

HUMAN RESOURCES POLICY

The Smile Way Group

POLICY/PROCEDURE TITLE	COVID-19 Paid Leave For Isolation	
POLICY/PROCEDURE NUMBER	COVID-19 103	
DEPARTMENT	Human Resources	
Original Issue Date	10/9/2020	
Next Scheduled Review Date	7/1/2022; set to expire 12/31/2022	
Last Review Date	6/30/2022	
CEO Approval Date	6/30/2022	
COO Approval Date	6/30/2022	
Revision Date History	2/2021 policy extension and change in qualifying and duration language; 5/2021 policy extension; 1/2022 policy changed to match CDC isolation duration and included the office COVID-19 101 portion relating to isolation; 3/2022 CA and PA removed as they have a different policy per state law; 6/2022 policy extension and NY removed as they have a different policy per state law.	
APPLIES TO		
<input checked="" type="checkbox"/>	SAP: ReachOut Healthcare America Ltd. dba Smile America Partners	<input checked="" type="checkbox"/> MD: S.K. Pesis D.D.S., Big Smiles Maryland, PC dba Smile Maryland
<input checked="" type="checkbox"/>	AZ: Arizona Mobile Dental, PC dba Big Smiles	<input checked="" type="checkbox"/> MI: Michigan Dental Outreach, P.C. dba Michigan Dental Outreach
<input type="checkbox"/>	CA: Elliot Paul Schlang, DDS, Professional Corporation dba Big Smiles	<input checked="" type="checkbox"/> MO: Nevin K. Waters D.D.S., P.C. dba Big Smiles
<input checked="" type="checkbox"/>	GA: Shurett Dental Group, P.C. dba Shurett Dental Group	<input checked="" type="checkbox"/> NC: Theodore F. Mayer, DDS P.A. dba Smile North Carolina
<input checked="" type="checkbox"/>	GA: Mark Shurett, DDS, PC dba Help A Child Smile	<input type="checkbox"/> NY: Big Smiles Dental New York, PLLC
<input checked="" type="checkbox"/>	IL: Elliot P. Schlang, D.D.S. P.C. dba Smile Illinois	<input checked="" type="checkbox"/> OH: Elliot P. Schlang DDS, Dental Outreach PLLC dba Ohio Dental Outreach
<input checked="" type="checkbox"/>	IN: Elliot P. Schlang DDS, Dental Outreach PLLC dba Indiana Dental Outreach	<input type="checkbox"/> PA: Big Smiles Pennsylvania P.C. dba Smile Pennsylvania
<input checked="" type="checkbox"/>	KS: Nevin K. Waters D.D.S., PA dba Big Smiles	<input checked="" type="checkbox"/> UT: Big Smiles Utah, P.C. dba Big Smiles
<input checked="" type="checkbox"/>	KY: Big Smiles Kentucky PSC dba Big Smiles	<input checked="" type="checkbox"/> VA: Big Smiles Virginia PC dba Smile Virginia
<input checked="" type="checkbox"/>	MA: Elliot P. Schlang DDS Big Smiles Massachusetts P.C. dba Smile Massachusetts	<input checked="" type="checkbox"/> WV: Elliot P. Schlang DDS, Inc. dba Smile West Virginia

I. POLICY:

ReachOut Healthcare America, LTD d/b/a Smile America Partners (“SAP”) and its affiliated Dental Professional Practices (“DPPs”) (hereinafter collectively referred to as “The Smile Way Group” or “the Organization”) will provide paid COVID-19 leave to eligible employees who have tested positive for COVID-19. The Smile Way Group offers this benefit to help ease the financial impact for employees during their COVID-19 isolation. This policy does not preempt existing state and local paid sick leave requirements.

II. ELIGIBILITY:

Employees who have tested positive for COVID-19 are eligible for paid COVID-19 Paid Leave regardless of their length of service with The Smile Way Group. Employees must provide medical documentation to substantiate the need for this leave. Official laboratory PCR or rapid test is required for COVID-19 Paid Leave (home tests are not acceptable).

III. COMPENSATION:

COVID-19 Paid Leave will be paid at an employee's regular rate of pay, subject to a limit of \$511 per day and \$2,555 in total.

IV. DURATION:

Employees are eligible to receive COVID-19 Paid Leave to cover missed work during their 5 day isolation in accordance to CDC guidelines. COVID-19 Paid Leave will begin Day 0, day symptoms started or date of test if asymptomatic, through Day 5 in accordance with CDC isolation guidelines. If additional time is needed, in accordance to CDC isolation guidelines, then this additional time will be unpaid. Employees that earn Sick or Paid Time Off may elect to use their available time for these days.

COVID-19 Paid Leave is determined with consideration to the following:

- Retrospective review of employee's average number of work hours in a previous 30 day working period.
- Review of employee's scheduled work assignments during requested COVID-19 leave duration. COVID-19 Paid Leave will only cover missed work days that the employee was scheduled and would have been able to work.

Depending on this assessment, an employee may be awarded up to a maximum of 40 hours to use in 2022 for missed work during their 5 day isolation period in accordance with CDC guidelines.

V. REQUESTING LEAVE:

Employees must submit the attached COVID-19 Paid Leave form with medical documentation to substantiate the need for this leave as soon as practicable.

Normal call-in procedures apply to all absences from work.

VI. RETALIATION:

The Smile Way Group will not retaliate against employees who request or take leave in accordance with this policy.

VII. RETURN TO WORK CRITERIA:

The Smile Way Group adheres to current guidance from CDC, ADA and/or state or local guidance for when employees can safely return to work. Employees are encouraged to visit cdc.gov for more information.

VIII. EXPIRATION:

This policy expires on December 31, 2022.

IX. MISCELLANEOUS:

As with all policies, benefits and programs, The Smile Way Group reserves the right to interpret and construe any ambiguities and apply the terms of this policy in its sole and absolute discretion, whether or not uniformly, and reserves the right to amend, modify or terminate this policy in its sole and absolute discretion at any time or from time to time.

EMPLOYEE REQUEST FORM FOR COVID-19 PAID LEAVE

Employees requesting COVID-19 Paid Leave must complete this form and provide laboratory documentation to substantiate the need for this leave to hrdept@mobiledentists.com or fax to 800-258-1883 as soon as practicable.

Employee Name: _____

Date of Request: _____ State: _____

Documentation:

_____ I have attached the positive test report for COVID-19 obtained through a CDC approved testing site/provider. Details must include name, lab, date, test result. **Home tests are not accepted for COVID-19 Paid Leave.**

Length of Leave:

Employees are instructed to only include dates that they would **normally have been scheduled** and unable to work during their 5 day isolation.

Dates Requesting COVID-19 Paid Leave: _____

Certification:

I certify that the above information is truthful and understand that misrepresenting my need for leave is grounds for discipline, up to and including termination. If signing electronically, please type your full name, followed by "e-signed."

Employee Signature: _____

If unable to sign electronically, type name here: _____

Operations Review:

Date: _____

Look back/look forward review performed by: _____

COVID-19 Paid Leave approved for the following dates: _____