

A federal law, (the Consolidated Omnibus Budget Reconciliation Act of 1985), commonly known as COBRA, requires most employers sponsoring group health plans to offer team members and their eligible dependents the opportunity to elect a temporary extension of health coverage (called "continuation coverage" or "COBRA coverage") in certain instances where coverage under the group health plan would otherwise end.

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 or domestic partner's plan), even if that plan generally doesn't accept late enrollees.

In the U.S., Micron's Medical Plans, Dental Plans, Vision Plans, Health Care Flexible Spending Account Plan, Clinic Plan, Early Cancer Detection Plan, and Employee Assistance Program are group health plans. For simplicity, all these group health plans are referred to in this notice as the "Plan".

You do not have to show that you are insurable to elect continuation coverage. However, you will have to pay the entire premium for your continuation coverage.

This notice effective November 1, 2024, provides a brief overview of your rights and obligations under current law. It does not fully describe continuation coverage, appeal rights and process, or other rights under the plans. The Plan offers no greater COBRA rights than what the COBRA statute requires except with respect to domestic partners (discussed below), and this notice should be construed accordingly.

Coverage for Domestic Partners

Under current law, COBRA coverage does not apply to domestic partners and their children, unless such individuals are considered your tax dependents (tax dependent status is determined as part of the Micron Domestic Partner Affidavit). However, Micron offers COBRA-like continuation coverage to all domestic partners and their children who are enrolled in the Plan. References to COBRA in this section of the benefits handbook are deemed to also mean references to the corresponding COBRA-like continuation coverage for domestic partners and their children.

COBRA Qualifying Events for the Team Member

If you are a team member of Micron and are covered by the Plan, you have the right to elect continuation coverage if you lose coverage under the Plan because of any one of the following three qualifying events:

- Termination of your employment other than for gross misconduct,
- Reduction in the hours of your employment or
- Approved leave of absence.

COBRA Qualifying Events for the Spouse or Domestic Partner of a Team Member

If you are the spouse or domestic partner of a team member covered by the Plan, you have the right to elect continuation coverage if you lose coverage under the Plan because of any of the following four qualifying events:

- The death of your spouse or domestic partner,
- Termination of benefits due to the termination of your spouse's or domestic

partner's employment for any reason other than his or her gross misconduct, a reduction in the hours of your spouse's or domestic partner's employment, or due to your spouse's or domestic partner's approved leave of absence ,

- Divorce or legal separation from your spouse or Termination of Domestic Partnership from your domestic partner. Also, if a team member eliminates coverage for his or her spouse or domestic partner in anticipation of a divorce, legal separation or Termination of Domestic Partnership, and a divorce, legal separation or Termination of Domestic Partnership later occurs, then the later divorce, legal separation or Termination of Domestic Partnership may be considered a qualifying event even though the ex-spouse or ex-domestic partner lost coverage earlier. If the ex-spouse or domestic partner notifies Micron's Global People Services within 60 days of the later divorce, legal separation or Termination of Domestic Partnership and can establish that the coverage was eliminated earlier in anticipation of the divorce or legal separation, then COBRA coverage may be available for the period after the divorce or Termination of Domestic Partnership, legal separation or Termination of Domestic Partnership,
- or your spouse or domestic partner becomes entitled to Medicare benefits (under Part A, Part B, or both).

COBRA Qualifying Events for the Dependent Child of a Team Member or Domestic Partner

In the case of a dependent child of a team member or domestic partner covered by the Plan, he or she has the right to elect continuation coverage if group health coverage under the Plan is lost because of any of the following five qualifying events:

- The death of the covered team member,
- Termination of benefits due to the termination of the covered team member's employment for any reason other than his or her gross misconduct, a reduction in the hours of the covered team member's employment or due to the covered team member's approved leave of absence,
- The covered team member becomes entitled to Medicare benefits (under Part A, Part B, or both),
- The divorce or legal separation, or Termination of Domestic Partnership of the covered team member, or
- The dependent ceases to meet the definition of an Eligible Dependent under the Plan.

