2027 Benefits & Insurance Guide

TEXAS INSTRUMENTS

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About the guide

The 2027 Benefits & Insurance Guide (Guide) provides a summary of benefits available for TIers who meet certain eligibility requirements. For more benefit details, see the Health and Insurance Benefits Summary Plan Description (SPD), Retiree Health Benefits Summary Plan Description (SPD) and Summary of Material Modifications (SMM) for the retiree plan, which are available at NetBenefits.com. The benefits described in the Guide are governed by the plan documents, which are available upon request from the TI Benefits Center at Fidelity. Should there be a discrepancy between the Guide and the plan documents, the plan documents will govern.

In addition, TI reserves the right to modify, amend or terminate any plan at any time and for any reason without prior notification. Eligibility for and receipt of TI benefits do not constitute an employment guarantee or create an employment contract.

Questions?

Visit NetBenefits.com or call the TI Benefits Center at Fidelity, 888-660-1411, option 1. Benefits representatives are available 8:30 a.m.–8:30 p.m. Eastern time, Monday–Friday, except for most New York Stock Exchange holidays.

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Welcome to your benefits

At TI, your success goes beyond your work. Our comprehensive benefits support your total well-being at work and in life.

This benefits guide provides information about your choices for:

- Medical, dental and vision coverage
- Life and disability insurance
- Retirement

You'll also learn more about perks available to you, such as educational assistance, adoption assistance, well-being programs, and discounts on products and services.

Please take time today to review this guide and determine the best coverage for you and your family. Then make your elections online at Fidelity NetBenefits during Annual Enrollment, following a life event or at your time of hire.

What's new in 2027

- **Get connected to the right care through Carrum:** Whether you're facing a complex surgery, cancer diagnosis or require imaging services, TI's new healthcare liaison connects you with nationally recognized providers at up-front, pre-negotiated rates. (See page 10 for more information.)
- **Maternity and parental leave is increasing:** To better support health and recovery for growing families, paid maternity leave is increasing from eight weeks to 10 weeks for delivery and postpartum recovery. Paid parental leave is also increasing from four weeks to six weeks. This applies to all TIers who become parents through birth, adoption or surrogacy. (See page 25 for more information.)
- **New pet insurance options:** Protect your pets and peace of mind with customizable coverage for cats and dogs, now offered through MetLife. (See page 22 for more information.)

TI continues to provide robust resources to support your physical, mental and emotional health:

- **Well-being support with Lyra:** Your emotional well-being affects how you show up at work, at home and in life. With Lyra, TI's new global Employee Assistance Program provider, you can find the right tools to support you and your family's mental health. (See page 16 for more information.)
- **Affordable virtual care when you need it with MDLive, at just $10:** Skip the waiting room and connect with a board-certified doctor or licensed therapist from the comfort of home or work. At $10 per visit, MDLive makes it easy to get care for common illnesses, behavioral health support, and more, with convenient appointments and often lower costs than an urgent care visit. (See page 10 for more information.)

The following limits have been updated, consistent with IRS annual guidelines:

- **BCBS High Deductible Health Plan (HDHP):** Deductible: $1,750 for individuals, $3,500 for families. Out-of-pocket maximum (in network): $3,500 for individuals, $7,000 for families.
- **Health Savings Account (HSA):** Take advantage of tax-free savings for current and future healthcare expenses.
  New individual contribution limit: $4,500.
  New family contribution limit: $9,000.
- **Dental/vision Flexible Spending Account (FSA):**
  Use pre-tax dollars for eligible expenses.
  New annual contribution limit: $3,400.
- **Dependent care FSA:** Use pre-tax dollars for eligible expenses.
  Contribution limit: $7,500[1]
- **Healthcare FSA:** Use pre-tax dollars for eligible expenses.
  New annual contribution limit: $3,400.

[1] Certain TIers may be subject to a reduced contribution limit to comply with IRS requirements. You will be notified if this applies to you.

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When to enroll

Current employees

Annual Enrollment (Oct. 27 – Nov. 11, 2026)

Annual Enrollment is your opportunity to select your health and insurance benefits for the 2027 calendar year.

If you don't do anything during Annual Enrollment, your current coverage will continue, except for Flexible Spending Accounts (FSAs), which you must enroll in each year.

Benefits go into effect Jan. 1, 2027, and run through Dec. 31, 2027.

Annual Enrollment is the only time of year you can make changes to your benefits as a current employee unless you have a qualified life event.

Qualified life events

During the plan year, if you have a qualified life event[1]—such as marriage or divorce; loss of coverage on your spouse's, domestic partner's or parent's health plan; or the birth or adoption of a child—you can make changes to your benefits elections within 30 days of the event's occurrence. (For birth or adoption of a child, you can make changes within 60 days.)

Once this period has passed, you cannot make any additional changes to your benefits until the next Annual Enrollment window (usually in November) unless you experience another qualified life event.

