



FOCUS ON YOU



2023 BENEFIT AND WELLNESS GUIDE





YOUR HEALTH



YOUR INCOME SECURITY



YOUR WELLNESS

WELCOME TO YOUR 2023 BENEFITS!

Your benefits are a valuable part of your overall Total Rewards package.

TTM Technologies (TTM) is committed to providing you with a competitive, quality benefits package. Through programs such as the medical, dental, life, AD&D, STD, and LTD plans, you and your family have valuable protection if you become sick, injured, disabled, or pass away. The Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs) can help you save money for health and dependent daycare expenses, while the 401(k) helps you invest in your retirement. Some of these benefits are paid for by TTM and are provided at no cost to you, while others come with a shared cost. TTM also offers voluntary benefits that are 100% employee paid.

TTM knows how important it is for you to have the tools and resources to make sound benefit decisions and to get the most out of your benefits. This guide is one of the many tools designed to help you access, understand, and make the right benefits decision for your situation.

Health is a Journey

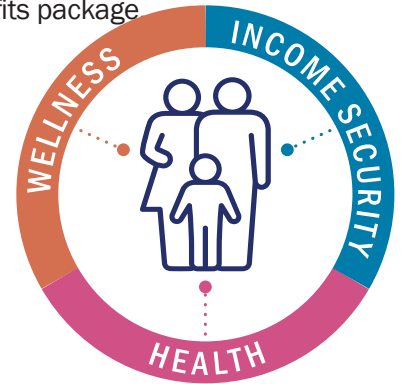
Our lifestyle choices impact our health and productivity. We applaud our employees for participating in the company-sponsored wellness activities and striving to become smarter healthcare consumers. Let's continue to make a positive impact together!

TTM Benefits Resource Center

Visit: digital.benefitsnow.com/TTMBenefits

For benefit questions, call the TTM Benefits Resource Center at **1-844-868-6230**.

Hours of Operation: 8:00 AM - 8:00 PM (ET), Monday - Friday.



ENROLLMENT ELIGIBILITY

There are three occasions in which you can enroll in or make changes to your benefits:

1. NEW HIRES/NEWLY-ELIGIBLE EMPLOYEES.

New hires/newly-eligible employees will be eligible for benefits on the first of the month following date of hire/eligibility, or coinciding with date of hire if hired on the first of the month. An employee has 30 days from their hire or status change date to make benefit elections within the enrollment system.

2. DURING THE OPEN ENROLLMENT WINDOW EACH YEAR.

The Open Enrollment window for 2023 benefits is 11/7/2022 - 11/20/2022.

3. AFTER A QUALIFYING LIFE EVENT.

If you experience a Qualifying Life Event, you have 30 days from the date of the event (i.e. getting married or the child's birth/adoption date) to make the appropriate benefit election changes and provide the required supporting documentation. See next page for more details on Qualifying Life Events.

HOW TO ENROLL

Visit TTM Benefits Resource Center through the myTTM homepage; go to the TTM Benefits icon under Applications, or by going directly to the benefits website at: digital.benefitsnow.com/TTMBenefits.

When visiting the benefits website directly, first time users will need to register and create a username with a password. You can also enroll in your benefits through the Alight Mobile App on your smart phone.

WHO WE COVER

Employees

If you're classified as a full-time employee and work 30 or more hours per week, you are eligible to participate in the TTM sponsored health benefits program. You will become eligible to participate in the health benefit plans on the first day of the month following your hire date. If you are hired on the 1st of the month, you are eligible on your hire date.

Affordable Care Act (ACA) Eligibility

To be eligible to participate in the TTM Benefits Plan you must be a full-time employee working a minimum of 30 hours per week. TTM will use a 6-month look-back measurement method to determine whether a part-time, variable- hour or seasonal employee is a full-time employee for purposes of medical and HSA plan coverage. The look-back measurement method is based on Internal Revenue Service (IRS) final regulations under the Affordable Care Act (ACA). Contact Human Resources if you have questions.

Dependents

You can also enroll your eligible dependents in certain health and welfare plans, if the employee is also enrolled in the given coverage. Eligible dependents include:

- Your spouse (as defined by applicable state or federal law)
- Your same or opposite-sex domestic partner (DP) who meets certain criteria (as described under "Domestic Partner Eligibility")
- Your dependent child(ren) up to age 26, or older than age 26 if diagnosed with a physical or mental disability as defined by the Social Security Administration. Eligible children are defined as:
 - You or your spouse/domestic partner's natural or adopted children
 - Your stepchildren who you support and who live with you in a parent-child relationship
 - Children placed in your home for adoption
 - Any other children you support for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order

Note: Employees will be required to submit dependent verification information for all non-verified dependents. Any falsification of information will result in disciplinary action, up to and including termination of employment.

Domestic Partner (DP) Eligibility

If you are enrolling a DP, you will be asked to attest to your relationship and that you have met all eligibility requirements listed below for the previous 12 months.

- You have maintained the same principal place of residence and intend to do so in the future
- You agree to be responsible for each other's basic living expenses in the event that either of you is unable to provide for such expenses yourself
- You are both 18 years or older
- Neither of you are currently married
- You are not related by blood to such a degree that you would be prevented from marrying in the state in which you reside
- Neither of you has maintained coverage for another DP under any health plan within the last six months. This excludes any DP that has died within the last six months

The federal government does not recognize domestic partnership for tax purposes. Employer contributions to domestic partner health premiums, including domestic partner children, are counted as taxable imputed income by the Internal Revenue Service (IRS). Employee premium contributions for domestic partner health benefits are paid post-tax. By enrolling in the TTM benefits program, you agree to notify TTM immediately upon failure to satisfy any of the criteria of domestic partnership. You understand that it is a fraudulent act to obtain health coverage by misrepresenting any facts stated.

Note: Employees will be required to submit dependent verification information for all non-verified dependents. Any falsification of information will result in disciplinary action, up to and including termination of employment.

Qualifying Life Events

Qualifying Life Events are effective on the date of the event (unless otherwise noted) and include:

- Birth or adoption
- Marriage, divorce, or legal separation
- A dependent child reaches age 26. Coverage ends on the last day of the month when the dependent turns 26
- An eligible family member gains or loses coverage from another source (e.g., a spouse's employer plan)
- The death of a dependent, spouse, or domestic partner
- Exhaustion of COBRA coverage
- A change in residence that results in being outside the service area for your plans (only in certain circumstances)
- If the medical plan discontinues benefits for a certain group of individuals and you are part of that group

If you experience a Qualifying Life Event, you have 30 days to report the event, provide the appropriate supporting documentation, and request applicable benefit changes. **Note:** Consider updating your life insurance/beneficiary information at the same time as your qualifying life event. In addition, you may need to update your address or your tax status by completing a new W-4 form. For questions, contact your local HR Business Partner.



MEDICAL AND RX PLANS

When choosing a medical plan, it is crucial to factor in elements such as your budget, preferences, age, health condition, and if you will be covering dependents. Also consider your payroll premium contributions, how you and the plan pay for services throughout the year, and TTM's contribution. Please refer to the Medical Plan comparison pages, which highlight the main benefits of each medical plan. TTM offers three or four HSA medical plan options depending on your location (High Deductible Health Plans) with Anthem and Kaiser. Note: You must live or work within the Kaiser service area to be eligible for this plan.

The medical plan options are:

- Anthem Premier
- Anthem Choice
- Anthem Standard
- Kaiser (CA, CO, North West (Oregon), Mid-Atlantic)

Which HSA Medical Plan is Right for You?

Understanding how the plan works is key to deciding which plan is right for you and your family. Use Ask Sara which is part of the Alight enrollment tools.

- **Less Out of Your Paycheck** - Like car insurance, a higher deductible means lower premiums. You pay less in monthly premiums but you share a larger portion of the medical expense until your out-of-pocket deductible is met.
- **Lower Deductibles** - A lower deductible means higher premiums. Depending on the medical plan you choose, you select the maximum on expenses that supports your financial stability.

Anthem Plans

The Anthem Premier and Choice plans provide benefits both in and out of the Anthem Blue Cross PPO Network. The amount you pay for health care services will be lower when utilizing network providers. The Anthem Standard plan only provides in-network coverage. If you choose to go out of the Anthem Blue Cross PPO network you will be responsible for the full cost of care. You do not need to select a Primary Care Physician (PCP) or obtain a PCP referral to see specialists in any of the plans. Preventive benefits under each plan are covered at 100% when using network providers.

The Anthem Blue Cross PPO Network is comprised of Blue Cross/Blue Shield doctors and facilities in each state. This alliance, called Blue Card, allows you to access network providers throughout the U.S. The Blue Card alliance allows you to visit providers in-network when traveling. To find in-network providers, visit [anthem.com/ca](https://www.anthem.com/ca).

