

SAMSUNG

SAMSUNG AUSTIN SEMICONDUCTOR

Connect

Your Life, Work and Benefits

2026 Benefits Guide



Welcome to 2026 SAS Benefit Guide

At Samsung Austin Semiconductor, our benefits do more than check a box — they're a reflection of who we are and what we stand for. Just as we put our customers at the heart of what we do, we put you — our employees — at the center of every benefit we offer.

Our benefits are one way we bring our core values to life. We're committed to creating a culture where you feel supported at every stage of life and career. We see each employee as a customer, deserving of thoughtful, responsive and meaningful benefits that make a real difference for you and your family.

We hope this guide — and our benefits website, YourSamsungBenefits.com/SAS — connects you to the benefits we're proud to offer you and your family.

Our core benefits values



You come first – Your physical, financial, emotional and social needs are our top priority when it comes to our benefits.



Benefits for every stage of life – Whether you're just starting out, raising a family or planning for retirement, our benefits meet you where you are.

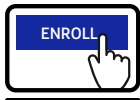


Support for you and your family – Our benefits are designed to make life a little easier, whether you're focused on your career, your home or the people you love. You get to choose the benefits that fit you best and enroll in different benefits as your life changes.



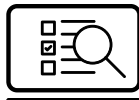
We have your back – We regularly review and refresh our benefits so they keep up with your needs today and in the future.

MySamsungBenefits.com vs YourSamsungBenefits.com/SAS: What's the difference?



MySamsungBenefits.com

MySamsungBenefits.com is the enrollment website where you enroll in benefits as a new hire or current employee, or to submit a qualifying life event.



YourSamsungBenefits.com/SAS

YourSamsungBenefits.com/SAS is the benefits website where you can find detailed information about benefits including legal notices and links to plan and vendor websites all year. You also can get to MySamsungBenefits.com from there.

Connect with all your benefit options

Your well-being is a balance of your physical, financial, and emotional and social health. We offer many benefits to help you maintain that balance.



PHYSICAL

Take charge of your health journey with medical, dental and vision coverage:

- **Medical plans** – Choose from many plans from UnitedHealthcare or Kaiser Permanente (California only)
- **Prescription drugs** – All our medical plans include prescription drug coverage
- **Dental plan** – You can choose from two BlueCross BlueShield of Texas (BCBSTX) dental plans
- **Vision** – This benefit through VSP covers routine eye care, laser surgery and eyewear
- **Wellness programs** – You can get reimbursed and earn rewards for healthy activities
- **Supplemental coverage** – Benefits that provide additional financial protection for serious illness, accidents or hospitalization



FINANCIAL

Meet your financial goals and prepare for the future with tax-advantaged accounts, the Samsung retirement plan, income protection benefits and more:

- **Flexible Spending Accounts** – You can set aside pre-tax dollars to spend on eligible health care, dependent care and commuter expenses
- **Health Savings Account** – Use tax-free dollars to pay health care expenses if you're enrolled in an HSA-eligible medical plan
- **401(k)** – You can save for retirement and get matching contributions from Samsung
- **Life and AD&D insurance** – Financially protects you and your dependents if you're injured or in the event of your death; you can get basic and optional coverage for yourself, your spouse and your children
- **Disability insurance** – If you can't work because of an injury or illness, this benefit protects your income by paying you a portion of it while you're off work
- **Legal benefits** – You can get legal help, advice and consultations from a network of attorneys
- **Identity theft protection** – This service monitors your identity and credit and sends you alerts when fraudulent activity is detected
- **Employee discounts** – Shop exclusive discounts on travel, entertainment, theme parks and more



EMOTIONAL AND SOCIAL

Discover benefits that support your mental and emotional well-being, help you navigate big life moments and offer time away from work:

- **Mental health care** – Free virtual counseling, unlimited onsite counseling, coaching and self-care resources for you and your household members
- **Time off** – Paid time off, holidays and leaves of absence when you need time away from work
- **Fertility and maternity** – Our family-building benefit through Maven provides personalized guidance and support
- **Child care** – TOOTRiS provides affordable backup care when your regular care falls through



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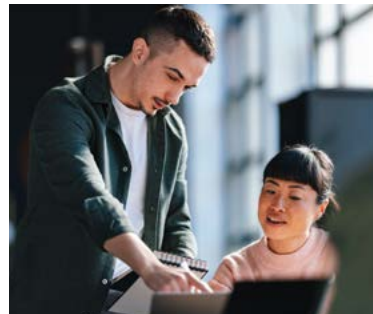
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Eligibility and Enrolling

Employee eligibility

You're eligible for all the benefits in this guide if you're a full- or part-time employee scheduled to work at least 30 hours per week.

Interns are eligible for employee-only coverage in medical, dental and vision insurance.

Dependent eligibility

If you're a benefits-eligible employee, you may cover these dependents:

- Legal or common law spouse
- Domestic partner — same or opposite sex — with supporting documentation
- Children up to age 26, including:
 - Birth or adopted children
 - Stepchildren or your domestic partner's children
 - Children placed with you for adoption
 - Children for whom you and your spouse/domestic partner are the legal guardians
 - Children whose health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order

You may enroll eligible dependents in:

- Medical, dental and vision insurance
- Supplemental life insurance
- Critical illness, accidental injury and hospital indemnity insurance
- Identity theft protection

Eligible dependents are automatically covered by:

- Basic life insurance
- Employee Assistance Program



Important notes about eligibility

- All dependents must live in the United States
- You can't enroll parents, or a spouse/domestic partner — or their children — from whom you're separated or legally divorced
- If an eligible dependent child is disabled, you may be able to continue covering them beyond age 26
- If you and your spouse/domestic partner are both benefits-eligible Samsung employees, you can enroll separately or one may enroll the other as a dependent
 - You may not enroll separately and cover each other as dependents

College interns – You can enroll only yourself in medical, dental and vision insurance.

Tax impact for domestic partners and their children

The IRS generally doesn't consider domestic partners or their children as eligible dependents.

As a result, the value of Samsung's cost to cover your domestic partner and their children may be considered "imputed income." This means the value of their coverage is treated as taxable income to you. You'll pay the benefits cost (premiums) to cover your domestic partner and their children with after-tax payroll deductions.

If you and your domestic partner get married, this is considered a life event in which you can change your enrollment. You'll want to notify us immediately so we can change your deductions for their health coverage to pre-tax.

Enrolling in benefits

NEW HIRES

You have 30 days from your hire date to enroll. Coverage will be effective as of your hire date.

If you don't enroll within 30 days, your next opportunity will be during Open Enrollment in the fall or if you experience a qualifying life event before then.

You can enroll yourself and eligible dependents in:

- Medical and prescription drug insurance
- Dental insurance
- Vision insurance
- Health Savings Account (HSA) – If you enroll in an HSA-eligible medical plan
- Flexible Spending Accounts (FSA) – Health care FSA, dependent care FSA or commuter benefits FSA (California Only)
- Supplemental life and accidental death and dismemberment (AD&D) insurance
- Critical illness, accidental injury and hospital indemnity insurance
- Legal services
- Identity theft protection

You're automatically enrolled in:

- Basic life and AD&D insurance — employee and dependent coverage
- Disability insurance

You can enroll in these benefits anytime:

- Samsung 401(k) Plan
- Backup child care
- Free mental health resources



CURRENT EMPLOYEES

You can enroll in or change your benefits during Open Enrollment in the fall or if you experience a qualifying life event outside the Open Enrollment period.

How to enroll

Log in to [MySamsungBenefits.com](#) with your:

- **Username** – This is “SAS” followed by your company email address (example: SASd.public@samsung.com)
- **Password** – The first time you log in, your temporary password is:
 - Capitalized first letter of your first name, plus
 - First four letters of your last name, plus
 - Last four digits of your Social Security number
 - Example: Dpubl1234)
 - Once you’re logged in, you’ll be prompted to create a new password

You also can use the **Benefitexpressway** mobile app using the same credentials. Download the app from the Apple App Store or Google Play.

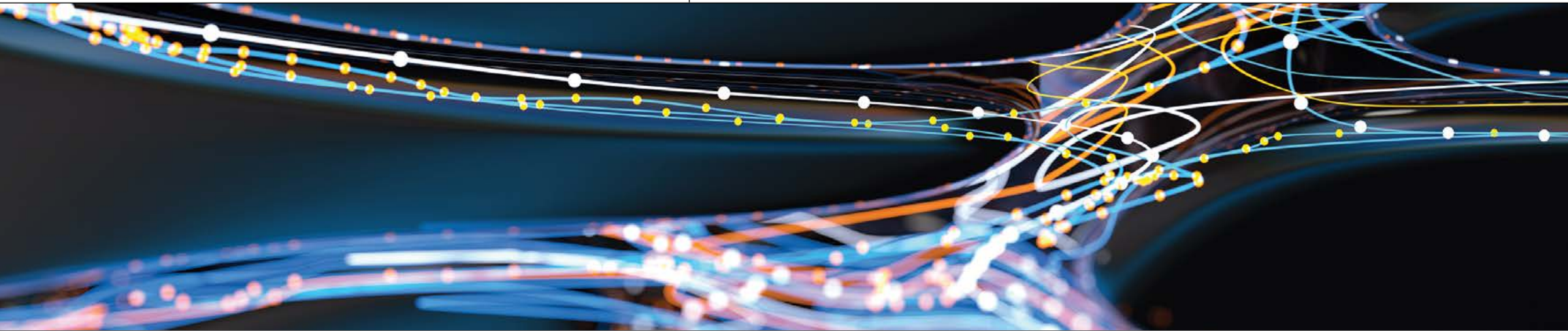
Qualifying life events

Outside your new hire enrollment period or Open Enrollment, you can only change your benefits if you have one of these qualifying life events:

LIFE EVENT	CHANGES YOU CAN MAKE
Birth or adoption of a child	Add child
Marriage or start of a domestic partnership	Add spouse/domestic partner
Divorce, separation or domestic partnership ends	Remove spouse/domestic partner
Death of a dependent	Remove dependent
Gain benefits through another source	Drop Samsung coverage
Lose benefits you have through another source	Enroll in Samsung coverage

You must submit documentation within **30 days** of the life event — **60 days** for birth or adoption of child — at [MySamsungBenefits.com](#).