If you are covered by a parent's health plan

During the plan year, if you lose coverage under a parent's health plan due to turning 26, you can enroll in TI's health plan within 30 days after losing coverage to avoid a lapse. After 30 days, you cannot enroll until the next Annual Enrollment window unless you experience another qualified life event.

New hires

All hires must make their health and insurance benefits elections within 30 days of their hire date, or they will receive the default benefits package, which includes:

- Blue Cross Blue Shield (BCBS) High Deductible Health Plan (HDHP) employee-only coverage
- Delta Dental Basic employee-only coverage
- Disability Pay Continuance Basic (short-term disability)
- Basic life insurance

Visit NetBenefits.com to enroll.

[1] For the full list of qualified life events, see qualified status changes in the Health and Insurance Benefits Summary Plan Description (SPD).

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Eligibility for TI benefits

Eligible employees

You are eligible to participate in the TI benefits program if you are a full-time or part-time employee working at least 20 hours per week.

TI interns are not eligible for benefits described in this Guide, including health benefits, profit sharing, the Employees Stock Purchase Plan (ESPP) and 401(k).

Active employees 65+

If you are age 65+ and actively working, the TI benefits program will continue to serve as your primary insurance coverage until your retirement. You do not need to enroll in Medicare.

If you enroll in Medicare while you are also enrolled in an HDHP, you will not be able to contribute to a Health Savings Account (HSA).

Eligible dependents

You can enroll your eligible dependents in medical, dental, vision, accidental death and dismemberment (AD&D) and life insurance benefits if you carry the same benefits for yourself.

Eligible dependents may include:

- Your children up to age 26 – Includes biological children, stepchildren, adopted or foster children, and children of your domestic partner. Disabled children who cannot care for themselves may remain covered beyond age 26 if they were disabled before turning 26 and were already enrolled in TI benefits the day before their 26th birthday.
- Your spouse – The person to whom you are legally married under applicable state or foreign law.
- Your domestic partner – Partner who shares a residence with you and depends on you for care and financial support.

Dependent verification required

For newly added dependents, you must submit proof of your relationship. You have 25 days after documentation is requested to complete this process. Look for communications by mail and email from HMS, texasinstruments@verifyos.com, with instructions on how to complete the dependent eligibility verification process.

If you do not complete this important step, your dependents will not be covered. You will not have another opportunity to add them to your coverage until the next Annual Enrollment window (usually in November) or until you experience a new qualified life event.

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How to enroll in TI benefits

3 ways to enroll

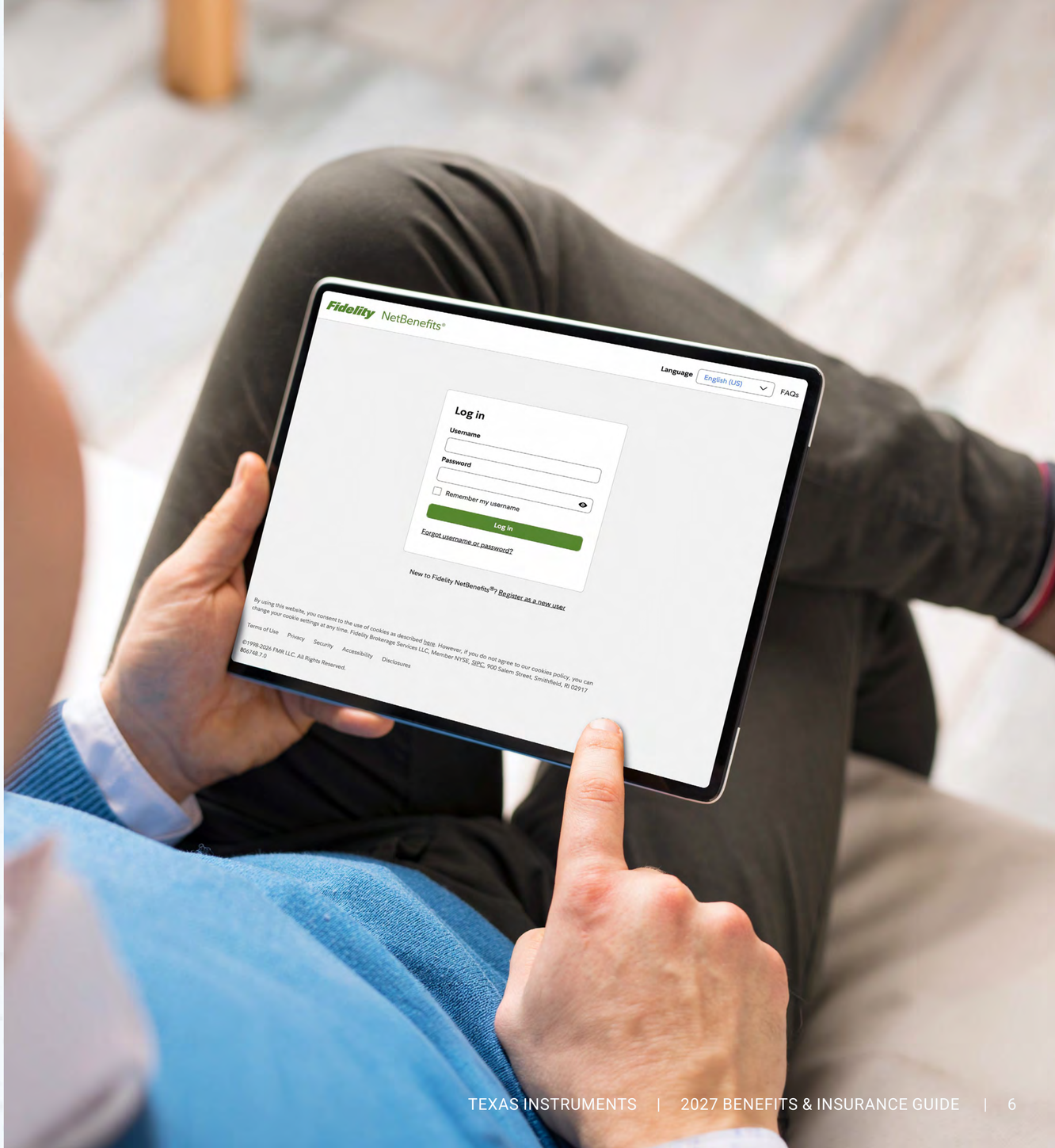
1. **Computer:** Log in at NetBenefits.com.
   - Enter your username and password. Then click “Log In.”
   - From the home page, click “Take action.”
   - Follow the on-screen prompts to review current coverage and enroll in benefits.
2. **Smart phone or tablet:** Log in to the Fidelity NetBenefits app—available from your app store.
3. **Phone:** TI Benefits Center at Fidelity, 888-660-1411, option 1.

