

POLAR
semiconductor

2026 EMPLOYEE BENEFITS GUIDE

Provided to you by:



Welcome

We would like to welcome you to the 2026 annual benefits summary package for Polar Semiconductor. This packet contains summaries of the benefits offered to you. We encourage you to take the time to educate yourself about your options and carefully choose the best coverage for you and your family.

You can find more benefit plan details here www.polarsemibenefits.com.

Premiums are stated in monthly amounts – the monthly amounts will be converted to either weekly or biweekly amounts for payroll deductions depending on your pay schedule with Polar.

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Benefit	Enrollment Optional or Automatic	Coverage
Medical	Optional You and Polar share the cost	You may elect medical insurance. Polar offers two types of plans: a co-pay PPO Plan and a High-Deductible Health Plan (HDHP) with a Health Savings Account (HSA). Both types of plans offer three provider networks to choose from. Polar's medical insurance provider is Medica.
Health Savings Account (HSA)	Optional You and Polar contribute	If you elect to participate in the HDHP medical plan, you can contribute pre-tax dollars to use for eligible healthcare expenses. Polar will also contribute to your HSA. Polar's HSA provider is Optum Bank.
Flexible Spending Account (FSA)	Optional You pay the cost	An FSA allows you to set aside pre-tax dollars to pay for eligible healthcare or dependent care expenses. Polar offers a general purpose healthcare FSA, a limited purpose healthcare FSA, and a dependent care FSA. Polar's FSA provider is WEX.
Dental	Optional You and Polar share the cost	You may elect dental insurance. Polar's dental provider is Delta Dental of Minnesota.
Vision	Optional You and Polar share the cost	You may elect vision insurance. Polar's vision provider is EyeMed.
Basic Life and Accidental Death & Dismemberment (AD&D)	Automatic Polar pays the cost	Polar pays for basic life and AD&D coverage for employees. Polar's basic life/AD&D provider is New York Life.
Voluntary Life and Accidental Death & Dismemberment (AD&D)	Optional You pay the cost	You may elect additional employee, spouse, and/or child life and AD&D insurance. Polar's voluntary life/AD&D provider is New York Life.
Short-Term Disability (STD)	Automatic Polar pays the cost	Polar pays for short-term disability coverage for employees. Polar's STD disability provider is New York Life.
Long-Term Disability (LTD)	Automatic Polar pays the cost	Polar pays for long-term disability for employees. Polar's LTD disability provider is New York Life.

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Voluntary Accident	Optional You pay the cost	You may elect accident coverage that provides you with a lump sum cash payment to help cover employee or family expenses related to accidental injuries. NEW PROVIDER effective 1/1/2026 is New York Life.
Voluntary Critical Illness	Optional You pay the cost	You may elect critical illness coverage that provides you with a lump sum cash payment should you or your family members be diagnosed with a serious illness. NEW PROVIDER effective 1/1/2026 is New York Life.
Employee Assistance Program (EAP)	Automatic Polar pays the cost	Polar provides you and your household members with access to confidential support to help with personal or professional issues. Polar's EAP provider is New York Life.
Pet Insurance	Optional You pay the cost	You may elect pet insurance to help cover veterinary costs for your cat or dog. Polar's pet insurance provider is Wishbone.
Legal	Optional You pay the cost	You may elect legal insurance which helps to cover the cost of various legal services. Polar's legal insurance provider is ARAG.
Identity Theft	Optional You pay the cost	You may elect identity theft insurance. Polar's identity theft insurance provider is Allstate.
401(k)	Optional You and Polar contribute	You may contribute to Polar's 401(k) retirement savings plan. Polar provides a 5% employer match. Polar's 401(k) provider is T Rowe Price.

Info on the Go!

Click here

www.polarsemibenefits.com

to access your 2026 Benefits
Guide and other benefits
information 24/7!

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Contacts

PROVIDER CONTACT INFORMATION

Provider Name	Contact Information
Medical Medica <i>Networks: Passport UHC Options PPO, Park Nicollet & HealthPartners, VantagePlus</i>	(800) 952-3455 24/7 Free NurseLine (800) 962-9497 Behavioral Health (800) 848-8327 www.medica.com
Health Savings Account (HSA) Optum Bank	(866) 234-8913 www.optumbank.com
Flexible Spending Account (FSA) WEX	(866) 451-3399 www.wexinc.com
Dental Delta Dental of Minnesota <i>Network: PPO Plus Premier</i>	(800) 448-3815 www.deltadentalmn.org
Vision EyeMed <i>Network: Insight</i>	(866) 800-5457 www.eyemed.com
Basic Life and AD&D, Voluntary Life and AD&D, STD, LTD, Accident, Critical Illness New York Life	Life/AD&D: (800) 732-1603; STD/LTD/leaves: (888) 842-4462 Accident/Critical Illness: (888) 842-4462 www.mynylgbs.com
Employee Assistance Program (EAP) New York Life	(800) 344-9752 www.guidanceresources.com Web ID: NYLGBS
Pet Insurance Wishbone	(800) 887-5708 www.wishboneinsurance.com/polarsemi
Legal ARAG	(800) 247-4184 www.araglegal.com/myinfo Access code: 18665pol
Identity Theft Allstate	(800) 789-2720 www.allstateidentityprotection.com
401(k) T. Rowe Price <i>Free Retirement Advisor – Hauser Group</i>	(800) 922-9945 https://www.troweprice.com/workplace/en/login.html Taji Jacob tjacob@thehausergroup.com

HUMAN RESOURCES CONTACT INFORMATION

Contact Name	Phone	Email
Jean Latzke, Principal Benefits & Leave Administrator	(952) 876-3308	latzkej@polarsemi.com

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Eligibility and Enrolling

Who is Eligible?

You are eligible to enroll in Polar's benefits program if you are a regular employee of Polar working a minimum of 40 hours per week.

Exceptions: All employees are eligible for the Employee Assistance Program, Pet Insurance, Metro Transit Pre-Tax Benefit, and the discount programs. Some employees working less than 40 hours per week may become eligible for medical coverage under special ACA rules.

Please note that for the Polar medical insurance, working spouses eligible for "Minimum Value" coverage through their own employer are not eligible to enroll in Polar's medical insurance.

Eligible dependents include:

- ✓ Your legal spouse
- ✓ Your children up to age 26
- ✓ Dependent children of any age, if they become physically or mentally incapable of self-support before age 19 and remain incapacitated and enrolled in the plan

When you enroll dependents, you will be required to submit copies of:

- ✓ Marriage certificate
- ✓ Birth certificate(s)
- ✓ Adoption paperwork



Enrolling for Coverage

Benefit enrollments are completed and housed in [Workday](#).

You generally can enroll in benefits as a new hire, during the annual open enrollment period, or if you experience a mid-year qualifying life event.

New hires: You will have 31 days from your hire date to complete and submit your enrollment. If you do not submit your enrollment by the deadline, then all voluntary benefits will be waived for the plan year.

Open enrollment: Polar's annual open enrollment is an ACTIVE enrollment. This means that all employees must re-enroll in benefits each calendar year. If an employee does not complete and submit their open enrollment by the deadline, then all voluntary benefits will be waived for the upcoming calendar year. Polar's open enrollment generally runs from late October to mid-November.

Mid-year qualifying life event: You will have 31 days from a qualifying life event to complete and submit your enrollment change. The benefit changes you make must be consistent with the life event. If you wait longer than 31 days, then you will need to wait until the next annual open enrollment period to make benefit changes. It is very important that you promptly notify HR of any qualifying life events.

Some qualifying life events include:

- ✓ Birth, adoption, guardianship of child
- ✓ Marriage, divorce
- ✓ Change in your or your spouse's employment, if it results in a loss or gain in eligibility for benefits coverage
- ✓ Death of dependent
- ✓ Ineligibility of dependent (for example, child turns 26)

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Glossary of Terms

High-Deductible Health Plan (HDHP): This is a health insurance plan with **lower monthly premiums** but higher deductibles than traditional plans, meaning you **pay more out of pocket for medical expenses before insurance begins to cover costs**.