Your Important Notice Obligations

If your spouse, domestic partner, dependent child, or domestic partner's child loses coverage under the Plan because of divorce, legal separation, Termination of Domestic Partnership or the child's loss of dependent status under the Plan, then under the COBRA statute, you or your spouse, or domestic partner, or Eligible Dependent has the responsibility to notify Micron's Global People Services of the divorce, legal separation, Termination of Domestic Partnership, or the child's loss of dependent status. You or your spouse, or domestic partner, or Eligible Dependent must provide this notice no later than 60 days after the date coverage terminates under the Plan. See the Plan descriptions in this Benefits Handbook for details regarding when Plan coverage terminates. In addition, in order to be eligible for extended COBRA continuation coverage as described in the Maximum Coverage Period section of this notice, Micron's COBRA administrator, WEX, must be notified if a team member or Eligible Dependent is determined to be disabled or a second qualifying event occurs. The notification deadlines for extended COBRA coverage are

specified in the Maximum Coverage Period section of this notice. Micron reserves the right to require documentation (for example, death certificate, divorce decree, notarized Termination of Domestic Partnership, etc.) to support any claimed qualifying event.

If you or your spouse or domestic partner or Eligible Dependent fail to provide the required notices to Micron's Global People Services and/or WEX during the required notice period, participants who lose coverage will not be offered the option to elect COBRA continuation coverage and/or will not be offered extended COBRA continuation coverage.

Furthermore, if you or your spouse or domestic partner or Eligible Dependent fail to provide notice to Micron's Global People Services and/or WEX, and if any claims are mistakenly paid for expenses incurred after the date coverage is supposed to terminate, then you will be required to reimburse the Plan for those claim payments.

You are also required to notify WEX if you gain other group health coverage and/or are determined to no longer be disabled according to the Social Security Administration Title II (Old Age, Survivors, and Disability Insurance) or Title XVI (Supplemental Security Income) provisions.

You are required to notify WEX within 60 days if you wish to change your coverage after experiencing an event that allows for a mid-year election change, such as the birth or adoption of a child. Please see the Coverage Changes section of this notice for additional information.

Contact information for Micron's Global People Services and WEX is listed at the end of this notice.

Micron's Important Notice

Obligations

You and your spouse or domestic partner and Eligible Dependent children will be notified of the right to elect continuation coverage upon the following events that result in a loss in coverage: the team member's termination of employment other than for gross misconduct, reduction in hours, approved leave of absence, or death. Also, if Micron's Global People Services is given timely notice of a divorce, legal separation, Termination of Domestic Partnership, or a child's loss of dependent status that has caused a loss of coverage, then WEX will notify the affected family member of the right to elect continuation coverage but only to the extent that Global People Services has been notified in writing of the affected family member's current mailing address.

COBRA Enrollment Procedures

You and/or your spouse or domestic partner and Eligible Dependent children must elect continuation coverage within 60 days after Plan coverage ends, or, if later, 60-days after WEX provides you or your family member with notice of the right to elect continuation coverage. If you or your spouse or domestic partner and Eligible Dependent children do not elect continuation coverage within this 60 day election period, you will lose your right to elect continuation coverage.

A COBRA election mailed to WEX is considered to be made on the date of the postmark.

You and/or your spouse or domestic partner may elect continuation coverage for all qualifying Eligible Dependents. However, you, your spouse or domestic partner and Eligible Dependent children also each have an independent right to elect continuation coverage. Thus, a spouse or domestic partner or Eligible Dependent child may elect continuation coverage even if the covered team member

does not.

You, your spouse or domestic partner and Eligible Dependent children may elect continuation coverage even if at the time of your qualifying event you are covered under another employer-sponsored group health plan or are entitled to Medicare.

