

**Synopsys, Inc.**  
**Lyra Employee Assistance Program**  
**Summary Plan Description**

**January 1, 2023**

## **LYRA EMPLOYEE ASSISTANCE PROGRAM SUMMARY PLAN DESCRIPTION**

### **Introduction**

Synopsys, Inc. (the “Employer”) maintains the Lyra Employee Assistance Program (“Plan”), a benefit component of the Synopsys, Inc. Welfare Plan, for the exclusive benefit of its eligible employees and their eligible dependents.

This document along with the Synopsys, Inc. Welfare Plan and Summary Plan Description constitute the complete Summary Plan Description (“SPD”) required by the Employee Retirement Income and Security Act of 1974, as amended (“ERISA”).

### **Benefits**

The Plan provides access to licensed behavioral health care providers (“Providers”) who provide outpatient counseling to assist with stress, anxiety, depression, sleep disorder and other common behavioral issues that can be treated through short-term outpatient behavioral health services.

The Plan also provides participants with coaching regarding legal issues, financial issues, and identity theft.

Plan participants are eligible for a total of 15 sessions per year (in the aggregate).

The Plan does not deliver services for or cover the costs of inpatient, residential treatment, partial hospitalization, long-term care or counseling, prescription medication, disability assessments, autism spectrum disorder, services for remedial education, non-evidence-based behavioral health care, or emergency care. If an outpatient Provider is not an appropriate fit for your needs, and you are looking for additional support for a mental health issue, contact the Synopsys, Inc. Welfare Plan to identify additional resources to support you.

### **Access**

To find a Provider that provides benefits under this Plan, you may access the Plan’s online platform by going to [synopsys.lyrahealth.com](https://synopsys.lyrahealth.com); or by contacting the Lyra care team at (844) 856-2213. You must register with Lyra first (by phone or online) before you can access searches or connect with a Provider.

You can also book an appointment with a Provider (if they have a calendar integrated with the Plan’s online platform) by going to [synopsys.lyrahealth.com](https://synopsys.lyrahealth.com). Further, for some select Providers, you can utilize the Plan’s web based platform to have a video session with your Provider and complete online exercises.

## **Eligibility**

### **Employee Eligibility**

The following individuals are eligible to participate in this Plan:

- Regular full time U.S. employees scheduled to work at least 30 hours per week;
- Regular part time U.S. employees scheduled to work at least 20 hours per week; and
- Interns if enrolled in the Synopsys HS Basic Medical Plan.

### **Dependent Eligibility**

The Plan also covers your eligible dependents. “Dependents” refers to:

- Your legal spouse or domestic partner (as defined in the Synopsys Domestic Partner Affidavit);
- Your, your spouse’s, or your domestic partner’s Child(ren) under the age of 26; and
- A Child for whom you have a Qualified Medical Child Support Order.

Note: a “Child” includes your biological child, step-child, eligible foster child, and a child for whom you are a legal guardian. Further, disabled Children over the age of 26 and covered by the eligible employee are also eligible for coverage under this Plan.

Coverage will terminate if you no longer meet the eligibility requirements. Coverage for your spouse and dependents stops when your coverage stops, or when they are no longer eligible under the requirements listed above. However, you may be entitled to COBRA continuation coverage, as explained later in this SPD.

## **Administration**

Synopsys, Inc. is the Plan Administrator of the Synopsys, Inc. Welfare Plan. The Plan Administrator has the full power to administer the Plan, in accordance with its terms, for the exclusive benefit of eligible employees and their eligible dependents. For this purpose, the Plan Administrator’s powers include, but are not limited to, the following: (a) to make and enforce any rules it deems necessary or proper for the efficient administration of the Plan; (b) to interpret the Plan (any such interpretation, made in good faith, shall be final and conclusive on all persons claiming benefits under the Plan); (c) to decide all questions concerning the Plan and the eligibility of any person to participate in the Plan or receive benefits under the Plan (any such decision, made in good faith, shall be final and conclusive on all persons claiming benefits under the Plan); and (d) to delegate its powers or responsibilities under the Plan to other designated entities or individuals. In exercising any of these powers the Plan Administrator shall have the maximum discretion allowed by law.