Note: A benefit change must be consistent with the life event.



Glossary

Connecting to your benefits starts with knowing these common benefits terms.

Allowable charge – This applies to out-of-network care; it’s the most an insurance plan will pay for care you get outside the network. You’re responsible for paying any amount above the allowable charge, even if you’ve already reached the out-of-pocket maximum for out-of-network care.

Annual deductible – This is the amount you must pay out of pocket each calendar year before the plan pays benefits. The amount depends on the plan, the number of people you cover and whether you use in-network or out-of-network providers.

The money you pay to meet the deductible counts toward the out-of-pocket maximum.

Out-of-pocket maximum – This is the most you’ll pay in a calendar year for covered medical care. Once you reach it, your plan will pay 100% of covered expenses for the rest of the calendar year. The maximum is based on the plan you choose, the number of people you cover, and whether you use in-network or out-of-network providers.

Copays, coinsurance and the deductible count toward the out-of-pocket maximum.

Coinsurance – Once you meet the annual deductible, the plan will share costs with you until you meet the out-of-pocket maximum. This cost sharing is called coinsurance. If your plan pays 80%, your coinsurance is 20%. Coinsurance varies by plan and may be different for in-network and out-of-network care.

The money you pay in coinsurance counts toward the out-of-pocket maximum.

Copay – This is a fixed amount you pay for care, like an office visit or a prescription. For example, if you pay a \$25 copay for an office visit, the plan pays the rest of the cost for that visit; the annual deductible doesn’t apply. Copays vary by plan and may be different for in-network and out-of-network care.

Your copays count toward the out-of-pocket maximum.

Imputed income – The IRS considers the value of certain company-paid benefits — for example, long-term disability, life insurance that’s more than \$50,000 and dependent life insurance — as taxable income.

If you enroll your domestic partner and their children in your health insurance, the value of that benefit is considered imputed income so will be taxed. Imputed income appears on your paychecks and W-2 Wage and Tax Statement.

Preventive care – This is routine health care, like screenings and checkups, that helps prevent illnesses and disease. Preventive care includes but isn’t limited to:

- Annual physicals
- Blood pressure, diabetes and cholesterol screenings
- Age-appropriate immunizations
- Routine cancer screenings
- Certain preventive medications

All Samsung medical plans cover 100% of in-network preventive care.



Physical

Your health is one of the most important investments you can make. Our medical and health benefits are here to support you and your family — whether it’s staying well day to day, getting care when and where you need it or just having peace of mind knowing you’re covered.

Medical plans

See the “at a glance” table on the next page to compare medical plans and costs.

IN-NETWORK vs. OUT-OF-NETWORK CARE

In-network services save you money with lower rates and make getting care easier.

Out-of-network care costs more, and you’ll be responsible for paying any charges above what your plan considers an “allowable charge.”

All the UnitedHealthcare (UHC) plans cover in- and out-of-network services. The Kaiser HMO plan covers in-network care only except in emergencies.

MEDICAL PLANS AT A GLANCE

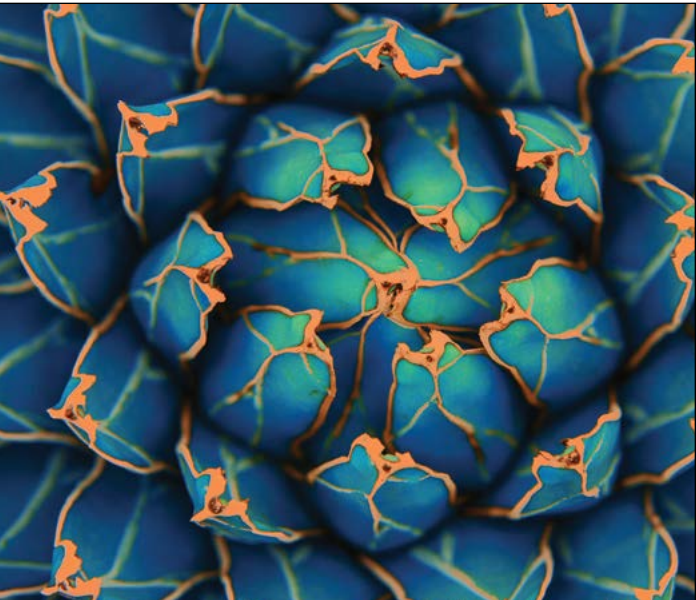
LIFE EVENT	UHC BASE HSA PLAN (HDHP)		UHC BUY-UP HSA PLAN (HDHP)		UHC CHOICE PLUS COPAY PLAN (PPO)		KAISER HMO (CALIFORNIA ONLY)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual deductible – The amount you pay out of pocket before the plan starts to pay. The annual deductible counts toward the annual out-of-pocket maximum.								
You only	\$2,200		\$1,700		\$350	\$400	None	
You + family	\$4,400		\$3,400		\$1,050	\$1,200	None	
Annual out-of-pocket maximum – The most you'll pay out-of-pocket each plan year. This amount includes the annual deductible.								
You only	\$4,400	\$8,000	\$3,400	\$6,000	\$3,200	\$5,000	\$1,500	N/A
You + family	\$8,800	\$16,000	\$6,800	\$12,000	\$7,000	\$15,000	\$3,000	N/A
Health Savings Account (HSA) – Use the HSA to pay eligible medical, dental and vision expenses, or save and invest the money.								
Samsung's contribution								
You only	\$500		\$750		N/A		N/A	
You + family	\$1,000		\$1,500		N/A		N/A	
Annual routine physical	Covered at 100% No copay or deductible	Covered at 50% after deductible	Covered at 100% No copay or deductible	Covered at 50% after deductible	Covered at 100% No copay or deductible	Covered at 30% after deductible	Covered at 100% No copay	Not covered
Well-woman visit (OB/GYN)								
Services								
Office visits	You pay 20% coinsurance after deductible	You pay 50% after deductible	You pay 20% coinsurance after deductible	You pay 50% after deductible	\$20 copay	You pay 30% coinsurance after deductible	\$20 copay	Not covered
Specialty visits					\$35 copay		\$20 copay	Not covered
Hospital care					You pay 20% after deductible		\$100 per admission	Not covered except in emergencies
Outpatient X-rays and labs					You pay 20% after deductible		No charge	Not covered except in emergencies
Urgent care					\$30 copay		\$20 copay	Not covered
Emergency room		You pay 20% after deductible			You pay 20% after deductible		\$100 copay then you pay 20% (copay waived if admitted)	

Note: Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. See the Summary Plan Description (SPD) on [MySamsungBenefits.com](#) for a list of preventive care services.

RATES

You pay for medical coverage through paycheck contributions. The amount you pay depends on which plan you choose and who you cover, and whether you or your spouse/domestic partner use tobacco.

YOUR BIWEEKLY COSTS (WITHOUT TOBACCO SURCHARGE)				
	UHC Base HSA Plan (HDHP)	UHC Buy-up HSA Plan (HDHP)	UHC Choice Plus Copay Plan (PPO)	Kaiser HMO (California only)
You only	\$14.52	\$26.62	\$38.73	\$35.09
You + spouse/ domestic partner	\$25.41	\$38.72	\$67.76	\$66.55
You + children	\$24.20	\$33.88	\$66.55	\$58.08
You + family	\$27.83	\$50.82	\$93.17	\$104.06



MEDICAL PLAN TOBACCO SURCHARGE AND SUPPORT

If you or your spouse/domestic partner identify as using tobacco, a surcharge will be added to your biweekly medical premiums. The surcharge is \$20 for one tobacco user and \$40 for two.

The surcharge can be waived if you or your spouse/domestic partner complete the Quit for Life Program. This free, personalized program from Optum helps you quit tobacco. After you successfully complete the program, the surcharge will be waived for the rest of the year.

To learn more about the Quit for Life Program and to enroll, visit quitnow.net.



MEDICAL ID CARDS

When you get care or fill a prescription, your provider or pharmacist will need to see your medical ID card.

UHC – The first time you enroll in a UHC plan, you’ll receive medical ID cards for you and any covered dependents within seven to 10 business day after you enroll. The card will be sent to the address listed in MySamsungBenefits.com. Then, you’ll get a new medical ID card every year.

When you get them, be sure to set up your UHC account on myuhc.com so you can:

- Print additional ID cards
- View and send a digital copy of your ID card to your providers from the Health4Me app
- Review claims, find providers and more

Kaiser – If you’re a new member, your ID card will be mailed to you at the address listed in MySamsungBenefits.com.

You can access a digital ID card through the Kaiser Permanente app. The digital ID card allows you to check in for appointments, order prescriptions and can be your proof of membership at any Kaiser location.

Prescription drugs

All Samsung medical plans include prescription drug coverage. For the UHC medical plans, CVS Caremark provides prescription drug coverage. Kaiser provides coverage for the Kaiser HMO.

UNDERSTANDING YOUR PRESCRIPTION DRUG COVERAGE

The amount you pay for prescriptions depends on the type of drug:

- **Tier1** – Lowest-cost option; typically covers generic drugs and the lowest-cost brand name drugs
- **Tier2** – Mid-range-cost option; covers most preferred brand name drugs
- **Tier3** – Highest-cost option; covers drugs that are usually the newest and most expensive and are considered non-preferred brand name drugs

Visit [caremark.com](https://www.caremark.com) or [kp.org](https://www.kp.org) to see a list of the medications each plan covers.

COMPARE PRESCRIPTION DRUG COSTS

View a quick comparison of in-network and out-of-network costs for each plan in the charts below.

	UHC BASE HSA PLAN (HDHP)	UHC BUY-UP HSA (HDHP)	UHC CHOICE PLUS COPAY PLAN (PPO)	KAISER HMO
Preventive – Retail or 90-day supply through mail order				
Covered at 100%				
See the preventive drug list at YourSamsungBenefits.com/SAS				
Up to 30-day supply – Retail				
Tier1	\$10 copay after deductible		\$10 copay	\$10 copay
Tier2	\$30 copay after deductible		\$30 copay	\$20 copay
Tier3	\$50 copay after deductible		\$50 copay	N/A
90-day supply – Mail order ¹				
Tier1	\$15 copay after deductible		\$15 copay	\$20 copay
Tier2	\$45 copay after deductible		\$45 copay	\$40 copay
Tier3	\$75 copay after deductible		\$75 copay	N/A

¹ Kaiser mail order provides 100-day supplies.

