



2025

Employee Benefits Guide

January 1, 2025 - December 31, 2025

Welcome to Supermicro! This guide provides an overview of coverage choices and enrollment information so you can select the best benefits package for you and your family.

Medical Insurance



All eligible employees, regardless of location, may enroll in one of the Anthem Blue Cross PPO Plans. PPO plans provide access to a nationwide network of physicians and facilities and offer freedom of choice to visit providers both inside and outside of the Anthem Blue Cross network.

When searching for PPO Providers in California, select the **Blue Cross PPO (Prudent Buyer) - Large Group Network**

When searching for PPO Providers Outside of California, select the **National PPO (BlueCard PPO Basic) Network**

The Health Savings Account is available through Fidelity if you enroll in the Anthem Blue Cross HSA 3300 plan and if you meet IRS requirements.

This is a comparison of Anthem Blue Cross In-Network benefits only. Please refer to plan summaries for out-of-network¹ benefits

In-Network Benefits	Anthem Blue Cross		
	PPO		HSA ²
	PPO 500	PPO 1500	HSA 3300
Individual Deductible (ded)	\$500	\$1,500	\$3,300
Family Deductible	\$1,000	\$3,000	\$6,000
Coinsurance (paid by insurance)	90%	80%	100%
Individual Out of Pocket Maximum	\$2,500	\$4,500	\$6,000
Family Out of Pocket Maximum	\$5,000	\$9,000	\$12,000
Office Visit (PCP/Specialist)	\$15 / \$15 (ded. does not apply)	\$20 / \$40 (ded. does not apply)	\$30/\$30 after ded.
Preventive Services	No Copay	No Copay	No Copay
Diagnostic Lab, X-Ray (Non-complex) Freestanding Facility	10% (ded. does not apply)	20% (ded. does not apply)	No Copay after ded.
Complex Radiology (CT, MRI, PET) Freestanding Facility	10% (ded. does not apply)	20% (ded. does not apply)	No Copay after ded.
Inpatient Hospital	10% after ded.	20% after ded.	No Copay after ded.
Outpatient Hospital	10% after ded.	20% after ded.	No Copay after ded.
Emergency (copay waived if admitted)	\$100+10% (ded. does not apply)	\$100+20% (ded. does not apply)	No Copay after ded.
Ambulance (emergency)	10% (ded. does not apply)	20% (ded. does not apply)	No Copay after ded.
Urgent Care	\$20 (ded. does not apply)	\$20 (ded. does not apply)	\$30 after ded.
Chiropractic (24/30 visits PPO/HSA)	\$15 (ded. does not apply)	\$40 (ded. does not apply)	No Copay after ded.
Acupuncture (20 visits)	\$15 (ded. does not apply)	\$20 (ded. does not apply)	No Copay after ded.
Rx Retail / Mail Order	30 / 90 days (Mail Service Pharmacy)		
Generic Rx	\$5 / \$5	\$5 / \$5	\$10/\$10 after ded.
Brand Name Formulary Rx	\$30 / \$60	\$30 / \$60	\$30/\$60 after ded.
Brand Name Non-Formulary Rx	\$50 / \$100	\$50 / \$100	\$50/\$100 after ded.
Specialty Rx	30% up to \$150 (30-day supply)	30% up to \$150 (30-day supply)	30% up to \$150 (30-day supply)
Group Number: L12046 Rx BIN: 020099 PCN: WLHA	PPO HSA: 866-207-9878 PPO: 800-888-8288	www.anthem.com	

¹Members using Out of Network Providers are responsible for the difference between the covered expense and actual charges (=non-allowed charges), as well as any deductible and copay.

²Supermicro will fund the employee HSA \$50 semi-monthly (\$1,200 annually). For the 2025 plan year, the combined employee and employer HSA contribution limits are \$4,300 for individual and \$8,550 for family. There is an additional \$1,000 "catch-up" contribution allowed for employees/spouse ages 55 or older.



Medical Insurance

Kaiser Permanente is available to all eligible 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.

Kaiser HMO plans do NOT cover out-of-network services unless it's an emergency. Available to CA employees only.

