



# Benefit Enrollment Guide

## 2026



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## A Message from HR at Sunstone Circuits, LLC

At Sunstone Circuits, LLC we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Sincerely,

Human Resources



# Eligibility

## Eligible Employees:

You may enroll in the Sunstone Circuits, LLC Employee Benefits Program if you are a Full-Time employee working at least **30** Hours per Week.

## Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner and children up to age 26

## When Coverage Begins:

The effective date for your benefits is January 1, 2026. Newly hired employees and dependents will be effective in Sunstone Circuits, LLC's benefits programs first of the month following **30** days. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

## Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.



# Medical Insurance

## HMO Medical Benefits

Sunstone Circuits, LLC will offer medical coverage through Kaiser. You have the choice between two Kaiser In-Network Only HMO plans and two Kaiser PPO plans (see following page). The charts below are a brief outline of what is offered. Please refer to the summary plan description for complete plan details.

|  | Kaiser HDHP HMO   | Kaiser Deductible HMO                      |
|--|---|--|
|  | In-Network Benefits Only  | In-Network Benefits Only                   |
| <b>Annual Deductible</b>                   |   |  |
| Individual                                 | \$3,400   | \$1,000                                    |
| Family                                     | \$6,800   | \$3,000                                    |
| <b>Maximum Out-of-Pocket</b>               |   |  |
| Individual                                 | \$6,000   | \$3,000                                    |
| Family                                     | \$9,000   | \$9,000                                    |
| <b>Physician Office Visit</b>              |   |  |
| Primary Care                               | First 3 OV: \$5 copay, after ded.<br>4+ OV: 10%, after deductible | First 3 OV: \$5 copay<br>4+ OV: \$20 copay |
| Specialty Care                             | 10% after deductible  | \$20 copay                                 |
| Virtual                                    | Covered in full, after deductible                                 | Covered in full                            |
| <b>Preventive Care</b>                     |   |  |
| Adult Periodic Exams                       | Covered in full, deductible waived                                | Covered in full, deductible waived         |
| Well-Child Care                            | Covered in full, deductible waived                                | Covered in full, deductible waived         |
| <b>Diagnostic Services</b>                 |   |  |
| Lab Tests                                  | 10% after deductible  | 20% after deductible                       |
| X-ray                                      | 10% after deductible  | 20% after deductible                       |
| Complex Radiology                          | 10% after deductible  | 20% after deductible                       |
| Urgent Care Facility                       | 10% after deductible  | \$20 copay                                 |
| Emergency Room                             | 10% after deductible  | \$250 copay, after deductible              |
| Inpatient Facility Charges                 | 10% after deductible  | 20% after deductible                       |
| Outpatient Facility and Surgical Charges   | 10% after deductible  | 20% after deductible                       |
| <b>Mental Health</b>                       |   |  |
| Inpatient                                  | 10% after deductible  | 20%, after deductible                      |
| Outpatient                                 | First 3 OV: \$5 copay, after ded.<br>4+ OV: 10%, after deductible | First 3 OV: \$5 copay<br>4+ OV: \$20 copay |
| <b>Alternative Care</b>                    |   |  |
| Chiropractic - 20 visits per year          | \$25 copay, after deductible                                      | \$25 copay                                 |
| Acupuncture - 12 visits per year           | \$25 copay, after deductible                                      | \$25 copay                                 |
| Massage - 12 visits per year               | \$25 copay, after deductible                                      | \$25 copay                                 |
| <b>Vision Benefits</b>                     |   |  |
| Eye Exam                                   | 10%, after deductible   | \$20 copay                                 |
| Vision Hardware                            | Not Covered   | Not Covered                                |
| <b>Retail Pharmacy (30 Day Supply)</b>     |   |  |
| Generic                                    | \$15 copay, after deductible                                      | \$15 copay                                 |
| Preferred Brand                            | \$30 copay, after deductible                                      | \$30 copay                                 |
| Non-Preferred Brand                        | \$50 copay, after deductible                                      | \$50 copay                                 |
| Specialty                                  | \$250 copay, after deductible                                     | \$250 copay                                |
| <b>Mail Order Pharmacy (90 Day Supply)</b> |   |  |
| Generic                                    | \$30 copay, after deductible                                      | \$30 copay                                 |
| Preferred Brand                            | \$60 copay, after deductible                                      | \$60 copay                                 |
| Non-Preferred Brand                        | \$100 copay, after deductible                                     | \$100 copay                                |

