



Summary of Benefits

2025-2026

TABLE OF CONTENTS

| | |
|---------------------------------------------------------------------------------------------|----|
| MEDICAL BENEFITS | 4 |
| Medical Coverage..... | 4 |
| UHC Green PPO with HRA Summary of Benefits | 5 |
| Medical HRA..... | 7 |
| HRA Features..... | 7 |
| UHC Blue PPO with HRA Summary of Benefits | 9 |
| Medical HRA..... | 11 |
| HRA Features..... | 11 |
| UHC Teal PPO with HRA Summary of Benefits..... | 13 |
| Medical HRA..... | 15 |
| HRA Features..... | 15 |
| Kaiser HMO Summary of Benefits..... | 17 |
| DENTAL INSURANCE..... | 21 |
| VISION INSURANCE | 23 |
| LIFE & ACCIDENT INSURANCE | 24 |
| Basic Life Insurance & Accidental Death and Dismemberment (AD&D) | 24 |
| Employee Optional Life Insurance & Optional Accidental Death and Dismemberment (AD&D) | 24 |
| Dependent Optional Life Insurance | 24 |
| DISABILITY | 25 |
| Short Term Disability (not available to employees who reside in California*) | 25 |
| Long Term Disability..... | 25 |
| PAID PARENTAL LEAVE..... | 25 |
| OTHER BENEFITS | 26 |
| Accident | 26 |
| Critical Illness | 26 |
| BENEFITS SUPPORT | 27 |
| MEMBER ASSISTANCE PROGRAM (EAP) | 28 |
| COMMUNITY CONNECT | 28 |
| 401(K) PROFIT SHARING PLAN | 29 |
| TUITION REIMBURSEMENT | 30 |
| CONTACTS | 31 |

MEDICAL BENEFITS

Medical Coverage

Medical coverage is one of the most desired and valued team member benefits provided by companies today. Comprehensive medical coverage is important to protect you and your family from unexpected illness and injury. For plan year 2025 – 2026, SMTC offers you medical coverage through United Healthcare and Kaiser.

- United Healthcare Green PPO with HRA
- United Healthcare Blue PPO with HRA
- United Healthcare Teal PPO with HRA
- Kaiser Deductible HMO with HRA

Our UHC plans are PPO plans which means you have the freedom to visit any in-network provider (PCP or specialist) for covered services without a referral. You do not need to choose a primary care physician (PCP) to coordinate your network care – you simply go to any doctor within the UHC network.

You can find in-network providers by visiting www.myuhc.com, network details are provided under each plan within this guide.

The Kaiser plan is an HMO plan which means you must select a Primary Care Physician (PCP) who oversees your total health care. As a Kaiser member, you can receive medical care at any Kaiser facility, simply present your ID card to receive services. ***The Kaiser HMO plan is only available to employees who reside in California.***

All medical plans come with an HRA that is fully funded by SMTC to help pay for your deductible. The amount of company funding into your HRA depends on the medical plan you elect. Continue through this guide for more details on the HRA.

Dependent children up to age 26 are eligible to participate in the medical plan.
Dependent age limit is up to age 30 for employees residing in Florida

Medical Per Pay Period Deductions

| | UHC Green PPO with HRA | UHC Blue PPO with HRA | UHC Teal PPO with HRA | Kaiser HMO with HRA (CA Only) |
|-----------------------|---------------------------|--------------------------|--------------------------|----------------------------------|
| Employee Only | \$144.55 | \$96.93 | \$85.74 | \$86.26 |
| Employee & Spouse | \$363.32 | \$273.66 | \$242.09 | \$360.17 |
| Employee & Child(ren) | \$299.08 | \$204.22 | \$180.65 | \$302.02 |
| Employee & Family | \$496.20 | \$376.73 | \$333.26 | \$526.40 |

UHC Green PPO Plan with HRA Summary of Benefits

| United Healthcare MEDICAL SUMMARY OF BENEFITS | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| PLAN FEATURES | | |
| | In-Network | Out-of-Network |
| Medical Plan Deductible (calendar year) | \$5,500 Individual \$11,000 Family | \$11,000 Individual \$22,000 Family |
| SMTC HRA Funding (calendar year) | \$4,000 Individual \$8,000 Family | |
| Net Deductible (calendar year) <i>Minus HRA Funding</i> | \$1,500 Individual \$3,000 Family | \$7,000 Individual \$14,000 Family |
| Member Coinsurance Applies to all expenses unless otherwise stated | 30% | 50% |
| Out-of-Pocket Maximum (calendar year) Includes Deductible | \$8,300 Individual \$16,600 Family | \$13,000 Individual \$26,000 Family |
| Net Out-of-Pocket Maximum (calendar year) <i>Minus HRA Funding</i> | \$4,300 Individual \$8,600 Family | \$9,000 Individual \$18,000 Family |
| PREVENTATIVE CARE | | |
| | In-Network | Out-of-Network |
| Preventive Care/Screenings Routine Adult Physical Exams/Immunizations Routine Well Child Exams/Immunizations Routine Gynecological Care Exams Routine Mammograms | No copay | Not covered |
| PHYSICIAN SERVICES | | |
| Office Visits to PCP Includes services of a general physician, family practitioner or pediatrician | 30%; after deductible is met | 50%; after deductible is met |
| Specialist Office Visits | 30%; after deductible is met | 50%; after deductible is met |
| DIAGNOSTIC PROCEDURES | | |
| Diagnostic X-ray | 30%; after deductible is met | 50%; after deductible is met |
| Diagnostic Laboratory At freestanding facility | 30%; after deductible is met | Not covered |
| Diagnostic Complex Imaging At freestanding facility | 30%; after deductible is met | 50%; after deductible it met |
| EMERGENCY MEDICAL CARE | | |
| Urgent Care Provider | 30%; after deductible is met | 50%; after deductible is met |
| Emergency Room | 30%; after deductible is met | Covered as In-Network |
| Emergency Ambulance | 30%; after deductible is met | Covered as In-Network |