SAVE WITH 90-DAY REFILLS

You can save money when you order 90-day supplies of medications you take regularly from a CVS Pharmacy or through the CVS Caremark Mail Service Pharmacy.

Learn more at [caremark.com](https://www.caremark.com).

UHC MEDICAL PLANS: SPECIALTY MEDICATIONS THROUGH PRUDENTRX

If you take a specialty medication, and you’re enrolled in a UHC plan, you can save money with the PrudentRx copay assistance program.

If your doctor prescribes a specialty medication that’s eligible for the PrudentRx program, CVS/PrudentRx will contact you about enrolling in the program, or you can call the phone number below. If you enroll, your copay will be \$0. If you choose not to participate in the program, your copay will be 30%.

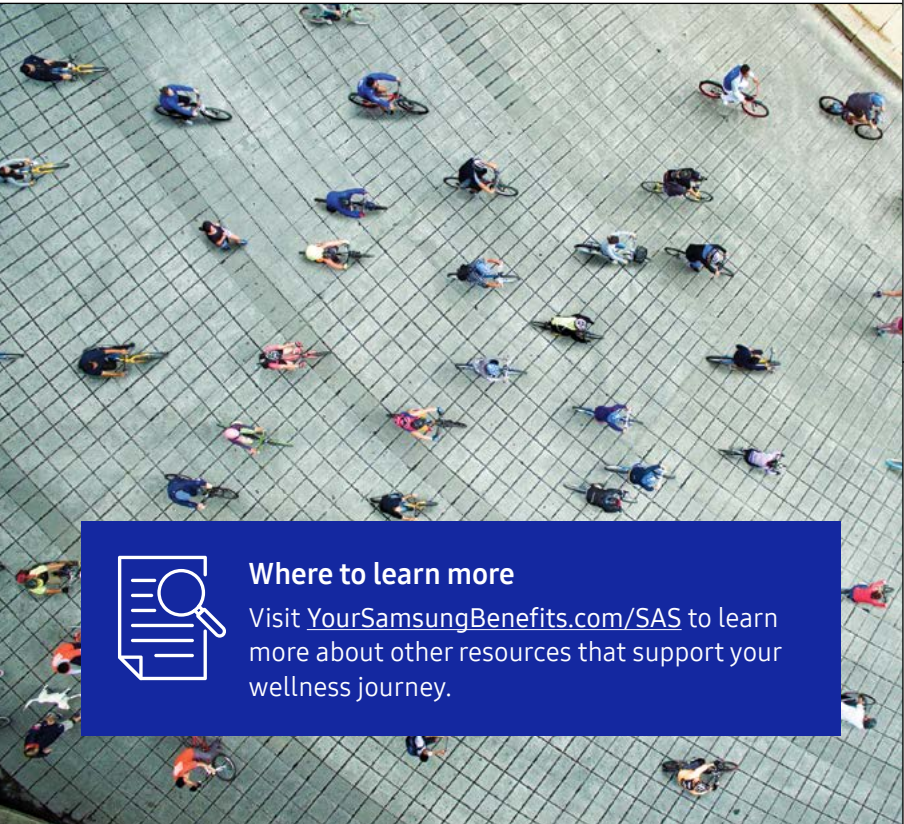
Important! If you’re enrolled in an HDHP, you must meet your deductible before the PrudentRx copay assistance brings your copay to \$0.

Call **1-800-578-4403** to participate. If you have questions, email info@prudentrx.com.

Wellness

Taking care of your health is one of the best gifts you can give yourself. The small choices you make each day — how you move, eat, rest and recharge — can make a big difference in how you feel at work and at home. We’re here to support you along the way, with wellness resources that can help you live a healthier, happier and more balanced lifestyle.

The Wellness Incentive Program is available to all employees enrolled in a Samsung medical plan through UHC or Kaiser.



WELLNESS CREDIT

You can earn a \$12-per-paycheck wellness credit in 2027 by completing at least one activity and the Optum Engage health survey by **October 31, 2026**.

You may complete other activities before the survey, but you must complete the survey before you can see earned incentives from other activities and receive the wellness credit.

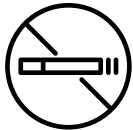
All wellness rewards, reimbursements and incentives are considered taxable income.

HOW TO EARN YOUR WELLNESS CREDIT

1. Register or log into the Optum Engage platform to participate.
2. When you log in or register the first time, you’ll be asked to complete the Optum Engage Wellness health survey.
3. Go to Rewards > Employer Rewards to view your activity details and track your status.

IF YOU USE TOBACCO, DO YOU WANT TO QUIT?

If you or your spouse/domestic partner identify as using tobacco, a surcharge will be added to your biweekly medical premiums. The surcharge is \$20 for one tobacco user and \$40 for two.



You can get the surcharge waived by completing the free, personalized Quit for Life Program. After you successfully complete the program, the surcharge will be waived for the rest of the year.



Dental

A healthy smile is more than just a pretty smile — it’s a key part of your overall well-being. Good dental care helps prevent problems like gum disease and infections, which can affect the rest of your body, too. Healthy teeth and gums can boost your confidence, comfort and long-term health.

Samsung offers two dental plans to choose from:

- PPO Base Dental Plan
- PPO Buy-up Dental Plan

Both are administered by BlueCross BlueShield of Texas (BCBSTX) and include a broad network of providers.

You pay for dental coverage through paycheck contributions. The amount you pay depends on the plan you choose and who you cover.

The plans we offer include:

- In-network preventive care, such as annual exams, cleanings and X-rays
- Reduced rates for in-network providers



	BCBSTX PPO BASE PLAN		BCBSTX PPO BUY-UP PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual maximum benefit	\$1,500 per person		\$2,500 per person	
Annual deductible	\$50 per person \$150 per family	\$100 per person \$300 per family	\$0	\$50 per person \$150 per family
Preventive care Exams, cleanings, X-rays	Plan pays 100% for 4 cleanings		Plan pays 100% for 4 cleanings	
Basic care Fillings in front teeth, extractions	Plan pays 90% after deductible		Plan pays 90% after deductible	
White fillings in back teeth	Not covered		Plan pays 90% after deductible	
Major care Inlays, crowns, bridges	Plan pays 80% after deductible		Plan pays 80% after deductible	
Orthodontia ¹ Adults & children	Plan pays 50% after deductible, up to \$1,500 lifetime maximum per person		Plan pays 50% after deductible, up to \$2,500 lifetime maximum per person	
Implants ¹	Plan pays 80% after deductible, up to \$1,500 annual maximum		Plan pays 80% after deductible, up to \$2,500 annual maximum	

1 The lifetime maximums for orthodontia and implants are separate from the plans’ annual maximum benefit.

For non-preventive dental care, the deductible is the amount you pay before the plan starts to pay. There’s no deductible for in-network care in the Buy-up Plan, so the plan starts paying right away. Once you meet the deductible, the plan shares the cost of care with you.

The annual maximum is most the plan will pay for dental expenses in one calendar year. Once you meet the annual maximum, the plan won’t pay benefits for the rest of the year.

YOUR BIWEEKLY COSTS		
	BCBSTX PPO Base Plan	BCBSTX PPO Buy-Up Plan
You only	\$0	\$6.04
You + spouse/ domestic partner	\$3.64	\$18.15
You + children	\$3.63	\$14.52
You + family	\$6.05	\$25.41



DENTAL ID CARDS

Your BCBSTX dental ID card will be sent to the address listed in [MySamsungBenefits.com](https://www.mysamsungbenefits.com) within seven to 10 business days after you enroll. This card is separate from your medical ID card.

When you get your card, be sure to set up your BCBSTX account on [bcbstx.com](https://www.bcbstx.com) so you can:

- Print additional ID cards
- View and send a digital copy of your ID card to your providers from the BCBSTX app
- Review claims, find providers and more

Vision

Your vision plays a vital role in your everyday life and overall well-being. Regular eye exams do more than check your vision — they can also detect early signs of health conditions like diabetes and high blood pressure. Caring for your eyes helps protect your overall health and ensures you can enjoy life with clear, healthy vision.

VSP administers Samsung’s vision plans. They provide coverage for routine eye exams and eyewear. You’ll pay less when you see an in-network VSP eye doctor, and you won’t have to file claims, which you would have to do with an out-of-network eye doctor.

You have two vision plans to choose from:

- Base Vision Plan
- Buy-Up Vision Plan

VSP doesn’t issue vision ID cards. When you make an appointment, tell them you have VSP insurance and the doctor’s office can look up your coverage and benefits.



	BASE VISION PLAN	BUY-UP VISION PLAN
Exam	Every 12 months \$10 copay	Every 12 months \$10 copay
Lenses Single vision, lined bifocal or trifocal	Every 12 months \$10 copay	Every 12 months \$0 copay
Frames	Every 24 months Plan covers up to \$150	Every 12 months Plan covers up to \$300
Contact lenses (instead of glasses) Fitting & evaluation	Plan covers up to \$130 Up to \$60 copay	Plan covers up to \$260 Up to \$60 copay
Lasik	15% average discount	15% average discount + \$1,000 per eye
Diabetic Eye Care Plus	\$20 copay	\$20 copay
Retinal screening	Not covered	\$0 copay

YOUR BIWEEKLY COSTS		
	Base Vision Plan	Buy-up Vision Plan
You only	\$0.00	\$6.05
You + spouse/domestic partner	\$1.21	\$17.13
You + children	\$1.21	\$11.63
You + family	\$2.42	\$24.00

Visit vsp.com to find eye doctors and view claims.

Supplemental insurance

Sometimes medical insurance isn't enough to cover all the costs that come with an unexpected illness, injury or hospitalization.

Critical illness insurance, hospital indemnity insurance and accident insurance provide an added layer of security that can help ease the financial stress of illness or injury, so you can focus on getting better.

