance is paycheck protection and replaces a portion of your earned income if you are unable to work, on a full or partial basis, because of a non-work-related injury or illness. Operation Smile pays for employees' Short-Term Disability and Long-Term Disability coverage. The chart below provides a summary of the coverage.

Plan	Benefit Summary and Guidelines
Short-Term Disability (STD)	<ul style="list-style-type: none">• Elimination period – 0 days for an accident and 7 days for an illness; benefits begin on the 1st day for an accident and the 8th day for an illness• Benefit – 66.67% of your pre-disability weekly earnings up to a maximum benefit of \$1,500/week• Benefit duration – benefits are payable up to 13 weeks, excluding the elimination period
Long-Term Disability (LTD)	<ul style="list-style-type: none">• Elimination period – 90 days, to coincide with the length of time benefits are payable under the STD plan; benefits begin on the 91st day• Benefit – 60% of your pre-disability monthly earnings up to a maximum benefit of \$10,000/month• Benefit duration – benefits are payable up to age 65 or Social Security Normal Retirement Age (SSNRA), which ever is later• Own Occupation Period – 24 months. After the own occupation period, you may be eligible to continue receiving benefits if your disability prohibits you from performing any employment for which you are reasonably suited through your training, education and experience

Other income benefits

Benefits for which you are eligible from other income sources will be used as an offset when calculating your payable disability benefit. Examples of other income benefits include a state disability plan or paid medical leave plan, retirement plan benefits, Social Security, and Workers' compensation.

Pre-existing Condition

If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefit for that condition until you have been covered by the plan for 12 months.

Voluntary Benefits



Voluntary supplemental health benefits provide an additional layer of financial protection for you and your family. If you suffer an unexpected, covered accident, are diagnosed with a covered illness or experience a covered hospital stay, you'll be paid a cash benefit which you can use to pay for whatever you want, including medical deductibles, childcare, groceries, etc. – it's up to you!

Accident Insurance

A cash benefit paid directly to you when you face an unexpected, covered accident, such as an ankle sprain or arm fracture. The Accident Insurance plan provides 24-hour coverage and includes a wellness benefit for receiving preventive care as well as AD&D benefits. You can select from 2 plan options and you're able to enroll your dependents. The table below highlights only some of the covered benefits:

Covered Benefits	Plan 1 Benefit Amount	Plan 2 Benefit Amount
Ground Ambulance	\$300	\$400
Emergency Care Treatment	\$100	\$200
Hospital Admission	\$500	\$1,000
Hospital Stay (limited to 365 days)	\$100 per day	\$200 per day
Leg Fracture (Non-Surgical)	\$500	\$1,000
Follow-up PT visits (10/accident)	\$25	\$50
Wellness Benefit (for Preventive Care)	\$50	\$75
Loss of Life Accidental Death <i>Spouse & Child – 50% of amount</i>	\$25,000	\$50,000

Critical Illness Insurance

A cash benefit paid directly to you when you are diagnosed with a covered illness, such as a heart attack or cancer. With the Critical Illness plan you can elect either \$10,000 or \$20,000 worth of coverage, and you can enroll your dependents – spouses are covered for 50% of the issued employee benefit amount and children are covered for 25%. A wellness benefit applies to receiving preventive care. The table below highlights only some of the benefits covered

Covered Benefits	% of elected Benefit Amount
Invasive Cancer	100%
Skin Cancer	\$250
Heart Attack	100%
Severe Sepsis	25%
Crohn's Disease	25%
Wellness Benefit (for Preventive Care)	\$50

Hospital Indemnity Insurance

A cash benefit paid directly to you when you experience a covered hospital stay for events such as an in-patient procedure or the birth of a child. You can enroll your dependents, and their benefit amounts match yours. The table below highlights only some of the covered benefits:

Covered Benefits	Benefit Amount
Hospital Admission (1 per 365 days)	\$1,000
Hospital Stay (limited to 30 days every 90 days)	\$100 per day
Hospital ICU Stay (limited to 30 days every 90 days)	\$200 per day
Hospital Observation Stay (24-hour elimination; limited to 72-hours)	\$100 per day
Newborn Nursery Care Stay (limited to 30 days; 1 benefit per newborn)	25%

Key Features to Consider with Supplemental Health Benefits

- Guarantee issue, regardless of medical history. No evidence of insurability needed – you just must enroll during Open Enrollment or throughout the year if you experience a qualifying life event
- Supplement your medical plan. Benefits are paid in addition to other coverage you may have.
- Cost-effective. Your premium is conveniently deducted from your paycheck at a low group rate.
- Flexible. Use the money however you want. Pay for anything, including medical deductibles, childcare, groceries, etc. It's up to you.
- Take it with you. You can take coverage with you if you leave employment with Operation Smile.