Health Savings Account (HSA): A Health Savings Account is a tax-advantaged savings account for individuals that are enrolled in a high-deductible health plan (HDHP). Contributions are tax-deductible, grow tax-free, and withdrawals for qualified medical costs are also tax-free.

Deductible: The specific dollar amount you pay out-of-pocket before the plan starts to pay benefits.

Coinsurance: Your share of the costs once the deductible has been satisfied. This is a percentage that you share with the insurance carrier.

Copayment: A flat fee you pay towards the cost of services. This is usually paid for at the time of service.

Out-of-Pocket Maximum: This is a limit that the plan puts on the amount of money you have to pay each year out of your pocket. Once you reach the specified dollar amount, the plan will pay 100% of eligible expenses for the rest of the year.

In-Network: Providers who contract with your insurance carrier and have contractual, negotiated rates with the insurance carrier. The provider will cap their charges at an “allowable charge” rate. Using in-network providers will cost you less than out-of-network providers.

Out-of-Network: These are the providers who are not participating in your network, meaning they are not under contractual obligation for what they will charge. These providers can be costly for you to use as they can “balance bill” you for services rendered.

Balance Billing: Non-participating or out-of-network providers are allowed to charge you more than the “allowable charge” rate that an in-network provider is capped at. This means they will receive payment from the insurance carrier for the “allowable charge” only and then you’ll be billed you for any remaining balance above the “allowable charge”.

Prior Authorization: Approval from a plan that may be required before you are approved to get a service or fill a prescription.

Medical & Prescription Drugs



New hires are eligible the first of the month after 30 days of employment.

Working spouses who are eligible for “Minimum Value” coverage through their own employer are not eligible to enroll in Polar’s medical. Employees who have used tobacco within the past twelve months will be subject to a \$40 per month tobacco surcharge.

Polar offers two **TYPES** of medical plan options through Medica: a co-pay PPO plan and a High-Deductible Health Plan (HDHP).

Polar offers three available **PROVIDER NETWORKS** (you will want to use only providers in your selected network):

- ✓ [Medica Choice Passport](#)
- ✓ [Park Nicollet & HealthPartners ACO](#)
- ✓ [VantagePlus ACO](#)

The HDHP plan and the ACO network options typically offer lower premiums. However, be aware that with the HDHP plan you could pay more toward incurred medical costs (since there is a higher deductible) and with ACO networks you will have a smaller network to choose from for clinics, urgent cares, hospitals, etc.

Find more medical plan details [here](#).

The following chart provides a summary of the key features of the medical plan options. Below is what a participant will pay.

In Network Coverage	PPO	HDHP with HSA
Premiums	Higher	Lower
Health Savings Account (HSA)	No, can use FSA	Yes
HSA Employer Contribution	N/A	Employee Tier: \$600 Family Tiers: \$1,200
Deductible (Individual/Family)	\$750 / \$2,250	\$2,000 / \$4,000
Out of Pocket Maximum (Individual/Family)	\$3,000 / \$9,000	\$4,000 / \$8,000
Coinsurance	20%	20%
Office Visit	\$25 copay	Deductible then 20% coinsurance
Specialist Visit	\$35 copay	Deductible then 20% coinsurance
Urgent Care Visit	\$25 copay	Deductible then 20% coinsurance
Retail and Virtual Visit	\$10 copay	Deductible then 0% coinsurance
Therapy Visit (chiro, PT, OT, ST)	\$25 copay	Deductible then 20% coinsurance
Preventive Healthcare	Covered in full	Covered in full
Emergency Room Visit, Ambulance	\$250 copay	Deductible then 20% coinsurance
Outpatient Surgery, Inpatient Hospitalization	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Durable Medical Equipment	Deductible then 20% coinsurance	Deductible then 20% coinsurance
High Tech Imaging (MRI, CT, PET Scan)	Deductible then 20% coinsurance	Deductible then 20% coinsurance
Medica My Health Rewards Program	Earn up to \$225 annually in gift cards	Earn up to \$900 annually in HSA funds
Prescription Drug Coverage		
Retail Pharmacy (30-day supply)	Copays	Deductible then coinsurance*
Generic	\$10	20%
Preferred	\$35	20%
Non-Preferred	\$55	30%
Specialty Preferred	\$75	20%
Specialty Non-Preferred	\$90	30%
Mail Order (90-day supply)	Copays	Deductible then coinsurance*
Generic	\$20	20%
Preferred	\$70	20%
Non-Preferred	\$110	30%

***No cost for drugs on Medica Preventive list – search “Medica Preventive Drug List” online for the list of drugs**

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Where To Seek Care

You think you may be sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new medication, but the pharmacy is closed. Instead of immediately choosing an expensive trip to the emergency room or relying on information from the internet, take a look below at various resources and the types of care they provide.



PRIMARY CARE VISIT

When would I use this?

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

What type of care would they provide?

- ✓ Routine checkups
- ✓ Preventive services
- ✓ Immunizations
- ✓ Manage your general health

What are the costs and time considerations?

- ✓ Often requires a copay and/or coinsurance.
- ✓ Normally requires an appointment.
- ✓ Usually little wait time since you have a scheduled appointment.

TELEHEALTH



When would I use this?

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

What type of issues can they treat?*

- ✓ Cold & flu symptoms
- ✓ Allergies
- ✓ Bronchitis
- ✓ Urinary tract infection
- ✓ Sinus problems

What are the costs and time considerations?

- ✓ Often requires a copay and/or coinsurance.
- ✓ Access to care is usually immediate.
- ✓ Certain states may not allow for prescriptions through telemedicine or virtual visits.

Do Your Homework

What may seem like an urgent care center could actually be a standalone ER. These newer facilities come with a **higher price tag**, so ask for clarification if the word "emergency" appears in the company name.



URGENT CARE CENTER

When would I use this?

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for **non-life-threatening** injuries or illnesses.

What type of care would they provide?*

- ✓ Strains, sprains
- ✓ Minor burns
- ✓ Minor broken bones
- ✓ X-Rays
- ✓ Minor infections

What are the costs and time considerations?**

- ✓ Often requires a copay and/or coinsurance that is generally higher than an office visit.
- ✓ Walk-in patients welcome but waiting periods may be longer as patients with more urgent needs will be treated first.



EMERGENCY ROOM

When would I use this?

You need immediate treatment for a **serious life-threatening condition**. If a situation seems life threatening, call 911 or your local emergency number right away.

What type of issues can they treat?*

- ✓ Heavy bleeding
- ✓ Chest pain
- ✓ Major burns
- ✓ Spinal injuries
- ✓ Severe head injury
- ✓ Broken bones

What are the costs and time considerations?**

- ✓ Often requires a much higher copay and/or coinsurance.
- ✓ Open 24/7 but waiting periods may be longer because patients with life-threatening emergencies will be treated

*This is sample of services and may not be all-inclusive.

**Cost and time information represent average only and are not tied to a specific condition or treatment.

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Health Savings Account (HSA)

New hires are eligible the first of the month after 30 days of employment.

Polar's HSA provider is Optum.

Polar offers an HSA to those who enroll in an HDHP medical plan. The HSA provides you with the ability to save and use pre-tax dollars to pay for eligible medical expenses.

Contributions to your HSA are withdrawn from your paycheck on a pre-tax basis. This means you don't pay federal income taxes, Social Security taxes, or local income taxes on the portion of your paycheck you contribute to the HSA. **See HSA State Taxation information below.*

What are the benefits of an HSA?

- ✓ Money goes in tax-free.
- ✓ Money comes out tax-free if used for eligible healthcare purchases.
- ✓ Earn interest, tax-free. The interest on HSA funds grows on a tax-free basis. Unlike most savings accounts, interest earned on an HSA is not considered taxable income when funds are used for eligible healthcare expenses.
- ✓ Your HSA balance can be carried over year after year. It is not "use-it-or-lose it".
- ✓ Your HSA is portable and yours to keep. If you leave Polar, your HSA funds go with you.
- ✓ After age 65, you can withdraw funds from your HSA for any reason without a penalty tax.

