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| Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div> This Form is Open to Public Inspection |
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| | |
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| Part I | Annual Report Identification Information |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> | |
| A | This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> a multiemployer plan </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div> </div> |
| B | This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report </div> <div> <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) </div> </div> |
| C | If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/> |
| D | Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> special extension (enter description) </div> <div> <input type="checkbox"/> automatic extension </div> <div> <input type="checkbox"/> the DFVC program </div> </div> |
| E | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/> |

| | | | |
|-----------|--|-----------|---|
| Part II | Basic Plan Information —enter all requested information | | |
| 1a | Name of plan <u>BIENVILLE ORTHOPAEDIC SPECIALISTS EMPLOYEE HEALTH BENEFIT PLAN TRUST</u> | 1b | Three-digit plan number (PN) ▶ <u>501</u> |
| | | 1c | Effective date of plan <u>05/01/2003</u> |
| 2a | Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BIENVILLE ORTHOPAEDIC SPECIALISTS, LLC</u> <u>6300 E LAKE BLVD</u> <u>VANCLEAVE, MS 39565-6770</u> | 2b | Employer Identification Number (EIN) <u>64-0922184</u> |
| | | 2c | Plan Sponsor's telephone number <u>228-230-4020</u> |
| | | 2d | Business code (see instructions) <u>621111</u> |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|--------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 09/28/2023 | MALLORIE FONDREN |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2022)
v. 220413

| | | |
|---|--|---|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | | 3b Administrator's EIN |
| | | 3c Administrator's telephone number |
| | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | | 4b EIN 4d PN |
| 5 Total number of participants at the beginning of the plan year | | 5 182 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). | | |
| a(1) Total number of active participants at the beginning of the plan year | | 6a(1) 182 |
| a(2) Total number of active participants at the end of the plan year | | 6a(2) 185 |
| b Retired or separated participants receiving benefits | | 6b |
| c Other retired or separated participants entitled to future benefits..... | | 6c |
| d Subtotal. Add lines 6a(2) , 6b , and 6c | | 6d 185 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | | 6e |
| f Total. Add lines 6d and 6e | | 6f 185 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | | 6g |
| h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | | 6h |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | | 7 |
| 8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: | | |
| b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A | | |
| 9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor | | 9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor |
| 10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions) | | |
| a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> 2 A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☒ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

| | | |
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| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 | |
| A Name of plan BIENVILLE ORTHOPAEDIC SPECIALISTS EMPLOYEE HEALTH BENEFIT PLAN TRUST | B Three-digit plan number (PN) ► 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BIENVILLE ORTHOPAEDIC SPECIALISTS, LLC | D Employer Identification Number (EIN) 64-0922184 |

| | | |
|--------|---|--|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---|--|

| |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

| |
|--|
| (a) Name of insurance carrier SIRIUSPOINT AMERICA INSURANCE COMPANY |
|--|

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 13-2997499 | 38776 | RSL106920 | 182 | 05/01/2021 | 05/01/2022 |

| |
|--|
| 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. |
|--|

| | |
|---|-------------------------------|
| (a) Total amount of commissions paid 57127 | (b) Total amount of fees paid |
|---|-------------------------------|

| |
|---|
| 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|---|

| |
|---|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid SELECT ADMINISTRATIVE SERVICES 2304 19TH STREET, SUITE 300 GULFPORT, MS 39501 |
|---|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 57127 | | | 5 |

| |
|--|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|--|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|----------|--|----------|--|
| 4 | Current value of plan's interest under this contract in the general account at year end..... | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end..... | 5 | |

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

| | | | |
|----------|--|-----------|--|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶ | 6d | |

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | |
|----------|--|--------------|--|
| b | Balance at the end of the previous year | 7b | |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | |
| | (2) Dividends and credits..... | 7c(2) | |
| | (3) Interest credited during the year..... | 7c(3) | |
| | (4) Transferred from separate account..... | 7c(4) | |
| | (5) Other (specify below) | 7c(5) | |
| | ▶ | | |
| | (6) Total additions..... | 7c(6) | |
| d | Total of balance and additions (add lines 7b and 7c(6)) | 7d | |
| e | Deductions: | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | |
| | (2) Administration charge made by carrier..... | 7e(2) | |
| | (3) Transferred to separate account..... | 7e(3) | |
| | (4) Other (specify below) | 7e(4) | |
| | ▶ | | |
| | (5) Total deductions..... | 7e(5) | |
| f | Balance at the end of the current year (subtract line 7e(5) from line 7d) | 7f | |

