

Hi Team

Attached are each change highlighted in yellow that constitutes the employee manual update dated March 2019. Each team member is responsible for reading each update. If you need any clarification on these updates please contact the corporate office via email:

Debbie: dcanu@socaldentalpartners.com

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not to hire anyone who would have to take an extended leave shortly after beginning employment. If a new employee requests an extended leave, the request may be denied and employment terminated. In order to maintain impartiality and fairness in employee relations, we do not hire relatives of employees when it would result in one family member working under the direct or indirect supervision or authority of another family member.

During the screening process, we will review:

- The employment application form
- Education and work experience
- Prior work history
- References
- License verification (if applicable)
- Copies of certificates of training
- Test results to ascertain skill and potential job performance (if applicable)
- Compliance with the Immigration Reform and Control Act (IRCA) of 1986
- Background Check
- Results of a medical examination (if applicable)

Applicants and the information they have provided either on the employment application form, the resume or during the interview will be thoroughly screened for accuracy. We rely upon the accuracy of information contained in the employment application and the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in exclusion of the individual from further consideration for employment or, if the person **has been already hired**; termination of employment.

wages for the time required to remain on the job for the business necessity, and one additional hour at their hourly rate if they are not provided at least a 30-minute duty-free meal period. Employees must clock out for lunch and back in upon return.

3.7 BREAK PERIODS

So Cal Dental Partners provides rest periods in accordance with California law. All non-exempt employees are authorized and permitted to take rest periods, which insofar as practicable are in the middle of each work period. The authorized rest period time shall be based on the total hours worked daily at the rate of ten (10) minutes net rest time per four (4) hours or major fraction thereof. Employees whose total daily work time is less than three and one-half (3-1/2) hours are not permitted breaks. For example, employees are entitled to ten (10) minutes' rest for shifts from three and one-half (3-1/2) to six (6) hours in length, two ten (10) minute breaks for shifts of more than six (6) hours up to ten (10) hours, and three ten (10) minute breaks for shifts of more than ten (10) hours up to fourteen (14) hours. Authorized rest period time shall be counted as hours worked. For insurance purposes, *employees are not to leave the office during rest periods without permission.*

If employees have unexpected personal business to take care of, they must notify their direct supervisor to discuss time away from work and make provisions as necessary. Personal business should be conducted on the employee's own time and not while clocked in.

Non-exempt employees are relieved of all work duties during their meal and rest periods. In the event you did not receive an uninterrupted meal or rest period you must advise your supervisor and indicate this on your time card. In addition you must secure the signature of your immediate supervisor prior to the end of the work day. If any supervisor or manager impedes or discourages you from taking a meal or rest period, you must notify the Office Manager **or the Corporate Office** immediately so appropriate corrective action may be taken.

Employees who do not adhere to the break policy will be subject to disciplinary action, including termination. If you feel you are not being provided your breaks or lunch periods, you should contact the Office Manager.

3.8 PERSONNEL FILES

Employee personnel files include the following: job application, job description, résumé, records of participation in training events, salary history, records of disciplinary action and documents related to employee performance reviews, coaching, and mentoring.

Personnel files are the property of So Cal Dental Partners, and access to the information is restricted. Management personnel of So Cal Dental Partners who have a legitimate reason to review the file are allowed to do so.

For the safety of our patients please be sure that patients in the operatory are only allowed to sit on a FIXED BASED CHAIR.

3.24 IMMIGRATION LAW COMPLIANCE

So Cal Dental Partners employs only United States citizens and those non-U.S. citizens authorized to work in the United States in compliance with the Immigration Reform and Control Act of 1986.

Each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with So Cal Dental Partners within the past three years or if their previous I-9 is no longer retained or valid. At times the corporate office will request updated forms for I-9 compliance due to expiration of identification or passports currently on file.

3.25 ARBITRATION

Arbitration provides an alternate dispute resolution mechanism for employee complaints. In the case of certain types of disputes arising out of your employment or the termination of your employment, you and the employer agree to submit such disputes exclusively to final and binding arbitration. Arbitration does not apply to claims for workers compensation, unemployment insurance or wage and hour matters.

3.26 AMERICANS WITH DISABILITIES ACT

So Cal Dental Partners complies with the Americans with Disabilities Act (ADA), and all other applicable state and local laws providing for nondiscrimination in employment against qualified individuals with disabilities. We will provide reasonable accommodation for such individuals in accordance with these laws. It is our policy to:

1. Ensure that qualified individuals with disabilities are treated in a nondiscriminatory manner during the pre-employment process and in all conditions of employment if hired.
2. Administer medical examinations (a) to applicants only after conditional offers of employment have been extended, and (b) to employees only when justified by business necessity, such as for a second medical opinion or a fitness-for-duty exam, or as part of a voluntary annual physical examination program.
3. Keep all medical-related information confidential in accordance with the requirements of the ADA and retain such information in separate confidential files.
4. Notify individuals with disabilities that we provide reasonable accommodation to

3.28 JOB ABANDONMENT

A staff member who is absent from work for two consecutive days without notifying the office is considered to have resigned. If you request time off that is denied and take time off anyway, or if you fail to return from an approved absence on the agreed upon date, the absence is considered to be job abandonment and treated as a voluntary resignation. (See section 4.1 Attendance/Punctuality)

3.29 JURY DUTY

When called to serve on jury duty or as a witness, you are required to submit a copy of the summons to your manager immediately. You are also required to submit certification from the court listing the actual days of service.

If you are called to serve on jury duty, you will be given a Leave of Absence. Wages will not be paid while on jury duty; however, employees are permitted to use PTO time if it is available to them.

If you are released before the end of the workday, you are to return to work for the balance of the day.

The employer reserves the right to contact the court to request a release from jury duty.

3.30 FAMILY CARE AND MEDICAL LEAVE AND PREGNANCY DISABILITY LEAVE POLICY

Under the California Family Rights Act of 1993 (“CFRA”) and federal Family and Medical Leave Act (“FMLA”), if you have more than 12 months of service with your employer and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to an unpaid family care or medical leave (“CFRA/FMLA leave”). This leave may be up to 12 workweeks in a rolling 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse.

Even if you are not eligible for CFRA/FMLA leave, if disabled by pregnancy, childbirth or related medical conditions, you are entitled to take pregnancy disability leave (“PDL”) of up to four months, or the working days in one-third of a year or 17½ weeks, depending on your period(s) of actual disability. Time off needed for prenatal or postnatal care, doctor-ordered bed rest, gestational diabetes, pregnancy-induced hypertension, preeclampsia, childbirth, postpartum depression, loss or end of pregnancy, or recovery from childbirth or loss or end of pregnancy would all be covered by your PDL.

