

Teton Orthopaedics Data Settlement
c/o Settlement Administrator
PO Box 2007
Chanhassen, MN 55317-2007

THIS NOTICE IS ONLY A SUMMARY.
FOR MORE INFORMATION VISIT
WWW.TETONORTHODATASETTLEMENT.COM.

The Court will hold a hearing in this case on April 16, 2026 at 9:00 a.m., to consider whether to approve the Settlement. The Court will also consider Class Counsel's request for attorneys' fees and costs of up to \$125,000, and \$2,500.00 for each Plaintiff. You may attend the hearing at your own cost, but you do not have to.

WHEN WILL THE COURT APPROVE THE SETTLEMENT?
The Court has appointed Britany Resch of Strauss Borrelli PLLC and John Nelson of Milberg Coleman Bryson Phillips Grossman, PLLC to represent the Settlement Class ("Class Counsel").

WHO REPRESENTS ME?
A conditionally certified class action. You will be bound by the Court's decisions because this is for the objection. Please visit the Settlement Website at www.TetonOrthoDataSettlement.com for more details.

DO NOTHING. If you do not receive Settlement benefits and will lose the right to sue regarding any issues relating to this action. You will be bound by the Court's decisions because this is for the objection. Please visit the Settlement Website at www.TetonOrthoDataSettlement.com for more details.

OBJECT. If you do not exclude yourself, you have the right to object to the settlement. Written objections must be signed, postmarked no later than **FEBRUARY 16, 2026**, and provide the reasons for the objection. Please visit the Settlement Website at www.TetonOrthoDataSettlement.com for more details.

OBJECTION. If you do not exclude yourself, you have the right to object to the settlement. Written objections must be signed, postmarked no later than **FEBRUARY 16, 2026**, and provide the reasons for the objection. Please visit the Settlement Website at www.TetonOrthoDataSettlement.com for more details.

Opt Out. You may exclude yourself from the settlement and retain your ability to sue Defendant on your own by mailing a written request for exclusion to the Settlement Administrator that is postmarked no

later than **MARCH 18, 2026**. Claims will be subject to a verification process. postmarked or submitted online no later than **MARCH 18, 2026**. You must timely submit a Claim Form, available online at www.TetonOrthoDataSettlement.com. Your Claim Form must be submitted to a verification process.

WHAT ARE YOUR RIGHTS AND OPTIONS?
To receive Settlement benefit(s), you must timely submit a Claim Form, available online at www.TetonOrthoDataSettlement.com. Your Claim Form must be submitted to a verification process. postmarked or submitted online no later than **MARCH 18, 2026**. You may exclude yourself from the settlement and retain your ability to sue Defendant on your own by mailing a written request for exclusion to the Settlement Administrator that is postmarked no later than **MARCH 18, 2026**. Claims will be subject to a verification process.

WHAT ARE THE SETTLEMENT BENEFITS?
Under the Settlement, Defendant has agreed to pay Valid Claims. As the following: (i) three (3) years of one-bureau Credit Monitoring Services with at least \$1,000,000 in identify theft insurance; (ii) up to \$10,000 for reimbursement in documented, unreimbursed losses arising out of or related to identify theft ("Extraordinary Losses"); (iii) up to \$5,000 for reimbursement for documented out-of-pocket expenses resulting from the Data Incident ("Ordinary Losses"); (iv) up to 4 hours of lost time at \$40 per hour for time spent in response to the Data Breach ("Lost Time"); **OR** (v) an Alternative Cash Payment of \$100.00 in lieu of all other Settlement Benefits. More information about the types of claims and how to file them is available at www.TetonOrthoDataSettlement.com.

WHO IS A SETTLEMENT CLASS MEMBER?
You have been identified as a Settlement Class Member in the lawsuit *Richard Clyde and Anthony Hernandez v. Orthopaedics of Jackson Hole, P.C. dba Teton Orthopaedics*, Case No. 2025-cv-19233 (Teton County) because you reside in the United States and your personally identifiable information ("PII") and private health information ("PHI") was compromised in the Data Breach discovered by Teton Orthopaedics in March 2024.

Teton Orthopaedics Data Settlement

Complete this Claim Form, tear at the perforation, and return by U.S. Mail no later than MARCH 18, 2026.

NAME: _____

ADDRESS: _____

CREDIT MONITORING SERVICES

☐ Check this box if you would like to claim free Credit Monitoring Services.

CASH BENEFITS

- ☐ Check this box if you would like to claim reimbursement for Ordinary Losses in the amount of \$_____. Supporting documentation is REQUIRED.
- ☐ Check this box if you would like to claim reimbursement for Extraordinary Losses in the amount of \$_____. Supporting documentation is REQUIRED.
- ☐ Check this box if you would like to claim reimbursement for Lost Time spent responding to the Data Security Incident.
- How many hours are you claiming? ☐ 1 hour (\$40) ☐ 2 hours (\$80) ☐ 3 hours (\$120) ☐ 4 hours (\$160)
- ☐ I swear and affirm that I spent the amount of time noted in response to the Data Breach.

ALTERNATIVE CASH PAYMENT

- ☐ Check this box if you wish to receive a cash payment of \$100.
- You are not entitled to this Alternative Cash Payment if you have checked any of the above Settlement Benefits.

I declare under penalty of perjury under the laws of the United States and any applicable state or jurisdiction that the information provided in this Claim Form, and any supporting documentation submitted, is true and correct to the best of my knowledge. I understand that my claim is subject to verification and that I may be asked to provide supplemental information by the Settlement Administrator before my claim can be deemed complete and valid.

Signature (REQUIRED): _____

Postal Service: Please Do Not Mark Barcode

www.TetonOrthopaedicsSettlement.com

class action settlement.

compensation under a

for monetary

to submit a claim

You may be entitled

SETTLEMENT

NOTICE OF CLASS ACTION

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