Benchling

2026 Benefits



Invest in yourself.

Contents

Getting Started

4 Who's eligible for benefits?

5 Changing your benefits

6 Enrolling for benefits

7 The easy way to get benefits information

Medical, Dental & Vision

8 Which plan is right for you?

10 Words to know

11 Medical plans

16 Maximize your health benefits

17 Preventive care

18 Know where to go

20 Prescription drug tips

21 Dental plans

23 Vision plan

25 Health savings account

26 Healthcare flexible spending account

Life & Disability

28 Basic life and AD&D

29 Voluntary life and AD&D

30 Short-term disability

31 Long-term disability

32 Additional voluntary benefits

Financial Wellness

34 Dependent care FSA

35 Commuter benefits

36 401(k) retirement savings

Wellbeing & Balance

38 Modern Health

39 Carrot

40 One Medical

41 Benchling Stipends

Important Plan Information

43 Your benefit costs

46 Plan contacts and resources

47 Important plan information

48 Plan documents

49 Determining eligibility

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.



Getting Started

2026 Benefits

January 1, 2026, through December 31, 2026

This is a passive enrollment, meaning current enrollments will carry over to the next year. Employees must actively enroll in the FSA and HSA benefits for the 2026 calendar year as these plans do not roll over.

Medicare Part D Notice

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Notices section for more details.

No matter where you are in your career Benchling supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, as well as life, disability, retirement, and more benefits.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review what's available to make the most of your benefits package.

Who's eligible for benefits?



When you can enroll

New employees can enroll on date of hire, but **you must enroll within 30 days of becoming eligible.**

Existing employees can enroll during the annual open enrollment period.

If you miss the enrollment deadline, you will need to wait until the next open enrollment unless you have a qualifying event.

Employees

All U.S. full-time and part-time employees working 30 hours or more per week are eligible to enroll in benefits.

Eligible dependents

- Spouses
- Domestic partners, that meet the criteria below:
  - Are at least 18 years of age
  - Are competent to contract at the time the domestic partnership statement is completed
  - Are not legally married to any person and not related in any way that would prohibit marriage in our state of operation
  - Are each other's sole domestic partner
  - Share permanent residence
- Children and/or a spouse's/domestic partner's children under the age of 26 or over the age of 26 and solely dependent on you for support due to a mental or physical disability; dependent children include:
  - Natural children
  - Stepchildren
  - Adopted children including those placed with you for adoption
  - Foster children
  - Children you are responsible for under a qualified medical support order or court order
  - Grandchildren in your legal custody
- Children named in a qualified medical child support order (QMCSO)

Changing your benefits

Click to play video



Life happens

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in your or a dependent's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit any changes within 30 days after the event.

Enrolling for benefits



Do I need to enroll?

If you do not have any changes to make to your 2026 Benefits and you do not want to enroll in a 2026 Flexible Spending Account or Health Savings Account, no action is required.

Workday

Employees will enroll in Benefits in Workday.

On November 06, benefit eligible employees will see an “Open Enrollment” Task in Workday.

Employees should review and submit their benefit elections, even if they are not making changes to their selections.

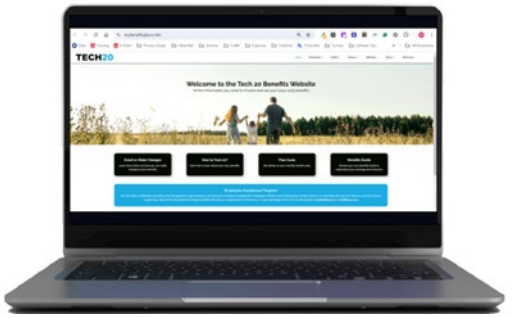
Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

Getting started

- **Log in** to Workday: **Workday**
- **Add** your personal and dependent information.
- **Select** your benefit plans for the coming year.
- **Review** your choices and costs before finalizing.

The easy way to get benefits info



benchling.mybenefits.life

MyBenefits.Life® gives you all your benefits information in one place

You can do just about anything online these days. Why should accessing your benefits information be any different? MyBenefits.Life® is a website that gives you access to the benefits information you need, when you need it.

Here's what you'll find on MyBenefits.Life®

Benefits	See benefit details and costs for all plans you're eligible for.
Enroll	Time to enroll? Please visit the **Workday** portal to make your benefit elections.
Documents	Read important benefit plan notices ("the fine print").
Contacts	Find HR, benefits, and carrier contacts.
Get help	Need help? Access helpful resources.



Medical

Our Plans

UnitedHealthcare $250 PPO

UnitedHealthcare HDHP

UnitedHealthcare EPO

UnitedHealthcare HMO*

Kaiser HMO*

**For CA employees only*

Which Plan Is Right For You?

That depends on your healthcare needs, favorite doctors, and budget. Think about these factors when choosing your medical plan:

- **Do you like your doctors?** Check whether they are in the plan's network. If they are not, but you are comfortable paying a bit more, consider a plan with out-of-network coverage.
- **What are your healthcare needs?** Compare how each plan covers the services you need most often, such as office visits, specialists, or prescriptions.
- **What's your budget?** What will you pay for coverage? Is there a deductible? What is your share of the cost for office visits and prescriptions? All of these factors together affect your total cost for healthcare.

Which plan is right for you?



Plan type definitions

- **HMO:** health maintenance organization
- **EPO:** exclusive provider organization
- **PPO:** preferred provider organization
- **POS:** point of service
- **HDHP:** high-deductible health plan

Consider an HMO or an EPO if:

- You want lower, predictable out-of-pocket costs.
- You like having one doctor to manage your care.
- You are happy with the selection of network providers.
- You don't see any doctors that are out-of-network.
- You have convenient access to Kaiser facilities.

Plans to consider

- United Healthcare HMO (CA only)
- United Healthcare EPO
- Kaiser HMO (CA only)

Consider a PPO if:

- You want to be able to see any provider, even a specialist, without a referral.
- You want coverage for out-of-network providers (at a higher cost).