The plans pay you directly so you can pay for things your regular medical insurance doesn't fully cover, like copays and deductibles. You also can use the money to pay everyday expenses like rent, groceries or child care while you recover.



Important!
These plans do **not** replace regular medical insurance.

COST OF COVERAGE FOR SUPPLEMENTAL INSURANCE

If you're enrolled in a high-deductible health plan (HDHP) you automatically receive basic critical illness and hospital indemnity insurance at no cost to you. Samsung pays the cost of those benefits. You may buy higher coverage levels in either plan with after-tax paycheck contributions.

For employees enrolled in the PPO plan or Kaiser HMO, you'll pay the cost of coverage through after-tax paycheck contributions.

How and when to enroll

You can enroll in any or all of the supplemental insurance plans as a new hire, during Open Enrollment or if you experience a qualifying life event.



CRITICAL ILLNESS INSURANCE

This benefit provides a lump-sum payment if you or your insured dependent experience:

- Cancer
- Heart attack
- Stroke
- Kidney failure
- Major organ transplant, coronary artery bypass graft
- Parkinson's disease
- Coma
- Severe burns
- Benign brain tumors

Coverage amounts

If you're enrolled in an HDHP:

- You automatically have \$3,000 in coverage at no cost to you
 - Your covered spouse and children are covered at 50% of your coverage level (\$1,500) at no additional cost
- You may buy higher levels of coverage

If you want to buy more coverage, you can choose these levels:

- You – \$15,000 or \$30,000
- Spouse – Automatically covered at 50% of your coverage level
- Children – Automatically covered at 50% of your coverage level at no additional cost



This coverage pays you a tax-free lump sum if you or a covered family member is admitted to the hospital, including to give birth.

Coverage amounts

If you're enrolled in an HDHP, you automatically get the coverage amounts below at no cost to you:

- \$750 if admitted to the hospital
- \$250 per day for non-ICU coverage, up to 30 days
- \$500 per day for ICU coverage, up to 30 days

If you want to buy more coverage, the benefits are:

- \$1,000 if admitted to the hospital
- \$200 per day for non-ICU coverage, up to 31 days
- \$400 per day for ICU coverage, up to 31 days

Additional benefits are available and paid based on the type of care and services you receive while hospitalized.

ACCIDENT INSURANCE

Accident insurance provides a tax-free lump-sum payment for common injuries. There's no company-paid coverage for those enrolled in an HDHP. Covered injuries include:

- Fractures
- Dislocations
- Surgery
- Concussions
- Burns

You'll also get payment if you require physical therapy.

Coverage amounts

The amount paid to you depends on:

- Type of injury
- Care you receive



Important notes about supplemental insurance

- These policies or their provisions may vary or be unavailable in some states
- The policies have exclusions and limitations that may affect payable benefits
- You must be enrolled to cover your spouse or children
- If you cover your dependent children, you must notify Samsung when they no longer meet the definition of dependent child
- If you cover your spouse, you must notify Samsung if your spouse no longer meets the definition of spouse
- These plans do not replace regular medical insurance

Learn more about these plans at YourSamsungBenefits.com/SAS.

Financial

Your financial well-being matters as much as your health and wellness. Our financial benefits support you and your family today and help you plan for tomorrow.

Tax-advantaged accounts

HEALTH SAVINGS ACCOUNT (HSA)

You can set aside pre-tax dollars in an HSA to pay health care expenses if you're enrolled in an HDHP. Samsung contributes to your HSA and you can, too.

To qualify for an HSA, you must be enrolled in one of these medical plans:

- UHC Base HSA Plan
- UHC Buy-up HSA Plan

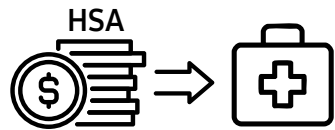
Not enrolled in an HSA-eligible medical plan?

You can still set aside pre-tax dollars in a Health Care Flexible Spending Account (FSA) to pay eligible health care expenses. See [page 22](#).



How the HSA works

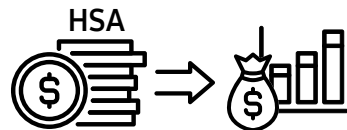
Use your HSA to pay for care now or save and invest the funds for the future — or use some now and save/invest some for future expenses. Your HSA is yours to keep, even if you leave Samsung.



Use your HSA to pay eligible health care expenses, including:

- Deductible, coinsurance and copays
- Prescription drugs
- Dental and vision care
- Many other eligible items and services

View a full list of expenses at [irs.gov](https://www.irs.gov).



Save the money and potentially earn even more tax-free money by investing it in:

- Mutual funds
- Individual stocks and bonds
- ETFs and CDs

Contribution limits

You'll contribute pre-tax dollars to your HSA through payroll deductions. The IRS limits how much can be contributed to your account each year.

For 2026, the limits are:

- \$4,400 if you cover just yourself
- \$8,750 if you cover yourself and at least one other person

Samsung's contributions count toward the IRS limit. These charts show how much Samsung contributes and how much you can contribute.

If you cover just yourself

MEDICAL PLAN	SAMSUNG'S CONTRIBUTION	YOUR CONTRIBUTION LIMIT
UHC Base HSA Plan	\$500 (\$125 quarterly)	\$3,900
UHC Buy-up HSA Plan	\$750 (\$187.50 quarterly)	\$3,650

If you cover yourself and at least one other person

MEDICAL PLAN	SAMSUNG'S CONTRIBUTION	YOUR CONTRIBUTION LIMIT
UHC Base HSA Plan	\$1,000 (\$250 quarterly)	\$7,750
UHC Buy-up HSA Plan	\$1,500 (\$375 quarterly)	\$7,250

If you're age 55 or older in 2026, you can contribute an additional \$1,000 in catch-up contributions.



Key features

Triple tax advantage

1. When you deposit money, it goes in tax free.
2. When you invest your money, it can grow tax free.
3. When you withdraw your money to pay eligible medical expenses, it comes out tax free.

Once you reach age 65, you can use the money in your HSA however you like, but you'll pay taxes on the money you spend if you use it for expenses other than eligible health care.

Note: These tax advantages are at the federal level. State tax rules may vary. In California and New Jersey, HSA contributions and earnings are considered taxable income and can't be deducted from your state tax return.

Investment options

You can invest your HSA money in mutual funds, individual stocks and bonds, ETFs and CDs available through Fidelity. And there's no required minimum account balance so you can start investing at any time.

Log in to your Fidelity account to use the HSA Investment Recommendation tool to get help investing your HSA savings.

Your HSA goes where you go

If you change medical plans, retire or leave Samsung for any reason, you can keep your account. Unused funds roll over to the next year.

Have an HSA from a prior employer? You can roll it into this account. Call Fidelity at **1-800-835-5095** to request a rollover form.

Flexibility

You can start, stop or change your HSA contributions anytime during the year at [MySamsungBenefits.com](https://www.samsungbenefits.com). Samsung will continue to contribute even if you stop contributing.

HSA and Flexible Spending Accounts (FSAs)

Under IRS rules, you can't have an HSA and a Health Care FSA. If you or your covered spouse has a Health Care FSA, you won't qualify for an HSA until the FSA is closed.

With an HSA, you **can** contribute to a Limited Purpose FSA to pay only eligible dental and vision expenses so you can use your HSA funds for medical and prescription drugs, or save the HSA funds for the future and invest.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Samsung offers four types of FSAs that allow you to set aside pre-tax dollars to pay health care, dependent care (day care) and commuter expenses.

Your contributions are deducted from your paycheck before income tax is applied to your pay. This reduces the amount of tax withheld from your paycheck.

Samsung offers these FSAs:

- Health Care FSA – Available only if you enroll in the UHC PPO or Kaiser HMO
- Limited Purpose FSA – Available only if you're enrolled in an HDHP
- Dependent Care FSA
- Commuter Benefits FSA (California only)



Important things to know about FSAs

FSAs are “use it or lose it”

You must spend funds by each account's deadline.

Health Care, Limited Purpose and Dependent Care FSAs – You can use 2025 funds to pay eligible expenses you incur through March 15, 2026. You have until March 31, 2026, to submit claims for reimbursement.

You can use 2026 funds to pay eligible expenses you incur through March 15, 2027. You have until March 31, 2027, to submit claims for reimbursement.

After March 31 each year, you'll lose any unused funds in your account.

Commuter Benefits FSA – You must submit claims within 180 days of the last day of the month in which you incur an expense.

Be sure to consider these deadlines when deciding how much to contribute. Except for the Commuter Benefits FSA, you can't change or stop your contributions during the year unless you experience certain qualifying life events.

Enrollment isn't automatic

If you don't enroll in an FSA as a new hire or during Open Enrollment each year, you can't contribute to an FSA unless you experience certain types of qualifying life events during the year.

Contribution limits

The IRS limits how much you can contribute to your account each year.



Health Care or Limited Purpose FSA

The Health Care FSA allows you to set aside pre-tax dollars to pay eligible medical, dental and vision expenses such as deductibles, copays, prescription drugs and more.

Under IRS rules, you can't have a Health Care FSA if you or your covered spouse has an active HSA; however, you can contribute to a Limited Purpose FSA to pay eligible dental and vision expenses.

See a full list of eligible health care expenses, including vision and dental expenses for Limited Purpose FSAs, at YourSamsungBenefits.com/SAS.

You can enroll in the Health Care or Limited Purpose FSA as a new hire, during Open Enrollment or if you have certain types of qualifying life events.

Contribution limit

In 2026, you can contribute up to \$3,400.

How to pay expenses

There are two ways you can pay expenses with your FSA:

- **Debit card** – Health Care and Limited Purpose FSAs come with a debit card
 - Use it to pay eligible expenses at doctors' offices, pharmacies, etc
- **Reimbursement** – You pay out of pocket then submit claims online to be reimbursed later
 - You can be reimbursed for up to the amount you elected to contribute for the year, even if your full contribution hasn't been made to your FSA



Dependent Care FSA

You can use this FSA to pay for eligible dependent care — day care, babysitting, after-school care, etc. — while you're at work or school.

See a full list of eligible dependent care expenses at YourSamsungBenefits.com/SAS.