Benefits	Kaiser	
	HMO 20	HMO 20/1500 Ded
Individual Deductible (ded)	None	\$1,500
Family Deductible	None	\$3,000
Coinsurance (paid by insurance)	100%	80%
Individual Out of Pocket Maximum	\$1,500	\$4,000
Family Out of Pocket Maximum	\$3,000	\$8,000
Office Visit (PCP/Specialist)	\$20 / \$20	\$20 / \$20 (ded. does not apply)
Preventive Services	No Copay	No Copay
Diagnostic Lab, X-Ray (Non-complex)	No Copay	\$10 (ded. does not apply)
Complex Radiology (CT, MRI, PET)	No Copay	20% up to \$150 (ded. does not apply)
Inpatient Hospital	\$250 Copay	20% after ded.
Outpatient Hospital	\$20 Copay	20% after ded.
Emergency (waived if admitted)	\$100 Copay	20% after ded.
Ambulance (emergency)	\$50 Copay	\$150 (ded. does not apply)
Urgent Care	\$20 Copay	\$20 (ded. does not apply)
Chiropractic (20 visits ASHP)	\$15 Copay	\$15 Copay
Acupuncture (PCP referral required)	\$15 Copay	\$15 Copay
Rx Retail / Mail Order	30 / 100 days	
Generic Rx	\$10 / \$20	\$10 / \$20
Brand Name Formulary Rx	\$30 / \$60	\$30 / \$60
Specialty Rx	20% up to \$250 (30-day supply)	20% up to \$250 (30-day supply)
Group Number: 602908	800-464-4000	www.kp.org

This Benefits Guide contains a summary (not complete details) of the primary benefit programs available to eligible Supermicro US Full-Time 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



Dental Insurance coverage will be provided by Guardian Dental for all eligible employees and dependents. Dental PPO (DPO) benefits allow members to seek services from any Guardian participating provider or non-participating dentist you choose. Please keep in mind that DPO members will get the most benefits by utilizing network providers. When searching for a provider, select the *DentalGuard Preferred* network.

The Guardian 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 a Guardian DMO provider. There may be limited providers close to your address. When searching for a in network provider, select the *Managed Dental Care* network.

Please note you cannot change between the DPO and DMO plan during a plan year.

Benefits	Guardian Dental		
	DPO (Dental PPO) ¹		DMO
	In-Network Dental PPO	Out-of-Network ²	In-Network
Deductible	\$50 Individual / \$150 Family	\$75 Individual / \$225 Family	No Deductible
Maximum Benefit Per Calendar Year	\$2,300 (per member)	\$1,750 (per member)	No Annual Maximum
Preventive Care (deductible waived)	100%	100%	100%
Basic Care	90% after ded.	80% after ded.	See Procedure Cost Schedule
Major Care / Implants	60% after ded.	50% after ded.	See Procedure Cost Schedule
Orthodontia (Adult & Child)	50% to \$2,000 lifetime maximum per person		You pay \$1,500 - \$2,800

Group #: 00071360 | 888-600-1600 | www.guardiananytime.com | Guardian Dental members will receive a Dental ID Card

¹ Texas employees: Please refer to the Texas Guardian dental summary for out-of-network benefit schedule.
² 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.
 Please note: Preventive costs are NOT included in the annual maximum. Rollover feature is available.

Vision Insurance



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.

VSP Choice Network	In-Network	Out-of-Network
Office Exam Copay (1x every calendar year)	\$25	Plan pays up to \$45
Prescription Glasses Copay	\$15	Refer to OON schedule
Lens Replacement (1x every calendar year)		
Single Vision	Plan pays 100%	Plan pays up to \$30
Bifocal/Trifocal	Plan pays 100%	Plan pays up to \$65
Standard Progressive Lens	Plan pays 100%	Plan pays up to \$50
Frame Replacement (1x every other calendar year)	Plan pays up to \$200 (\$110 Costco/Walmart/Sam's Club)	Plan pays up to \$70
Contact Lenses (instead of frame & lens allowance - 1x every calendar year)		
Medically Necessary	Plan pays 100%	Plan pays up to \$210
Elective	Plan pays up to \$130	Plan pays up to \$105
Lightcare (instead of glasses or contacts - 1x every other calendar year)	Plan pays up to \$200 (\$110 Costco) for ready made non-prescription sunglasses or blue light filtering glasses	Plan pays up to \$70

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 #.



Life and Disability Insurance

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 ¹	Short Term Disability ² Employer Paid Premium	Long Term Disability ² Employer Paid Premium	Voluntary Term Life (VTL)/AD&D Employee Paid Premium
2 x salary \$500,000 Max. Age reduction: reduce benefits: At age 65, reduce to 65%; 70 reduce to 50%	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 ³) Spouse: \$5,000 - \$250,000 Max. EE's coverage (GI: \$50,000 ³) Child: \$10,000 (GI: \$10,000)
Group #: 173093	888-937-4783	www.standard.com	

¹ 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.

