

The U.S. Roche Health and Welfare Benefits Retiree Healthcare Plan 2024 Plan Changes

Your monthly costs for medical (including prescription drug coverage), dental and/or vision coverage may change effective January 1, 2024. Please refer to your Confirmation of Benefits statement (previously mailed to you under separate cover), which outlines your healthcare costs for 2024.

Beginning January 1, 2024, the following are changes to your coverage under the U.S. Roche Health and Welfare Benefits Retiree Healthcare Plan ("the Plan"):

Medical and Prescription

United Healthcare (UHC) PPO plans

Health Choice PPO - the deductible will increase to \$1,600 individual / \$3,200 family in-network, and \$3,200 individual / \$6,400 family out-of-network

Kaiser plans

Kaiser HMO Choice - the deductible will increase to \$1,600 individual / \$3,200 family and the out-of-pocket maximum will increase to \$3,200 individual / \$6,400 family

Medical Subsidy Programs

Healthcare Account Program

Effective January 1, 2024, U.S. Roche employees hired (or rehired*) on or after January 1, 2024 will not be eligible for the Health Care Account and will not receive \$1,000/Year of Credited Service to pay for Eligible Healthcare Expenses. This change has no effect on U.S. Roche employees hired prior to January 1, 2024, or on Retirees currently in the U.S. Roche Health and Welfare Benefits Retiree Healthcare Plan.

Roche Diagnostics Premium Contribution Percentage Program

No changes have been made to this subsidy program.

Please view the 2024 healthcare comparison charts for details on the 2024 medical/prescription, dental, or vision coverage options available to you. The charts can be accessed by logging in to your Alight account at <https://digital.alight.com/roche>. From your home page, choose Health & Insurance, then Health Plan Information. Important documents, including Medical, Dental and Vision Plan Charts and Summary Plan Descriptions (SPD), are listed under Plan Documents.

Included in this packet are the required annual legal notices for your benefits plan/s.

If you have questions about your coverage, you may contact the vendors at the numbers listed on the Important Contacts list included in this package.

**Rehired Retirees who were eligible to participate in the Coverage and retiree medical subsidy program upon their initial termination date will remain eligible for the Coverage and retiree medical subsidy program in which they were eligible to participate on their initial termination date.*

Allowable Plan Changes

Only the following limited changes will be allowed and can be made at any time of year:

- You may drop dependents at any time
- United Healthcare PPO/Prescription coverage – participants can switch options from*:
 - Select to Health Choice
 - Health Choice to Select
- Dental coverage – participants can switch options from Premier to Basic
- Vision coverage – participants can switch options from Premier to Basic
- Kaiser HMO coverage – California, Washington and Oregon residents only
 - who live in the Kaiser HMO service area can change from the United Healthcare PPO to the Kaiser HMO or Kaiser HMO Choice at any time.
 - who are enrolled in the Kaiser HMO or Kaiser HMO Choice will be allowed to change to a United Healthcare PPO *only if they move out of the Kaiser HMO service area.*
 - can switch options from
 - Kaiser HMO to Kaiser HMO Choice
 - Kaiser HMO Choice to Kaiser HMO

* Plan participants who live in Hawaii may only participate in the Hawaii PPO option

You may log on to <https://digital.alight.com/roche> at any time to view your healthcare information and plan enrollment/s, make allowable changes, and view covered dependents, if any.

Please note that the same coverage enrollments you have on 12/31/2023 will continue seamlessly into 204 without you needing to take any action. REMINDER: there is no annual open enrollment period in the Plan, since certain allowable changes may be made at any time of year.

If you have questions concerning this information, or the allowable changes that can be made, please call the Alight Service Center at 833-882-3585 (International callers use 669-210-8658) between 9:00 a.m. and 9:00 p.m. Eastern Time, Monday through Friday, to speak with a Customer Service Representative.

Enclosures

This communication also serves as a Summary of Material Modifications (“SMM”) regarding plan changes to the U.S. Roche Health and Welfare Benefits Retiree Healthcare Plan and supplements the summary plan description for that Plan. Note that the Plan can be amended or terminated in whole or in part at any time.