Eligible dependents include:

- Your children under age 13, whom you claim as dependents on your federal tax return
- Children 13 or older and adult dependents who are unable to care for themselves because of mental or physical disabilities and spend at least eight hours in your home each day

You can enroll in the Dependent Care FSA as a new hire, during Open Enrollment or if you have certain types of qualifying life events.

Contribution limit

In 2026, you can contribute up to:

- \$5,000 if you're single or you're married and file joint federal tax returns
- \$2,500 if you're married and file separately

The amount you choose to contribute will be deducted before taxes from your paycheck in equal installments throughout the calendar year. If you make over a certain amount of money, you may not be able to contribute the full IRS-allowed amount.

How to pay expenses

Dependent Care FSAs don't come with debit cards. You'll pay out of pocket then submit reimbursement claims online.

You'll be reimbursed for up to the amount you've contributed at the time you submit your claim.

Commuter Benefits FSA (California only)

Whether you take transit or drive to work, the Commuter Benefits FSA allows you to use pre-tax dollars to pay work-related transit and parking expenses.

You can start, stop or change contributions at any time during the year.

Contribution limits

In 2026, you can contribute up to:

- \$325 per month for transit expenses, including trains, buses, subways, ferries and vanpools (tolls not included)
- \$325 per month for parking expenses

How to pay expenses

Debit card – The Commuter Benefits FSA comes with a debit card you can use to buy transit and parking products.

Reimbursement – Pay out of pocket and submit claims online. You must submit claims within 180 days of the last day of the month in which you incurred an expense.

If you cancel your enrollment or leave Samsung

Commuter and parking benefits end at midnight on the last day of your employment or the last day you cancel your enrollment in the plan. You'll have 90 days from that day to submit reimbursement claims.

IMPORTANT IRS GUIDELINES FOR FSAs

- You may not transfer money from one FSA to another
- You may not claim expenses on your federal tax return if you've been reimbursed for them through your FSA
- You may not use your FSAs to reimburse expenses incurred by your domestic partner or their children unless you can claim them as dependents on your federal tax return
- If you leave Samsung, you can continue to contribute to the Health Care FSA or Limited Purpose FSA through COBRA after tax and reimburse yourself for claims incurred during the same tax year your employment ends
 - If you don't continue your Health Care FSA coverage through COBRA, you'll lose any funds remaining in your account after you leave the company

Samsung 401(k) Plan

The Samsung 401(k) Plan offers an opportunity for you to meet your financial goals in retirement.

Your Samsung 401(k) Plan account grows over time with:

- 1. Your contributions.
- 2. Samsung’s contributions.
- 3. Potential gains from the plan’s investment options¹ that you select.

You’re 100% vested in the account balance, including your contributions and Samsung’s matching contributions.

Fidelity administers the Samsung 401(k) Plan.

¹ Investments are not guaranteed to increase in value and are subject to market volatility, including decreases to account value.

ELIGIBILITY AND ENROLLMENT

You’re eligible to contribute to the 401(k) Plan without a waiting period once Fidelity receives your information from Samsung.

You can enroll in or stop contributing to the 401(k) Plan anytime at netbenefits.com or by calling 1-800-835-5095.

CONTRIBUTING TO THE 401(K) PLAN

Types of contributions

You can make contributions in three ways. Each option has pros and cons. If you’re not sure which is best for you, talk with a Fidelity or CAPTRUST representative.

Pre-tax contributions

Contributions are deducted from your pay before taxes are applied:

- Reduces your taxable income now, but you’ll pay taxes when you withdraw from your 401(k) Plan later
- Contribute up to 80% of your base salary
- Eligible for the company match

Roth after-tax contributions

Contributions are deducted from your pay after taxes are applied:

- Reduces your take-home pay, but you won’t pay taxes when you withdraw from your 401(k) Plan later
- Contribute up to 80% of your base salary
- Eligible for the company match

Regular after-tax contributions

Contributions are deducted from your pay after taxes are applied:

- Reduces your take-home pay, but you won’t pay taxes when you withdraw from your 401(k) Plan later
- Not subject to IRS annual contribution limits
- Not eligible for the company match





Your contributions

You can contribute up to 80% of your base salary on a combined pre-tax and Roth after-tax basis up to the IRS limit, which is \$23,500 in 2025. You can change your contribution amount anytime.

You can contribute up to 80% of your bonus pay as a separate deferral election. If you're 50 or older in 2026, you can contribute an additional \$7,500.

Samsung's contributions

When you contribute, you're automatically eligible for the Samsung match.

Samsung matches 100% of the first 3% you contribute, and 50% of the next 3% you contribute (applies to pre-tax or Roth after-tax, but not both) for a maximum company contribution of 4.5%.

Your matching contributions from Samsung are immediately 100% vested.

Investing your 401(k) Plan funds

The plan includes investment options that range from conservative to aggressive, making it easy to diversify your portfolio. How you invest your 401(k) Plan funds, including matching contributions from Samsung, is completely up to you.

You can change your investments anytime at netbenefits.com.

An extra layer of financial guidance

In addition to the resources available through Fidelity, you also have access to a dedicated team of financial advisors through CAPTRUST. They can answer your questions about investment strategies, retirement planning and more — all at no cost to you.

Connect with a CAPTRUST advisor at captrustatwork.com, or by calling their advice desk at **1-800-967-9948**.

Roth in-plan conversions

These options also are available to help you meet your retirement savings goals:

- **Roth in-plan conversions** – You can convert vested non-Roth money in your Samsung 401(k) Plan to a designated Roth account within the plan
- **Automated Roth in-plan conversions** – You can automatically convert regular after-tax contributions to your plan's Roth account to help limit future tax consequences

The decision to make after-tax contributions and use a Roth in-plan conversion requires careful consideration. You should consult your tax or financial advisor about your situation.

Life insurance and accidental death and dismemberment insurance (AD&D)

These income-protection benefits help protect your finances and ensure a secure future by paying benefits directly to you or your beneficiaries if you are seriously injured or die. Samsung automatically provides basic coverage for you and your dependents at no cost to you. For additional security, you may buy additional coverage with after-tax paycheck contributions.

Cost of coverage

Basic life and AD&D coverage is provided at no cost to you.

You pay for the cost of supplemental coverage through after-tax paycheck contributions. The amount you pay depends on your age, who you cover and whether you or your spouse use tobacco.

Visit YourSamsungBenefits.com/SAS to see rates.



LIFE INSURANCE

Life insurance pays a benefit in the event of the covered person’s death. If you want to buy supplemental coverage, you may need to provide evidence of insurability (EOI), which the insurance company will use to determine if you qualify for supplemental life.

Basic life insurance

Samsung automatically provides basic coverage to eligible employees and dependents at no cost:

- **You** – Equal to 2x your annual salary; \$500,000 maximum
- **Spouse/domestic partner** – \$10,000
- **Dependent children under age 26** – \$5,000 for each child (\$500 for birth to six months old)

Supplemental term life insurance

You may buy supplemental term life insurance for yourself that’s equal to up to 8x your annual salary with a \$1.5 million maximum.

If you buy supplemental life insurance for yourself, you can also buy it for your dependents:

- **Spouse/domestic partner** – \$10,000 increments, up to \$250,000 (can’t be more than your supplemental coverage)
- **Dependent children under age 26** – \$5,000 or \$10,000

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

AD&D insurance pays a benefit if the covered person dies or loses a limb or eyesight because of an accident.

Basic AD&D insurance

Samsung automatically provides basic AD&D coverage to eligible employees at no cost.

Supplemental AD&D insurance

You can buy supplemental AD&D for yourself and your dependents:

- **You** – Up to 8x your annual salary; \$1.5 million maximum
- **Family** – 50% of your elected coverage amount for a spouse/domestic partner; 10% of your elected coverage amount for dependent children
- **Spouse/domestic partner only** – 60% of your coverage amount
- **Dependent children only** – 15% of your coverage amount

How to enroll

Eligible employees are automatically enrolled in basic life and AD&D insurance, and their dependents are automatically enrolled in basic life insurance.

You can enroll yourself and your dependents in supplemental coverage as a new hire, during Open Enrollment or if you experience a qualifying life event.

Visit MySamsungBenefits.com to enroll.