Provider Network

If you use National Blue Cross PPO network providers, you save money since network providers agree to accept the negotiated rate as payment for covered services. Members

who use participating providers are not responsible for charges over the negotiated rate. National Blue Cross PPO network providers will do the claims filing for you.

Kaiser Plans

Kaiser plans are available to employees based on location. TTM offers the Kaiser HSA medical plans (High Deductible Health Plans) in four regions; California, Colorado, North West (Oregon), and Mid-Atlantic.

If you are enrolling in a Kaiser plan, remember that you must obtain care at a Kaiser facility in order to receive insurance coverage through the plan. In most Kaiser facilities, you can see your doctor, get a lab test, and pick up prescriptions.

LiveHealth Online (Telehealth)

Physical Health

LiveHealth Online is a convenient alternative to urgent care or waiting for an in-person appointment. LiveHealth Online is provided by Anthem, but is available to all TTM employees and their dependents enrolled in a TTM medical plan. LiveHealth Online allows you to visit with doctors via two-way video conference 24 hours a day, 7 days a week.

Common uses include cold, flu, allergies, eye infections, headaches, upper respiratory infections, bronchitis, and family health questions. LiveHealth Online doctors can diagnose, advise, and call in prescriptions to your pharmacy.

Mental and Emotional Health

You can talk with a licensed therapist or get expert advice. LiveHealth Online can provide a treatment plan or medication from a psychiatrist with this real time care at your convenience.

Reach LiveHealth Online at [livehealthonline.com](https://www.livehealthonline.com) through the digital app or by phone at **1-888-542-3432**.

Registration is free! Costs for LiveHealth Online are less than an in-person visit or urgent care. By adding your insurance information to your profile, the services are applied to your plan and applicable cost share applies as well.

Both Anthem and Kaiser plans are eligible for Health Savings Account (HSA) funding by TTM. TTM will automatically deposit \$500 for employee only or \$1,000 for family coverage (prorated based on effective date of medical coverage) into a HSA to help with out-of-pocket healthcare expenses. Please see the full discussion on HSA Bank Accounts in this guide.

2023 Medical Surcharges

The objective of TTM's benefit program is to offer choices in coverage options to all of its employees, to improve employee health, and to manage rising healthcare costs. As a result, TTM has two surcharges that may affect your premiums.

Spousal/Domestic Partner Surcharge:

If a covered spouse/domestic partner has the option to elect other group health coverage (except through Medicare), you will be charged an additional \$92.31 surcharge per pay period (\$45.15 per week, if paid weekly) if you choose to enroll your spouse/ domestic partner in medical benefits in 2023. Employees are required to attest to whether a spouse/domestic partner has available alternative coverage within the enrollment system through the TTM Benefits Resource Center link in myTTM, or by going to digital.benefitsnow.com/TTMBenefits.

Tobacco Surcharge:

Employees or covered dependents who are tobacco users will be charged an additional \$46.15 surcharge per pay period (\$23.07 per week, if paid weekly). Tobacco use is defined as the use of any type of tobacco products within the last six months.

Tobacco products include, but are not limited to, such forms as cigarettes, pipes, cigars, snuff or chewing tobacco. Using e-cigarettes or vaporizers is considered tobacco use. Using tobacco cessation products that contain nicotine is not considered tobacco use. Employees are required to attest to whether or not they or a covered dependent have used tobacco within the enrollment system through the TTM Benefits Resource Center link in myTTM, or by going to digital.benefitsnow.com/TTMBenefits.

Your health plan is committed to helping you achieve your best health. The surcharge can be removed for employees who participate in the free myStrength Nicotine-Free program available at anthemeap.com (enter "TTM Technologies", click on myStrength center and complete the personal profile). If you complete the program, or are no longer a tobacco user, you may remove your tobacco surcharge designation by contacting the TTM Benefits Resource Center at **1-844-868-6230**.





ANTHEM MEDICAL PLANS

Deductibles, copays, and coinsurances represent participant responsibility for services.

	PREMIER		CHOICE		STANDARD
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Annual Deductible					
Individual	\$1,500	\$2,250	\$1,750	\$3,250	\$2,500
Family	\$3,000	\$4,500	\$3,500	\$6,500	\$5,000
Annual Out-of-Pocket Maximum					
Individual	\$3,000	\$4,500	\$4,000	\$10,500	\$5,000
Family	\$6,000	\$9,000	\$8,000	\$21,000	\$10,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited
Coinsurance (your responsibility after deductible is met)	10%	50%	10%	50%	20%
TTM HSA Contribution (Individual / Family)	\$500 / \$1,000		\$500 / \$1,000		\$500 / \$1,000
Hospital Services (After Deductible)					
Inpatient/Outpatient Services	10%	50%	10%	50%	20%
Emergency Room	10%		10%		10%
Physician / Office Visits (After Deductible)					
Preventive Care	No Charge	50%	No Charge	50%	No Charge
Physician Visit	10%	50%	10%	50%	20%
Chiropractic Services (60 visits, combined In-Network)	10%	50%	10%	50%	20%
Behavioral Health (After Deductible)					
Outpatient Mental Health	10%	50%	10%	50%	20%
Inpatient Mental Health	10%	50%	10%	50%	20%

Note: This chart is just a brief overview of benefits and coverage for the medical plans. You should also look at the detailed disclosure/summary documents for each plan, available online through the TTM Benefits Resource Center, digital.benefitsnow.com/TTMBenefits. In the event of a discrepancy, the official plan document will prevail. For questions about a specific procedure, service or provider, please contact the medical plan carrier directly.

OPTUM RX (FOR ANTHEM PLANS)

Optum Rx Member ID Card

All Anthem medical plan enrollees will receive a separate pharmacy member ID. Keep your new ID card in a safe place. Begin using your new ID cards once the new plan is effective on January 1, 2023.

Optum Rx Digital Tools

Use the website or mobile app to set up home delivery, price medications, find network pharmacies and more. You will be able to access a copy of your member ID card on the Optum Rx app. To get started:

- Set up an online account at optumrx.com
- Then, set up paperless delivery.
- Download the Optum Rx app so you'll be ready to manage your medication on the go.
- If you have any concerns about your medication after your coverage starts, contact the pharmacy where you filled your prescription.



Retail and Specialty Pharmacies

Your retail pharmacy network includes national chains and most independent pharmacies. There is a network of specialty pharmacies, including Optum Specialty Pharmacy, which provides specialty medications and clinical support for complex conditions like cancer and MS. To learn more, call **1-800-741-6480**. Finding a network pharmacy is easy with your online account or the Optum Rx app.

	PREMIER	CHOICE	STANDARD
	In-Network Only	In-Network Only	In-Network Only
Drug Tier	Retail Copays*		
Tier 1	\$15 (retail 30-day supply) \$30 copay (60-day supply) \$45 copay (90-day supply)		
Tier 2	\$40 (retail 30-day supply) \$80 copay (60-day supply) \$120 copay (90-day supply)		
Tier 3	\$60 (retail 30-day supply) \$120 copay (60-day supply) \$180 copay (90-day supply)		
Tier 4	30%, \$150 max in all three plans		
Mail Orders	Mail Orders available at two times the cost of the regular monthly copay (up to 90-day supply)		

*You are responsible for the prescription drug maximum allowed amount until the plan deductible is met. Once the plan deductible is met, you will be responsible for the copay amounts.

KAISER MEDICAL PLANS

Deductibles, copays, and coinsurances represent participant responsibility for services.

	CALIFORNIA	COLORADO	NORTH WEST	MID-ATLANTIC
Annual Deductible				
Individual	\$1,500	\$1,500	\$1,500	\$1,500
Family	\$3,000	\$3,000	\$3,000	\$3,000
CA only: Each member in a Family of two or more Members	\$3,000	N / A	N / A	N / A
Out-of-Pocket Maximum				
Individual	\$3,000	\$3,000	\$2,500	\$3,500
Family	\$6,000	\$6,000	\$5,000	\$7,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
TTM HSA Contribution (Individual / Family)	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000
Physician / Office Visits (After Deductible)				
Preventive Care	No Charge	No Charge	No Charge	No Charge
Physician Visit	\$20 / visit	10%	10%	10%
Chiropractic Services (60 visits, combined In-Network)	\$20 / visit	10%	10%	10%
Hospitalization Services (After Deductible)				
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	\$250 / admit	10%	10%	10%
Outpatient surgery and certain other outpatient procedures	\$150 / procedure	10%	10%	10%
Emergency Room (NOTE: After you meet the Plan Deductible, this Cost Share does not apply if admitted directly to the hospital as an inpatient for covered)	\$100 / visit	10%	10%	10%
Behavioral Health (After Deductible)				
Outpatient Mental Health	\$20 copay	10%	10%	10%
Inpatient Mental Health	\$250 copay	10%	10%	10%
Prescription Drugs (After Deductible)				
	Plan / Mail order*	Plan / Mail order*	Plan / Mail order*	Plan / Mail order*
Generic	\$10 / \$20	\$10 / \$20	\$10 / \$20	\$10 / \$30
Most brand-name items at a Plan Pharmacy	\$30 / \$60	\$20 / \$40	\$20 / \$40	\$30 / \$50
Non-preferred brand names at a Plan Pharmacy	\$30 / \$60	\$30 / \$60	\$40 / \$80	\$50 / \$75

* You are responsible for the prescription drug cost until the plan deductible is met. Once the plan deductible is met, you will be responsible for the copay amounts.

