



# 2024 US Employee Benefits Guide

## January 1, 2024 - December 31, 2024

### Medical Insurance



All eligible employees<sup>1</sup>, regardless of location, may enroll in one of the Aetna Open Access **Managed Choice POS (OAMC)** Plans (PPO style plans). The Aetna OAMC POS plans provide access to the nationwide network of physicians and facilities and offer freedom of choice to visit providers both inside and outside the Aetna network.

The **Managed Choice POS (Open Access)** network is used for the Aetna OAMC POS and POS-HDHP/HSA plans. You can locate a physician, hospital, or any kind of healthcare practitioner in your area within seconds through Aetna's Find a Doctor Online Directory. Find a Doctor is updated six times a week.

The HSA is available through HealthEquity if you enroll in the Aetna OAMC POS-HDHP/HSA plan and if you meet IRS requirements.

[www.aetna.com](http://www.aetna.com)



Kaiser Permanente is available to all eligible<sup>1</sup> California employees. When enrolled in Kaiser, you receive care from Kaiser Physicians and facilities – all under one roof. A Primary Care Physician (PCP) coordinates your care. You must see your PCP first, and if necessary, be referred to a Kaiser specialist. The HMO plan does NOT cover care rendered outside the Kaiser network, unless it's an emergency. Present your ID card to receive services.

[www.kp.org](http://www.kp.org)

Plan	Group #	Phone #
Kaiser HMO (CA)	#602908	800-464-4000
Aetna OAMC POS / POS-HDHP	#176587	833-691-1361
	Rx BIN#610502	888-792-3862 (Rx)
	PCN#00670000	
HealthEquity HSA	#78943	877-582-4453

Benefits	Aetna								Kaiser (KP)	
	OAMC POS								HMO (CA)	
	POS 500	POS 1500	HDHP /HSA <sup>3</sup> 3200	HDHP /HSA <sup>3</sup> 1600	POS 500	POS 1500	HDHP /HSA <sup>3</sup> 3200	HDHP /HSA <sup>3</sup> 1600	HMO 20 Plus	HMO 20/1500 Basic
	In Network				Out of Network <sup>2</sup>				KP Network	
Individual Deductible (ded)	\$500	\$1,500	\$3,200	\$1,600	\$1,000	\$3,000	\$6,000		None	\$1,500
Individual Family Deductible (ded)				\$3,200 <sup>4</sup>						
Family Deductible (ded)	\$1,000	\$3,000	\$6,000	\$3,200	\$2,000	\$6,000	\$12,000		None	\$3,000
Coinsurance (paid by insurance)	90%	80%	100%	90%	50%	50%	70%	50%	100%	80%
Individual Out of Pocket Max	\$2,500	\$4,500	\$6,000	\$6,000	\$4,000	\$9,000	\$10,000		\$1,500	\$4,000
Family Out of Pocket Max	\$5,000	\$9,000	\$12,000	\$12,000	\$8,000	\$18,000	\$20,000		\$3,000	\$8,000
Maximum Benefits	Unlimited				Unlimited				Unlimited	
Office Visit (PCP/Specialist)	\$15	\$20/\$40	\$30 after ded						\$20	\$20
Adult Preventive Services	\$0								\$0	\$0
Well Baby									\$0	\$0
Lab, X-Ray (Non-complex)	10% no ded	20% no ded			50% after ded	30% after ded	50% after ded		\$0	\$10
Complex Imaging (MRI/CT/PET)	10% no ded	20% no ded							\$0	20% (\$150 max)
Inpatient Hospital	10% after ded	20% after ded							\$250	20% after ded
Outpatient Hospital	10% after ded	20% after ded							\$20	20% after ded
Emergency Room (waived if admitted*)	\$100* +10% no ded <sup>5</sup>	\$100* +20% no ded <sup>5</sup>	\$0 after ded	10% after ded	Same as in-network				\$100*	20% after ded
Ambulance	10% no ded	20% no ded							\$50	\$150
Chiropractic (24/30 visits POS/HSA)	\$15 no ded	\$40 no ded			50% no ded	30% after ded	50% after ded		\$15 (20 visits ASHP)	
Acupuncture (20 visits)		\$20 no ded			\$30 after ded				\$15 (PCP referral required)	
Rx Retail / Mail Order	30 / 90 days (CVS Caremark Mail Service Pharmacy)				30 days (Retail Only)				30 / 100 days	
Generic	\$5/\$5		\$10/\$10 after ded		50%	30%	50%		\$10/\$20	
Brand Name Formulary	\$30/\$60		\$30/\$60 after ded		(\$250 max)	(\$250 max)	(\$250 max)		\$30/\$60	
Brand Name Non-Formulary	\$50/\$100		\$50/\$100 after ded							
Specialty (30 Days)	30% (\$150 max)		30% (\$150 max) after ded		Not Covered				20% (\$250 max)	