Plans to consider

- UnitedHealthcare PPO

Consider an HDHP if:

- You want to be able to see any provider, even a specialist, without a referral.
- You want coverage for out-of-network providers (at a higher cost).
- You want tax-free savings on your healthcare costs.
- You want to build a savings account for future healthcare. costs for you and your eligible family members.
- You want an extra way to add to your retirement savings.

Plans to consider

- United Healthcare HDHP

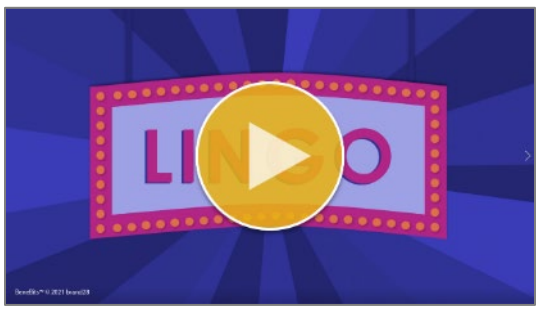


Medical

Words To Know

Can you beat the Health Lingo game? Learn the words that will help you understand how your plan works.

Click to play video



Deductible: The total healthcare costs you pay for with your own money before your plan will start to pay a portion.

Out-of-pocket maximum: Once you've spent this amount on covered medical services, your insurance pays 100% of most eligible expenses for the rest of the plan year.

Coinsurance: After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 80%, your share of the cost (your coinsurance) is 20%. You are billed for your coinsurance after your visit.

Copay: A set fee (rather than coinsurance) for certain healthcare services—for example, a doctor's office visit. You pay the copay at the time you receive care.

In-network/out-of-network: In-network services will always be the lowest-cost option. Out-of-network services will cost more or may not even be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.

UnitedHealthcare PPO

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

	In Network	Out of Network
Deductible	**Individual:** $250 **Family:** $750	**Individual:** $250 **Family:** $750
Accumulation period	Calendar year	
Out-of-pocket maximum	**Individual:** $2,250 **Family:** $4,500	**Individual:** $6,500 **Family:** $13,000
Office visit Primary Specialist	 $20 copay $20 copay	 30% after deductible 30% after deductible
Telehealth	$20 copay	30% after deductible
Chiropractic	$20 copay Limited to 24 visits per year	Not covered
Lab and X-ray	10%	30% after deductible
Urgent care	$20 copay	30% after deductible
Emergency room	$150 copay, then 10%	$150 copay, then 10%
Hospitalization	10% after deductible	30% after deductible
Outpatient surgery	10% after deductible	30% after deductible Limited to $760 per date of service for Allowed Amount of Facility Fees
Prescription drugs		
Deductible	**Individual:** None **Family:** None	**Individual:** None **Family:** None

	Up to a 31-day supply		Up to a 90-day supply
Prescription Drug Product Tier Level	In-Network Retail Pharmacy	Out-of-Network Retail Pharmacy	In-Network Mail Order Pharmacy**
Tier 1	$5	$5	$10
Tier 2	$25	$25	$50
Tier 3	$40	$40	$80
Tier 4	$45	$45	$90

**Only certain Prescription Drug Products are available through mail order; please visit myuhc.com or call Customer Care at the telephone number on the back of your ID card for more information.

Note: This is a summary of benefits. For more information, refer to your UHC benefit summary.

UnitedHealthcare HDHP

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

	In-Network	Out-of-Network
Deductible***	**Individual:** $3,400 **Family:** $6,800	**Individual:** $3,400 **Family:** $6,800
Accumulation period	Calendar year	
Out-of-pocket maximum	**Individual:** $3,425 **Family:** $6,850	**Individual:** $7,000 **Family:** $14,000
Office visit Primary Specialist	 No charge after deductible No charge after deductible	 30% after deductible 30% after deductible
Telehealth	No charge after deductible	No charge after deductible
Chiropractic	No charge after deductible Limited to 24 visits per year	Not covered
Lab and X-ray	No charge after deductible	30% after deductible
Urgent care	No charge after deductible	30% after deductible
Emergency room	No charge after deductible	No charge after deductible
Hospitalization	No charge after deductible	30% after deductible
Outpatient surgery	No charge after deductible	30% after deductible
Prescription drugs		
Deductible	**Individual:** $3,400 **Family:** $6,800	**Individual:** $3,400 **Family:** $6,800

	Up to a 31-day supply		Up to a 90-day supply
Prescription Drug Product Tier Level	In-Network Retail Pharmacy	Out-of-Network Retail Pharmacy	In-Network Mail Order Pharmacy**
Tier 1	$10*	$10*	$20*
Tier 2	$30*	$30*	$60*
Tier 3	$50*	$50*	$100*
Tier 4	30% up to $150	30% up to $150	30% up to $300

*After the Annual Pharmacy Deductible is met.
**Only certain Prescription Drug Products are available through mail order; please visit myuhc.com or call Customer Care at the telephone number on the back of your ID card for more information.
*** All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

Note: This is a summary of benefits. For more information, refer to your UHC benefit summary.

UnitedHealthcare EPO

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

	In-Network Only
Deductible	**Individual:** None **Family:** None
Accumulation period	Calendar year
Out-of-pocket maximum	**Individual:** $2,000 **Family:** $4,000
Office visit Primary Specialist	 $15 copay $15 copay
Telehealth	$15 copay
Chiropractic	$15 copay Limited to 24 visits per year
Lab and X-ray	No charge
Urgent care	$15 copay
Emergency room	$100 copay
Hospitalization	$100 copay
Outpatient surgery	$200 copay
Prescription drugs	
Deductible	**Individual:** None **Family:** None

	Up to a 31-day supply	Up to a 90-day supply
Prescription Drug Product Tier Level	**In-Network Retail Pharmacy**	**In-Network Mail Order Pharmacy****
Tier 1	$5	$10
Tier 2	$25	$50
Tier 3	$40	$80
Tier 4	$45	$90

**Only certain Prescription Drug Products are available through mail order; please visit myuhc.com or call Customer Care at the telephone number on the back of your ID card for more information.

Note: This is a summary of benefits. For more information, refer to your UHC benefit summary.