1. Copays at "Participating" Pharmacies may vary
2. Covered outpatient items in accord with Kaiser's Drug Formulary Guidelines

Note: This chart is just a brief overview of benefits and coverage for the medical plans. You should also look at the detailed disclosure/summary documents for each plan, available online through the TTM Benefits Resource Center (digital.benefitsnow.com/TTMBenefits). In the event of a discrepancy, the official plan document will prevail. For questions about a specific procedure, service or provider, please contact the medical plan carrier directly.



SUPPLEMENTAL MEDICAL BENEFITS

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help cover this out-of-pocket financial exposure for a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance. TTM offers Critical Illness Insurance, Accident Insurance, and Hospital Indemnity Insurance.*

DID YOU KNOW?



Americans spend an average of **\$5,000** a year on out-of-pocket health care costs.

Bureau of Labor Statistics Consumer Expenditures Survey 2020

CRITICAL ILLNESS INSURANCE




You can protect yourself from the unexpected costs of a serious illness.

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

Covered Illnesses include:

- Heart Attack
- Stroke
- Cancer
- Major Organ Transplant
- End Stage Renal (Kidney) Failure
- Coronary Artery Bypass Surgery**
- COVID-19**

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse and children. Dependent coverage cannot exceed 50% of employee's elected amount of coverage.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.



How Critical Illness Insurance Works

When Marco had a heart attack, he was grateful his doctors were able to stabilize his condition. He learned there was some permanent damage to his heart. He began to see his costs adding up quickly. The good news is Marco received a lump sum payment of \$10,000 to help cover these expenses from the Critical Illness coverage he elected during Open Enrollment.



HEALTH SCREENING BENEFIT: Provides a \$75 benefit per employee/spouse and 50% of employee benefit up to a maximum of \$150 for all children per calendar year if you or your dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

*The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits. The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable.

**The coverage pays 25% of the face amount of the policy once per lifetime for coronary bypass surgery and COVID-19.

ACCIDENT INSURANCE



Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accident Insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and what medical services are required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse and children.
-  **24/7 Coverage:** Benefits are paid for accidents that happen on and off the job.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.



HEALTH SCREENING BENEFIT: Provides a \$75 benefit per employee/ spouse and 50% of employee benefit up to a maximum of \$150 for all children per calendar year if you or your dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.



How Accident Insurance Works

Sam trips playing basketball. He breaks his arm and chips a tooth which require a trip to the emergency room, physician follow-up visits, and physical therapy.

Fortunately, Sam has Accident Insurance which helps cover his medical plan coverage costs including his deductible and coinsurance.



HOW SAM'S ACCIDENT BENEFIT WAS CALCULATED:

Medical Service	Sample Benefit
Emergency Room	\$ 300
Fracture Benefit	\$ 500
Broken Tooth Benefit	\$ 400
Physician Follow-Up Visits (2)	\$ 200 (\$100 per visit)
Physical Therapy Visits (6)	\$ 540 (\$90 per visit)
TOTAL SAMPLE BENEFIT	\$1,940

This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.







HOSPITAL INDEMNITY INSURANCE

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse and children.
-  **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.



HEALTH SCREENING BENEFIT:

Provides a \$75 benefit per employee / spouse and 50% of employee benefit up to a maximum of \$150 for all children per calendar year if you or your dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.



How Hospital Indemnity Insurance Works

Cindy is admitted to the hospital for treatment of COVID-19. Over the course of her illness, she spends 14 days in the hospital, including four days in an intensive care unit and six days in an inpatient rehabilitation unit. Thankfully, Cindy's condition improves, and she is well enough to return home. She uses her Hospital Indemnity Insurance to help cover her medical bills, so she can focus on what matters most – making a full recovery.



HOW CINDY'S HOSPITAL INDEMNITY BENEFIT WAS CALCULATED:

Medical Service	Sample Benefit	Total
Hospital Admission	\$1,000 per admission	\$1,000
Hospital Confinement	\$200 per day (4 days)	\$800
Intensive Care Unit	\$400 per day (4 days)	\$1,600
Inpatient Rehabilitation Unit	\$50 per day (6 days)	\$300

TOTAL SAMPLE BENEFIT

\$3,700

This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

DENTAL PLAN

The Delta Dental PPO Plan gives you the freedom to choose your own dentist. This plan is a preferred provider organization (PPO) made up of general dentists and specialists who have agreed to provide dental care at discounted fees. **Delta PPO Providers:** If you go to a dentist who participates in the Delta PPO network, you qualify for in-network coverage and discounts. **Delta Premier Providers:** As a PPO member, you also have access to Delta's Premier network. Premier providers also provide benefits at discounted fees, and the discounts are lower than in-network PPO providers and claims are paid at the out-of-network benefit level. To find a Delta Dental dentist, visit deltadentalins.com.

	CHOICE PLAN	STANDARD PLAN	
	In- and Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150	\$75 / \$225
Annual Maximum Benefit / Person	\$2,000	\$1,500	\$1,500
Diagnostic & Preventive Care	100%	100%	100%
Basic Care	80%	80%	70%
Major Care	50%	50%	40%
Orthodontia (children and adults)	50% (max \$1,500 per person)	Not covered	Not covered

VISION PLAN

TTM offers vision coverage through Vision Service Plan (VSP). VSP has the most extensive network of optometrists and vision care specialists in the country. Under this plan, you can use a VSP provider or another provider of your choice. However, when you obtain vision care through a non-VSP provider, you will receive a reduced level of benefits. To find a VSP provider, visit vsp.com. Here is a summary of covered services and benefits.

VISION SERVICE PLAN (VSP)	IN-NETWORK	OUT-OF-NETWORK
Annual Services Copay	\$10	Copay Not Applicable
Annual Eye Exam (Once per plan year)	Covered in full*	Up to \$45 allowance*
Frames (Once per plan year)	Covered up to \$150	\$70 allowance*
EYEGLOSS LENSES (ONCE A PLAN YEAR)		
Single vision	Covered in full*	Up to \$30 allowance*
Bifocal vision		Up to \$50 allowance*
Trifocal vision		Up to \$65 allowance*
CONTACT LENSES (ONCE A PLAN YEAR, IN LIEU OF ALL OTHER LENS AND FRAME BENEFITS)		
Elective	Covered up to \$130	Up to \$105 allowance*
Medically necessary	Covered in full*	Up to \$210 allowance*

*Subject to copays, if any.

Note: Dental and Vision charts are just a brief overview of benefits and coverages. You should also look at the detailed disclosure/summary documents for each plan, available online through the TTM Benefits Center (digital.benefitsnow.com/TTMBenefits). In the event of a discrepancy, the official plan document will prevail. For questions about a specific procedure, service or provider, please contact the plan carriers directly.



HEALTH SAVINGS ACCOUNT (HSA)

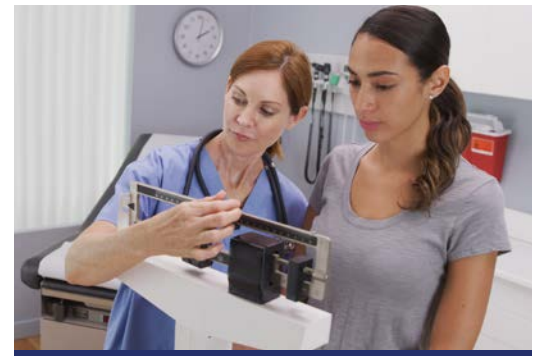
Save for future medical costs and reduce your tax bill with this special savings account.

If you enroll in an HSA medical plan for 2023, TTM will automatically deposit \$500 employee or \$1,000 family (prorated based on effective date of medical coverage) into a Health Savings Account (HSA), depending on your coverage tier (individually enrolled or employee + 1 or more dependents).

Along with TTM's contributions, you can contribute money to your HSA and use it any time for qualified health care expenses.

Whatever you do not use rolls over for future years and earns interest. Better yet, HSAs provide tax advantages and the HSA is yours to take with you in retirement, or when changing careers.

Opening a HSA bank account requires an identity verification process. You may be asked to provide additional information and/or documentation before your HSA bank account can be established. If you do not open a HSA bank account, you will forfeit company contributions, and will not be able to make pre-tax payroll contributions to the HSA account.