## PPO Medical Benefits

Sunstone Circuits offers you the choice between two PPO plans with Kaiser. In-Network Providers are part of the Kaiser Network or other in-network provider (First Choice in Oregon).

|  | Kaiser HDHP PPO   |                         | Kaiser PPO   |                         |
|--|---|-------------------------|--|-------------------------|
|  | In-Network Benefits (Kaiser/FirstChoice) <sup>1</sup>             | Out-of-Network Benefits | In-Network Benefits (Kaiser/First Choice) <sup>1</sup> | Out-of-Network Benefits |
| <b>Annual Deductible</b>                           |   |                         |  |                         |
| Individual   | \$3,400   | \$5,000                 | \$1,000  | \$3,000                 |
| Family   | \$6,800   | \$15,000                | \$3,000  | \$9,000                 |
| <b>Maximum Out-of-Pocket</b>                       |   |                         |  |                         |
| Individual   | \$6,000   | \$15,000                | \$4,000  | \$9,000                 |
| Family   | \$9,000   | \$30,000                | \$12,000   | \$27,000                |
| <b>Physician Office Visit</b>                      |   |                         |  |                         |
| Primary Care                                       | First 3 OV: \$5 copay, after ded.<br>4+ OV: 10% / 20%, after ded. | 30% after deductible    | First 3 OV: \$5 copay<br>4+ OV: \$20/\$40 copay        | 40% after deductible    |
| Specialty Care                                     | 10% / 20% after deductible  | 30% after deductible    | \$20/\$40 copay  | 40% after deductible    |
| Virtual  | Covered in full   | 30% after deductible    | Covered in full  | 40% after deductible    |
| <b>Preventive Care</b>                             |   |                         |  |                         |
| Adult Periodic Exams                               | Covered in full   | 30% after deductible    | Covered in full  | 40% after deductible    |
| Well-Child Care                                    | Covered in full   | 30% after deductible    | Covered in full  | 40% after deductible    |
| <b>Diagnostic Services</b>                         |   |                         |  |                         |
| Lab Tests  | 10% after deductible  | 30% after deductible    | 20% after deductible                                   | 40% after deductible    |
| X-ray  | 10% after deductible  | 30% after deductible    | 20% after deductible                                   | 40% after deductible    |
| Complex Radiology                                  | 10% after deductible  | 30% after deductible    | 20% after deductible                                   | 40% after deductible    |
| Urgent Care Facility                               | 10% / 20% after deductible  | 30% after deductible    | \$20/\$40 copay  | 40% after deductible    |
| Emergency Room                                     | 10% after deductible  | 30% after deductible    | \$250 copay, after deductible                          |                         |
| Inpatient Facility Charges                         | 10% after deductible  | 30% after deductible    | 20% after deductible                                   | 40% after deductible    |
| Outpatient Facility and Surgical Charges           | 10% after deductible  | 30% after deductible    | 20% after deductible                                   | 40% after deductible    |
| <b>Mental Health and Substance Abuse Treatment</b> |   |                         |  |                         |
| Inpatient  | 10% after deductible  | 30% after deductible    | 20% after deductible                                   | 40% after deductible    |
| Outpatient   | First 3 OV: \$5 copay, after ded.<br>4+ OV: 10% / 20%, after ded. | 30% after deductible    | First 3 OV: \$5 copay<br>4+ OV: \$20/\$40 copay        | 40% after deductible    |