Type of Coverage Available through COBRA

The continuation coverage that is offered will be the same coverage that you, your spouse or domestic partner or Eligible Dependent children had on the day before the qualifying event. Therefore, a team member, spouse or domestic partner or Eligible Dependent child who is not covered under the Plan on the day before the qualifying event is not entitled to COBRA coverage except, for example, where there is no coverage because it was eliminated in anticipation of a qualifying event such as divorce. If the terms of the Plan are modified for similarly situated team members or their spouses or domestic partner or Eligible Dependent children, then COBRA coverage will be modified in the same way.

You, your spouse or domestic partner or Eligible Dependent children may elect COBRA coverage under any one or more of those plans in which you have coverage. For example, if you are covered under three separate Micron plans, such as a medical plan, a dental plan, and a vision plan, you could elect COBRA coverage under a medical plan and decline coverage under either or both of the dental and vision plans.

You may elect to continue your Health Care Flexible Spending Account Plan coverage under COBRA only if you have a positive account balance (i.e., year-to-date contributions exceed year-to-date claims) on the day before the date of the qualifying event (taking into account all claims submitted on or before

that date). If you are eligible for COBRA coverage under the Health Care Flexible Spending Account Plan, that coverage will continue only for the remainder of the Plan year in which your qualifying event occurred.

The Early Cancer Detection Plan does not require a separate COBRA election. Micron Medical Plan COBRA coverage automatically includes the Early Cancer Detection Plan at no additional COBRA premium. Continued COBRA coverage in the Early Cancer Detection Plan is paired automatically with Micron Medical Plan COBRA coverage. Early Cancer Detection COBRA coverage ends when Micron Medical Plan COBRA coverage terminates.

COBRA Premium Payments

The premium payment for the "initial premium months" must be paid by the 45th day after your COBRA election (this is the date your election notice is postmarked). The initial premium months are the months that end before the 45th day after the election of continuation coverage is made. Coverage is not reinstated until the premium for the initial premium months is received; coverage reinstated will be retroactive to the date coverage terminated (due to the COBRA qualifying event). All other premiums are due on the 1st of the month for which the premium is paid, subject to a 30-day grace period. A premium payment mailed to WEX is considered to be made on the date of the postmark. If you don't make the full premium payment by the due date or within the 30-day grace period, then COBRA coverage will be canceled retroactively to the 1st of the month.

Once continuation coverage is elected, the right to continue coverage is subject to timely payment of the required COBRA premiums. Coverage will not be effective for any initial premium month until that month's premium is paid.

It is your responsibility to monitor and confirm COBRA premium payments are received and reflected in the WEX COBRA system at www.mypremiumbill.com, for each month of continued coverage. COBRA Premiums are subject to change every calendar year. The WEX COBRA system does not support functionality to set up recurring monthly payments.

In the event of a Micron team member death, the Qualified Beneficiary is required to complete their COBRA enrollment within the deadline. If the Qualified Beneficiary successfully enrolls in COBRA, the monthly COBRA Premium payment for the Medical Plan, Dental Plan, Vision Plan, Clinic Plan, and EAP Plan will be waived for the first three months following the month of the team member's death. Qualified Beneficiaries are required to pay the full COBRA premium for elected coverage beginning with the fourth month following the month of the team member's death.

Maximum Coverage Periods

The maximum duration for COBRA coverage is described below. COBRA can be discontinued before the maximum period expires in certain situations described later in this notice.

36-Month Maximum. If you are the spouse or domestic partner or Eligible Dependent child of the covered team member and you lose group health coverage because of the team member's death, divorce, legal separation, or Termination of Domestic Partnership, the team member becoming entitled to Medicare benefits, or because you lose your status as a dependent under the Plan, then the maximum coverage period (for spouse or domestic partner and Eligible Dependent child) is 36 months from the date of the qualifying event.

In addition, if you are enrolled in COBRA and a second qualifying event that gives rise to a 36-month maximum coverage period for the spouse or domestic partner or Eligible Dependent child (for example, the team member dies or becomes divorced or terminates his or her domestic partnership) occurs within the applicable 18 month or 29 month coverage period, then the maximum coverage period (for a spouse or domestic partner or Eligible Dependent child) becomes 36 months from the date of the initial loss of coverage due to termination or reduction in hours. For the 36-month continuation coverage period to apply, notice of the second qualifying event must be provided to WEX within 60 days after the second qualifying event occurs.