In addition to the Polar HSA contributions noted below to the right, you may also elect to make employee contributions.

The combined employee and employer contributions made into your HSA account cannot exceed the below 2026 I.R.S. limits.

2026 I.R.S. LIMITS

- \$4,400 single coverage
- \$8,750 family tiers coverage
- *If you are 55 or over, you can add an additional contribution amount of \$1,000*

Annual Polar/Employer HSA Contributions:

Employee Only	\$600
Employee + Spouse	\$1,200
Employee + Child(ren)	\$1,200
Family	\$1,200

As noted above, Polar partners with Optum Bank to provide HSA services. You will be able to manage your account online, submit eligible claims, review your account balance, review your claim history, and more.

**HSA State Taxation: There are currently three states that, unlike the federal government, subject your HSA contributions (employee and employer) to state income taxes. The three states are New Jersey, California, and Alabama. Similarly, these three states also subject earnings (interest and capital gains) on your HSA to state taxation. There are currently two other states, New Hampshire and Tennessee, that subject earnings on the HSA account (but not the contributions) to state taxes. Tax laws are subject to change. Please contact your state tax authority or consult with a tax advisor to confirm the details for your state.*

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Understanding your Health Savings Account (HSA)

You can use your HSA to pay for a wide range of I.R.S.-qualified medical expenses for yourself, your spouse, or tax dependents. An I.R.S.-qualified medical expense is defined as an expense that pays for healthcare services, equipment, or medications. Funds used to pay for I.R.S.-qualified medical expenses are always tax-free. HSA funds can be used to reimburse yourself for past medical expenses if the expense was incurred after your HSA was established. **While you do not need to submit any receipts to Optum, you must save your bills and receipts for tax purposes.**

Examples of I.R.S.-Qualified Medical Expenses:

- ✓ Acupuncture
- ✓ Ambulance
- ✓ Annual Physical Examination
- ✓ Bandages
- ✓ Birth Control Pills, Contraceptive Devices
- ✓ Body Scan
- ✓ Breast Pumps and Supplies
- ✓ Breast Reconstruction Surgery
- ✓ Chiropractor
- ✓ Contact Lenses
- ✓ Crutches
- ✓ Dental Treatment
- ✓ Diagnostic Devices
- ✓ Disabled Dependent Care Expenses
- ✓ Eye Exam

- ✓ Eyeglasses
- ✓ Eye Surgery
- ✓ Hearing Aids
- ✓ Home Care
- ✓ Hospital Services
- ✓ Insurance Premiums
- ✓ Laboratory Fees
- ✓ Lactation Expenses
- ✓ Learning Disability
- ✓ Long-Term Care
- ✓ Medicines
- ✓ Nursing Home
- ✓ Nursing Services
- ✓ Optometrist
- ✓ Oxygen
- ✓ Physical Examination

- ✓ Pregnancy Test Kit
- ✓ Prothesis
- ✓ Psychiatric Care
- ✓ Special Education
- ✓ Sterilization
- ✓ Stop-Smoking Programs
- ✓ Surgery
- ✓ Transplants
- ✓ Vasectomy
- ✓ Vision Correction Surgery
- ✓ Weight-Loss Program
- ✓ Wheelchair
- ✓ Wig
- ✓ X-Ray Fees

Ineligible Medical Expenses May Include:

- ✗ Baby Sitting, Childcare and Nursing Services for a Normal, Healthy Baby
- ✗ Controlled Substances
- ✗ Cosmetic Surgery
- ✗ Dancing Lessons
- ✗ Diaper Service
- ✗ Electrolysis or Hair Removal
- ✗ Flexible Spending Account
- ✗ Funeral Expenses

- ✗ Future Medical Care
- ✗ Hair Transplant
- ✗ Health Club Dues
- ✗ Health Coverage Tax Credit
- ✗ Health Savings Accounts
- ✗ Household Help
- ✗ Illegal Operations and Treatments
- ✗ Maternity Clothes

- ✗ Medicines and Drugs from other Countries
- ✗ Nutritional Supplements
- ✗ Personal Use Items
- ✗ Swimming Lessons
- ✗ Teeth Whitening
- ✗ Veterinary Fees

This list is not all-inclusive; additional expenses may qualify or not qualify, and the items listed above are subject to change in accordance with I.R.S. regulations. For more information or clarification on individual list items, refer to [Publication 502](#) or consult a tax professional.

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Flexible Spending Accounts (FSA)



New hires are eligible the first of the month after 30 days of employment.

Polar's FSA provider is WEX.

Polar's FSA through WEX allows you to set aside pre-tax income to pay for healthcare and/or dependent care expenses that you will incur during the plan year. You should elect the amount of money you expect to pay out of pocket for eligible expenses during your eligible plan year (which ends 12/31). Amounts in the FSA are "use it or lose it" with the exception of the rollover amounts noted below. Employees should carefully select their FSA benefit amounts each year.

Your annual elected healthcare FSA amount will become immediately available; the dependent care FSA amount will only be available as your payroll contributions are deposited.

Enrollment in the FSA is not dependent on whether you are enrolled in Polar's medical, dental, and/or vision plans. However, if you are enrolled in the HDHP medical plan with an HSA, then you cannot enroll in the General Purpose Healthcare FSA. You can only elect the Limited Purpose Healthcare FSA.



General Purpose Healthcare FSA

- ✓ Contribution Limit - **\$3,400** (2026)
- ✓ General Purpose Healthcare FSA is for those **NOT** enrolled in an HDHP plan. You are eligible to contribute to this FSA and use the funds for medical, dental, and vision expenses not covered by your insurance plan.
- ✓ The FSA contribution will be deducted from your paycheck over the course of the year. Since you pay no taxes on the money placed in the FSA, your taxable salary is reduced.
- ✓ **Rollover up to \$680 is allowed.**

Limited Purpose Healthcare FSA

- ✓ Contribution Limit - **\$3,400** (2026).
- ✓ Limited Purpose Healthcare FSA is for those enrolled in an HDHP Plan. You are eligible to contribute to an FSA and use the funds for **only dental and vision expenses** not covered by the plan.
- ✓ The FSA contribution will be deducted from your paycheck over the course of the year. Since you pay no taxes on the money placed in the FSA, your taxable salary is reduced.
- ✓ **Rollover up to \$680 is allowed.**

Dependent Care FSA

- ✓ Contribution Limit (2026):
 - **\$7,500** if you are a single employee or married filing jointly.
 - **\$3,750** if you are married and filing separately.
- ✓ The FSA contribution will be deducted from your paycheck over the course of the year. Since you pay no taxes on the money placed in the FSA, your taxable salary is reduced.
- ✓ **NO rollover allowed.**

IMPORTANT: Elections cannot be changed during the year unless you have a qualifying life event. Unused FSA amounts in excess of the allowed rollover amount will be forfeited, so plan carefully before making your elections.

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FSA vs HSA Comparison

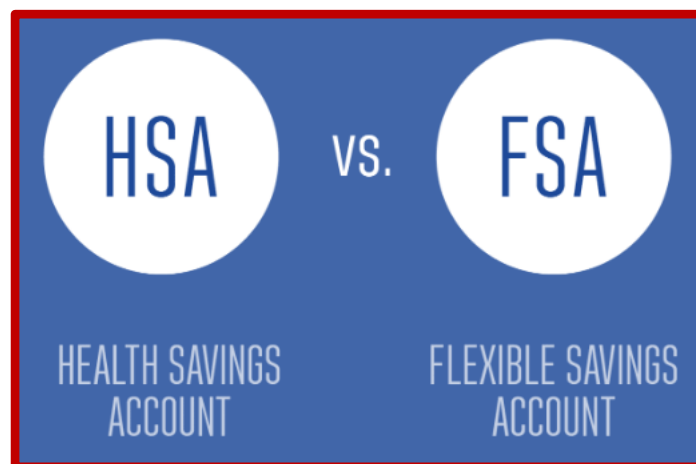
A **Health Savings Account (HSA)** is available to employees enrolled in a High-Deductible Health Plan (HDHP) and allows funds to roll over year after year, offering long-term savings and tax-free growth.

