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BENEFITS 2024

MONOLITHIC POWER SYSTEMS

Welcome to Monolithic Power Systems Benefits!

At MPS we take pride in offering a comprehensive and competitive benefits program. Our benefits include medical, dental, vision, life and disability insurance as well as a Paid Time Off program, Employee Stock Purchase Program (ESPP) and 401(k).

Upon joining MPS, most of your benefits are effective on the date of hire. The plan and dependent elections that you make when you are hired or during open enrollment are effective for the entire calendar year. During open enrollment you may add, change or waive benefits for you and / or your eligible dependents. You cannot make changes mid-year unless you experience a qualifying event (marriage, birth, adoption, loss of coverage).

Who is Eligible?

Employees working 30 or more hours per week are eligible to enroll themselves and their family members for most of the benefits described in this booklet. The following dependents may be eligible for coverage.

- Spouse or qualified domestic partners.
- Your dependent child(ren), including children of qualified domestic partners, up to the age 26, regardless of student or non-student status.
- Your handicapped child(ren), regardless of age, if incapable of self-sustaining employment, and if the handicap began before the limiting age.

If there is a qualifying event, you and your dependents can make changes mid-plan year.

When to Enroll

Initially, all new hires and newly eligible employees must enroll during their specified eligibility period.

If you do not enroll during your initial eligibility period, you will have to wait until the next open enrollment (OE) period to participate in MPS benefits.

- If you are a “new hire,” or “newly eligible” to enroll in benefits, you must enroll within the designated period outlined by Human Resources.
- You will receive an email with a link and log-on instructions for the ADP portal, a web based self-service system. You can click on the links within the ADP portal to review plan information.

**Careful!
You can only
make changes
after Open Enrollment if you have
a qualifying
event.**

How to Make Changes

Outside of the OE period you cannot make changes to your benefits during the year unless you have a qualifying event occur.

Qualifying events include:

Marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse or dependent, employment transfers, or a change in a spouse's or domestic partner's benefits or employment status which result in loss of coverage.

You must notify Human Resources to make any changes within 30 days of a qualifying event occurrence.

Medical Insurance

The following chart shows the most common medical costs. Please refer to the benefit summaries, Summary of Benefits & Coverage (SBC), and Evidence of Coverage (EOC) for a complete listing of services covered and patient responsibility.

NOTE: Plan deductibles and Out-of-Pocket maximums run on a calendar year cycle, so please take that into consideration when making your selection.



	Anthem		Kaiser	
	PPO (Nationwide)		HMO (CA only)	HMO (CA only)
	In Network	Out-of-Network	In Network Only	In Network Only
Deductible (calendar yr.)				
Individual	\$250	\$750	\$0	\$0
Family	\$750	\$2,250	\$0	\$0
Preventive Care	No charge	Not covered	No charge	No charge
Physician Visit	\$20 / \$40	30% after ded	\$20	\$20
Diagnostic Lab & X-ray	10% after ded	30% after ded	No charge	No charge
Complex Imaging	10% after ded	30% after ded	\$100	No charge
Inpatient Hospital	10% after ded	30% after ded	No charge	No charge
Outpatient Surgery	10% after ded	30% after ded	No charge	\$20 per procedure
Emergency Room	\$150 copay (waived if admitted) + 10% after ded		\$100 copay (waived if admitted)	\$100 per visit
Rx Deductible	None	None	None	None
Rx Tier 1 (Generic)	\$5 / \$15	50% (max \$250)	\$5 / \$15	\$10
Rx Tier 2 (Preferred Brand)	\$30	50% (max \$250)	\$30	\$20
Rx Tier 3 (Non-preferred Brand)	\$50	50% (max \$250)	\$50	NA
Rx Tier 4 (Specialty)	30% (max \$250)	50% (max \$250)	30% (max \$250)	20% (max \$250)
Out-of-Pocket Max				
Individual	\$2,500	\$7,500	\$1,500	\$1,500
Family	\$5,000	\$15,000	\$3,000	\$3,000

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Dental coverage is provided for you and your family members through Anthem. You may seek services from a dentist of your choice. However, the out-of-pocket costs will be much lower if you utilize the in-network providers. Charges from out-of-network dentists are subject to Usual, Customary and Reasonable (UCR) limits. Please see the plan summary on the MPS intranet benefits website for all covered services.