HSAs Deliver Triple Tax Savings

1. You do not pay federal income tax on the money you contribute
2. You do not pay taxes on the interest you earn in your account
3. You do not pay taxes when you use the money to pay for qualified medical services

Keys to Growing Your HSA:

- Try not to use your HSA for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone so that they can grow for when you need them in the future.
- Consider electing supplemental medical benefits to cover big ticket expenses from unexpected serious illnesses or injuries and ensure they don't wipe away the money in your HSA.
- Monitor your fund's growth. Like a 401(k), your HSA funds earn interest through investments. Make sure your money is growing at an acceptable and safe pace.

HOW MUCH CAN YOU CONTRIBUTE?	TTM HSA CONTRIBUTION	ADDITIONAL WELLNESS INCENTIVE AVAILABLE	2023 IRS MAXIMUM CONTRIBUTION	CATCH-UP (55+)
Individual Coverage	\$500	\$450 ¹	\$3,850	Additional \$1,000
Family Coverage	\$1,000	\$900 ¹	\$7,750	Additional \$1,000

¹Up to \$450 employee +\$450 spouse/domestic partner in incentives can be earned in the Wellness program.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

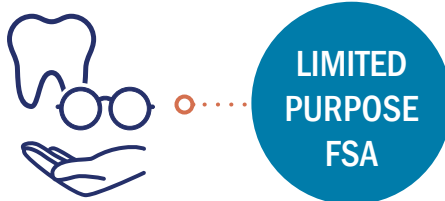
Reduce your tax bill while putting aside money for health and dependent care needs.

Flexible Spending Accounts (FSAs) allow you to put aside money for important expenses and help you reduce your income taxes at the same time. TTM offers four types of accounts – a Health Care FSA, a Limited Purpose FSA, a Dependent Care FSA and NEW for 2023: Commuter Spending Account.



HEALTH CARE FSA

Deductibles, copays, prescription drugs, medical equipment, etc.



LIMITED PURPOSE FSA

Works with HSA eligible medical plans to cover dental and vision expenses.



DEPENDENT CARE FSA

Babysitters, daycare, day camp, home nursing care, etc.

HealthCare FSA (HCFSA)

When you incur eligible expenses during the plan year you have two options to submit claims. The first option is to use the Smart-Choice card provided and swipe at point-of-sale to cover eligible expenses for the HCFSA. The second option is to pay for eligible expense out-of-pocket, keep all documentation/receipts, and access the Smart-Choice site (accessible from the Benefits Portal: digital.benefitsnow.com/TTMbenefits or through TTM Benefits worklet) to submit claims. There is also the Smart-Choice mobile app which provides the ability to submit claims through the app as well.

If you are no longer employed by TTM, claims can be incurred through the date of your termination. You may submit a request for claims reimbursement by March 31 (90 days after the end of the plan year). **If you participate in a HSA, you are not eligible to participate in the Health Care FSA.**

Limited Purpose FSA (LPFSA)

Per IRS guidelines, Health Savings Account (HSA) participants cannot enroll in a HCFSA. As a result, TTM will offer a Limited Purpose FSA (LPFSA) for HSA participants. The LPFSA also has the \$550 carryover provision.

Dependent Care Flexible Spending Account (DCFSA)

Medical expenses for dependents can be eligible expenses under the HCFSA but not under the DCFSA. Your DCFSA funds must be used towards eligible day care expenses. These expenses must be incurred during the plan year which runs from January 1 to December 31. The IRS requires that any money that has not been used by the end of the plan year will be forfeited. You must file claims by the following March 31 for the preceding calendar year.

If you have a positive balance in your DCFSA, claims can be submitted for reimbursement after your termination date as long as the claims are incurred within the same plan year, but in no event later than 90 days after the end of the plan year or until the monies in your account is zero, whichever occurs first.

How Flexible Spending Accounts Work

1. Each year during Open Enrollment, you decide how much to set aside for FSA expenses. Your full contribution amount will be available for use on your benefit effective date.
2. Your contributions are then deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year for use on qualified expenses.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement.

ANNUAL MAXIMUM CONTRIBUTION	
Health Care Flexible or Limited Purpose Spending Accounts	\$3,050
Dependent Care Flexible Spending Account	\$5,000 if married and filing joint tax returns

Please note that these accounts are separate. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

**If you are enrolled in a medical plan that offers an HSA, you are not eligible for the Health Care FSA.*

Flexible Spending Account elections are not automatic. You must re-enroll each year to participate in the accounts.

Go to www.benefitsquest.com/fsa for a list of covered expenses.

COMMUTER SPENDING ACCOUNT

With the Commuter Spending Account administered by SmartChoice, you can use pre-tax contributions to pay for eligible parking, transit, and vanpooling expenses related to your daily commute to work.

HOW THE COMMUTER SPENDING ACCOUNTS WORK

You decide how much to contribute up to IRS limits and you can change your contribution amount effective the first of any month. Unused amounts rollover each month and are automatically rolled over at the end of the plan year if not used.

The IRS limits how much you can contribute to each Commuter Spending Account, based on the type of expense:

- **Transit:** Vanpooling or mass transit expenses are limited to \$300 per month. This includes vanpools and mass transit costs such as trains, subways, or buses.
- **Parking:** Parking expenses are limited to \$300 per month. This includes costs for parking at mass transit facilities, at or near your work, or where you access your carpool/vanpool.

SmartChoice will provide you with a debit card you can use to pay for eligible expenses.

Commuter Spending claims must be submitted within 180 days of the end of the plan year and can be done so online or via the mobile app.

For additional information on Commuter Spending Account plans or to access your SmartChoice account, visit www.digital.benefitsnow.com/TTMBenefits.





FSA AND HSA COMPARISON

ATTRIBUTE	HEALTH CARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA	HEALTH SAVINGS ACCOUNT
Eligibility Rule	Can contribute if: A) Enrolled in Medicare or other medical plan that is not high-deductible or B) Enrolled in company medical and/or Medicare HSA plan, but not contributing to a HSA bank account	Must be enrolled in High Deductible Medical Plan	Both spouses must be working outside the home or attending school	Can contribute if: A) Enrolled in a High Deductible Medical Plan and B) Not covered by any other insurance that is not a High Deductible Medical Plan
2023 Annual Election Amount	\$100 to \$3,050	\$100 to \$3,050	\$100 to \$5,000 (household max)	Employee only \$3,850; Employee + dependents \$7,750 (55+ can save additional \$1,000)
Changes Allowed	Qualifying Life Event required	Qualifying Life Event required	Qualifying Life Event required	Anytime, no Qualifying Life Event required
Employer Contribution	Not Available	Not Available	Not Available	Employee only \$500; Employee + dependents \$1,000
Funds Available	First day of coverage	First day of coverage	After funds are in the account	After funds are in the account
Eligible Expenses	Medical, Dental, Vision & Pharmacy	Dental & Vision only	Daycare Expenses for child(ren) age 13 and under, elderly parent or adult dependent incapable of self-care	Medical, Dental, Vision & Pharmacy
Balance Rollover	Up to \$550	Up to \$550	Not Applicable	Balance rolls over year to year to grow the account
Debit Card	Yes	Yes	Yes	Yes
Investments	Not Available	Not Available	Not Available	Available
Claims Incurred	Through December 31	Through December 31	Through March 15 (for prior year election)	Not Applicable
Claims Submission Deadline	March 31 (for prior year election)	March 31 (for prior year election)	March 31 (for prior year election)	Not Applicable

Easily Monitor your Account

For HSAs, register on the HealthEquity HSA site at healthequity.com and create a username and password.
For FSAs, go to digital.benefitsnow.com/TTMBenefits, or contact the TTM Benefits Resource Center at 1-844-868-6230.



LIFE AND AD&D INSURANCE WITH VOYA (NON-UNION)

Life & Disability plans are moving to Voya effective 1/1/2023 for an improved employee experience including enhanced coverage.

Always be there financially for your loved ones.

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams a reality. Life Insurance ensures your family's future is financially secure if you're no longer there to provide for them.

TTM provides Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance and offers additional options to give you the ability to assemble a complete Life Insurance portfolio.

Basic Term Life and Accidental Death and Dismemberment Insurance

TTM provides Basic Term Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you and enrollment is automatic.

BASIC TERM LIFE	The benefit is equal to two times your base annual earnings to a maximum of \$750,000.
ACCIDENTAL DEATH AND DISMEMBERMENT	If you are seriously injured or lose your life in an accident, you will be eligible for a benefit equal to your basic term life coverage.

Voluntary Life Insurance

You may also choose to purchase Voluntary Life Insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deductions.

EMPLOYEE	Units of \$10,000 up to maximum of 5x annual salary or \$1,500,000. Guaranteed Issue: Up to \$500,000.
SPOUSE/DP	Units of \$10,000 to the lesser of \$100,000 or 100% of Employee's Voluntary Life Election. Guaranteed Issue: Up to \$100,000.
CHILDREN	Birth to 26 years:\$10,000. Guaranteed Issue: Up to \$10,000.

