

BENETEMPS, INC.

**GROUP DENTAL
INSURANCE PLAN**

SUMMARY PLAN DESCRIPTION

January 1, 2011
Amended and Restated July 1, 2018

ERISA Summary Plan Description. This document, together with the subscriber certificate issued by the Insurance Company, constitutes the Summary Plan Description required by ERISA.

BENETEMPS, INC.

GROUP DENTAL INSURANCE PLAN

January 1, 2011

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i. General Information About the Plan

Plan Name: BeneTemps, Inc. Dental Group Insurance Plan

Type of Plan: Dental Insurance

Plan Year: January 1 – December 31

Plan Number: 505

Original Effective Date: January 1, 2011

Type of Plan Administration: This Plan is fully insured. Benefits are provided under a group insurance contract entered into between BeneTemps, Inc. and Delta Dental (“Insurance Company”). Claims for benefits are sent to the Insurance Company. The Insurance Company (not BeneTemps, Inc.) is responsible for paying claims.

Plan Sponsor: BeneTemps, Inc.
738 Main Street, #337
Waltham, MA 02451
781.726.6070

Plan Sponsor’s Employer Identification Number: 02-0452407

Insurance Company: Delta Dental of Massachusetts
465 Medford Street
Boston, MA 02129

Plan Administrator: BeneTemps, Inc.
738 Main Street, #337
Waltham, MA 02451
781.726.6070
Attn: Office Manager

Named Fiduciary: BeneTemps, Inc.
738 Main Street, #337
Waltham, MA 02451
781.726.6070

Agent for Service of Legal
Process:

Samuel Gruenbaum, President
BeneTemps, Inc.
738 Main Street, #337
Waltham, MA 02451
781.726.6070

Service of legal process may also be made on the
Plan Administrator

Important Disclaimer:

Benefits hereunder are provided pursuant to an insurance contract between the Plan Sponsor and the Insurance Company. If the terms of this summary document conflict with the terms of the insurance contract, the terms of the insurance contract will control, unless superseded by applicable law.

Attachments:

Certificate of Insurance issued by Delta Dental of MA

1. Introduction

BTHR Solutions maintains a dental insurance plan (the "Dental Plan") for the exclusive benefit of and to provide dental benefits to eligible employees who chose to participate in the Plan. These benefits are currently provided under an insurance contract entered into between BTHR Solutions and Delta Dental of Massachusetts (the "Insurance Company" or "Delta Dental"). These benefits are described in the Certificate of Insurance issued by Delta Dental, a copy of which is attached to this document.

2. Eligibility and Participation Requirements

Full-time employees will be eligible to enroll on the first day of the month following their three months employment anniversary (this is the "Initial Eligibility Period"). Full-time employees are those who maintain a minimum of 390 hours during any consecutive three months period and who are paid directly by BTHR Solutions. Employees will be notified by BTHR Solutions upon reaching eligibility for the Plan. Participation in the Dental Plan is VOLUNTARY. Premiums are paid fully by enrolled employees through monthly payroll deduction.

The Plan allows for Annual Enrollment on July 1 of each year.

Termination of Coverage

Coverage will end on the last day of the coverage period that is fully paid. Coverage may also be terminated due to non-payment of premiums by the employee.

Rehire Eligibility

Employees who return to work for BTHR Solutions within 60 days of the date their coverage under this plan ended may rejoin the Dental Plan immediately upon their return to work. Employees who have a break in service from BTHR Solutions longer than 60 days must satisfy a new 3 month eligibility waiting period and accrue 390 hours to be eligible for re-enrollment.

3. Summary of Plan Benefits

BTHR Solutions' dental plan includes coverage for preventative care, basic restorative and major restorative services, and offers both in-network and out-of-network benefit levels. This is a voluntary plan which is paid fully by participating employees.

Benefits Summary

- \$50 annual deductible for certain services (max \$150 per family)
- \$1,000 annual maximum benefit limit
- Preventative services covered at 100% in-network and are not subject to the deductible
- Basic restorative services covered at 80% in-network
- Major restorative services covered at 50% in-network

For a complete description of dental benefit covered services and coverage levels please refer to the "Coverage" section of the Delta Dental Insurance Certificate.

4. Plan Funding

Insurance premiums are paid in full by the participating employees via monthly payroll deduction.

Section 125

Employees may elect to have their dental plan premiums deducted on a pre-tax basis under the guidelines of Section 125 of the IRS through BTHR Solutions' Section 125 Plan.

5. Plan Administration

The administration of the Plan is under the supervision of the Plan Administrator. The Benefits Manager of BTHR Solutions is the person who acts on behalf of the Plan Administrator. BTHR Solutions has agreed to indemnify the Benefits Manager for any liability he or she incurs as a result of acting on behalf of the Plan Administrator, except if such liability is due to his or her gross negligence or misconduct.

The principal duty of the Plan Administrator is to see that the Plan is carried out, in accordance with its terms, for the exclusive benefit of persons entitled to participate in the Plan without discrimination among them. BTHR Solutions bears the incidental costs of administering the Plan.

Power and Authority of Insurance Company

This plan is fully insured. Benefits are provided under a group insurance contract entered into between BTHR Solutions and the Insurance Company. Claims for benefits are sent directly to the Insurance Company. The Insurance Company is responsible for paying claims, not BTHR Solutions.

The Insurance Company is responsible for:

- Determining eligibility for and the amount of any benefits payable under the Plan.
- Prescribing claims procedures to be followed and the claims forms to be used by employees pursuant to the Plan.

The Insurance Company also has the authority to require employees to furnish it with such information as it determines is necessary for the proper administration of the Plan.

Questions

If you have any general questions regarding the Plan, please contact the Plan Administrator. However, if you have questions concerning eligibility for and/or the amount of any benefits payable under the Plan, please contact the Insurance Company.

6. Reduction, Denial or Loss of Benefits

Coverage will end on the last day of the coverage period that is fully paid by the employee. See also "When Your Coverage Ends" on p. 20 of the Delta Dental Insurance Certificate.

7. COBRA

Participants may be eligible to continue their Dental Insurance under in accordance with the provision of COBRA. Please see the Delta Dental Insurance Certificate section entitled "Notice of Your Right and Your Dependent's Right To Continue Dental Benefits."

8. Amendment or Termination of the Plan

BTHR Solutions as Plan Sponsor, has the right to amend or terminate the Plan at any time. The Plan may be amended or terminated by a written instrument signed by the President of BTHR Solutions who is authorized to amend or terminate the Plan and to sign insurance contracts with the Insurance Company or other carriers, including amendments to those contracts.

A Full ERISA Statement is provided in the Insurance Certificate provided by Delta Dental.