<sup>1</sup> Please refer to the "Eligibility Requirements" section (last page) of this brochure for eligibility rules.

<sup>2</sup> Members using Out of Network Providers are responsible for the difference between the covered expense and actual charges (=non-allowed charges), as well as deductible and copay.

<sup>3</sup> Supermicro will fund the employee HSA \$50 semi-monthly (\$1,200 annually). For the 2024 plan year, the combined employee and employer HSA contribution limits are \$4,150 for individual and \$8,300 for family. An additional \$1,000 "catch-up" contribution is allowed for employees/spouse ages 55 or older.

<sup>4</sup> Non-embedded/Aggregate deductible: If you cover any dependents, your deductible is the FULL family deductible regardless of which member of the family incurs expenses.

<sup>5</sup> The deductible is waived for most ER services. For exceptions, please contact Aetna for details.

This Benefits Guide contains a summary (not complete details) of the primary benefit programs available to eligible Supermicro US FT employees. The intent of this Guide is to provide information that will help you make informed and thoughtful enrollment decisions and provide enrollment instructions for New Hire, Qualifying Events (QE), and Open Enrollment events. Supermicro reserves the right to terminate, suspend, withdraw, amend, or modify the benefits described in this Guide, in whole or in part at any time. If there is an actual or apparent conflict between this benefit summary or the Summary Plan Description (SPD) booklet and the official plan documents, the provisions of the official plan document will prevail.

Dental Insurance coverage will be provided by Aetna Dental for all eligible employees and dependents. Dental PPO (DPO benefits allow members to seek services from any Aetna participating provider or non-participating dentist you choose. Please keep in mind that DPO members will get the most benefits by utilizing a DPO provider, followed by a non-Aetna provider. The Aetna DMO offers a plan design with no deductibles and no annual maximum benefit limitation. When you choose DMO, you must seek all dental services from an Aetna DMO provider. Please note you cannot swing between the DPO and DMO plan.

Benefits	Aetna Dental		
	DPO (Dental PPO) <sup>1</sup>		DMO (Dental HMO)
	In Network (Dental PPO/PDN with PPO II & Extend)	Out of Network <sup>2</sup>	In Network (DMO/DNO)
Deductible	\$50 (3x per family)	\$75 (3x per family)	None
Maximum Benefit Per Calendar Year	\$2,300 (per member)	\$1,750 (per member)	Unlimited
Preventative Care (deductible waived)	100%	100%	100%
Basic Care	90% after deductible	80% after deductible	100%
Major Care	60% after deductible	50% after deductible	60%
Orthodontia (Adult & Child)	50% to \$2,000 lifetime maximum per person		50% to 24 months treatment +24 months retention

Group #: 176587

877-238-6200

www.aetna.com

Member ID # = Aetna ID# (W + 9 digits) shown on the ID Card. Aetna Dental members will receive a Dental ID Card. Aetna Medical/Dental members will receive Aetna OneCard that lists both the medical and dental. Digital ID Cards are available online or on a mobile device.