A **Flexible Spending Account (FSA)** is best for budgeting short-term, predictable healthcare or dependent care expenses, and unused funds generally do not roll over.

Both accounts offer pre-tax contributions and tax-free withdrawals for qualified expenses.

In short, an HSA is ideal for long-term flexibility and savings, while an FSA is designed for near-term spending.

Feature	Health Savings Account (HSA)	Flexible Savings account (FSA)
Eligibility	Must be enrolled in a High-Deductible Health Plan (HDHP)	Available with most medical plans
Contributions	You, your employer, or both (up to I.R.S. annual limits)	You (sometimes your employer)
Annual Contribution Limits	Higher I.R.S. limits (varies annually)	Lower I.R.S. limits (varies annually)
Rollover	Funds roll over year to year; account remains with you if you change jobs	“Use it or lose it”; limited carryover or grace period
Tax Benefits	Pre-tax contributions, tax-free growth, tax-free withdrawals for qualified medical expenses	Pre-tax contributions, tax-free withdrawals for qualified medical expenses
Flexibility/Use	Can be used now or saved for future healthcare needs, including retirement	Best for predictable, short-term healthcare or dependent care expenses



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Dental



New hires are eligible the first of the month after 30 days of employment.

Polar's dental provider is Delta Dental of Minnesota. **Network = PPO Plus Premier**



In order to receive the most from your dental benefits we encourage you to see only in-network dentists.

**If you choose to go to a dentist out of the network, you may be balanced billed for any charges over what is considered the "maximum allowable charge" (MAC). MAC means the dental plan will only pay up to the set in-network rate for a covered service even if the provider charges more. The member would be responsible for paying the difference between the provider's fee and the MAC amount.*

The following chart provides a summary of the key features of the dental plan. Below is what a participant will pay.

	Delta Dental Network: PPO Plus Premier	
Services	In-Network	Out of Network*
Deductible	\$50 Single \$150 Family	\$50 Single \$150 Family
Preventive Services (Exams, Cleanings, X-Rays, Sealants, Fluoride)	100% Covered No deductible for diagnostic & preventive services	100% Covered No deductible for diagnostic & preventive services
Basic Services	20% after Deductible	20% after Deductible
Major Services	40% after Deductible	40% after Deductible
Orthodontia	50%, plan will pay up to \$1,600 lifetime per member	
Annual Maximum that Plan Pays Per Member	\$1,600*	
Reimbursement	Maximum Allowable Charge**	

***If your total annual claims don't exceed \$700 then you can roll over \$500 to the next year. Your accumulated rollover is capped at \$1,250.**

****With a maximum allowable charge (MAC) reimbursement plan, benefits for a given dental procedure are calculated according to the maximum allowable charge for a particular area.**

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Vision



New hires are eligible the first of the month after 30 days of employment.

Polar's vision provider is EyeMed. **Network = Insight.**

If you choose an in-network provider, then your discounts will be applied at the point of purchase. If you go out-of-network, then you can submit receipts to EyeMed for partial reimbursement.

The following chart provides a summary of the key features of the vision plan.

Services	*In-Network Member Cost – what you will pay	Out-of-Network Reimbursement
Annual Comprehensive Eye Exam (Every 12 months)	\$20 copay	Allowance = reimbursement Up to \$50 allowance
Standard Frame (Every 24 months)	\$0 copay up to \$150 allowance Additional 20% off balance over allowance	Up to \$85 allowance
Standard Plastic Lenses (Every 12 months in lieu of contact lenses)		
Single Vision	\$10 copay	Up to \$42 allowance
Bifocal	\$10 copay	Up to \$78 allowance
Trifocal	\$10 copay	Up to \$130 allowance
Standard Progressive	\$75 copay	Up to \$140 allowance
Contact Lenses (Every 12 months in lieu of frames and lenses)		
Conventional	\$0 copay up to \$150 allowance Additional 15% off balance over allowance	Up to \$120 allowance
Disposable	\$0 copay up to \$150 allowance	Up to \$120 allowance

Lasik or PRK, US Laser Network – 15% off retail or 5% off promotional price

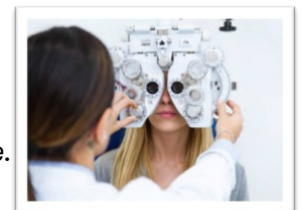
Frequency of benefits:

Examination – once every 12 months

Note: If you have medical insurance, use your medical insurance for the exam and it will be free.

Lenses or Contacts – once every 12 months

Frames – once every 24 months



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Medical, Dental, & Vision Rates

Polar contributes to your medical, dental, and vision premiums, but employees also share in the cost.

ANNUAL HSA FUNDING:

\$600 for employee-only coverage and **\$1,200** for family tiers of coverage

Note: Amount is prorated if employee begins a medical plan mid-year.

MEDICAL Monthly Premiums

	Employee	Employee + Spouse	Employee + Child(ren)	Family
PASSPORT NETWORK				
PPO PLAN	\$176.90	\$367.84	\$333.13	\$489.35
HDHP/HSA PLAN	\$110.64	\$229.73	\$208.08	\$305.53
PARK NICOLLET & HEALTHPARTNERS ACO NETWORK				
PPO PLAN	\$137.76	\$286.04	\$259.08	\$380.39
HDHP/HSA PLAN	\$82.42	\$170.86	\$154.78	\$227.14
VANTAGEPLUS ACO NETWORK				
PPO PLAN	\$137.76	\$286.04	\$259.08	\$380.39
HDHP/HSA PLAN	\$82.42	\$170.86	\$154.78	\$227.14

Working spouses who are eligible for “Minimum Value” coverage through their own employer are not eligible to enroll in Polar’s medical. Employees who have used tobacco within the past twelve months will be subject to a \$40 per month tobacco surcharge.

DENTAL Monthly Premiums

	Employee	Employee + Spouse	Employee + Child(ren)	Family
DELTA DENTAL PPO/PREMIER	\$9.89	\$21.46	\$17.80	\$28.18

VISION Monthly Premiums

	Employee	Employee + Spouse	Employee + Child(ren)	Family
EYEMED INSIGHT	\$4.45	\$8.46	\$8.90	\$13.09

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Life and Accidental Death & Dismemberment (AD&D)



New hires are eligible the first of the month after 30 days of employment.

Polar's life and AD&D provider is New York Life.



Basic Life and AD&D

Employees are automatically enrolled in life/AD&D at the value of 1x their base salary up to a maximum of \$300,000 in coverage.

Life and AD&D insurance is an important benefit as it provides your beneficiaries with financial protection in the event of a tragic loss.

This benefit is payable to your designated beneficiary/beneficiaries in the event that you pass away for any reason or suffer a dismemberment or blindness. You will make your beneficiary designation in Workday.

Voluntary Life and AD&D – employee, spouse, & child coverage

If you need additional life/AD&D insurance to meet your family's financial needs, you can purchase additional voluntary life insurance for yourself, your spouse, and/or your child(ren). You will make your beneficiary designation in Workday.

Life insurance is about more than just paying for funeral expenses; it is about making sure your family can maintain its standard of living if something happens to you. The amount of coverage your family will need depends on your personal situation (other income, monthly expenses, short and long-term debt such as credit card or mortgage expenses, etc.).

By purchasing voluntary life insurance, you also receive additional benefits including grief counseling, planning services, will preparation, and estate services.

Benefit reductions begin at age 70.

Employee Benefit Amount: Life	✓ Increments of 10k to a maximum of lesser of five (5) times salary or 600k. ✓ New Entrants: Guarantee Issue Amount 300k.
Spouse Benefit Amount: Life	✓ Increments of 5k to a maximum of 150k. ✓ Not to exceed 100% of the employee election. ✓ New Entrants: Guaranteed Issue Amount 30k.
Child(ren) Benefit Amount: Life	✓ 10k policy ✓ New Entrants: Guaranteed Issue Amount 10k.

