SYNOPSYS, INC.
2025 UHC MEDICAL PLANS

	Synopsys Health Savings (HS) Basic Plan (Includes Choice Plus, CA Select, and Harvard Pilgrim)		**Synopsys Health Savings (HS) Premium Plan** (Includes Choice Plus, CA Select, and Harvard Pilgrim)		**Synopsys Health PPO Plan** (Includes PPO and Harvard Pilgrim)	
	Network Benefit	**Non-Network Benefit**	**Network Benefit**	**Non-Network Benefit**	**Network Benefit**	**Non-Network Benefit**
Synopsys Annual HSA Contribution*	None		$1,000 Individual Health Savings Account Contribution $2,000 Family Health Savings Account Contribution		None (Not HSA eligible)	
Calendar Year Deductible - Deductible cross applies INN and OON.	$2,250 Employee Only $4,500 Family	$5,000 Employee Only $10,000 Family	$1,750 Employee Only $3,500 Family	$3,500 Employee Only $7,000 Family	$500 Individual Only $1,000 Family	$1,000 Individual Only $2,000 Family
Calendar Year Out-of-Pocket Maximum Includes deductibles and coinsurance, and copays. Does not apply to, penalties or excluded expenses.	$3,500 Employee Only $7,000 Family	$8,000 Employee Only $16,000 Family	$3,000 Employee Only $6,000 Family	$6,000 Employee Only $12,000 Family	$3,000 Individual Only $6,000 Family	$6,000 Individual Only $12,000 Family
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Coinsurance	• HS-Basic Plan pays 80% of allowable charges and you pay 20%. • HS-Premium Plan pays 90% of allowable charges and you pay 10%. • PPO Plan pays 85% of allowable charges and you pay 15%. • Non-Network PPO and HS-Premium Plan pays 70% of allowable charges and you pay 30% plus any amounts over the allowed amount. • Non-Network HS-Basic Plan pays 60% of allowable charges and you pay 40% plus any amount over the allowed amount					
Physician Office Visits	80% after deductible	60% after deductible	90% after deductible	70% after deductible	$20 PCP/$30 Specialist	70% after deductible
Routine Physical Exams 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 85% after deductible)	70% after deductible
Outpatient X-ray and Lab Services	80% after deductible	60% after deductible	90% after deductible	70% after deductible	85% after deductible	70% after deductible
Emergency Room	Emergency: 80% after deductible Non-emergency: 60% after deductible		Emergency: 90% after deductible Non-emergency: 70% after deductible		Emergency: $150 copay Non-emergency: $150 copay	
Urgent Care Centers	80% after deductible	60% after deductible	90% after deductible	70% after deductible	$40 copay	70% after deductible
Ambulance	Emergency: 80% after deductible Non-emergency: 80% after deductible		Emergency: 90% after deductible Non-emergency: 90% after deductible		Emergency: 85% after deductible Non-emergency: 85% after deductible	

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

This summary contains the major features of the plans. It is not intended to replace legal documents which describe the plan in greater detail. The complete provisions of any plan are governed by these documents.

SYNOPSYS, INC.
2025 UHC MEDICAL PLANS

	Synopsys Health Savings (HS) Basic Plan (Includes CA Select and Harvard Pilgrim)		**Synopsys Health Savings (HS) Premium Plan** (Includes CA Select and Harvard Pilgrim)		**Synopsys Health PPO Plan** (Includes PPO and Harvard Pilgrim)	
	Network Benefit	**Non-Network Benefit**	**Network Benefit**	**Non-Network Benefit**	**Network Benefit**	**Non-Network Benefit**
Outpatient Surgical (Provided in Doctor's Office)	80% after deductible	60% after deductible	90% after deductible	70% after deductible	85% after deductible	70% after deductible
Inpatient and Outpatient Surgical (Provided outside of Doctor's Office)	80% after deductible (Must notify UHC)	60% after deductible ***Must notify UHC – Non-Notification Penalty $500/incident***	90% after deductible (Must notify UHC)	70% after deductible ***Must notify UHC – Non-Notification Penalty $500/incident***	85% after deductible (Must notify UHC)	70% after deductible ***Must notify UHC – Non-Notification Penalty $500/incident***
Hospitalization Room & Board, Lab & X-ray, Anesthesiology, Pathology, Inpatient Prescriptions	80% after deductible	60% after deductible	90% after deductible	70% after deductible	85% after deductible	70% after deductible
	Must notify UHC - Non-Notification Penalty is $500/incident					
Maternity: Prenatal/Postpartum Routine Office Visits	80% after deductible	60% after deductible	90% after deductible	70% after deductible	85% after deductible	70% after deductible
Maternity: Physician Services (Delivery)	80% after deductible	60% after deductible	90% after deductible	70% after deductible	85% after deductible	70% after deductible
	Must notify UHC if stay exceeds the 48/96 hour guidelines – Non-Notification Penalty is $500/incident					
Well Baby/Well Child Immunizations are covered	Covered at 100%	60% after deductible	Covered at 100%	70% after deductible	Covered at 100%	70% after deductible
Therapy: Physical, Speech, Occupational, Orthoptic and Cardiac	80% after deductible	60% after deductible	90% after deductible	70% after deductible	$30 copay	70% after deductible
	50 visits/calendar year/type of therapy, combined in and out of network					
Durable Medical Equipment (DME)	80% after deductible	60% after deductible	90% after deductible	70% after deductible	85% after deductible	70% after deductible
Temporomandibular Joint Treatment (TMJ)	80% after deductible	60% after deductible	90% after deductible	70% after deductible	85% after deductible	70% after deductible
Hearing Screenings	80% after deductible	60% after deductible	90% after deductible	70% after deductible	85% after deductible	70% after deductible
Hearing Aid Fittings & Devices	In network and out of network plan benefits apply. $2,000 maximum every two years					
Acupuncture	70% after in network deductible 20 visits per calendar year, combined in and out of network		80% after in deductible 20 visits per calendar year, combined in and out of network		80% after in deductible 20 visits per calendar year, combined in and out of network	

