



Qualcomm Benefits



Qualcomm United States Benefits

Our benefits package is deep and comprehensive, providing you and your family extensive protection and security, along with quality, life-enhancing programs. When we say the benefits of working at Qualcomm are many, you'll see we mean that quite literally.

The benefits listed below apply to the employees of all Qualcomm entities located in the United States (hereafter referred to as Qualcomm). Since this document is a summary of the benefits available, there may be additional terms, conditions, and limitations that apply. Please refer to the actual policy or insurance contract for additional information.

Benefits Include:

- 401(k) Plan
- Employee Stock Purchase Plan
- Holidays
- Vacation
- Medical Plan
- Dental Plan
- Vision Plan
- Sick Leave
- Dependent Care & Health Care Reimbursement Accounts
- Tuition
- Adoption Assistance
- Wireless Device Subsidy Program
- Matching Grant Program
- QLiving (Work/Life Balance Solution)

401(k) Plan

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| Description | <ul style="list-style-type: none">• Pretax and post-tax Roth savings through payroll deduction• Company match of employee contribution: 100% on first \$1,500, 50% on the next \$1,500, 33% on next \$7,500, and 10% thereafter• 50% vested after 1 year, 100% after 2 years• Loans available• Fidelity, Vanguard and other Mutual Funds & Self Directed Brokerage Link• Employee may enroll, suspend and make changes to contributions at any time |
| Eligibility | <ul style="list-style-type: none">• All regular status employees age 18 and older |
| Eligibility Date | <ul style="list-style-type: none">• Date of hire |

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| Employee Contribution | <ul style="list-style-type: none"> Percentage of eligible compensation (minimum 1% of salary) Maximum 85% of salary up to annual IRS deferral limit, and less other elective deferrals and required deductions Make up contributions permitted for employees age 50 and over |
| Employee Stock Purchase Plan | |
| Description | <ul style="list-style-type: none"> Elective post-tax payroll deduction Allows employees to purchase company stock at 85% of the fair market value at the beginning OR end of the six month period, whichever is lower Employee may suspend contributions at any time Employee may withdraw from the plan at any time |
| Eligibility | <ul style="list-style-type: none"> All regular status employees scheduled to work 21 or more hours per week |
| Eligibility Date | <ul style="list-style-type: none"> 30 days of employment prior to the beginning date of an ESPP offering period |
| Employee Contribution | <ul style="list-style-type: none"> Minimum 1% of salary Maximum 15% of salary Maximum \$10,625 each offering period |
| Holidays | |
| Description | <ul style="list-style-type: none"> 10 company designated holidays per calendar year 1 employee designated holiday per calendar year |
| Eligibility | <ul style="list-style-type: none"> All regular status employees Prorates for part-time employees Must be on active pay stubs day before and day after holiday |
| Eligibility Date | <ul style="list-style-type: none"> Date of hire |
| Vacation | |
| Description | <p>Exempt Employees:</p> <ul style="list-style-type: none"> 3 weeks accrual per year After 5 years of employment: 4 weeks accrual per year After 10 years of employment: 5 weeks accrual per year Maximum accrual of 2 times employee's annual accrual rate <p>Non-Exempt Employees:</p> <ul style="list-style-type: none"> 2 weeks accrual per year After 5 years of employment: 3 weeks accrual per year After 10 years of employment: 4 weeks accrual per year Maximum accrual of 2 times employee's annual accrual rate |
| Eligibility | <ul style="list-style-type: none"> All regular status employees Prorated for part-time employees |

| Eligibility Date | • Date of hire | | | | |
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| Health Plan Options | | | | | |
| Description | Feature | | Preferred Provider Organization (PPO) | | Exclusive Provider Organization (EPO) |
| Plan Design | Premium Cost | | None | | None |
| | Health Care Providers | | Preferred Provider Organization (PPO) - You can go to any doctor or hospital, but out-of-network providers will result in higher costs to you | | Exclusive Provider Organization (EPO) - You can only go to Kaiser doctors and facilities, except in the case of a bona fide emergency |
| | Access to Out-of-Network Providers | | Yes | | No, except in the case of an emergency |
| | Specialist Referrals | | Can self-refer to any specialist | | Can self-refer to OB/GYN, Psychiatry and Chemical Dependency Services/Addiction Medicine. Other specialist referrals must be made by your Personal Physician. |
| | Personal Physician Required | | No | | Yes |
| Health Plan Benefits & Your Financial Responsibility | | | | | |
| | Type of Treatment | | PPO | | EPO |
| | | | In-Network (PPO) | Out-of-Network (Non-PPO) | |
| How the Plan Works | Calendar Year Deductible | Individual | \$0 | \$1,000 | \$0 |
| | | Family | \$0 | \$2,000 | \$0 |
| | Calendar Year Out-of-Pocket Maximum After Deductible | Individual | \$1,000 | \$5,000 | \$1,000 per family member |
| | | Family | \$3,000 | \$15,000 | \$3,000 |
| At the Doctor's Office | Preventive Care Office Visit | | \$0 | 50% of 175% of the Medicare Fee Schedule after deductible | \$0 |
| | Primary Care Office Visit | | \$10 | 50% of 175% of the Medicare Fee Schedule after deductible | \$10 |
| | Specialist Office Visit | | \$20 | 50% of 175% of the Medicare Fee Schedule after deductible | \$20 |
| At the Hospital | Inpatient Hospitalization | | 10% | 50% of 175% of the Medicare Fee Schedule after deductible | 10% |