|  | Kaiser HDHP PPO  |                              | Kaiser PPO   |                            |
|--|--|------------------------------|--|----------------------------|
|  | In-Network Benefits<br>(Kaiser/FirstChoice) <sup>1</sup> | Out-of-Network<br>Benefits   | In-Network Benefits<br>(Kaiser/FirstChoice) <sup>1</sup> | Out-of-Network<br>Benefits |
| <b>Alternative Care</b>                        |  |                              |  |                            |
| Chiropractic<br>20 visits per year             | \$25 copay, after deductible                             | 40% after deductible         | \$25 copay   | 40% after deductible       |
| Acupuncture<br>12 visits per year              | \$25 copay, after deductible                             | 40% after deductible         | \$25 copay   | 40% after deductible       |
| Massage<br>12 visits per year                  | \$25 copay, after deductible                             | 40% after deductible         | \$25 copay   | 40% after deductible       |
| <b>Vision</b>                                  |  |                              |  |                            |
| Eye Exam                                       | 20% after deductible                                     | 30% after deductible         | Children \$20 copay<br>Adults (18+) \$20/\$40 copay      | 40% after deductible       |
| Vision Hardware                                | Not Covered  | Not Covered                  | Not Covered  | Not Covered                |
| <b>Retail Pharmacy<br/>(30 Day Supply)</b>     | <b>Kaiser</b>  | <b>MedImpact</b>             | <b>Kaiser</b>  | <b>MedImpact</b>           |
| Generic  | \$15 copay, after deductible                             | \$25 copay, after deductible | \$15 copay   | \$25 copay                 |
| Preferred Brand                                | \$30 copay, after deductible                             | \$50 copay, after deductible | \$30 copay   | \$50 copay                 |
| Non-Preferred Brand                            | \$50 copay, after deductible                             | \$80 copay, after deductible | \$50 copay   | \$80 copay                 |
| Specialty                                      | \$250 copay, after deductible                            | 30% after deductible         | \$250 copay  | 30%                        |
| <b>Mail Order Pharmacy<br/>(90 Day Supply)</b> | <b>Kaiser</b>  | <b>MedImpact</b>             | <b>Kaiser</b>  | <b>MedImpact</b>           |
| Mail Order                                     | 2x retail copays   | 3x retail copays             | 2x retail copays   | 3x retail copays           |

1 – Members who enroll in the PPO plan will have a lower 'enhanced' copay when seeking services from a Kaiser doctor. The first cost share applies when seeing a Kaiser doctor, the second cost share applies when seeing another in-network doctor (Example: \$20 / \$40 or 10%/20%).

| <b>Employee Contributions (Monthly)</b> |                    |                    |                    |                    |
|---|--------------------|--------------------|--------------------|--------------------|
|   | Kaiser HMO \$3,400 | Kaiser PPO \$3,400 | Kaiser HMO \$1,000 | Kaiser PPO \$1,000 |
| Employee                                | \$100.00           | \$125.00           | \$180.00           | \$311.05           |
| Employee & Spouse                       | \$638.06           | \$727.46           | \$863.95           | \$1,126.05         |
| Employee & Child(ren)                   | \$530.45           | \$606.97           | \$727.16           | \$963.05           |
| Employee & Family                       | \$1,176.12         | \$1,329.92         | \$1,547.90         | \$1,941.05         |



# Dental Insurance

The Sunstone Dental Plan is designed to provide the dental coverage you need with the features you want. Take advantage of what this plan has to offer without compromising what matters most - including the freedom to visit the dentist of your choice – an “in-network” dentist or an “out-of-network” dentist.

If you choose a dentist who does not participate in our dental plan, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist’s fee and the plan’s payment for the approved services.