| HOSPITAL CARE | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------|
| Inpatient Coverage The member cost sharing applies to all covered benefits incurred during a member's inpatient stay | 30%; after deductible is met | 50%; after deductible is met |
| Inpatient Maternity Coverage (includes delivery and postpartum care) The member cost sharing applies to all covered benefits incurred during a member's inpatient stay | 30%; after deductible is met | 50%; after deductible is met |
| Outpatient Surgery The member cost sharing applies to all Covered Benefits incurred during a member's outpatient stay | 30%; after deductible is met | 50% after deductible is met <i>Limited to \$760 per service</i> |
| MENTAL HEALTH SERVICES | | |
| Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay | 30%; after deductible is met | 50%; after deductible is met |
| Outpatient Facility Facility fee and doctor services | 30%; after deductible is met | 50% after deductible is met |
| SUBSTANCE USE SERVICES | | |
| Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay | 30%; after deductible is met | 50%; after deductible is met |
| Outpatient Facility Facility fee and doctor services | 30%; after deductible is met | 50% after deductible is met |
| OTHER SERVICES | | |
| Skilled Nursing Facility Coverage for Inpatient rehabilitation and skilled nursing services is limited to 100 days combined per benefit period. | 30%; after deductible is met | 50% after deductible is met |
| Home Health Care Coverage is limited to 100 visits per benefit period | 30%; after deductible is met | 50% after deductible is met <i>Limited to \$150 per service</i> |
| Hospice Care | 30%; after deductible is met | 50%; after deductible is met |
| Outpatient Habilitative Services Office / Outpatient – coverage is for rehabilitative and habilitative physical therapy and occupational therapy | 30%; after deductible is met | 50%; after deductible is met |
| Durable Medical Equipment (DME), Orthotics and Supplies | 30%; after deductible is met | Not covered |

| PRESCRIPTION DRUGS (31- day supply) | | |
|------------------------------------------------------|-------------------------------------|------------------------------------------------------------|
| Tier 1 Drugs Typically Generics | \$10 copay; after deductible is met | In-network copay plus any amount over allowed amount |
| Tier 2 Drugs Typically Preferred Brand | \$35 copay; after deductible is met | |
| Tier 3 Drugs Typically Non-Preferred or Specialty | \$70 copay; after deductible is met | |

Medical and Prescription Drug Networks

The Green Plan utilizes a comprehensive medical and prescription drug network.

- Medical Providers: visit www.myuhc.com and search the **Select Plus Network**.
- Prescription Drugs: click [here](#) to search the **Access Network** Prescription Drug List (PDL).

Medical HRA

For employees enrolling in the UHC Green PPO medical plan, SMTC will provide a company subsidy into a Health Reimbursement Account (HRA) to help fund your deductible. You will use the funds in the HRA to pay for medical expenses that accumulate toward the deductible for you and your covered dependents.

You will receive a Benefit Card from Marin Benefits to present at the time of service or when presented with a bill. This includes paying for services such as doctors office visits, x-rays, lab work, hospital stays and prescriptions.

On January 1st (or your benefits effective date) SMTC will fund your HRA account:

- \$4,000 if you are just enrolling yourself
- \$8,000 if you are covering dependents

Marin Member Portal Registration:

- Registration is fast and Easy:
 1. Go to www.marinbenefits.com (accessible via smart phone)
 2. Click **Member Login**
 3. Click **Register**
 4. Follow the Prompts to using the following credentials:
 - **Employer ID:** MBISMTC
 - **Employee ID:** Your nine-digit Social Security number with no spaces or dashes
- Need Help? Call (415) 526-1401 or email helpdesk@marinbenefits.com to assist you with creating your online account.

UHC Mail Order Delivery

Mail Order OptumRx

Great service - affordable prescriptions - convenient home delivery - all in one pharmacy.

Using a mail order pharmacy may reduce or eliminate your monthly pharmacy visits for maintenance medications taken on an ongoing basis. It will allow you to receive up to a 90-day supply of maintenance medications directly to your home, office or location of your choice.

| MAIL ORDER Rx 90- day supply * | |
|-------------------------------------------------------------------------------|----------------------------------------|
| Tier 1 Drugs Typically Generics | \$25 copay; after deductible is met |
| Tier 2 Drugs Typically Brand | \$87.50 copay; after deductible is met |
| Tier 3 Drugs Typically Non-Preferred Brand | \$175 copay; after deductible is met |
| <i>*Mail Oder Rx benefits are only available through Optum Home Delivery.</i> | |

To get your mail order prescriptions from **Optum Home Delivery**, call the Pharmacy Member Services phone number on the back of your UHC ID card. You can also mail in your order using the Mail Order Rx order form.

