

| Health Care | | Bi-weekly Cost | | | |
|-------------------|---|----------------|---------------------------------------|-----------------------|-------------------|
| Plan | | Employee Only | Employee + Spouse or Domestic Partner | Employee + Child(ren) | Employee + Family |
| Medical | High Deductible Health Plan (HDHP) | \$34.62 | \$92.31 | \$78.46 | \$131.54 |
| | Preferred Provider Organization (PPO) | \$60.00 | \$156.92 | \$131.54 | \$221.54 |
| Dental | Basic Dental | \$2.31 | \$4.62 | \$6.92 | \$9.23 |
| Dental | Enhanced Dental | \$6.42 | \$14.95 | \$12.63 | \$21.15 |
| Vision | Basic Vision | \$2.76 | \$5.82 | \$4.98 | \$8.03 |
| Vision | Enhanced Vision | \$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 |
| <p>Employee Coverage Amounts: 1x, 2x, 3x, 4x, 5x, 6x, 7x, 8x, 9x or 10x annual salary; coverage cannot exceed \$500,000.</p> <p>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.</p> <p>Dependent Child(ren) Coverage Amount: \$10,000</p> <p>Cost</p> <ul style="list-style-type: none"> Employee and Spouse/Domestic Partner Coverage: <ol style="list-style-type: none"> Divide the total coverage amount by 1,000. Multiply by the "Monthly Cost per \$1,000 of Coverage" for your or your spouse/domestic partner's age, as indicated to the right. 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 for \$10,000. | | 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 | | Monthly Cost | |
|--|--|----------------|--------------------------------------|
| Coverage Options | | Coverage Level | Monthly Cost Per \$1,000 of Coverage |
| <p>Coverage Amount: Multiples of your annual salary, up to 10x salary; coverage cannot exceed \$1,000,000.</p> <p>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).</p> <p>Cost</p> <ol style="list-style-type: none"> Divide the total coverage amount by 1,000. 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. <p>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.</p> | | Employee Only | \$.021 |
| | | Family | \$.021 |

| Disability Coverage - Biweekly Cost | | | |
|--|--|---|---|
| Basic Short Term Disability Coverage | Supplemental Short Term Disability Coverage | | Long Term Disability Coverage |
| <p>California SDI Rate: In 2024 the SDI rate was 1.1% of pay. This rate may change in 2025 based on regulations to be issued by the State of California in late 2024.</p> <p>California VDI Rate: VDI rate will not exceed the SDI rate.</p> <p>All Other States: You may choose to have Seagate pay the cost of coverage.</p> <p>If you choose to pay the Basic STD premium yourself:</p> <ol style="list-style-type: none"> Multiply your annual salary (up to \$100,000) by .004. Divide by 26 pay periods. This your per-paycheck cost. | <p>California¹</p> <p>If you are enrolled in CA VDI there is no maximum weekly benefit, so there is no need for supplemental coverage.</p> | <p>Other States²</p> <p>You are eligible if your annual salary is more than \$100,000.³</p> <ol style="list-style-type: none"> Subtract \$100,000 from your annual salary. Multiply by .004. Divide by 26 pay periods. This your per-paycheck cost. | <p>If you choose to pay the LTD premium yourself:</p> <ol style="list-style-type: none"> Divide your annual salary (up to \$600,000) by 100.³ Multiply the result by 0.198. Divide by 26 for per-paycheck cost. |

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.