Employer and Plan Sponsor

The Employer and Plan Sponsor is Micron Technology, Inc. and any other affiliated entity which participates in a plan pursuant to the terms of the plan. This document is effective January 1, 2025.

Participants and beneficiaries may receive from the Plan Administrator, upon written request, information as to whether a particular employer is a sponsor of a plan and, if the employer is a plan sponsor, the employer's address.

Plan Administrator

The Plan Administrator for all of the Plans is:

Micron Technology, Inc. 8000 South Federal Way Mail Stop 1-727 Boise, Idaho 83716 (208) 368-4000

Plan Fiduciary

The Plan Administrator is the Plan Fiduciary for all Plans and the Claims Administrator (discussed below) is also a claims fiduciary of the Self-Insured Group Health Plan

Trustee

The Retirement at Micron (RAM) 401(k) Plan is the only U.S. based Plan for Micron team members which has a trustee.

The Trustee for the Micron RAM 401(k) Plan is:

Fidelity Management Trust Company 245 Summer Street Mail Zone V7B Boston, MA 02110

Agent for Service of Process

The Agent for Service of Process for all of the Plans, unless otherwise noted, is:

Office of the General Counsel Micron Technology, Inc. 8000 South Federal Way Mail Stop 1-727 Boise, Idaho 83716 (208) 368-4000 For the Retirement at Micron (RAM) 401(k) Plan, service of process may also be made upon the Trustee listed above.

Funding

Fully-Insured Group Health Plan. The Fully-Insured Group Health Plan includes a variety of fully-insured plans. See the accompanying chart for details. If a plan is fully-insured, benefits are provided under a group insurance contract entered into between the Employer and the insurance company listed. Claims for benefits are sent to the insurance company, not the Employer. The insurance company is responsible for processing and paying claims, not the Employer. The Employer's portion of insurance premiums for team members and their families will be paid out of the general assets of the Employer.

Self-Insured Group Health Plan. The Self-Insured Group Health Plan includes a variety of self-insured plans. See the accompanying chart for details. If a plan is self-insured, benefits are paid directly out of the general assets of the Employer. There is no special fund or trust or insurance from which benefits are paid. The Employer has hired the Claims Administrator listed in the accompanying chart to process claims. The Claims Administrator does not serve as an insurer, just a claims processor. Claims for benefits are sent to the Claims Administrator. The Claims Administrator is a fiduciary for claims processing and claim appeals purposes. It processes the claims, then requests and receives funds from the Employer to pay the claims, and makes payment on the claims. The Employer is ultimately responsible for providing self-insured plan benefits, not the listed Claims Administrator.

Day Care Flexible Spending Account Plan.

This Plan is self-insured. Benefits are paid directly out of the general assets of the Employer. There is no special fund or trust or insurance from which benefits are paid. The Employer has hired Flores & Associates to process claims. Flores & Associates does not serve as an insurer, just a claims processor. Claims for benefits are sent to Flores & Associates. It processes the claims, then requests and receives funds from the

Employer to pay the claims, and makes payment on the claims. The Employer is ultimately responsible for providing plan benefits, not Flores & Associates. This Plan is not subject to ERISA.

Life, Travel, and Disability Plan. This Plan is a mixture of self-insured and fully-insured plans. See the accompanying chart for details. For the self-insured plans, benefits are paid directly out of the general assets of the Employer. There is no special fund or trust or insurance from which benefits are paid. The Claims Administrator does not serve as an insurer, just a claims processor. The Claims Administrator is a fiduciary for claims processing and claim appeals purposes. Claims for the benefits are sent to the Claims Administrator. It processes the claims, then requests and receives funds from the Employer to pay the claims, and makes payment on the claims. The Employer is ultimately responsible for providing those plan benefits, not the listed Claims Administrator.

For the fully-insured plans, benefits are provided under a group insurance contract entered into between the Employer and the insurance company listed. Claims for benefits are sent to the insurance company, not the Employer. The insurance company is responsible for processing and paying claims, not the Employer. The Employer's portion of insurance premiums for team members and their families will be paid out of the general assets of the Employer.

Retirement at Micron (RAM) 401(k) Plan. Funding for the Micron RAM 401(k) Plan is through a trust agreement with Fidelity Management Trust Company.

Authority to Terminate the Plans or Amend or Eliminate Benefits

Micron has established the Self-Insured Group Health Plan, the Fully-Insured Group Health Plan, the Life, Travel and Disability Plan and the Day Care Flexible Spending Account Plan with the intention that they will be maintained indefinitely. However, Micron has no obligation whatsoever to maintain these plans or any particular benefit offered by these

plans for any given length of time. Micron reserves the right to terminate the plans or any benefit offered under the plans at any time by written document executed by its Board of Directors, the Executive Vice President and Chief People Officer or another authorized person.