Not sure which plans are right for you?

Look for ALEX as you explore your benefit options on NetBenefits.com.

ALEX can explain things you might not understand and help you make better decisions about your benefits, like how much to contribute to a Flexible Spending Account (FSA) or which health plan is right for you.

Just click the ALEX icon whenever you see it to learn more.



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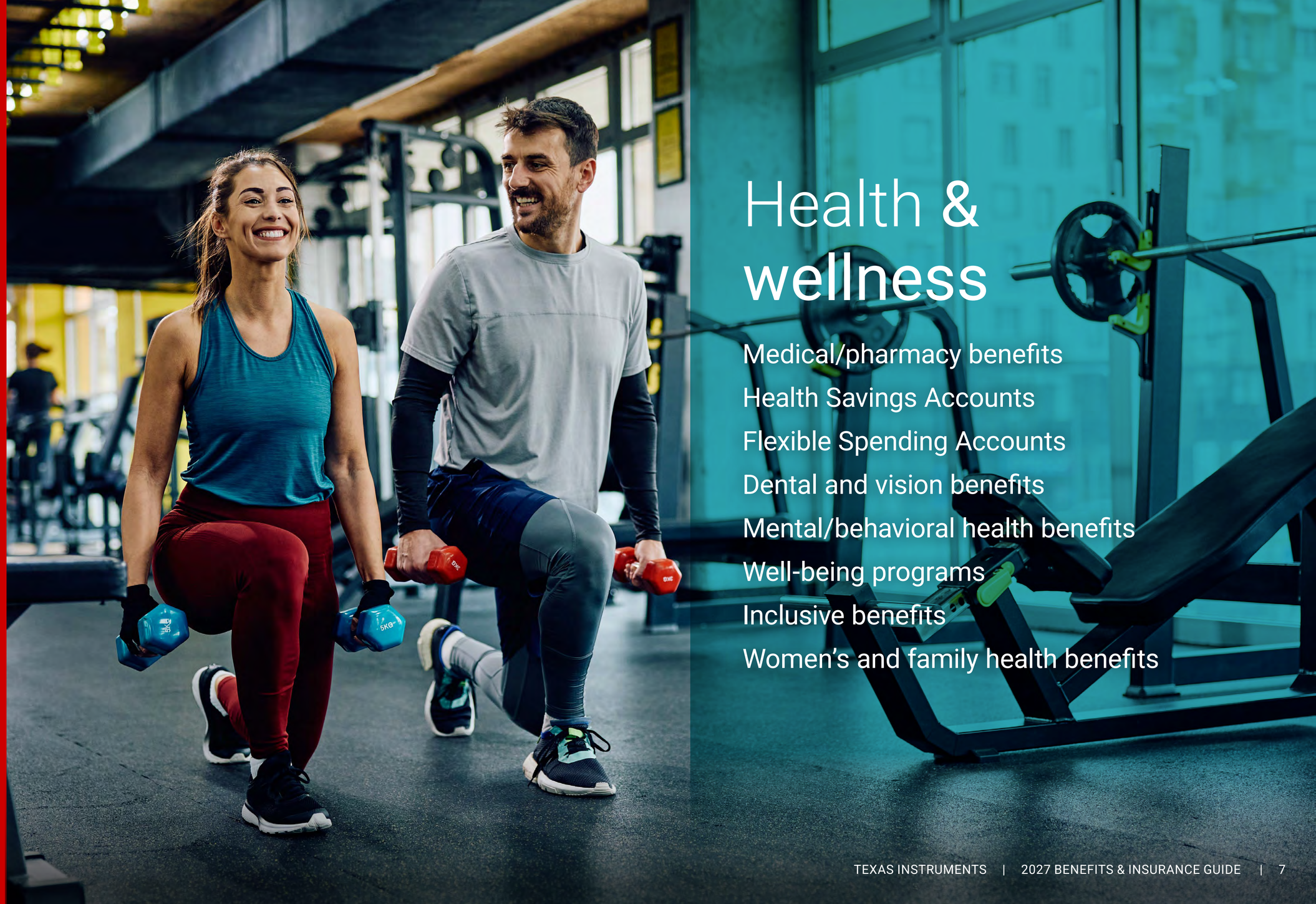