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☒ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|--|-----------------|-----------------|--|
| a Premiums: (1) Amount received | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve | 9a(3) | | |
| (4) Earned ((1) + (2) - (3)) | | 9a(4) | |
| b Benefit charges (1) Claims paid | 9b(1) | | |
| (2) Increase (decrease) in claim reserves | 9b(2) | | |
| (3) Incurred claims (add (1) and (2)) | | 9b(3) | |
| (4) Claims charged | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions | 9c(1)(A) | | |
| (B) Administrative service or other fees | 9c(1)(B) | | |
| (C) Other specific acquisition costs | 9c(1)(C) | | |
| (D) Other expenses | 9c(1)(D) | | |
| (E) Taxes | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies | 9c(1)(F) | | |
| (G) Other retention charges | 9c(1)(G) | | |
| (H) Total retention | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) | |
| (2) Claim reserves | | 9d(2) | |
| (3) Other reserves | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|--------|
| a Total premiums or subscription charges paid to carrier | 10a | 380846 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | 10b | |

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
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| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|--|--|--|

| | |
|--|--|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 | |
| A Name of plan BIENVILLE ORTHOPAEDIC SPECIALISTS EMPLOYEE HEALTH BENEFIT PLAN TRUST | B Three-digit plan number (PN) ► 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BIENVILLE ORTHOPAEDIC SPECIALISTS, LLC | D Employer Identification Number (EIN) 64-0922184 |

| | | |
|--------|---|--|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---|--|

| |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

| |
|--|
| (a) Name of insurance carrier SIRIUSPOINT AMERICA INSURANCE COMPANY |
|--|

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
| | | | | (f) From | (g) To |
| 13-2997499 | 38776 | RSL106921 | 187 | 05/01/2022 | 01/01/2023 |

| |
|--|
| 2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid. |
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| | |
|---|-------------------------------|
| (a) Total amount of commissions paid 40800 | (b) Total amount of fees paid |
|---|-------------------------------|

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|---|
| 3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|---|

| |
|--|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid SELECT ADMINISTRATIVE SERVICES 2304 19TH STREET SUITE 300 GULFPORT, MS 39501 |
|--|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| 40800 | | | 5 |

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|--|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|--|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end..... **4****5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)**
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d****e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier..... **7e(2)**
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below) **7e(4)**
▶(5) Total deductions..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☒ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

| | | | |
|--|-----------------|-----------------|--|
| a Premiums: (1) Amount received | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpaid | 9a(2) | | |
| (3) Increase (decrease) in unearned premium reserve | 9a(3) | | |
| (4) Earned ((1) + (2) - (3)) | | 9a(4) | |
| b Benefit charges (1) Claims paid | 9b(1) | | |
| (2) Increase (decrease) in claim reserves | 9b(2) | | |
| (3) Incurred claims (add (1) and (2)) | | 9b(3) | |
| (4) Claims charged | | 9b(4) | |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | |
| (A) Commissions | 9c(1)(A) | | |
| (B) Administrative service or other fees | 9c(1)(B) | | |
| (C) Other specific acquisition costs | 9c(1)(C) | | |
| (D) Other expenses | 9c(1)(D) | | |
| (E) Taxes | 9c(1)(E) | | |
| (F) Charges for risks or other contingencies | 9c(1)(F) | | |
| (G) Other retention charges | 9c(1)(G) | | |
| (H) Total retention | | 9c(1)(H) | |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) | |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) | |
| (2) Claim reserves | | 9d(2) | |
| (3) Other reserves | | 9d(3) | |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e | |

10 Nonexperience-rated contracts:

| | | |
|---|------------|--------|
| a Total premiums or subscription charges paid to carrier | 10a | 272000 |
| b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs. | 10b | |

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500. | OMB No. 1210-0110 2022 This Form is Open to Public Inspection |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> | | |
| A Name of plan <u>BIENVILLE ORTHOPAEDIC SPECIALISTS EMPLOYEE HEALTH BENEFIT PLAN TRUST</u> | B Three-digit plan number (PN) ► | <u>501</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>BIENVILLE ORTHOPAEDIC SPECIALISTS, LLC</u> | D Employer Identification Number (EIN) <u>64-0922184</u> | |

