

# 2026 Benefit Guide

Effective January 1 – December 31, 2026

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## Important Notice

The Company has made every attempt to ensure the accuracy of the information described in this enrollment guide. This guide is not an official plan document and does not provide a complete description of your benefit plans. Any discrepancy between this guide and the insurance contracts, summary plan descriptions (SPDs) or any other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to those documents. Any examples, such as infographics provided in this guide are purely illustrative in nature, and actual plan costs and coverage will differ based on coverage selected. The Company reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and the Company share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with the Company.

# WELCOME

## January 1, 2026 to December 31, 2026

We know you play an important role in our success. That's why we take pride in providing a benefits program that rewards you for the hard work and dedication you put forth every day. Our comprehensive and competitive benefits program is an important component of your total compensation package. This guide provides valuable information to help you better manage your health and your financial security.

Your benefits should complement your lifestyle and we encourage you to choose the benefit plans that will best serve you in 2026. Take time to review the wide array of benefits available to you—from healthcare to income protection, retirement savings, and much more.

This guide provides an overview of the coverage choices and enrollment information so you can select your benefits for the 2026 plan year. The choices you make will be in place through December 31, 2026. Your next opportunity to make changes will be at the annual Open Enrollment period (for the January 2027 plan year). You can make mid-year changes only in the event you experience a “Qualified Status Change,” including but not limited to marriage, domestic partnership, divorce, birth or adoption of a child or death of spouse or child.

Please read the information carefully and make your choices accordingly.

### EMPLOYEE BENEFITS WEBSITE

The Company provides a comprehensive benefits website for employees. Visit our employee benefits website for our company benefits information and general health and wellbeing resources.

[www.santenbenefits.com](http://www.santenbenefits.com)

### BENEFITS COUNSELOR TOOL

Sometimes people pick a plan that has features they don't need, or one that doesn't have the features they do need. To avoid these benefits pitfalls, we encourage you to spend a few moments with the ALEX® benefits counselor tool. ALEX will ask you a few questions and help you decide what plans are the best fit for you and your family. You can access ALEX from a computer, phone or tablet in just a few minutes!

[myalex.com/santen-inc](http://myalex.com/santen-inc)

### Enrolling in Benefits

When first eligible for benefits, you can enroll by visiting [workforcenow.adp.com](http://workforcenow.adp.com). The registration code is: **Santen-payroll**. Create a User ID and password to be used for all future access to the system. The QR code to right will take you to the ADP mobile app download.



### EMPLOYEE BENEFITS HELPDESK

**(800) 925-4802**

[BenefitsHelpDesk@epicbrokers.com](mailto:BenefitsHelpDesk@epicbrokers.com)

If you have any questions regarding any of our benefits or need help resolving a claim issue, you may call our dedicated Benefits HelpDesk. It is open Monday through Friday from 5:00 a.m. to 5:00 p.m. PST. If you leave a voice message, your phone call will be returned within 24 hours. Please take advantage of this special service.

# ELIGIBILITY

## WHO IS ELIGIBLE FOR COVERAGE?

Full-time employees and part-time employees working a minimum of 24 hours per week and their eligible dependents can participate in the Company's benefits, beginning on the 1<sup>st</sup> day of the month following their date of hire. If hired on the first of the month, benefits begin immediately. Coverage generally ends on the last day of the month in which you no longer meet the eligibility requirements. Eligible dependents include:

- Your spouse or domestic partner<sup>1</sup>
- Child(ren) up to age 26 (or older if disabled and incapable of self-support)

*Dependent children* include your children, your stepchildren, children covered under a child support order, your adopted children, children placed with you for adoption, and your domestic partner's children.

## PROOF OF DEPENDENT ELIGIBILITY

You may be required to provide proof of eligibility for your dependents. After you enroll, you will receive all necessary eligibility and documentation requirements. The Company may conduct a dependent eligibility audit at any time.

## CHANGE IN STATUS (QUALIFYING EVENT)

**Special Open Enrollment Rights.** The following events shall constitute a "Change in Status" as defined by the IRS which will result in your ability to exercise your Special Enrollment Period rights:

- **Legal Marital Status.** Events that change an employee's legal marital status, including marriage, death of employee's spouse, divorce, legal separation, and annulment.
- **Number of Dependents.** Events that change the number of an employee's dependents such as birth, death, adoption, and placement for adoption.
- **Employment Status.** Any of the following events that change the employment status of the employee, the employee's spouse, or the employee's dependent: a termination or commencement of or return from an unpaid leave of absence; a change in work site, and a change in employment status with consequence that the individual becomes (or ceases to be) eligible under the plan.
- **Dependent Satisfies or Ceases to Satisfy Eligibility Requirements.** Events that cause an employee's dependent to satisfy or cease to satisfy eligibility requirements for coverage due to attainment of age, student status, or any similar circumstance.
- **Residence.** A change in residency of the employee, spouse, or dependent that requires a change in service area.
- **Judgment, Decree, or Order.** Compliance with a judgment, decree, or order resulting from a divorce, legal separation, annulment, or change of custody, including a qualified medical child support order.
- **Entitlement to Medicare or Medicaid.** Upon becoming entitled to Medicare or Medicaid or loss of such entitlement.
- **Change in Coverage of Spouse or Dependent Under Other Employer's Plan.** A change under the plan of a spouse, former spouse, or dependent's employer if:
  - A cafeteria plan or qualified benefit plan of the spouse's, former spouse, or dependent's employer permits its participants to make an election change that would be permitted under these Change in Status rules; or,
  - The cafeteria plan permits participants to make an election for a period of coverage that is different from the period of coverage under the cafeteria plan or qualified benefits plan of the spouse, former spouse, or dependent's employer.