Health & wellness

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Flexible Spending Accounts
Dental and vision benefits
Mental/behavioral health benefits
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Medical/pharmacy benefits

2027 TI medical and pharmacy plans

Nationwide

- Blue Cross Blue Shield (BCBS) High Deductible Health Plan (HDHP)

Northern California

- Kaiser HMO Northern California (only an option for those hired prior to Jan. 1, 2012)

Free preventive care

Both plans cover 100% of preventive health services, meaning no cost to you or your insured dependents.[1]

These services help detect risks and health problems early when they are easiest to treat.

Services include:

- Periodic preventive health office visits
- Mammograms and other preventive screenings
- Prenatal and well-child care
- Routine immunizations
- Obesity/weight-loss programs
- Tobacco cessation programs (See page 17 for more information.)
- Certain medications intended to prevent illness

In order to qualify:

- Services must be billed as preventive/routine, not diagnostic.
- Services must be rated “A” or “B” in the current recommendations of the U.S. Preventive Services Task Force.

For a complete list of services, visit U.S. Preventive Services Task Force website.

Navigating your care with BCBS Benefits Value Advisors

BCBS Benefits Value Advisors (BVAs) make it easier to use your health plan while helping you save time and money. A BVA can help you understand your benefits, find a doctor or facility, and get cost estimates for procedures or services. They can even help you schedule appointments and coordinate prior authorizations if needed.

BVAs are available 24 hours a day, seven days a week, excluding major U.S. holidays.

How to connect
Phone: 866-866-2300

BCBSTX mobile app: available from your app store.

Prescription drug benefits

Coverage for prescription drugs is included in the BCBS HDHP through CVS Caremark. The CVS Caremark network has more than 68,000 pharmacies, including those at many retail locations and supermarkets (not just CVS locations). Online and mail-order options are also available.

What you pay for your prescriptions is determined by your medical plan, if you request a 30- or 90-day supply, and the designated drug classification (generic drugs, preferred brand-name drugs, non-preferred brand-name drugs or specialty drugs).

Use the “Check Drug Cost” tool on the CVS Caremark website or app to determine the classification and cost of your regular medications. You can also speak with your health care provider to see if lower-cost alternatives are available.

If you elect to take a brand-name drug when a generic is available, you will be responsible for paying the difference between the two, as well as coinsurance. This difference does not contribute toward your deductible or out-of-pocket maximum.

Save money on maintenance medications with a 90-day supply

You can save money on long-term prescriptions for maintenance medications—drugs used to treat chronic conditions, such as high blood pressure, diabetes and high cholesterol—by asking your provider for a 90-day prescription. Ninety-day prescriptions can be delivered to your home through CVS Caremark Mail Service Pharmacy or filled in person at CVS and other select pharmacies for the same price. Use the pharmacy locator on caremark.com to find participating pharmacies.

Save money on specialty medications with PrudentRx

CVS Caremark has collaborated with PrudentRx to help you save money when you fill eligible specialty medications. When you enroll in PrudentRx, you will pay $0 out of pocket on eligible specialty medications after meeting your deductible. If you do not enroll in PrudentRx, you will pay 30% coinsurance after meeting your deductible. If you are taking a specialty medication eligible for PrudentRx, you will receive a letter on how to enroll. Enrollment is easy, and you can opt out at any time.