Amounts over the Guaranteed Issue are subject to Evidence of Insurability (EOI).

Voluntary Life/AD&D Premiums – Employee & Spouse Monthly Cost per Thousand

AGE	0-25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
LIFE RATE	\$0.06	\$0.06	\$0.06	\$0.08	\$0.13	\$0.24	\$0.36	\$0.60	\$0.68	\$1.18	\$1.94	\$3.36
AGE	ANY											
AD&D RATE	\$0.02											

Voluntary Life Premiums – Child(ren) Coverage: \$2.30 per family per month (no matter the # of children)

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Disability



Salaried/exempt new hires are eligible the first of the month after 90 days of employment.

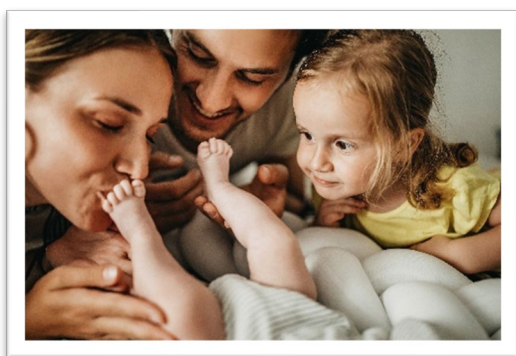
Hourly/non-exempt new hires are eligible the first of the month following one year of employment.

Polar's disability provider is New York Life.

If you become disabled and cannot work, no benefit becomes more important to your financial security than disability income protection.

Short-Term Disability (STD)

In the event that you are unable to work due to a non-work-related illness or injury, you will be eligible for short-term disability at no cost to you. It replaces a percentage of the income you would have earned had you been able to continue working. The benefit takes effect on the 7th day following an accident or an illness. If you qualify, you will receive a benefit of up to 65% of your base earnings to a maximum weekly benefit of \$1,500. Benefits are paid up to a maximum of 26 weeks.



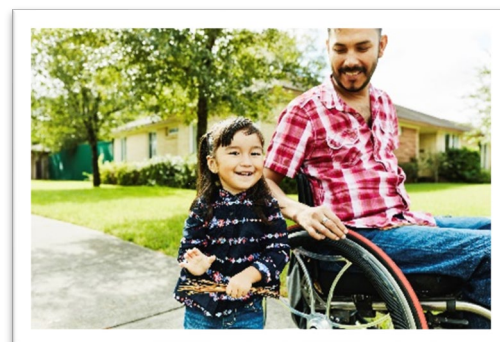
Elimination Period	7 days accident / 7 days illness
Income Replacement	65% of your pre-disability base earnings
Maximum Benefit	\$1,500 weekly
Maximum Benefit Period	26 weeks

Long Term Disability (LTD)

If your disability keeps you from working for an extended period, you will be eligible for long-term disability at no cost to you. Eligibility is after 180 days of an accident or illness and payment is equal to 60% of your base earnings up to a maximum monthly benefit of \$10,000.

The long-term disability maximum benefit period is generally the normal social security retirement age.

Elimination Period	180 days
Income Replacement	60% of your pre-disability base earnings
Maximum Benefit	\$10,000 monthly
Maximum Benefit Period	Social Security Normal Retirement Age (SSNRA)



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Accident & Critical Illness



New hires are eligible the first of the month after 30 days of employment.

Polar's provider is New York Life.

Voluntary Accident

Accidents can happen when you least expect them. This insurance can help protect you and your family in the event of unanticipated medical bills due to an accident. Health and disability insurance generally do not cover all expenses related to an accident, which is why accident insurance could be a great benefit for you and your family. If you or a covered family member has an accident, cash benefits are paid directly to you to use as you see fit. This policy offers 24-hour on and off the job coverage.

Benefits are paid out due to these types of expenses related to an accident: emergency treatment, diagnostic treatment, dislocations, fractures, follow-up treatments, ambulance transport, hospitalization, physical therapy, lacerations, and burns.

ACCIDENT – Monthly Premiums	
Employee	\$7.02
Employee & Spouse	\$11.89
Employee & Child(ren)	\$17.24
Employee & Spouse/Child(ren)	\$22.11



Voluntary Critical Illness

If you're diagnosed with a serious illness, one of the last things you want to worry about is your finances. A critical illness policy can provide you with a lump-sum cash benefit upon diagnosis of a critical illness. The benefit can be used to pay out-of-pocket expenses or to supplement your daily cost of living. Like the accident insurance, cash benefits are paid directly to you to use as you see fit.

This insurance policy helps provide protection from a variety of covered conditions, so you can focus on getting well.

- ✓ Pays a benefit to you if you are diagnosed with a major illness such as cancer, heart attack, or stroke
- ✓ Includes an annual \$75 Health Screening Benefit reimbursement for each insured member
- ✓ You choose the benefit amount that is right for you
 - Employees can elect \$10,000, \$20,000, or \$30,000; guarantee issue amount \$30,000
 - Spouse election is 50% of the employee's benefit; guarantee issue amount \$15,000
 - Child election is 50% of the employee's benefit; guarantee issue amount \$15,000

Rates for Critical Illness coverage are based on your age, tobacco use, coverage tier, and selected benefit amount – please see the benefits portal at www.polarsemibenefits.com for the detailed rate tables.



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Employee Assistance Program



New hires are eligible the first of the month after 30 days of employment.

Polar's Employee Assistance Provider is New York Life.



Employee Assistance Program (EAP)

The EAP provides a network of experienced professionals who can offer counseling for you and your dependents facing difficult legal, emotional, or financial issues. Counselors and qualified professionals are available 24/7/365, and all calls are completely confidential – nothing is reported back to your employer. Services include online resources and three counseling sessions per issue, per year.

For more support or information please click [here](#) (web ID: NYLGBS). Or, call 800-344-9752.

Well-Being Coaching

When you need help with personal challenges and physical issues that can be overwhelming, you will have access to a certified coach who will work with you one-on-one. They can help address health and well-being issues such as burnout, weight loss, time management, and coping with stress. You have access to five telephonic sessions per year.

Call 800-344-9752.

Financial, Legal & Estate Support

Financial Connect – Sometimes you may not know where to start when facing a stressful financial challenge or when you need financial planning expertise. You and your family members have unlimited access to a team of qualified experts including CPAs and CFPs.

Legal Connect – If you are facing a legal challenge, contact Legal Connect. You will have access to phone consultations with a staff of attorneys. You can be referred to a local attorney for a free 30-minute consultation and 25% reduction in fees thereafter.

Estate Guidance – This user-friendly online tool allows you and your family members to write a last will and testament, a living will and helps guide you through decision-making for your final arrangement instructions.

Call 800-344-9752 or click [here](#) (web ID: NYLGBS) to access online resources and tools.

Secure Travel Planning

This service provides pre-trip planning, assistance while traveling, and emergency assistance (such as medical transportation benefits) for covered persons traveling 100 miles or more from home.

Call 347-708-1824.

Balance Well Being

Take charge of your financial future with Balance Wellbeing. This is a no-cost financial wellness program here to support you every step of the way. Meet one-on-one with a financial professional, free of charge. Explore helpful articles, videos, financial calculators, and planning tools. Get online support with student loan assistance, emergency savings, and debt management.

Click [here](#) to get started, code = **Polar Semiconductor**

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Medica Added Value Programs

Medica – My Health Rewards

My Health Rewards by Medica®

All employees enrolled in the PPO plan, as well as all adult dependents in either plan (PPO or HDHP), are eligible to participate in My Health Rewards. This online tool helps you track healthy habits, daily fitness, and other wellness activities. Points you earn can be redeemed for e-gift cards, health and fitness products, or donated to a charitable cause.

Small daily changes can help you earn rewards totaling up to **\$225 per year!**

[Click here to get started!](#) (passphrase = Medica Wellness)

Medica – My Health Rewards – Invest

All employees enrolled in the HDHP plan are eligible for these rewards. (Note: Family members enrolled in the HDHP plan will use the standard My Health Rewards program, noted above.)