So Cal Dental Partners also has an obligation to reasonably accommodate your medical needs (such as allowing more frequent breaks) and to transfer you to a less strenuous or hazardous position if it is medically advisable because of your pregnancy or medical status.

If you are CFRA-eligible, you have certain rights to take BOTH PDL and a separate CFRA leave for reason of the birth of your child. Both leaves guarantee reinstatement to the same or a comparable position at the end of the leave, subject to any defense allowed under the law. If possible, you must provide at least 30 days advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or a family member). For events that are unforeseeable, you must to notify your employer, at least verbally, as soon as you learn of the need for the leave. You are responsible for your portion of health insurance while out on leave. Any accrued PTO will be paid out to pay for your portion unless previously agreed upon with the corporate office. Failure to make payments or arrangements may cause a loss of health insurance if premiums are unpaid. A Cobra notification will be sent to anyone with health insurance loss of coverage. Please make sure the corporate office has your current mailing address at all times.

Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

So Cal Dental Partners may require medical certification from your health care provider before allowing you a leave for:

- your pregnancy
- your own serious health condition
- to care for your child, parent, or spouse who has a serious health condition

See Human Resources for a copy of a medical certification form to give to your health care provider to complete.

When medically necessary, leave may be taken on an intermittent or a reduced work schedule. If you are taking a leave for the birth, adoption or foster care placement of a child, the basic minimum duration of the leave is two weeks and you must conclude the leave within one year of the birth or placement for adoption or foster care.

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. Contact Human Resources for more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits.

This notice is a summary of your rights and obligations under the Fair Employment and Housing Act (FEHA). The FEHA prohibits employers from denying, interfering with, or restraining your exercise of these rights. For more information about your rights and obligations, contact your employer, look at the Department of Fair Employment and Housing's website at www.dfeh.ca.gov, or contact the Department at (800) 884-1684. The text of the FEHA and the regulations interpreting it are available on the Department's website.

If your FMLA has expired and you or your doctor have requested you have a reduction in hours; we must comply with your doctor's orders. If this causes your status to change from Full Time to Part Time, So Cal Dental Partners must change your employment status. This may affect your benefits. When/if you change your status back to Full Time/Part time please see section 6.1 in this manual for waiting periods and benefits.

3.31 BEREAVEMENT LEAVE

So Cal Dental's bereavement leave allows an eligible employee to receive paid leave due the death of an immediate family member.

Eligibility: All eligible regular full-time employees are covered by the policy. Other employees may be given time off without pay with Supervisor's approval.

- The time off must be approved by advanced written permission of a supervisor.
- Time paid for funeral leave will not be counted as hours worked for computing overtime.

All eligible regular full-time staff members bereaved by the death of a family member will be granted time off without loss of pay according to the following provisions:

Immediate Family: When a death occurs in your immediate family, you will be compensated for the wages actually lost from the day of the death, up to and including the day of the funeral, not to exceed a total of 2 workdays.

Immediate family includes legal spouse (including registered domestic partner), son, daughter, father, mother, sister, brother, father-in-law and mother-in-law.

Funeral pay will not be paid in addition to any other allowable pay for the same day such as holiday pay, or PTO.

Additional days may be allowed using PTO with Supervisor's approval.

3.32 UNEMPLOYMENT INSURANCE

If employment is terminated, you may be eligible to receive unemployment insurance. The insurance provides financial assistance to employees who become unemployed through no fault of their own. Consequently, when employees are at fault, such as resigning voluntarily or being discharged for unprofessional conduct, they may lose eligibility for unemployment benefits. In order to receive unemployment benefits, a claim must be filed at the local office that administers the state's unemployment insurance law.

To expedite the process, you must notate that your employer is So Cal Dental Partners using the Corporate office's address (Not your practice name or address)

3.33 STATE DISABILITY INSURANCE

Employees who suffer from a non-work-related illness or injury may be entitled to State Disability Insurance (SDI). SDI provides low cost disability protection if an illness or injury not caused by the job prevents you from working. A small percentage of each employee's wages, up to the prevailing maximum, is deducted each pay period to finance this mandatory insurance. To initiate a claim, telephone or go online the nearest State Disability office to request the necessary forms. During the waiting period before disability payments begin, you can take earned and unused sick leave. This will help to compensate for any lost wages during the waiting period. To expedite the process, you must notate that your employer is So Cal Dental Partners using the Corporate office's address (Not your practice name or address)

3.34 SOCIAL SECURITY

As an employee of the practice, you are covered under the provisions of the federal social security law (FICA). If any employee's earnings stop because of death, disability, or retirement, then the employee and his or her family (if requirements are met) may be eligible for the lost earnings to be replaced in part from the fund. Social security insures basic retirement payments, Medicare, disability payments, death benefits for survivors, and burial allowance. The amount of deduction from your wages for social security taxes is matched by the practice.

3.35 WORKERS' COMPENSATION

Employees are covered by workers' compensation insurance for work-related injuries or occupational diseases. So Cal Dental Partners pays this insurance.

Benefits- Workers' compensation benefits provide medical, surgical, and hospital treatment, in addition to payment for loss of earnings that result from work-related injuries. Benefits include:

- Cash benefits for both impairment and disability. Disability payments cover certain physical problems, while impairment benefits cover disability and loss of wages.
- Medical benefits within the legislated limits.
- Rehabilitation benefits, including both medical rehabilitation and vocational training for cases involving severe disabilities.
- Compensation paid to an injured worker is decided by a rate set by law—usually a percentage of a regular weekly wage with a fixed maximum and minimum amount, subject to a total maximum limitation figure.
- Compensation payments begin from the first day of an employee's hospitalization or after the third day following the injury if an employee is not hospitalized.

Reporting injuries- If you are injured while working notify your supervisor *immediately* and fill out the Accident Report, regardless of how minor the injury may be. Failure to

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following:

Full time clinical employees: 2 sets of scrubs max of \$150 every 6 months

Part time clinical employees: 1 set of scrubs max of \$75 every 6 months

Unless the office has paid directly for uniforms/scrubs, reimbursements for uniforms will be tracked through payroll as a non-taxable (negative) deduction. This is for tracking purposes only.

Dental Assistants and Hygienists: for sanitary reasons, nails are to be short, and nail polish or fake nails are not permitted unless gloves are worn.

Make-up and perfume are to be kept to a minimum.

Consult your supervisor if you have any questions about appropriate business attire.

4.6 SUBSTANCE ABUSE

So Cal Dental Partners is committed to providing a safe and productive workplace for its employees. In keeping with this commitment, the following rules regarding alcohol and drugs of abuse have been established for all staff members, regardless of rank or position, including both regular and temporary employees. The rules apply during working hours to all employees of So Cal Dental Partners while they are on So Cal Dental Partners' premises or elsewhere on So Cal Dental Partners' business:

- The manufacture, distribution, possession, sale, or purchase of controlled substances of abuse on So Cal Dental Partners' property is prohibited.
- Being under the influence of illegal drugs, alcohol, or substances of abuse on So Cal Dental Partners' property is prohibited.
- Working while under the influence of prescription drugs that impair performance is prohibited.