Upon termination or discontinuance of a plan or benefit, all elections with respect to the terminated plan or benefit shall terminate, and payments with respect to benefits available under the terminated plan or benefit shall be made only with respect to claims incurred on or prior to the date of the termination.

Micron reserves the right to amend the provisions of the plans and any benefit offered by the plans to any extent and in any manner it desires by execution of a written document by an authorized party describing the intended amendment(s). Micron may also amend the Self-Insured Group Health Plan, the Fully-Insured Group Health Plan, the Life, Travel and Disability Plan and the Day Care Flexible Spending Account Plan at any time by preparation and publication with the supervision of an authorized party of a revised Benefits Handbook or other summary plan description or a supplement to the Benefits Handbook or other summary of material modifications.

Any fully-insured plan or benefit offered may also be terminated or amended as described in the applicable plan description prepared by the relevant insurer.

See the detailed description of the Micron (RAM) 401(k) Plan in the Benefits Handbook for an additional description of the authority to terminate that plan or amend or eliminate the benefits offered by that plan.

Plan Information

The Plan Name, Plan Number and Plan Effective Date are shown in the next chart.

Beneficiary Designation

You are responsible to ensure that external documents such as divorce decrees or property settlements do not contradict your Beneficiary Designations on record with the Micron Group Life Insurance Plans at

enrollnow.micron.com, and the Micron (RAM) 401(k) Plan at Fidelity. If you wish to revise your Beneficiary Designations to remove a former spouse you must update the Beneficiary Designation information stored on-line at enrollnow.micron.com and Fidelity. Access to enrollnow.micron.com requires Micron's Authenticator.

Plan Year

The Plan Year for all Micron Technology, Inc. Plans is January 1 through December 31 unless otherwise noted. The first Plan Year for each of the Plans will begin on each respective Plan's Effective Date through December 31 of that particular year.

Plan Name	Plan Number	Plan Effective Date	Plan Year
Self-Insured Group Health Plan	518	January 1, 2005	January 1 - December 31
Fully-Insured Group Health Plan	519	January 1, 2005	January 1 - December 31
Life, Travel and Disability Plan	520	January 1, 2005	January 1 - December 31
Day Care Flexible Spending Account Plan	Not Applicable	January 1, 1996	January 1 - December 31
Retirement at Micron (RAM) 401(k) Plan	004	September 1, 1987	January 1 - December 31

The Self-Insured Group Health Plan includes the following Plans:

Benefit Plan Name	Type of Administration	Claims Administrator	Policy Number	Eligibility	Contribution Source
Value High Deductible Medical Plan	Self-funded Claims Administration through Administrative Agreement	Blue Cross of Idaho 3000 E. Pine Avenue Meridian, ID 83642-5995 (208) 286-3410	10020590	Team Member and Eligible Dependent	
Consumer Directed High Deductible Medical Plan	Self-funded Claims Administration through Administrative Agreement	Blue Cross of Idaho 3000 E. Pine Avenue Meridian, ID 83642-5995 (208) 286-3410	10020590	Team Member and Eligible Dependent	. ,
Idaho PPO Medical Plan	Self-funded Claims Administration through Administrative Agreement	Blue Cross of Idaho 3000 E. Pine Avenue Meridian, ID 83642-5995 (208) 286-3410	10020590	Team Member and Eligible Dependent	
Value PPO Medical Plan	Self-funded Claims Administration through Administrative Agreement	Blue Cross of Idaho 3000 E. Pine Avenue Meridian, ID 83642-5995 (208) 286-3410	10020590	Team Member and Eligible Dependent	

