

**SYNOPSIS, INC.**  
**2024 UHC MEDICAL HS PLANS**

	Synopsis Health Savings (HS) Basic Plan (Includes Choice Plus, CA Select, and Harvard Pilgrim)		Synopsis Health Savings (HS) Standard Plan (Includes Choice Plus, CA Select, and Harvard Pilgrim)		Synopsis Health Savings (HS) Premium Plan (Includes Choice Plus, CA Select, and Harvard Pilgrim)	
	Network Benefit	Non-Network Benefit	Network Benefit	Non-Network Benefit	Network Benefit	Non-Network
<b>Synopsis Annual HSA Contribution*</b>	None		\$750 Individual Health Savings Account Contribution \$1,500 Family Health Savings Account Contribution		\$1,000 Individual Health Savings Account Contribution \$2,000 Family Health Savings Account Contribution	
<b>Calendar Year Deductible</b> Deductible cross applies INN and OON.	\$2,500 Employee Only \$5,000 Family	\$5,000 Employee Only \$10,000 Family	\$2,000 Employee Only \$4,000 Family	\$4,000 Employee Only \$8,000 Family	\$1,600 Employee Only \$3,200 Family	\$3,200 Employee Only \$6,400 Family
<b>Calendar Year Out-of-Pocket Maximum</b> Includes deductibles and coinsurance, and copays. Does not apply to, penalties or excluded expenses.	\$4,000 Employee Only \$8,000 Family	\$8,000 Employee Only \$16,000 Family	\$3,500 Employee Only \$7,000 Family	\$7,000 Employee Only \$14,000 Family	\$3,000 Employee Only \$6,000 Family	\$6,000 Employee Only \$12,000 Family
<b>Lifetime Maximum</b>	Unlimited		Unlimited		Unlimited	
<b>Coinsurance</b>	<ul style="list-style-type: none"> <li>• Network (HS-Basic) Plan pays 80% of allowable charges and you pay 20%.</li> <li>• Network (HS-Standard) Plan pays 85% of allowable charges and you pay 15%.</li> <li>• Network (HS-Premium) Plan pays 90% of allowable charges and you pay 10%.</li> <li>• Non-Network (HS-Standard, HS-Premium) Plan pays 70% of allowable charges and you pay 30% plus any amounts over the allowed amount.</li> <li>• Non-Network (HS-Basic) Plan pays 60% of allowable charges and you pay 40% plus any amount over the allowed amount</li> </ul>					
<b>Physician Office Visits</b>	80% after deductible	60% after deductible	85% after deductible	70% after deductible	90% after deductible	70% after deductible
<b>Routine Physical Exams</b> Immunizations including travel immunizations are covered	Covered at 100% (Travel immunizations covered after deductible.)	60% after deductible	Covered at 100% (Travel immunizations covered after deductible.)	70% after deductible	Covered at 100% (Travel immunizations covered after deductible.)	70% after deductible
<b>Outpatient X-ray and Lab Services</b>	80% after deductible	60% after deductible	85% after deductible	70% after deductible	90% after deductible	70% after deductible
<b>Emergency Room</b>	Emergency: 80% after deductible Non-emergency: 60% after deductible		Emergency: 85% after deductible Non-emergency: 70% after deductible		Emergency: 90% after deductible Non-emergency: 70% after deductible	
<b>Urgent Care Centers</b>	80% after deductible	60% after deductible	85% after deductible	70% after deductible	90% after deductible	70% after deductible
<b>Ambulance</b>	Emergency: 80% after deductible Non-emergency: 60% after deductible		Emergency: 85% after deductible Non-emergency: 70% after deductible		Emergency: 90% after deductible Non-emergency: 70% after deductible	

\*Synopsis will make the full employer contribution to your Health Savings Account every January; new hire contributions will be prorated based on date of hire.