Plan Highlights	In Network	Out of Network
Annual Maximum	\$2,000 annual benefit per individual	
Deductible	Applies to basic and major services only - \$25 individual; \$75 Family	
Preventive Services: Exams, Cleanings, X-rays	100%	100%
Basic Services: Fillings, simple extractions	90%	80%
Major Services: Crowns, Bridges, Dentures	60%	50%
Orthodontia Services	Child Only - Covered up to \$2,000 / lifetime maximum	



Vision coverage is provided for you and your family members through the VSP network. If you utilize the services of a provider listed in the provider directory, you will maximize the benefit allowances shown below.

Plan Highlights	In-Network
Office Visit	\$10 Copay
Prescription Glasses Copay	\$25 Copay
Examination (1x every 12 months)	100% after Copay
Lens Replacement (1x every 12 months)	
<i>Single Vision</i>	100% after \$25 copay
<i>Bifocal</i>	100% after \$25 copay
<i>Trifocal</i>	100% after \$25 copay
Frame Replacement (1x every 24 months)	\$130 allowance, then 20% off any remaining balance
Contact Lenses (in lieu of glasses, 1x every 12 months)	\$130 Allowance

Opt-Out Credit

If you choose not to enroll in medical, dental and vision plans, you will receive an annual opt-out credit of \$2,200 (\$84.62 per bi-weekly payroll). You need to provide HR with proof of other insurance to be eligible for the opt-out benefit.

Life, AD&D and Disability Insurance



Monolithic Power Systems provides eligible employees group term life, accidental death and dismemberment (AD&D), short term disability and long term disability through Mutual of Omaha, and pays 100% of the cost of this benefit.

- You may update your beneficiary information for this plan at any time.
- Coverage reduces at age 70 and above and terminates at retirement.

Coverage	Benefit Features
Life and AD&D	2 x salary with a maximum of \$750k per employee
Short Term Disability	60% of pre-tax salary up to \$3,000 per week. 15 day elimination period
Long Term Disability	60% of pre-tax salary up to \$8,000 per month. 90 day elimination period

Employee Assistance Program



Mutual of Omaha also offers MPS employees Travel Assistance through AXA Assistance USA. It covers employees and their immediate family members when traveling more than 100 miles from home for business or leisure. Just a sampling of the services includes: assistance with lost luggage, local legal resources, emergency medical & transportation and lost documents.

The Basic Enhanced Employee Assistance Program provides three face-to-face sessions with a counselor for the employee and their immediate dependents.

Voluntary Life Insurance



Employees may purchase life insurance for themselves or dependents. Employee insurance can range from \$10,000 - \$300,000, not exceeding 5 x earnings. It is issued in \$10,000 increments with guaranteed issue up to \$100,000. Optional spouse insurance can range from \$5,000 - \$150,000, and is issued in \$5,000 increments, not to exceed 50% of the employee's voluntary policy. You may purchase equal policies for your children from \$2,000 - 10,000, not to exceed 50% of your voluntary policy amount.

Long-Term Care Rider



MPS will be offering a voluntary **GROUP UNIVERSAL LIFE plan with LONG TERM CARE** through **Allstate**.

You are allowed up to \$40,000, \$50,000 or \$75,000 Guaranteed Issue. That means there is no health Underwriting as long as you enroll when you are first eligible.

Allstate will advance 4% of the death benefit each month to help pay for the long term-care expenses. Example: \$75,000 death benefit = \$3000 monthly benefit for up to 25 months for a total of \$75,000.

Rates will be based on age, tobacco use, and amount of coverage elected.