So that there is no question about what these rules signify, please note the following definitions:

So Cal Dental Partners' property: All So Cal Dental Partners' owned or leased property used by employees.

Controlled substance of abuse: Any substance listed in Schedules I-V of Section 202 of the Controlled Substance Act, as amended.

Drug: Any chemical substance that produces physical, mental, emotional, or behavioral change in the user.

4.81 SOCIAL MEDIA

“Social media (including personal and professional websites, blogs, chat rooms and bulletin boards; social networks, such as Facebook, LinkedIn and Twitter; video-sharing sites such as YouTube; and e-mail) are a common means of communication and self-expression. Because online postings can conflict with the interests of So Cal Dental Partners, dental practices and its customers, the Company has adopted the following policy. Breach of this policy may result in counseling and disciplinary action, including termination of employment.

Confidentiality and Privacy

“Do not disclose the Company’s confidential or proprietary information, or personal identifying information of anyone at the Company, in online postings or publications. Sharing these types of information, even unintentionally, could result in harm to the Company and legal action against you or the Company.

Your Identity Online

- “You are personally liable for all communications and information you publish online. The Company may be liable for online activity that uses company assets, a company e-mail address or any e-mail address that can be traced back to the Company’s domain, which generally is any internet address affiliated with the Company. Using your name and a Company e-mail address may imply that you are acting on the Company’s behalf. Because social media and networking activities are public, your Company e-mail address and Company assets should be used only to perform job-related activities, which may include professional networking but do not include personal social networking.
- Outside the workplace, you have a right to participate in social media and networks using your personal e-mail address. However, information and communications that you publish on personal online sites should never be attributed to the Company or appear to be endorsed by, or to have originated from, the Company.
- If you choose to disclose your affiliation with the Company in an online communication, then you must treat all communications associated with the disclosure as professional communications governed by this and other Company policies.

Limitations on Online Publications

- “Never identify a customer or co-worker in an online posting without his or her prior written permission.
- Obey the law and ethics rules. Do not post any information or engage in any online activity that violates applicable local, state or federal laws, or professional rules of conduct.
- Identify all copyrighted or borrowed material with citations and links. When publishing direct or paraphrased quotes, thoughts, ideas, photos or videos, give credit to the original publisher or author.
- Direct all requests for references for current or former Company employees to the Human Resources Department. Comments you post about current and former employees can have legal consequences, even if you make the comments personally and not on the Company’s behalf.

Creating and Managing Content

- “The Corporate office must approve any website, blog, chat room, video-sharing site, bulletin board or other social media that promotes the Company. No employee may incorporate the Company’s logo or other intellectual property in a website, blog, chat room, video-sharing site, bulletin board or other social media without the Company’s written permission.
- If you maintain a website, blog, chat room, video-sharing site, bulletin board or other social media that promotes the Company, you are responsible for reviewing responses to online posts and resolving any concerns about the propriety of the responses before they are posted.
- If a blogger or any other online participant posts an inaccurate, accusatory or negative comment about the Company or any of its employees, do not respond to the post without the approval of the Corporate Office.
- Refrain from publishing comments about controversial or potentially inflammatory subjects, including politics, sex, religion or any other non-business related subjects in any posts or other online communications involving the Company.
- Avoid hostile or harassing communications in any posts or other online communications involving the Company. Harassment is any offensive conduct based on a person’s race, sex, gender, gender identity, national origin, color, disability, age, sexual orientation, veteran status, marital status, religion or any other status protected by law.

“Nothing in this policy is intended to or will be applied in a manner that limits employees’ rights to engage in protected concerted activity as prescribed by the National Labor Relations Act.”

5.4 PAYDAYS

All employees are paid semi-monthly. Wages are calculated for the periods of: (1) the 1st through the 15th, and (2) the 16th through the last day of the month. Checks will be issued on the 5th and 21st of the month, respectively. If a payday falls on a Saturday checks will be issued on Friday. If a payday falls on a Sunday, checks will be issued on Monday. If payday falls on a Holiday, payroll checks will be dated and paid the following normal business day.

If a regular payday falls during an employee's vacation, the employee's paycheck will be available for pick-up upon his/her return from vacation.

Please review your paycheck for errors. If you find a mistake, report it immediately, so we can correct it right away. To prevent misunderstandings later, any discrepancies must be reported within 30 days after receiving the check, or we will assume that no error has occurred and you will have no recourse later.

Paychecks will not, under any circumstances, be given to any person other than the employee without written authorization. Paychecks may also be mailed to the employee's address or deposited directly into an employee's bank account upon request.

Each employee is responsible for his or her individual paycheck after it has been received. Please report a lost payroll check within 24 hours so we can initiate the "stop-payment" process. At the employer's discretion, employees may have any related bank charges deducted from their following paycheck.

5.5 PAYROLL DEDUCTIONS

State and federal payroll taxes will be withheld from your paycheck in accordance with state and federal laws. These deductions include State and Federal Withholding Tax, Social Security Tax (FICA), State Disability Insurance (SDI) taxes and any State and Federal Tax Liens. Other reasons for deductions may include United Fund, U.S. Savings Bonds, and health insurance premiums for the employee or dependent coverage, garnishments for payment for goods or professional services received by the employee on behalf of self or a member of the family.

New employees are required to fill out a Withholding Exemption Certificate (Form W-4) on or before the day they begin work. If you fail to fill out Form W-4, the employer is required to withhold the maximum amount of tax. A Form W-4 remains in effect until a new amended form is submitted.

Change in Status: You must file an amended Form W-4 reducing the number of exemptions within ten days after:

- The spouse or registered domestic partner for whom you had been claiming an

the reason for the request, and agreeing to repay the amount, in full, on the next payroll. Advances that have not been repaid will be considered part of an employee's final wages upon separation from employment.

SECTION 6

BENEFITS AND SERVICES

So Cal Dental Partners offers a benefits program for its employees. However, the existence of these programs does not signify that an employee will necessarily be employed for the required time necessary to qualify for the benefits included in and administered through these programs.

6.1 GROUP INSURANCE

So Cal Dental Partners offers the following health insurance programs for regular full time employees, following the first 60 days of employment. Full-time is considered 30 hours or more per week for medical benefits only. You will receive a notice from the corporate office when your eligibility is near along with a rate sheet, enrollment application/declination and FSA information.