ADMINISTRATIVE FACTS

PPO Medical Plan	Self-funded Claims Administration through Administrative Agreement	Blue Cross of Idaho 3000 E. Pine Avenue Meridian, ID 83642-5995 (208) 286-3410	10020590	Team Member and Eligible Dependent	
Clinic Plan (Boise, ID)	Self-funded Claims Administration through Administrative Agreement	Crossover Health 101 W. Avenida Vista Hermosa, Ste. 120 San Clemente, CA 92672 (208) 368-5656 (408) 495-5850	N/A	Team Member and Eligible Dependent	
Dental	Self-funded Claims Administration through Administrative Agreement	Blue Cross of Idaho 3000 E. Pine Avenue Meridian, ID 83642-5995 (208) 286-3410	10020590	Team Member and Eligible Dependent	
Dental Plus	Self-funded Claims Administration through Administrative Agreement	Blue Cross of Idaho 3000 E. Pine Avenue Meridian, ID 83642-5995 (208) 286-3410	10020590	Team Member and Eligible Dependent	Employer and Team Member
Delta Dental	Self-funded Claims Administration through Administrative Agreement	Delta Dental of Idaho 555 E. Parkcenter Blvd., Boise, Idaho 83706 (800) 356-7586	5850	Team Member and Eligible Dependent	
Vision	Self-funded Claims Administration through Administrative Agreement	VSP PO Box 997105 Sacramento, CA 95899-7105 (800) 877-7195	30021795	Team Member and Eligible Dependent	
Vision Choice	Self-funded Claims Administration through Administrative Agreement	VSP PO Box 997105 Sacramento, CA 95899-7105 (800) 877-7195	30021795	Team Member and Eligible Dependent	
Health Care Flexible Spending Account	Self-funded Claims Administration through Administrative Agreement	Flores & Associates PO BOX 31397 Charlotte, NC 28231 (800) 532-3327	Not Applicable	Team Member	Team Member
Limited Purpose Flexible Spending Account	Self-funded Claims Administration through Administrative Agreement	Flores & Associates PO BOX 31397 Charlotte, NC 28231 (800) 532-3327	Not Applicable	Team Member	Team Member
Early Cancer Detection Plan	Self-funded test provided through Test Purchase Agreement	Grail 1525 O'Brien Drive Menlo Park, CA 94025 (833)-694-2553	Not Applicable	Team Member	Employer

ADMINISTRATIVE FACTS

The Fully-Insured Group Health Plan includes the following Plans:

Benefit Plan Name	Type of Administration	Insurance Company	Policy Number	Eligibility	Contribution Source
Kaiser Permanente HMO	Fully-Insured Group Insurance Policy	Kaiser Foundation Health Plan, Inc. Northern California Region 1950 Franklin Street Oakland, CA 94612 (800) 464-4000	No CA 38521, MAS 26875, GA 10680, CO 47257	Team Member and Eligible Dependent	Employer and Team Member
Cigna International Plan	Fully-insured Group Insurance Policy	Cigna International P.O. Box 15111 Wilmington, DE 19850 (800) 243-1348	04491B	Team Member and Eligible Dependent	Employer and Team Member
Employee Assistance Program	Fully-insured Group Insurance Policy	Journey 95 Horatio St. St 403 New York, NY 10014 (646) 504-9226	Not Applicable	Team Member and Loved Ones	Employer
Willamette Dental Blue Plan	Fully-Insured Group Insurance Policy	Blue Cross of Idaho 3000 E. Pine Avenue Meridian, ID 83642-5995 (208) 286-3410	10020590	Team Member and Eligible Dependent	Employer and Team Member

The Life, Travel, and Disability Plan includes the following Plans:

Benefit Plan Name	Type of Administration	Claims Administrator or Insurance Company	Policy Number	Eligibility	Contribution Source
Short-Term Disability	Self-funded Claims Administration through Administrative Agreement	Matrix Absence Management 5225 Hellyer Avenue Suite 210 San Jose, CA 95138 (877) 202-0055	Not Applicable	Team Member	Employer
Fully-Insured New York portion of Short-Term Disability Plan	Fully-insured Group Insurance Policy	Reliance Standard Life Insurance Company 153 East 53rd Street Suite 4950 New York, NY 10022 (800) 644-1103	DBL 251063	Team Member	Employer
Long-Term Disability	Fully-insured Group Insurance Policy	Reliance Standard Life Insurance Company 2001 Market Street, Suite 1500 Philadelphia PA 19103 (800) 644-1103	LTD - 109660	Team Member	Employer
Long-Term Disability Buy-Up Plan	Fully-insured Group Insurance Policy	Reliance Standard Life Insurance Company 2001 Market Street, Suite 1500 Philadelphia PA 19103 (800) 644-1103	LTD - 109660	Team Member	Team Member
Basic Life and AD&D	Fully-insured Group Insurance Policy	The Hartford Life and Accident Insurance Company 200 Hopmeadow Street Simsbury, CT 06089 (888) 563-1124	GL-674815	Team Member	Employer
Supplemental (Voluntary) Life and AD&D	Fully-insured Group Insurance Policy	The Hartford Life and Accident Insurance Company 200 Hopmeadow Street Simsbury, CT 06089 (888) 563-1124	GL-674815	Team Member and Eligible Dependent	Team Member
Business Travel Accident	Fully-insured Group Insurance Policy	Chubb Group of Insurance Companies 15 Mountain View Road Warren, NJ 07061-1615 (800) 252-4670	9906-80-80	Team Member	Employer
Medical Benefits Abroad International Health Plan	Fully-insured Group Insurance Policy	Cigna International P.O. Box 15111 Wilmington, DE 19850 (800)243-1348	04491A	Team Member and Eligible Dependent	Employer