<sup>1</sup> Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by the Company on behalf of your domestic partner are generally considered taxable income to you. Contact Human Resources if you believe your domestic partner is exempt from federal or state taxes.

# EMPLOYEE CONTRIBUTIONS

The values below indicate how much you are responsible for contributing for your coverage. Amounts are taken directly from your biweekly paycheck.

## CONTRIBUTION SUMMARY (PER PAY PERIOD)

Plan Option	Employee Only	Employee + Spouse or DP <sup>1</sup>	Employee + Child or Children	Employee + Family
<b>Anthem Blue Cross HDHP PPO</b>	\$33	\$73	\$60	\$103
<b>Anthem Blue Cross PPO</b>	\$65	\$289	\$252	\$419
<b>Dental Plan</b>	\$6	\$12	\$12	\$18
<b>Vision Plan</b>	Provided at no cost to you or your dependents			
<b>California Only Health Plans</b>				
<b>Kaiser HDHP HMO (N. CA Only)</b>	\$24	\$53	\$48	\$72
<b>Kaiser HMO (N. CA Only)</b>	\$48	\$118	\$111	\$187
<b>Anthem Blue Cross HMO (CA Only)</b>	\$59	\$168	\$127	\$271

<sup>1</sup> Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by the Company on behalf of your domestic partner are generally considered taxable income to you. Contact Human Resources if you believe your domestic partner is exempt from federal or state taxes.



# MEDICAL & PRESCRIPTION DRUG BENEFITS

Each plan provides comprehensive, high-quality healthcare. The plans differ in the way they manage your care and structure out-of-pocket expenses. The benefits program includes five medical plans:

## Available Nationwide

**Anthem Blue Cross High Deductible PPO with HSA**  
**Anthem Blue Cross PPO**

## Available only in California

**Anthem Blue Cross HMO**  
**Kaiser High Deductible HMO with HSA (N. CA)**  
**Kaiser HMO (N. CA)**

## **Anthem Blue Cross High Deductible PPO with HSA (Available Nationwide)**

By enrolling in the Anthem Blue Cross High Deductible PPO plan, you may choose to open a Health Savings Account (HSA), which allows you to make pre-tax payroll contributions into your account. Use the tax-free distributions to pay for qualified medical expenses or allow the funds in your HSA to build with interest year after year, until you need them. HSA contributions are not subject to withholding for federal income tax or employment taxes but are subject to state taxation in California and New Jersey. Pre-taxed funds may be used for a variety of medical services that may not be covered by traditional health insurance plans. The Company will deposit money each pay period into your HSA. The Company's contributions are considered taxable wages in the above states.

## **Anthem Blue Cross PPO (Available Nationwide)**

If you enroll in the Anthem Blue Cross PPO plan, you may receive care from any provider. However, Anthem Blue Cross pays for eligible expenses at a higher level when you visit a network provider. When you visit an out-of-network provider, Anthem Blue Cross still pays for eligible expenses, but you may pay more out-of-pocket before expenses are covered.

## **Anthem Blue Cross HMO (California Only)**

If you enroll in the Anthem Blue Cross HMO plan, you select a primary care physician, or PCP, to coordinate your medical care. Your PCP provides routine services and refers you to other providers in the Anthem Blue Cross HMO network when you need to see a specialist or be hospitalized. You must receive care from providers in the Anthem Blue Cross HMO network; Anthem Blue Cross won't pay for non-emergency services you receive from an out-of-network provider without a referral from your PCP.

## **Kaiser Permanente High Deductible HMO with HSA (Northern California Only)**

By enrolling in the Kaiser High Deductible HMO plan, you may choose to open a Health Savings Account (HSA), which allows you to make pre-tax payroll contributions into your account. Use the tax-free distributions to pay for qualified medical expenses or allow the funds in your HSA to build with interest year after year, until you need it. HSA contributions are not subject to withholding for federal income tax or employment taxes but are subject to state taxation in California and New Jersey. Pre-taxed funds may be used for a variety of medical services that may not be covered by traditional health insurance plans. The Company will deposit money each pay period into your HSA. The Company's contributions are considered taxable wages in California.

## **Kaiser Permanente HMO (Northern California Only)**

If you enroll in the Kaiser HMO plan, you have the convenience of having all your health care needs under one roof. General providers give routine services and refer you to other providers within the Kaiser network when you need to see a specialist or be hospitalized. You must receive care from providers within Kaiser's network; Kaiser will not pay for non-emergency services you receive from a non-Kaiser provider without an authorized referral from Kaiser.

# ANTHEM MEDICAL PLANS FOR SANTEN INC

You can enroll in one of three medical plans through Anthem. To find an in-network provider, visit [www.santenbenefits.com/medical-plans/anthem-blue-cross-plans](http://www.santenbenefits.com/medical-plans/anthem-blue-cross-plans) for instructions.