HEALTH INSURANCE

This program provides major hospital and surgical health care benefits. The details and key features are included in the plan booklet you will receive at the time of your enrollment. The employer reserves the right at any time to terminate, modify or amend, completely or in part, any and all of the provisions of the plan. When changes occur you will be notified through meetings, posted notices, revised plan documents, or through revised policy pages in this manual. If there are any discrepancies between the brief summaries contained in this manual and the terms, limitations and conditions in the plan documents, the provisions in the plan documents, which are the detailed and controlling documents, take precedence. The plan administrator has the discretionary authority to determine eligibility for benefits and to construe the plan's terms. It should be noted that no payment would be made under any health benefit of the plan in any event for charges incurred arising from willful and illegal misconduct or while in the commission of a felony.

The cost of the program will be covered jointly by employee and So Cal Dental Partners. Please review the medical contribution scale below to determine the applicable percentage. Employee's portion of the premium will be paid through payroll deduction pretax. Your share of the premiums may be adjusted from time to time, at the employer's discretion or to adjust for rising costs. The So Cal Dental health insurance plan covers staff members only and is not designed to cover dependents. However, you may request dependent coverage at your expense which would be reimbursed to the employer through payroll deductions. There is no out of network health coverage.

Length of Employment	Employer Will Pay
1-3 Years of Employment	60% EPO
4-5 Years of Employment	70% EPO
6-10 Years of Employment	80 % EPO
11 Years and beyond	100% EPO

Eligibility - Regular full-time staff members are eligible to participate on the first day of the calendar month following the last day of completion of 60 days worked. Participation in the health insurance programs is voluntary. In order to elect participation, you must satisfy the eligibility conditions of the program and agree to pay your portion of the coverage costs. Coverage will end when an employee is not eligible to receive benefits.

Change of Status- Employees who change from a part-time to a full-time status will receive full-time benefits under the following conditions:

- Health Coverage after 60 days of status change
- PTO begins accruing immediately if employed over 1 year if employment is less than 1 year, CA Sick Leave will continue to accrue until the 1 year is complete
- 401k No Change-Once eligible can enroll during open enrollment
- Holiday Pay: Immediate, unless total employment is less than 90 days. If status changes within the first 90 days orientation period, the 90 days must be completed

Ending Date of Medical Coverage - Upon termination, staff members who are covered by medical insurance will continue to be covered until the last day of the month in which the last day of work occurred. The employee's premium will be deducted for the remaining portion of the month on the employee's final check. Employees will be covered by the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"). (See Section 6.2)

Waiver of Medical Benefits- Employees who decline to pay their share of coverage costs will be deemed to have waived coverage. In such a case, any opportunity to elect coverage in the future will be subject to the terms, conditions, and limitations of the plan and insurance policies that are in effect at the time. Employees who decline coverage are required to sign the Health Insurance Waiver Form. Due to Section 125 Pre-Tax guidelines employees are not allowed to cancel coverage during the year without a significant qualifying event or a valid change in status. If you do not meet the valid requirements you will have to wait until open enrollment to cancel your coverage.

Each year during open enrollment (June) a new signed declination waiver form is required as per Covered California Market Appeals division.

Medical benefits are subject to review annually based on industry costs and office participation. Please refer to the Plan Document and Summary Plan Description of So Cal Dental Partners, Inc. Health and Welfare Benefit Plan for full benefit details. www.socaldentalpartners.com

SUPPLEMENTAL INSURANCE

Supplemental insurance is offered to full and part time employees at 100% of the employee cost. Employees are able to participate in the open enrollment following the competition of the 90-day orientation and training period. Open enrollments are in mid January – mid February for enrollment date effective March 1st. Most plans are available at pre-tax benefits to employees. Our insurance representative will explain all the benefits in detail. Additionally, the corporate website has more details about each plan. Employees electing pretax supplemental insurance deductions may not cancel mid-year without a qualifying event. If you do not meet the valid requirements you will have to wait until open enrollment to cancel your coverage.

EMPLOYEE DENTAL BENEFITS

Employees of So Cal Dental Partners will receive the following dental benefits as outlined below. All benefits are applicable only when employee services are rendered at a So Cal Dental Partners facility.

Before receiving treatment, a complete dental record (health history, digital images, charting etc.) is required of all employees. Preferably treatment should be scheduled on employees' day off. However, with the approval of employees' direct supervisor, treatment may occur during working hours (cancellations). Any treatment received during a regularly scheduled workday is not considered hours worked and you must clock out and back in after treatment.

Employees may set up a payment plan through a payroll deduction for dental treatment of self or immediate family members only with balances **over** \$200.00. Payment amounts will be established in such a manner that the balance will be paid in full within six months of treatment. If a treatment requires a lab fee, such as crowns, partials etc., all lab fees are to be paid in full before the treatment begins. Exceptions are Full Case invisalign lab fees which can be spread out over 6 months. Payments can be set up to be deducted directly from the employee's paychecks each pay period. A payroll deduction authorization form (located on the website) must be filled out and signed by both the employee, and the manager of the treating office, and submitted to the corporate office for processing. To reiterate, payments can be set up to be deducted directly from the employee's paychecks each pay period. A payroll deduction authorization form (located on the website) must be filled out and signed by both the employee, and the manager of the treating office, and submitted to the corporate office for processing

Eligibility- After completion of the 90 **calendar** day orientation and training program, full-time and part-time employees will receive the following dental benefits. Please note that a waiting period may apply to some services.

****Direct Dependents as referred to in the following Dental Benefits is defined as an employee's legal spouse, registered domestic partner and all children to the age of 25 years of age. Dependent children will be terminated from dental benefits on their 26th birthday. The benefits for direct dependents are the same for the employee and dependent/spouse. Each team member 1x per year (new employees after 90 days) will receive three (3) friends and family gift certificates. These certificates will entitle the recipient to a 30% discount of UCR at any of our locations and specialties. If the recipient has dental PPO insurance that can also be used in conjunction with the gift certificate.**

Please note: If an employee has any dental services performed, beyond the scope of "Basic Dental Services", the employee will be required to pay UCR if employment is terminated in the first year of service by either party.

General Dentistry

Basic Dental Services- Exams, x-rays, prophys, root planning, sealants, amalgam or composite restorations, simple extractions and root canals that can be performed by a general dentist will be a benefit to *all* eligible (see above) employees at \$0 copay.

Cast Services- After 6 months continuous employment, the following services will be a benefit to *all* eligible employees at actual lab costs; (non-esthetic) crowns, bridges, dentures, partials, inlays, onlays, veneers or any lab made appliance).

Cosmetic Services- After 12 months' continuous employment, *all* employees are eligible for cosmetic dentistry. This includes, but is not limited to esthetic crowns, veneers, bondings or any service performed strictly for esthetic purposes. The employee will be responsible for all incurred lab costs.