| Part I | Asset and Liability Statement | | |
|---|-------------------------------|-----------------------|-----------------|
| 1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. | | | |
| Assets | | (a) Beginning of Year | (b) End of Year |
| a Total noninterest-bearing cash..... | | 1a | 123305126341 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions..... | | 1b(1) | 14758051998 |
| (2) Participant contributions..... | | 1b(2) | 1194714759 |
| (3) Other..... | | 1b(3) | 31681489530 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit)..... | | 1c(1) | |
| (2) U.S. Government securities | | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | | 1c(3)(A) | |
| (B) All other | | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | | 1c(4)(A) | |
| (B) Common..... | | 1c(4)(B) | |
| (5) Partnership/joint venture interests | | 1c(5) | |
| (6) Real estate (other than employer real property) | | 1c(6) | |
| (7) Loans (other than to participants)..... | | 1c(7) | |
| (8) Participant loans..... | | 1c(8) | |
| (9) Value of interest in common/collective trusts..... | | 1c(9) | |
| (10) Value of interest in pooled separate accounts | | 1c(10) | |
| (11) Value of interest in master trust investment accounts..... | | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds)..... | | 1c(13) | |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | | 1c(14) | |
| (15) Other | | 1c(15) | |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities | 1d(1) | | |
| (2) Employer real property | 1d(2) | | |
| e Buildings and other property used in plan operation | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e) | 1f | 599646 | 282628 |

Liabilities

| | | | |
|---|-----------|---|---|
| g Benefit claims payable | 1g | | |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | | |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 0 | 0 |

Net Assets

| | | | |
|---|-----------|--------|--------|
| l Net assets (subtract line 1k from line 1f) | 1l | 599646 | 282628 |
|---|-----------|--------|--------|

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

| | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers | 2a(1)(A) | 1622209 | |
| (B) Participants | 2a(1)(B) | 330127 | |
| (C) Others (including rollovers) | 2a(1)(C) | | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 1952336 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| (B) U.S. Government securities | 2b(1)(B) | | |
| (C) Corporate debt instruments | 2b(1)(C) | | |
| (D) Loans (other than to participants) | 2b(1)(D) | | |
| (E) Participant loans | 2b(1)(E) | | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 0 |
| (2) Dividends: (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 0 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | 0 |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities..... | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 1952336 |
| Expenses | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1938402 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | 291093 | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 2229495 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 39859 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 39859 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 2269354 |
| Net Income and Reconciliation | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -317018 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MYERS & ASSOCIATES, PLLC

(2) EIN: 30-1220509

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

| | Yes | No | Amount |
|----|-----|----|--------|
| 4a | | X | |

| | Yes | No | Amount |
|--|-----|----|--------|
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | | |
| 4b | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | | |
| 4c | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | | |
| 4d | | X | |
| e Was this plan covered by a fidelity bond? | | | |
| 4e | | X | |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | | |
| 4f | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | | |
| 4g | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | | |
| 4h | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | | | |
| 4i | | X | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | | |
| 4j | | X | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | |
| 4k | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | | |
| 4l | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| 4m | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |
| 4n | | | |

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
| | | |
| | | |
| | | |
| | | |

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year.

**Bienville Orthopaedic Specialists
Health and Welfare Benefit Plan**

**Financial Statements
For the Years Ended December 31, 2022 and 2021**

**Bienville Orthopaedic Specialists
Health and Welfare Benefit Plan**

December 31, 2022 and 2021

Contents

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Independent Auditor's Report

To the Administrative Committee of
the Bienville Orthopaedic Specialists
Health and Welfare Benefit Plan

Opinion

I have audited the accompanying financial statements of Bienville Orthopaedic Specialists Health and Welfare Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022 and of changes in plan benefit obligations for the years then ended December 31, 2022 and 2021, and the related notes to the financial statements.

In my opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Bienville Orthopaedic Specialists Health and Welfare Benefit Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

I conducted my audits in accordance with auditing standards generally accepted in the United States of America. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am required to be independent of Bienville Orthopaedic Specialists Health and Welfare Benefit Plan and to meet my other ethical responsibilities, in accordance with the relevant ethical requirements relating to my audits. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Bienville Orthopaedic Specialists Health and Welfare Benefit Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, I:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Bienville Orthopaedic Specialists Health and Welfare Benefit Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in my judgment, there are conditions or events, considered in the aggregate that raise substantial doubt about Bienville Orthopaedic Specialists Health and

Welfare Benefit Plan's ability to continue as a going concern for a reasonable period of time.

I am required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Myer & Associates PLLC

Biloxi, MS
September 28, 2023

Bienville Orthopaedic Specialists Health and Welfare Benefit Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

| <u>Assets</u> | <u>2022</u> | <u>2021</u> |
|--------------------------------------|-------------------|-------------------|
| Receivables | | |
| Participants' contributions | \$ 14,759 | \$ 11,947 |
| Sponsor's contributions | 51,998 | 147,580 |
| Amounts due from insurance company | <u>89,530</u> | <u>316,814</u> |
| Total receivables | 156,287 | 476,341 |
| Cash | <u>126,341</u> | <u>123,305</u> |
| TOTAL ASSETS | <u>282,628</u> | <u>599,646</u> |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 282,628</u> | <u>\$ 599,646</u> |

The accompanying notes are an integral part of the financial statements.