## ANTHEM MEDICAL PLANS SUMMARY (SANTEN INC)

Key Features	Anthem High Deductible PPO Health Plan with HSA (Nationwide)		Anthem PPO (Nationwide)		Anthem HMO (California Only)
	In-Network	Out-of-Network <sup>2</sup>	In-Network	Out-of-Network <sup>2</sup>	In-Network
<b>Annual Calendar Year Deductible</b>					
<b>Individual</b>	\$2,500		\$500	\$1,500	None
<b>Family</b>	\$5,000		\$1,500	\$4,500	None
	For family coverage, the full family deductible must be met before the enrollee or covered dependents can receive benefits for covered services.		Not Applicable		Not Applicable
<b>Out-of-Pocket Maximum</b>					
<b>Individual</b> (includes deductible)	\$2,500	\$5,000	\$3,500	\$10,500	\$2,000
<b>Family</b> (includes deductible)	\$5,000	\$10,000	\$7,000	\$21,000	\$4,000
<b>Physician Services</b>					
	After deductible unless specified				No deductible
<b>Office Visit</b>	No charge	30%	\$20 primary care \$40 specialist	30%	\$20
<b>Preventive Care</b>	No charge (deductible waived)	30%	No charge (deductible waived)	30%	No charge
<b>Diagnostic Lab &amp; X-Ray Services</b>	No charge	30%	10%	30%	No charge
<b>Complex Lab &amp; X-Ray Services</b>	No charge	30%	10%	30%	\$125
<b>Hospital Services</b>					
<b>Inpatient</b> (per admission)	No charge	30%	10%	30%	\$250
<b>Outpatient Surgery</b>	No charge	30%	10%	30%	\$125
<b>Emergency Treatment</b>					
<b>Emergency Room</b> (waived if admitted)	No charge		\$150 copay (waived if admitted) then 10%		\$200
<b>Retail Prescriptions<sup>1</sup> (30-day supply)</b>					
<b>Tier 1 Lower Cost Generic/Generic</b>	No charge	30%	\$5 / \$20	50% to \$250 max	\$5 / \$15
<b>Tier 2</b>			\$40	50% to \$250 max	\$30
<b>Tier 3</b>			\$60	50% to \$250 max	\$50
<b>Tier 4</b>			30% to \$250 max	50% to \$250 max	30% to \$250 max
<b>Mail-Order Prescriptions<sup>1</sup> (90-day supply)</b>					
<b>Tier 1 Lower Cost Generic/Generic</b>	No charge	Not covered	\$12.50 / \$50	Not covered	\$12.50 / \$37.50
<b>Tier 2</b>			\$120		\$90
<b>Tier 3</b>			\$180		\$150
<b>Tier 4</b>			30% to \$250 max		30% to \$250 max

<sup>1</sup> For prescription drug formulary information, visit carrier website or contact Members Services via toll-free number on your ID card.

<sup>2</sup> Based on allowable amount. Benefit limits apply. See Evidence of Coverage for details.

# ANTHEM MEDICAL PLANS FOR INNFOCUS

You can enroll in one of two medical plans through Anthem. To find an in-network provider, visit [www.santenbenefits.com/medical-plans/anthem-blue-cross-plans](http://www.santenbenefits.com/medical-plans/anthem-blue-cross-plans) for instructions.

## ANTHEM MEDICAL PLANS SUMMARY (INNFOCUS)

Key Features	Anthem High Deductible PPO Health Plan with HSA (Nationwide)		Anthem PPO (Nationwide)	
	In-Network	Out-of-Network <sup>2</sup>	In-Network	Out-of-Network <sup>2</sup>
<b>Annual Calendar Year Deductible</b>				
<b>Individual</b>	\$3,400	\$8,400	\$500	\$1,500
<b>Family</b>	\$6,800	\$16,800	\$1,500	\$4,500
<b>Out-of-Pocket Maximum</b>				
<b>Individual</b> (includes deductible)	\$5,000	\$15,000	\$3,500	\$10,500
<b>Family</b> (includes deductible)	\$10,000	\$30,000	\$7,000	\$21,000
<b>Physician Services</b> <span style="float: right;">After deductible unless specified</span>				
<b>Office Visit</b>	No charge	30%	\$20 primary care \$40 specialist	30%
<b>Preventive Care</b>	No charge (deductible waived)	30%	No charge (deductible waived)	30%
<b>Diagnostic Lab and X-Ray Services</b>	No charge	30%	10%	30%
<b>Complex Lab and X-Ray Services</b>	No charge	30%	10%	30%
<b>Hospital Services</b>				
<b>Inpatient</b> (per admission)	No charge	30%	10%	30%
<b>Outpatient Surgery</b>	No charge	30%	10%	30%
<b>Emergency Treatment</b>				
<b>Emergency Room</b>	No charge		\$150 copay then 10% (copay waived if admitted)	
<b>Retail Prescriptions<sup>1</sup> (30-day supply)</b>				
<b>Tier 1 Lower Cost Generic/Generic</b>	\$5/ \$15	30% to \$250 max	\$5/\$20	50% to \$250 max
<b>Tier 2</b>	\$40	30% to \$250 max	\$40	50% to \$250 max
<b>Tier 3</b>	\$60	30% to \$250 max	\$60	50% to \$250 max
<b>Tier 4</b>	30% up to \$250 max	30% to \$250 max	30% to \$250 max	50% to \$250 max
<b>Mail-Order Prescriptions<sup>1</sup> (90-day supply)</b>				
<b>Tier 1 Lower Cost Generic/Generic</b>	\$12.50 / \$37.50	Not covered	\$12.50 / \$50	Not covered
<b>Tier 2</b>	\$120		\$120	
<b>Tier 3</b>	\$180		\$180	
<b>Tier 4</b>	30% up to \$250 max		30% up to \$250 max	

<sup>1</sup> For prescription drug formulary information, visit carrier website or contact Members Services via toll-free number on your ID card.

<sup>2</sup> Based on allowable amount. Benefit limits apply. See Evidence of Coverage for details.