UnitedHealthcare HMO (CA Only)

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

	In-Network Only	
Deductible	**Individual:** None **Family:** None	
Accumulation period	Calendar year	
Out-of-pocket maximum	**Individual:** $2,000 **Family:** $4,000	
Office visit Primary Specialist	 $20 copay $40 copay	
Telehealth	No charge	
Chiropractic	$15 copay per visit Limited to 20 visits per year	
Lab and X-ray	$20 copay	
Urgent care	**Within medical group:** $20 copay **Outside medical group:** $50 copay	
Emergency room	$250 copay	
Hospitalization	$250 copay per day to a maximum $750 copay per inpatient stay	
Outpatient surgery	$125 copay	
Prescription drugs		
Deductible	**Individual:** None **Family:** None	
	Up to a 31-day supply	**Up to a 90-day supply**
Prescription Drug Product Tier Level	**In-Network Retail Pharmacy**	**In-Network Mail Order Pharmacy****
Tier 1	$15	$37.50
Tier 2	$35	$87.50
Tier 3	$75	$187.50
Tier 4	$250	$625

**Only certain Prescription Drug Products are available through mail order; please visit myuhc.com or call Customer Care at the telephone number on the back of your ID card for more information.

Note: This is a summary of benefits. For more information, refer to your UHC benefit summary.

Kaiser HMO (Northern & Southern CA Only)

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

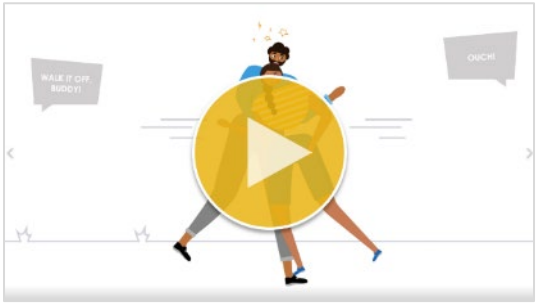
	In-Network Only
Deductible	**None**
Accumulation period	Calendar year
Out-of-pocket maximum	**Each Member in a Family of two or more:** $1,500 **Entire Family of two or more:** $3,000
Office visit Primary Care Physician Specialist	 $20 copay $35 copay
Telehealth	No charge
Chiropractic	$15 copay per visit Limited to 20 visits per year
Lab and X-ray	No charge
Urgent care	$20 copay
Emergency room	$100 copay
Hospitalization	$250 copay per admission
Outpatient surgery	$35 copay per procedure
Prescription drugs	
Plan Pharmacy	30-day supply
Generic (Tier 1)	$10
Brand name (Tier 2)	$35
Specialty (Tier 4)	20% coinsurance up to $150
Mail order	**100-day supply**
Generic (Tier 1)	$20
Brand name (Tier 2)	$70

Note: This is a summary of benefits. For more information, refer to your UHC benefit summary.

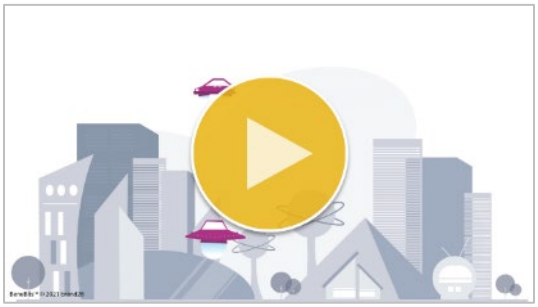


Engage

Click to play videos



Urgent Care vs. ER



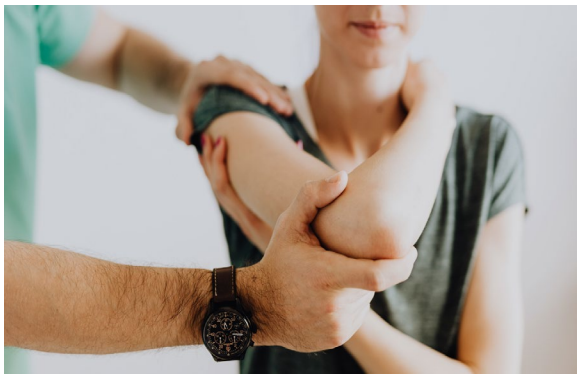
Virtual Healthcare

Maximize Your Health Benefits

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs

Preventive care



Typical screenings for adults

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

You take your car in for maintenance; why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

Health plans are required to cover a set of preventive services at no cost to you, even if you haven't met your deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Be aware: Not all exams and tests are considered preventive care

Certain screenings may be considered diagnostic, rather than preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

In addition, exams performed by specialists are generally not considered preventive care and may not be covered at 100%.

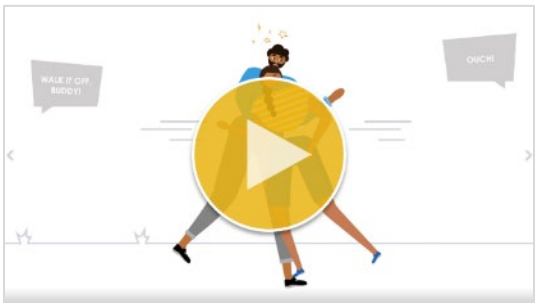
If you have a question about whether a service will be covered as preventive care, contact your medical plan.

Know where to go

Where you get medical care can significantly affect the cost. Here's a quick guide to help you know where to go based on your condition, budget, and time.

Visit type	Use it for ...
Nurse line ($) Often available 24/7 at no cost	• quick answers from a trained nurse: – to determine if immediate care is needed – for home treatment options & advice
Online visit ($) Often available 24/7	• non-emergency health issues: – cold, flu, allergies, headache, migraine – rashes, skin conditions – minor injuries – mental health concerns
Office visit ($$) Typically open during regular business hours	• routine medical care and management: – preventive care – illnesses and injuries – existing conditions
Urgent care ($$$) Typically open with extended evening and weekend hours	• urgent but not life-threatening conditions: – sprains or stitches – animal bites – high fever or respiratory infections
Emergency room ($$$) Open 24/7	• life-threatening conditions requiring immediate care: – suspected heart attack or stroke – broken bones – excessive bleeding – severe pain – difficulty breathing

Click to play video



Urgent Care vs. ER

Alternative facilities

If you have time to evaluate your options for non-emergency health treatments, these alternative facilities can provide the same results as a hospital at a fraction of the cost.