Additional Benefits

Employee Assistance Program (EAP)



Mutual of Omaha



Through Operation Smile, you and any member of your household, have two separate EAPs available to you, one through Mutual of Omaha and the other through Cigna. The EAPs provide free, confidential help with all that life throws your way! With the EAP you have access to master's level EAP professionals resource specialists to help you deal with a variety of issues, including:

- Depression, anxiety, grief, and stress
- Child, elder and pet care resources
- Legal and financial services
- Education, personal services, and health resources

You and your dependents are eligible for up to three (3) face-to-face counseling sessions with licensed network professionals at no cost. Counselors are available 24/7/365 by phone, online, app, text message, chat, and email. The EAPs also gives you unlimited access to phone and web-based resources.

Cigna: 800-433-5768 or [myCigna](#) account to access assistance

Mutual of Omaha: 800-316-2796 or www.mutualofomaha.com/eap



401(k) Plan

Through pre-tax savings, you can authorize your employer to deduct a certain amount of money from your paycheck before taxes are calculated, and to invest in a 401K plan, you decide how much money you want deducted from your paycheck and invested during each., up to the legal maximum. Your money is invested in investment options that you choose from the ones offered through the company's plan.

American Funds – 401K Retirement Plan

Carrier: American Funds

401K contribution limits:

- Individual max contributions up to age 49: \$24,500
- Individual maximum contributions limit over age 50: \$32,500
(\$24,500+\$8,000 over-50 catch-up contributions)

Carrier information: American Funds Jonathan Jones jjones@ojifinancial.com

Legal Resources



Legal Plan

Covers 100% of the Attorney fees, for you and your dependents, for fully covered legal services, including:

- General advice and consultation
- Family law
- Criminal matters
- Wills and Estate Planning

Plans:	Legal Plan
Monthly Costs	\$19.00

- Civil Actions
- Preparation and review of routine legal documents
- Real Estate
- And you will receive a 25% discount for pre-existing conditions. Note, you are still responsible for all non-Attorney fees such as court costs, filing fees, and fines.

Who is covered? Plan covers you, your spouse and dependent children up to age 26

How to enroll? Simply enroll online with your other benefits

Newly enrolled members will receive a membership packet mailed directly to your home.

Additional information may be found on [LegalResources.com](https://www.legalresources.com) , your online benefit portal or by calling Legal Resources directly at **800.728.5768**

Identity Theft Protection Plan

Two plans are available, for you alone or together with your family, allowing you to:

- Manage and protect your identity
- Monitor your credit reports
- Access ID theft resolution experts 24/7/365, that can provide full-service identity restoration services
- Access up to \$2 MIL of identity insurance in the event of an incident

Plans:	Gold Plan	Platinum Plan
Monthly Costs	\$11.95 employee \$21.95 family	\$18.95 employee \$28.95 family

Wishbone Pet Health Insurance Plans

With Wishbone you have two reimbursement plans available: an accident & illness plan that reimburses you for exam fees, diagnostics and treatment related to eligible accidents and illnesses; and a wellness plan that reimburses you for certain routine pet care services.

Plan	Plan Details	Coverage Details
Accident & Illness Plan	<ul style="list-style-type: none"> • Pre-existing conditions excluded • Coverage begins after waiting period – 1-day accident, 14-days illnesses, 180-days orthopedic conditions • Includes 24/7 pet telehealth 	<ul style="list-style-type: none"> • Reimbursement on exam fees, diagnostics, and treatment due to eligible accidents and illnesses, including <ul style="list-style-type: none"> ○ Prescription medications; surgery; emergency visits & hospitalizations; X-rays; skin, ear and eye infections; allergies, and more
Wellness Plans	<ul style="list-style-type: none"> • Two plans, Essential & Premium; up to \$575 reimbursed • Pets with pre-existing conditions are eligible • Coverage begins the day after the plan start date 	<ul style="list-style-type: none"> • Reimbursement on exam fees, diagnostics, and treatment due to eligible accidents and illnesses, including <ul style="list-style-type: none"> ○ Exam fees; vaccinations; routine bloodwork; fecal test; urinalysis; preventatives; dental cleaning

You can enroll your pet in the accident & illness coverage, one of the wellness plans, or both plans! And you can enroll throughout the year – there is no specific open enrollment!

