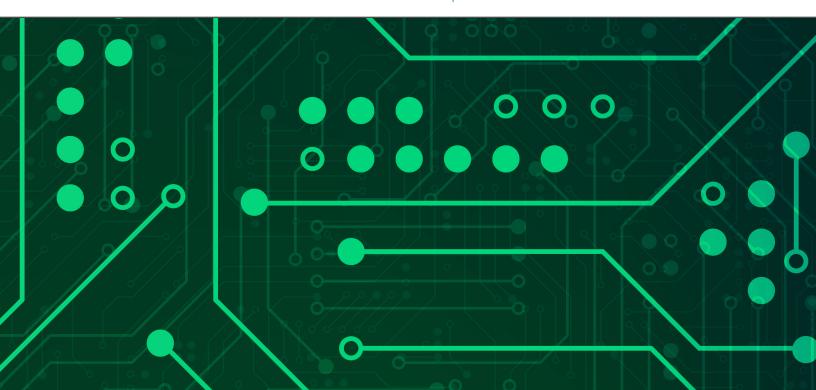


GreenCircuits Precision Driven Performance

2024 Benefits Guide



GREEN CIRCUITS EMPLOYEE BENEFITS - 2024



Employee Benefits Overview / Eligibility Requirements

Green Circuits is committed to providing exceptional benefits to our employees. Keeping in mind the unique and diverse needs of our employees, we have put together a benefits program that will help protect the personal and financial well being of you and your family.

Upon joining Green Circuits your benefits begin the first of the month following your date of hire. The plan and dependent elections that you make when you are hired or during annual open enrollment are effective for the entire calendar year unless you experience a qualifying event (marriage, birth, adoption, or loss of coverage).

Green Circuits holds an annual Open Enrollment for a January 1st effective date. During that time, you can make changes to your benefit plan elections such as adding or deleting your spouse, dependents and/or changing health plans.

If you experience a Qualifying Event after open enrollment, you must notify Human Resources within 30 days, otherwise you will be required to wait until the next Open Enrollment to make any changes to your benefit plan elections.

Eligible Dependents

Your eligible dependents include:

- Your spouse or registered domestic partner
- Your child(ren) up to age 26 regardless of student or marital status
- Your handicapped child(ren) regardless of age if incapable of self-sustaining employment, and if the handicap began before the limiting age

How To Enroll in Benefits

New hires will receive an email following orientation with a link to the EASE enrollment system. Login instructions will be included in the email.

Please Note: Regardless if you are electing benefits or if you declining benefits you MUST log into the website and complete the process.

For more information about the plans offered visit the employee benefits website (link below) to review plan designs, required notices, evidence of coverage, documents and much more.

https://mybenefits.cc/greencircuits

Contact Human Resources if you have questions or unresolved issues after contacting member services at one of our insurance providers. For additional questions please contact:

| Araceli Cosio | lvette Guzman |
|---------------------|----------------------|
| acosio@acrisure.com | iguzman@acrisure.com |
| 408-350-8419 | 408-350-5788 |

Employee Contributions

| Bi-Weekly Payroll Deductions | | | |
|---------------------------------|-------------------|------------|------------|
| | Medical | | |
| | Kaiser HMO | Anthem HMO | Anthem PPO |
| Employee Only | \$0 \$0 | | \$O |
| Employee + Spouse | \$250.39 | \$215.50 | \$219.86 |
| Employee +Child(ren) | \$166.93 | \$143.67 | \$146.58 |
| Family | \$438.19 \$377.12 | | \$384.75 |
| | Dental | | Vision |
| Employee Only | \$0 | | \$O |
| Employee + 1 Dependent | \$10.00 | | \$1.39 |
| Employee + 2 or More Dependents | \$25.44 | | \$3.69 |

Opt-Out Incentive

Employees that waive medical insurance through Green Circuits are eligible for a \$200 per paycheck opt out incentive. Proof of other medical coverage is required. These payments are taxable. See HR for more details.

Medical Plan Options (CA Only)

Kaiser HMO - Kaiser offers a wide range of care and support to help you stay healthy. There are no deductibles to keep track of and virtually no paperwork to worry about. As a Kaiser member, you can receive services at any Kaiser facility, simply present your ID card.