Procedure	Alternative	Features	Savings*
Surgery	Ambulatory surgical center	• Specializes in same-day surgeries • Cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and more • Held to same safety standards as hospitals	Up to 50% vs. a hospital stay
Physical therapy	Outpatient facility	• Most cases are suited for outpatient physical therapy • Same types of treatments and similarly skilled therapists as inpatient facilities	40 to 60% vs. a hospital setting
Sleep study	Home testing	• Diagnoses obstructive sleep apnea • Cost is often covered by insurance if considered medically necessary	Up to $4,500 vs. a lab
Infusion therapy	Home or outpatient infusion	• For drugs that must be delivered by intravenous injections, or epidurals • Delivered by licensed infusion therapy provider • Maintain normal lifestyle and comfort of home or outpatient center	Up to 90% vs. a hospital stay

**Savings estimates are based on in-network facilities and providers*

How to find an alternative treatment facility

Ask your doctor if your treatment must be delivered in the hospital.

You can also search for surgical centers, physical therapy, and similar services on your plan's website, or call member services for assistance. Online tools such as healthcarebluebook.com and healthgrades.com help you compare costs and doctor ratings.

Some alternative facilities include a fee to cover overhead costs. To avoid a surprise on your bill, ask about facility fees before you schedule your appointment.

Prescriptions breaking your budget?

Click to play video



The formulary drug tiers determine your cost

$	Generic drugs
$$	Brand-name drugs
$$$	Specialty drugs

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to be as effective as brand-name drug equivalents.

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.



Dental

Our Plans

Guardian Dental Standard

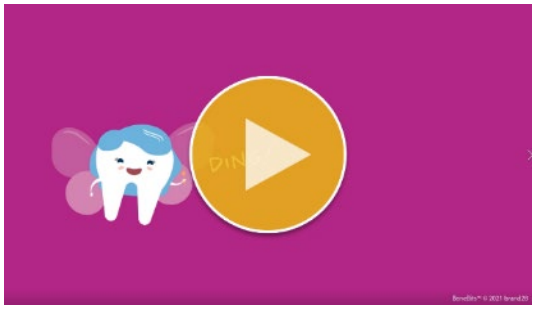
Guardian Dental Premier

Why sign up for dental coverage?

Brushing and flossing are great, but regular exams catch dental issues early. If there's a problem, our dental plan makes it easier and less expensive to get the care you need to maintain your smile.

Find out how it works!

Click to play video



Guardian Dental PPO Standard

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

	In-Network	Out-of-Network
Annual deductible	Individual: $50 Family: 3 x family	Individual: $50 Family: 3 x family
Annual plan maximum Rollover amount Rollover threshold Rollover account limit	$1,500 per individual $500 per individual $700 per individual $1,250 per individual	$1,500 per individual $350 per individual $700 per individual $1,250 per individual
Diagnostic & preventive	No charge	No charge
Basic services	10% after deductible	20% after deductible
Major services	40% after deductible	50% after deductible
Orthodontia	50% Children: covered Adults: not covered	50% Children: covered Adults: not covered
Orthodontia lifetime maximum (Children Only)	$1,000	$1,000

Guardian Dental PPO Premier

You always pay the deductible and copayment ($). The coinsurance (%) shows what the plan pays after the deductible.

	In-Network	Out-of-Network
Annual deductible	**Individual:** $50 **Family:** 3 x family	**Individual:** $50 **Family:** 3 x family
Annual plan maximum* **Rollover amount** **Rollover threshold** **Rollover account limit**	$5,000 per individual $500 per individual $700 per individual $1,250 per individual	$2,000 per individual $350 per individual $700 per individual $1,250 per individual
Diagnostic & preventive	No charge	No charge
Basic services	10% after deductible	20% after deductible
Major services	40% after deductible	50% after deductible
Orthodontia	50% **Children:** covered **Adults:** covered	50% **Children:** covered **Adults:** covered
Orthodontia lifetime maximum (Adults and Children)	$2,000	$2,000

*Combined In-Network and Out-of-Network maximum of $2,000 with an additional $3,000 of benefit In-Network



Vision

Our Plans

Guardian Vision Premier

Click to play video



Why sign up for vision coverage?

Even if you have 20/20 vision, an annual eye exam checks the health of your eyes and can detect other health issues. If you do need glasses or contacts, vision coverage helps with the cost.

Laser Correction Surgery:

Discounts on average of 10-20% off usual and customary charge or 5% off promotional price for vision laser Surgery.

Members out-of-pocket costs are limited to $1,800 per eye for LASIK or $1,500 per eye for PRK or $2300 per eye for Custom LASIK, Custom PRK, or Bladeless LASIK.

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Guardian Vision Premier

You always pay the deductible and copayment ($). The coinsurance (%) shows what you pay after the deductible.

		In Network	Out of Network
Exam	Coverage	$10 copay	Amount over $50
	Frequency	Every calendar year	Every calendar year
Materials	Coverage	$25 copay	$25 copay
Frames	Coverage	80% of amount over $180	Amount over $48
	Costco frame allowance	Amount over $100	
	Frequency	One pair every calendar year	
Lenses	Coverage	Single Vision: $0 Lined Bifocal: $0 Lined Trifocal: $0 Lenticular: $0	Single Vision: Amount over $48 Lined Bifocal: Amount over $67 Lined Trifocal: Amount over $86 Lenticular: Amount over $126
	Frequency	Every calendar year*	Every calendar year
Contacts	Coverage	Elective: Amount over $180 Medically Necessary: $0 Evaluation and fitting: Avg. 30% off retail price	Elective: Amount over $130 Medically Necessary: Amount over $210 Evaluation and fitting: No discounts
	Frequency	Every calendar year*	Every calendar year

*For glasses or contact lenses (not both)

Health savings account (HSA)

Click to play videos





Are you eligible?

The HSA is not for everyone. You're eligible only if you are:

- Enrolled in the UnitedHealthcare HDHP.
- Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
- Not a tax dependent.
- Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

Does your expense qualify for HSA, FSA, or DCFSA?