LIFE AND AD&D INSURANCE WITH VOYA (UNION EMPLOYEES)

Basic Term Life and Accidental Death and Dismemberment Insurance

The benefit is equal to 1 times annual wage up to maximum of \$500,000

Voluntary Life Insurance

Employee – up to 4x annual salary up to \$750,000

Spouse/DP – Option for \$10,000 or \$20,000

Child – Option for \$2,000 or \$4,000

DISABILITY INSURANCE WITH VOYA (NON-UNION)

Life & Disability plans are moving to Voya effective 1/1/2023 for an improved employee experience including enhanced coverage.

Your ability to bring home a paycheck is your most valuable asset. We help you protect it.

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability Insurance provides income protection, paying benefits you can use to offset out-of-pocket expenses and make up for lost wages.

Short-Term Disability Insurance

Short-Term Disability Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time.

TTM provides basic Short-Term Disability coverage at no cost to you and enrollment is automatic. After you are out of work for seven calendar days and declared disabled, you will receive 60% of your base earnings for up to 26 weeks.

State disability benefit regulations will apply for employees residing in California, Hawaii, New York, New Jersey, Wisconsin, Connecticut, and Rhode Island. Please refer to Voya for details.

Long-Term Disability Insurance

TTM offers you a fully sponsored Long-Term Disability plan that is designed to provide a monthly benefit in the event you cannot work because of a covered disability. You also have the opportunity to increase your disability by electing the LTD Buy-Up option. This option is employee paid.

Benefit Eligibility:

- There is a 180-day elimination period for Long Term Disability. This benefit coincides with the end of the STD coverage period.
- LTD benefits cease at age 65.*

Benefit Amounts:

- The benefit covers 50% of your pre-disability earnings at a maximum of \$12,500 per month.
- LTD benefits are subject to federal and state taxes.

Benefit Buy-Up Amounts:

- The benefit covers 66 2/3% of your pre-disability earnings at a maximum of \$15,000 per month.
- The buy-up component of the LTD benefit is NOT subject to federal and state taxes.
- If you choose to enroll at a later date after your initial eligibility effective date, evidence of good health will be required.

** The benefit duration is up to your normal retirement age under the Social Security Act. However, if you become disabled at or after age 65 benefits are payable according to an age-based schedule.*

DISABILITY INSURANCE WITH VOYA (UNION EMPLOYEES)

Short-Term Disability Insurance

Employee can purchase Short-Term Disability at 60% up to max of \$750 per week up to 26 weeks

Long-Term Disability Insurance






Employee can purchase Long Term Disability at 60% of salary up to \$15,000 per month and begins at 26 weeks



WHOLE LIFE + LONG TERM CARE INSURANCE WITH ALLSTATE

Whole Life Insurance completes your family’s protection, providing a cost-effective benefit for final expenses such as funeral costs, credit card debt, and medical bills. As long as premiums are paid, this policy will not expire, and premiums will not change due to your age. It also includes riders which provide accelerated death benefits for terminal conditions and “living benefits” (care for chronic conditions).

Plan Features

-  **Guaranteed Acceptance:** No physical exams are required to apply for coverage (although health questions may be asked).
-  **Family Coverage:** You can purchase coverage for yourself, your spouse, your children.
-  **Portable Coverage:** You can take your policy with you if you leave the company or retire.
-  **Coverage for Your Needs:** You can purchase the precise amount of coverage that is right for your needs.
-  **Policy Builds Cash Value:** As the policy builds cash value, you can eventually use it to make premium payments or to pay urgent expenses while you are still alive.

Whole Life Insurance provides either:

- **Death Benefit** - pays a lump-sum cash benefit when the insured dies; or
- **Maturity Benefit** - pays a lump-sum cash benefit if the insured is still living at age 121

Riders:

- **Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider** - a monthly advance of 4% of the death benefit for up to 50 months while receiving qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner. The restoration benefit restores the death benefit and cash value to the pre-acceleration amounts.
- **Accelerated Death Benefit for Terminal Illness or Condition Rider** - an advance of the death benefit, up to 75% of the certificate face amount, when certified terminally ill.
- **Child Term Rider** - level term insurance for each covered dependent child under age 26. Not available if dependent child is covered under a separate certificate.

EMPLOYEES	<ul style="list-style-type: none"> • 18 through 70 years old; must be actively at work and meet the employer’s minimum guidelines for benefit eligibility • In \$10,000 increments up to a maximum of \$100,000 (Guaranteed Issue)
SPOUSE/DP	<ul style="list-style-type: none"> • 18 through 70 years old • In \$10,000 increments up to a maximum of \$30,000 (Guaranteed Issue)
CHILDREN (FOR CHILD TERM RIDER)	<ul style="list-style-type: none"> • Over 24 hours old and under age 26 • \$10,000 or \$20,000

The premium cost for this benefit is determined by your age and the amount of coverage you elect. Locking in a lower premium now will help you save money in the future.

LIFE INSURANCE COMPARISON CHART		
BASIC TERM LIFE	SUPPLEMENTAL LIFE	PERMANENT LIFE
The premiums are fully company paid	The premiums increase as you age	The premiums stay the same
Replaces your income so that your family can cover items like mortgage, tuition, and household expenses	Replaces your income so that your family can cover items like mortgage, tuition, and household expenses	Pays for final expenses, such as funeral costs and nuisance debt such as credit cards
Coverage ends when you leave the company	You may have the option to change to an individual policy that you can continue	This is an individual policy that you can continue



IDENTITY THEFT INSURANCE WITH NORTON LIFELOCK

Digital thieves constantly discover new ways to extract your personal information, open credit accounts in your name, sell your sensitive data on the dark web, and take over your financial accounts.

We offer comprehensive Identity Theft Insurance that monitors multiple gateways into your identity and credit. and alerts you of fraudulent activity.

Protection Services Include:

- Credit Reports and Monitoring
- Court Records Monitoring
- Bank Account Takeover Monitoring
- Criminal Bookings Monitoring
- Credit Application Monitoring
- Sex Offender Monitoring
- Real Time Authorization Notifications
- Change of Address Monitoring
- Child Social Security Number Monitoring
- Full Service Identity Restoration Services
- Social Security Number Trace



DID YOU KNOW?



A child's Social Security number gives ID thieves a fraudulent "clean slate."
Monitor you child's credit report as often as your own.

How Big of an Issue is Identity Theft?

1.4
MILLION

Reported identity theft incidents in 2020, versus 650,000+ in 2019

\$3.3
BILLION

Reported losses due to identity theft in 2020, increased from \$1.8B in 2019

40%

Account takeovers that happen in just one day

1.25
MILLION

Children who were victims of identity fraud in 2020

Javelin Strategy and Research 2021

401(K) RETIREMENT PLAN (NON-UNION)

Build a healthy financial future.

TTM offers a competitive 401(k) savings plan administered through Empower Retirement. You can take advantage of pre-tax earnings and a company match by contributing through convenient pre-tax payroll deductions. After-tax contributions are also available through a Roth option. All full-time and part-time employees (excluding leased employees, temporary employees and interns) who are at least 18 years of age are eligible and can begin participating in the Plan following the employee's hire date.

A benefit to contributing to the 401(k) Plan is that the Company makes matching contributions into your account on your behalf. The Company will match 100% of the first 3% and 50% of the next 2% of pay that you save by contributing to the Plan. In other words, the maximum employer match will be 4% of your pay up to the annual IRS compensation maximum.



To maximize the value you receive, be sure to consider taking full advantage of your TTM employer-matching contribution by contributing at least 5% of your pay in the Plan. Both the Company's matching contributions and your contributions are 100% vested, which means that if your employment terminates, you are entitled to the savings in the Plan. Loans and withdrawals are subject to the terms of the Plan.

To sign up, view your balance, increase your contributions, or model future retirement savings needs visit TTMtech401k.com or call Empower at 1-844-465-4455. SageView Advisory Group, TTM's retirement plan advisor and fiduciary partner, is available to answer your retirement questions and provide independent, personalized investment advice to you. There is no additional cost for this service. To schedule an appointment, visit sage411.sageviewadvisory.com or call 1-833-SAGE-411.

401(K) PLAN (UNION EMPLOYEES)

The Union 401(k) plan is administered through American Funds. Employees may contribute from 1-50% of their bi-weekly gross wages up to the maximum IRS limit. The Pla offers traditional pre-tax contributions and allows for catch up contributions for those participants age 50 and above. The company also contributes 2% of the union employee's bi-weekly gross wages each pay period. For additional details about the Union 401(k) Plan, or to enroll or change your contribution or investment election go to American Funds at www.americanfunds.com/retire.



ADDITIONAL BENEFITS

We offer a variety of additional benefits.

Paid Parental Leave*

TTM offers all benefit eligible employees up to 4 weeks of paid Parental Leave for the birth, adoption, or foster care placement of a child. The leave must be used within the first year of birth, adoption, or placement. For specific details please reference the Parental Leave policy.