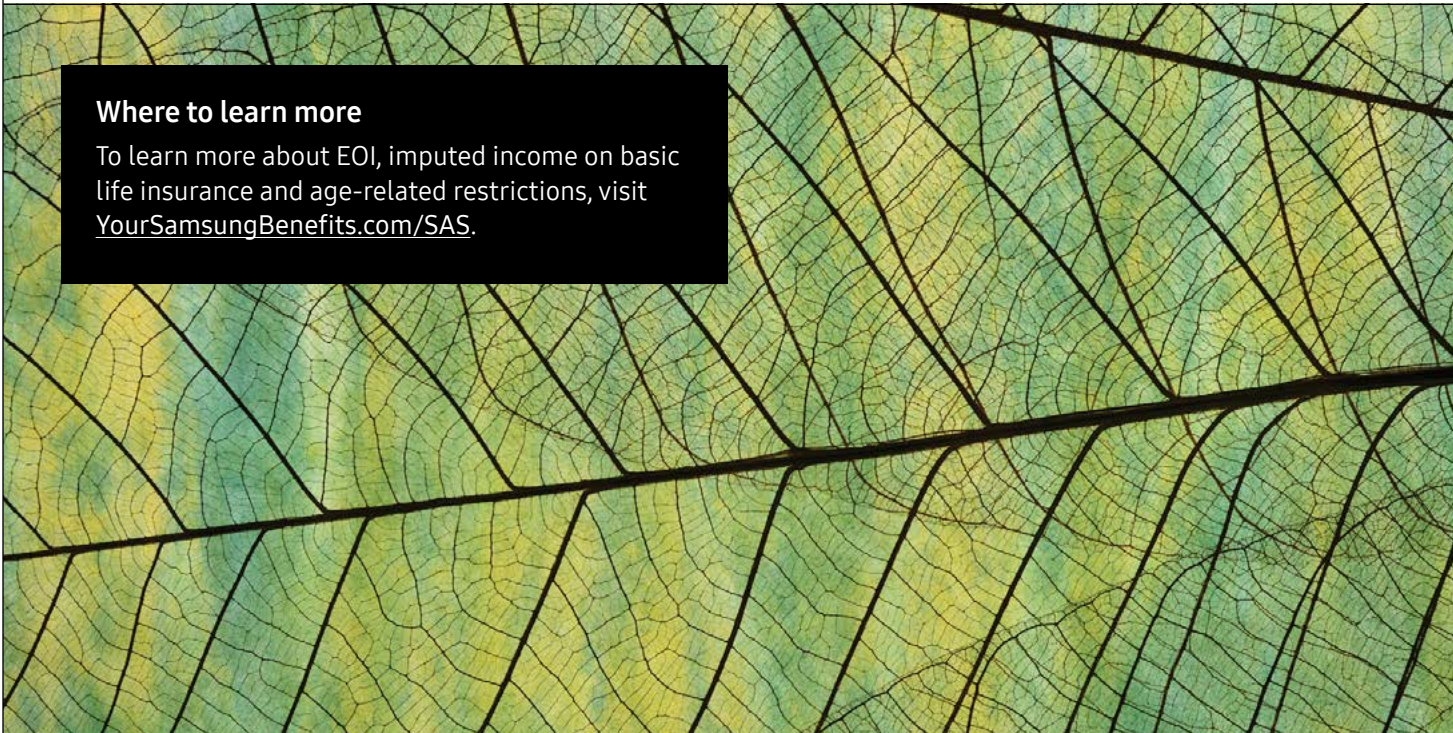
Beneficiaries

A beneficiary is the person, charity, trust or estate you name to receive benefits if something happens to you.

You can name one beneficiary or many, as long as the total percentage of the proceeds equals 100%. If you don't name a beneficiary, the plan will pay benefits to the default beneficiary listed on the certificate of insurance.

You can add or update life insurance and AD&D beneficiaries anytime at MySamsungBenefits.com.

Add or update your 401(k) Plan beneficiaries on the Fidelity website, netbenefits.com.



Where to learn more

To learn more about EOI, imputed income on basic life insurance and age-related restrictions, visit YourSamsungBenefits.com/SAS.

Disability insurance

If you're away from work for an extended period because of a disabling injury or illness, disability insurance replaces all or part of your income.

Samsung provides short-term disability and long-term disability insurance to you at no cost. You're automatically enrolled; disability is administered with an approved leave of absence.

Note: These policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations that may affect the dollar amount of benefits you receive. Learn more by calling Reliance Matrix at **1-800-351-7500**.

SHORT-TERM DISABILITY (STD)

STD replaces part or all of your income for up to 26 weeks if you're unable to work because of a disability or pregnancy. Coverage begins after seven consecutive days of total disability. Ordinary short-term illnesses, like cold or flu, are generally covered by regular sick pay and other time-off programs.

The amount you receive is based on your length of service when your disability begins:

- **Up to two years of employment** – 66.67% of your base salary
- **Two or more years of employment** – 75% of your base salary

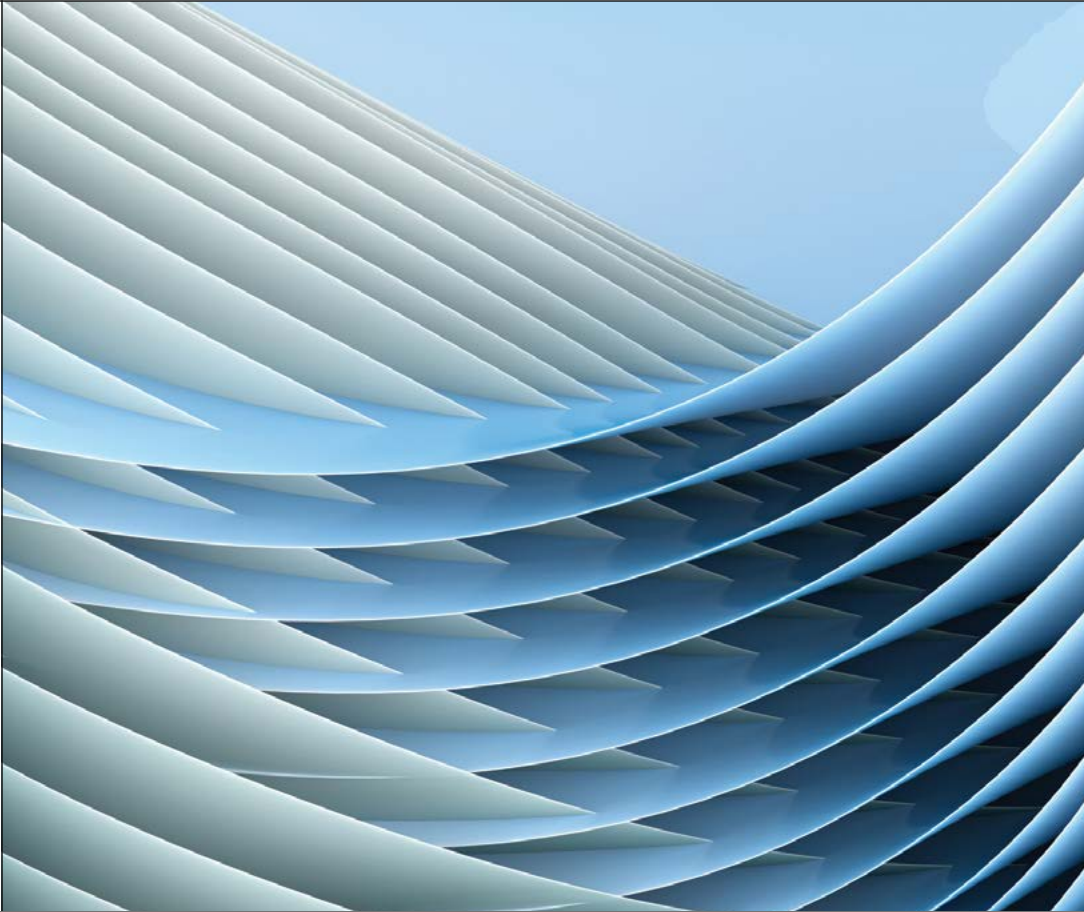
The minimum weekly benefit is \$25. STD benefits work in conjunction with state disability benefit plans where applicable.

LONG-TERM DISABILITY (LTD)

If you're unable to work for more than 180 consecutive days, you may be eligible for LTD. It replaces 60% of your monthly pay, up to \$15,000 per month.

Benefits may end when you reach the Social Security Administration's normal retirement age, or after 24 months for mental and nervous conditions. The amount of your LTD payments may be reduced by income you receive from other sources such as Workers' Compensation or Social Security Disability benefits.

For information on how to apply for disability and to learn more, visit YourSamsungBenefits.com/SAS.



Other financial and protection benefits

From legal assistance to identity protection, Samsung offers optional benefits that protect you, your finances and your personal information.

LEGAL SERVICES

LegalEASE provides you and your covered dependents access to a network of attorneys who offer legal assistance, telephone advice and office consultations.

You can enroll in the legal services plan as a new hire, during Open Enrollment or if you have a qualifying life event.

Legal services include but aren't limited to:

- Wills and estate planning
- Family law
- Debt collection
- Document preparation
- Traffic tickets

Cost of coverage

You pay for the cost of coverage through after-tax paycheck deductions.

Visit legaleaseplan.com/samsungaustin, or call **1-800-248-9000** and reference "Samsung Austin Semiconductor."

IDENTITY PROTECTION

Norton LifeLock's comprehensive identity theft insurance monitors the gateways into your identity and credit, and alerts you about fraudulent activity.

You can enroll in the identity protection plan as a new hire, during Open Enrollment or if you have a qualifying life event.

Protection services include:

- Credit report monitoring
- Identity Lock¹
- Bank account takeover monitoring
- Data breach notifications
- Cybercrime coverage
- Social media cyberbully monitoring

¹ Locking your credit file won't stop all companies from pulling your credit file. The credit lock on your TransUnion file will be unlocked if your subscription is downgraded or canceled.

Cost of coverage

You pay for the cost of coverage through after-tax paycheck deductions.

Enroll at MySamsungBenefits.com.

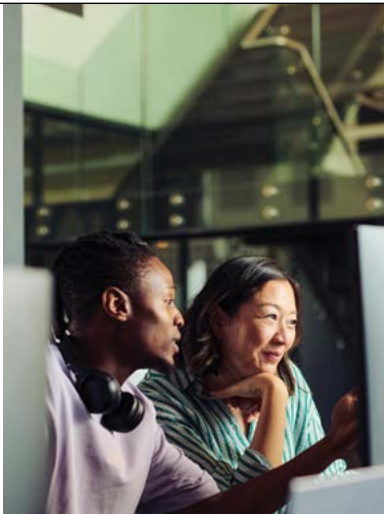
IMPROVE YOUR FINANCIAL WELL-BEING

You, your dependents and household members can access financial wellness benefits through BrightPlan at no cost to you.

BrightPlan offers:

- 24/7 in-app support from a financial wellness coach
- Unlimited one-on-one sessions with financial experts
- Financial tools and education to help you manage your money

Sign up at mybrightplan.com starting January 1.



FINANCIAL EDUCATION AND ADVISORY TOOLS

Fidelity

You have access to Fidelity's financial resources that include articles on topics from market trends to live webinars on health care.

Learn more about all the financial benefits available to you at YourSamsungBenefits.com/SAS.

CAPTRUST

You have access to a dedicated team of financial advisors who can answer your questions about investment strategies, retirement planning and more — all at no cost to you.

CAPTRUST serves as an additional, independent advisory service, empowering you to make the most of your retirement savings.

Emotional and Social

Life feels better when you’re supported, connected and balanced at every stage of life. Our emotional and social well-being benefits are here to lift you up and help you thrive every day.



Mental health and wellness

When you or your family members need help with work, home, personal or family issues, Samsung’s mental health and wellness resources can help.

FREE MENTAL HEALTH SUPPORT THROUGH OPTUM

Optum’s mental health program helps you get high quality, personalized mental health care that can make a real difference in your life. You choose how to access care based on your lifestyle and needs.