Eligible Expenses under Tax-Free Health Accounts

A personal savings account for healthcare

Health Savings Account, or HSA, is paired with a High-Deductible Health Plan (HDHP), and let's you set aside a pre-tax portion of your paycheck to help you pay for qualified medical expenses that aren't covered by your plan.

Note: Effective January 1, 2026, Benchling's HSA will be administered by Fidelity instead of Navia.

How the HSA works

- Your HSA account is set up automatically after you enroll.
- To help you get started, Benchling will contribute to your HSA:

  Individual: $1,400
  Family: $2,800

- You can contribute up to the limit set by the IRS (includes Benchling contribution).

  Individual: $4,400 per year
  Family: $8,750 per year
  Age 55+: $1,000 extra per year

- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save the money to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free. You can also use it for regular living expenses, which will be taxable but without penalties.

Healthcare flexible spending account (FSA)

Click to play video



Are you eligible?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA. However, if you or your spouse are enrolled in a high deductible health plan (like our UnitedHealthcare HDHP, you can only participate in the **Limited Purpose FSA** for dental and vision expenses.

Find out more

- **Navia Benefit Education Resource Library**
  - Health FSA Guide
  - Limited Purpose FSA Guide
- **Navia Tax Savings Calculator**
- **Eligible Expenses**
- **Ineligible Expenses**

Do you pay for day care?

Look in the Financial Wellness section for information on tax savings through the Dependent Care FSA.

Set aside healthcare dollars for the year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year.

How the Navia FSA works

- You estimate what your and your dependents' out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, and certain drugstore items.
- You can contribute up to **$3,400**, the annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.

Estimate carefully!

If you don't spend all the money in your account, you can roll over up to **$680** to use the following year. Any additional remaining balance will be forfeited.

Potential tax savings

Because FSA contributions are pre-tax, they reduce the total amount of your income the government makes you pay taxes on. Tax savings vary depending on filing status and other variables, but here's an example using single-filer status and marginal federal income tax rates:

$60,000 annual pay, contributing $1,500 to FSA

$330	$115	$445
22% income tax savings	7.65% FICA tax savings	Total FSA tax savings

$120,000 annual pay, contributing $3,400 to FSA

$792	$252	$1,044
24% income tax savings	7.65% FICA tax savings	Total FSA tax savings



Life & Disability

Name Your Beneficiaries

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D, and disability insurance can fill financial gaps due to a loss of income. Consider your day-to-day costs and bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (housing, education, loans, credit cards, etc.) after the death of a spouse or partner.

If you need more

In addition to company-provided coverage, we offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the Voluntary Plans section for details.

Benchling provided Life and AD&D insurance



A note about taxes

Company-provided life insurance coverage over $50,000 is considered a taxable benefit. The value of the benefit over $50,000 will be reported as taxable income on your annual W-2 form.

Reminder: Name Your Beneficiaries

Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Basic Life and AD&D

Basic life insurance pays your beneficiary a lump sum if you die.

AD&D (accidental death & dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident.

The cost of coverage is paid in full by Benchling.

Unum Term Life with Accidental Death & Dismemberment (AD&D) Insurance

Benchling pays for insurance coverage valued at 2x salary or $500,000, whichever is lower.

The benefit amounts above will be reduced to 50% of the original amount when you reach age 70. Refer to the plan document for details.

What else is included?

A "**Living" Benefit** If you are diagnosed with a terminal illness with less than 12 months to live, you can request 50% of your life insurance benefit (up to $750,000) while you are still living. This amount will be taken out of the death benefit and may be taxable.

Waiver of premium: Your cost may be waived if you are totally disabled for a period.

Portability: You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Voluntary Life and AD&D insurance



Guaranteed issue

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit Evidence of Insurability with additional information about your health for the insurance company to approve the amount of coverage

What is Evidence of Insurability (EOI)?

It refers to the procedure where individuals submit details about their health or their dependents' health to qualify for specific insurance plans

Protecting those you leave behind

Voluntary life insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or children if you purchase coverage for yourself.

Unum Voluntary Term Life / AD&D Insurance Note: Voluntary AD&D is a new benefit in 2026!

Employee	Choose from $10,000 to $500,000 in $10,000 increments, up to 5 times your earnings. You can get up to $300,000. This is the amount of coverage you can qualify for with no medical underwriting.
Spouse	Get up to $250,000 of coverage in $5,000 increments. Spouse coverage cannot exceed 50% of the coverage amount you purchase for yourself. Your spouse can get up to $25,000 with no medical underwriting, if eligible.
Children	Get up to $10,000 of coverage in $2,000 increments if eligible. One policy covers all of your children until their 26th birthday. The maximum benefit for children live birth to 6 months is $1,000.

What else is included?

A 'Living' Benefit — If you are diagnosed with a terminal illness with less than 12 months to live, you can request 75% of your life insurance benefit (up to $500,000) while you are still living. This amount will be taken out of the death benefit and may be taxable. These benefit payments may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements and may be taxable.

Recipients should consult their tax attorney or advisor before utilizing living benefit payments.

Waiver of premium — Your cost may be waived if you are totally disabled for a period.

Portability — You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Short-term disability insurance



Expect the unexpected

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

STD Benefits

Short-term disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability.

Benchling pays the cost of this coverage.

Unum Short Term Disability Insurance

Weekly benefit amount	60% of your weekly earnings, up to a maximum of $2,500 per week
Benefits begin	Your benefits would begin after you become disabled for 7 days
Maximum payment period	The maximum number of weeks you can receive benefits while you're disabled. You have a 12-week benefit duration.
Elimination Period (EP)	This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits. Your benefits would begin after you become disabled for 7 days.

Long-term disability insurance



Things to know about LTD insurance

- It can protect you from having to tap into your retirement savings.
- You can use LTD benefits however you need, for housing, food, medical bills, etc.
- Benefits can last a long time—from weeks to even years—if you remain eligible.

Note: Benchling's LTD plan has an employee-elective gross up provision. Meaning, Benchling pays the full cost of the insurance, but you can choose how it's taxed. If you choose to have the premium added to your taxable income ("gross up"), any future benefits you receive will be tax-free. If you don't, you won't pay tax on the premium now but any benefits you get later will be taxed.