When you achieve three wellness goals - such as improving sleep, staying active, and maintaining healthy eating habits - you'll earn up to \$75 each month, deposited quarterly into your HSA. **That's up to \$900 per year!** Rewards are typically deposited about six weeks after each quarter ends.

[Click here to get started!](#) (passphrase = Medica Wellness)

Omada Diabetes Management



If you or your adult family members are at risk for type 2 diabetes or heart disease or are living with diabetes and are enrolled in our Medica health plan, Polar will cover the entire cost of the Omada program.

What you'll get with Omada: dedicated health coach & care team, interactive weekly lessons, smart devices delivered to your door.

[Click here to see if you're eligible!](#)

Hello Heart



Hello Heart is a digital therapeutics company that focuses on heart disease. Polar covers the cost of this Hello Heart program if you are enrolled in our Medica health plan.

Through a connected device and mobile app that uses AI, behavioral science, and personalized digital coaching to drive lifestyle changes, Hello Heart empowers people to embrace healthier behavior, which can reduce the risks of high blood pressure, high cholesterol, and heart disease. It also helps users catch blood pressure readings that are extremely high, as well as irregular heartbeats, encouraging them to talk to their doctor.

[Click here to see if you're eligible!](#)

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Additional Benefits – Pet Insurance & Legal Insurance

Pet Insurance



Employees are immediately eligible.

Polar’s pet insurance provider is Wishbone.

Pet insurance makes it easy and affordable to protect your furry family members. Get high-value accident and illness coverage for your cat or dog at exclusive employee benefit rates.

Why choose Wishbone?

- ✓ Up to 70% reimbursement on accident and illness vet bills
- ✓ Low annual deductible
- ✓ Fast claims processing - most completed within 5 business days
- ✓ Peace of mind knowing your pet can live their best life
- ✓ 24/7 Pet Telehealth



Find out more by clicking [here](#) or call 800-887-5708 or email help@wishboneinsurance.com. Rates vary by breed and age of pet.

Note: You will enroll directly with Wishbone via an individual policy and not in Workday.

Legal Insurance



New hires are eligible the first of the month after 30 days of employment.

Polar’s legal insurance provider is ARAG.

Legal issues can be a big disruption in your life. To help ease the stress of these issues, Polar offers voluntary legal insurance through ARAG. There are two plan options to choose from, summarized below.

Click [here](#) (code = 18665pol) to find out more!

Ultimate Advisor	Ultimate Advisor Plus
<ul style="list-style-type: none">✓ Consumer protection✓ Criminal✓ Debt related✓ Driving✓ I.R.S./taxes✓ Family (adoption, guardianship, divorce, etc.)✓ Landlord/tenant✓ Real estate/home ownership✓ Wills/estate planning	<ul style="list-style-type: none">✓ Covers everything under the base plan✓ Caregiving services✓ Financial counseling✓ Local/state taxes assistance✓ Identity theft protection✓ Additional family matters coverage
\$20.75 per month	\$24.25 per month

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Additional Benefits – Identity Theft Insurance & 401(k)

Identity Theft Insurance



New hires are eligible the first of the month after 30 days of employment.

Polar’s ID theft insurance provider is Allstate.

Identity theft can disrupt your credit, finances, and personal security. With Allstate Identity Theft Insurance, you’ll have peace of mind knowing you’re protected. Coverage includes expense reimbursement for restoring your identity, account monitoring, and tools to safeguard your financial well-being.

- ✓ Scam Protection
 - ✓ Family Protection features
 - ✓ Identity Restoration support
 - ✓ Data Removal
 - ✓ Fraud Resolution Tracker
- ✓ Dark Web Monitoring
 - ✓ Credit Monitoring
 - ✓ Digital Footprint tracking
 - ✓ Cyber Protection for Devices
 - ✓ Robocall and Ad Blocker
- ✓ Financial and Identity Monitoring
 - ✓ 24/7 Support
 - ✓ Interactive Help Center
 - ✓ Family Digital Safety Tools

ID THEFT – Monthly Premiums	
Employee	\$9.95
Family	\$17.95

401(k) Retirement Plan

New hires are immediately eligible.

Polar’s 401(k) provider is T Rowe Price.

2026 401K LIMITS - announced 11/13/25:
Regular: \$24,500
Catch Up: \$8,000
Catch Up (age 60-63): \$11,250



A 401(k) plan is an employer-sponsored retirement savings plan that allows employees to contribute a portion of their paycheck before taxes are taken out (traditional pre-tax) or after taxes (Roth).

Employees can contribute from 0% up to 60% of earnings, to a maximum of \$23,500 in 2025 (2026 limit not yet released). Catch up contributions of \$7,500 are available in 2025 (2026 limit not yet released) for those who reach age 50 during the plan year. A special catch up amount of \$11,250 is available in 2025 (2026 limit not yet released) for those who are age 60-63 during the plan year.

Note: Starting 2026, high-wage earners aged 50 or older will be required to make all catch up contributions on an after tax (Roth) basis.

The Polar employer contribution is a 5% match. Employees are vested in that match money two years after their hire date.

Additional features include auto-enrollment at a 6% pre-tax contribution, auto-escalation, choice of traditional pre-tax or after tax Roth contributions, incoming rollover capabilities, and loans/hardship withdrawals.

Employees make contribution elections, investment selections, and beneficiary designations directly with T Rowe Price and not through Workday.

T Rowe Price Website: <https://www.troweprice.com/workplace/en/login.html>

T Rowe Price Phone: 800-922-9945

Free 401(k) & retirement advisor: Taji Jacob, tjacob@thehausergroup.com

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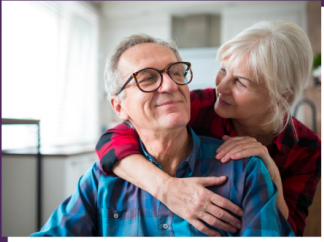
Additional Benefits – SmartConnect (Medicare Assistance)

Medicare assistance for employees and their family members

Call 833-799-3381 or click [here](#)



833-799-3381 | TTY: 711
Mon - Fri, 7:30 a.m. - 5 p.m.
CT



Introducing SmartConnect™

SmartConnect is an exclusive program created specifically for working or retiring adults (and family members) who are Medicare-eligible and may not have fully explored the benefits of Medicare coverage.

Staying on your employer's coverage may be easy, but it's not always the best option. In fact, Medicare plans could provide more coverage at a lower cost than your employer's plan.

SmartConnect puts your specific needs first and matches you with the education and the experienced advisor you need to make the best decision for you. SmartConnect gives you access to plans from national insurance carriers.

Whether you're planning to continue working or looking to retire, we are expert listeners who can guide you to a tailored solution. We know this is a big decision.

Our mission is to inspire confidence and help you find your balance in Medicare.

About SmartMatch Insurance Agency

SmartMatch Insurance Agency is an independent Medicare insurance agency that helps consumers research, compare, and purchase Medicare insurance plans.

We provide an unfiltered view of the entire range of options and prices available to you. To get a head start, visit SmartConnect's Connection Portal:

smartmatch.com/connect/polarsemi

Comparing Medicare and employer health insurance offerings can be frustrating. We do the work for you, all you need to decide is **how much you'd like to save.**

SmartMatch Insurance Agency, LLC
smartmatch.com/connect/polarsemi

Polar Company Benefits

Employee Referrals

Polar rewards employees for referring qualified candidates.

A referral bonus is paid when a new hire is referred by a Polar employee, is hired, and completes the required service.

Position Type	Bonus Amount	Payout Timing
Operators, Clerical, and Administrative	\$1,000 \$1,000	Two installments (6 and 12 months)
Equipment Maintenance Technicians New Graduate Engineers	\$3,000	Single installment (6 months)
Experienced Engineers and Management	\$4,000	Single installment (6 months)

Tuition Reimbursement

Regular full-time employees can be reimbursed for courses that support their career growth and benefit Polar, up to \$5,250 per year.