FM Reconstruction- FM Reconstruction is defined as 6 or more units in one treatment plan. After 12 months' continuous employment, *all* employees will be eligible for this benefit. The employee will be responsible for all lab costs.

****Please note:** Treatment rendered before the applicable waiting period will be charged to the employee at 50% of UCR.

Zoom/Chairside Bleaching- Zoom/Chairside bleaching is a benefit to *all* employees after completion of the orientation and training period for the cost of materials, based on current purchase prices. Zoom/Chair-side bleaching is to be paid on day of service. No payment plans for cosmetic treatments.

Specialty Services (with the exception of Orthodontics)- Upon completion of orientation and training period all eligible employees will be eligible for specialty dental care. The co-payment for employee and direct dependent specialty care is 100% of the So Cal

Dental Partners' Employee Specialist Fee Schedule are payable given the tiered rates below. If the employee or friends or family of employees have PPO insurance, we will accept insurance as payment towards the fee schedule below. The specialty practice will determine the patient portion. The attached fee schedule includes direct dependents as defined above for those without dental PPO insurance. Employees fee schedule will be determined by the following tiered schedule based upon years of service.

90 days- 3 years of Service: 10% off of fee schedule

4-7 years of service: 20% off of fee schedule

8-10 years of service: 30% off of fee schedule

11+ years: 50% off of fee schedule

For Example:

An employee was hired 6 months ago and needs Endo Code D3330, employee is responsible for \$562.50 (fee listed of \$625.00 x 10% discount)

An employee was hired 5 years ago and needs Pedo Code D7111, employee is responsible for \$32.80 (fee listed of \$41.00 x 20% discount)

An employee was hired 12 years ago and needs Periodontic Code D4260, employee is responsible for \$318.00 (fee listed \$636.00 x 50%)

An employee was hired 9 years ago and their child needs Pediatric Code D1120, employee is responsible for \$31.50 (fee listed \$45.00 x 30%)

****Please note****: IV sedation is not a covered benefit and employees and dependants are responsible for UCR.

****At this time we do not offer Prosthodontic coverage with the Prosthodontist.**

Pediatric Specialty Fee Schedule

Pediatric Diagnostic		
D0120	periodic oral evaluation - established patient	\$37.00
D0140	limited oral evaluation - problem focused	\$37.00
D0145	oral evaluation for a patient under three years of age and	\$37.00
D0150	comprehensive oral evaluation - new or established patient	\$37.00
D0160	detail and extensive oral evaluation - problem focused, by	\$37.00
D0170	re-evaluation - limited, problem focused (established patient;	\$37.00
D0210	intraoral - complete series of radiographic images	\$31.00
D0220	intraoral - periapical first radiographic image	\$12.00
D0230	intraoral - periapical each additional radiographic image	\$9.00
D0240	intraoral - occlusal radiographic image	\$13.00
D0250	extraoral - 2D projection radiographic image created using a	\$18.00
D0270	bitewing - single radiographic image	\$12.00
D0272	<i>bitewings - two radiographic images</i>	\$23.00
D0273	bitewings - three radiographic images	\$28.00
D0274	bitewings - four radiographic images	\$36.00
D0277	vertical bitewings - 7 to 8 radiographic images	\$46.00
D0330	panoramic radiographic image	\$42.00
D0340	2D cephalometric radiographic image - acquisition,	\$42.00
D0460	pulp vitality tests	\$15.00
D0470	diagnostic casts	\$23.00
(Pediatric) Preventive		
D1120	prophylaxis - child	\$45.00
D1208	topical application of fluoride - excluding varnish	\$24.00
D1351	sealant - per tooth	\$24.00
D1510	space maintainer - fixed - unilateral	\$151.00
D1515	space maintainer - fixed - bilateral	\$243.00
D1520	space maintainer - removable - unilateral	\$260.00
D1525	space maintainer - removable - bilateral	\$281.00
Pediatric Restorative		
D2140	amalgam - one surface, primary or permanent	\$47.00
D2150	amalgam - two surfaces, primary or permanent	\$54.00
D2160	amalgam - three surfaces, primary or permanent	\$58.00
D2161	amalgam - four or more surfaces, primary or permanent	\$65.00
D2330	resin-based composite - one surface, anterior	\$57.00
D2331	resin-based composite - two surfaces, anterior	\$64.00
D2332	resin-based composite - three surfaces, anterior	\$68.00
D2335	resin-based composite - four or more surfaces or involving	\$77.00
D2390	resin-based composite crown, anterior	\$254.00
D2391	resin-based composite - one surface, posterior	\$75.00
D2392	resin-based composite - two surfaces, posterior	\$79.00
Pediatric Restorative (continued)		

D2393	resin-based composite - three surfaces, posterior	\$87.00
D2394	resin-based composite - four or more surfaces, posterior	\$92.00
D2920	re-cement or re-bond crown	\$23.00
D2930	prefabricated stainless steel crown - primary tooth	\$89.00
D2931	prefabricated stainless steel crown - permanent tooth	\$129.00
D2932	prefabricated resin crown	\$116.00
D2933	prefabricated stainless steel crown with resin window	\$139.00
D2951	pin retention - per tooth, in addition to restoration	\$18.00
Pediatric Endodontics		
D3110	pulp cap - direct (excluding final restoration)	\$37.00
D3120	pulp cap - indirect (excluding final restoration)	\$54.00
D3220	therapeutic pulpotomy (excluding final restoration) - removal	\$56.00
D3221	gross pulpal debridement, primary and permanent teeth	\$56.00
D3222	partial pulpotomy for apexogenesis - permanent tooth with	\$56.00
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth	\$69.00
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth	\$79.00
Pediatric Periodontics		
D4341	periodontal scaling & root planing - four or more teeth per	\$149.00
D4342	periodontal scaling & root planing - one to three teeth per	\$90.00
D4355	full mouth debridement to enable comprehensive evaluation	\$97.00
Pediatric Oral Surgery		
D7111	extraction, coronal remnants - deciduous tooth	\$41.00
D7140	extraction, erupted tooth or exposed root (elevation and/or	\$64.00
D7210	surgical removal of erupted tooth requiring elevation of	\$70.00
Pediatric Adjunctive General Services		
D9110	palliative (emergency) treatment of dental pain - minor	\$39.00
D9310	consultation - diagnostic service provided by dentist or	\$37.00
D9430	office visit - for observation, with no other services performed	\$37.00
D9440	office visit - after regularly scheduled hours	\$61.00

Specialist Fee Schedule

Endodontics/Periodontics & Oral Surgery Specialty Fee Schedule

ADA	Diagnostic	AMOUNT
D0120	periodic oral evaluation – established patient	80.00
D0140	limited oral evaluation - problem focused	80.00
D0150	comprehensive oral evaluation - new or established patient	80.00
D0160	detailed and extensive oral evaluation	80.00
D0170	re-evaluation - limited, problem focused (not post-operative visit)	80.00
D0180	comprehensive perio evaluation - new or established patient	80.00
D0210	intraoral - complete series (including bitewings)	63.00
D0220	intraoral - periapical first film	15.00
D0230	intraoral - periapical each additional film	6.00