Get Started Today

Register Online: www.myuhc.com

UHC Blue PPO Plan with HRA Summary of Benefits

| United Healthcare MEDICAL SUMMARY OF BENEFITS | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| PLAN FEATURES | | |
| | In-Network | Out-of-Network |
| Medical Plan Deductible (calendar year) | \$5,500 Individual \$11,000 Family | \$11,000 Individual \$22,000 Family |
| SMTC HRA Funding (calendar year) | \$2,000 Individual \$4,000 Family | |
| Net Deductible (calendar year) <i>Minus HRA Funding</i> | \$3,500 Individual \$7,000 Family | \$9,000 Individual \$18,000 Family |
| Member Coinsurance Applies to all expenses unless otherwise stated | 30% | 50% |
| Out-of-Pocket Maximum (calendar year) Includes Deductible | \$8,300 Individual \$16,600 Family | \$13,000 Individual \$26,000 Family |
| Net Out-of-Pocket Maximum (calendar year) <i>Minus HRA Funding</i> | \$6,300 Individual \$12,600 Family | \$11,000 Individual \$22,000 Family |
| PREVENTATIVE CARE | | |
| | In-Network | Out-of-Network |
| Preventive Care/Screenings Routine Adult Physical Exams/Immunizations Routine Well Child Exams/Immunizations Routine Gynecological Care Exams Routine Mammograms | No copay | Not covered |
| PHYSICIAN SERVICES | | |
| Office Visits to PCP Includes services of a general physician, family practitioner or pediatrician | 30%; after deductible is met | 50%; after deductible is met |
| Specialist Office Visits | 30%; after deductible is met | 50%; after deductible is met |
| DIAGNOSTIC PROCEDURES | | |
| Diagnostic X-ray | 30%; after deductible is met | 50%; after deductible is met |
| Diagnostic Laboratory At freestanding facility | 30%; after deductible is met | Not covered |
| Diagnostic Complex Imaging At freestanding facility | 30%; after deductible is met | 50%; after deductible it met |
| EMERGENCY MEDICAL CARE | | |
| Urgent Care Provider | 30%; after deductible is met | 50%; after deductible is met |
| Emergency Room | 30%; after deductible is met | Covered as In-Network |
| Ambulance | 30%; after deductible is met | Covered as In-Network |

| HOSPITAL CARE | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------|
| Inpatient Coverage The member cost sharing applies to all covered benefits incurred during a member's inpatient stay | 30%; after deductible is met | 50%; after deductible is met |
| Inpatient Maternity Coverage (includes delivery and postpartum care) The member cost sharing applies to all covered benefits incurred during a member's inpatient stay | 30%; after deductible is met | 50%; after deductible is met |
| Outpatient Surgery The member cost sharing applies to all Covered Benefits incurred during a member's outpatient stay | 30%; after deductible is met | 50% after deductible is met <i>Limited to \$760 per service</i> |
| MENTAL HEALTH SERVICES | | |
| Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay | 30%; after deductible is met | 50%; after deductible is met |
| Outpatient Facility Facility fee and doctor services | 30%; after deductible is met | 50% after deductible is met |
| SUBSTANCE ABUSE SERVICES | | |
| Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay | 30%; after deductible is met | 50%; after deductible is met |
| Outpatient Facility Facility fee and doctor services | 30%; after deductible is met | 50% after deductible is met |
| OTHER SERVICES | | |
| Skilled Nursing Facility Coverage for Inpatient rehabilitation and skilled nursing services is limited to 100 days combined per benefit period. | 30%; after deductible is met | 50% after deductible is met |
| Home Health Care Coverage is limited to 100 visits per benefit period | 30%; after deductible is met | 50% after deductible is met <i>Limited to \$150 per service</i> |
| Hospice Care | 30%; after deductible is met | 50%; after deductible is met |
| Outpatient Rehabilitation Services Office / Outpatient – coverage is for rehabilitative and habilitative physical therapy and occupational therapy | 30%; after deductible is met | 50%; after deductible is met |
| Durable Medical Equipment (DME), Orthotics and Supplies | 30%; after deductible is met | Not covered |

| PRESCRIPTION DRUGS (31- day supply) | | |
|------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------|
| Tier 1 Drugs Typically Generics | \$10 copay; after deductible is met | In-network copay; after deductible is met plus any amount over allowed amount |
| Tier 2 Drugs Typically Preferred Brand | \$35 copay; after deductible is met | |
| Tier 3 Drugs Typically Non-Preferred or Specialty | \$70 copay; after deductible is met | |

Medical and Prescription Drug Networks

The Blue Plan utilizes a narrow medical network and a comprehensive prescription drug network.

- Medical Providers: visit www.myuhc.com and search the **Core Network**.
- Prescription Drugs: click [here](#) to search the **Access Network** Prescription Drug List (PDL).

Medical HRA

For employees enrolling in the UHC Blue PPO medical plan, SMTC will provide a company subsidy into a Health Reimbursement Account (HRA) to help fund your deductible. You will use the funds in the HRA to pay for medical expenses that accumulate toward the deductible for you and your covered dependents.

You will receive a Benefit Card from Marin Benefits to present at the time of service or when presented with a bill. This includes paying for services such as doctors office visits, x-rays, lab work, hospital stays and prescriptions.

On January 1st (or your benefits effective date) SMTC will fund your HRA account:

- \$2,000 if you are just enrolling yourself
- \$4,000 if you are covering dependents

Marin Member Portal Registration:

- Registration is fast and Easy:
 5. Go to www.marinbenefits.com (accessible via smart phone)
 6. Click **Member Login**
 7. Click **Register**
 8. Follow the Prompts to using the following credentials:
 - **Employer ID:** MBISMTTC
 - **Employee ID:** Your nine-digit Social Security number with no spaces or dashes
- Need Help? Call (415) 526-1401 or email helpdesk@marinbenefits.com to assist you with creating your online account.

UHC Mail Order Delivery

Mail Order OptumRx

Great service - affordable prescriptions - convenient home delivery - all in one pharmacy.

Using a mail order pharmacy may reduce or eliminate your monthly pharmacy visits for maintenance medications taken on an ongoing basis. It will allow you to receive up to a 90-day supply of maintenance medications directly to your home, office or location of your choice.

| MAIL ORDER Rx 90- day supply * | |
|--------------------------------------------------------------------------------|----------------------------------------|
| Tier 1 Drugs Typically Generics | \$25 copay; after deductible is met |
| Tier 2 Drugs Typically Brand | \$87.50 copay; after deductible is met |
| Tier 3 Drugs Typically Non-Preferred Brand | \$175 copay; after deductible is met |
| <i>*Mail Order Rx benefits are only available through Optum Home Delivery.</i> | |

To get your mail order prescriptions from **Optum Home Delivery**, call the Pharmacy Member Services phone number on the back of your UHC ID card. You can also mail in your order using the Mail Order Rx order form.

