2026 Medical Plan Comparison



Percentages below reflect plan payment

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The complement read from a place and process of process	PLAN PROVISIONS	In-Network	Out-of-Network	In-Network	Out-of-Network
Applies of all processors of a processor of an expectation of the control of the	Provider Choice	maximum benefits it is your responsibility to ensure healthcare providers are in the <i>Anthem National PPO Bluecard Network</i> . Charges submitted by out-of-network providers that exceed		benefits it is your responsibility to ensure healthcare providers are in the <i>Anthem National PPO Bluecard Network</i> . Charges submitted by out-of-network providers that exceed the maximum	
Sets attend 7 Set	Annual Deductible			·	
To room eighther severeses provided and prov	Seagate Health Savings Account (HSA) Match ³	\$500 Individual / \$1,000 Family		Not Applicable	
Material Interface Another to your and Enterior present or property or the Enterior Against	Plan Payment For most eligible expenses	out-of-pocket maximum;	year out-of-pocket maximum;	pocket maximum;	year out-of-pocket maximum;
Tools whith 10% after desirable 10% of MRC*	Calendar Year Out-of-Pocket Maximum (includes deductible)			\$3,200 Individual / \$6,400 Family ⁴ (with \$3,200 embedded maximum); Penalties and services with calendar year and lifetime maximums do not apply to this limit	
Resulted Special Conformation	Lifetime Maximum	Unlir	mited	Unlimited	
Recommendation of the control of the	Doctor's Office Visits	80% after deductible	60% of MRC* after deductible		70% coinsurance after deductible
Example (2014) Design Vision Percentage concentrate 1100% consumeration apply Promother care concentrate 1100% consumeration apply Promother is responsible for per-ordination Provider is responsible for per-ordination. Provider is responsibl	WELLNESS CARE				
TRENDEDICAL CASE TRENDEDICAL PROJECT STATE OF S	Routine Physicals, OB/GYN Exams, Well Child Doctor Visits, Immunizations	Preventive care covered at 100%; deductible does not apply		Preventive care covered at 100%; deductible does not apply	
Pen-Notification Provider is improved for pre-infollation of pre-inf	Virtual Care with LiveHealth Online	80% after deductible	60% of MRC* after deductible	\$30 copay (deductible waived)	70% coinsurance after deductible
Provider is responsible for per-collication. Provider is responsibl			Employee is near smaller to the control of		Employed is made and the first of the control of th
Emergency Room Treatment 80% after deductible 80% after deductib	Pre-Notification	Provider is responsible for are notification	hospital stays and outpatient services – Failure to pre-notify results in a \$500 penalty;	Provider is responsible for pre-notification.	hospital stays and outpatient services – Failure to pre-notify results in a \$500 penalty;
Ambulance Charges 80% after deductible 80%	Semi-Private Room and Board	80% after deductible	60% of MRC* after deductible	90% after deductible	70% of MRC* after deductible
Uijperfix 80% after deductible 80% of MRC* after deductible 90% after deductible 70% of MRC* after deductible 90% af	Emergency Room Treatment	80% after	80% after deductible \$200 (Deductible waived)		ble waived)
Outpatient 80% after deductible 80% of MRC* after deductible 90% after deductible 70% of MRC* after deductible 90% after ded	Ambulance Charges	80% after deductible			
Outpatient 80% after deductible 60% of MRC* after deductible 90% after deductible 70% of MRC* after deductible 90% after ded	Urgent Care	80% after	r deductible	\$50 copay (Deductible waived)	
BEHAVIORAL HEALTH					
Dispatient First eight visits with an Anthem network provider 100% covered through Anthem Employee Assistance Program	Outpatient	80% after deductible	60% of MRC* after deductible	90% after deductible	70% of MRC* after deductible
Outpatient 8/9% after deductible 8/9% after	Inpatient	80% after deductible	60% of MRC* after deductible	90% after deductible	70% of MRC* after deductible
B0% after deductible B0% of MRC* after deductible S30 copay (deductible waived) 70% coinsurance after deductible B0% after dedu	BEHAVIORAL HEALTH				
Impalient B 60% after deductible 60% of MRC* after deductible 90% after deductible 70% of MRC* after deductible 10patient pre-admission certification required by provider/PCP 10patient pre-admission pre-admission pre-admission pre-admission pre-admission pre-admission certification required by provider/PCP 10patient pre-admission pre-admiss	Outpatient	First 6	eight visits with an <i>Anthem network provider</i> 100°	% covered through <i>Anthem Employee Assistance Pr</i>	ogram
Inpatient pre-admission certification required by provider/PCP Impatient pre-admission certification of impatient out-of-network hospital slays—failure to pre-notify results in \$500 panalty OTHER MEDICAL CARE Pharmacy Benefits Managed by Navitus Health Solutions 30-day and 90-day 'prescriptions.		80% after deductible	60% of MRC* after deductible	\$30 copay (deductible waived)	70% coinsurance after deductible
injustant out-of-network hospital stays _ failure to pre-notify results in \$500 penalty The provider PCP	Inpatient	80% after deductible	60% of MRC* after deductible	90% after deductible	70% of MRC* after deductible
Pharmacy Benefits Managed by Navitus Health Solutions 30-day and 90-day* prescriptions. 80% after deductible Most 90-day generic preventives covered at 100%; no deductible Most 90-day generic preventives covered at 100%; no deductible Acupuncture Treatment 80% after deductible; Maximum 25 visits per calendar year Maximum 25 visits per cal			inpatient out-of-network hospital stays –	1	· · · · · · · · · · · · · · · · · · ·
Navitus Health Solutions 30-day and 90-day prescriptions 80% after deductible 80% of MRC* after deductible 80% after deductible 80% of MRC* after deductible 80% after deductible 80% after deductible 80% after deductible 80% of MRC* after deductible 80% after deductible 80% of MRC* after deductible 80% of MRC* after deductible 80% after deductible 80% after deductible 80% after deductible 80% of MRC* after deductible 80% after deductible 80	OTHER MEDICAL CARE				