Reimbursements are not taxable. Visit the Polar intranet (SharePoint Wafer Central → Departments → Human Resources → Benefits & Leaves) for the full policy and forms.

Tobacco Cessation

Employees who successfully quit smoking are eligible for monetary rewards. To participate, contact the Benefits Administrator to enroll in the tobacco cessation program.

Metro Transit Pre-Tax Benefit

All Polar employees are eligible to participate in this benefit. Employees can purchase transit funds for Go-To Cards on a monthly basis through pre-tax payroll deductions, helping reduce commuting costs. Contact the Benefits Administrator if you are interested.

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Polar Paid Time Off

While Polar operates on a 24-hour basis, many office employees may choose to take off work on the following federally recognized holidays, provided they fall on a weekday:

- New Year's Day
- Memorial Day
- Independence Day (July 4th)
- Labor Day
- Thanksgiving Day
- The Day After Thanksgiving
- The Day Before Christmas
- Christmas Day

Employees taking these holidays off work are eligible to use their unused Floating Holiday hours or other paid time off hours. As with all time off requests, employees should consult with their direct supervisor or manager to ensure proper departmental coverage.

SALARIED EMPLOYEES PAID TIME OFF

Personal Days Off (PDO)

Salaried full-time employees are eligible for Personal Days Off (PDO) hours to be used for personal, vacation and "sick and safe" needs. Hours begin accruing immediately and there is no waiting period to use the hours. Accrued hours can be used in any increment. *This accrual for salaried employees complies with Minnesota's Sick & Safe Time regulations.*

PDO accrual: *Note: Workday accrues and updates PDO balances on a weekly basis.*

Length of Service	Equivalent Accrual	Accrual Cap
0-4 Years	2.3/week, 10.00/month, 120/year (3 weeks)	120 Hours
5-14 Years	3.07/week, 13.33/month, 160/year (4 weeks)	160 Hours
15+ Years	3.64/week, 16.67/month, 200/year (5 weeks)	200 Hours

An additional bonus week (40 hours) is provided on an employee's fifth- and fifteenth-year anniversaries.

Accrual Cap: If you reach the Accrual Cap in your available PDO balance, no additional PDO will accrue until you use some of your PDO hours. Once the balance falls below the Accrual Cap, then PDO will begin accruing again.

Holiday / Personal

Salaried full-time employees are eligible for 96 Holiday/Personal hours per year. Holiday/Personal hours are distributed semiannually; 48 hours on 1/1 and 48 hours on 7/1. There is no waiting period to use the hours. Accrued hours can be used in any increment during the calendar year for any holidays and/or other dates an employee chooses. Unused hours do not roll over into the next year.

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Polar Paid Time Off – Hourly Full Time

HOURLY EMPLOYEES (FULL-TIME) PAID TIME OFF

Personal Days Off (PDO)

Hourly full-time employees are eligible for Personal Days Off (PDO) hours to be used for personal and vacation needs. Hours begin accruing immediately and there is no waiting period to use the hours. Accrued hours can be used in any increment.

PDO accrual: *Note: Workday accrues and updates PDO balances on a weekly basis.*

Length of Service	Equivalent Accrual	Accrual Cap
0-4 Years	10.00 hours per month	120 Hours
5-14 Years	13.33 hours per month	160 Hours
15+ Years	16.67 hours per month	200 Hours

An additional bonus week (40 hours) is provided on an employee's fifth- and fifteenth-year anniversaries.

Accrual Cap: If you reach the Accrual Cap in your available PDO balance, no additional PDO will accrue until you use some of your PDO hours. Once the balance falls below the Accrual Cap, then PDO will begin accruing again.

Holiday / Personal

Hourly full-time employees are eligible for 48 Holiday/Personal hours per year. Holiday/Personal hours are distributed semiannually; 24 hours on 1/1 and 24 hours on 7/1. There is no waiting period to use the hours. Accrued hours can be used in any increment during the calendar year for any holidays and/or other dates an employee chooses. Unused hours do not roll over into the next year.

MN Sick & Safe Time (SST) / Personal

This accrual for hourly employees complies with Minnesota's Sick & Safe Time regulations. If these hours are used for personal (non-sick and non-safe designated reasons), no additional hours will be provided if a sick and safe situation arises. SST/Personal hours can be used with no attendance points **if** employees provide advance notice per departmental policy guidelines.

SST/Personal accrues at 1.4 hours per week. There is no waiting period to use the hours. The minimum required amount requested is 15 minutes, unless the available balance is less than 15 minutes then the entire available amount must be requested. A maximum of 48 hours per year can be accrued and there is an accrual cap of 80 hours. If you reach the accrual cap of 80 hours, no additional SST will accrue until you use some of your SST hours and if you have not already reached the annual maximum accrual of 48 hours.

Polar Paid Time Off – Part Time / Temporary

HOURLY EMPLOYEES (PT/TEMPORARY) PAID TIME OFF

MN Sick & Safe Time (SST) / Personal

This accrual for hourly employees complies with Minnesota's Sick & Safe Time regulations. If these hours are used for personal (non-sick and non-safe designated reasons), no additional hours will be provided if a sick and safe situation arises. No attendance points are applied to SST/Personal hours used **if** employees provide advance notice per departmental policy guidelines.


SST/Personal accrues at 1.4 hours per week. There is no waiting period to use the hours. The minimum required amount requested is 15 minutes, unless the available balance is less than 15 minutes then the entire available amount must be requested. A maximum of 48 hours per year can be accrued and there is an accrual cap of 80 hours. If you reach the accrual cap of 80 hours, no additional SST will accrue until you use some of your SST hours and if you have not already reached the annual maximum accrual of 48 hours.


Discount Programs

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The information in this Enrollment Guide is presented for illustrative purposes and the text contained herein was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

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Additional Benefits Information

www.polarsemibenefits.com

Polar Intranet – SharePoint Wafer Central

Departments → Human Resources → Benefits & Leaves

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Important Notices

MN Paid Family Medical Leave

Minnesota Paid Leave provides payments and job protections when you need time off to care for yourself or your family.

Your employer provides Paid Leave through an approved equivalent plan instead of through the State of Minnesota. This plan provides time off, payments, and job protections that are equal to or greater than those offered under Minnesota Paid Leave.

Equivalent plan information:

Insurer Name:	New York Life
Equivalent Plan Covers:	Family Leave & Medical Leave
Effective Date:	1/1/26
Website:	www.mynylgbs.com
Phone:	888-842-4462

What leave is covered?

You can take leave for the following qualifying events:

Medical Leave:

- To care for your own serious health condition, including care related to pregnancy, childbirth, and recovery

Family Leave:

- Bonding Leave – to care for and bond with a child welcomed through birth, adoption, or foster placement
- Caring Leave – to care for a family member with a serious health condition
- Military Family Leave – to support a family member called to active duty
- Safety Leave – to respond to issues related to domestic violence, sexual assault, or stalking for yourself or a family member

Am I covered by Paid Leave?

Most workers in Minnesota are covered by Paid Leave. An equivalent plan must offer coverage that is equal to or greater than what is offered under the state plan. Under the state plan, you may qualify for payments if you've been paid a minimum amount for work in Minnesota in the last year (\$3,900 for the start of Paid Leave in 2026). *Polar's private plan coverage is equivalent to the state plan.*

How long can I take leave?

An equivalent plan must offer leave time that is equal to or greater than what is offered under the state plan. Under the state plan, you may qualify to take up to 12 weeks of family or medical leave per benefit year. If you need both family and medical leave in the same benefit year, you may qualify for up to 20 weeks in total under the state plan. *Polar's private plan coverage is equivalent to the state plan.*

How much will I get paid?

An equivalent plan must offer payments that are equal to or greater than what is offered under the state plan. Under the state plan, you will be paid up to 90% of your wages, based on your income level, with a maximum weekly amount set at the state's average weekly wage. This amount changes each year and is \$1,423 for the start of Paid Leave in 2026. *Polar's payments will be equivalent to the state plan.*

The information in this Enrollment Guide is presented for illustrative purposes and the text contained herein was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

Who pays for the equivalent plan?