Bienville Orthopaedic Specialists Health and Welfare Benefit Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2022

| | <u>2022</u> |
|--|--------------------------|
| <u>Additions</u> | |
| Contributions | |
| Sponsor | \$ 1,622,209 |
| Participants | <u>330,127</u> |
| Total contributions | 1,952,336 |
| TOTAL ADDITIONS | 1,952,336 |
| <u>Deductions</u> | |
| Benefits paid to participants | |
| Healthcare | 1,938,402 |
| Insurance companies' premiums and fees | <u>291,093</u> |
| Total benefits paid | 2,229,495 |
| Administrative expenses | <u>39,859</u> |
| TOTAL DEDUCTIONS | <u>2,269,354</u> |
| NET DECREASE DURING YEAR | (317,018) |
| Net assets available for benefits | |
| Beginning of year | <u>599,646</u> |
| End of year | <u><u>\$ 282,628</u></u> |

The accompanying notes are an integral part of the financial statements

Bienville Orthopaedic Specialists Health and Welfare Benefit Plan
Statements of Plan Benefit Obligations
December 31, 2022 and 2021

| | <u>2022</u> | <u>2021</u> |
|---|-------------------|-------------------|
| Amounts currently payable: | | |
| Claims payable and claims incurred but not reported | <u>\$ 282,628</u> | <u>\$ 599,646</u> |
| Plan's total benefit obligations | <u>\$ 282,628</u> | <u>\$ 599,646</u> |

The accompanying notes are an integral part of the financial statements.

Bienville Orthopaedic Specialists Health and Welfare Benefit Plan
Statement of Changes in Plan Benefit Obligations
Years Ended December 31, 2022 and 2021

| | <u>2022</u> | <u>2021</u> |
|---|--------------------|--------------------|
| Amounts currently payable to or for participants, beneficiaries, and dependents: | | |
| Balance at beginning of year | \$ 599,646 | \$ 214,591 |
| Claims reported and approved for payment and estimate of claims incurred but not yet reported | 1,621,384 | 1,416,766 |
| Claims paid | <u>(1,938,402)</u> | <u>(1,031,711)</u> |
| Plan's total benefit obligations at end of year | <u>\$ 282,628</u> | <u>\$ 599,646</u> |

The accompanying notes are an integral part of the financial statements.

Bienville Orthopaedic Specialists Health and Welfare Benefit Plan
Notes to Financial Statements

NOTE 1: DESCRIPTION OF PLAN

The following description of Bienville Orthopaedic Specialists Health and Welfare Benefit Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General. The Plan is a single-employer defined benefit healthcare plan established and administered by Bienville Orthopaedic Specialists (the Sponsor) to provide health and prescription drug benefits to eligible employees of Bienville Orthopaedic Specialists, LLC and their dependents. It is subject to the provisions of ERISA, as amended.

The Plan purchases individual stop-loss protection for claims exceeding \$80,000 for the year ending December 31, 2022 and \$80,000 for the year ending December 31, 2021.

Benefits. The Plan provides healthcare and prescription drug benefits to full-time employees of the Sponsor (with at least 30 hours of work a week, on the regular payroll of the Company, and in a class of employees eligible for coverage) and to their covered dependents.

All benefits are payable when the Plan Administrator receives written proof of loss. Benefits will be payable to the covered participant, unless otherwise assigned.

Healthcare and prescription claims of active participants and their dependents are processed by Select Administrative Services, but the responsibility for payments to participants and providers is retained by the Plan.

Contributions. The Company and employees both contribute to the Plan. Each year, the Company evaluates all costs and adjusts the cost of coverage during the next annual enrollment. The Plan document provides that the participating employees contribute through pre-tax payroll deductions from each pay period. Assets of the Plan are used for the exclusive purpose of providing benefits to Plan participants and their beneficiaries. Any premium contributions will remain part of the general assets of the Company and benefits will be paid solely from those general assets.

Employees may contribute specified amounts to extend coverage to eligible dependents.

Other. Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to modify the benefits provided to active employees. The Company enrolled Plan participants into United States Orthopedic Partners Plan on January 1, 2023. The Plan continues to pay claims incurred through December 31, 2022. The Company has the sole right to amend, modify, suspend, or terminate all or part of the Plan at any time subject to the provisions set forth in ERISA.

