

Health Care		Bi-weekly Cost			
Plan		Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Family
Medical	Anthem HDHP 1	\$44.36	\$115.40	\$97.50	\$163.14
	Anthem HDHP 2	\$20.77	\$54.93	\$45.94	\$78.87
Dental Basic	Anthem Dental	\$0.00	\$0.00	\$0.00	\$0.00
Dental Enhanced	Anthem Dental	\$6.42	\$14.95	\$12.63	\$21.15
Vision Basic	VSP	\$2.76	\$5.82	\$4.98	\$8.03
Vision Enhanced	VSP	\$9.21	\$18.82	\$16.21	\$25.80
Tobacco Surcharge	\$11.54 per paycheck applies to medical cost if applicable.				

Supplemental Life Insurance		Monthly Cost			
Coverage Options		Age of Employee	Monthly Cost per \$1,000 of Coverage	Age of Spouse or Domestic Partner	Monthly Cost per \$1,000 of Coverage
<ul style="list-style-type: none"> <li><b>Employee Coverage Amounts:</b> 1x, 2x, 3x, 4x, 5x, 6x, 7x, 8x, 9x or 10x annual salary; coverage cannot exceed \$500,000</li> <li><b>Spouse/Domestic Partner Coverage Amounts:</b> \$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</li> <li><b>Dependent Child(ren) Coverage Amount:</b> \$10,000</li> </ul>		Under 25	\$0.26	Under 25	\$0.26
		25 to 29	\$0.30	25 to 29	\$0.30
		30 to 34	\$0.41	30 to 34	\$0.41
		35 to 39	\$0.47	35 to 39	\$0.47
		40 to 44	\$0.51	40 to 44	\$0.51
		45 to 49	\$0.77	45 to 49	\$0.77
		50 to 54	\$1.18	50 to 54	\$1.18
		55 to 59	\$2.20	55 to 59	\$2.20
		60 to 64	\$3.39	60 to 64	\$3.39
		65 to 69	\$6.53	65 to 69	\$6.53
		70 and over	\$1.058	70 and over	\$1.058
<b>Cost</b> <ul style="list-style-type: none"> <li><b>Employee and Spouse/Domestic Partner Coverage:</b> <ol style="list-style-type: none"> <li>Divide the total coverage amount by 1,000.</li> <li>Multiply by the "Monthly Cost per \$1,000 of Coverage" for your or your spouse/domestic partner's age, as indicated to the right.</li> <li>Multiply by 12 months, then divide by 26 pay periods. This is your per-paycheck cost for employee and spouse/DP coverage.</li> </ol> </li> <li><b>Dependent Child(ren) Coverage:</b> \$1.01 per \$10,000. Coverage is for \$10,000.</li> </ul>					

Supplemental Accidental Death and Dismemberment (AD&D) Insurance		Monthly Cost	
Coverage Options		Coverage Level	Monthly Cost Per \$1,000 of Coverage
<ul style="list-style-type: none"> <li><b>Coverage Amount:</b> Multiples of your annual salary, up to 10x salary; coverage cannot exceed \$1,000,000</li> <li><b>Coverage Level:</b> 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).</li> </ul>			
<b>Cost</b> <ol style="list-style-type: none"> <li>Divide the total coverage amount by 1,000.</li> <li>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&amp;D coverage.</li> </ol>		Employee Only	\$0.21
		Family	\$0.21
Annual salary includes base pay and average commissions. 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	Supplemental Short Term Disability Coverage		Long Term Disability Coverage
<b>California SDI Rate:</b> In 2023 the SDI rate was .9% of pay. This rate may change in 2024 based on regulations to be issued by the State of California in late 2023. <b>California VDI Rate:</b> VDI rate will not exceed the SDI rate. <b>All Other States:</b> You may choose to have Seagate pay the cost of coverage.  If you choose to pay the Basic STD premium yourself: <ol style="list-style-type: none"> <li>Multiply your annual salary (up to \$100,000) by .004</li> <li>Divide by 26 pay periods. This your per-paycheck cost.</li> </ol>	<b>California<sup>1</sup></b>  If you are enrolled in CA VDI there is no maximum weekly benefit, so there is no need for supplemental coverage.	<b>Other States<sup>2</sup></b>  You are eligible if your annual salary is more than \$100,000. <sup>3</sup> <ol style="list-style-type: none"> <li>Subtract \$100,000 from your annual salary.</li> <li>Multiply by .004</li> <li>Divide by 26 pay periods. This your per-paycheck cost.</li> </ol>	If you choose to pay the LTD premium yourself: <ol style="list-style-type: none"> <li>Divide your annual salary by 100.<sup>3</sup></li> <li>Multiply by .18</li> <li>Divide by 26 pay periods. This your per-paycheck cost.</li> </ol>

1. Applies only to California employees working for Seagate LLC. If you work in California for Seagate Federal, please contact HR Central at (877) 844-3333 for details of your Supplemental Short Term Disability coverage.

2. If you work in Hawaii, New Jersey, New York, or Rhode Island, please contact HR Central at (877) 844-3333 for details of your Supplemental Short Term Disability coverage.

3. For purposes of Supplemental Short Term and Long Term Disability cost and benefit calculations, annual salary includes base pay, differential pay, and average commissions.