VSP has a network of 23,000 doctors, located in rural and metropolitan areas throughout the nation. The VSP doctor network is so comprehensive that more than 90% of members have access to a VSP network doctor within ten miles of work and home. As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

Benefits	Vision Service Plan (VSP)	
	Choice Network	Out of Network <sup>2</sup>
Office Exam Co-pay (1x every calendar year)	\$25	Plan pays up to \$45
Prescription Glasses Co-Pay	\$15	Refer to OON schedule
Lens Replacement (1x every calendar year)		
Single Vision	\$0	Plan pays up to \$30
Bifocal/Trifocal	\$0	Plan pays up to \$65
Standard Progressive Lens	\$0	Plan pays up to \$50
Frame Replacement (1x every other calendar year)	Plan pays up to \$200 (\$110 Costco/Walmart/Sam's Club)	
Contact Lenses (instead of frame & lens) (1x every calendar year)		
Medically Necessary	100%	Plan pays up to \$210
Elective	Plan pays up to \$130	
Primary Eye Care	\$10	N/A
LightCare (1x every other calendar year)	Plan pays up to \$200 (\$110 Costco) for ready-made non-prescription sunglasses or blue light filtering glasses in lieu of prescription glasses or contacts	

Group #: 12195615

800-877-7195

www.vsp.com

VSP does NOT provide member ID cards. A generic member ID card is available online. To receive services or care, simply give your doctor your personal info. and group #.



Supermicro offers Life, Accidental Death and Dismemberment (AD&D), Voluntary Life, Short-Term and Long-Term Disability insurance for all eligible employees.

Group Term Life (GTL)/AD&D Employer Paid Premium <sup>3</sup>	Short-Term Disability <sup>4</sup> Employer Paid Premium	Long-Term Disability <sup>4</sup> Employer Paid Premium	Voluntary Term Life (VTL)/AD&D Employee Paid Premium
2 x salary \$250,000 Max.	60% of weekly earnings \$2,000 Max./week (7-day elimination period)	60% of monthly earnings \$8,000 Max./month (90-day elimination period)	Employee: \$10,000-\$500,000 (GI: \$250,000 <sup>5</sup> ) Spouse: \$5,000-\$250,000 ≤ EE's coverage (GI: \$50,000 <sup>5</sup> ) Child: \$10,000 (GI: \$10,000)

Group #: 275233

800-552-2137

www.anthem.com

<sup>1</sup> Texas employees: Please refer to the Texas Aetna dental summary for out of network benefit schedule.

<sup>2</sup> Members using Out of Network Providers are responsible for the difference between the covered expense and actual charges (=non-allowed charges), as well as deductible and copay.

<sup>3</sup> The premium cost in excess of \$50k paid by Supermicro is considered by IRS to be a benefit that is taxable as income, also known as "imputed income", and must be reported on the employee's W-2 form for both federal & state (excluding PA) tax purposes.

<sup>4</sup> Benefit integrates with any applicable State Disability Insurance (SDI): CA, HI, NJ, NY, and RI

<sup>5</sup> For new hires, Health Statement/Evidence of Insurability (Eol) is required if the elected coverage is over Guaranteed Issue (GI) amount. For existing employees, any additional elected amounts will be subject to the Eol. GI might be granted for certain Qualifying Events (QE). VTL/AD&D benefits reduce to 65% at age 65, to 50% at age 70, and end at retirement.



## Flexible Spending Plan (FSA)



Employee contributions are automatically paid with pre-tax dollars. Elections for these plans are made once a year and, once the election is made, it is irrevocable unless a mid-year qualifying event occurs.

- **Health Care Flexible Spending Account (HCFSA):** Participants can elect to put aside up to \$3,200 (\$240 minimum) per year for out-of-pocket health care expenses (co-pays, prescriptions, doctor visits, vision care, dental costs, etc.) for you and your eligible dependents, even if they are not covered under your health plan(s).
- **Limited HCFSA (LHCFSA)** (available to HSA participants only): If you have a Health Savings Account (HSA) and want to participate in the HCFSA, you must sign up for the "Limited HCFSA" plan. The Limited HCFSA is limited to non-medical qualified expenses, such as dental and vision expenses. Participants can elect to put aside up to \$3,200 (\$240 minimum) per year.
- **Dependent Care Flexible Spending Account (DCFSA):** Participants may put aside up to \$5,000 (\$240 minimum) per year (**\$2,500 if you are married and filing a separate return**) for eligible dependent care expenses such as child care services for dependents under age 13 or for the care of a spouse or a dependent of any age who is physically or mentally incapable of self-care. To be eligible, if married, your spouse must be employed, is a Full-Time student, is looking for work, or is mentally or physically disabled.

