

# Marvellbenefits At-a-Glance

Medical Plans	ANTHEM BLUE CROSS EXCLUSIVE		ANTHEM BLUE CROSS PREFERRED		ANTHEM BLUE CROSS HDHP		KAISER HMO (CA)	TUFTS HMO (MA)
	In-Network Only		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network Only
<b>Deductible</b>	\$100/Individual \$300/Family		\$300/Individual \$900/Family		\$2,000/Individual \$2,800/Individual up to \$4,000/Family		None	None
<b>Percentage Co-Insurance</b>	10%		20%	35%	10%	30%	None	None
<b>Out-of-Pocket Maximum</b>	\$2,000/Individual \$6,000/Family		\$2,000/Individual \$6,000/Family	\$4,000/Individual \$12,000/Family	\$5,000/Individual \$10,000/Family	\$5,000/Individual \$10,000/Family	\$1,500/Individual \$3,000/Family	\$3,000/Individual \$6,000/Family
<b>Doctor's Office Visits</b>	\$20 copay*		\$25 copay*	35%	10%	30%	\$20 copay	\$20 copay
<b>Specialist Office Visits</b>	\$30 copay*		\$35 copay*	35%	10%	30%	\$20 copay	\$35 copay
<b>Telemedicine Visits</b>	No charge livehealthonline.com		No charge livehealthonline.com	35%	No charge (during COVID) \$59; 0% after deductible livehealthonline.com	30%	No charge KP.org	No charge (during COVID) \$20 copay teladoc.com
<b>Urgent Care</b>	\$20 copay*		\$25 copay*	35%	10%	30%	\$20 copay	\$20 copay
<b>Preventive Care</b> Screening, Immunization, Radiology and Labs	No charge		No charge	35%	No charge	30%	No charge	No charge
<b>X-ray &amp; Advanced Imaging</b>	10%		20%	35%	10%	30%	No charge	No charge
<b>Lab</b>	10%		20%	35%	10%	30%	No charge	No charge
<b>Outpatient Surgery &amp; Procedures</b>	10%		20%	35%	10%	30%	\$20 copay	\$500 copay
<b>Emergency Room Services</b>	10% after \$100 copay (copay waived if admitted)		20% after \$100 copay (copay waived if admitted)	20% after \$100 copay (copay waived if admitted)	10%	10%	\$100 copay (copay waived if admitted)	\$150 copay (copay waived if admitted)
<b>Inpatient Hospital**</b>	10%		20%	35% after \$250 copay	10%	30%	\$200 copay	\$500 copay
<b>Behavioral Health Visit</b>	10%		20%	35%	10%	30%	\$20 copay/Individual \$10 copay/Group	\$20 copay
<b>Chiropractor Visit</b>	\$20 copay 30-visit maximum per year		20% 30-visit maximum per year	35% 30-visit maximum per year	10% 30-visit maximum per year	30% 30-visit maximum per year	\$15 copay 30-visit maximum per year	\$35 copay 12-visit maximum per year
<b>Acupuncture Visit</b>	\$20 copay 30-visit maximum per year		20% 30-visit maximum per year	35% 30-visit maximum per year	10% 30-visit maximum per year	30% 30-visit maximum per year	\$15 copay 30-visit maximum per year	\$20 copay
<b>Physical, Speech &amp; Occupational Therapy</b>	10%		20%	35%	10%	30%	\$20 copay	\$35 copay
<b>PRESCRIPTION DRUGS</b>								
<b>Out-of-Pocket Maximum</b>	\$2,000/Individual \$6,000/Family		\$2,000/Individual \$6,000/Family		Included with Medical Out-of-Pocket Maximum		Included with Medical Out-of-Pocket Maximum	Included with Medical Out-of-Pocket Maximum
<b>Pharmacy Retail</b>	Tier 1: \$10 copay* Tier 2: \$30 copay* Tier 3: \$50 copay* Tier 4: \$100 copay*		Tier 1: \$10 copay* Tier 2: \$30 copay* Tier 3: \$50 copay* Tier 4: \$100 copay*	Member pays applicable copay + 50% of covered expense*	Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$50 copay Tier 4: \$100 copay	Tier 1: 30% Tier 2: 30% Tier 3: 30% Tier 4: 30%	Generic: \$10 copay Brand: \$30 copay	Tier 1: \$15 copay Tier 2: \$30 copay Tier 3: \$50 copay
<b>Pharmacy Mail Order</b>	2x copay for 90-day supply*		2x copay for 90-day supply*	Not covered	2x copay for 90-day supply	Not covered	2x copay for 100-day supply	2x copay for 90-day supply