18-Month Maximum. If you are the covered team member, spouse or domestic partner or Eligible Dependent child and you lose group health coverage because of the team member's termination of employment for any reason other than for gross misconduct, reduction in hours, or approved leave of absence, then the maximum continuation coverage period (for the team member, spouse or domestic partner and Eligible Dependent child) is 18 months from the date coverage ends as a result of the team member's termination, reduction in hours, or leave of absence exceeding 24 consecutive weeks.

29-Month Maximum. If the covered team member or covered family member is determined under Title II or XVI of the Social Security Act to be disabled at any time before or during the first 60 days of continuation coverage (running from the date of termination of employment or reduction in hours), then the continuation coverage period for all qualified beneficiaries under the qualifying event is 29 months from the date coverage end date due to termination, reduction in hours, or approved leave of

absence. The Social Security Administration must formally determine under Title II (Old Age, Survivors, and Disability Insurance) or Title XVI (Supplemental Security Income) of the Social Security Act that the disability exists and when it began. For the 29-month continuation coverage period to apply, notice of the determination of disability must be provided to WEX within both the 18-month coverage period and within 60 days of the date of the determination.

Shorter Maximum for the Health Care Flexible Spending Account Plan. The maximum COBRA period for Micron's Health Care Flexible Spending Account Plan ends on the last day of the Plan year in which the qualifying event occurred.

Termination of COBRA Before the End of the Maximum Coverage Period

Continuation coverage of the team member, spouse or domestic partner and/or Eligible Dependent child will automatically terminate (before the end of the maximum coverage period) when any one of the following events occurs:

- Micron no longer provides group health coverage to any of its team members.
- The premium for COBRA coverage is not timely paid.
- After electing COBRA, you become covered under another group health plan (as a team member or otherwise) that has no exclusion or limitation with respect to any preexisting condition that you have. If the other plan has applicable exclusions or limitations, then your COBRA coverage will terminate after the exclusion or limitation no longer applies (for example, after a 24-month preexisting condition waiting period expires). Under the Health

Insurance Portability and Accountability Act of 1996 (HIPAA), an exclusion or limitation of the other group health plan can be reduced or eliminated depending on the length of the individual's creditable health plan coverage in effect prior to enrolling in the other group health plan. Continuation coverage is terminated only for the individual who becomes covered by another group health plan. The affected individual has the obligation to notify WEX within 60 days of becoming covered under another group health plan.

- You become entitled to a 29-month maximum coverage period due to disability, but then there is a final determination under Title II or XVI of the Social Security Act that the relevant individual is no longer disabled (however, continuation coverage will not end until the end of the month that begins more than 30 days after the determination). Impacted individuals have the obligation to notify WEX, that the relevant individual is no longer disabled, within 30 days after the Social Security Administration makes that determination.
- Occurrence of any event (for example, submission of fraudulent benefit claims) that permits termination of coverage for cause with respect to anyone covered under the plan.
- You become covered under Medicare after electing COBRA coverage.
- Upon return to active Micron employment following an approved leave of absence COBRA coverage will end when Micron employee benefit coverage is reinstated.
- COBRA coverage may be dropped at any time if you notify WEX that you wish to discontinue coverage for yourself or a dependent on one or more plans. Change in coverage will be effective the first day of the month following notification. You may drop coverage by notifying WEX by phone or in writing at any time.

COBRA Coverage Changes

Qualified beneficiaries who have elected COBRA will be given the same opportunity available to similarly situated active team members to change their coverage options or to add coverage for dependents at Annual Enrollment or in connection with an event that allows a midyear election change.

Coverage may be dropped at any time if you notify WEX that you wish to discontinue coverage for yourself or a dependent on one or more plans. Change in coverage will be effective the first day of the month following notification. You may drop coverage by notifying WEX by phone or in writing at any time.