# KAISER MEDICAL PLANS - CALIFORNIA ONLY

If you reside in a Kaiser Permanente service area in Northern California, you can enroll in one of two medical plans through Kaiser. To find an in-network provider visit [kp.org](http://kp.org) and click on “Doctors & Locations.”

## KAISER MEDICAL PLANS SUMMARY (NORTHERN CA ONLY)

Key Features	Kaiser HMO (Northern California Only)	Kaiser High Deductible HMO Health Plan with HSA (Northern California Only)
	In-Network	In-Network
<b>Annual Calendar Year Deductible</b>		
<b>Individual</b>	None	\$3,400
<b>Family</b>	None	\$3,400 (each member in a family of two or more) \$6,800 (entire family of two or more)
<b>Out-of-Pocket Maximum</b>		
<b>Individual</b> (includes deductible)	\$1,500 per individual	\$3,400 (each member in a family of two or more)
<b>Family</b> (includes deductible)	\$3,000	\$6,800 (entire family of two or more)
<b>Physician Services</b>		
<b>Office Visit</b>	\$30	No charge after deductible
<b>Preventive Care</b>	No charge	No charge (deductible waived)
<b>Diagnostic Lab and X-Ray Services</b>	No charge	No charge after deductible
<b>Complex Lab and X-Ray Services</b>	No charge	No charge after deductible
<b>Hospital Services</b>		
<b>Inpatient</b> (per admission)	No charge	No charge after deductible
<b>Outpatient Surgery</b>	\$30	No charge after deductible
<b>Emergency Treatment</b>		
<b>Emergency Room</b> (waived if admitted)	\$100	No charge after deductible
<b>Retail Prescriptions<sup>1</sup> (30-day supply)</b>		
<b>Tier 1</b>	\$10	No charge after deductible
<b>Tier 2</b>	\$25	
<b>Mail-Order Prescriptions<sup>1</sup> (100-day supply)</b>		
<b>Tier 1</b>	\$20	No charge after deductible
<b>Tier 2</b>	\$50	

<sup>1</sup> For prescription drug formulary information, visit carrier website or contact Members Services via toll-free number on your ID card.

# HEALTH SAVINGS ACCOUNT (HSA)

## HEALTH SAVINGS ACCOUNT (HSA)

Here are the advantages of our High Deductible Plans with a Health Savings Account:

- **Funds will not expire:** Your HSA balance is yours. If you do not spend your balance in a calendar year, it will roll over into the following year.
- **The account follows you:** You own your HSA account. Think of it as a personal checking account for healthcare dollars. If you switch jobs or retire, you will take it with you.
- **Triple tax advantages:** Once you have opened your HSA, you will contribute pre-tax money, your account will grow tax-free, and you may pay for eligible healthcare expenses tax-free<sup>1</sup>. (In CA and NJ, state tax will apply).

### Key points:

- The Company provides you with money that can be used toward your deductible (if you qualify for HSA per IRS rules)
- Contributions are deposited into your HSA before you are taxed federally, and the account earnings are not taxed
- Use your HSA dollars to pay for qualified expenses or long-term care premiums, Medicare, and COBRA premiums
- You will receive a debit card to use when paying for medical, dental and vision services, and at the pharmacy

### Contributions may be made:

- Pre-tax via payroll deduction
- Covered Post-tax via personal check or cash — Account holder deducts Post-tax contributions on Form 1040

### Not all individuals are eligible to open or contribute to an HSA disqualifiers include:

- Covered as a dependent on a non-HSA compatible health plan
- Age 65 or older and enrolled in Medicare or Social Security
- Enrolled in or covered by a Flexible Spending Account for health expenses, including a spouse's FSA. Dependent care and limited purpose FSA are permitted by the IRS.
- Covered by any other health coverage (e.g., under a military or college health plan)

IRS Limit	Annual Maximum	Annual Catch-Up Amount
Individual	\$4,400	\$1,000 (for those age 55 and over)
Family	\$8,750	
Employer Contributions to your HSA	Annual Contribution <sup>2</sup>	Per Paycheck Contribution
Employee Only	\$1,050	\$40.38
Employee + Family	\$2,100	\$80.76

**Important:** HSAs involve very complex rules, including limitations on eligibility, contributions and reimbursement. Federal and state tax penalties may be assessed if these requirements are not met. You should talk to a tax advisor about your personal circumstances with respect to the HSA rules. Another helpful resource is IRS Publication 969 ([irs.gov/publications/p969/ar02.html](https://irs.gov/publications/p969/ar02.html)).

**Note:** Employees hired after December 1<sup>st</sup> will not be eligible to participate in the HSA until January of the following year.

<sup>1</sup> Certain states do not treat HSA contributions or distribution as tax-free (e.g., California and New Jersey). Consult your tax advisor to understand how HSA participation may impact you and your family members from a tax perspective.

<sup>2</sup> The annual employer contribution will be prorated based on the date of hire.

# STAYING WELL

## TELEMEDICINE

When you enroll in one of our medical plans, you have access to valuable telemedicine visits. Telemedicine allows you to visit with a physician from the comfort of your own home or office via video chat or phone, and is a great alternative to going to your primary care physician for non-emergency illnesses such as:

- Sinus Problems
- Sore Throat / Bronchitis
- Urinary Tract Infection
- Ear and Eye Infections
- Upper Respiratory Infections
- Colds, Cough, Flu
- Medical Counseling

## LiveHealth Online with Anthem

If you're enrolled in one of our Anthem medical plans, you have access to board-certified doctors available any time, any day. Doctors through LiveHealth Online can assess your condition, provide treatment options, and send prescriptions to your pharmacy. The cost of using LiveHealth Online is typically \$55 or less depending on which plan you are enrolled in:

<b>Anthem PPO/HMO:</b>	\$10 copay
<b>Anthem HDHP (Santen Inc):</b>	\$0 copay after deductible is met
<b>Anthem HDHP (InnFocus):</b>	\$10 copay after deductible is met

Visit [livehealthonline.com](https://livehealthonline.com) and complete the required information to set up your account. The LiveHealth Online app is also available through your smartphone.