Anthem HMO - Anthem HMO members receive comprehensive benefits from an integrated network of participating doctors and hospitals. members must choose a Primary Care Physician (PCP) who oversees their total health care.

Note: The plan details below represent In-Network costs to you. Out-of-Network services are not covered by the plan, except for emergency services.

| | Kaiser HMO In-Network | Anthem Blue Cross HMO In-Network |
|----------------------------------|-------------------------------------|--|
| Deductible | None | \$250 Individual / \$500 Family |
| Out of Pocket Maximum | \$4,000 Individual / \$8,000 Family | \$3,500 Individual / \$7,000 Family |
| Office Visit | \$40 copay | \$20 copay |
| Specialist Visit | \$50 copay | \$40 copay |
| Preventive Care | No charge | No charge |
| Diagnostic Lab, X-Ray | \$15 copay | 10% coinsurance at Outpatient Hospital No charge at Freestanding Facility |
| Complex Radiology (CT, MRI, PET) | 30% up to \$150 copay | \$100 copay, deductible waived |
| Inpatient Hospital | 30% coinsurance | 10% after deductible |
| Outpatient Surgery | 30% coinsurance | 10% after deductible |
| Urgent Care | \$40 copay | \$20 copay, deductible waived |
| Emergency Room | 30% coinsurance | \$200 copay + 10% after deductible |
| Rx Tier 1 | \$15 copay | \$5 / \$20 copay |
| Rx Tier 2 | \$40 copay | \$50 copay |
| Rx Tier 3 | \$40 copay | \$75 copay |

Medical Plan Options (All States)

Anthem PPO - The Anthem PPO plan provides a nationwide network of providers and is available to employees in all states. If you elect the PPO plan, you will be eligible to open an HSA bank account where you can set aside pre-tax dollars to help pay for eligible expenses. Additionally, Green Circuits will provide a contribution into your HSA bank account (see next page for details).

| | Anthem Blue Cross | | |
|---|-----------------------------|-------------------------------------|--|
| | PPO | | |
| | In-Network | Out-of-Network* | |
| Individual Deductible | \$2,000 | \$6,000 | |
| Individual on Family Coverage Deductible | \$3,200 | \$6,000 | |
| Family Coverage Deductible | \$5,000 | \$12,000 | |
| Individual Out of Pocket Maximum | \$4,000 | \$12,000 | |
| Family Out of Pocket Maximum | \$8,000 | \$24,000 | |
| Office Visit | 20% after deductible | 40% after deductible | |
| Specialist Visit | 20% after deductible | 40% after deductible | |
| Preventive Care | No charge | 40% after deductible | |
| Diagnostic Lab, X-Ray | 20% after deductible | 40% after deductible | |
| Complex Radiology (CT, MRI, PET) | 20% after deductible | 40% after deductible | |
| Inpatient Hospital | 20% after deductible | 40% after deductible | |
| Outpatient Surgery | 20% after deductible | 40% after deductible | |
| Urgent Care | 20% after deductible | 40% after deductible | |
| Emergency | 20% after deductible | | |
| Rx Tier 1a / 1b | \$5 / \$15 after deductible | | |
| Rx Tier 2 | \$40 after deductible | 40% up to \$250 after deductible | |
| Rx Tier 3 | \$60 after deductible | | |

*Out-of-Network benefits are paid at the Maximum Allowed Amount, see Certificate of Coverage for details

Green Circuits Annual HSA Contribution

Green Circuits contribution amounts are pro-rated for new hires and funded monthly.

| COMPANY CONTRIBUTION TO YOUR HEALTH SAVINGS ACCOUNT (HSA) | | | | |
|---|-------|-------------------|-------|-------|
| Employee Only Employee + Spouse Employee + Child(ren) Emplo | | Employee + Family | | |
| Anthem HSA | \$400 | \$600 | \$500 | \$700 |

In addition to Green Circuits contribution, you can also contribute pre-tax dollars into your HSA up to the IRS maximum. **\$4,150 for employee only coverage or \$8,300 for family coverage.**

Note: the amount you can contribute is the IRS maximum minus any employer contribution.