Children Born to or Placed for Adoption With the Covered Team Member During the COBRA Period

A child born to, adopted by, or placed for adoption (including guardianship of a minor child) with a covered team member during a period of continuation coverage is considered a qualified beneficiary provided that, where the covered team member is a qualified beneficiary, the covered team member has elected continuation coverage for himself or herself. The covered team member or other guardian has the right to elect continuation coverage for the child, provided that the child satisfies the otherwise applicable plan eligibility requirements (for example, regarding age). COBRA coverage will last as long as it lasts for other family members of the team member.

The covered team member or a family member must notify WEX within 60 days of the birth, adoption or placement for adoption (including guardianship of a minor child) to enroll the child on COBRA in most Micron health plans. To enroll in the Cigna International Plan or the Kaiser Permanente

HMO, you must notify WEX within 31 days of the birth, adoption, or placement for adoption (including guardianship of a minor child).

If the covered team member or family member fails to notify WEX within the applicable enrollment period, then the covered team member will not be offered the option to elect COBRA coverage for the child.

California Continuation Benefits Act Cal-COBRA

Extended COBRA for Kaiser California regional participants under Cal COBRA.

Cal-COBRA is a California state program that may provide you an extension of Kaiser Permanente HMO coverage beyond your standard COBRA continuation benefit. Participants in Northern California that have exhausted the 18-month maximum under the Kaiser Permanente HMO COBRA Plan, may have the opportunity to continue Kaiser Permanente HMO under Cal-COBRA. You must apply for continuation of COBRA coverage under Cal-COBRA directly with Kaiser. Please call Kaiser Northern California at 800-464-4000 for additional details and deadlines for enrollment. Cal-COBRA is not available to anyone enrolled in the Micron self-insured Medical Plan. If you elect COBRA on the HMO, but later elect during Annual Enrollment to enroll in the Micron self-insured Medical Plan, this change may impact your ability to elect Cal-COBRA.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) Special Enrollment Rights

In addition, HIPAA's special enrollment rights will apply to those who have elected COBRA. HIPAA, a federal law, gives a person already on COBRA certain rights to add coverage for dependents if such person acquires a new dependent through marriage, birth, adoption

or placement for adoption (including guardianship of a minor child), or if an eligible dependent declines coverage because of other coverage and later loses such coverage due to certain qualifying reasons. You can find information on HIPAA's special enrollment rights in the Benefits Handbook.

Except for certain children described above under "Children Born to or Placed for Adoption With the Covered Team Member During the COBRA Period," dependents that are added under HIPAA's special enrollment rights do not become qualified beneficiaries. Their coverage will end at the same time that coverage ends for the person who elected COBRA and later added them.

Change in Mailing Address

If your, your spouse's, your domestic partner's and/or your Eligible Dependent's address changes, you must promptly notify WEX in writing. WEX needs up-to-date mailing addresses in order to send important COBRA notices and other information.

COBRA Administrator

WEX is the COBRA Administrator.

Who to Contact

All notices and other communications regarding the Plan and regarding COBRA coverage must be directed to the following service provider who is acting on behalf of the Plan Administrator:

WEX – Micron COBRA
P.O. Box 2798
Omaha, NE 68103
Phone: (877)837-5017 or
FAX: (760)233-4742
E-mail: cobmail@benefitexpress.com
www.benefitexpress.com/cobra

Enrollment in Medicare Instead of COBRA

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>.

For More Information

Please contact Micron's Global People Services if you have any questions about this notice, or your COBRA rights, or if you wish to receive the most recent copy of the Micron Technology, Inc. Benefits Handbook (the

Plan's Summary Plan Description) which contains important information about Plan benefits, eligibility, exclusions and limitations.

Global People Services
Micron Technology, Inc.
8000 South Federal Way
P.O. Box 6, MS 1-727
Boise, ID 83707
Phone: 1 (800)336-8918
FAX: (208) 492-1058
e-mail: Benefits@micron.com