Get Started Today

Register Online: www.myuhc.com

UHC Teal PPO Plan with HRA Summary of Benefits

| United Healthcare MEDICAL SUMMARY OF BENEFITS | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|
| PLAN FEATURES | | |
| | In-Network | Out-of-Network |
| Medical Plan Deductible (calendar year) | \$5,500 Individual \$11,000 Family | \$11,000 Individual \$22,000 Family |
| SMTC HRA Funding (calendar year) | \$1,000 Individual \$2,000 Family | |
| Net Deductible (calendar year) <i>Minus HRA Funding</i> | \$4,500 Individual \$9,000 Family | \$10,000 Individual \$20,000 Family |
| Member Coinsurance Applies to all expenses unless otherwise stated | 30% | 50% |
| Out-of-Pocket Maximum (calendar year) Includes Deductible | \$8,300 Individual \$16,600 Family | \$13,000 Individual \$26,000 Family |
| Net Out-of-Pocket Maximum (calendar year) <i>Minus HRA Funding</i> | \$7,300 Individual \$14,600 Family | \$12,000 Individual \$24,000 Family |
| PREVENTATIVE CARE | | |
| | In-Network | Out-of-Network |
| Preventive Care/Screenings Routine Adult Physical Exams/Immunizations Routine Well Child Exams/Immunizations Routine Gynecological Care Exams Routine Mammograms | No copay | Not covered |
| PHYSICIAN SERVICES | | |
| Office Visits to PCP Includes services of a general physician, family practitioner or pediatrician | 30%; after deductible is met | 50%; after deductible is met |
| Specialist Office Visits | 30%; after deductible is met | 50%; after deductible is met |
| DIAGNOSTIC PROCEDURES | | |
| Diagnostic X-ray | 30%; after deductible is met | 50%; after deductible is met |
| Diagnostic Laboratory At freestanding facility | 30%; after deductible is met | Not covered |
| Diagnostic Complex Imaging At freestanding facility | 30%; after deductible is met | 50%; after deductible it met |
| EMERGENCY MEDICAL CARE | | |
| Urgent Care Provider | 30%; after deductible is met | 50%; after deductible is met |
| Emergency Room | 30%; after deductible is met | Covered as In-Network |
| Ambulance | 30%; after deductible is met | Covered as In-Network |

| HOSPITAL CARE | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------|
| Inpatient Coverage The member cost sharing applies to all covered benefits incurred during a member's inpatient stay | 30%; after deductible is met | 50%; after deductible is met |
| Inpatient Maternity Coverage (includes delivery and postpartum care) The member cost sharing applies to all covered benefits incurred during a member's inpatient stay | 30%; after deductible is met | 50%; after deductible is met |
| Outpatient Surgery The member cost sharing applies to all Covered Benefits incurred during a member's outpatient stay | 30%; after deductible is met | 50% after deductible is met <i>Limited to \$760 per service</i> |
| MENTAL HEALTH SERVICES | | |
| Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay | 30%; after deductible is met | 50%; after deductible is met |
| Outpatient Facility Facility fee and doctor services | 30%; after deductible is met | 50% after deductible is met |
| SUBSTANCE ABUSE SERVICES | | |
| Inpatient The member cost sharing applies to all covered benefits incurred during a member's inpatient stay | 30%; after deductible is met | 50%; after deductible is met |
| Outpatient Facility Facility fee and doctor services | 30%; after deductible is met | 50% after deductible is met |
| OTHER SERVICES | | |
| Skilled Nursing Facility Coverage for Inpatient rehabilitation and skilled nursing services is limited to 100 days combined per benefit period. | 30%; after deductible is met | 50% after deductible is met |
| Home Health Care Coverage is limited to 100 visits per benefit period | 30%; after deductible is met | 50% after deductible is met <i>Limited to \$150 per service</i> |
| Hospice Care | 30%; after deductible is met | 50%; after deductible is met |
| Outpatient Rehabilitation Services Office / Outpatient – coverage is for rehabilitative and habilitative physical therapy and occupational therapy | 30%; after deductible is met | 50%; after deductible is met |
| Durable Medical Equipment (DME), Orthotics and Supplies | 30%; after deductible is met | Not covered |

| PRESCRIPTION DRUGS (31- day supply) | | |
|-----------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------|
| Tier 1 Drugs Typically Generics | \$15 copay; after deductible is met | In-network copay; after deductible is met plus any amount over allowed amount |
| Tier 2 Drugs Typically Preferred Brand | \$65 copay; after deductible is met | |
| Tier 3 Drugs Typically Non-Preferred Brand | \$130 copay; after deductible is met | |
| Tier 4 Drugs | \$250 copay; after deductible is met | |

Medical and Prescription Drug Networks

The Teal Plan utilizes a narrow medical and prescription drug network.

- Medical Providers: visit www.myuhc.com and search the **Core Network**.
- Prescription Drugs: click [here](#) to search the **Essentials Network** Prescription Drug List (PDL).

Medical HRA

For employees enrolling in the UHC Teal PPO medical plan, SMTC will provide a company subsidy into a Health Reimbursement Account (HRA) to help fund your deductible. You will use the funds in the HRA to pay for medical expenses that accumulate toward the deductible for you and your covered dependents.

You will receive a Benefit Card from Marin Benefits to present at the time of service or when presented with a bill. This includes paying for services such as doctors office visits, x-rays, lab work, hospital stays and prescriptions.

On January 1st (or your benefits effective date) SMTC will fund your HRA account:

- \$1,000 if you are just enrolling yourself
- \$2,000 if you are covering dependents

Marin Member Portal Registration:

- Registration is fast and Easy:
 9. Go to www.marinbenefits.com (accessible via smart phone)
 10. Click **Member Login**
 11. Click **Register**
 12. Follow the Prompts to using the following credentials:
 - **Employer ID:** MBISMTTC
 - **Employee ID:** Your nine-digit Social Security number with no spaces or dashes
- Need Help? Call (415) 526-1401 or email helpdesk@marinbenefits.com to assist you with creating your online account.

