

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><b>Employee Coverage Amounts:</b> 1x, 2x, 3x, 4x, 5x, 6x, 7x, 8x, 9x or 10x annual salary; coverage cannot exceed \$500,000.</p> <p><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.</p> <p><b>Dependent Child(ren) Coverage Amount:</b> \$10,000</p> <p><b>Cost</b></p> <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>		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><b>Coverage Amount:</b> Multiples of your annual salary, up to 10x salary; coverage cannot exceed \$1,000,000.</p> <p><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).</p> <p><b>Cost</b></p> <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> <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
	California <sup>1</sup>	Other States <sup>2</sup>	
<p><b>California SDI Rate:</b> 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><b>California VDI Rate:</b> VDI rate will not exceed the SDI rate.</p> <p><b>All Other States:</b> 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"> <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>	<p>If you are enrolled in CA VDI there is no maximum weekly benefit, so there is no need for supplemental coverage.</p>	<p>You are eligible if your annual salary is more than \$100,000.<sup>3</sup></p> <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>	<p>If you choose to pay the LTD premium yourself:</p> <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.