**Grace Period - Use-it-or-Lose-it:** Normally there is a grace period for 2-1/2 months into the next plan year to incur expenses for funds remaining in your account. Any unused funds at the end of the plan year grace period are forfeited.

**Online Access** (First Time User Registration required): Check your FSA account balance, review claim and deposit history, find forms & plan documents, and file claims for reimbursement online at [www.chard-snyder.com](http://www.chard-snyder.com).

**Debit Card:** A Debit Card is available to provide immediate access to your available FSA funds to pay for a majority of the qualified expenses. Documents might be required for certain expenses.

Employer ID: H05172

800-982-7715

[www.chard-snyder.com](http://www.chard-snyder.com)

For Online Access, the Employee ID is the same as Supermicro Employee ID number (4 digits).



## Commuter Reimbursement Account (CRA)



This benefit allows you to use pre-tax dollars to pay for your qualified, work related transportation and parking expenses. Participants can contribute up to \$315 per month for qualified transit and parking expenses. Transit claims must be paid for with the provided debit card, as no manual claims are accepted. Any monthly expenses above these limits cannot be exempt from taxes and cannot be applied to future months. Transit and parking elections can be changed throughout the year.

Employer ID: H05172

800-982-7715

[www.chard-snyder.com](http://www.chard-snyder.com)

For Online Access, the Employee ID is the same as Supermicro Employee ID number (4 digits).



## Health Savings Account (HSA)

HealthEquity

By enrolling in the Aetna PPO-HDHP/HSA plan, you are qualified to contribute tax-free\* money into an HSA if you have no other health coverage or are covered under another HSA Eligible HDHP plan and must meet certain IRS requirements. Supermicro will fund the employee HSA \$50 semi-monthly (\$1,200 annually). For the 2024 plan year, the combined employee and employer HSA contribution limits are \$4,150 for individual and \$8,300 for family. An additional \$1,000 "catch-up" contribution is allowed for employees/spouse ages 55 or older. HSA deposits earn tax-free interest and carry over even if the employee leaves the company or retires. Once your account meets the \$1,000 threshold, you can invest in mutual funds to maximize your HSA earning potential. Elections can be changed throughout the year. The payroll-deducted contributions to the HSA are taken in uniform amounts each pay period.

Health Equity HSA Calculator: <https://healthequity.com/calculator/hsa-contribution>

\*CA and NJ do not allow state HSA tax deductions. Please consult a tax advisor regarding your state's specific rules.

HealthEquity ID #: 78943

877-582-4453

[www.healthequity.com](http://www.healthequity.com)

HSA participants will receive a Health Equity member welcome kit including an HSA debit card.



## Retirement Savings Plan - 401(k)



Eligible employees may enroll in Supermicro's 401(k) Plans – Traditional (pre-tax) or Roth (post-tax) on Fidelity's website or by phone at any time. In 2024, the combined annual IRS limit for both Traditional and Roth is \$23,000 (1% to 60% of eligible pretax pay); for employees 50 years or older, the annual limit is \$30,500 (max. 100% depending on the tax obligations). Any employees who hired on or after **March 1st, 2024** will be automatically enrolled at 3% Traditional (pre-tax), and will have 35 days to opt out or change the deferral election.

Group #: 81358

800-835-5097

[www.401k.com](http://www.401k.com)



# Employee Assistance Program (EAP)



Supermicro offers an Employee Assistance Program for all employees and the eligible family members for Work-Life Needs.

- Confidential counseling, referral services, information, and resources for life management concerns.
- Up to 3 face-to-face counselor visits for each issue or concern at no cost.
- Issues commonly addressed include: emotional and mental health well-being, relationships, environmental, family, financial, successful communication, and substance abuse.
- Behavioral experts are available 24 hours a day, seven days a week.

Program Name: ResourceAdvisor

888-209-7840

[www.resourceadvisorca.anthem.com](http://www.resourceadvisorca.anthem.com)



# Travel Assistance Program



Travel Assistance services cover employees and their eligible family members when traveling more than 100 miles from home for business or leisure. Just a sampling of the services includes: Lost Luggage Assistance, Emergency Medical & Transportation, and Lost Document Assistance.