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	Network Benefit	Non-Network Benefit	Network Benefit	Non-Network Benefit	Network Benefit	Non-Network Benefit
<b>Outpatient Surgical</b> (Provided in Doctor's Office)	80% after deductible	60% after deductible	85% after deductible	70% after deductible	90% after deductible	70% after deductible
<b>Inpatient and Outpatient Surgical</b> (Provided outside of Doctor's Office)	80% after deductible (Must notify UHC)	60% after deductible <b>Must notify UHC – Non-Notification Penalty \$500/incident</b>	85% after deductible (Must notify UHC)	70% after deductible <b>Must notify UHC – Non-Notification Penalty \$500/incident</b>	90% after deductible (Must notify UHC)	70% after deductible <b>Must notify UHC – Non-Notification Penalty \$500/incident</b>
<b>Hospitalization</b> Room & Board, Lab & X-ray, Anesthesiology, Pathology, Inpatient Prescriptions	80% after deductible	60% after deductible	85% after deductible	70% after deductible	90% after deductible	70% after deductible
	<b>Must notify UHC - Non-Notification Penalty is \$500/incident</b>					
<b>Maternity:</b> Prenatal/Postpartum Routine Office Visits	80% after deductible	60% after deductible	85% after deductible	70% after deductible	90% after deductible	70% after deductible
<b>Maternity:</b> Physician Services (Delivery)	80% after deductible	60% after deductible	85% after deductible	70% after deductible	90% after deductible	70% after deductible
	<b>Must notify UHC if stay exceeds the 48/96 hour guidelines – Non-Notification Penalty is \$500/incident</b>					
<b>Well Baby/Well Child</b> Immunizations are covered	Covered at 100%	60% after deductible	Covered at 100%	70% after deductible	Covered at 100%	70% after deductible
<b>Therapy:</b> Physical, Speech, Occupational, Orthoptic and Cardiac	80% after deductible	60% after deductible	85% after deductible	70% after deductible	90% after deductible	70% after deductible
	<i>50 visits/calendar year/type of therapy, combined in and out of network</i>					
<b>Durable Medical Equipment (DME)</b>	80% after deductible	60% after deductible	85% after deductible	70% after deductible	90% after deductible	70% after deductible
<b>Temporomandibular Joint Treatment (TMJ)</b>	80% after deductible	60% after deductible	85% after deductible	70% after deductible	90% after deductible	70% after deductible
<b>Hearing Screenings</b>	80% after deductible	60% after deductible	85% after deductible	70% after deductible	90% after deductible	70% after deductible
<b>Hearing Aid Fittings &amp; Devices</b>	In network and out of network plan benefits apply. \$2,000 maximum every two years					
<b>Acupuncture</b>	70% after in network deductible <i>20 visits per calendar year, combined in and out of network</i>		80% after in deductible <i>20 visits per calendar year, combined in and out of network</i>		80% after in deductible <i>20 visits per calendar year, combined in and out of network</i>	

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	Network Benefit	Non-Network Benefit	Network Benefit	Non-Network Benefit	Network Benefit	Non-Network Benefit
<b>Chiropractic Care</b>	80% after deductible	60% after deductible	85% after deductible	70% after deductible	90% after deductible	70% after deductible
	<i>20 visits per calendar year, combined in and out of network</i>					
<b>Mental Health and Substance Abuse - Inpatient and Outpatient Care</b>	80% after deductible	60% after deductible	85% after deductible	70% after deductible	90% after deductible	70% after deductible
<b>Infertility</b>	<ul style="list-style-type: none"> <li>• <b>NO benefit available out of network.</b></li> <li>• Must enroll with Fertility Solutions through UnitedHealthcare for authorization and referral.</li> <li>• Synopsys pays 90% after deductible for those on the HS Premium Plan.</li> <li>• Synopsys pays 85% after deductible for those on the HS Standard</li> <li>• Synopsys pays 80% after deductible for those on the HS Basic Plan.</li> <li>• Coverage for services to create a pregnancy, including, but not limited to: artificial insemination, In Vitro and GIFT limited to \$20,000 lifetime per covered member.</li> <li>• Prescriptions covered at 50% after deductible to \$10,000 lifetime maximum.</li> </ul>					
<b>Transplants</b>	<ul style="list-style-type: none"> <li>• Must obtain prior authorization.</li> <li>• Synopsys pays 100% after in network deductible when services are received at a Designated Provider.</li> <li>• No benefit available from a non-Designated Provider.</li> <li>• T&amp;L limited to 10,000 LTM \$100 per day for lodging for individual and \$200 for family.</li> <li>• Travel benefits covered only when using a Designated Provider.</li> </ul>					