Before you get any major dental work, you should talk to your dentist about getting a pretreatment estimate. That’s when your dentist sends the plan for your care to your dental insurance carrier. The statement shows amounts for what your plan covers. Then you and your dentist can talk about your care and costs before your treatment. It’s a great way to be prepared and plan ahead.



|                             | MetLife PPO Dental Plan |                         |
|-----------------------------|-------------------------|-------------------------|
| Benefit Coverage            | PDP Plus Network        | Out-of-Network Benefits |
| Annual Deductible           |                         |                         |
| Individual / Family         | \$50 / \$150            | \$50 / \$150            |
| Waived for Preventive Care? | Yes                     | Yes                     |
| Annual Maximum              |                         |                         |
| Per Person                  | \$1,500                 | \$1,500                 |
| Preventive                  | Covered in full         | Covered in full         |
| Basic                       | 20% after deductible    | 20% after deductible    |
| Major                       | 50% after deductible    | 50% after deductible    |

| Employee Contributions (Monthly) |         |
|----------------------------------|---------|
| MetLife Dental                   |         |
| Employee                         | \$0.00  |
| Employee & Spouse                | \$35.22 |
| Employee & Child(ren)            | \$38.45 |
| Employee & Family                | \$80.80 |



# Vision Insurance

Sunstone will offer vision coverage through MetLife. It is always recommended to seek services from providers within MetLife's network, as your benefits will go the farthest. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details

| Benefit Coverage   | MetLife Vision                                  |   |
|--|---|---|
|  | In-Network                                      | Out-of-Network  |
| <b>Copay</b>   |   |   |
| Routine Exams (Annual)   | \$10 copay                                      | Up to \$45 reimbursement                              |
| <b>Vision Materials</b>  |   |   |
| Materials Copay  | \$10 copay                                      | N/A   |
| Lenses<br>Single<br>Lined Bifocal<br>Lined Trifocal<br>Lenticular  | Covered in full                                 | Up to \$30<br>Up to \$50<br>Up to \$65<br>Up to \$100 |
| Contacts<br>Fitting and Evaluation Allowance<br>Contacts Allowance | Up to \$60<br>Up to \$150                       | Up to \$105 reimbursement                             |
| Frames (retail allowance)  | Up to \$150                                     | Up to \$70  |
| <b>Frequency of Services</b>                                       |   |   |
| Exam, lenses, frames, contacts                                     | All services are available once every 12 months |   |

| Employee Contributions (Monthly) |         |
|----------------------------------|---------|
| MetLife Vision                   |         |
| Employee                         | \$7.25  |
| Employee & Spouse                | \$16.97 |
| Employee & Child(ren)            | \$14.00 |
| Employee & Family                | \$24.65 |



# Basic Life

Sunstone provides Basic Life Insurance benefits to its members. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan.

| MetLife<br>Basic Life & AD&D              |   |
|---|---|
| <b>Life Benefit Amount</b>                |   |
| Benefit Maximum                           | 2x earnings up to \$100,000   |
| Guaranteed Issue                          | \$100,000   |
| <b>Accidental Death and Dismemberment</b> |   |
| Employee                                  | 2x earnings up to \$100,000   |
| Dismemberment                             | Benefit paid is a percentage of the Life Amount, based on loss. See Certificate for additional details. |
| <b>Limitations and Exclusions</b>         |   |
| Benefit reductions                        | Age 65: Benefits reduce to 65% of original amount<br>Age 70: Benefits reduce to 50% of original amount  |
| Coverage termination                      | At employee's retirement  |

## Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.



# Voluntary Life

Sunstone offers Voluntary Life and AD&D Insurance for you and your family at a discounted group rate through MetLife. This coverage will provide a benefit in the event of dismemberment, such as the loss of a limb or eyesight.