| Prescription | Retail Pharmacy | PPO Prescription Plan | | EPO Prescription Plan | |
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| | | (30 day supply) | | (30 day supply) | |
| | | Generic | 20% - \$15 maximum copay | Generic | \$5 |
| | | Preferred Brand/No Generic | 20% - \$20 maximum copay | | |
| | | Preferred Brand/Generic Equivalent Available | Generic copay <i>plus</i> buy-up cost difference | Preferred Brand | \$20 |
| | | Non-Preferred Brand/ Generic Equivalent Available | Generic copay <i>plus</i> buy-up cost difference | | |
| | | Infertility | 50% | Infertility | 50% |
| | Mail Order | (90 day supply) | | (100 day supply) | |
| | | Generic | \$30 | Generic | \$10 |
| | | Preferred Brand/No Generic | \$40 | | |
| | | Preferred Brand/ Generic Equivalent Available | \$80 | Preferred Brand | \$40 |
| | | Non-Preferred Brand/ Generic Equivalent Available | \$120 | | |
| | | Infertility | 50%, no maximum copay (lifetime limit of \$7,500) | Infertility | 50%, no maximum copay (lifetime limit of \$7,500) |
| | Calendar Year Out-of-Pocket Maximum | Individual | Family | Individual | Family |
| | | \$1,000 | \$3,000 | \$1,000 | \$3,000 |
| Eligibility | <ul style="list-style-type: none">All regular status employees working 30+ hours per weekSpouses or same sex domestic partner and child(ren) up to age 26 of eligible employee | | | | |
| Eligibility Date | <ul style="list-style-type: none">Date of hire | | | | |
| Employee Contribution | <ul style="list-style-type: none">Employees working 40 hours per week do not pay premiumsEmployees working 30-39 hours per week pay a percentage of premium | | | | |
| Dental Plan | | | | | |
| Description | <p>Preventive Services:</p> <ul style="list-style-type: none">100% of eligible expenses, no deductible. Maximum benefit for preventive services per year: \$500 per individualIndividual deductible per calendar year: \$50Family deductible per calendar year: \$150 <p>Basic Services:</p> <ul style="list-style-type: none">80% after deductible <p>Major Services:</p> <ul style="list-style-type: none">50% after deductible | | | | |

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| | <ul style="list-style-type: none"> Maximum benefit for basic and major services per year: \$1,500 per individual <p>Orthodontia:</p> <ul style="list-style-type: none"> 50% after deductible Maximum lifetime benefit for orthodontia: \$1,500 per individual <p>Note: Frequency limitations on certain services</p> |
| Eligibility | <ul style="list-style-type: none"> All regular status employees working 30+ hours per week Spouses or same sex domestic partner and dependent child(ren) of eligible employee Pre-existing condition clause exists |
| Eligibility Date | <ul style="list-style-type: none"> Date of hire |
| Employee Contribution | <ul style="list-style-type: none"> Employees working 40 hours per week do not pay premiums Employees working 30-39 hours per week pay a percentage of premium |
| Vision Plan | |
| Description | <p>Exam:</p> <ul style="list-style-type: none"> 100% of eligible expenses once every 12 months, \$5 copay <p>Lenses/Frames:</p> <ul style="list-style-type: none"> Once every 24 months, \$10 copay Contact lenses (in lieu of glasses): once every 24 months <p>Note: Lenses, frames and contact lenses are subject to a maximum allowable benefit</p> |
| Eligibility | <ul style="list-style-type: none"> All regular status employees working 30+ hours per week Spouses or same sex domestic partner and dependent child(ren) of eligible employee Pre-existing condition clause exists |
| Eligibility Date | <ul style="list-style-type: none"> Date of hire |
| Employee Contribution | <ul style="list-style-type: none"> Premiums required for dependent coverage and employees working 30-39 hours per week pay a percentage of premium. |
| Sick Leave | |
| Description | <ul style="list-style-type: none"> Used for personal illness/doctor's appointments. May be integrated with disability programs All Employees: 0.044 hours of sick time per hour worked Salaried Employees: Sick time taken as needed if max accrual of 80 hours is exhausted Hourly Employees: 10 days per year, bi-weekly accrual (160 hour maximum accrual) |
| Eligibility | <ul style="list-style-type: none"> All regular status employees Prorated for part-time employees |
| Eligibility Date | <ul style="list-style-type: none"> Date of hire |