866-295-4890 (US&CAN) / Intl. Collect: 202-296-7482 (Other Locations)

[www.anthem.com/ca](http://www.anthem.com/ca)

## Eligibility Requirement

All regular employees, regularly scheduled to work at least 30 hours per week, as defined in the employee handbook, and their qualified dependents are eligible for Supermicro's employee health benefits program. Eligibility for benefits begin on your date of hire. Qualified dependents include your legal spouse, domestic partner\*\*, dependent children up to their 26th birthdate, and/or any dependent child who is incapable of self-support due to a mental or physical disability. For any employee who is a spouse/domestic partner or a child of another Supermicro employee, the plan does not allow dual coverage for dependents. Employees must provide dependent verification for each enrolled dependent upon request during the initial enrollment process or for a qualifying life event. To ensure the accuracy of our health plan eligibility, Supermicro will conduct a dependent audit periodically.

Open Enrollment for all health benefits will be conducted in October/November for a January 1 effective date. Open enrollment allows the opportunity to enroll in health plans not previously elected, change medical plans, and/or add or remove dependents from current health plans as needed. The only time during the year other than open enrollment that you can make any changes to your health plan elections is if you experience a "Qualifying Life Event". These events include, but are not limited to: marriage, birth, adoption, divorce, court order, new eligibility for a spouse's plan, or a gain or loss of eligibility for coverage.

All benefits elections including an election to waive coverage must be submitted within 30 days of the qualifying event date through the Benefits Portal.

## Paid Time Off Benefit

- 12 paid holidays each year
- 10 paid vacation days / 5 paid sick days each year

## SEMI-MONTHLY PAYROLL DEDUCTION (January 1, 2024 - December 31, 2024)

The applicable payroll deduction is pro-rated based on the benefits effective/termination date.

Coverage	Medical						Dental		Vision	Other Plans		
	Aetna				Kaiser		Aetna		VSP	Chard Snyder /Health Equity	Anthem Blue Cross	
Enrollment	POS 500	POS 1500	POS-HDHP /HSA <sup>3</sup> 3200	POS-HDHP /HSA <sup>3</sup> 1600	HMO 20 Plus	HMO 20/1500 Basic	DMO	DPO	PPO	FSA/CRA /HSA <sup>3</sup>	VTL	GTL/AD&D/STD/LTD EAP/Travel Assistance
	All Employees				California		California			All Employees		
Employee	\$13.87	\$0.00	\$0.00	\$0.00	\$13.77	\$0.00	\$0.00	\$0.00	\$0.00			100% Paid by Supermicro
Employee + Spouse	\$163.89	\$126.81	\$44.97	\$47.42	\$162.52	\$126.84	\$2.58	\$12.32	\$1.02			
Employee + Child(ren)	\$113.90	\$84.57	\$29.62	\$31.63	\$112.94	\$84.56	\$2.97	\$14.07	\$1.19			N/A
Employee + Family	\$276.31	\$221.83	\$78.68	\$82.10	\$274.08	\$221.96	\$6.25	\$28.41	\$2.05			
Waiver Credit*			(\$75.00)				(\$15.00)			N/A		N/A

\* If you do not enroll in medical and/or dental within your election period, you will be deemed to have waived coverage. The medical and/or dental waiver credit amounts are taxable and subject to HR's validation of the proof of other coverage.

\*\* NOTE: The value of the coverage provided to the Domestic Partner and/or their children will be treated as imputed income (taxable income) to the employee.

<sup>3</sup> Reference page 1 for HSA<sup>3</sup> details.

**IMPORTANT:** All official documents relating to the Supermicro 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 (including Required Notices under the Affordable Care Act), are available electronically through the Supermicro benefits website. You may also receive a paper copy of any of the documents by contacting HR.



Supermicro Employee Benefits Service Team

Hotline: 408-350-5788 / 408-350-8419 / 408-350-5720

[supermicrobenefits@filice.com](mailto:supermicrobenefits@filice.com)

Mon. - Fri. 8am to 5pm Pacific Time

Visit your benefits website for further explanation of benefits at:

[mybenefits.cc/supermicro](http://mybenefits.cc/supermicro)



Language Assistance / Translation Available Upon Request  
Your Insurance Broker • License #0802260

### Online Benefits Portal - New Hire / Life Event / Open Enrollment

Registration Required - Check the email sent to your supermicro email account for instructions and your personal Registration Code.