Maximum 25 visits per calendar year Maximum 25 visits per calendar year Maximum 25 visits per calendar year 70% after deductible; every two calendar years 80% after deductible; every two calendar years Chiropractic Care 80% after deductible; Maximum 25 visits per calendar year Maximum 25 visits per calendar years 60% of MRC* after deductible; Maximum 25 visits per calendar year Maximum 25 visits per calendar years 60% of MRC* after deductible; Maximum 25 visits per calendar year Durable Medical Equipment & External Prosthetic Appliances ⁶ 80% after deductible 60% of MRC* after deductible 60% of MRC* after deductible 60% of MRC* after deductible 90% after deductible 90% after deductible 70% of MRC* after deductible; drugs covered at 50% after deductible; drugs covered at 50% after deductible; donor services not covered 80% after deductible for physician & delivery services 80% after deductible for physician & delivery services 80% after deductible for deductible for physician & delivery services 80% after deductible; donor services not covered 80% after deductible for deductible for physician & delivery services 80% after deductible; donor services 80% after deductible for deductible; drugs covered at 50% after deductible; donor services not covered 80% after deductible for physician & delivery services 80% after deductible for deductible; deductible; deductible for physician & delivery services	Pharmacy Benefits Managed by Navitus Health Solutions	80% after deductible Most 90-day generic preventives covered		Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$60 copay 90-day prescriptions ⁵ Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$120 copay	70% of MRC* after deductible
Chiropractic Care 80% after deductible; Maximum 25 visits per calendar year Band after deductible; Maximum 25 visits per calendar year Maximum 25 visits per calendar year Band after deductible and X-ray (at an independent lab) Fertility Treatment Band after deductible; drugs covered at 50% after deductible; drugs covered at	Acupuncture Treatment	,	l , , , , , , , , , , , , , , , , , , ,	, , , ,	Maximum 25 visits per calendar year
Maximum 25 visits per calendar year 100% of MRC* after deductible 90% after deducti	Hearing Aids and Devices	70% after deductible; e	very two calendar years	90% after deductible; every two calendar years	· · · · · · · · · · · · · · · · · · ·
External Prosthetic Appliances 80% after deductible 60% of MRC* after deductible 90% after deductible 70% of MRC* after deductible 7		,	· · · · · · · · · · · · · · · · · · ·	1 7 7	,
Fertility Treatment 80% after deductible; drugs covered at 50% after deductible; drugs covered at 50% after deductible; donor services not covered Maternity Pre/PostNatal 80% after deductible for physician & delivery services Some after deductible for physician & delivery services Physical, Occupational & Speech 80% after deductible 80% after deductible; drugs covered at 50% after deductible; drugs covered at 50% after deductible; drugs covered deductible; drugs covered at 50% after deductible; donor services not covered 90% after deductible; drugs covered at 50% after deductible; donor services not covered 50% after deductible; donor services not covered 80% after deductible for physician & delivery dervices 60% of MRC* after deductible for physician & delivery services for physician & delivery services 70% of MRC* after deductible; donor services not covered 70% of MRC* after deductible; donor services not covered 80% after deductible for physician & delivery services 70% of MRC* after deductible for doctor office of physician & delivery services 80% after deductible; donor services not covered 60% of MRC* after deductible for physician & delivery services 80% after deductible; donor services not covered 60% of MRC* after deductible; donor services not covered 60% of MRC* after deductible; donor services not covered 60% of MRC* after deductible; donor services not covered 60% of MRC* after deductible; donor services not covered 60% of MRC* after deductible; donor services not covered 60% of MRC* after deductible; donor services not covered 60% of MRC* after deductible; donor services not covered 60% of MRC* after deductible; donor services not covered 60% of MRC* after deductible; donor services not covered 60% of MRC* after deductible; donor services not covered 60% of MRC* after deductible; donor services not covered 60% of MRC* after deductible; donor services not covered 60% of MRC* after deductible; donor services not covered 60% of MRC* after deductible; donor services no	Durable Medical Equipment & External Prosthetic Appliances ⁶	80% after deductible	60% of MRC* after deductible	90% after deductible	70% of MRC* after deductible
after deductible; donor services not covered at 50% after deductible; donor services not covered covered Maternity Pre/PostNatal Bo% after deductible for physician & delivery services services Physical, Occupational & Speech at 50% after deductible; donor services not covered covered Doctor office visits \$30 copay; 90% after deductible for physician & delivery services for physician & delivery services services 60% of MRC* after deductible for physician & delivery services delivery dervices 50% after deductible; donor services not covered covered 70% of MRC* after deductible for doctor office visits \$30 copay; 90% after deductible for physician & delivery services visits, physician & delivery services 70% of MRC* after deductible;	Diagnostic Lab and X-ray (at an independent lab)	100% after deductible	60% of MRC* after deductible	100% no deductible	70% of MRC* after deductible
services delivery dervices for physician & delivery services visits, physician & delivery services Physical, Occupational & Speech 80% after deductible; 60% of MRC* after deductible; \$50 copay (deductible waived) 70% of MRC* after deductible;	Fertility Treatment ⁷	_	at 50% after deductible; donor services not		· · · · · · · · · · · · · · · · · · ·
	Maternity Pre/PostNatal	services	delivery dervices	for physician & delivery services	visits, physician & delivery services
TROUGHN I JULIURUR DOF DOLODOOF DOF TOOTONI I JULIURUS DAF ASIANAAN DAR SHARANI I AD 19 II	Physical, Occupational & Speech Therapy	80% after deductible; 40 visits per calendar year, per therapy	60% of MRC* after deductible; 40 visits per calendar year, per therapy	\$50 copay (deductible waived) 40 visits per calendar year, per therapy	70% of MRC* after deductible; 40 visits per calendar year, per therapy