Please note that MPS will cover 50% of the premium cost if you elect \$40k. Anything more than that or enrolling your spouse will be your responsibility.

Voluntary Critical Illness



This plan provides a lump sum benefit for those diagnosed with various critical illnesses such as heart attack, stroke, major organ transplant, etc. For a full list of covered critical illnesses, please see the plan summary on the MPS intranet benefits website.

Voluntary Accident Insurance



This plan helps to offset the unexpected medical expenses, such as emergency room fees, deductibles and copayments, that can result from a fracture, dislocation, or other covered accidental injury. Please see the plan summary on the MPS intranet website for all covered services.

Employee Benefits Deductions

Plan	Bi-Weekly Deductions Rates			
	Employee Only	Employee/ Spouse/DP	Employee / Child(ren)	Employee/ Family
Anthem PPO (nationwide)	\$60.43	\$132.77	\$108.63	\$187.08
Anthem HMO HRA (CA only)	\$59.42	\$130.73	\$106.96	\$184.21
Kaiser HMO (CA only)	\$61.34	\$134.94	\$122.67	\$184.01
Anthem Dental	\$4.74	\$9.10	\$9.52	\$15.06
Mutual of Omaha Life, STD/LTD	MPS pays 100% of premium			
Chartis Business Travel Accident	MPS pays 100% of premium			
Mutual of Omaha Voluntary Life	Please refer to supplemental life rates based on your age (Voluntary Life premium is paid by employees)			
	Employee Only	Employee/ Spouse/DP	Employee / Child(ren)	Employee/ Family
VSP Vision	\$0.48	\$0.75	\$0.75	\$1.18

Voluntary Accident Premium Rates

Coverage Tier	Premium Amount
Employee/Member	\$7.57 (\$0.54 per day)
Employee/Member + Spouse	\$11.70 (\$0.83 per day)
Employee/Member + Child(ren)	\$14.36 (\$1.02 per day)
Employee/Member + Family	\$19.52 (\$1.39 per day)

Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy

Business Travel Accident



MPS offers a Business Travel Accident benefit through Chartis. With it you can take advantage of worldwide travel assistance, security assistance, VIP concierge services, travel medical assistance, and identity theft support.

Pre-tax Health Care, Dependent Care, & Commuter Expenses



Monolithic Power Systems provides you the opportunity to pay for out-of-pocket transit, parking, medical and dependent care expenses with pre-tax dollars through the Flexible Spending Account (FSA). Highlights of Flexible Spending Accounts:

- Health Care Spending Account: You can put aside up to \$3,200 tax free per year for eligible out-of-pocket health care expenses (co-pays, coinsurance, prescriptions, doctor visits, vision care and dental care).
- Dependent Care Spending Account: You can put aside up to \$5,000 tax free per year (\$2,500 if married and filing separately) for eligible dependent care expenses.
- Commuter benefits: You can put aside up to \$315/month for eligible work transit and up to \$315/month for eligible work parking expenses.

Savings

You can save approximately 25% of each dollar spent on eligible Dependent Care, Health Care and Public Transit and Parking when you participate in a FSA because the funds are pre-tax, before deductions for federal income tax, Social Security taxes, and state and local income taxes.

Important

It is best to contribute the amount of money you expect to pay for out-of-pocket eligible expenses for the FSA plan year, January 1 - December 31.

Dependent Care: If you do not use the money you contributed, it will not be refunded to you (use-it-or-lose-it rule).

Medical FSA: On December 31 a maximum of \$610 will roll forward into the next plan year.

Transit and Parking: 100% of remaining balances rolls forward on December 31.

401(k) Plan



Monolithic Power Systems participates in a 401(k) Plan through Fidelity Investments to provide employees potential future financial security in retirement. You can start, change or stop the contributions at any time. Any changes made to your contribution will be reflected within 2 payroll periods. Employees under the age 50 are allowed to contribute up to \$23,000 into an individual plan. Employees above the age of 50 can contribute an additional \$7,500.