This summary contains the major features of the plans. It is not intended to replace legal documents which describe the plan in greater detail. The complete provisions of any plan are governed by these documents.

SYNOPSYS, INC.
2025 UHC MEDICAL PLANS

	Synopsys Health Savings (HS) Basic Plan (Includes CA Select and Harvard Pilgrim)		Synopsys Health Savings (HS) Premium Plan (Includes CA Select and Harvard Pilgrim)		Synopsys PPO Plan (Includes PPO and Harvard Pilgrim)	
	Network Benefit	**Non-Network Benefit**	**Network Benefit**	**Non-Network Benefit**	**Network Benefit**	**Non-Network Benefit**
Chiropractic Care	80% after deductible	60% after deductible	90% after deductible	70% after deductible	$30 copay	70% after deductible
	20 visits per calendar year, combined in and out of network					
Mental Health and Substance Abuse - Inpatient and Outpatient Care	80% after deductible	60% after deductible	90% after deductible	70% after deductible	$20 copay	70% after deductible
Infertility	• **NO benefit available out of network.** • Must enroll with Fertility Solutions through UnitedHealthcare for authorization and referral. • Synopsys pays 90% after deductible for those on the HS Premium Plan. • Synopsys pays 85% after deductible for those on the PPO Plan. • Synopsys pays 80% after deductible for those on the HS Basic Plan. • 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. • Prescriptions covered at 50% after deductible to $10,000 lifetime maximum.					
Transplants	• Must obtain prior authorization. • Synopsys pays 100% after in network deductible when services are received at a Designated Provider. • No benefit available from a non-Designated Provider. • T&L limited to 10,000 LTM $100 per day for lodging for individual and $200 for family. • Travel benefits covered only when using a Designated Provider.					

This summary contains the major features of the plans. It is not intended to replace legal documents which describe the plan in greater detail. The complete provisions of any plan are governed by these documents.

SYNOPSYS, INC.
2025 UHC MEDICAL PLANS

	Synopsys Health Savings (HS) Basic Plan (Includes CA Select and Harvard Pilgrim)		**Synopsys Health Savings (HS) Premium Plan** (Includes CA Select and Harvard Pilgrim)		**Synopsys PPO Plan** (Includes PPO and Harvard Pilgrim)	
	Network Benefit	**Non-Network**	**Network Benefit**	**Non-Network**	**Network Benefit**	**Non-Network**
Prescription Drugs – Retail 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.	**PREVENTIVE CARE DRUGS:** Deductible WAIVED **Tier 1:** $5 **Tier 2:** 20% ($50 max.) **Tier 3:** 20% ($75 max.) **NON-PREVENTIVE DRUGS:** After Deductible **Tier 1:** $5 **Tier 2:** 20% ($50 max.) **Tier 3:** 20% ($75 max.)	60% after deductible	**PREVENTIVE CARE DRUGS:** Deductible WAIVED **Tier 1:** $5 **Tier 2:** 10% ($50 max.) **Tier 3:** 10% ($75 max.) **NON-PREVENTIVE DRUGS:** After Deductible **Tier 1:** $5 **Tier 2:** 10% ($50 max.) **Tier 3:** 10% ($75 max.)	70% after deductible	**Tier 1:** $10 **Tier 2:** $30 **Tier 3:** $60	70% after deductible
Prescription Drugs – Mail Order 90-day supply	**PREVENTIVE CARE DRUGS:** Deductible WAIVED **Tier 1:** $10 **Tier 2:** 20% ($100 max.) **Tier 3:** 20% ($150 max.) **NON-PREVENTIVE DRUGS:** After Deductible **Tier 1:** $10 **Tier 2:** 20% ($100 max.) **Tier 3:** 20% ($150 max.)	Not available	**PREVENTIVE CARE DRUGS:** Deductible WAIVED **Tier 1:** $10 **Tier 2:** 10% $100 max.) **Tier 3:** 10% ($150 max.) **NON-PREVENTIVE DRUGS:** After Deductible **Tier 1:** $10 **Tier 2:** 10% ($100 max.) **Tier 3:** 10% ($150 max.)	Not available	**Tier 1:** $20 **Tier 2:** $60 **Tier 3:** $120	Not available

This summary contains the major features of the plans. It is not intended to replace legal documents which describe the plan in greater detail. The complete provisions of any plan are governed by these documents.