D0270	bitewing - single film	20.00
D0272	bitewings - two films	25.00
D0273	bitewings - three films	30.00
D0274	bitewings - four films	35.00
D0330	panoramic film	35.00

Endodontics

D3110	pulp cap	45.00
D3120	pulp cap- indirect	45.00
D3220	therapeutic pulpotomy	103.00
D3221	gross pulpal debriment	103.00
D3222	partial pulpotomy for apexogenesis	103.00
D3310	root canal therapy – anterior (excluding restoration)	443.00
D3320	root canal thereapy – premolar (excluding restoration)	503.00
D3330	root canal therapy – molar (excluding restoration)	625.00
D3346	retreatment of previous root canal therapy- anterior	528.00
D3347	retreatment of previous root canal therapy- premolar	608.00
D3348	retreatment of previous root canal therapy- molar	710.00
D3351	apexification –initial visit	227.00
D3410	apicoectomy – anterior	545.00
D3421	apicoectomy-premolar (1 st root)	590.00
D3425	apicoectomy-molar (1 st root)	636.00
D3426	apicoectomy-each additional root	148.00
D3430	retrograde filling – per root	119.00
D3450	root amputation – per root	285.00
D3920	hemisection	216.00

Periodontics

D4210	gingivectomy or gingivoplasty – four or more teeth per quadrant	487.00
D4211	gingivectomy or gingivoplasty - one to three teeth per quadrant	487.00
D4240	gingival flap procedure - four or more teeth per quadrant	487.00
D4241	gingival flap procedure - one to three teeth or tooth per quadrant	384.00
D4245	apically positioned flap	455.00
D4249	clinical crown lengthening - hard tissue	216.00
D4260	osseous surgery- four or more contiguous teeth per quadrant	636.00
D4261	osseous surgery - one to three contiguous teeth per quadrant	636.00
D4266	guided tissue regeneration - resorbable barrier, per site	490.00
D4267	guided tissue regeneration – non resorbable barrier, per site	560.00
D4268	surgical revision procedure, per tooth	480.00
D4270	pedicle soft tissue graft procedure	420.00
D4271	free soft tissue graft procedure (including donor site surgery)	470.00
D4273	autogenous connective tissue graft	541.00
D4274	distal or proximal wedge procedure	360.00
D4277	free tissue graft – first tooth/implant/edentulous tooth position	541.00
D4278	free tissue graft – each additional tooth/implant in same graft site	451.00

D4283	autogenous connective tissue graft add'l tooth/implant on site	325.00
D4341	periodontal scaling and root planing - four + teeth per quadrant	153.00
D4342	periodontal scaling and root planing – 1 to 3 teeth, per quadrant	153.00
D4355	full mouth debridement	155.00
D4381	localized delivery of antimicrobial agents	105.00
D4910	periodontal maintenance	79.00
D4920	unscheduled dressing change	56.00

Oral Surgery

D7140	extraction, erupted tooth or exposed root (simple)	74.00
D7210	surgical removal of erupted tooth	95.00
D7220	removal of impacted tooth - soft tissue	130.00
D7230	removal of impacted tooth - partially bony	170.00
D7240	removal of impacted tooth –full bony	195.00
D7241	removal of impacted tooth –full bony with complications	225.00
D7250	surgical removal of residual tooth roots (cutting procedure)	130.00
D7280	Surgical access of an erupted tooth	318.00
D7283	Placement of device to aid in eruption	216.00
D7285	biopsy of oral tissue - hard (bone, tooth)	190.00
D7286	biopsy of oral tissue – soft	100.00
D7310	alveoloplasty w/extractions – four or more teeth, per quadrant	137.00
D7311	alveoloplasty w/extraction –one to three teeth, per quadrant	137.00
D7510	incision and drainage of abscess - intraoral soft tissue	69.00
D7950	ridge augmentation	750.00
D7953	bonegraft with extraction	450.00
D7960	frenulectomy	153.00

Adjunctive General Services

D9110	palliative (emergency) treatment of dental pain – minor procedure	60.00
D9310	consultation	30.00
D9951	occlusal adjustment - limited	90.00
D9952	occlusal adjustment – complete	220.00

ORTHODONTIC SERVICES

Invisalign- Employees who elect to have invisalign will be responsible for *the actual costs incurred* for this service. This would apply to initial aligners, refinement aligners, retention or any appliance or device which results in a billable cost to So Cal Dental Partners. As stated above, Invisalign lab fees must be paid within six months or immediately if employment is terminated. These fees will not be eligible for payroll deduction and must be paid *in full* at the time of service. So Cal Dental Partners reserves the right to adjust fees on a case by case basis.

ORTHODONTIC TREATMENT

Full and Part Time employees, after completing 12 months of continuous employment, are eligible to receive orthodontic services at a discount of 70% off UCR for the employee and 30% off for “direct dependents”. There will be a copay of \$25 to employee or dependent for initial records (radiographs, photos, pano, ceph, models etc.). Appliances or retainers will be charged at actual lab cost to the employee. These charges will be included in your monthly payroll deduction if that option was chosen.

A down payment of \$100.00 is to be paid when treatment begins. Remaining balance is to be paid in full within 1 year. Automatic deductions will be set up on payroll, not to exceed 24 payroll deductions. If treatment exceeds two years of treatment, it is considered overtime. The overtime copay of \$50.00 per 6-week visit will be applied.

Employees or “direct dependents” that are covered by a separate dental insurance plan are required to use it. Any payment received will be applied towards their cost for treatment.

Orthodontic Appointments should be scheduled on non-workdays when possible. Should you need to appoint during a regularly scheduled workday, the time is not considered working hours and employees are required to clock out and back in after treatment.

Missed Appointments Ortho appointments are in high demand, with some times during the day being highly sought after. So Cal Dental Partners expects our employees to honor their appointments and give 24 hour notice if they are unable to attend so this time may be given to one of our patients. A missed appointment fee of \$10 may be applied without the 24 hour notice.

Termination of Employment In the event of termination of employment, for any reason, the entire amount due becomes payable and may be deducted from employees final check.

MISSION DENTAL IMPLANT CENTER TREATMENT BENEFITS

Full and Part Time employees after completing 12 months of continuous employment are eligible to receive periodontic services for 30% off for themselves and direct dependents (Direct dependents are defined as legal spouse and dependents to 21 years of age). Lab fees will be at the charged at cost to the employee.

These charges may be financed with payroll deductions, not to exceed two years.