Your Tax Bracket is estimated at 25%		
Gross income: \$30,000	\$30,000	\$30,000
Pre-tax contribution rate	4%	6%
Weekly plan contribution	\$23.08	\$34.62
Weekly tax savings	\$5.77	\$8.66
Weekly out of pocket	\$17.31	\$25.96
Annual Contribution	\$1,300	\$1,800
Annual tax savings	\$300	\$450
Account balance - 30 years	\$150,030	\$225,044

This illustration assumes an 8% annualized rate of return, compounded monthly with the reinvestment of earnings. A plan of systematic savings does not ensure a profit or prevent a loss in a declining market. We recommend you seek professional advice from a tax adviser when making decisions regarding investing for your retirement.

***Note: Maximum amount is subject to change per IRS limits.**

Employee Stock Purchase Program

All eligible MPS employees are given the opportunity to purchase MPS stock at a discounted rate of at least 15%. Participants contribute to the plan through payroll deductions, which build up between Offering Periods (the offering date and the purchase date). On the purchase date, the company uses the accumulated funds to purchase MPS stock on behalf of the participants.

Eligibility: Regular full-time [and part-time] MPS employees are eligible to participate (excluding temporary employees, contractors, consultants and interns). Employees must work at least 20 hours per week and must remain employed for more than 5 months per calendar year. Employees who are 5% or greater stockholders of MPS are excluded from participating in the Plan.

Offering Periods: The Plan is implemented by six month "Offering Periods." A new six month Offering Period begins on the first trading day on or after February 15 and August 15 of each year.

Contribution Amounts: Participants may elect to have up to a maximum of 15% of their compensation deducted to purchase MPS stock. Participants may purchase no more than 2,000 shares in any one Offering Period. The maximum "share value" a participant may purchase under the plan in each calendar year is \$25,000.

Contribution Changes: Participants may increase or decrease payroll withholdings once during an Offering Period. Participants may withdraw from an Offering Period at any time.

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2024 Paid Holidays

Monday, Jan 1	New Year’s Day Observed
Monday, Jan 15	Martin Luther King Day
Monday, Feb 19	President’s Day
Monday, May 27	Memorial Day
Thursday, July 4	Independence
Monday, Sept 2	Labor Day
Thursday, Nov 28	Thanksgiving Day
Friday, Nov 29	Day after Thanksgiving
Tuesday, Dec 24	Christmas Eve
Wednesday, Dec 25	Christmas Day
Tuesday, Dec 31	New Year’s Eve Observed

Paid Time Off

MPS has a Paid Time Off (PTO) program, which can be used for vacation, personal days and sick days. All regular full-time employees are entitled to accrue PTO according to the schedule below:

Years of Employment	Days earned per year	Maximum balance
Less than Five Years	15 days (120 hours)	25 days (200 hours)
Five Plus Years	20 days (160 hours)	30 days (240 hours)

Eligible employees can accumulate up to a maximum of 200/240 hours of accrued PTO. Once this maximum is reached, all further PTO accrual will cease. Your PTO hours will re-accumulate after you use PTO and your hours drop below the maximum.

Important Benefit Contact Information

Carrier / Vendor	Group# Reference ID	Phone	Website / Email
Anthem HMO CA only	L03828H001	833.913.2236	www.anthem.com/ca
Anthem PPO	L03828M001	800.888.8288	www.anthem.com/ca
Kaiser Medical HMO	626829	800.464.4000	www.kp.org
Anthem Dental	L038280001	844.729.1565	www.anthem.com/ca
VSP vision	30085496	800.877.7195	www.vsp.com
Mutual of Omaha Group Life and AD&D Vol. Life and AD&D	G000ATI7	800.775.8805	www.mutualofomaha.com
Mutual of Omaha STD & LTD	G000ATI7	800.877.5176	www.mutualofomaha.com
Mutual of Omaha (AXA Travel)	9900M002	800.856.9947 US 312.935.3658 abroad (collect)	www.mutualofomaha.com
Mutual of Omaha Employee Assistance Program	MPS	800.316.2796	mutualofomaha.com/eap
Allstate LTC		800.521.3535	www.allstatebenefits.com
Chartis Travel Accident	9129761	877.244.6871	ambassador@chartisinsurance.com
TAG FSA & Commuter Benefits	TAGMONOLITHI	877.506.1660	www.flexasap.com
Fidelity Investments 401(k)	04719	800.835.5097	www.fidelity.com