UHC Mail Order Delivery

Mail Order OptumRx

Great service - affordable prescriptions - convenient home delivery - all in one pharmacy.

Using a mail order pharmacy may reduce or eliminate your monthly pharmacy visits for maintenance medications taken on an ongoing basis. It will allow you to receive up to a 90-day supply of maintenance medications directly to your home, office or location of your choice.

| MAIL ORDER Rx 90- day supply * | |
|-------------------------------------------------------------------------------|-----------------------------------------|
| Tier 1 Drugs Typically Generics | \$37.50 copay; after deductible is met |
| Tier 2 Drugs Typically Brand | \$162.50 copay; after deductible is met |
| Tier 3 Drugs Typically Non-Preferred Brand | \$325 copay; after deductible is met |
| Tier 4 Drugs | \$625 copay; after deductible is met |
| <i>*Mail Oder Rx benefits are only available through Optum Home Delivery.</i> | |

To get your mail order prescriptions from **Optum Home Delivery**, call the Pharmacy Member Services phone number on the back of your UHC ID card. You can also mail in your order using the Mail Order Rx order form.

Get Started Today

Register Online: www.myuhc.com

Kaiser HMO with HRA Summary of Benefits

| Kaiser HMO (California Only) MEDICAL SUMMARY OF BENEFITS | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| PLAN FEATURES | |
| | In-Network Only |
| Medical Plan Deductible (calendar year) | \$2,500 Individual \$5,000 Family |
| SMTC HRA Funding (calendar year) | \$2,500 Individual \$5,000 Family |
| Net Deductible (calendar year) <i>Minus HRA Funding</i> | \$0 Individual \$0 Family |
| Out-of-Pocket Maximum (calendar year) | \$5,000 Individual \$10,000 Family |
| Net Out-of-Pocket Maximum (calendar year) <i>Minus HRA Funding</i> | \$2,500 Individual \$5,000 Family |
| Primary Care Physician Selection | Required |
| Referral Requirement | Yes |
| PREVENTATIVE CARE | |
| Physician Care/Screenings Routine Adult Physical Exams/Immunizations Routine Well Child Exams/Immunizations Routine Well-Woman Exams Routine Mammograms | No charge |
| PHYSICIAN SERVICES | |
| Most Primary Care Visits to PCP | \$40 copay, deductible waived |
| Most Specialist Office Visits | \$50 copay, deductible waived |
| DIAGNOSTIC PROCEDURES | |
| Most Diagnostic X-ray | \$15 copay; after deductible is met |
| Most Diagnostic Laboratory | \$15 copay; after deductible is met |
| Diagnostic Complex Imaging | 30% up to \$150 copay; after deductible is met |
| EMERGENCY MEDICAL CARE | |
| Urgent Care Consultations, Evaluations and Treatment | \$40 copay, deductible waived |
| Emergency Room | 30%; after deductible is met |
| Ambulance | \$150 copay; after deductible is met |
| HOSPITAL CARE | |
| Inpatient Coverage Room and Board, Surgery, Anesthesia, X-rays, Lab Tests and Drugs | 30%; after deductible is met |
| Inpatient Maternity Coverage (includes delivery and postpartum care) | 30%; after deductible is met |

| | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Outpatient Surgery | 30%; after deductible is met |
| MENTAL HEALTH SERVICES | |
| Inpatient Psychiatric Hospitalization | 30%; after deductible is met |
| Individual Outpatient Mental Health Evaluation and Treatment | \$40 copay, deductible waived |
| Group Outpatient Mental Health Treatment | \$20 copay, deductible waived |
| SUBSTANCE USE DISORDER TREATMENT | |
| Inpatient Detoxification | 30%; after deductible is met |
| Individual Outpatient Substance Use Disorder Evaluation and Treatment | \$40 copay, deductible waived |
| Group Outpatient Substance Use Disorder Treatment | \$5 copay, deductible waived |
| OTHER SERVICES | |
| Skilled Nursing Facility Care Up to 100 days per benefit period | 30%; after deductible is met |
| Home Health Services Up to 100 visits per Accumulation Period | No charge |
| Hospice Care | No charge |
| Most Physical, Occupational and Speech Therapy | \$40 copay; after deductible is met |
| Durable Medical Equipment (DME) DME items as described in the EOC | 20%, deductible waived |
| PRESCRIPTION DRUGS | |
| Most Generics | \$10 copay, deductible waived |
| Most Brand-Name | \$30 copay, deductible waived |
| Most Specialty | 20%; up to \$250 copay, deductible waived |
| FAMILY PLANNING | |
| Infertility Treatment Diagnosis and treatment of the underlying medical condition only | 50% |
| GENERAL PROVISIONS | |
| Dependents Eligibility | Spouse, children from birth to age 26 regardless of student status |

Medical HRA

For employees enrolling in the Kaiser HMO medical plan, SMTC will provide a company subsidy into a Health Reimbursement Account (HRA) to help fund your deductible. The HRA will reimburse you for the following covered services covered under the Kaiser medical plan that satisfy the deductible:

- Inpatient Hospitalization Services
- Outpatient Surgery Services
- Emergency Room Services
- Lab, X-ray
- Complex Imaging (MRI, CT Scans)
- Skilled Nursing Facility

Employees are responsible for submitting HRA claims to Marin. All claims must include the Explanation of Benefits (EOB) from Kaiser showing services were subject to the Kaiser deductible. Claims must be filed within 90 days from your last day of work or from the last day of the calendar year.