ADP WorkforceNow (WFN) <https://workforcenow.adp.com> (24/7)

First Time User

Click New user? **Create Account**

Select **I have a registration code**

Enter **Registration Code** to continue

User ID

Create your own User ID

Password

Set up a strong password

**Login/Payroll Support**

[Payroll\\_US@supermicro.com](mailto:Payroll_US@supermicro.com)

**Supermicro HR Portal**

<https://portal.supermicro.com/HR> (Intranet Only)

**HR/Benefits Helpdesk**

408-953-8868 | [benefits@supermicro.com](mailto:benefits@supermicro.com)

# Voluntary Benefits

Voluntary Benefits fill gaps in insurance with special rates and options. Eligible employees can enroll with the carriers and pay directly and/or through the payroll deductions whether covered for other benefits through Supermicro or somewhere else.



## Accident Insurance Plan



Accidents can strike at any time and can be costly. If you suffer a covered off-the-job injury, Accident insurance from Allstate Benefits can help offset unexpected expenses not covered by your medical insurance. We pay cash benefits directly to you to be used however you choose. And, because Accident insurance is supplemental, it pays in addition to other coverage you may already have in place.



## Critical Illness Plan



Facing a serious illness can be life-changing and costly. It can also mean time without a paycheck and unexpected expenses not covered by your health insurance. Critical Illness insurance from Allstate Benefits can help close the gaps in your major medical coverage while paying you cash to use however you choose if you are diagnosed with a covered illness. And, because Critical Illness insurance is supplemental, it pays in addition to other coverage you may already have in place.



## Hospital Indemnity Plan



Hospital Indemnity Insurance pays a cash benefit directly to you for hospital confinements, including First Day Hospital Confinement, Daily Hospital Confinement, and Hospital Intensive Care. There are no restrictions as to how the cash payout is spent.

Group No. #66808/#PK014

888-282-2550  
855-327-9299 (WPS Benefits Service)

[allstatevoluntary.com/supermicro](http://allstatevoluntary.com/supermicro)  
(Enrollment Site: [workforcenow.adp.com](http://workforcenow.adp.com))



## Group Whole Life



Life Insurance is for the living. Whole Life insurance from Allstate Benefits gives you straightforward and permanent coverage with a cash benefit to help protect your family's financial future. You decide who to cover and how much coverage is needed. Rates are guaranteed for the life of the policy, and you can build cash value over time with the option to borrow against it, if necessary.

Group No. #66808/#PK014

888-282-2550  
855-327-9299 (WPS Benefits Service)

[allstatevoluntary.com/supermicro](http://allstatevoluntary.com/supermicro)  
(Enrollment Site: [wpsenroll.com](http://wpsenroll.com))



## Legal Service Plan



With a LegalShield pre-paid legal plan, you and your family gain access to a team of provider lawyers whenever you need them, for an unlimited number of legal matters. Services like consultation with a lawyer, document review, drafting of debt collection letters and defense at civil trials are included as standard benefits.



## Identity Theft Protection Plan



Protect your security with identity and credit monitoring. IDShield provides tools to monitor your online presence and alert you of any unusual activity so you can take action the moment it happens. They will also work for as long as it takes to restore your identity to its pre-theft status.

800-654-7757 | 408-509-5315 (Enrollment Service)

[accounts.legalshield.com](http://accounts.legalshield.com) (Enrollment: [wpsenroll.com](http://wpsenroll.com))



## Pet Insurance



More than ever, pets play such a huge role in our lives. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with Pet Insurance.

MetLife Group No. #245942

855-270-7387

[mypets.metlife.com/Account/Login](http://mypets.metlife.com/Account/Login) (Enrollment: [metlife.com/getpetquote](http://metlife.com/getpetquote))

Nationwide Group No. #N14261

888-899-4874

[www.petinsurance.com](http://www.petinsurance.com) (Enrollment: [benefits.petinsurance.com/supermicro](http://benefits.petinsurance.com/supermicro))



## Long Term Care



Your Individual policy can be tailored to meet your needs and fit your budget. The enrollment process consists of taking the application, a phone interview and Mutual of Omaha will obtain medical records. Call: 925-626-7334/925-998-1764 cell.