\*Deductible does not apply  
\*\*Preauthorization required

## Terms to Know

**Deductible**—The amount you pay each year before your plan starts to pay.

**Co-Insurance**—Your percentage of the costs after meeting your deductible.

**Copay**—A flat fee you pay for covered services like doctor visits.

**Out-of-Pocket Maximum**—The maximum amount you will pay out of your pocket for covered services for the plan year. This amount includes your deductible, copays and co-insurance.

**Allowed Amount**—The maximum a health plan pays for services. If you go out-of-network, you will be responsible for any costs over the Allowed Amount.

**Prescription Tier**—The way a health plan categorizes each prescription into different levels to determine cost.



## Supporting a Healthy You

McGriff is Marvell's benefits administrator.

**Contact the McGriff Benefits Information Center:**  
(888) 754-6501 | 6:00 a.m. to 5:00 p.m. Pacific Time  
Email McGriff: [marvellbenefits@mcgriffinsurance.com](mailto:marvellbenefits@mcgriffinsurance.com)

**MARVELLBENEFITS.COM**

Delta Dental PPO	DELTA DENTAL PLAN		
	Dental Base Plan		Dental Buy-Up Plan
	Delta Dental PPO Network	Delta Dental Premier & Out-of-Network	Must use PPO In-Network Dentist Only
Deductible	\$50/Person \$150/Family		\$50/Person \$150/Family
Benefit Maximum (calendar year)	Plan pays \$2,000/Person		Plan pays \$3,000/Person
Diagnostic and Preventive Services (oral exams, cleanings, X-rays, etc.)*	No copay or deductible	Deductible applies	No copay or deductible
Basic Services (oral surgery, fillings, root canals, etc.)	You pay 20%		You pay 20%
Crowns, Onlays & Cast Restorations	You pay 50%		You pay 40%
Prosthodontics (bridges, full and partial dentures)	You pay 50%		You pay 40%
Implants	You pay 50% with a \$2,000 lifetime maximum/Person		You pay 40% with a \$3,000 annual maximum/Person
Orthodontics (adults and children)	You pay 50% with a \$2,000 lifetime maximum/Person		You pay 40% with a \$3,000 lifetime maximum/Person
Reimbursement is based on PPO-contracted fees for PPO dentists, Premier-contracted fees for Premier dentists, and program allowance for non-Delta Dental dentists			

\*Not subject to benefit maximum

Vision Service Plan	VISION SERVICE PLAN	
	In-Network	Out-of-Network
Well Vision Exams	Plan pays 100% after \$10 copay	Plan pays up to \$50 after \$10 copay
Primary and Diabetic Eye Care Services	\$20 copay	Not covered
Lenses and Frames Copay	\$25 copay	See limits below
Contact Lenses Copay	\$60 copay	See limits below
<b>LENSES &amp; FRAMES (ONCE EVERY CALENDAR YEAR)</b>		
Single Vision Lenses	Plan pays 100%	Plan pays up to \$50
Bifocal and Trifocal Lenses (Lined)	Plan pays 100%	Plan pays up to \$75 and \$100
Standard Progressive Lenses	Plan pays 100%	Plan pays up to \$75
Anti-Reflective Coating	\$30 copay	Not covered
Adult and Child Polycarbonate Lenses	Plan pays 100%	Not covered
Frames	Plan pays up to \$200, plus 20% off any out-of-pocket cost Plan pays up to \$110 at Costco	Plan pays up to \$70
<b>CONTACT LENSES (IN LIEU OF LENSES AND FRAMES)</b>		
Elective	Plan pays up to \$200 for contacts	Plan pays up to \$105 for contacts
Necessary	Plan pays 100%	Plan pays up to \$210
Laser Vision Correction (Lasik, Custom Lasik or PRK)	Plan pays up to \$250 per eye	Not covered
<b>BUY-UP</b>		
Frames or Contacts	Same allowance for second pair of glasses or contacts	Same allowance for second pair of glasses or contacts