LTD benefits cushion the financial impact of a disability

Long-term disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. **Benchling pays the cost of this coverage.**

Unum Long Term Disability Insurance

Monthly benefit amount	60% of your monthly earnings, up to a maximum of $15,000
Benefits begin	Your elimination period is 90 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.
Maximum payment period	You can receive benefits up to the Social Security Normal Retirement Age (SSNRA)

Additional Voluntary Benefits



Things to know about voluntary benefits

- For voluntary benefits, you pay the cost of the coverage, but at a lower rate than if you went to the market for the same coverage.
- These are financial benefits that are offered as an additional cushion in the event of unforeseen injury or illness .
- It can protect you from having to tap into retirement savings.

BeWell Benefit

To help encourage employees to stay informed about their health and to encourage preventive care, Unum will provide a payment for various health screening tests. It serves as a great reminder and financial incentive.

Voluntary Accident Insurance

Accident insurance is designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits. The accident base plan is guaranteed issue, so no health questions are required.

Voluntary Critical Illness Insurance

Critical Illness insurance helps offset the financial effects of a catastrophic illness by paying a lump sum benefit when you or your family members are diagnosed with a covered illness. The Benefit is based on the amount of coverage inforce, the illness diagnosed, and all other terms and provisions of the policy.

Voluntary Hospital Indemnity Insurance

Hospital insurance is designed to help provide financial protection for covered individuals by paying a benefit due to a hospitalization and in some cases, for treatment received for an accident or sickness, even if that treatment occurs outside the hospital. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to the employee based on the amount of coverage listed in the schedule of benefits.

Refer to the Unum Voluntary Benefits' benefit summaries and schedule of benefits for specific benefit details.



Financial Wellness

Plans To Help You Save

Dependent Care Flexible Spending Account (DCFSA)

Transportation & Parking Benefits

401(k) Retirement Savings Plan

Is it time for a financial wellness checkup?

Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? What about retirement?

Ignoring your financial health can take a toll on your quality of life today and in the future. And worrying about money can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money.

Paying for daycare? Make it tax-free!

Click to play video



Every opportunity to save

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

Find Out More

- **Navia Benefit Education Resource Library**
  - Dependent Care FSA Guide

Dependent Care FSA—up to $7,500 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by Navia.

Here's how the Navia Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before- and after-school care programs, preschool, and summer day camp for children younger than 13.

The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to $7,500 per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

Estimate carefully!

You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

Save on commute expenses



Find Out More

- **Navia Benefit Education Resource Library**
  GoNavia Commuter Guide

Spend up to 30% less on your daily commute!

Transportation savings accounts—up to $340 per month tax-free

Do you have out-of-pocket commuting expenses for public transportation, van pooling, or for worksite parking? If so, you can save on taxes by enrolling in our transportation savings account, administered by Navia.

The account lets you set aside money—before it's taxed—through payroll deduction. You may enroll in or stop this program at any time. Money in the account can be used in future months or plan years.

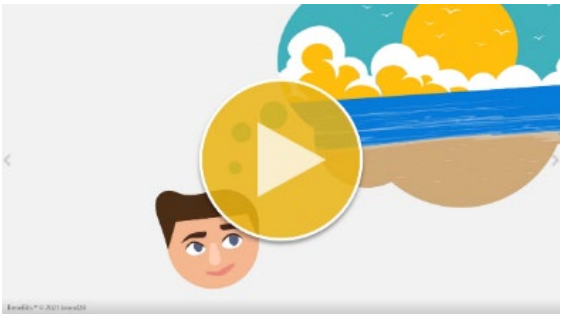
Set aside up to $340 per month for work-related parking expenses and up to $340 per month for work-related commute expenses.

Benchling commuter stipend

Benchling offers a $100 Transportation Stipend to in-office employees! This benefit is paid to eligible employee through payroll. No sign up is required.

Save now, enjoy later

Click to play video



What are your plans?

Many of us can't plan past the weekend, never mind thinking about a retirement nest egg. Our 401(k)-retirement plan will help you set a retirement savings goal and stick to it.

The important thing is to start now and set aside what you can, even if you think it's too small an amount.

With the company match and compound interest, that "small amount" can grow over time. You'll be a retirement saver before you know it.

401(k) retirement savings plan—up to $24,500 per year (or more)

Our 401(k)-retirement savings plan helps you save for retirement. The plan offers tax savings NOW through pre-tax contributions and a Roth after-tax option. All regular employees are eligible to join the plan as of the first of the month following your new hire date.

Visit the Fidelity website at www.netbenefits.com to manage your account, investments and contributions.

Fidelity offers a variety of quality investment options. You'll also have access to special services such as automatic account rebalancing and personal investment assistance from a licensed investment counselor.

Eligibility	First of the month following hire date.
Maximum annual pre-tax contribution	Up to $24,500 per year. If you're 50-59 or older, save an additional $8,000 per year. For those 60-63 you may save an extra $11,500. IRS limits are evaluated annually and may change.
Benchling matching contributions	Dollar for dollar up to 3% of eligible compensation with the annual cap of $3,000. Please see the Summary Plan Description for details on when you are vested in (your own) contributions from Benchling.

Note: Limits are projected for 2026.

Important Post Tax and After-Tax information about the 401(k)

- Post-tax (Roth): You make your contributions with after-tax dollars, meaning there's no upfront tax deduction. Withdrawals of both contributions and earnings are tax-free.

- After-tax (Mega backdoor Roth): After-tax contributions are a separate bucket of money from your traditional 401(k) and Roth 401(k) contributions. The dollars you put into an after-tax bucket are post-tax, so you've already paid taxes on them. You can convert after-tax contribution into Roth, in order for earnings to grow tax free - this is known as the "Mega Backdoor Roth. *To facilitate the Mega Backdoor Roth conversion – you'll need to call Fidelity's Participant Services at 800-835-5095. It is recommended that you set up standing instructions for all future after-tax contributions to be automatically converted to Roth. It is the participant's responsibility to complete this step.*



Wellbeing & Balance

"The key to keeping your balance is knowing when you've lost it. "

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, substance use disorder, mental health and family issues.
- Take time to spend with family and friends, take care of personal business, or just for yourself.