Optum’s services include help with:

- Depression, stress and anxiety
- Relationship difficulties
- Child and elder care support
- Substance misuse and recovery
- Eating disorders
- Financial and legal advice
- More

Virtual counseling

You, your dependents and household members each get up to 10 counseling sessions per issue per year. Sessions are available for 30 or 60 minutes by phone or video.

To schedule an appointment, visit liveandworkwell.com and register using either:

- Your UHC/Optum HealthSafe ID
- Company access code: samsung

Worksite counseling

You have an unlimited number of 30- and 60-minute in-person counseling sessions onsite where you work. Schedule an appointment at eap-member.optum.com/register or call **1-800-622-7276**.

Additional resources and self-guided care

You can access professional care, self-help programs, tools and other resources to help you deal with life’s stresses at liveandworkwell.com. Use company access code “Samsung” or call an emotional wellbeing specialist 24/7 at **1-800-622-7276**.

Mental health care through your Samsung medical plan

All of Samsung’s medical plans include coverage for inpatient and outpatient mental health and substance-misuse treatment.

To learn more about these services, visit YourSamsungBenefits.com/SAS.

NEED HELP QUITTING TOBACCO?

Complete a tobacco-cessation program through your UHC or Kaiser medical plan to pay lower rates for your medical coverage. Learn more about the Quit for Life Program or enroll at quitnow.net.

Family benefits

Samsung cares about you and your family. We offer options for additional support for you and those you care about the most.

If you're welcoming a new child, see your time off options and update your benefits.

FERTILITY, FAMILY-BUILDING AND MENOPAUSE SUPPORT

If you're enrolled in a UHC medical plan, you can access dedicated 24/7 support for women's health and family building through Maven — at no cost to you.

Maven can help with:

- Fertility and family building
- Maternity and newborn care
- Parenting and pediatrics
- Menopause and ongoing care

You and your partner get free access to:

- **Video appointments and messaging with providers and specialists** – Connect with OB-GYNs, midwives, doulas, lactation counselors, career coaches and mental health specialists in less than two hours
- **Dedicated care advocate** – Get help finding the right provider, referrals for the best in-person support and other support throughout your journey
- **Trusted resources** – Vetted articles, classes like infant CPR and breastfeeding, drop-in groups and access to the Maven community to connect with others going through similar experiences

Active your membership at mavenclinic.com/join/uhc or the Maven Clinic app.

CHILD CARE

Samsung partners with TOOTRiS to provide high quality child and backup care benefits at affordable rates.

Backup care – If your child care plan falls through, you can access TOOTRiS care centers and in-home caregivers up to 10 times a year.

Regular child care – Access more than 200,000 state-licensed child care providers to find the care you need — full-time, part-time, after-school, summer camps and more. You can message providers directly.

Referrals – You can access concierge support anytime to get help finding the care options that best fit your needs.

You'll also be able to take advantage of virtual and in-person tours and comparison tools.

TOOTRiS accepts many payment options, including Dependent Care FSAs.

To get started, call **1-866-930-5692** or create an account at tootris.com/childconnect-samsung using your Samsung email address or employee ID.



Time off

Samsung believes you should have opportunities to take time away from work to help maintain a healthy work-life balance, give back to your community and manage life’s challenges.

To find out how to request time off, how many PTO hours you accrue and more, visit YourSamsungBenefits.com/SAS.

PAID TIME OFF (PTO)

Starting on your hire date, you accrue paid time off (PTO) hours on a biweekly basis. The amount you accrue depends on how long you’ve worked at Samsung and whether you work a traditional or compressed work week.

You can carry over unused accrued PTO from year to year, up to the maximum accrual cap.



YEARS OF SERVICE COMPLETED	TRADITIONAL SHIFT		COMPRESSED WORK WEEK (CWW)		MAXIMUM ACCRUAL
	Annual Accrual	Biweekly Accrual	Annual Accrual	Biweekly Accrual	
0-1	160.0	6.15	168.0	6.46	240.0
2	170.0	6.54	178.5	6.87	240.0
3	180.0	6.92	189.0	7.27	240.0
4	190.0	7.31	199.5	7.67	280.0
5	200.0	7.69	210.0	8.08	280.0
6	210.0	8.08	220.5	8.48	280.0
7	220.0	8.46	231.0	8.88	280.0
8	230.0	8.85	241.5	9.29	320.0
9+	240.0	9.23	252.0	9.69	320.0

VOLUNTEER TIME OFF (VTO)

Community involvement is a key element of our culture, values and vision. We encourage you to volunteer your time and talents to a local organization that's important to you.

You can use up to 16 hours of paid VTO each year to give back and make a difference in the community.

VOTING AND JURY DUTY

To support and encourage employees to participate in civic obligations, Samsung provides up to:

- Two paid scheduled workweeks for jury duty, per summons
- Two consecutive paid hours to vote on Election Day if you're unable to vote at a time outside of work

BEREAVEMENT

You may request up to five scheduled workdays of paid bereavement leave after the death of a loved one.

To request bereavement, notify your immediate supervisor. Your manager may require proof of the need for bereavement leave.

If you or your spouse/domestic partner or child should die, Samsung will donate \$1,000 to your family or a charity of your choice.



LEAVES OF ABSENCE

Samsung provides paid and unpaid leave options so you can take extended time off from work to care for yourself and loved ones, or to fulfill military service obligations.

Depending on the type of leave, you may be eligible for disability insurance to replace all or part of your income while you're on leave.

You may apply for a leave of absence within the 30 days before the tentative start date of your leave. Please give your supervisor as much notice as possible.

For instructions on how to apply for a leave of absence, visit YourSamsungBenefits.com/SAS.

Maternity and parental leave

Samsung offers up to 16 weeks of paid leave at 100% of base earnings to bond with and care for a new child through birth, adoption or placement for legal guardianship.

- **Maternity leave (birth parent only)** – Eight weeks beginning on the delivery date
- **Parental leave (all parents)** – Eight weeks beginning on the date of birth, adoption or placement, or once maternity leave ends

For birthing parent, maternity and parental leave can be taken concurrently and in conjunction with Family and Medical Leave Act leave (FMLA), California Family Rights Act leave (CFRA), short-term disability and state-paid benefits, where applicable.

You must take parental leave in a minimum of one-week increments (seven calendar days). And you must take them within 12 months of the birth, adoption or placement date, without exception.

FMLA

FMLA provides eligible employees job-protected unpaid leave in a 12-month period for qualifying family and medical reasons. You’re eligible for FMLA if you’ve worked for at least 12 months and 1,250 hours during a 12-month period.

You may take FMLA on a continuous or intermittent basis, or both, for up to:

- 12 weeks for any qualifying reason except military caregiver leave
- 26 weeks for military caregiver leave

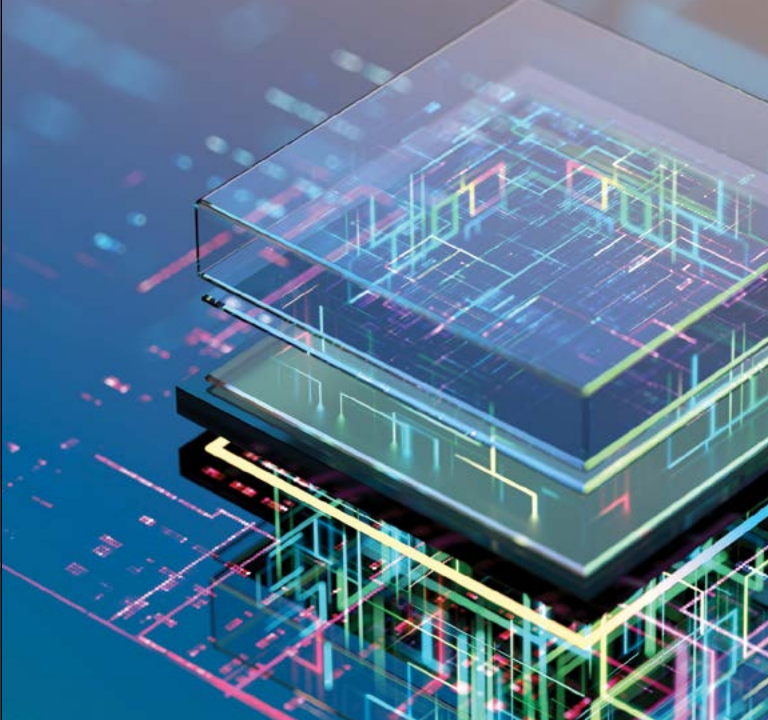
FMLA may run concurrently with company-paid benefits such as short-term disability, maternity and parental leave or PTO.

CFRA (California only)

If you work in California, CFRA provides eligible employees with up to 12 weeks of job-protected unpaid leave to:

- Care for their own serious health condition, including pregnancy
- Care for a family member with a serious health condition
- Bond with a new child

Under CFRA, eligible employees may request up to five days of unpaid bereavement leave upon the death of certain family members (runs concurrently with Samsung’s bereavement leave).



Military leave

Employees on active duty in the U.S. Army, Air Force, Navy, Marines, Coast Guard, Public Health Corp, the reserve components of these organizations and the National Guard will receive a partially paid leave of absence to fulfill military obligations.

Samsung will pay the difference, if any, between Samsung’s wages and wages you receive from the military (up to 100% of Samsung wages) for up to 20 scheduled working days.

You may use PTO while on military leave but it’s not required.

Important Notices

About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan. Your SPDs can be obtained at <http://www.mysamsungbenefits.com> you may also request a copy free of charge by calling 1-855-557-3247.

Enclosed are important notices about your rights under your health and welfare plan Samsung Austin Semiconductor (SAS) Health and Welfare Plan the "Plan." The information in the accompanying guide provides updates to your existing SPDs as of October 28, 2024 and is intended to be a Summary of Material Modification.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. SAS reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Samsung Austin Semiconductor (SAS) Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You can obtain a copy of the Samsung Austin Semiconductor (SAS) Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, by submitting a ticket via AskHR located on the SAS Connect page. If you have any questions, please contact the SAS Human Resources Office at 1-855- 557-3247.