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| Employee Contribution | <ul style="list-style-type: none"> None |
| Flexible Spending Accounts (Dependent Day Care & Health Care Reimbursement Accounts) | |
| Description | <ul style="list-style-type: none"> Enables employees to pay for dependent day care and health care expenses with pretax dollars |
| Eligibility | <ul style="list-style-type: none"> All regular status employees working 30+ hours per week |
| Eligibility Date | <ul style="list-style-type: none"> Date of hire or eligibility Every January 1 Upon family status change |
| Employee Contribution | <ul style="list-style-type: none"> HCRA - Maximum of \$2,550 annually DCRA – Maximum of \$5,000 annually |
| Tuition Assistance | |
| Description | <ul style="list-style-type: none"> Employees may seek assistance for tuition and fees for academic education Reimbursement of up to \$5,250 per calendar year for cost of tuition, books, and parking for courses towards continuing education, certification program, associate's degree or a bachelor's degree Reimbursement of up to \$10,125 per calendar year for costs of tuition, books, and parking for courses toward a graduate or post-graduate degree Reimbursement based on grade |
| Eligibility | <ul style="list-style-type: none"> All regular status employees working 40+ hours per week Must be actively employed when the course begins and ends Course, program or study must be pre-approved and considered job related List of approved schools |
| Eligibility Date | <ul style="list-style-type: none"> Date of hire |
| Employee Contribution | <ul style="list-style-type: none"> Employee pays up front and may request reimbursement for eligible expenses Eligible expenses over and above annual limits are the responsibility of the employee |
| Adoption Assistance | |
| Description | <ul style="list-style-type: none"> Provides financial assistance up to \$4,000 towards some expenses associated with adopting a child |
| Eligibility | <ul style="list-style-type: none"> All regular status employees working 40+ hours per week |
| Eligibility Date | <ul style="list-style-type: none"> Date of hire |
| Employee Contribution | <ul style="list-style-type: none"> None |

Wireless Device Subsidy Program

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| Description | <ul style="list-style-type: none"> Employees are eligible to receive a subsidy on the purchase of a brand new approved wireless device containing a QCT chipset, including data cards, e-readers, tablets, and laptops once every 3 years. Subsidy is 50% of cost, up to \$100. |
| Eligibility | <ul style="list-style-type: none"> All regular status U.S. employees scheduled to work 40+ hours per week |
| Eligibility Date | <ul style="list-style-type: none"> After 3 months of employment |
| Employee Contribution | <ul style="list-style-type: none"> Up front purchase price of wireless device |

Matching Grant Program

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| Description | <ul style="list-style-type: none"> Provides one-for-one matching of employee contributions each fiscal year to IRS recognized non-profit organizations Maximum Amount: <ul style="list-style-type: none"> All employees: \$1,000 Director & Above: \$5,000 |
| Eligibility | <ul style="list-style-type: none"> All regular status U.S. employees scheduled to work 40+ hours per week |
| Eligibility Date | <ul style="list-style-type: none"> Date of hire |
| Employee Contribution | <ul style="list-style-type: none"> None |

QLiving (Work/Life Balance Solution)

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| Description | <p>Balancing work, family and life. QLiving is comprised of four ingredients that combine to make up the facets of our lives:</p> <ul style="list-style-type: none"> Social Qualcomm provides opportunities for our employees to enjoy the social side of life with their co-workers through clubs and events Personal From child and eldercare referrals to personal development classes, Qualcomm employees enjoy a wide array of resources to handle personal and family obligations. Financial Discounts, subsidies, and educational classes all add up to help make Qualcomm employee's make the most out of their hard earned money. Charitable Give back to your community through charitable events and our annual Holiday Gift Drive |
| Eligibility | <ul style="list-style-type: none"> Qualcomm employees and family members |
| Eligibility Date | <ul style="list-style-type: none"> Date of hire |

Employee Contribution

- Some activities require participation fees