## Video Visits with Kaiser

If you're enrolled in one of our Kaiser medical plans, you have convenient access to your doctor from your home or office! Visit [kp.org/mydoctor/videovisits](https://kp.org/mydoctor/videovisits) on your computer. Virtual visits are free of charge for members enrolled in the traditional Kaiser HMO plan. If you're enrolled in the Kaiser HDHP, virtual visits are subject to your plan deductible.



## MEMBERSHIP BASED PRIMARY CARE OFFICES FOR ANTHEM PPO AND HDHP PARTICIPANTS

The Company understands the need for convenience in accessing primary health care services. One Medical offers a local network of primary care practices and specialty physicians. One Medical is a membership-based program that delivers convenience in large cities across the US.

The Company will reimburse your annual membership fee if you choose to join One Medical or renew your membership in 2026. You must submit proof of your membership expense in order to obtain reimbursement. Your membership fee is not tax deductible, and your reimbursement will be taxed. Contact the Benefits Helpdesk for details on how to obtain reimbursement.

**Access to One Medical is available only to employees enrolled on the Anthem HDHP or PPO plan and their enrolled dependents.** Once you sign up as a One Medical patient, you will be able to access One Medical facilities for you and your dependents. Using One Medical offices, you will have access to:

- Same day or next day appointments
- Access to free video chats, at any time - 24/7/365<sup>1</sup>
- Mobile App — reduces unnecessary visits with convenient appointment scheduling and Rx fills
- All offices have onsite labs
- Virtual nutrition coaching



One Medical primary care practices includes Primary Care, Urgent Care, Travel Health (i.e., vaccinations), Women's Health, Men's Health, Mental Health, Sports Medicine and Dermatology. A deductible may apply for care.

<sup>1</sup> On demand video chat visits through the One Medical App are available at no cost. A deductible may apply for scheduled remote visits via Zoom call. For any questions about treatment costs please email [admin@onemedical.com](mailto:admin@onemedical.com) or call (212) 441-4383 prior to treatment.



# DENTAL BENEFITS

## DENTAL PLAN SUMMARY

Santen offers a comprehensive dental plan for you and your eligible dependents through Mutual of Omaha. With this plan, you may receive care from any provider. However, when you receive your care from a dental provider within the Mutual of Omaha network, you will have less out-of-pocket expenses than if you receive care from an out-of-network provider.

Mutual of Omaha has contracted rates with network providers which allows your coverage to go further, unlike out-of-network providers, who do not have contracted rates with Mutual of Omaha and can charge higher amounts for services. If services are obtained from out-of-network providers, Mutual of Omaha will pay the percentage based on Usual, Customary, and Reasonable (UCR) amounts and the patient may be responsible for any charges over those amounts.

The deductibles and coinsurance percentages below indicate the amounts for which you are responsible.

Key Features	PPO In-Network	PPO Out-of-Network
Annual Calendar Year Maximum	\$2,000	
Calendar Year Deductible		
Individual	\$50	
Family	\$150	
Preventive Services (no deductible)	No charge	
Basic Services	10%	20%
Major Services	40%	50%
Orthodontics (adults and children up to age 26)	\$1,500 (Lifetime maximum)	