Your employer's equivalent plan may be funded by employer contributions, employee payroll deductions, or both.

Your employer cannot charge you more than 0.44% of your wages to fund your portion of the equivalent plan premium.

Your contributions are as follows:

	Total Leave Premium: 0.80%			
	Polar Semiconductor, LLC	will contribute	0.40%	of the leave contribution
		and the remaining	0.40%	will be deducted from your wages

What are my employment protections?

- **Job protections:** Generally, you must be restored to your job or an equivalent position when returning from leave. Job protections take effect 90 days after your date of hire.
- **Health insurance continuation:** Generally, employers must continue to fund their portion of healthcare insurance and other group insurance premiums while you are on leave. You will be responsible for any portion of health insurance and other group insurance premiums that you pay.
- **No retaliation or interference:** Employers must not interfere with or retaliate against you if you apply for or use Paid Leave. Employers cannot take your Paid Leave payments.
- **Equivalent plans:** Equivalent plans cannot impose any additional costs, conditions, or restrictions on Paid Leave beyond those in the state plan.

If you are concerned that your employer may be violating these protections, contact Paid Leave.

How do I take Paid Leave?

Employees who are covered by an equivalent plan do not apply with the state. Instead:

1. Notify your employer.
2. Apply with your employer's equivalent plan administrator (New York Life).

Your employer must give you clear instructions on how to apply. You may need to provide documentation, such as a medical certification.

Can I appeal if I am denied?

Workers covered by equivalent plans have the same right to appeal as those covered by the state plan. If your application for leave is denied or you disagree with the amount of your payment, you have 30 calendar days to ask that your equivalent plan review their decision. If their decision does not change, you can appeal with the Paid Leave Division within the legal deadline, 30 calendar days from when you received the review decision from your equivalent plan. Contact Paid Leave or visit our website for more information on appeals.

Learn more

Visit [Minnesota Paid Leave | Paid Leave](#) for more information about Paid Leave. Phone: 651-556-7777, Email: paidleave@state.mn.us

Nursing Mothers, Lactating Employees, and Pregnancy Accommodations employee notice

Pregnant employees have the right to request and receive reasonable accommodations, which may include, but are not limited to, more frequent or longer breaks, seating, limits to heavy lifting, temporary transfer to another position, temporary leave of absence or modification in work schedule or tasks. An employer cannot require an employee to take a leave or accept an accommodation.

Lactating employees have the right to reasonable paid break times to express milk at work unless they are expressing milk during a break that is not usually paid, such as a meal break. Employers should provide a clean, private and secure room that is not a bathroom near the work area that includes access to an electrical outlet for employees to express milk.

It is against the law for an employer to retaliate, or to take negative action, against a pregnant or lactating employee for exercising their rights under this law.

Employees who believe their rights have been violated under this law can contact the Minnesota Department of Labor and Industry's Labor Standards Division at dli.laborstandards@state.mn.us or 651-284-5075 for help. Employees also have the right to file a civil lawsuit for relief. For more information about this law, visit dli.mn.gov/newparents.

Important Notices

Notice of Patient Protections & Prior Authorization Procedures

Your **Medica** plans allow you to visit any doctor or hospital you choose. However, Prior Authorization is required for certain services. Make sure Your Provider obtains Prior Authorization before any planned hospital stays (except maternity admissions), skilled nursing and rehabilitative facility admissions, certain outpatient procedures, Advanced Radiological Imaging services, certain Specialty Drugs, and Durable Medical Equipment costing \$500 or more. Contact Medica Customer Service using the number on the back of your medical ID card or online at www.medica.com to find out which services require Prior Authorization. You can also call the customer service department to find out if your admission or other service has received Prior Authorization. For more information, please refer to your Evidence of Coverage document located online at www.medica.com.

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

- **PPO: \$750 Individual Deductible / \$2,250 Family Deductible / 20% Coinsurance**
- **HDHP with HSA: \$2,000 Deductible / \$4,000 Family Deductible / 20% Coinsurance**

If you would like more information on Medica benefits, call your plan administrator **1-800-952-3455**.

Newborns and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your Out-of-Pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources.

Uniformed Services Employment and Reemployment Rights Act of 1994

A Subscriber may continue his or her Coverage and Coverage for his or her Dependents during military leave of absence in accordance with the Uniformed Services Employment and reemployment Rights Act of 1994. When the Subscriber returns to work from a military leave of absence, the Subscriber will be given credit for the time the Subscriber was covered under the Plan prior to the leave.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mychohibi.com/ HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>

OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT- Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebssa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137
(expires 1/31/2026)

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Substance Use Disorder Treatment Records (42 CFR Part 2)

Certain health information may be protected by federal law (42 CFR Part 2) if it identifies you as having or

having received substance use disorder treatment from a federally assisted program. These records are subject to special confidentiality protections that go beyond the general HIPAA rules.

Use and Disclosure of Substance Use Disorder Information

We will not use or disclose your substance use disorder treatment records without your written consent, except as permitted by law. In limited circumstances, we may use or disclose these records for treatment, payment, or health care operations after obtaining your consent, or as otherwise authorized by 42 CFR Part 2 and the HIPAA Privacy Rule.

Redisclosure Restrictions

Federal law prohibits us and our business associates from redisclosing substance use disorder treatment information unless you have given written consent or the disclosure is otherwise expressly permitted by 42 CFR Part 2. Any disclosure we make that includes this type of information will include a notice of this federal prohibition.

Your Rights

You may revoke your consent to disclose substance use disorder information at any time, except to the extent that the information has already been used or disclosed based on your prior authorization.

You have the right to request an accounting of certain disclosures of your Part 2-protected information.

You have the right to receive a copy of this notice describing how we protect your substance use disorder treatment records.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

- The effective date of this notice is January 1, 2026
- The notice will serve as notice for the following benefit enrolled employees:
 - Polar Semiconductor
- Certain states, such as California, Texas, Minnesota, and others, may provide additional privacy protections under their own laws. Where state law provides greater protection or privacy rights than federal law, we will comply with the applicable state requirements.

For any communication regarding this notice or our privacy practices, contact our Privacy Officer, Jean Latzke, Principal Benefits & Leave Administrator by email at latzkej@polarsemi.com or by phone at 952-876-3308.

Important Notice from Polar Semiconductor About Your Prescription Drug Coverage and Medicare for plans:

- PPO: \$750 Deductible
- HDHP HSA: \$2,000 Deductible

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage **Polar Semiconductor** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. **Polar Semiconductor** has determined that the prescription drug coverage offered by the **Medica Plans** are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **Medica Plan** coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current **Polar Semiconductor** coverage, be aware that you and your dependents will not be able to get this coverage back until next Annual Open Enrollment or a mid-year qualifying event.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under your **Medica Plans** are creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1- 800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	01/01/2026
Name of Entity/Sender:	Polar Semiconductor
Office Contact/Position:	Jean Latzke/ Principal Benefits & Leave Administrator
Phone:	(952) 876-3000
Address:	2800 E Old Shakopee Road, Bloomington, MN 55425



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved

OMB No. 1210-0149

(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact **YOUR HUMAN RESOURCES DEPARTMENT.**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Polar Semiconductor		4. Employer Identification Number (EIN) 20-3094949	
5. Employer address 2800 E Old Shakopee Road		6. Employer phone number (952) 876-3000	
7. City Bloomington	8. State MN	9. ZIP code 55425	
10. Who can we contact about employee health coverage at this job? Jean Latzke			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

☒ All employees. Eligible employees are:

Full-time Employees

With respect to dependents: We do offer coverage. Eligible dependents are:

1. Legal Spouses (same sex marriages/unions)

2. Dependents up to age 26

☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

****Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.**

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☒ Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard? ☒ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

- a. How much would the employee have to pay in premiums for this plan? \$ 82.42
- b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☒ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

A. How much would the employee have to pay in premiums for this plan? \$

B. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