[1] Preventive services are 100% covered for in-network providers. Out-of-network providers are covered at 100% of the allowable amount designated in your plan; you may have to pay fees above the allowable amount.

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2027 TI medical and pharmacy plans

The chart to the right shows the details of TI medical and pharmacy coverage. For more details, consult the Health and Insurance Benefits Summary Plan Description (SPD). Deductible, copay and coinsurance reflect your part of the cost.

Save money by staying in network

Before you schedule an appointment, verify your health care provider is in-network by contacting BCBS or using the Find a Provider tool online. This will save you money and simplify billing to insurance.

Prior authorization requirements

Some medical services and prescriptions require a prior authorization from BCBS before they can be covered under your plan. Without prior authorization, BCBS may not pay for the medication or procedure, and you will have to pay out of pocket.

If your provider is in-network, they will secure prior authorization for you. If your provider is out-of-network, ask them to contact BCBS for prior authorization to avoid higher-than-expected billing.

For questions about prior authorization, call BCBS at 866-866-2300.

	BCBS HDHP Nationwide (All employees)	**Kaiser HMO Northern California** (Employees hired before 2012)
Medical/behavioral health expenses		
Annual deductible (individual/family)	In-network: $1,750/$3,500[1] Out-of-network: $1,750/$3,500[1]	$0/$0
Annual out-of-pocket maximum (individual/family)	In-network: $3,500/$7,000[1] Out-of-network: $7,000/$14,000[1] Deductible included	$1,500/$3,000
Preventive exams and screenings	100% covered	100% covered
MDLIVE virtual visit	$10 copay	N/A
	Coinsurance you pay after deductible is met	**Copays**
Doctor office visit/behavioral health care office visit	In-network: 10% Out-of-network: 50%	$20
Medical nutrition therapy	In-network: 10%	N/A
Hospitals/facilities (inpatient and outpatient)	In-network: 20% Out-of-network: 50%	$500 per admission $100 outpatient
Prescription expenses		
Annual deductible	Applies to medical deductible[2]	No deductible
Annual out-of-pocket maximum (individual/family)	Applies to medical out-of-pocket maximum[3]	Applies to medical out-of-pocket maximum
	Copay or coinsurance you pay after the deductible is met	**Copays**
Generic drugs	30-day in-network: $10 max 30-day out-of-network: 45% 90-day mail-order: $20 max	30-day in-network: $15 100-day mail-order: $30
Preferred brand-name drugs	30-day in-network: 20%/$75 max 30-day out-of-network: 60% 90-day mail-order: 20%/$150 max	30-day in-network: $30 100-day mail-order: $60
Non-preferred brand-name drugs	30-day in-network: 50%/$125 max 30-day out-of-network: 60% 90-day mail-order: 50%/$250 max	30-day in-network: $30 100-day mail-order: $60
Specialty drugs	Provided through CVS Specialty Pharmacy If enrolled in PrudentRx: 0% If not enrolled in PrudentRx: 30%	30-day: $30
Preventive drug list	Drugs on the CVS preventive drug list, excluding preventive service drugs, are available at the copay or coinsurance rate without meeting the deductible. Costs for drugs on the preventive drug list are applied to the out-of-pocket maximum but not the deductible.	N/A

[1] For HDHP family coverage (you + spouse, you + child or you + family), the family deductible and out-of-pocket maximums are collective totals. These limits are met when all medical/behavioral health care and pharmacy claims reach the family annual deductible and/or annual out-of-pocket maximum amount. The annual deductible and out-of-pocket maximum do not include expenses not covered by your plan, charges that exceed the plan's allowable amount or other limits, or the price difference when you choose a brand-name drug instead of an available generic alternative.

[2] You will pay 100% of prescription costs, with the exception of prescriptions on the CVS preventive drug list, until you meet your medical deductible under the HDHP. Then you will pay coinsurance up to the maximum amount per prescription.

[3] If you are enrolled in PrudentRx, your out-of-pocket costs for specialty drugs are applied to the deductible, but may not apply to the out-of-pocket maximum.

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Where to find your 2027 BCBS card and member ID:
Log on to bcbstx.com or the BCBS TX mobile app. 2027 ID cards will also be mailed to employees.

All TI medical plans are subject to a monthly tobacco surcharge

If you and/or your covered spouse or domestic partner uses tobacco products, there will be an additional charge of $30 per month for each covered adult tobacco user, with a maximum of $60 per month.

You can avoid paying the surcharge if you can attest that you completed a formal tobacco cessation program. To change your tobacco user status, log on to the NetBenefits app (available from your app store) or website. See page 17 for free resources to quit or ask HR Connect about tobacco cessation programs.

Personal travel assistance

With basic life insurance, which TI covers for all employees, you can take advantage of free medical assistance and referral for evacuation while on personal travel. Note: Evacuation costs must be paid by the user.