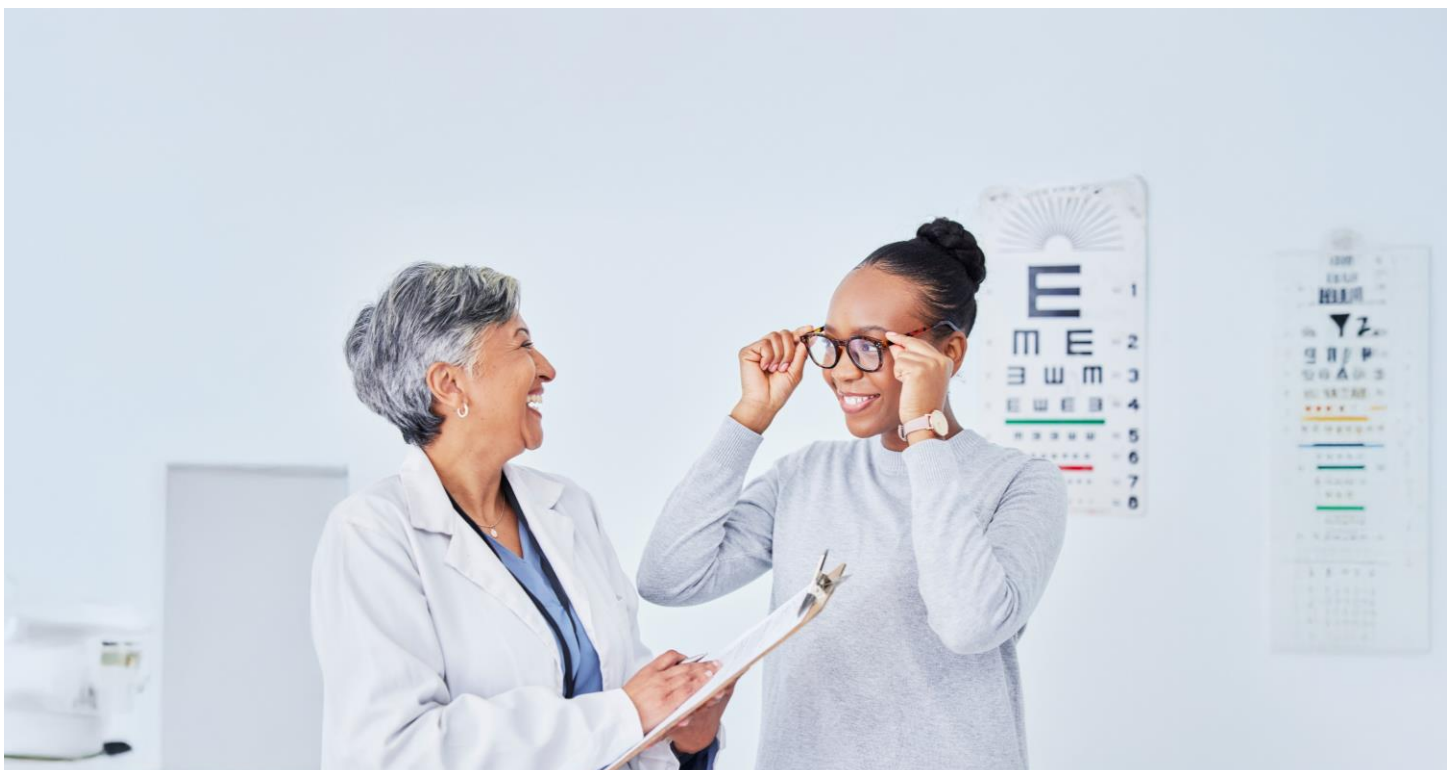
# VISION BENEFITS

## VISION PLAN SUMMARY

You and your dependents have access to vision coverage through Vision Service Plan (VSP). With VSP you may receive care from any provider, however, VSP pays for eligible expenses at a higher level when you visit a network provider. When you visit an out-of-network provider you will typically pay more out-of-pocket. You are required to pay the provider in full at the time of service and submit your itemized receipt within 6 months to VSP for reimbursement up to the plan allowance. Remember that Costco will now bill VSP directly for your services even though they are an out-of-network provider. For more information about your vision coverage, please contact our Benefits Help Desk.

Key Features	VSP Provider	Out-of-Network Reimbursement
<b>Exam</b> (every 12 months)	No charge	Up to \$50
<b>Lenses</b> (every 12 months) <sup>1</sup>	\$20 copay	Up to \$100 (on select lenses)
<b>Frames</b> (every 24 months)	\$20 copay Plan allows up to \$200, plus 20% off any out-of-pocket expenses	Up to \$70
<b>Contact Lenses Instead of Glasses</b> (every 12 months)	Up to \$200	Up to \$105
<b>Medically Necessary Contact Lenses</b>	No charge	Up to \$210
<b>Computer Vision Care Benefit</b>	An additional \$200 annual benefit toward a separate eye exam (subject to copay) for analysis of the eyes and related structures that addresses the specific visual needs of those with heavy computer use. This added benefit is provided to employees and is not available to dependents.	

<sup>1</sup>Anti-reflective coating is available free of charge.



# TAX-ADVANTAGED ACCOUNTS

## FLEXIBLE SPENDING ACCOUNTS (FSA)

The Company offers Flexible Spending Accounts through HealthEquity. Tax savings under these plans will vary based on your individual salary and personal income tax level. Tax savings include Federal, State, and Social Security taxes.

**Health Care FSA:** A Health Care FSA enables you to allocate funds up to the IRS allowable limit on a pre-tax basis to pay for medical, dental, and vision expenses. Benefits include but are not limited to deductibles, copayments, medical (chiropractic), dental (orthodontia), vision, and hearing care. Employees with a Health Savings Account (HSA) cannot enroll in the Health Care FSA per IRS rules.

**Limited Purpose FSA:** Employees who elect a high deductible health plan and open an HSA may elect to participate in the “Limited Purpose Health Care FSA” plan which enables you to allocate funds up to the IRS allowable limit on a pre-tax basis for dental and vision claim reimbursements only.

HSA & Health Care FSA Comparison	HSA	Health Care FSA
Who Qualifies?	Must be enrolled in HDHP	Must not be participating in HSA
Who Owns the Account?	You	Santen
How Much Can I Deposit in 2026?	\$4,400 for single enrollment \$8,750 for family enrollment <i>(inclusive of Santen’s contributions)</i>	\$3,400
When Can I Access the Money?	After funds have been deposited	All funds accessible immediately
Can I Change My Contributions During the Year?	Yes, at any time	Only after experiencing an IRS qualifying event
What Happens at the End of the Year or When I Leave Santen?	Funds roll over and remain yours	Funds are forfeited

## COMMUTER BENEFIT PROGRAM

To help save money on commuting costs and provide a stress-free way for employees to arrive at work on time, the Company offers a pre-tax commuter benefit program through HealthEquity. With this benefit, all employees who commute to work by public transit (bus, train, BART, rail, or ferry) can pay for these unreimbursed transit costs with pre-tax dollars. You may set aside up to \$340 per month toward transit costs and an additional \$340 per month toward parking. The commuter benefit does *not* include a “Use It or Lose It” penalty. Any unused funds will carry forward to the next plan year in which you are an active participant.