² Benefit integrates with any applicable State Disability Insurance (SDI): CA, HI, NJ, NY and RI

³ For new hires, Health Statement/Evidence of Insurability (EOI) is required if the elected coverage is over the Guarantee Issue (GI) amount. For existing employees, any additional elected amounts will be subject to the EOI. 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 \$3,300 (\$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 \$3,300 (\$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): Check your FSA account balance, review claims and deposit history, find forms & plan documents, and file claims for reimbursement online at 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



Commuter Reimbursement Account (CRA)

This is a benefit that allows you to use pre-tax dollars to pay for your qualified, work related, transportation and parking expenses. Participants can contribute up to \$325 per month for qualified transit expenses 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

Health Savings Account (HSA)



By enrolling in one of the Anthem HSA 3300 plans, 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. Supermicro will fund the employee HSA \$50 semi-monthly (\$1,200 annually). For the 2025 plan year, the combined employee and employer HSA contribution limits are \$4,300 for individual and \$8,550 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.

Fidelity HSA Calculator: <https://fidelity-hsacalculator.ssncloud/>

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

Plan Number #: 2363K

800-544-3716

www.netbenefits.com

HSA Participants will receive a Fidelity member welcome kit including an HSA debit card.

Retirement Savings / 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 2025, the combined annual IRS limit for both Traditional and Roth is \$23,500 (1% to 60% of eligible pretax pay); for employees 50 years or older, the annual limit is \$31,000 (max. 100% depending on the tax obligations). All new hires 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



Employee Assistance Program (EAP)

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

- Confidential counseling and referral service.
- Up to 3 face-to-face counseling sessions at no cost for mental health related issues.
- Issues commonly addressed include: emotional and mental well-being, relationships, environmental, family, financial, successful communication and substance abuse.
- Behavioral experts are available 24 hours a day, seven days a week.

Employer ID: Supermicro

888-293-6948

www.healthadvocate.com/standard3

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.

Reference number: 01-AA-STD-5201

800-872-1414 (U.S.) / 609-986-1234 (Outside U.S.)

www.standard.com/travel

Eligibility Requirements

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.

Eligible Dependents

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 and Benefit Election Changes

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 benefit 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

Semi-Monthly Payroll Deductions (January 1, 2025 - December 31, 2025)

The applicable payroll deduction is prorated based on the benefits effective date.

Coverage	Medical					Dental		Vision	Other Plans		
Carrier	Anthem			Kaiser		Guardian		VSP	Chard Snyder/ Fidelity	Anthem Blue Cross	
Plan	PPO 500	PPO 1500	HDHP/ HSA** 3300	HMO 20 Plus	HMO 20/1500	DMO (CA)	PPO	PPO	FSA/ CRA/ HSA	VTL	GTL/ AD&D/ STD/LTD/EAP/ Travel Assistance
Employee Only	\$27.50	\$0	\$0	\$27.50	\$0	\$0	\$0	\$0	100 % Paid by Employee		100% Paid by Supermicro
Employee + Spouse	\$206.91	\$144.33	\$51.18	\$206.91	\$144.33	\$1.94	\$14.36	\$1.02			N/A
Employee + Child(ren)	\$147.11	\$96.22	\$34.12	\$147.11	\$96.22	\$2.23	\$16.40	\$1.19			
Employee + Family	\$341.47	\$252.57	\$89.56	\$341.47	\$252.57	\$4.69	\$33.12	\$2.05			
Medical Waiver Credit*	\$75					\$15		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.

**Reference page 6 for HSA details

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

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/ID/Password Registration Code Support:	michaell@supermicro.com
Payroll Support:	Payroll_us@supermicro.com
Supermicro HR portal:	https://portal.supermicro.com/sites/HumanResources/SitePages/Home.aspx
HR/Benefits Helpdesk:	408-953-8868 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. Please find more details at HR benefits Portal: <https://portal.supermicro.com/sites/HumanResources/Pages/Voluntary-Benefits.aspx>

- **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 expenses not covered by your medical insurance. Allstate pays 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 Insurance:** 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 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.
- **Legal Service Plan:** With 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, and defense at civil trials are included as standard benefits.
- **Identity Theft Protection:** 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.
- **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 pet expenses for covered accidents or illness with Pet Insurance.
- **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.

Health and Wellbeing / Discounts:

Supermicro strives to create a healthy campus community and work environment and improve employees' health & wellbeing. We offer wellness, nicotine cessation incentive, discounts, and mental health resources. Please visit Supermicro HR portal for more information and resources.

Supermicro Employee Benefits Service Team

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

supermicrobenefits@acrisure.com

Monday - Friday 8am to 5pm Pacific Time

Visit your benefits website for further explanation of benefits at: mybenefits.cc/supermicro