On January 1st (or your benefits effective date) SMTC will fund your HRA account:

- \$2,500 if you are just enrolling yourself
- \$5,000 if you are covering dependents

Marin Member Portal Registration:

- Registration is fast and Easy:
 1. Go to www.marinbenefits.com (accessible via smart phone)
 2. Click **Member Login**
 3. Click **Register**
 4. Follow the Prompts to using the following credentials:
 - **Employer ID:** MBISMTC
 - **Employee ID:** Your nine-digit Social Security number with no spaces or dashes
- Claims can be submitted securely online from this portal
- Need Help? Call (415) 526-1401 or email helpdesk@marinbenefits.com to assist you with creating your online account.

Kaiser Mail Order Pharmacy

Mail Order Service Pharmacy

Great service - affordable prescriptions - convenient home delivery - all in one.

Using a mail order pharmacy may reduce or eliminate your monthly pharmacy visits for maintenance medications taken on an ongoing basis. It will allow you to receive up to a 100-day supply of maintenance medications directly to your home, office or location of your choice.

| MAIL ORDER Rx | |
|-------------------------|-------------------------------|
| Most Generic Refills | \$20 copay, deductible waived |
| Most Brand-Name Refills | \$60 copay, deductible waived |

To get your mail order prescriptions from **Kaiser**, you will need to set up an account. Simply register online at www.kp.org or call the number on the back of your ID card.

DENTAL INSURANCE

Regular visits to the dentist may do more than just brighten your smile—they can be important to your overall health. SMTC’s dental plan is administered through UHC and is a Dental Preferred Provider Organization (PPO) plan that provides coverage for preventive care, basic care, major care, and orthodontia. The dental plan allows you to choose a PPO participating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Dental rates and summary of benefits are outlined below.

Dependent children up to age 26 are eligible to participate in the dental plan.

USING YOUR DENTAL BENEFIT IS EASY

To find a preferred provider, visit www.whyuhc.com/dentalppo30

- At your appointment, tell them you have UHC Dental
- To access a copy of your ID card visit www.myuhc.com
 - Click view and print Member ID cards

| UHC Dental Cost Summary (Cost reflected below are bi-weekly or per pay period) | |
|-----------------------------------------------------------------------------------|---------|
| Employee Only | \$5.11 |
| Employee & Spouse | \$10.02 |
| Employee & Child(ren) | \$10.02 |
| Family | \$17.28 |

| UHC DENTAL PLAN SUMMARY OF BENEFITS | |
|---------------------------------------------------------|----------------------|
| PLAN FEATURES | |
| Deductible (calendar year) | \$50 Individual |
| Applies to Basic and Major services only | \$150 Family |
| Preventative Services | 100% |
| Basic Services | 80% |
| Major Services | 50% |
| Annual Benefit Maximum | \$1,500 per person |
| Orthodontic Services (Adult and Child) | 50% |
| Orthodontic Deductible | None |
| Orthodontic Lifetime Maximum | \$1,500 |
| Out-of-Network Reimbursement* | 80 th UCR |
| DIAGNOSTIC AND PREVENTIVE SERVICES (partial list) | |
| Oral examinations (a) | 100% |
| Cleanings (a) Adult / Child | 100% |
| Fluoride (a) | 100% |
| Sealants (a) | 100% |
| Bitewing X-rays (a) | 100% |
| Space maintainers | 100% |
| BASIC SERVICES (partial list) | |
| Amalgam (silver) Fillings | 80% |
| Composite Fillings (anterior teeth only) | 80% |
| Simple Extractions | 80% |
| Oral Surgery (incl. surgical extractions) | 80% |
| Periodontics | 80% |
| Endodontics | 80% |

| MAJOR SERVICES (partial list) | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Onlays | 50% |
| Crowns | 50% |
| Dentures and Removable Prosthetics | 50% |
| Bridges | 50% |
| <i>*Out-of-Network reimbursement is based on the 80th percentile of Usual and Customary Fees in the geographic area in which the expense was incurred. (a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet / certificate.</i> | |

VISION INSURANCE

Eye exams are an important part of overall health care for the entire family. SMTC offers a separate vision plan with comprehensive coverage, including eye exams and discounts on eyewear. The summary below may help you decide if you need, or your family needs a separate vision plan. The UHC vision plan offers a large network of contracting providers to choose from when vision care is needed. When a contracting network provider is used, the care is considered “in-network,” out-of-pocket costs will be less, and the highest level of benefits is received.

Dependent children up to age 26 are eligible to participate in the vision plan.

USING YOUR VISION BENEFIT IS EASY

- To find an UHC vision doctor visit myuhcvision.com
- At your appointment, tell them you have UHC Vision and providers should be able to look you up

| UHC Vision Cost Summary (Cost reflected below are bi-weekly or per pay period) | |
|-----------------------------------------------------------------------------------|--------|
| Employee Only | \$1.24 |
| Employee & Spouse | \$1.98 |
| Employee & Child(ren) | \$2.02 |
| Family | \$3.27 |

| UHC VISION PLAN SUMMARY OF BENEFITS | | | |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------|
| Benefit | Description | Copay | Frequency |
| Comprehensive Exam | Focuses on your eyes and overall wellness | \$25 | Every 12 Months |
| Prescription Glasses | | \$25 | See frame and lenses |
| Frame | <ul style="list-style-type: none">• \$150 allowance for a wide selection of frames• 30% discount off amount over your allowance | Included in Prescription Glasses | Every 12 Months |
| Lenses | <ul style="list-style-type: none">• Single vision, lined bifocal, and lined trifocal lenses• Standard Scratch Coating, Polycarbonate lenses for dependent children (Up to age 19) | Included in Prescription Glasses | Every 12 Months |
| Contacts (instead of glasses) | <ul style="list-style-type: none">• \$150 allowance for contacts | Included in Fitting and Evaluation | Every 12 Months |
| Contact Lens Exam | <ul style="list-style-type: none">• Fitting and evaluation• Up to two follow up visits | Up to \$60 | Every 12 Months |
| Extra Savings and Discounts | Additional pair of Glasses or Contact Lenses <ul style="list-style-type: none">• Up to 20% off additional glasses or contact lenses. This program is available after your vision benefits have been exhausted | | |
| Out of Network Reimbursements (Copays do not apply) | | | |
| Exams | Up to \$40 | | |
| Frames | Up to \$45 | | |
| Single Vision Lenses | Up to \$40 | | |
| Lined Bifocal Lenses | Up to \$60 | | |
| Lined Trifocal Lenses | Up to \$80 | | |
| Elective Contacts in Lieu of Eyeglasses | Up to \$125 | | |
| Necessary Contacts in Lieu of Eyeglasses | Up to \$210 | | |

LIFE & ACCIDENT INSURANCE

Life insurance is an important source of financial support for your family. SMTC offers coverage for you and dependents as outlined below.