~~Employees or direct dependents that are covered by a separate dental insurance plan are required to use it. Payment will be applied towards remaining balance due.~~

EMPLOYEES WITH DENTAL INSURANCE COVERAGE

Employees or direct dependents that have dental benefits through a traditional dental insurance plan or a DHMO are required to disclose it for any treatment provided by So Cal Dental Partner facilities. Any payment received will be applied towards your treatment costs as outlined in the above benefit schedule. So Cal Dental Partners will consider their insurance a primary insurance. In that case, if your dental insurance requires a deductible be met, the deductible will be waived as part of the employee benefit policy.

Employees and direct dependents that are covered by a DMO will have the co-payment waived if it is greater than the benefit outlined above (employee receives greater discount).

If employment is terminated for any reason, you will owe the balance and must arrange for payment on the same basis as any other patient with an outstanding balance. If needed, continuation of treatment will be charged at UCR.

6.2 COBRA BENEFITS

The Federal Consolidated Budget Reconciliation Act (COBRA) gives employees and their qualified beneficiaries the opportunity to continue health insurance coverage under the So Cal Dental Partner's health plan when a "qualifying event" would normally result in the loss of eligibility.

Some common qualifying events are resignation, termination of employment, or death of an employee; a reduction in an employee's hours or leave of absence, divorce or legal separation and a dependent child no longer meeting eligibility requirements.

Under COBRA, the employee or beneficiary pays the full cost of coverage at So Cal Dental Partner's group rates plus an administration fee. So Cal Dental Partners provides each eligible employee with a written notice describing rights granted under COBRA when the employee becomes eligible for coverage under So Cal Dental Partner's health insurance plan. The notice contains important information about the employee's rights and obligations.

6.3 SOCIAL SECURITY/MEDICARE

So Cal Dental Partners withholds income tax from all employees' earnings and participates in FICA (Social Security) and Medicare withholding and matching programs as required by law.

insurance plan. The notice contains important information about the employee's rights and obligations.

6.3 SOCIAL SECURITY/MEDICARE

So Cal Dental Partners withholds income tax from all employees' earnings and participates in FICA (Social Security) and Medicare withholding and matching programs as required by law.

6.4 401(k)

- So Cal Dental Partners has aligned with reputable investment company for full and part time employees to participate in the 401(k) plan. The 401(k) offers tax advantage retirement savings plan. A full benefit plan description is on our corporate website: www.socaldentalpartners.com in the employee portal.

Eligibility Requirements:

- Must meet minimum age requirement 18 years (see benefit plan description)
- Complete 12 months of service
- Completed minimum of 1000 hours
- Enrollment can take place thereafter during open enrollment
- All eligibility requirements must be satisfied for rollover
- Auto enrollment takes place on the first eligible date at a default 5% deferral, unless you select a different amount or sign a waiver/declination on/before or after 30 days from your participation date. For example: an employee was hired in March 2019, they have met the above eligibility requirements: The employee will be automatically enrolled in July 2020 on the 21st payroll check. You will get a notice via the U.S. mail from Empower. Do NOT throw this away, it is your auto enrollment notification. You must opt out or contact corporate for documents to complete if you do not wish to participate in the 401k. It is important for these reasons that you always keep corporate up to date on your current mailing address.

6.5 CALIFORNIA SICK TIME & PAID TIME OFF

California Sick leave

California statutory sick time is given to all employees. All employees who are not eligible (i.e. part-time employees and hygienists), or not yet eligible for PTO (i.e. employees in their first year), will be subject to this separate policy for California Sick leave as defined below:

Eligible employees will accrue 1 hour of sick pay for every 30 hours worked. A maximum of 24 hours or 3 days can be used by the employee every year. Accrued sick

6.5

“Family member” is defined as: a child (whether biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis) regardless of the age of the child or dependency status, a parent (whether biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee’s spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child), a spouse, a registered domestic partner, a grandparent, a grandchild, and a sibling. So Cal Dental Partners will also approve of the use of an employee’s accrued PTO as sick time if the employee is a victim of domestic violence, sexual assault or stalking.

When electing to use PTO as paid sick time, the employee must use a minimum increment of two (2) hours. Paid sick leave used as well as paid sick leave remaining will be reflected on the employee’s wage statement. Employees wishing to utilize PTO as paid sick leave must indicate it on their timecard.

If the need for PTO as paid sick leave is foreseeable, the employee must provide their immediate supervisor reasonable advance notification. If the need for PTO as paid sick leave is unforeseeable, the employee must provide notice of the need for leave as soon as practicable. In all cases, the employee must call in no later than prior to the start of the work day.

PTO will accrue as follows:

End of First Year: You begin to accrue two weeks per year with a four week cap. Accruals will be given at the end of each pay period. If you work 40 hours per week, your accrual benefit per pay period will be 3.34 hours per pay period and so forth. Hygienists are not eligible at this time for PTO accruals and will only be eligible for CA Sick Leave benefits.

Employees are not eligible to earn or accrue PTO during the first year of service.

*Exceptions to PTO Accrual may apply to upper management

Unscheduled Absences- Notwithstanding time-off requested pursuant to California sick pay laws, time taken for “unscheduled time off” (calling in sick) may not exceed the number of hours in one of the employee’s regular workweeks. Example, if you work four 8 hour days per week, the number of hours available for “unscheduled time off” would be 32 hours during your benefit year. Time taken beyond this allowance is considered excessive and would not be compensated from the PTO benefit. Excessive absences may also affect performance reviews, result in counseling statements, disciplinary action and could result in termination.

Texting, Facebook or email is not an acceptable method for ‘calling in sick’. If you are unable to come to work because of illness or other unplanned occurrence, you must call and speak to your direct supervisor/office manager. There will be no exceptions without prior approval from the office manager first. Violation of this policy is subject to

termination and/or disciplinary action.

To Use PTO- All PTO must be approved in advance (see **Unscheduled Absences**) to assure that patients scheduling needs are met. Please submit your requests as soon as possible. Conflicting requests will be decided by seniority. This section does not apply to PTO time used by the employee as California sick pay. **PTO cannot be cashed out in lieu of taking time off. If employment is terminated whether willingly or not, all accrued PTO will be paid out.**

Doctor Absence (PTO)- When the Doctor is away from the office, please check with your Supervisor or authorized person to confirm that your presence is required while the Doctor is away. If your presence is not required, you may, with approval:

- Take time off without pay
- Take time off using available PTO. Please indicate your decision on your request form. Using PTO when a doctor is off is only permitted if the rest of the office remains open. *If the entire office is closed, no employees will be scheduled, and PTO is not permitted (see **Scheduled Office Closure**).*

To Use PTO for Unscheduled/Emergency Office Closure (see section 3.10 for additional info)- In the event of an office closure for reasons, including but not limited to acts of terrorism, natural disaster, or other emergencies, employees will be permitted to use PTO, however it is limited to a maximum of 2 days or 16 hours of PTO.

