

US Eligibility for Health Care Benefits

Effective: January 1, 2019

Valid through December 31, 2019

As a Maxim employee, you and your dependents (if applicable) must meet certain requirements to be eligible for health care coverage. This section outlines the eligibility criteria for covering yourself and your dependents under the medical, dental, vision, flexible spending and life insurance plans.

Eligibility for You

You are eligible for coverage under the Maxim medical, dental, vision, flexible spending and life insurance plans if you are a Maxim regular employee working 24 hours or more a week.

Eligibility for Dependents

If you are enrolled in medical, dental, vision, flexible spending or life insurance coverage at Maxim, you may also cover certain eligible dependents under the plans. To complete your dependent's enrollment on Maxim's plans, you are required to provide proof of your dependent's eligibility (including, for example, a marriage license or a birth certificate). Eligible dependents include:

- Your legal spouse, domestic partner, common law spouse, that the relationship meets the laws of the jurisdiction in which it was entered into
- Your natural, legally adopted, step children up to age 26
- Children who have been granted permanent legal guardianship by the court of law up to age 26
- Children of any age who are mentally or physically disabled and fully dependent on you for financial support

Your children can generally be covered under the Plan until they attain age 26; regardless of their student or marital status and regardless of whether your home is their principal place of abode or whether you support them. In order for your child to be covered under the Plan, you must also be enrolled in coverage.

Coverage is not available to children who have attained age 26.

If you and your spouse/domestic partner both work for Maxim, you may not be covered as both an employee and as a dependent. Additionally, only you as the employee enrolled in the medical, dental, vision and flexible spending plans may cover your eligible children as dependents under the plan.

Adding New Dependents to Your Coverage

In general, you initially enroll yourself and your eligible dependents for coverage when you first join the company. Then, you have the opportunity to make changes to your coverage, and whom you cover, during the open enrollment period held every year. The elections you make during open enrollment remain in effect for an entire year, from January 1 through December 31, unless you have a qualifying event.

You can add coverage for a dependent during the year if you have a qualifying event, such as getting married or having a baby. If you are adding a dependent to coverage, you **MUST** do so within 31 days of the qualifying event (your child's birth, your wedding date, etc.). Otherwise your dependent will not have coverage and you will have to wait until the next open enrollment period to enroll him or her.

If you adopt or have a newborn baby, you must notify HR within 31 days of the adoption date or your child's birth date. Your baby will not automatically be added to your coverage.

When adding coverage for dependents, you will be required to provide copies of documents demonstrating dependent status (birth certificate or marriage license). If adding a dependent who has lost other insurance coverage, you will be required to provide documentation indicating the date coverage was lost (letter from previous employer, certificate of creditable coverage, etc.). Note: Voluntary loss of coverage i.e. cancelling a plan or failing to pay plan premiums like COBRA is not considered a qualifying event.

Dropping Dependents from Your Coverage

You can drop coverage for a dependent during the year if you have a qualifying event, such as a covered dependent obtaining insurance coverage through another employer. If you are dropping a dependent from coverage, you **MUST** do so within 31 days of the qualifying event. Otherwise your dependent will remain on your coverage through year end at which time you can drop them during open enrollment.

Dependents that no longer meet the eligibility criteria described above must be removed from Maxim's coverage within 31 days of the date eligibility is lost. For example, if you are divorced, your ex-spouse is no longer a dependent and must be removed from the plan(s) within 31 days that the divorce is final. Failure to do so could result in back payment of claims to the date the ex-spouse lost eligibility.

When dropping coverage for dependents, you will be required to provide documents demonstrating loss eligibility (e.g. divorce decree or letter from the dependent's employer indicating the date the other coverage went into effect).

If a covered dependent becomes ineligible for coverage (e.g. divorce decree, etc.), Maxim will terminate coverage for that dependent as of the last day of the dependent's eligibility and any claims from that day forward become the responsibility of the employee.

Maxim reserves the right to conduct periodic dependent benefit audits and may ask for proof of your dependents' eligibility status at any time.

Coverage During Leaves

For information regarding coverage under Maxim's group health plans during a leave, please refer to the Maxim U.S. Employee Handbook found on Maxim's InSite at https://intranet.maxim-ic.com/hr/library/HR%20Library/US_Employee_Handbook_StandardVersion.pdf.

Maxim Temporary Employees with Over 90 days of Service

Maxim employed temporary employees with over 90 days of service are eligible to participate in the BCBS High Deductible Health Plan. The same dependent eligibility applies as described above.

Conclusion

This document highlights the eligibility definition of many of the benefit plans sponsored by Maxim Integrated. Full details of these provisions are contained in the legal documents (such as plan documents and policy contracts) governing the plans. Coverage is subject to change during the plan year to comply with federal law. If there is any discrepancy or conflict between the legal documents and the information presented here, the legal documents will govern. In all cases, the legal documents are the exclusive source for determining rights and benefits under the plans. Employees categorized as Temporary on Maxim's payroll system and Contract workers are not eligible for benefits. Participation in the plans does not constitute an employment contract. Maxim reserves the right to modify, amend, or terminate any benefit plan or practice described in this document at any time. Nothing in this document guarantees that any plan provisions will continue in effect for any period of time.

Questions? Check Maxim InSite or contact Benefits