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**SYNOPSYS, INC.  
2021 UHC MEDICAL HS PLANS**

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	Network Benefit	Non-Network	Network Benefit	Non-Network	Network Benefit	Non-Network
<p><b>Prescription Drugs – Retail</b> 31 day supply ** A \$20.00 copay will apply to specialty drugs that fall within the UHC Specialty Drug Program for prescriptions up to 31 days.</p>	<p><b>PREVENTIVE CARE DRUGS:</b> Deductible WAIVED <b>Tier 1:</b> \$5 <b>Tier 2:</b> 20% (\$50 max.) <b>Tier 3:</b> 20% (\$75 max.)</p> <p><b>NON-PREVENTIVE DRUGS:</b> After Deductible <b>Tier 1:</b> \$5 <b>Tier 2:</b> 20% (\$50 max.) <b>Tier 3:</b> 20% (\$75 max.)</p>	60% after deductible	<p><b>PREVENTIVE CARE DRUGS:</b> Deductible WAIVED <b>Tier 1:</b> \$5 <b>Tier 2:</b> 10% (\$50 max.) <b>Tier 3:</b> 10% (\$75 max.)</p> <p><b>NON-PREVENTIVE DRUGS:</b> After Deductible <b>Tier 1:</b> \$5 <b>Tier 2:</b> 10% (\$50 max.) <b>Tier 3:</b> 10% (\$75 max.)</p>	70% after deductible	<p><b>PREVENTIVE CARE DRUGS:</b> Deductible WAIVED <b>Tier 1:</b> \$5 <b>Tier 2:</b> 10% (\$50 max.) <b>Tier 3:</b> 10% (\$75 max.)</p> <p><b>NON-PREVENTIVE DRUGS:</b> After Deductible <b>Tier 1:</b> \$5 <b>Tier 2:</b> 10% (\$50 max.) <b>Tier 3:</b> 10% (\$75 max.)</p>	70% after deductible
<p><b>Prescription Drugs – Mail Order</b> 90 day supply</p>	<p><b>PREVENTIVE CARE DRUGS:</b> Deductible WAIVED <b>Tier 1:</b> \$10 <b>Tier 2:</b> 20% (\$100 max.) <b>Tier 3:</b> 20% (\$150 max.)</p> <p><b>NON-PREVENTIVE DRUGS:</b> After Deductible <b>Tier 1:</b> \$10 <b>Tier 2:</b> 20% (\$100 max.) <b>Tier 3:</b> 20% (\$150 max.)</p>	Not available	<p><b>PREVENTIVE CARE DRUGS:</b> Deductible WAIVED <b>Tier 1:</b> \$10 <b>Tier 2:</b> 10% (\$100 max.) <b>Tier 3:</b> 10% (\$150 max.)</p> <p><b>NON-PREVENTIVE DRUGS:</b> After Deductible <b>Tier 1:</b> \$10 <b>Tier 2:</b> 10% (\$100 max.) <b>Tier 3:</b> 10% (\$150 max.)</p>	Not available	<p><b>PREVENTIVE CARE DRUGS:</b> Deductible WAIVED <b>Tier 1:</b> \$10 <b>Tier 2:</b> 10% (\$100 max.) <b>Tier 3:</b> 10% (\$150 max.)</p> <p><b>NON-PREVENTIVE DRUGS:</b> After Deductible <b>Tier 1:</b> \$10 <b>Tier 2:</b> 10% (\$100 max.) <b>Tier 3:</b> 10% (\$150 max.)</p>	Not available

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