Patient Protection Notice

Samsung Austin Semiconductor (SAS) Health and Welfare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 1-855-557-3247.

Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that

a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Samsung Benefits by submitting a ticket via AskHR located on the SAS Connect page for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

Important Notice from SAS About Your Prescription Drug Coverage and Medicare

Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with SAS and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with

the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. SAS has determined that the prescription drug coverage offered through CVS is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose (or are losing) your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current SAS coverage will not be affected.

Your SAS coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare

coverage does (i.e., the plan pays primary). You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with SAS and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through SAS changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the “Medicare & You” handbook for their telephone number.
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help:

- Visit Social Security on the web at www.ssa.gov, or
- Call **1-800-772-1213**. TTY users should call **1-800-325-0778**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 28, 2025

Name of Entity/Sender: Samsung Austin Semiconductor (SAS)

Contact: Human Resources

Address: 12100 Samsung Blvd.
Austin TX 78754

Phone Number: **1-855-557-3247**

Your ERISA Rights

As a participant in the SAS benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator’s office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Obtain, upon written request to the plan’s administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan’s annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called “fiduciaries,” and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan’s decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or

- The plan fiduciaries misuse the plan’s money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on

EBSA’s website:

<https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>.

Or you may write to the:

Division of Technical Assistance and Inquiries
Employee Benefits Security Administration
U.S. Department of Labor 200 Constitution Avenue, NW Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **1-866-444-3272**. You may also visit the EBSA’s website on the Internet at: <https://www.dol.gov/agencies/ebsa>.

General Notice of Continuation Coverage Rights Under COBRA

Introduction

You’re getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of

coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end.

For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to SAS Human Resources or COBRA Administrator.

How Is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18- Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage.

You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

NOTE: <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/agencies/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Samsung Austin Semiconductor (SAS) Human Resources
Address: 12100 Samsung Blvd.
Austin TX 78754
Phone Number: 1-855-557-3247

Summaries of Benefits and Coverage (SBCs)

Availability Notice

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at <http://www.mysamsungbenefits.com>. A paper copy is also available, free of charge, by calling 1-855-557-3247 (a toll-free number).

Notice Regarding Wellness Program

Reasonable Alternative Standard Notice for Health Contingent Wellness Programs

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees.

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **1-855-557-3247** and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

EEOC Notice Regarding Wellness Program

Rally Wellness is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer- sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for Triglycerides, Total Cholesterol, HDL, LDL, and Glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a premium credit for 2 gatekeeper

activities (the Optum Engage survey and a biometric screening) and a third activity:

1. Age/gender-appropriate preventive screening or an annual physical
2. Dental exam
3. Flu shot
4. Completion of the Real Appeal program (9 sessions)
5. Completion of the Quit for Life program (at least 5 coach interactions)
6. Completion of the Wellness Coaching program (online and coach-led options). Although you are not required to complete the Health Survey or participate in the biometric screening, only employees who do so will receive 75% toward earning their incentive.

Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive premium credit.

Additional incentives of all other incentivized activities listed above may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting SAS Human Resources at **1-855-557-3247**.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as all other incentivized activities listed above. You also are encouraged to share your results or concerns with your own doctor.

Protections From Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and SAS may use aggregate information it collects to design a program based on identified health risks in the workplace, Optum Engage will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a registered nurse, a doctor, a health coach, or a consumer support agent in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data

breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact SAS Human Resources at **1-855-557-3247**.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the SAS group health plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days (60 days if due to Medicaid or CHIP-related events) after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days (60 days if due to Medicaid or CHIP-related events) after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact SAS Human Resources, at **1-855-557-3247**.

Excepted Benefits (Hospital Indemnity, Critical Illness, and Accident Insurance) Required Notice

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you’re sick or hospitalized. You’re still responsible for paying the cost of your care.

- The payment you get isn’t based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn’t a substitute for comprehensive health insurance.
- Since this policy isn’t health insurance, it doesn’t have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** (TTY: **1-855-889-4325**) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member’s job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners’ website ([naic.org](https://www.naic.org)) under “Insurance Departments.”
- If you have this policy through your job, or a family member’s job, contact the employer.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility:

1. ALABAMA – Medicaid Website:
<http://myalhipp.com/>
Phone: 1-855-692-5447

2. ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website:
<http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

3. ARKANSAS – Medicaid Website:
<http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

4. CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program Website:
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

5. COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid Website:
<https://www.flmedicaidtplecovery.com/fl-medicaidtplecovery.com/hipp/index.html>
Phone: 1-877-357-3268

7. GEORGIA – Medicaid GA HIPP Website:
<https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

8. INDIANA – Medicaid Health Insurance Premium Payment Program
All other Medicaid
Websites: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

9. IOWA – Medicaid and CHIP (Hawki) Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>
HIPP Phone: 1-888-346-9562

10. KANSAS – Medicaid Website:
<https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

11. KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

12. LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

13. MAINE – Medicaid Enrollment Website: https://www.mymaineconnection.gov/benefits/s?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711

14. MASSACHUSETTS – Medicaid and CHIP Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

15. MINNESOTA – Medicaid Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

16. MISSOURI – Medicaid Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 1-573-751-2005
17. MONTANA – Medicaid Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HHSHIPPPProgram@mt.gov

18. NEBRASKA – Medicaid Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

19. NEVADA – Medicaid Website: <http://dhcnp.nv.gov>
Medicaid Phone: 1-800-992-0900

20. NEW HAMPSHIRE – Medicaid Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll-free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

21. NEW JERSEY – Medicaid and CHIP Medicaid Website: <http://www.state.nj.us/humanservices/dm/ahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710
TTY: 711

22. NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

23. NORTH CAROLINA – Medicaid Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

24. **NORTH DAKOTA** – Medicaid Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825
25. **OKLAHOMA** – Medicaid and CHIP Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742
26. **OREGON** – Medicaid Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075
27. **PENNSYLVANIA** – Medicaid and CHIP Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)
28. **RHODE ISLAND** – Medicaid and CHIP Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
29. **SOUTH CAROLINA** – Medicaid Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820
30. **SOUTH DAKOTA** – Medicaid Website: <http://dss.sd.gov>
Phone: 1-888-828-0059
31. **TEXAS** – Medicaid Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493
32. **UTAH** – Medicaid and CHIP Medicaid Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/> Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>
33. **VERMONT** – Medicaid Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427
34. **VIRGINIA** – Medicaid and CHIP Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select> <https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP
Phone: 1-800-432-5924
35. **WASHINGTON** – Medicaid Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022
36. **WEST VIRGINIA** – Medicaid and CHIP Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP toll-free Phone: 1-855-MyWVHIP (1-855-699-8447)
37. **WISCONSIN** – Medicaid and CHIP Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002
38. **WYOMING** – Medicaid Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
[1-877-267-2323](tel:1-877-267-2323), Menu Option 4, Ext. 615

Contacts

BENEFIT	PROVIDER	PLAN NUMBER	PHONE/EMAIL	WEBSITE
Benefits questions			1-833-420-1019 7 a.m. to 7 p.m. CT, Monday – Friday help@mybenefitexpress.com	MySamsungBenefits.com or submit a ticket through AskHR on the SAS Connect page
Benefits information				YourSamsungBenefits.com/SAS
401(K) Plan	Fidelity	75486	1-800-835-5095	netbenefits.com
Child care	TOOTRiS	N/A	1-866-930-5692	tootris.com/childconnect-samsung
College Savings Plan	Invesco	N/A	1-877-615-4116	collegebound529.com
Dental	BCBSTX	372194	1-888-258-0310	bcbstx.com
Disability insurance	Reliance Standard Matrix	STD: 517379 LTD: 430694	1-800-351-7500	rslclaims.com/rslclaims/employee
EAP/Mental health resources	Optum	N/A	Telephone appointment: 1-800-622-7276 Access code: Samsung	Virtual appointment: liveandworkwell.com
	Angela Hardin, Austin	N/A	1-612-428-6569 angela_hardin@optum.com	Onsite appointments: eap-member.optum.com/register
	Kris Hooks, Austin	N/A	1-612-632-2722 kristen.hooks@optum.com	
	Michael Pham, Austin and Taylor	N/A	1-952-205-6311 michael.pham1@optum.com	
	Rosie Moffitt, San Jose	N/A	1-763-361-7291 rosemary.moffitt@optum.com	
Fertility, maternity, menopause care	Maven	N/A	N/A	mavenclinic.com/join/uhc

Contacts continued

BENEFIT	PROVIDER	PLAN NUMBER	PHONE/EMAIL	WEBSITE
Financial education	CAPTRUST at Work	N/A	1-800-967-9948	captrustatwork.com
Financial wellness	BrightPlan	N/A	1-855-539-0007 customer-service@brightplan.com	mybrightplan.com
Flexible Spending Account (FSA)	UHC	717584	1-866-755-2648	myuhc.com
Health Savings Account (HSA)	Fidelity	3102R	1-800-544-3716	netbenefits.com
Identity theft	Norton LifeLock	E0013830	1-800-543-3562	lifelock.norton.com
Leave of absence	Matrix Absence Management	N/A	1-888-288-1114	matrixabsence.com
Legal plan	LegalEase	2000691	1-800-248-9000	legaleaseplan.com/samsungaustin
Life insurance	Reliance Standard Matrix	Basic Life/Deps Life: 167726 Optional Life/Deps Life: 167727	1-800-351-7500	rslclaims.com/rslclaims/employee
Medical	UHC	UHC - 717584	1-800-470-1642	myuhc.com
	Kaiser Permanente (California only)	605540	1-800-464-4000	kp.org
Prescription drug	CVS	CVS - 3654	1-866-477-1664	caremark.com
Supplemental insurance: critical illness, hospital indemnity, accident	Cigna	Crit. Ill.: C110046 Hosp. Ind.: HC110040 Acc.: A110052	1-866-459-4272	mycigna.com
Vision	VSP	30016601	1-800-877-7195	vsp.com
Wellness program	Optum Engage	N/A	1-877-818-5826 (technical support only)	optumengage.com/landing/client/samsung

NOTE: Actual plan provisions for Samsung Austin Semiconductor (“the Company”) benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of the plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