The Plan Administrator has delegated to Lyra its full power to interpret the Plan and to decide all questions of eligibility for and benefits under the Plan.

### **Missed or Canceled Sessions**

To the extent that you do not show up to an appointment with your Provider, or you cancel your appointment with less than 24-hours' notice to the Provider, you may be charged a fee according to the Provider's late cancellation/no-show policy.

### **Eligibility Claims and Appeals**

If you have a question solely relating to eligibility under the Plan that is not connected to a claim for benefits under the Plan, you must file a written inquiry with the Employer within 6 months of the event that gives rise to the question. The Employer will make a determination on your eligibility within 90 days after your written request is received.

If a claim relating solely to eligibility is denied, you may appeal such a denial by submitting to the Employer a written request for review within 90 days after receiving notice of the denial. You will be notified by the Employer of its decision on review within 60 days from receipt of the written request.

### **Amendment or Termination of the Plan**

The Employer has the right to amend or terminate the Plan at any time. After the Employer has terminated the Plan, you and any dependents will not have any vested right, contractual or otherwise, to any further contributions to or benefits from the Plan.

### **Alienation**

Benefits under this Plan are not subject to alienation, assignment, garnishment, attachment, execution or levy of any kind. You cannot assign your right to benefits under this Plan, or to pursue legal action to obtain those benefits.

### **HIPAA Notice of Privacy Practices**

This Plan is a group health plan subject to the HIPAA privacy and security rules. The Employer has (or will) provide you with a Notice of Privacy Practices, which describes the practices the Plan will follow with regard to your personal health information that is protected by HIPAA. If you would like to receive another copy of the Notice, please contact the Plan Administrator.

### **Coordination of Benefits**

This Plan has an annual 15 visit limit. However, if you are a participant in one of the Synopsys HS Medical Plans and would like to receive continued Provider care after you have hit your 15 visit annual limit, you may continue receiving Provider care through the end of the plan year by having Lyra file a claim on your behalf to the Synopsys HS Medical Plan in which you are enrolled. Any such coverage will be subject to the terms and conditions of the Synopsys HS Medical Plans. If you have any questions regarding your cost-sharing obligations under the Synopsys HS Medical Plan in which you are enrolled (including co-pays, co-insurance, or deductibles), please contact the Synopsys

Benefits Team via email at [benefits@synopsys.com](mailto:benefits@synopsys.com). Note, Lyra will bill you directly for any cost-sharing amounts that you owe related to Provider visits over your annual 15 visit limit.

If you are not enrolled in one of the Synopsys HS Medical Plans, you will have to pay out of pocket for any Provider visits over the Plan's 15 annual session limit. You are responsible for sending the claims to your primary and secondary insurance, as applicable, to be reimbursed directly by your health plan(s). You can e-mail Lyra at [care@lyrahealth.com](mailto:care@lyrahealth.com) to request a superbill to assist you with your submission to the primary and/or secondary insurance for payment.

## **COBRA CONTINUATION COVERAGE**

The right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan, was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA"). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the SPD and contact the Plan Administrator for the Synopsys, Inc. Welfare Plan. The same COBRA continuation coverage rules apply to accessing Lyra's services.

This section explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

### **What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed below. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct; or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment; or
- Death of the employee.

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to:

benefits@synopsys.com

### **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### *Disability extension of 18-month period of COBRA continuation coverage*

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may

be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. You are generally required to notify the Plan Administrator of your disability within 60 days after the date your Social Security disability determination is issued, but in no case later than the end of the initial 18-month period of continuation coverage. The notice must be sent to:

Synopsys, Inc. (c/o Businessolver, Inc.)  
ATTN: COBRA Administration  
PO BOX 850512  
MINNEAPOLIS, MN 55485-0512  
833-280-4598

*Second qualifying event extension of 18-month period of continuation coverage*

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

**Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

**If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration ("EBSA") in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's web site.)

**Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Contact information**

If you have questions about COBRA continuation coverage under the Plan, contact:

Synopsys, Inc. (c/o Businessolver, Inc.)  
ATTN: COBRA Administration  
PO BOX 850512  
MINNEAPOLIS, MN 55485-0512  
833-280-4598