^{*}Refer to Summary Plan Description for more information on Maximum Reimbursable Charges.

9/29/2025

¹ Family deductible must be satisfied in full before claims are covered under coinsurance levels. Individual deductibles do not apply.

² When one family member satisfies the \$600 embedded deductible, co-insurance applies for that family member.

³Seagate will match 50% of employee's annual contribution, up to \$500 for individual coverage and \$1,000 for family coverage. Seagate's contribution will be made each payroll period over the course of the full calendar year.

⁴ HDHP: When one family member satisfies \$6,850 out-of-pocket maximum, plan pays 100% for that family member. PPO: When one family member satisfies \$3,200 out-of-pocket maximum, plan pays 100% for that family member.

Although we have made every attempt to ensure that the information in this overview is correct, if there are any discrepancies between this document and the plan document, the plan document rules in all cases.

⁵ Three 30-day prescriptions must be filled before a 90-day supply may be filled. Walgreens is excluded from pharmacy network.

⁶ Durable medical equipment expenses require pre-notification. In-network: provider is responsible for pre-notification. Out-of-network: employee is responsible for pre-notification. Penalties may apply if pre-notification is not obtained.

⁷ \$25,000 lifetime max on treatments that attempt to create a pregnancy but do not cure a medical condition. Oral prescription drugs do not count toward lifetime maximum.