Sick Leave*

TTM provides all employees working 16 or more hours per week up to 40 hours of sick time up to 40 hours each year, unless state law dictates parameters otherwise (i.e. New York, California, Colorado). Sick time is typically granted in one lump sum at the beginning of each calendar year. For new hires the total amount will be prorated based on hire date. Sick time is does not rollover from year to year and is not paid out at termination.

Education Assistance*

Full-time and part-time employees who are in good standing with the Company, who have completed at least six (6) calendar months or service at TTM, and are attending an accredited school or licensure program are eligible.

Through this program, employees who receive a "C" grade or its equivalent on courses that relate to TTM's business may be reimbursed for tuition in the amounts listed in a schedule maintained in Human Resources, up to \$12,000 per year in connection with undergraduate, graduate, or technical certification courses.

If an employee leaves TTM prior to working for one (1) year from the course completion

date, the employee may be required to pay back the reimbursement. If you are interested in more information on this program, you should check with your local Human Resources Department.

**Not available for Union Employees.*

Legal Insurance

MetLife Legal Insurance provides access to a network of participating attorneys for help with a wide range of legal matters, such as: **Court Appearances • Document Review & Preparation • Debt Collection • Defense Will Preparation • Family Law • Real Estate Matters**

If you elect legal coverage most legal fees for these types of items are covered in full. Please see details on the TTM Benefits Resource Center link in myTTM, or by going to digital.benefitsnow.com/TTMBenefits. For more information visit legalplans.com or call 1-800-821-6400.

Pet Insurance

Pet Insurance through Nationwide covers a percentage of your veterinary bill for eligible conditions and services, including injuries, illnesses, hereditary and congenital conditions and more. The plan is available at any time throughout the year, and it allows employees to get coverage for dogs, cats, birds, and a variety of exotic pets. Pet Insurance through Nationwide is not a payroll deduction, and you will be billed directly from Nationwide.

For more information or to enroll, call 1-877-738-7874 or visit <https://benefits.petinsurance.com/ttm>.

Time Off (Non-Union)

Holiday

Regular full-time employees who work thirty (30) or more hours per week are eligible to receive eight (8) hours of holiday pay on days designated by the company. Regular part-time employees will receive pro-rated holiday pay.

Interns, co-operative education students, and TTM payrolled temporary employees who are working at least 30 hours per week are also eligible to receive eight (8) hours of holiday pay on holidays designated by the Company. Holiday pay will be calculated based on an employee's straight-time pay rate (as of the date of the holiday). TTM US designated holidays are: New Years Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day After Thanksgiving, and Christmas Day. To be eligible you must work or use PTO on the day before and after the holiday.

PTO (NON-UNION)

TTM provides Paid Time-Off (PTO) for all full-time regular employees working at least thirty (30) hours per week and for all regular part-time employees working at least sixteen (16) hours per week but less than thirty (30) hours per week during the current calendar year. Other employees are not eligible for PTO but may be eligible for paid sick time. Please refer to the TTM PTO policy or consult with Human Resources for more information. The TTM PTO accrual schedule is:

COMPLETED YEARS OF SERVICE	Full Time PTO Accrual Rate (weekly)	Full Time Annual PTO Days (hours)	PTO Maximum Accrual Balance	Non-Exempt Employee PTO Cash-out Paid Upon Reaching Maximum Accrual
0<3.99 years	2.31 hours/week	15 (120)	180 Hours	60 hours
4 - 8.99 years	2.765 hours/week	18 (144)	216 Hours	72 hours
9+ years	3.085 hours/week	20 (160)	240 Hours	80 hours

PTO and Holiday time off information for union employees included in union contract.

2023 PLAN PREMIUMS

Below are the employee contribution amounts for benefits effective January 1, 2023 - December 31, 2023.

Medical Plans

Rates (Weekly/Bi-Weekly)	PREMIER	CHOICE	STANDARD	KAISER
Employee Only	\$46.44/\$92.88	\$33.14/\$66.28	\$21.34/\$42.67	\$41.12/\$82.24
Employee + Spouse	\$92.88/\$185.77	\$66.28/\$132.55	\$42.68/\$85.36	\$84.27/\$168.55
Employee + Child(ren)	\$83.60/\$167.20	\$52.97/\$105.94	\$34.14/\$68.28	\$67.93/\$135.86
Family	\$130.04/\$260.08	\$86.11/\$172.21	\$55.48/\$110.96	\$109.05/\$218.10

Dental Plans

Rates (Weekly/Bi-Weekly)	CHOICE	STANDARD
Employee Only	\$6.40/\$12.81	\$3.31/\$6.63
Employee + Spouse	\$13.03/\$26.06	\$6.63/\$13.25
Employee + Child(ren)	\$14.13/\$28.27	\$7.07/\$14.13
Family	\$22.08/\$44.17	\$10.82/\$21.64

Vision Plan

Rates (Weekly/Bi-Weekly)	
Employee Only	\$1.66/\$3.31
Employee + Spouse	\$3.31/\$6.62
Employee + Child(ren)	\$3.54/\$7.08
Family	\$5.59/\$11.17

Voluntary Life Insurance

Employee & Spouse Bi-Weekly Rates per \$10,000 of Coverage											
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee Or Spouse Rates	\$0.20	\$0.24	\$0.32	\$0.36	\$0.40	\$0.60	\$0.93	\$1.74	\$2.66	\$5.13	\$8.31

Child(ren) Bi-Weekly Rates per \$10,000 of Coverage	
Child(ren) Rates	\$0.23 regardless of the number of eligible children covered

Note: Actual per paycheck amount will show within the enrollment system.

Whole Life and Critical Illness Insurance

Rates are calculated based on age, tobacco use, amount of coverage elected, and other such factors, and will be provided at the time of enrollment.

Accident Insurance

Rates	(Weekly/Bi-Weekly)
Employee Only	\$2.05/\$4.10
Employee + Spouse	\$4.10/\$8.20
Employee + Child(ren)	\$4.01/\$8.01
Family	\$6.06/\$12.11

Hospital Indemnity Insurance

Rates	(Weekly/Bi-Weekly)
Employee Only	\$3.79/\$7.58
Employee + Spouse	\$8.88/\$17.75
Employee + Child(ren)	\$6.69/\$13.38
Family	\$11.77/\$23.55

Legal Insurance

Rates	(Weekly/Bi-Weekly)
Employee/ Family	\$3.92/\$7.85

ID Theft

Rates	(Weekly/Bi-Weekly)
Employee Only	\$2.31/\$4.61
Employee + Family	\$4.38/\$8.76

Note: Every effort has been made to ensure the information in this document is accurate. However, if there is any inconsistency between this document and the applicable plan documents, the official plan documents will always govern.



WELLNESS BENEFITS

Living a healthy lifestyle is key to improving and maintaining good health. The everyday choices we make can help us live healthier, happier and more fulfilling lives both at work and at home. TTM is taking steps to encourage you to make healthy living a priority. The programs listed in the wellness section are included in your 2023 coverage.

WELLNESS PROGRAMS	BENEFIT DETAILS	NEXT STEPS
Employee Assistance Program	Counseling, Legal Consultation, Financial Consultation, ID Recovery, myStrength, Dependent Care and Daily Living Resources	Refer to page 25 for more information
Wondr Health	Online Weight Loss Program	Refer to page 27 for more information
Omada	Designed to help those with a diagnosis of hypertension or diabetes reach their health goals.	Refer to page 27 for more information
Anthem Condition Care	Personalized one-on-one support straight from a nurse to help them better manage chronic conditions.	Call 1-833-924-0249
NEW! Anthem Concierge Cancer Care	New streamlined, high-touch oncology service tailored to a member's specific situation and conditions.	Call 1-833-924-0249
Anthem Future Moms	Having a healthy baby is every mom's goal. This program that can help you make good decisions have a safe delivery and a healthy child.	Call 1-800-828-5891
Anthem Case Management	Registered nurses or other qualified health care professionals who offer added support when you need it.	Call 1-833-924-0249
Anthem Discount Programs	Discounts for programs specializing in fitness, vision, dental, hearing, family, home life, medicine, and treatment programs.	Visit anthem.com/ca
Kaiser Programs	MyHealth Manager, Healthy Lifestyle programs, and educational resources.	Visit kp.org

Wellness Notice: Your health information is completely confidential and will not be shared with your employer should you choose to participate in any of the TTM Wellness Programs. Participation does not affect your policy or the premiums of your health care benefits plan. You may choose to stop participating at any time.