Taking care of yourself helps you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

Modern Health Mental Health Support



Contact the EAP

Website: my.modernhealth.com

Information given to Modern Health is 100% confidential.

Questions? Email us at help@modernhealth.com.

Help for you and your family

Modern Health is a mental wellness platform that you and your dependents have access to. Modern Health believes that quick access to personalized mental health support can have a profound impact on your day-to-day -- whether that's at home, at work, or in your relationships.

Modern Health focuses on 5 pillars of well-being: Emotional, Professional, Social, Physical, and Financial Health. For urgent matters, Modern Health offers a 24/7 counselor - answered help line.

You and each of your dependents have access to:

- 10 one-on-one video sessions (per year) with certified mental health, professional, or financial well-being coaches
- 10 one-on-one video or in-person sessions (per year) with licensed clinical therapists
- Unlimited group support sessions (known as Circles), designed to be safe spaces for sharing & learning with others.

Carrot Fertility and Family Planning



Get started today

Member Support:
www.get-carrot.com/employee-support

Carrot provides comprehensive, inclusive fertility health and family-forming benefits. Through Carrot, you have access to exclusive resources designed to make fertility care more accessible and affordable to everyone—regardless of age, sex, sexual orientation, gender identity, or location.

Carrot experts can provide personalized guidance:

- Answering fertility, adoption, and surrogacy questions
- Expert-produced educational resources, including articles, how-to videos and more
- Priority appointment bookings with trusted provider clinics, appoint reminders and follow-ups
- Processing your reimbursement

Benchling has access to Carrot's family forming and fertility benefit. Carrot supports employees on their family forming journey with equal access to high-quality fertility care. Each employee is eligible for an annual benefit amount of **$10,000** and lifetime benefit amount of **$20,000**.

The Carrot Difference:

- All paths to parenthood - Unlike most fertility benefits plans, Carrot also covers adoption and gestational carrier (surrogacy) arrangements.
- Removes financial barriers - Employer funding through Carrot provides much needed financial support.
- Consistent global coverage - Localizing to ever-changing regional, medical, and cultural standards, Carrot provides access to high -quality care, everywhere.

A modern approach to primary care

amazon one medical

One Medical is available to employees and their dependents. With highly rated doctors, locations near work and home, and on-demand access, everything is designed to provide you with the best care.



24/7 virtual care

Video Chat with a provider or message our care team at no cost to you for conditions including:

- Cold & flu symptoms
- Allergies
- Sinus problems
- Urinary tract infection
- Respiratory infection
- Skin problems
- And more!

Primary care

Get care for any physical or mental health concern - from colds to chronic conditions.

Same - or next-day appointments

Get in-person care in One Medical offices and virtual care nationwide.

Mental health services

From trouble sleeping and work stress to anxiety and depression, get care for your mental health.

On-site labs

Drop in to any One Medical office for blood tests, immunizations, vaccines, and more.

Rx renewals

Easily request prescription renewals and get them filled wherever you go, online or in the app.

One Medical is just a click away!

Activate your sponsored membership to get exceptional primary care, same or next day appointments, and 24/7 virtual care with the app.

Benchling sponsored memberships can be activated here.

Available on the iPhone App Store

ANDROID APP ON Google play

Benchling Stipends



Benchling offers several stipends to support your journey at the company.

Professional Growth Stipend

Benchling offers employees an annual stipend for professional development. This can be used for things like conferences, courses, skills training or anything that will help you grow professionally.

Monthly Wellness Stipend

Benchling provides a monthly $150 Wellness Stipend designed to support and encourage a well-rounded, healthy lifestyle. The stipend covers expenses for a variety of wellness activities including gym memberships, fitness classes, massages and more. The stipend is paid through payroll.

Transportation Stipend

In-office Benchlings will receive a $100 monthly transportation stipend to help cover expenses incurred in their office commute. This includes expenses, such as rideshare costs, public transportation costs, and office parking. The stipend is paid through payroll.

Internet Stipend

Employees will receive a monthly allowance of $80 (pre-tax) automatically through payroll to help cover at-home internet costs



Important Plan Information

In this section, you'll find important plan information, including:

- Your medical, dental and vision benefit costs for 2026
- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms.

Your monthly benefit costs

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis—before federal, state, and social security taxes are calculated—reducing your taxable income.

Medical	Kaiser HMO	UHC EPO	UHC HDHP	UHC HMO	UHC PPO
Employee Only	$0.00	$115.65	$0.00	$0.00	$76.71
Employee + Spouse	$221.68	$450.35	$213.89	$223.43	$364.30
Employee + Children	$147.78	$338.77	$142.58	$148.95	$268.45
Employee + Family	$387.92	$701.17	$374.27	$391.03	$580.07

Dental	Guardian DPPO Standard	Guardian DPPO Premier
Employee Only	$0.00	$17.69
Employee + Spouse	$13.53	$48.55
Employee + Children	$18.66	$60.23
Employee + Family	$32.19	$91.12

Vision	Guardian Vision Premier
Employee Only	$0.00
Employee + Spouse	$2.20
Employee + Children	$2.31
Employee + Family	$5.61

Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Benchling if your domestic partner is your tax dependent.

Voluntary life insurance costs

If you elect voluntary coverage, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

Voluntary Life insurance (monthly rate per $1,000 of coverage)

Age	Employee	Spouse
<25	$0.040	$0.056
25-29	$0.040	$0.059
30-34	$0.050	$0.080
35 -39	$0.070	$0.119
40-44	$0.100	$0.169
45-49	$0.150	$0.274
50-54	$0.230	$0.419
55-59	$0.410	$0.617
60-64	$0.660	$.854
65-69	$1.320	$1.113
70-74	$2.881	$2.038
75+	$2.060	$3.840

Voluntary AD&D insurance (monthly rate per $1,000 of coverage)

Employee	$0.02
Spouse	$0.02
Child	$0.05

Calculate your voluntary life insurance cost:

1. Desired coverage:

Employee: $10,000 increments
Spouse: $5,000 increments

You: $20,000	Spouse: $10,000

2. Divide step 1 by 1,000 =

You: 20	Spouse: 10

3. Multiply step 2 by rate from table at left =

You: $4.60 (used age 50-54)	Spouse: $2.74 (used age 45-49)

4. Multiply step 4 by times 12 and divide by 26 =

You: $2.12	Spouse: $1.26

5. Add you + spouse from step 4 =

Cost per paycheck: $3.39

Voluntary Child Life Insurance

Coverage amount		Rate per $1,000 of coverage
Life	$10,000	$0.17

Premium includes all eligible children.
Eligible children include dependent children under age 26 as long as you apply for and are approved for coverage for yourself.