Basic Life Insurance & Accidental Death and Dismemberment (AD&D)

SMTC provides Basic Life Insurance and AD&D to all eligible employees, in the amount of 1x your annual salary up to \$300,000. SMTC pays 100% of the cost of these benefits and you will automatically be enrolled.

Benefits reduce by 35% at age 65; 50% at age 70. All benefits end at retirement.

If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. This is referred to as **Conversion**. You must apply for coverage and pay the first month's premium for the individual policy within 31 days. See HR for details.

Employee Optional Life Insurance & Optional Accidental Death and Dismemberment (AD&D)

SMTC offers employees the ability to elect supplemental employee life and AD&D insurance in increments of \$10,000 up to \$500,000, not to exceed five (5) times your annual salary. Within 31 days of initial eligibility employees may elect up to \$200,000 in Guarantee Issue (no evidence of insurability required). Amounts that exceed \$200,000 require evidence of insurability. Employee contributions are deducted from paychecks on a post-tax basis.

If you elect Optional Life and AD&D within 31 days of initial eligibility you will be guaranteed coverage up to the Guarantee Issue amount. If you elect this coverage after your initial eligibility period, you will be considered a "Late Entrant" and will be required to complete evidence of insurability.

Dependent Optional Life Insurance

SMTC offers employees the ability to purchase optional dependent life insurance for spouses and/or children. You must elect coverage for yourself to purchase coverage for your dependents.

Spouse coverage is available in \$5,000 increments, to a maximum of \$250,000 (not to exceed 50% of the employee amount). Within 31 days of initial eligibility employees may elect up to \$20,000 in Guarantee Issue (no evidence of insurability required). Amounts that exceed \$20,000 require evidence of insurability.

Child coverage is available in increments of \$2,000 for each child, to a maximum of \$10,000 (not to exceed 50% of the employee amount). Within 31 days of initial eligibility employees may elect up to \$10,000 in Guarantee Issue (no evidence of insurability required). Child coverage begins on the 15th day following birth and terminates at age 26.

Benefits reduce by 35% at age 65; 50% at age 70. All benefits end at retirement.

If you leave your job for any reason, you may be able to change your optional life coverage to an individual policy. This is referred to as **Conversion**.

A **Portability** option is also available for the optional life plan. This feature allows you to take your optional life coverage with you by paying the required premiums. The Portability option offers lower rates than an individual policy.

You must apply for coverage and pay the first month's premium for the individual policy within 31 days. See HR for details.

Employee contributions are deducted from paychecks on a post-tax basis.

| Optional Term Life Insurance and AD&D - Rates | | |
|-----------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age | Rate per \$1,000 – Employee and Spouse* | |
| <34 | \$0.07 | <p>To calculate the cost of coverage, use the formula below:</p> $\frac{\text{Benefit Amount}}{\text{Rate}} = \text{Subtotal}$ $\frac{\text{Subtotal}}{\$1,000} = \frac{\text{Monthly Cost}}{\text{Bi-Weekly Cost}}$ |
| 35-39 | \$0.12 | |
| 40-44 | \$0.18 | |
| 45-49 | \$0.25 | |
| 50-54 | \$0.44 | |
| 55-59 | \$0.67 | |
| 60-64 | \$0.70 | |
| 65-69 | \$1.27 | |
| 70-74 | \$2.68 | |
| 75+ | \$8.02 | |
| Child(ren) Rate per \$1,000: \$0.140 | | |
| *Spouse rate is based on employee's age | | |

DISABILITY

Short Term Disability (not available to employees who reside in California*)

SMTC provides Short Term Disability Insurance to all eligible Non-California employees. The benefit is 60% of your weekly earnings to a maximum of \$1,500 per week for up to 25 weeks. SMTC pays 100% of the cost of this benefit and eligible employees will be automatically enrolled.

*Employees who reside in California may be eligible for the California State Disability Insurance (SDI) program. Please visit www.edd.ca.gov for additional information.

Long Term Disability

SMTC provides Long Term Disability Insurance to all eligible employees. The benefit is 60% of your monthly earnings to a maximum of \$6,250 per month. You may continue to receive these benefits up to Retirement Age. SMTC pays 100% of the cost of this benefit and eligible employees will be automatically enrolled.

PAID PARENTAL LEAVE

SMTC recognizes the importance of supporting new parents and families by offering Paid Parental Leave. We offer 2 weeks of 100% paid parental leave from work following the birth, adoption, or foster placement of a child. The 2 weeks must be taken either consecutively or split into two halves and must be used within 30 days of the event.

OTHER BENEFITS

Accident

Allstate Benefits offers Accident coverage which helps offset the unexpected medical expenses, such as emergency room fees, deductibles, and copayments, etc. that result from a fracture, dislocation, or other covered accidental injury which occur off the job. Employee contributions are deducted from paychecks on a pre-tax basis.

Critical Illness

Critical illness coverage offered through Allstate Benefits pays a lump-sum cash benefit to help with out-of-pocket expenses associated with a critical illness. Employee contributions are deducted from paychecks on a pre-tax basis.