View plans and enroll directly at: www.wishboneinsurance.com/www.operationsmile

For the accident & illness plan, individual underwriting is required for each pet with rates based on breed, age and zip code.

Discount Program

Welcome to your Discount Marketplace. It's easy to access and start saving! Enjoy discounts, rewards, and perks on 1,000's of brands you love in a variety of categories.

It's easy to access and start saving! Enjoy discounts, rewards, and perks on 1,000s of brands you love in a variety of categories.

You may browse without logging in, but we do encourage you to register with an email for weekly or monthly savings right to your inbox.

libertydiscountmarketplace.benefithub.com



Enrolling Online

To enroll, go to [Paycom](#). Then follow these easy steps.

1. Go to the Notifications Center, tap the current year's Benefits Enrollment, review the instructions, then tap "Start Enrollment."
2. Ensure you review your information as well as tap "Edit" to make any changes or "Next" to continue.
3. Choose to enroll in or decline a plan by checking the appropriate option. If necessary, choose which dependents to add. When finished, tap "Enroll." Continue for each benefit plan.
4. When finished, review your enrollment and tap "Finalize." Then, tap "Sign and Submit" in the pop-up window. Your enrollment is complete!
5. **CONGRATULATIONS!** You can make changes to your elections as many times as you would like until the window is closed.

You will be required to either elect or waive each benefit.

Below are a few reminders and helpful hints to help you through the process:



- All benefit-eligible employees need to enroll to receive benefits in 2026.
- Don't want benefits? You still need to log in and assign beneficiaries when prompted as well as decline coverages.
- New hires must enroll within 30 days of their hire date. And newly benefit-eligible employees must enroll within 30 days of the date they become benefit eligible. Keep in mind that once benefit elections have been submitted, changes to selections cannot be made until the next annual enrollment period.
- Once you are ready to enroll, you will need:
 - Your ID and password.
 - Social Security numbers and dates of birth for any covered dependents.
 - Beneficiary information, such as names, date of births, addresses and Social Security numbers.
- Your selections are complete once you click the "Submit" button

Enrollment

You contribute to the cost of your benefits. For some of your elected health benefits – for example medical, dental, FSAs and HSA – your contributions are deducted from your

paycheck on a pre-tax basis, and the money is taken out of your pay before the following taxes have been deducted:

- Federal income taxes
- State income taxes
- Social Security taxes

This means your current taxable income is lower and you pay less in taxes.

Benefits	Who pays the Cost	Pre-Tax or Post-Tax
Medical and Prescription Drug Coverage	Shared	Pre-tax
Dental Coverage	Shared	Pre-tax
Vision Coverage	Shared	Pre-tax
Basic Life/AD&D Insurance	Operation Smile	No cost to employee
Voluntary Employee Life/AD&D Insurance	You	Post-tax
Voluntary Spouse Life/AD&D Insurance	You	Post-tax
Voluntary Child Life/AD&D Insurance	You	Post-tax
Flexible Spending Account (Healthcare, Limited Purpose and Dependent Care)	You	Pre-tax
Health Savings Account (HSA)	Shared	Pre-tax
Short-Term Disability (STD)	Operation Smile	No cost to employee
Long-Term Disability (LTD)	Operation Smile	No cost to employee
Employee Assistance Program (EAP)	Operation Smile	No cost to employee
Accident Insurance	You	Post-tax
Critical Illness Insurance	You	Post-tax
Hospital Indemnity Insurance	You	Post-tax
Legal	You	Post-tax
Identity Theft	You	Post-tax
Pet Insurance	You	Post-tax; direct to vendor
Retirement - 401(k)	You	Pre-tax

Your contributions for other benefits – for example voluntary life/ad&d, accident insurance, critical illness insurance, ID theft, and Pet insurance – your contributions are on a post-tax basis.

The value of any Domestic Partner coverage is deducted from your paycheck per IRS rules.



