2026 Employee Benefit Contributions

Health Care		Bi-weekly Cost			
Plan		Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Family
Medical	High Deductible Health Plan (HDHP)	$38.31	$101.54	$86.31	$144.92
	Preferred Provider Organization (PPO)	$66.00	$172.62	$144.92	$243.69
Dental	Basic Dental	$2.43	$4.86	$7.29	$9.72
Dental	Enhanced Dental	$6.77	$15.75	$13.30	$22.27
Vision	Basic Vision	$2.76	$5.82	$4.98	$8.03
Vision	Enhanced Vision	$9.21	$18.82	$16.21	$25.80

Supplemental Life Insurance

Coverage Options

- **Employee Coverage Amounts:** 1x, 2x, 3x, 4x, 5x, 6x, 7x, 8x, 9x or 10x annual salary[2]; coverage cannot exceed $1,000,000.
- **Spouse/Domestic Partner Coverage Amounts**: $25,000, $100,000, $150,000, $200,000, $300,000, $400,000, or $500,000; coverage cannot exceed the lesser of $500,000 or 100% of the employee's combined basic and supplemental life coverage amounts.
- **Dependent Child(ren) Coverage Amount**: $10,000

Cost

- **Employee and Spouse/Domestic Partner Coverage:**
  1. Divide the total coverage amount by 1,000.
  2. Multiply by the "Monthly Cost per $1,000 of Coverage" for your or your spouse/domestic partner's age, as indicated to the right.
  3. Multiply by 12 months, then divide by 26 pay periods. This is your per-paycheck cost for employee and spouse/DP coverage.
- **Dependent Child(ren) Coverage:** $1.01 per $10,000.

Coverage is $10,000.

Monthly Cost

Age of Employee	Monthly Cost per $1,000 of Coverage	Age of Spouse or Domestic Partner	Monthly Cost per $1,000 of Coverage
Under 25	$.026	Under 25	$.026
25 to 29	$.030	25 to 29	$.030
30 to 34	$.041	30 to 34	$.041
35 to 39	$.047	35 to 39	$.047
40 to 44	$.051	40 to 44	$.051
45 to 49	$.077	45 to 49	$.077
50 to 54	$.118	50 to 54	$.118
55 to 59	$.220	55 to 59	$.220
60 to 64	$.339	60 to 64	$.339
65 to 69	$.653	65 to 69	$.653
70 and over	$1.058	70 and over	$1.058

Supplemental Accidental Death and Dismemberment (AD&D) Insurance

Coverage Options

- **Coverage Amount**: Multiples of your annual salary[2], up to 10x salary; coverage cannot exceed $1,000,000.
- **Coverage Level**: You can elect coverage for yourself only or for your family. Family coverage includes you, your spouse or qualified domestic partner, and all your eligible dependent child(ren).

Cost

1. Divide the total coverage amount by 1,000.
2. Multiply by the "Monthly Cost per $1,000 of Coverage" for the coverage level you have chosen, as indicated to the right. Then multiply by 12 months and divide by 26 pay periods. This is your per-paycheck cost for AD&D coverage.

Monthly Cost

Coverage Level	Monthly Cost Per $1,000 of Coverage
Employee Only	$.021
Family	$.021

When calculating coverage amount, round the multiple of annual salary up to the next $1,000. Cost for coverage changes whenever salary changes.

Disability Coverage - Biweekly Cost

Basic Short Term Disability Coverage

California SDI Rate: In 2026 the SDI is .36% of pay.
California VDI Rate: VDI rate will not exceed the SDI rate.
All Other States: You may choose to have Seagate pay the cost of coverage.

If you choose to pay the Basic STD premium yourself:

1. Multiply your annual salary (up to $100,000) by .001
2. Divide by 26 pay periods. This is your per-paycheck cost.

Supplemental Short Term Disability Coverage

California

If you are enrolled in CA VDI there is no maximum weekly benefit, so there is no need for supplemental coverage.

Other States[1]

You are eligible if your annual salary is more than $100,000.[2]

1. Subtract $100,000 from your annual salary.
2. Multiply by .001
3. Divide by 26 pay periods. This is your per-paycheck cost.

Long Term Disability Coverage

If you choose to pay the LTD premium yourself:

1. Divide your annual salary by 100.[2]
2. Multiply by .198
3. Divide by 26 pay periods. This is your per-paycheck cost.

1. If you work in New Jersey or New York please contact Benefits Central at (877) 844-3333, option 2, then option 2 for details of your Supplemental Short Term Disability coverage.
2. Annual salary includes lead and shift differential pay, and average commissions.

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