Employee Assistance Program

Anthem Blue Cross Employee Assistance Program (EAP) is confidential support that is available to all TTM employees, their family and household members. You do not need to be enrolled in a TTM medical plan to participate. Check out some of the services we offer — at no cost to you:

Counseling

- Up to 3 free visits, per issue, per year
- Face-to-face counseling or online visits via LiveHealth Online (see below for more info)
- Call the EAP or use the online Member Center to initiate services

Legal Consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Online resources, including free legal forms, seminars and a library of articles

Financial Consultation

- Phone meeting with financial professionals
- Consultation available during regular business hours — no time limits or appointments needed
- Online resources, including articles, calculators and budgeting tools

myStrength

- Online “health club for your mind”
- E-learning modules and mood trackers
- Library of videos, articles and inspirational quotes
- Supports development of personal actions

Dependent Care and Daily Living Resources

- Information available on child care, adoption, summer camps, college placement, elder care and assisted living through the EAP website.
- Phone consultation with a work-life specialist
- For help with everyday needs, like pet sitting, relocation resources and more

Visit anthemEAP.com

- Well-being articles, podcasts and monthly webinars
- Self-assessment tools for depression, anxiety, relationships, alcohol use, eating habits and more

Crisis Consultation

- Toll-free number for emergencies
- Round-the-clock help available
- Anthem Blue Cross Employee Assistance Program (EAP) is confidential support that is available to all TTM employees, their family and household members. You do not need to be enrolled in a TTM medical plan to participate. Check out some of the services we offer — at no cost to you.

Live Health Online

Talk with a licensed therapist, get expert advice, a treatment plan and medication, if needed, from a psychiatrist. You can get this real time care at your convenience. Psychology and Psychiatry pricing on LiveHealth Online depends on the type of visit. The approximate range is from \$69 to \$199 until your annual deductible is met, then coinsurance percentages will apply. The cost of the visit will be disclosed to you during your visit request online. To take advantage of your first 3 EAP visits using LiveHealth Online, call the EAP and request a coupon code to use during the billing process with LiveHealth Online.

Once you have the coupon code, LiveHealth Online can be reached a variety of ways: livehealthonline.com, through the LiveHealth Online app from your phone’s app store, calling **1-888-542-3432**. Available 24/7, 365 days a year.



NEED HELP?

Give EAP a try today!

Call us at **1-855-873-4932**.

Or go to **anthemEAP.com** and enter your company code:
TTM Technologies



Virgin Pulse Wellness Program

If you are an employee or spouse/domestic partner enrolled in a TTM sponsored Anthem or Kaiser medical plan, you are eligible to receive financial incentives by simply participating in the TTM Wellness program. To provide you with the wellness tools and support you need, we have partnered with Virgin Pulse, a leading health-management services provider. Together with Virgin Pulse, we'll bring you the latest health and wellness content, educational programs and an online community to keep you motivated.

Join Virgin Pulse on your mobile device or computer.

Enjoy the following benefits together:

Activity tracking - keep yourselves accountable by tracking your daily activity, like steps, sleep, and workouts.

Helpful tips for living well - learn how to eat and sleep better, build exercise into your day, and feel less stressed and more productive - plus much more!

Fun, healthy challenges to stay motivated and can be enjoyed with friends and family!

Biometric Screenings

All TTM employees and medically-enrolled spouses/DPs are encouraged to participate in a confidential biometric screening so you can know your numbers. If you are enrolled in a TTM-sponsored Anthem or Kaiser medical plan, you and your spouse/DP can participate in the biometric screening to earn \$75 each*. Your biometric results will be uploaded to your Mobile Health Consumer Assessment.

** Biometric screenings need to be dated and submitted between January 1, 2023 and November 30, 2023 in order to be eligible for the incentive.*

Anthem Cancer Concierge Care Program

Available to you and your family members that are enrolled in your Anthem plan - at no cost!

Being diagnosed with cancer can be overwhelming. It may be difficult to know what the next step is or to decide on a treatment plan. To support employees and their families,



the Cancer Concierge Care program is available for TTM Anthem members. This unique program is a high-touch oncology service tailored to a member's specific situation, whether newly diagnosed or receiving treatment.

This voluntary program provides support and resources designed to help navigate the complexity of a cancer diagnosis so you can focus on what matters most: your health and recovery.

Highlights of Anthem's Concierge Cancer Care program include:

Guidance through a virtual second opinion (VSO) from a board-certified oncologist that ensures members are on the right track from original diagnosis

Innovation including on-demand, clinical-quality medical exams from any location

Partnership with the premier oncology facilities in the nation

Concierge-style service including family support and travel benefits to and from Centers of Excellence

Want to know more about Concierge Cancer Care program and how to get started? You can also ask questions by starting a chat using the Sydney mobile app or by calling Anthem at 1-866-236-4365.

Wondr Health

Who's eligible?

All TTM employees and spouses/domestic partners enrolled on the Anthem or Kaiser medical health plans with a Body Mass Index (BMI) greater than 25 are eligible to participate.

Wonder Health is a common-sense, online weight loss program based on Eatology™, the study of when, why and how we eat. Unlike diets, which rely on your willpower and 'eat this, not that' advice, Wondr Health reaches you simple, repeatable skills to help you lose weight and keep it off in the real world, while still eating the foods you love — even cheeseburgers!

Here's How Wondr Health Works:

During the initial 10 weeks of the program, you'll log-in to your Wondr Health dashboard to learn tips like:

- Ways to enjoy your favorite foods without going overboard
- How to manage the differences between appetite and hunger
- How to keep thirst from hijacking your weight loss
- The reasons we eat, many of which have nothing to do with hunger
- How to stop eating around emotions like stress, anger and depression
- How to sleep better, become more physically active, reduce stress and more!

Is there a cost?

There is no out-of-pocket cost for employees, spouses/ domestic partners on the Anthem or Kaiser health plans. Wondr Health is covered as a preventive medical expense under your health plan.



Omada

Who's eligible?

Omada Health is a personalized program designed to help those with a diagnosis of hypertension or diabetes reach their health goals – whether that's losing weight, lowering your blood pressure, or managing blood sugar. It combines real human support with the latest technology so you can make lasting changes, one step at a time.

You'll get your own:

- Personalized Program
- Professional Health Coach
- Smart Health Devices
- Weekly Online Lessons
- Small Peer Group employees, their family and household members. You do not need to be enrolled in a TTM medical plan to participate. Check out some of the services we offer — at no cost to you.

Eat healthier, move more

Discover easy ways to sneak healthy choices into daily life.

Develop a personalized plan

Whether it's medication or medication, zero in on your needs.

Track progress seamlessly

Monitor your activity to discover what is (and isn't) working.

Break barriers to change

Gain powerful problem-solving skills to overcome challenges.

Feel healthy for life

Set and reach your evolving goals with strategies and support.














All at No Cost to You:

TTM will cover the cost of the program for medically enrolled employees, spouses/domestic partners and dependents over age 18 that have already had a diagnosis of diabetes or hypertension. Take a one-minute health test.

** You are eligible to participate in one Wondr Health or Omada program each calendar year.*



FOCUS ON YOUR WELLNESS

Health and Wellness App	Health and Wellness App Logo	Who's Eligible	Details
LiveHealth Telemedicine		Available to all TTM employees, their families, and household members.	Visit with board-certified doctors, licensed therapists, lactation consultants, registered dietitians and more through live video.
Alight		For any TTM employee enrolled in TTM benefits.	To enroll in your benefits, access your health and wellness information, and take your benefit ID cards on the go.
Sydney Health		For individuals enrolled in the TTM Anthem medical plan.	Access your medical benefits, view your integrated clinical programs along with wellbeing tools and resources.
Kaiser Permanente		For individuals enrolled in the TTM Kaiser medical plan.	Schedule appointments, refill prescriptions, email your doctor's office, and manage your care – all in one place.
Delta Dental		For individuals enrolled in the TTM dental plan.	Quickly find a dentist in your area, use Delta Dental's cost estimator, and access your mobile ID card.
VSP		For individuals enrolled in the TTM vision plan.	Members can search for vision providers, view your benefits coverage and access your member ID card.
Calm App		For individuals enrolled in the TTM Kaiser medical plan.	Provides daily meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality.
myStrength		For individuals enrolled in the TTM Kaiser medical plan.	Offers evidence-based support for many types of emotional and physical challenges.
Ginger		For individuals enrolled in the TTM Kaiser medical plan.	24/7 text-based emotional support coaching. Discuss goals, share challenges, and access self-care resources.
Wondr Health		For individuals enrolled in a TTM medical plan.	24/7 text-based emotional support coaching. Discuss goals, share challenges, and access self-care resources.
Omada		Any TTM employee with a diagnosis of hypertension or diabetes.	To prevent diabetes, heart disease, and high blood pressure.
HealthEquity HSA		For individuals enrolled in a TTM HSA account.	Access to your health accounts; you are able to initiate claims and payments on-the-go.
Virgin Pulse		All TTM employees and spouses/domestic partners enrolled on the medical health plans.	Access TTM's wellbeing program; access all the core features for healthy living, access program rewards and track your steps, active minutes, and sleep!

LEGAL NOTICES

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

The Women's Health and Cancer Rights Act of 1998 (WHCRA) provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

TTM provides coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please contact the TTM Benefits Resource Center at [digital.benefitsnow.com/TTMBenefits](https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/whcra.pdf) or 1-844-868-6230 or visit: <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/whcra.pdf>.