To Use PTO for Scheduled Office Closure- if the office is having a planned/scheduled closing for any reason including but not limited to a holiday, construction, doctors on vacation, etc. employees are NOT permitted to use PTO for those missed hours.

Example: Day after Thanksgiving most offices are closed however it is a planned/scheduled day off and we will not permit employees to use PTO for this day.

Paid Holiday

- **During PTO/Schedule Vacation-** If a paid holiday occurs during a time period an employee is taking scheduled paid time off, eligible employees will be charged with one less day of PTO and paid the holiday if eligible.
- **Calling in Sick (Before or After the Holiday) -** If an employee calls out sick or has an unscheduled absence the scheduled workday prior to and/or after a paid holiday, that holiday will be unpaid.
- **If employment ends during a holiday pay period-**The Holiday will NOT be paid. If employment ends either willingly or unwillingly, NO holiday pay will be considered for payment

Overtime- Paid Time Off is not included as hours worked when computing overtime.

Leave of Absence- No PTO is earned while on a leave of absence.

Job Abandonment- Any employee who is absent for three or more consecutive working

days (based on his or her normal work schedule) without notifying his or her management or the Corporate Office, will be considered job abandonment and treated as a voluntary termination. Please see acceptable forms of calling in sick to work.

Carryover of PTO- Accrued PTO for FT employees may be carried forward into the next year; however, they may not accrue more than 4 weeks PTO at any time.

PTO upon Termination- Eligible employees who end their employment either voluntarily or involuntarily will receive payment of any unused Paid Time Off, prorated on a monthly basis.

Notice of absence- Employees who know that they will be absent for any reason must give advance notice, including the probable starting date and duration of the absence, if possible. If a sudden illness makes it impossible for an employee to request sick leave before the workday begins, the employee should notify their *Supervisor or Manager* no later than one hour before the start of the workday. It is your duty to inform the Office Manager and the Corporate Office if the illness and the time off are taken under the provisions of FMLA, CFRA, California Sick Pay, and/or the Americans with Disabilities Act.

If an employee is too ill to place the call, have a relative or other responsible individual make the call. Failure to follow this procedure will void the claim for paid sick leave and can be grounds for disciplinary action including termination.

During an absence because of illness, you are to personally notify your supervisor daily of progress unless otherwise agreed upon.

Physician's Statement - If you are absent due to sick leave more than three (3) days in a row, please bring in a note from a healthcare practitioner verifying the reason for your absence. The note should also state that you are able to perform your regular work assignment and state if there are any restrictions pertaining to your duties or the number of hours you can work. However, at the employer's discretion, you may be required to bring your physician's note verifying the medical reason for your absence, when you are absent for less than three (3) days. (This section does not apply to statutory time off pursuant to California sick pay. See California Sick Leave for more details.)

Leave Of Absence- if you are unable to return to work within six working days, you may be put on a leave of absence (see Leave of Absence policy). Any earned and unused PTO must generally be taken before the beginning of a leave of absence. PTO is not earned while on a leave of absence nor are holidays paid. PTO, if available, can be used to pay health insurance premiums.

Notice of a Staff Member's Return to Work- You must provide a notice after an illness and it must be given in advance so that scheduling adjustments can be made. Human resources may request a doctor's release before the employee returns to work. You must in advance (Min. 1 Week prior) coordinate with human resources (corporate office) your

scheduled return. You cannot simply show up when you feel ready; coordination with corporate, your office manager and your doctor is necessary first.

6.6 RECORD KEEPING

The Human Resources Department maintains PTO days accrued and used. Each employee is responsible for verifying his/her pay stub to make sure the correct amount of hours appear.

6.7 HOLIDAYS

So Cal Dental Partners observes the following paid holidays per year for all non-exempt full time employees:

Paid Holidays	When Observed
Memorial Day*	Last Monday in May
Independence Day*	July 4
Labor Day*	First Monday in September
Thanksgiving Day*	Fourth Thursday in November
Christmas Day*	December 25

Regular full-time employees receive holiday pay equivalent to the straight time pay for the hours worked in a regular workday. Paid holidays are not to be counted as hours worked for overtime calculation purposes.

New Employees do not receive holiday benefits during the orientation and training period of 90 days. They become eligible on the first of the month following completion of orientation and training of 90 days and they must be full time status the entire duration of the training period.

Eligibility- To be eligible for holiday pay, you must work (or be on an excused absence) your *entire* regularly scheduled workday before the holiday and the next regularly scheduled workday following the holiday. (Eligibility requirements may not apply pursuant to the California Sick Leave Healthy Families Act of 2014, effective 2015.)

Holidays that fall on a regular scheduled day off- When a paid holiday falls on a regularly scheduled day off, eligible FT staff members will be paid for the day.

Holidays that fall during a vacation- when a paid holiday falls while you are on a scheduled vacation, eligible employees will be charged with one less day of PTO and receive Holiday pay.

6.10 TRAINING AND PROFESSIONAL DEVELOPMENT

So Cal Dental Partners recognizes the value of professional development and personal growth for employees. Therefore, So Cal Dental Partners encourages its employees who are interested in continuing education and job specific training to research these further and get approval before signing up for the seminars or courses.

6.11 EMPLOYEE REFERRAL

If a regular full-time or part-time staff member is hired as a result of an employee's referral and recommendation the employee will receive a *referral bonus of \$ 200.00*. The referral bonus will be paid in full as soon as possible on the pay period following the new employee orientation completion of the referred employee. The referring employee must be then-currently employed to receive this bonus. Open job positions are posted regularly on the corporate website under the *Careers Section*.

SECTION 7

TERMINATION OF EMPLOYMENT

7.1 EMPLOYMENT TERMINATION POLICY

Termination of employment is an inevitable part of personnel activity within any organization, and many of the reasons for termination are routine. Below are a few examples of some of the most common circumstances under which employment is terminated:

- **Resignation** – voluntary employment termination initiated by an employee.
- **Termination** – involuntary employment termination initiated by So Cal Dental Partners.
- **Layoff** – involuntary employment termination initiated by So Cal Dental Partners for non-disciplinary reasons.

When a non-exempt employee intends to terminate his/her employment with So Cal Dental Partners, he/she as a courtesy, give So Cal Dental Partners at least two weeks written notice. Exempt employees shall give at least four weeks written notice.

Since employment with So Cal Dental Partners is based on mutual consent, both the employee and So Cal Dental Partners have the right to terminate employment at will, with or without cause or prior notice at all times during employment, including the Orientation and Training Period for New Employees (See Section 3.4, Orientation and Training Period for New Employees).