Health Care Premiums

Operation Smile provides medical, dental, and vision care benefits. To access these benefits, you pay a premium, deducted before taxes, semi-monthly from your pay.

The amount you pay is determined by a few factors:


- Whether you want to include just yourself, your entire family, or some combination in between.
- While the premiums for each of these plans vary, so do the benefits covered. You should consider both the premium amount and the amount of benefits coverage under each plan before making your selection.
- You are free to choose any other health care coverage you wish and decline any coverage you do not need. For instance, you can select medical coverage but decline dental and vision. Or select dental, but no medical or vision. Any combination is acceptable.

The contributions for 2026 are shown in the following table:

Full-Time Employees - Semi-Monthly Deductions

Coverage	Cigna HDHP	Cigna Buy-Up PPO	Cigna Base Dental	Cigna Buy-Up Dental	VSP Vision
Employee Only	\$58.00	\$137.23	\$0.62	\$7.46	\$3.32
Employee+ Spouse	\$426.28	\$576.36	\$4.37	\$17.27	\$6.59
Employee + Child(ren)	\$220.39	\$325.92	\$4.00	\$19.65	\$7.05
Employee+ Family	\$608.98	\$823.38	\$6.65	\$30.15	\$11.26

Contact Information

Provider	Group Number	Contact	Description
Medical & Prescription Drug			
Cigna	00656494	(888) 806-5094, (800) 244-6224 www.mycigna.com	Medical claims, EOB, Provider Network, online support, ID Card
Dental			
Cigna	00656494	(888) 806-5094, (800) 244-6224 www.mycigna.com	Dental claims, EOB, Provider Network, online support, ID Card
Vision			
Cigna	00656494	(888) 806-5094, (800) 244-6224 www.mycigna.com	Vision claims, Provider Network, online support, ID Card
Basic Life/AD&D and Voluntary Life/AD&D			
Mutual Of Omaha 	Basic Life/AD&D: Pending Voluntary Life/AD&D: Pending	(800) 775-8805 mutualofomaha.com	Life and dismemberment claims, plus value-add benefits
Short-Term Disability and Long-Term Disability			
Mutual Of Omaha	STD: Pending LTD: Pending	(800) 877-5176 mutualofomaha.com	Disability claims and value-add benefits
Flexible Spending Account (FSA) – Healthcare, Limited Purpose and Dependent Care			
Lifetime Benefit Solutions	N/A	(800) 327-7130 www.lifetimebenefitsolutions.com	Flexible spending claims and eligible expenses
Health Savings Account (HSA)			
Lifetime Benefit Solutions	N/A	(800) 327-7130 www.lifetimebenefitsolutions.com	Health savings claims, eligible expenses, and fund investments
Employee Assistance Program (EAP)			
Mutual of Omaha & Cigna	N/A	Mutual of Omaha: (800) 316-2796, www.mutualofomaha.com/eap Cigna: (800) 433-5768, www.mycigna.com	Counseling services, behavioral health, legal advice, substance abuse issues & so much more!
Retirement Savings Plans: 401(k)			
American Funds	N/A	jjones@ojifinancial.com	Online enrollment, retirement plan dashboard, and customer service assistance
Voluntary Accident, Voluntary Critical Illness, and Voluntary Hospital Indemnity Insurance			
Cigna	Accident: AI112693 Critical Illness: CI112604 Hospital Care: HC112228	(800) 754-3207, (800) 244-6224 www.mycigna.com	Claims for an unexpected accident, covered illness diagnosis or covered hospital stay
Legal Plan and ID Theft Protection Plan			
Legal Resources	2790	(800) 728-5768 www.LegalResources.com	Pre-paid legal & comprehensive identity theft protection
Pet Insurance & Wellness Plans			
Wishbone by Pet Benefit Solutions	9544	(800) 887-5708 www.wishboneinsurance.com/w www.operationsmile	Reimbursement claims for your pet's accident, illness and wellness visits



The information included in this guide is intended as an overview only. It is not a complete description, nor is it a substitute for the applicable plan documents, Summary Plan Descriptions (SPDs) or insurance contracts. In all cases, the official plan documents govern and are the final authority on the terms of the benefit plans. The company reserves the right to modify, amend or terminate the benefit plans at any time and for any reason. Receiving this document or participating in company benefits is not a guarantee of future or continued employment or benefits.

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