Dental Insurance

Dental coverage is provided by Cigna Dental for you and your eligible dependents. The dental PPO plan gives you complete freedom to see any dentist but members will receive the greatest discount when staying in-network. When searching for providers, select the *Total Cigna DPPO* network. There is no waiting period for dental services.

| Dental | In Network | Out of Network* |
|--|---|-----------------|
| Preventive Care (exams, cleanings, x-rays) | 100% | 50% |
| Basic Care (basic fillings, extractions, repairs, complex oral surgery) | 80% | 50% |
| Major Care (crowns, inlays and on-lays, bridges and dentures) | 50% | 50% |
| Implants | 50% | 50% |
| Orthodontia (Adult and Child) | 50% up to \$2,000 lifetime maximum per person | |
| Deductible | \$25 Individual / \$75 Family | |
| Annual Maximum Benefit | \$2,000 per insured person | |

*Out-of-Network benefits are paid at the 90th percentile.

Vision

Vision insurance coverage is provided by VSP utilizing the *VSP Signature Network*, with over 36,000 preferred provider access points nationwide. Preferred providers offer the best value with exclusive discounts and convenient one-stop shopping which includes exams and a great selection of eyewear.

| VSP Signature Network | In-Network | | |
|---|--|--|--|
| Wellvision Exam (every calendar year) | \$25 copay | | |
| Prescription Glasses Copay | Combined with Exam | | |
| Lens Replacement (every calendar year) | | | |
| Single Vision | 100% after copay | | |
| Bifocal | 100% after copay | | |
| Trifocal | 100% after copay | | |
| Frame Replacement (every other calendar year) | Private practice, Walmart/Sam's Club: \$130 allowance + 20% discount on amount over allowance Costco: \$70 allowance | | |
| Contact Lenses (instead of glasses, every calendar year) | \$130 allowance | | |

Contact Member Services for out-of-network plan details.

Basic Life and AD&D Insurance

Basic Group Life and Accidental Death and Dismemberment (AD&D) coverage is provided through Anthem Blue Cross. The benefit is 1x your base annual earnings.

Green Circuits pays 100% of the cost of this benefit and you will be automatically enrolled.

Flexible Spending Accounts (FSA)

Administered by Discovery Benefits, Flexible Spending Accounts provide you the opportunity to pay for out-of-pocket expenses with pre-tax dollars.

| Account Type | |
|--------------------|---|
| Healthcare FSA | This account is used to reimburse for out-of-pocket healthcare expenses such as office visit copays, dental and vision expenses. The maximum you can contribute to this account is \$3,200 per year. The carryover limit is \$640 |
| Dependent Care FSA | This account is used to reimburse expenses related to the care of eligible dependents while you and your spouse work. The maximum you can contribute to this account is \$5,000 per year or \$2,500 if married and filing separately. |

Carrier Contacts

| Carrier | Group Number | Phone Number | Website |
|------------------------|--------------|--------------|-------------------|
| Anthem Medical HMO | 278337 | 800-888-8288 | www.anthem.com/ca |
| Anthem Medical PPO | 278337 | 844-860-3535 | www.anthem.com/ca |
| Kaiser Medical HMO | 606568 | 800-464-4000 | www.kp.org |
| Cigna Dental | 3345480 | 800-244-6224 | www.cigna.com |
| VSP Vision | 30094417 | 800-877-7195 | www.vsp.com |
| Discovery Benefits FSA | 32895 | 877-765-8810 | www.wexinc.com |
| Anthem Life and AD&D | 278337 | 800-552-2137 | www.anthem.com/ca |



This summary is not intended to provide a complete plan description. If there is an actual or apparent conflict between this benefit summary or the Evidence of Coverage (EOC) booklet and the official plan documents, the provisions of the EOC prevail.

IMPORTANT: All official documents relating to your Employee Benefits Program, including the Summary Plan Descriptions, HIPAA Privacy Notice, Initial COBRA Notice, Medicare Part D Notice and any other relevant Plan Documents or Notices, are available electronically through your employee benefits website. You may also receive a paper copy of any of the documents by contacting HR.