**Open Enrollment Only!** All employees and dependents will have a one-time opportunity to enroll in coverage up to the Guarantee Issue limits with no health questions.

| Employee                   |  |
|----------------------------|--|
| Benefit Amount             | Increments of \$10,000   |
| Overall Maximum            | \$500,000  |
| Guarantee Issue            | \$150,000  |
| Spouse or Domestic Partner |  |
| Benefit Amount             | Increments of \$5,000  |
| Overall Maximum            | \$100,000  |
| Guarantee Issue            | \$25,000   |
| Child(ren)                 |  |
| Benefit Amount             | Increments of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000  |
| Overall Maximum            | \$10,000   |
| Guarantee Issue            | Full benefit amount  |
| Additional Information     |  |
| Accidental Death Benefit   | In the event of an accidental death, the benefit may double.<br>Please see your booklet for further details. |
| Dismemberment              | Benefit paid is a percentage of the Life Amount, based on loss.<br>See Certificate for additional details.   |
| Age Reduction              | Age 65: Benefits reduce to 65% of original amount<br>Age 70: Benefits reduce to 50% of original amount       |

## Enrollment and Cost

| Age Bands    | Employee / Spouse<br>Life Per \$1,000 | Employee / Spouse<br>Life Per \$10,000 | Age<br>Bands | Employee / Spouse<br>Life Per \$1,000 | Employee / Spouse<br>Life Per \$10,000 |
|--------------|---------------------------------------|--|--------------|---------------------------------------|--|
| Under age 30 | \$0.11                                | \$1.13                                 | 65-69        | \$1.67                                | \$16.69                                |
| 30-34        | \$0.12                                | \$1.25                                 | 70-74        | \$2.66                                | \$26.64                                |
| 35-39        | \$0.14                                | \$1.41                                 | 75-79        | \$2.66                                | \$26.64                                |
| 40-44        | \$0.19                                | \$1.91                                 | 80-84        | \$2.66                                | \$26.64                                |
| 45-49        | \$0.28                                | \$2.80                                 | 85-89        | \$2.66                                | \$26.64                                |
| 50-54        | \$0.43                                | \$4.35                                 | 90-94        | \$2.66                                | \$26.64                                |
| 55-59        | \$0.65                                | \$6.52                                 | 95+          | \$2.66                                | \$26.64                                |
| 60-64        | \$1.00                                | \$9.99                                 |              |                                       |  |

| Child(ren) |         |         |         |          |
|------------|---------|---------|---------|----------|
| \$1,000    | \$2,000 | \$4,000 | \$5,000 | \$10,000 |
| \$0.24     | \$0.47  | \$0.95  | \$1.19  | \$2.37   |

# Long-Term Disability (LTD)

Sunstone offers employer-paid Long-Term income protection through MetLife in the event you become unable to work due to a non-work-related illness or injury. Please see the summary plan description for complete plan details.



| Benefit Coverage   | Long Term Disability                                     |
|--------------------|--|
| LTD                |  |
| Benefit            | 66.7% of your average weekly wage<br>Up to \$5,000/month |
| Duration           | Reducing benefit duration w/SSNRA                        |
| Elimination Period | 90 days  |

## Changes in Benefit Elections

### Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

If you do not make your 2026 benefit elections, you will automatically be defaulted to your prior year elections.



# Contact Information

## Have Questions? Need Help?

Sunstone Circuits, LLC is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Pacific Time at 866-468-7272 or via e-mail at [BRCWest@usi.com](mailto:BRCWest@usi.com). If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

## Carrier Customer Service

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

|                     | CARRIER              | PHONE NUMBER   | WEBSITE  |
|---------------------|----------------------|----------------|--|
| Medical             | Kaiser Permanente NW | 1-800-813-2000 | <a href="http://www.kp.org">www.kp.org</a>           |
| Dental              | MetLife              | 1-800-300-4296 | <a href="http://www.metlife.com">www.metlife.com</a> |
| Vision              | MetLife              | 1-800-300-4296 | <a href="http://www.metlife.com">www.metlife.com</a> |
| Life and Disability | MetLife              | 1-800-300-4296 | <a href="http://www.metlife.com">www.metlife.com</a> |

This brochure summarizes the benefit plans that are available to Sunstone Circuits, LLC eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.