Health Insurance Terms

Below is a glossary of some common terms used in the health care insurance industry. We have tried to provide you with some simple definitions to better understand your policies and other terminology used in the insurance industry.

Acute Care Facility

One step below a hospital, an acute care facility, gives advanced medical and nursing services to bring you back to health.

Certificate of Coverage

A document issued to a member of a group health insurance plan showing evidence of participation in the insurance.

Certificate of Creditable Coverage

A written statement from your prior insurance company or health plan documenting the length of time you were covered.

Claim

A notification to your insurance company that payment is due under the policy provisions.

Coinsurance

Once you have met your deductible, you pay coinsurance for additional medical care. It is a percentage of the billed charge. For example, your insurance company might pay 80%, and then you would pay 20%. It is similar to a co-pay, but is a percentage, instead of a dollar amount.

Co-payment

The portion of charges you pay to your provider for covered health care services in addition to any deductible. For example, \$20 for an office visit or \$15 for a prescription drug. It is similar to coinsurance, but it is a dollar amount instead of a percentage of the charges.

Coverage

The scope of protection provided by an insurance contract, which includes any of the listed benefits in an insurance policy.

Creditable Coverage or Prior Qualifying Coverage

The number of months you had health insurance in place before your current or new policy became effective. Creditable coverage must be counted towards any pre-existing condition exclusion in either an individual or group policy.

Deductible

The amount you must pay for medical services each year before your insurance begins paying.

Denial

An insurance company decision to withhold a claim payment or preauthorization. A denial may be made because the medical service is not covered, not medically necessary, or experimental or investigational.

Drug Formulary

A list of drugs that an insurer will pay for. Drugs that are not on the formulary ("off-formulary") are sometimes covered, but are more expensive (see "excluded drugs"). To you, the cheapest drugs are generic drugs that are on the formulary, and the most expensive drugs are name-brand drugs that are off-formulary.

Exclusions and/or Limitations

Conditions or circumstances spelled out in an insurance policy which limit or exclude coverage benefits. It is important to read all exclusion, limitation, and reduction clauses in your health insurance policy or certificate of coverage to determine which expenses are not covered.

Experimental and/or Investigational Medical Services

A drug, device, procedure, treatment plan, or other therapy which is currently not within the accepted standards of medical care.

Generic Drug

A drug that is similar to a name-brand drug but not covered by original patents and therefore cheaper. For example, the generic for the name-brand "Vicodin®" is "hydrocodone." If you buy a generic drug, you usually pay a lower co-pay (see "name-brand drugs").

Grace Period

A specified period immediately following the premium due date during which a payment can be made to continue a policy in force without interruption. This applies only to Life and Health policies. Check your policy to be sure that a grace period is offered and how many days, if any, are allowed.

Guaranteed Issue

A health insurance policy that must be issued regardless of any pre-existing medical condition.

Independent Medical Review (IMR)

A process where expert medical professionals, who have no relationship to your health insurance company or health plan, review specific medical decisions made by the insurance company. California law provides for an Independent Medical Review (IMR) program, which is administered by the CDI or the DMHC depending upon what type of coverage you have (indemnity or HMO).

Medically Necessary

A drug, device, procedure, treatment plan, or other therapy that is covered under your health insurance policy and that your doctor, hospital, or provider has determined essential for your medical well-being, specific illness, or underlying condition.