Get connected to the right care

Carrum

Get better care for complex surgeries, cancer or imaging through TI's new Carrum benefit. Carrum connects you with high-quality providers and a dedicated care team to handle scheduling, logistics and clinical guidance. Enjoy pre-negotiated rates and significantly lower out-of-pocket costs; plus, coinsurance is waived after you meet your deductible.

How to connect
Phone: 888-855-7806
Online: carrum.me/TI
Carrum Health app: available from your app store

Please note: *Carrum Health is for pre-scheduled, non-emergency care. In an emergency, call 911 or go to the nearest emergency facility.*

OneImaging

Get easier, more affordable access to diagnostic imaging (MRI, CT, X-ray, and more) through OneImaging. Available to TI HDHP members, this benefit provides access to 4,800+ accredited centers with dedicated support for scheduling and care. Save on costs by using OneImaging for your next imaging referral.

How to connect
Online: join.oneimaging.com/TI

Effective Jan. 1, 2027, visit Carrum and OneImaging to connect with healthcare professionals that can help you get the care you need.

Virtual visits and other convenient care

If you can't get away from the office to see your doctor or need care on your schedule, BCBS offers virtual visits and on-demand services to help you.

MDLIVE virtual visits

If you have a BCBS medical plan, you can visit with one of the independently contracted, board-certified MDLIVE doctors and behavioral health therapists from the comfort of your home, office or on the go. Call or access MDLIVE online 24 hours a day, seven days a week, for immediate care or to schedule a future appointment.

A virtual visit can cost less than going to an urgent care or emergency room with a flat $10 copay per visit — deductible does not apply.

For more information, visit MDLIVE online.

How to connect
Phone: 888-680-8646
Online: mdlive.com/bcbstx
MDLIVE app: available from your app store

BCBS 24/7 Nurseline

When a health problem pops up late in the day or in the middle of night, it can be hard to know how serious it is. Should you go to the emergency room? Urgent care? Or can it wait until you can see your regular doctor? If you are a BCBS plan member, the 24/7 Nurseline can help answer your health questions – 24 hours a day, 7 days a week – at no cost.

Plus, when you call, you can access an audio library of more than 300 health topics – from allergies to surgeries – available in English and Spanish.

How to connect
Phone: 1-800-581-0368

BSW Occupational & Family Health Center at Texas Instruments

In the Dallas area? If you are traveling for business, visit the Baylor Scott & White Occupational & Family Health Center at Texas Instruments, located across from North Campus, for travel immunizations, prescriptions and more. The clinic is available 7 a.m. to 6 p.m. Central Time, Monday to Friday, to address your immediate health care needs. Visits are billed through your health insurance.

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Health Savings Account (HSA)

You may be eligible to pair your BCBS HDHP with a Health Savings Account (HSA) to help you save money for healthcare now and in retirement.

Contribution limits

Through pretax payroll deductions, you can contribute to your HSA to cover IRS-qualified medical expenses:

- Up to $4,500 annually (individual)[1]
- Up to $9,000 annually (all other coverage levels)[1]

To maximize your healthcare savings, consider contributing enough to your HSA each year to pay your deductible and out-of-pocket maximum. Any leftover funds are yours to keep and can be used for qualified medical expenses in the future.

TI contributes to your HSA at the beginning of the calendar year

To help offset your deductible and out-of-pocket costs, TI contributes to your HSA:

- $750 (individual coverage)[2]
- $1,250 (all other coverage levels)[2]

Key benefits of an HSA

- You own the account completely.
- All funds remain yours if you leave TI.
- Unused money rolls over each year (no “use it or lose it”).
- Funds can be used for IRS-qualified medical expenses[1] anytime, even during retirement.
- Account holdings can be invested through Fidelity to help build tax-free savings for future qualified medical expenses.

Triple tax advantages

With an HSA, you can save on taxes in three ways:

- Lower taxable income through pretax contributions.
- Withdrawals for qualified medical expenses are tax free.
- Earnings and interest are tax free.

Tip: Your HSA can also be used as a tax-efficient part of your retirement planning. You can set aside HSA money you need for short-term qualified medical expenses in cash, then invest the rest for potential tax-free growth throughout your working years. This could add up by the time you stop working, especially if you start contributing early. Contact an HSA specialist at Fidelity, 800-544-3716, to learn more.

[1] HSA annual contribution limits are set by the IRS. 2027 limits are set at $4,500 for an individual or $9,000 for a family, which includes your contribution plus TI’s contribution. You can save an additional $1,000 catch-up contribution annually if age 55 or older by the end of 2027.

[2] The TI annual HSA contribution assumes you are enrolled in the HDHP on Jan. 1, 2027. If you enroll later in the year, the contribution will be pro-rated based on enrollment date.