## Employee Contributions Per Month

MEDICAL PLAN	
<b>ANTHEM BLUE CROSS EXCLUSIVE</b>	
EE Only	\$98.00
EE + Spouse	\$256.00
EE + Child(ren)	\$204.00
EE + Family	\$341.00
<b>ANTHEM BLUE CROSS PREFERRED</b>	
EE Only	\$121.00
EE + Spouse	\$318.00
EE + Child(ren)	\$252.00
EE + Family	\$423.00
<b>ANTHEM BLUE CROSS HDHP</b>	
EE Only	\$51.00
EE + Spouse	\$132.00
EE + Child(ren)	\$105.00
EE + Family	\$177.00
<b>KAISER (CA)</b>	
EE Only	\$82.00
EE + Spouse	\$213.00
EE + Child(ren)	\$169.00
EE + Family	\$283.00
<b>TUFTS (MA)</b>	
EE Only	\$101.00
EE + Spouse	\$279.00
EE + Child(ren)	\$230.00
EE + Family	\$326.00
Medical Opt-Out Credit	\$250.00

DENTAL PLAN	
<b>DELTA DENTAL (BASE PLAN)</b>	
EE Only	\$12.00
EE + Spouse	\$42.00
EE + Child(ren)	\$34.00
EE + Family	\$61.00
<b>DELTA DENTAL (BASE + BUY-UP)</b>	
EE Only	\$56.00
EE + Spouse	\$144.00
EE + Child(ren)	\$120.00
EE + Family	\$205.00
<b>VISION PLAN</b>	
<b>VSP (BASE PLAN)</b>	
EE Only	\$6.00
EE + Spouse	\$21.00
EE + Child(ren)	\$16.00
EE + Family	\$28.00
<b>VSP (BASE + BUY-UP)</b>	
EE Only	\$11.00
EE + Spouse	\$32.00
EE + Child(ren)	\$26.00
EE + Family	\$44.00

### FINANCIAL PROTECTION

- Short-Term Disability
- Long-Term Disability and Buy-Up
- Legal Plan
- Life and AD&D Insurance
- Critical Illness

### FINANCIAL BENEFITS

- 401(k) Plan + Match
- Employee Stock Purchase Plan

### SUPPORTING MARVELL'S FAMILIES

- Adoption and Surrogacy Benefits
- Backup Child, Adult and Pet Care
- On-Demand Tutoring
- Day Care Discount
- Day Care FSA
- Modern Health: Counseling, Coaching and Digital Courses
- Commuter Benefits
- Care.com Membership
- Senior Care Planning
- Employee Discount Portal
- Tuition Reimbursement
- Employee Referral Program
- 12 weeks of Paid Bonding and Family Care Leave
- Rethink: Child Development Resources
- Family Concierge Services
- College Prep Assistance

## Manage Your Health Care

When enrolled in the Anthem HDHP, Marvell will make an annual one-time, upfront contribution to your HSA in 2022:

- \$500 for employee-only coverage
- \$1,000 for family coverage

- Health Savings Account (HSA)
- Health Care FSA and Limited Health Care FSA
- Engage Well-Being App and Challenges
- Telemedicine (All Plans)
- Diabetes Prevention Program (Anthem)
- Autism Support Program (Anthem)
- Enhanced Gender-Affirming Coverage (Anthem)
- Cancer Care Program (Anthem)
- Fertility Coverage (All Plans)
- 2nd.MD: Second Opinion Resource

**LEARN MORE**  
For more information on the Marvell Benefits Program, visit [marvellbenefits.com](https://marvellbenefits.com).

This overview summarizes the Marvell Benefits Program. Full details of the benefit plans are contained in the official documents, which will govern in the case of any discrepancies.



Supporting a Healthy You