The Company may also change the level of benefits provided under the Plan at any time. If a change is made, benefits for claims incurred after the date the change takes effect will be paid according to the revised Plan provisions. In other words, once a change is made, there are no rights to benefits based on earlier Plan provisions.

Bienville Orthopaedic Specialists Health and Welfare Benefit Plan
Notes to Financial Statements

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

A. Basis of Accounting. The financial statements of the Plan are prepared under the accrual basis of accounting. Plan member contributions are recognized in the period in which the contributions are due. Employer contributions are recognized when due, and the employer has made a formal commitment to provide the contributions. Benefits and refunds are recognized when due and payable, in accordance with the terms of the Plan.

B. Use of Estimates. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, IBNR, claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

C. Participating Employer's Contributions. Employer's contributions receivable represents accrued contributions from the employer and withheld from employees for the current year that were received after the end of the year. The amounts are deemed collectible.

D. Cash and Cash Equivalents. For purposes of presentation of the statements of benefit obligations, cash and cash equivalents includes a checking account. The Plan deposits its cash in a major financial institution, which is insured by the Federal Deposit Insurance Corporation (FDIC) up to certain amounts. At certain times during the year, cash balances may exceed the insured amounts. The Plan has not experienced any losses in such accounts. The Plan believes it is not exposed to any significant credit risk on cash and cash equivalents.

E. Benefit Obligations. Benefit obligations consist of health claims payable, as well as claims incurred but not reported (IBNR) at year end. IBNR was calculated from a claims lag review and review of subsequent year billings. Claims lag measures the payment processing period to identify significant conditions which exist as of December 31, 2022 that will be covered by the Plan, that are ongoing and are expected to continue into the future. There are no post-retirement benefit obligations associated with this Plan.

F. Party-In-Interest Administrative Expenses. Certain administrative expenses of maintaining the Plan are paid directly by the Employer and are excluded from these financial statements.

G. Subsequent Events. The Plan has evaluated subsequent events through September 28, 2023, the date the financial statements were available to be issued.

NOTE 3: REINSURANCE AND THIRD PARTY LIABILITY

During the years ended December 31, 2022 and 2021, the Plan received reimbursement in the amount of \$272,800 and \$330,627, respectively, from Sirius America Insurance Company for costs incurred in excess of a stated deductible per member per contract year. These revenues are reported as offsets to healthcare expenditures.

Bienville Orthopaedic Specialists Health and Welfare Benefit Plan
Notes to Financial Statements

NOTE 4: RISKS AND UNCERTAINTIES

The benefit obligations reported are based on certain assumptions pertaining to claims lag rates, which is subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimations and assumptions in the near term would be material to the financial statements.

NOTE 5: TAX STATUS

The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6: RELATED-PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

During the year ended December 31, 2022, the Plan used the services of Bienville Orthopaedic Specialists, LLC (the Sponsor) to provide medical services to the Plan's participants. Total claims paid to the Sponsor were \$88,819 and \$77,657 for the years ended December 31, 2022 and 2021, respectively.

Bienville Orthopaedic Specialists, LLC is the Plan Sponsor and the Plan Administrator for this Plan. The Plan Administrator has contracted with Select Administrator Services to administer benefits and pay claims. The Plan Administrator has also contracted with Select Administrator Services to handle certain day-to-day administrative functions such as utilization review, provider contracting and prescription benefit management for the Plan. Administrative fees paid Select Administrative Services were \$39,823 and \$50,229 for the years ended December 31, 2021 and 2020, respectively.

Bienville Orthopaedic Specialists, LLC provides to the Plan certain accounting and administrative services for which no fees are charged. This party-in-interest transaction is exempt from the prohibited transactions rules of ERISA. Auditing fees paid by the Company on behalf of the Plan were \$18,000 and \$17,500 for the years ended December 31, 2022 and 2021 respectively.

Bienville Orthopaedic Specialists Health and Welfare Benefit Plan
Notes to Financial Statements

NOTE 7: SUBSEQUENT EVENTS

On August 12, 2022 Bienville Orthopaedic Specialists, LLC was acquired by United States Orthopedic Partners. The Bienville Orthopaedic Specialists Health and Welfare Plan participants were enrolled in the United States Orthopedic Partners plan on January 1, 2023. Claims for Bienville Orthopaedic Specialists Health and Welfare Benefit Plan incurred prior to January 1, 2023 will continue to be processed by Select Administrative Services.