# FAMILY PLANNING & SUPPORT SERVICES

## FAMILY PLANNING SERVICES

### Fertility Services Reimbursement

Santen will reimburse up to 80% of eligible fertility services and treatments not covered under your existing Santen medical plan, up to a lifetime maximum of \$20,000. In addition to being enrolled in a Santen medical plan, you must also exhaust the state mandated fertility coverage provided by your plan to be eligible for this reimbursement. In compliance with IRS HSA regulations, your deductible must be met prior to any reimbursement under this plan. Your choice of medical plan may impact your ability to utilize this benefit. Please contact Human Resources for details. This plan will reimburse qualified expenses for employees, spouses or partners.

### Adoption Assistance Plan

Santen will reimburse up to 100% of eligible adoption-related expenses, up to a maximum of \$6,000 per adoption. For more information on how this program works, please contact Human Resources.

## MUTUAL OF OMAHA EMPLOYEE ASSISTANCE PROGRAM

We also offer the Mutual of Omaha Employee Assistance Program (EAP). Sometimes a personal or professional issue can affect your work, health, and general well-being. During these times it's important to have someone to talk with to let you know you're not alone. You have access to up to 5 face-to-face or video telehealth sessions per year per issue (3 face-to-face sessions in a six-month period per issue for CA residents). There are also services available for topics such as legal services, childcare referrals, financial services, and relationship stress.



# INCOME PROTECTION BENEFITS

## BASIC LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

The Company provides you with basic life insurance equal to two (2) times your annual salary up to a maximum of \$600,000, rounded to the next higher \$1,000. If death is the result of an accident, your beneficiary will receive another payment equal to your life benefit.

## SHORT-TERM DISABILITY (STD)

STD insurance provides protection against loss of income during a period of disability. STD insurance pays you 60% of your weekly pay up to a maximum of \$2,500 per week. The company pays for days 8 through 59 of your disability, and our Mutual of Omaha STD policy begins on day 60 and continues through day 179.

## LONG-TERM DISABILITY (LTD)

LTD insurance provides income protection starting 180 days after an approved disability begins, continuing coverage for you once STD benefits end. LTD insurance pays up to 60% of your annual salary up to a \$15,000 monthly maximum. The Company pays for the cost of this coverage.

## VOLUNTARY LIFE INSURANCE AND AD&D

Eligible employees may purchase additional life insurance and AD&D coverage through Mutual of Omaha. Proof of good health may be required if you delay enrollment beyond 30 days from your hire date.

- **Employee Coverage:** You may choose to purchase benefits in \$10,000 increments up to a maximum of \$500,000. Proof of good health is required if you purchase over \$150,000 in coverage.
- **Spouse Coverage:** Coverage for spouses may be purchased in \$5,000 increments up to a maximum of \$250,000. Employee coverage is required for spouse to elect coverage. Proof of good health is required if you purchase over \$50,000 in coverage.
- **Child Coverage:** For eligible children 14 days of age or older, you may elect coverage in the amount of \$10,000. For children under 14 days of age, the policy provides \$1,000 of coverage.



# ADDITIONAL BENEFITS

## VOLUNTARY SUPPLEMENTAL BENEFITS

We have partnered with Mutual of Omaha to offer you the following supplemental group plans for yourself and your eligible dependents. For each of these valuable plans, the benefit can be used to cover living expenses, deductibles, out-of-pocket medical costs—whatever the need, and rates don't go up for filing a claim. Other reasons to consider a supplemental plan include the following:

- **Benefits are paid directly to you:** The benefit payments for these plans are not reduced by any other coverages held.
- **Coverage is available for family members:** Most plans offer spouse and dependent children coverage.
- **The plans are portable:** The plans can be converted to individual policies if you retire or leave.

### Accident Insurance

Accident Insurance pays benefits for specific injuries and events resulting from a covered accident, including:

- Hospital stays
- Fractures
- Burns
- Dislocations
- Ambulance expenses
- Medical appliances

Accident Plan Monthly Cost	
Employee Only	\$8.64
Employee + Spouse	\$14.76
Employee + Child(ren)	\$21.57
Family	\$27.57

### Critical Illness

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered serious illness, including but not limited to:

- Heart attack or coronary artery disease
- Stroke
- Major organ transplant
- Kidney failure
- Cancer

Coverage can be purchased in increments of \$10,000 with a maximum of \$40,000 for yourself and your family. The cost of this coverage depends on the benefit amount you select as well as your age. Rates are available in the ADP enrollment system.

### Hospital Indemnity

Hospital Indemnity Insurance pays a daily benefit if the covered individual has to stay in a hospital, critical care unit or rehabilitation facility. The plan features include the following:

- The plan pays a lump-sum cash benefit when an insured employee or family member requires hospitalization or treatment related to a sickness or injury
- The benefit is paid regardless of any other insurance coverage or actual expenses incurred
- Proof of good health is never required to enroll
- The Company pays for the cost of employee coverage for those enrolled in our medical High Deductible Health Plans. Note that the premium paid by the company will be treated as taxable income to you.

Hospital Plan Monthly Cost for Employees Enrolled in an HDHP Medical Plan	
Employee Only	\$0
Employee + Spouse	\$9.02
Employee + Child(ren)	\$2.11
Family	\$14.33

Hospital Plan Monthly Cost for All Other Employees	
Employee Only	\$9.51
Employee + Spouse	\$18.53
Employee + Child(ren)	\$11.62
Family	\$23.84

# ADDITIONAL BENEFITS

## 401(K) SAVINGS PLAN

The Company offers a 401(k) Savings Plan to help you plan for your financial future. The plan offers pre-tax, Roth and voluntary post-tax options. The maximum contribution you can make each year is determined by the IRS. Santen matches 100% of the first 5% (pre-tax and Roth contributions). The company match vests 25% for each eligible year of service. Once you join the plan, a variety of investment options are available.