Name-brand Drug

A drug sold under a name-brand, and covered by original patents (for example, the name brand for hydrocodone is "Vicodin®"). Name-brand drugs are more expensive than generic drugs, and you usually have a higher co-pay for them than generics (see "generic drugs").

Open Enrollment

The time (usually a preset two-week or one-month period annually) when you can change health plans under your employer's group plan.

Over-the-Counter Drug

You don't need a prescription to obtain over-the-counter drugs.

Out-of-Pocket Maximum

The most you will have to pay in a year for deductibles and coinsurance for covered benefits.

Portability

The ability to purchase individual health insurance without being denied coverage because of a pre-existing condition.

Pre-authorization

Insurance companies require authorization from them before they will pay for medical services like a second opinion or referrals; physical therapy; sleep studies; medical equipment; MRI, CTs and ultrasounds; heart stress test; procedures; non-hospitalization or surgery. Your provider should obtain the pre-authorization and request medical bulletins (policies) on the subject to ensure coverage.

Prescription Drug

You must have a doctor's prescription to receive a prescription drug.

Preventative Medicine

Health care designed to prevent disease or discover and treat disease in the early stage. Examples: Annual physical exam, PAP Smear, cholesterol screening, mammography, infant vaccination, etc.

Primary Care Physician

Your Primary Care Physician ("PCP") is the doctor you choose to provide basic health care. In an HMO, your PCP must refer you to a specialist if you need to see one.

Provider

Any person or place that provides health care or prescription drugs. Providers can be doctors, hospitals, pharmacies, chiropractors, etc. (see "insurance company").

Skilled Nursing Facility (SNF)

Often called a "SNF." A SNF provides medical care under the supervision of a medical professional or technician, and dispenses medications, performs diagnostics, and can do minor surgery.

Usual Customary and Reasonable (UCR)

The amount that your insurance company determines is the normal payment range for a specific medical procedure performed within a given geographic area. If the charges you submit to your health insurance company are higher than what is considered normal for the covered health care services, then your health insurance company may not allow the full amount charged to you.

Your Insurance Broker:

If you have questions on unresolved issues after contacting the insurance member services, you are welcome to contact us.

Benefits Broker Contacts		
Service Representative	Phone	Email
Meen Chang	408.350.5724	mechang@acrisure.com
Susan Szczesny	408.350.5735	eszczesny@acrisure.com

MPS Human Resources Contacts			
Name	Title	Phone	Email
Yuan Snaza	Head of People	425.553.9699	Yuan.Snaza@monolithicpower.com
Amie Allnutt	People-Talent Acquisition & Retention	408.826.0783	Amie.Allnutt@monolithicpower.com
Sajna Jabbar	People-Benefits & HR Ops	408.826.0745	Sajna.Jabbar@monolithicpower.com
Eric Le	People-Benefits & HR Ops	408.826.0737	Eric.Le@monolithicpower.com
Bryson Scott	People-Talent Acquisition & HR Ops	425.447.3810	Bryson.Scott@monolithicpower.com
Lucas Tollini	People - Talent Acquisition	408.826.0827	Lucas.Tollini@monolithicpower.com
Annmarie Wilhelm	People-Benefits & HR Ops	425.647.0106	Annmarie.Wilhelm@monolithicpower.com
Allison Tran	People-Benefits & HR Ops	408. 826.0657	Allison.Tran@monolithicpower.com

The benefits information in this Benefits Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefits information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. We reserve the right to modify any content of this document at any time.

REQUIRED NOTICES All official documents relating to the Monolithic Power Systems 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 the MPS intra-net benefits website (below) or by contacting HR.

mybenefits.cc/mps

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The image features a solid blue background with a white circuit board pattern. The pattern consists of various lines, circles, and dots, resembling a printed circuit board (PCB) layout. The lines are of different thicknesses and are connected to small circles and dots, some of which are solid blue and others are white. The overall design is clean and modern, with a focus on technology and electronics.

MPS