Additional voluntary benefit costs

If you elect voluntary coverage, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

Voluntary Accident

Coverage Tier	Rate
Employee	$7.19
Employee + Spouse/DP	$12.63
Employee + Child(ren)	$16.17
Employee + Family	$21.61

Voluntary Hospital Indemnity

Coverage Tier	Rate
Employee	$22.27
Employee + Spouse/DP	$43.38
Employee + Child(ren)	$32.61
Employee + Family	$53.72

Premium includes all eligible children. *Eligible children include dependent children under age 26 as long as you apply for and are approved for coverage for yourself.*

Voluntary Critical Illness (monthly rate per $1,000 of coverage)

Age	Employee
<25	$0.340
25-29	$0.400
30-34	$0.460
35 -39	$0.520
40-44	$0.640
45-49	$0.820
50-54	$1.140
55-59	$1.540
60-64	$2.400
65-69	$3.250
70-74	$4.560
75-79	$6.060
80-84	$7.730
85+	$10.470

Plan contacts and resources

Helpful Resources

MyBenefits.Life Portal
benchling.mybenefits.life

Workday Benefits Portal
Workday Log-in

Medical, Dental, and Vision Plans

Kaiser
Policy No. 609064 / 237018
www.kp.org
Member services:
(800) 464-4000

UnitedHealthcare
Policy No. 0936936
www.uhc.com
Member services:
(866) 633-2446

Guardian Dental
Policy No. 00579719
www.guardiananytime.com
Member services:
(800) 627-4200

Guardian Vision
Policy No. 00579719
www.guardiananytime.com
Member services:
(800) 627-4200

Health Savings Account (HSA)

Fidelity
Policy N. #3375W
www.fidelity.com
(800) 544-3716

Flexible Spending Account (FSA)

Navia
www.naviabenefits.com
(425) 452-3500

Life and AD&D

Unum
Policy N. 957942
www.unum.com/employees
(800) 421-0344

Voluntary Life

Unum
Policy N. 957942
www.unum.com/employees
(800) 635-5597

Long-term Disability

Unum
Policy No. 957941
www.unum.com/employees
(800) 421-0344

Short-term Disability

Unum
Policy No. 957941
www.unum.com/employees
(800) 421-0344

Voluntary Benefits

Unum
Accident Insurance
Policy No. 992012
Critical Illness Insurance
Policy No. 992013
Hospital Indemnity Insurance
Policy No. 992014
www.unum.com/employees
(800) 421-0344

EAP

Modern Health
my.joinmodernhealth.com
help@joinmodernhealth.com

Fertility

Carrot
www.get-carrot.com/employee-support

One Medical

Benchling sponsored memberships can be activated here.

401(k) Retirement

Fidelity
Policy No. 6893T
www.netbenefits.com
(800) 835-5095

Important plan information

Health plan notices

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located on the benchling.mybenefits.life portal:

- Medicare Part D Notice: Describes options to access prescription drug coverage for Medicare eligible individuals
- Women's Health and Cancer Rights Act: Describes benefits available to those that will or have undergone a mastectomy
- Newborns' and Mothers' Health Protection Act: Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- HIPAA Notice of Special Enrollment Rights: Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- HIPAA Notice of Privacy Practices: Describes how health information about you may be used and disclosed
- Notice of Choice of Providers: Notifies you that your plan requires you to name a Primary Care Physician (PCP) or provides for you to select one
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP): Describes availability of premium assistance for Medicaid eligible dependents.
- Illinois Consumer Coverage Disclosure Act: Provides to Illinois employees a list that compares the essential health insurance benefits offered by the employer's group health plan with the essential health benefits regulated by the State of Illinois.
- The 'No Surprises' Rules: Explains rules that protect you from surprise medical bills.

COBRA continuation coverage

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

Plan documents

Important documents for our health plan and retirement plan are available benchling.mybenefits.life portal. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

Summary plan descriptions (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

- Benchling, Inc. Employee Health and Welfare Benefits Plan

Summary of benefits and coverage (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available Workday portal.

- Kaiser HMO
- United HealthCare EPO
- United HealthCare HDHP
- United HealthCare HMO
- United HealthCare PPO

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Benchling, Inc. Employee Health and Welfare Benefits Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Determining eligibility

Monthly measurement method

The information below explains how your eligibility for healthcare coverage is determined, in accordance with the rules of the Affordable Care Act (ACA).

You and your dependents are eligible for the plan if you are a full-time employee. A full-time employee is generally an employee who works on average 130 hours per month, as defined by the ACA. Hours that count toward full-time status include each hour for which an employee is paid or entitled to payment for the performance of duties for the employer, and each hour for which an employee is paid or entitled to payment for a period of time during which no duties are performed due to vacation, holiday, illness, incapacity (including disability), layoff, jury duty, military duty, or leave of absence.

ACA full-time status can affect or determine major medical benefits eligibility but is not a guarantee of benefits eligibility. Benchling uses the monthly measurement method to determine whether an employee meets this eligibility threshold.

Termination of coverage for ineligible dependents

Knowingly enrolling an ineligible dependent or intentionally keeping a dependent on the plan when they have lost eligibility constitutes insurance fraud and is a material misrepresentation of fact. When the plan discovers any such ineligible dependent it will terminate coverage retroactively and reprocess any claims, making them payable by such an individual. The employer plan sponsor will also explore disciplinary action against any employee who engages in this misconduct including but not limited to termination of employment.

Benchling

This benefit guide constitutes a Summary of Material Modifications (SMM) to the Benchling Health and Welfare Benefits Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.