## FINANCIAL PLANNING

Free financial planning services are available through Morgan Stanley, our 401K investment advisor. Services offered include retirement plan analysis, education funding analysis, insurance planning, and investment education.

## 529 COLLEGE SAVINGS PLAN

You have access to an American Funds 529 College Savings plan. 529 Plans are tax-advantaged investment accounts designed to help save for future education expenses. Please contact the Morgan Stanley team if you are interested in participating in this plan or if you have questions.

## LEGAL ASSISTANCE

Legal challenges can arise at any time, and navigating them can be complex and time-consuming. For just \$19.50 per month, you and your dependents can access the MetLife Legal Plan, offering affordable, convenient legal assistance through a nationwide network of attorneys and easy-to-use digital tools.

The plan includes unlimited support for personal legal matters such as telephone advice, consultations, demand letters and document reviews, helping you handle legal issues with confidence. Assistance is available for a wide range of concerns, including money matters, estate planning, civil lawsuits, and traffic-related matters.

## IDENTITY THEFT PROTECTION

Living in a digital world has its perks, but it comes with exposure to cybercrime, identity theft, and scams. MetLife + Aura Identity & Fraud Protection is a great solution for you and your loved ones to stay protected and informed. Protect your personal information with

their advanced tools, notifications and services. It even includes guidance for digital parenting and mental health, to help you and your family stay safe.

You can purchase a MetLife + Aura plan for \$9.95 a month for yourself or add the whole family for \$15.95.

## BUSINESS TRAVEL ACCIDENT

In the event of your death while traveling on company business, the AIG Business Travel Accident policy will pay your beneficiary two (2) times your annual base salary up to \$500,000.

## INTERNATIONAL TRAVEL ASSISTANCE

Employees who travel globally during business for the Company have access to our international travel assistance program through Chubb, which provides you with 24/7 access to medical and travel services around the world. Help is only a call away.

### Chubb International Travel Assistance Website Portal

To gain on-line and mobile access to Chubb International Travel Assistance Service, you must first complete the registration. Use the policy number below to register and create your personal profile. Once registered, you can access the CHUBB Travel Assistance website any time.

**URL:** [portal.chubbtravelsmart.com](https://portal.chubbtravelsmart.com)

**Policy Number:** 35331683

# KEY CONTACTS

For Questions About	Contact	Call	Visit/Email	Group ID
Benefits HelpDesk	EPIC	(800) 925-4802	<a href="mailto:BenefitsHelpDesk@epicbrokers.com">BenefitsHelpDesk@epicbrokers.com</a>	-
Anthem Blue Cross HMO	Member Services	(800) 227-3613	<a href="http://anthem.com/ca">anthem.com/ca</a>	57U59A
Anthem Blue Cross PPO	Member Services	(800) 765-2588	<a href="http://anthem.com/ca">anthem.com/ca</a>	Santen=1281DA IF = 1870UG
Anthem Blue Cross HDHP	Member Services	(844) 860-3535	<a href="http://anthem.com/ca">anthem.com/ca</a>	Santen=1870UA IF = 1870UJ
Kaiser Permanente	Member Services	(800) 464-4000	<a href="http://kp.org">kp.org</a>	48023
Mutual of Omaha Dental	Member Services	(800) 927-9197	<a href="http://mutualofomaha.com/dental">mutualofomaha.com/dental</a>	G000CT4J
VSP Vision	Member Services	(800) 877-7195	<a href="http://vsp.com">vsp.com</a>	12077957001
Mutual of Omaha Life, Disability, Accident, Critical Illness & Hospital Plans	Member Services	File a claim: (800) 877-5176 Claim status: (800) 775-8805	<a href="http://mybenefits.mutualofomaha.com">mybenefits.mutualofomaha.com</a>	G000CT4J
Health Equity FSA, HRA & Commuter Benefit	Member Services	(866) 346-5800	<a href="http://healthequity.com">healthequity.com</a>	-
Mutual of Omaha EAP	Member Services	(800) 316-2796	<a href="http://mutualofomaha.com/eap">mutualofomaha.com/eap</a>	-
MetLife Legal	Member Services	(800) 821-6400	<a href="http://members.legalplans.com">members.legalplans.com</a>	-
MetLife + Aura ID Theft	Member Services	(844) 931-2872	<a href="http://my.aura.com/start">my.aura.com/start</a>	-
AIG Business Travel Accident Insurance	Member Services	(877) 244-6871	<a href="http://aig.com">aig.com</a>	GTP 9113080
Chubb International Travel Assistance	Toll-free in US & Canada	(855) 327-1431	<a href="http://portal.chubbtravelsmart.com">portal.chubbtravelsmart.com</a>	35331683
	Collect outside of the US	(630) 694-9783		
401(k) Savings Plan	NWPS	(888) 700-0808	<a href="http://yourplanaccess.net/nwps">yourplanaccess.net/nwps</a>	-
Financial Planning and 529 Plan	Morgan Stanley	(510) 891-5240	<a href="mailto:jonathan.lew@morganstanley.com">jonathan.lew@morganstanley.com</a> <a href="mailto:francisca.sanchez@morganstanley.com">francisca.sanchez@morganstanley.com</a> <a href="mailto:carla.j.koren@morganstanley.com">carla.j.koren@morganstanley.com</a>	-



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