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) allows states to subsidize premiums for employer provided group health coverage for eligible children, but it also imposes certain obligations on plan sponsors (employers).

As part of TTM's compliance obligations under CHIPRA, TTM must provide notice to all participants that their dependents may be eligible for state health insurance premium assistance. The full disclosure notice is enclosed and can be accessed by logging on the TTM benefits portal at [digital.benefitsnow.com/TTMBenefits](https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/whcra.pdf).

MEDICARE PRESCRIPTION DRUG COVERAGE

TTM insurance carriers have reviewed the prescription drug benefits provided under the plans and have determined that according to Medicare Part D guidelines, the Optum and Kaiser Plans prescription drug coverage is creditable. If you or a dependent is eligible for Medicare, you can contact the TTM Benefits Center to obtain a Creditable Coverage Notice.

If you have questions about Medicare or Medicare Prescription Drug coverage, you

can contact Medicare at 1-800-633-4227 or [medicare.gov](https://www.medicare.gov). The full disclosure notice may be found on the benefits portal at [digital.benefitsnow.com/TTMBenefits](https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/whcra.pdf). Hard copies are available by contacting the TTM Benefits Resource Center at 1-844-868-6230 or [digital.benefitsnow.com/TTMBenefits](https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/whcra.pdf).

NOTICE OF HIPAA PRIVACY PRACTICES

TTM Health and Welfare Benefits Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. The full disclosure notice may be found on the benefits portal at [TTMBenefits.com](https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/whcra.pdf). Hard copies are available by contacting the TTM Benefits Resource Center at 1-844-868-6230 or [digital.benefitsnow.com/TTMBenefits](https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/whcra.pdf).

HIPAA NOTICE OF SPECIAL ENROLLMENT

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the TTM health plan(s) if you or your dependents lose eligibility for the other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Also, you may be entitled to special enrollment rights pursuant to the Children's Health Insurance Program Reauthorization Act of 2009 if you or your dependents lose coverage under State Medicaid Plan or State Children's Health Insurance Program. If you believe you are eligible for such special enrollment you must request enrollment or de-enrollment within 60 days.

To request special enrollment or obtain more information, contact the TTM Benefits Resource Center at 1-844-868-6230 or [digital.benefitsnow.com/TTMBenefits](https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/whcra.pdf).

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORNS' ACT)

Group health plans and insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on the Newborns' Act, please visit: http://www.dol.gov/ebsa/FAQs/faq_consumer_newborns.html.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

In accordance with the Patient Protection and Affordable Care Act, each medical plan is required to issue a Summary of Benefits and Coverage (SBC), which describes the benefits and coverage for each medical plan. Copies of all medical plan SBCs are available and can be accessed by logging on the TTM benefits portal at [TTMBenefits.com](https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/whcra.pdf). Hard copies are available by contacting the TTM Benefits Resource Center at 1-844-868-6230 or [digital.benefitsnow.com/TTMBenefits](https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/faqs/whcra.pdf).

NOTICE FOR TTM WELLNESS PROGRAM

New rules published on May 17, 2016, under the Americans with Disabilities Act (ADA), require employers that offer Wellness Programs that collect employee health information to provide a notice to employees informing them what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential. In compliance with these regulations, TTM has provided employees this Notice for your reference with the TTM Wellness Program.

NOTICE REGARDING TTM TECHNOLOGIES WELLNESS PROGRAM

TTM Wellness Program is a voluntary Wellness Program available to all employees and their medically enrolled spouse/domestic partner (DP). The program is administered according to federal rules permitting employer-sponsored Wellness Programs that seek to improve

employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the Wellness Program you will be invited to complete a voluntary health assessment or "HA" from the Mobile Health Consumer platform that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be invited to complete a biometric screening, which will include a fingerstick or fasting venipuncture test to measure your cholesterol and risk for diabetes as well as measure your blood pressure, Body Mass Index (BMI), body fat percentage and waist circumference. You are not required to complete the HA or to participate in the biometric screening or any other medical examinations.

However, employees and spouses/domestic partners (DP) who are enrolled in an Anthem and Kaiser TTM-sponsored medical plan and choose to participate in the TTM Wellness Program will receive an incentive of \$75 for completing the HA and \$75 for completing the biometric screening. The incentive earned is independent of one another. Participating in the points program also gives employees and spouses/DP another opportunity to earn points. Tracking daily healthy activities, reading messages, participating in coaching programs all earn points which equal incentives. Additional incentives include \$25 for closing a medical gap in care. All incentives earned are deposited into the employee's Health Savings Bank account 4-6 weeks following activity completion. Incentives are only payable if the employee is employed on the date the incentive is to be paid. Please visit your TTM Benefits Resource Center Wellness page for specific details: digital.benefitsnow.com/TTMBenefits.

The information from your health assessment and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the Wellness Program, such as directing you to online

coaching videos within the Mobile Health Consumer platform and making you aware of Prenatal, Condition and Case Management programs offered through your health insurance provider. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the TTM Wellness Program may use the aggregate information it collects to design a program based on identified health risks in the workplace, TTM Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the Wellness Program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the Wellness Program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the TTM Wellness Program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the TTM Wellness Program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the TTM Wellness Program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are with organizations who have signed HIPAA Business agreements designed to protect your personal health information with TTM Wellness who will receive information necessary to provide you with services under the TTM Wellness Program.

In addition, all medical information obtained through the TTM Wellness Program will be maintained separate from your personnel records, information stored

electronically will be encrypted, and no information you provide as part of the TTM Wellness Program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the TTM Wellness Program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the TTM Wellness Program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, reasonable accommodations or about protections against discrimination and retaliation, please contact the TTM Benefits Resource Center at 1-844-868-6230 or digital.benefitsnow.com/TTMBenefits.

IF YOU LEAVE YOUR JOB

Your employer-sponsored benefits end on your last day at TTM. However, you and your dependents that are covered under your medical, dental, vision, and FSA until the end of the month you terminate employment and you have the right to continue participation in group health coverage as allowed under the Consolidated Omnibus Budget Reconciliation Act (commonly referred to as "COBRA"). You have 60 days from your notification date or coverage-end date to enroll in COBRA. If you enroll in COBRA, you will pay monthly payments for the full premium plus a 2 percent administration fee. COBRA coverage is generally available for up to 18 months, with additional extensions available under certain circumstances. For more information, contact the TTM Benefits Resource Center at 1-844-868-6230 and ask to speak to a COBRA representative.

You can convert life insurance coverage to an individual policy or port (take with you) your current group term coverage within 30 days of your termination date. Please call the TTM Benefits Resource Center to coordinate.

CONTACT INFORMATION

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE
TTM Benefits Resource Center	Alight	1-844-868-6230	digital.benefitsnow.com/TTMBenefits
Anthem Medical	Anthem	1-833-924-0249	anthem.com/ca
Prescription (Anthem Plans Only)	Optum Rx	1-800-741-6480	optumrx.com
Anthem Telehealth	LiveHealth	1-888-548-3432	livehealthonline.com
Kaiser Medical and Rx	Kaiser	CA - 1-800-464-4000 CO - 1-800-632-9700 NorthWest - 1-800-813-2000 MidAtlantic - 1-800-777-7902	www.kp.org
Employee Assistance Program	Anthem	1-855-873-4932	anthemeap.com
Health Savings Accounts	HealthEquity	1-866-346-5800	healthequity.com
Dental	Delta Dental	1-888-335-8227	deltadentalins.com
Vision	VSP Vision	1-800-877-7195	vsp.com
Life Insurance	Voya	1-888-238-4840	Presents.voya.com/EBRC/ttm
Disability Insurance	Voya	1-888-973-3652	Presents.voya.com/EBRC/ttm
Flexible Spending Account & Commuter Spending	SmartChoice	1-844-868-6230	digital.benefitsnow.com/TTMBenefits
Wellness Platform	Virgin Pulse	1-888-671-9395	https://virginpulse.zendesk.com
Critical Illness Insurance Accident Insurance Hospital Indemnity Insurance	Voya	1-877-236-7564	https://presents.voya.com/EBRC/ttm
Whole Life + Long Term Care Insurance	Allstate	1-866-828-8501	MyBenefits.Allstate.com
Legal Insurance	MetLife	1-800-821-6400	legalplans.com
ID Theft Insurance	Norton LifeLock	1-800-607-9174	my.norton.com
Pet Insurance	Nationwide	1-877-738-7874	https://benefits.petinsurance.com/ttm
TTM 401(k) Retirement Savings	Empower Retirement	1-844-465-4455	TTMTech401k.com
TTM Retirement Plan Advisor	SageView Advisory Group	1-833-724-3411	sage411.sageviewadvisory.com



NOTE: This statement is intended to summarize the benefits you receive from TTM Technologies. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.