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Flexible Spending Accounts (FSAs)

Interested in more opportunities to save money on healthcare and dependent care costs? TI offers Flexible Spending Accounts (FSAs), which also use pretax dollars. In some cases, you can use FSAs in combination with an HSA to further reduce your taxable income, save money on eligible expenses, and help you plan for expected medical or daycare costs.

TI offers three kinds of FSAs:

- **Dental/vision FSA** – can be used for eligible dental and vision costs (such as exams, glasses and orthodontia).
- **Dependent care FSA**[1] – can be used for childcare or elder care costs (such as daycare, preschool and after-school care).
- **Healthcare FSA** – can be used for eligible medical, dental and vision costs (including copays, deductibles, prescriptions and more). You are eligible for this plan if you do not elect TI medical coverage or are enrolled in Kaiser HMO coverage.

You must re-enroll in FSAs each year to remain active. You cannot change your contribution amounts during the year unless you experience a qualified life event.

How FSA claims work

When enrolled in an FSA, you make pre-tax contributions through paycheck deductions and then file claims for qualified expenses throughout the calendar year.

For the dental/vision FSA and healthcare FSA:

- Submit claims for qualified medical, pharmacy, vision or dental expenses to HealthEquity, TI's FSA administrator.
- You will receive reimbursement up to your total annual contribution level. Claims are reimbursed as they are received.

For the dependent care FSA:

- Request reimbursement from HealthEquity for eligible expenses.
- You will receive payment as contributions are deducted from your paycheck.

You will have until March 31, 2028, to submit receipts for expenses during the 2027 plan year.

You must use all FSA funds within the plan year

Unlike HSAs, FSA funds follow a "use it or lose it" rule—meaning that unused funds do not roll over from one year to the next. To avoid forfeiting any unused funds, it's important to plan your contributions carefully based on your expected expenses for the year.

Comparing FSA options

FSA	Max annual contribution	Eligible expense	Use with
Dental/ vision	$3,400	Qualified dental and vision expenses	BCBS HDHP + HSA
Dependent care[1]	$7,500[2]	Qualified childcare or elder care expenses	Any plan
Healthcare	$3,400	Qualified medical, dental and vision expenses	Kaiser HMO, or no coverage

[1] If you are married, both you and your spouse must be employed to participate in the dependent daycare FSA.

[2] Certain TIers may be subject to a reduced contribution limit to comply with IRS requirements. You will be notified if this applies to you.

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How Health Savings Accounts differ from Flexible Spending Accounts

The chart below explains the differences between Heath Savings Accounts and Flexible Spending Accounts.

	Health Savings Accounts	Flexible Spending Accounts
Carryover of unused funds	Money rolls over year after year and can be used for healthcare costs into retirement	Use it by the end of the plan year or lose it
TI company contribution	$750 for individual coverage, $1,250 for all other levels	$0
Annual funding limits	IRS funding limit: $4,500 individual/$9,000 all other levels[1] + $1,000 catch-up contribution for 55+ Can only withdraw funds that are present in the account	Contribution limit for healthcare and dental/vision: $3,400 Contribution limit for dependent care: $7,500[2]
Tax advantage	Triple-tax advantage: 1. Lower taxable income through pretax contributions 2. Withdrawals for qualified medical expenses are tax free 3. Earnings and interest are tax free	Double-tax advantage: 1. Lower taxable income through pretax contributions 2. Withdrawals for qualified expenses are tax free
Qualified expenses	Use funds to pay for IRS-qualified medical, dental and vision expenses	Use funds to pay for IRS-qualified medical, dental, vision and/or dependent care expenses
Insurance requirements	Requires enrollment in BCBS HDHP	• Healthcare FSA is eligible for use with Kaiser or by employees with no coverage through TI • Dental/vision FSA is eligible for use with the BCBS HDHP and HSA • No insurance requirements for dependent care FSA
Investment options	Can invest funds	No investment option
Portability between employers	Portable	No portability
Debit card	Yes, issued by Fidelity	No debit card
Non-medical withdrawals	Can withdraw funds (taxed as income and subject to 20% penalty; no penalty when you reach age 65)	No withdrawal option

[1] HSA annual contribution limits are set by the IRS. 2027 limits are set at $4,500 for an individual or $9,000 for a family, which includes your contribution plus TI's contribution. You can save an additional $1,000 catch-up contribution annually if age 55 or older by the end of 2027.

[2] Certain TIers may be subject to a reduced contribution limit to comply with IRS requirements. You will be notified if this applies to you.

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Dental benefits

Choose from two nationwide dental plans from Delta Dental or one plan from Aetna that is only available in select U.S. locations.[1]

Tip: If you are planning for braces or other orthodontia for yourself or your covered dependent(s), consider choosing Delta Dental Plus or the Aetna DMO if available in your area. The Delta Dental Basic plan does not include orthodontia services.