Current Allstate members should contact Allstate with any benefit questions at: 1-800-521-3535



BENEFITS SUPPORT

Acrisure, our external benefits broker, has a team of benefits representatives who can provide you with support on issues with your health benefits including:

Plan Education

Claims Assistance

Eligibility Issues

Benefit Questions

The Acrisure team can be reached by email at SMTCBenefits@acrisure.com or by phone:

Ivette Guzman
408-350-5788

Araceli Cosio
408-350-8419

Benefits Website

You can view detailed plan descriptions and plan documents on the SMTC benefits website at:

<https://mybenefits.cc/smtc/>

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is a no-cost, confidential service which provides all employees and their household members with free, confidential resources and expertise to help them deal with everything from the demands of everyday life to major life events. For more information visit [UHC EAP](#).

What They Offer

Counselors can help with:

- Stress
- Parenting
- Anxiety
- Depression
- Issues that affect your well-being
- Dealing with illness
- Relationship or family issues
- Helping find childcare
- Elder care issues and resources

Consultation services are provided by experienced master's-level specialists who offer personal assistance and referrals to a network of licensed and certified clinicians for up to three face-to-face counseling sessions, if desired.

COMMUNITY CONNECT

At SMTC, we believe that a strong community is built on the foundation of compassionate individuals. "Community Connect" is a benefit that provides our employees with an additional 8 hours of paid time off (PTO) exclusively dedicated to volunteering in the community. The extraordinary opportunity allows our team members to make a real difference where it matters most, fostering a spirit of compassion, unity, and purpose within our organization. This benefit can be used once a calendar year. The organization to which you are giving your time is at your discretion. A photo must be submitted to your Human Resources Business Partner as proof of your participation.

401(K) PROFIT SHARING PLAN

SMTC 401(K) Profit Sharing Plan can help you reach your future financial goals, and it's easy to get started. When you participate in the plan, SMTC will match 50% up to 6% of your eligible compensation. The sooner you enroll, the sooner you can take advantage of these great benefits:

- Employer contributions
- Tax-advantaged saving through pre-tax contributions and the Roth 401(K) option
- Convenient, automatic payroll deductions
- Investments that make saving easy
- Plan features that simplify planning
- An account you can take with you
- Track your progress using the account resources

Your plan offers another tax-advantaged saving option: a Roth 401(K). With Roth, your contributions are taxed now—instead of when you retire. Your contributions and earnings grow tax-free, which means you pay no taxes when you make a withdrawal if certain conditions are met. Roth 401(K) might be right for you if:

- Your federal income tax rate will be higher when you retire
- You expect to invest for many years and reach a higher tax bracket when you retire

Once you set up your account, it's easy to stay connected and get information. The website provides instant access to your retirement account and the ability to make changes and perform transactions. You will also find tools and calculators to help with your investment planning decisions so you can make the most of your plan benefit:

- Review account balance information
- Research your plan investments and transfer balances
- Change current and future contribution elections

TUITION REIMBURSEMENT

SMTC is dedicated to continuous development of team members and is excited to offer Tuition Reimbursement to all eligible team members.

The Company will reimburse, up to \$5,250.00 per calendar year, a portion of tuition, registration, and/or exam fees for a maximum of two pre-approved classes per term/semester based on the grading schedule below:

- A – 100%
- B – 100%
- C – 50%
- Pass or fail courses will be reimbursed at 100% for classes dispositioned as “pass.”

In order for a course of study to qualify for reimbursement it must be taken at an accredited institution, related to work performed by SMTC, and fall into at least one category below:

- Required for or leading to a college degree;
- Required by the Company in order for the employee to retain current job status; or
- Taken by the employee to maintain or improve skills or abilities that are beneficial to job performance

Executive MBA programs and other non-traditional courses and program are subject to further approval.

Please see Human Resources for further information regarding the Tuition Reimbursement Program.

Important: This summary provides a brief description of SMTC’s benefit plans. Although SMTC intends to continue these plans, the company retains the right to change or discontinue any of the benefits plans described in this summary. More detailed information about the plans is included in the summary plan descriptions (SPDs), plan documents, and policies. In case of discrepancies between this brochure and the SPDs and the plan documents or policies, the SPDs and plan documents or policies will govern. The information in this summary is not intended to create an employment contract between SMTC and an individual.

CONTACTS

| PLAN | CARRIER | CONTACT INFORMATION |
|-------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical | United Healthcare Group #: 0932019 | Ph) 1-877-596-3258 Web) www.myuhc.com |
| Medical | Kaiser Group #: 604381 | Ph) 1-800-464-4000 Web) www.kp.org |
| HRA | Marin Benefits Group # MBISMTC | Ph) 1-415- 526-1401 Web) www.marinbenefits.com |
| Dental | United Healthcare Group #: 0932019 | Ph) 1-877-596-3258 Web) www.myuhc.com |
| Vision | United Healthcare Group #: 0932019 | Ph) 1-877-596-3258 Web) www.myuhc.com |
| Life Insurance | United Healthcare Group #: 0371244 | Ph) 1-877-596-3258 Web) www.myuhc.com |
| Disability Insurance | United Healthcare Group #: 0371244 | Ph) 1-877-596-3258 Web) www.myuhc.com |
| EAP | United Healthcare | Ph) 1-888-887-4114 Web) www.myuhc.com |
| Critical Illness | Allstate | Ph) 800-521-3535 Email) ABCustomerCare@allstate.com Web) www.allstateatwork.com/mybenefits |
| Accident | | |
| 401K | ADP | Ph) 1-866-695-7526 Web) www.mykplan.com |
| 401K (CA, TX and AZ only) | One America | Ph) 1-800-249-6269 Web) www.oneamerica.com |
| Acrisure (Benefits Broker) | Ivette Guzman Araceli Cosio | Ph) 1-408-350-5788 or 1-408-350-8419 Email) SMTCBenefits@acrisure.com |