Save money by staying in network
If you are enrolled in a Delta Dental plan, you can save the most on your out-of-pocket costs by selecting a dentist in the Delta Dental network. Visit the Delta Dental website to find a network dentist.

Where to find your 2027 Delta Dental card: Log on to deltadental.com or the Delta Dental mobile app.

2027 TI dental plan options

For more details, consult the Health and Insurance Benefits Summary Plan Description (SPD) or ask HR Connect about dental plans. Deductible, copay and coinsurance reflect your part of the cost.

	Delta Dental Basic Nationwide	**Delta Dental Plus** Nationwide	**Aetna DMO** Select locations
Your cost			
Annual deductible	$50 per person (applies to basic and major services only)	$50 per person (applies to basic and major services only)	$0 individual/$0 family
	You may receive treatment from any dentist. However, dentists in the Delta Dental network must negotiate their rates, resulting in lower fees.[2]		$5 office copay for all treatment. However, limits and exclusions may apply to services.
Annual maximum the plan will pay	$1,000	$2,000	No maximum
Preventive care			
Primary covered services	Oral exam, preventive X-rays, cleanings		
Preventive care benefits	0% coinsurance		0% coinsurance after $5 copay
Basic services			
Fillings	30% coinsurance	10% coinsurance	0% coinsurance after $5 copay
Major services			
Crowns, dentures, bridges, oral surgery, surgical periodontics, implants	60% coinsurance	40% coinsurance	40% coinsurance after $5 copay
Endodontics	60% coinsurance	40% coinsurance	0% coinsurance for anterior and bicuspid teeth; 40% coinsurance for molars—both after a $5 copay
Orthodontia services			
Benefits (adult/child)	Not covered	50% coinsurance	50% coinsurance
Lifetime maximum the plan will play	NA	$2,000	Limited to 24 months comprehensive treatment + 24 months retention

[1] If the Aetna DMO is available in your location, you will have the option to enroll in NetBenefits.
[2] Maximum plan allowance reimbursement limits apply if you don't use an in-network provider.

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Vision benefits

Vision benefits are available through VSP, which offers a network of ophthalmologists, optometrists and vision care centers for all your eye care needs. You can receive benefits from any eye care provider you choose. However, out-of-pocket costs are generally lower when you use a VSP network provider.

For more details, consult the Health and Insurance Benefits Summary Plan Description (SPD) or ask HR Connect about vision benefits.

Exams and other services	You pay
Routine exams	In-network: $10 copay Out-of-network: $10 copay; plan pays up to $45 for exam
Prescription glasses (lenses and frames)	$25 copay for frames and lenses purchased at the same time[1]
Frames	In-network: $25 copay + 20% discount on amount over frame allowance; plan pays up to $180 for frames Out-of-network: plan pays up to $70 for frames
Single vision, lined bifocal and lined trifocal lenses	In-network: $25 copay Out-of-network: $25 copay; plan pays up to $30 for single-vision lenses
Standard progressive lenses	In-network: $25 copay Out-of-network: $25 copay; plan pays up to $50 for bifocal lenses
Contact lenses	**Plan pays**
Elective	In-network: Up to $200 allowance for contacts; 15% savings on contact lens exam[2] Out-of-network: Up to $105 allowance
Laser vision correction	**Plan pays**
Elective	In-network: $0; discounts available; VSP doctor coordinates referrals to participating VSP laser-surgery centers. Out-of-network: Not covered

Where to find your 2027 VSP card and member ID: Log on to VSP.com or the VSP Vision Care on the Go mobile app.

2027 TI vision plan coverage

The TI vision plan includes:

- One vision exam per calendar year
- Contact lenses or eyeglass lenses once per calendar year
- Eyeglass frames once per calendar year

If you choose contact lenses, you are not eligible for frames until the next benefit period, which begins on Jan. 1.

VSP offers a vision savings pass for all TIers and dependents, whether or not you have coverage under the TI vision plan. You can purchase vision care services and materials at discount rates from VSP-preferred providers. Visit vsp.com to find a full list of savings and services.

[1] Includes UV protection. Non-UV tints, special lenses and scratch-resistant coatings are excluded. You may purchase them at a discounted rate when you use a VSP network provider.

[2] Special rebates and other pricing advantages are available on popular brands of contacts. Visit vsp.com for details.

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Mental/behavioral health benefits

Well-being support (EAP)

With Lyra Health, TI's global Employee Assistance Program provider, you can find the right tools to support you and your family's mental health. All members are eligible for eight free counseling sessions per year, and have access to on-demand resources, easy scheduling and support personalized to suit your needs. Your Lyra benefits include:

- **Mental health coaching or therapy** that covers a wide range of concerns including anxiety, depression, stress, grief, relationship issues, life transitions, work challenges and more.
- **Support for the whole family:** Care is available for eligible dependents including spouses, partners, children and teens. Lyra also offers specialized resources for parenting, couples and families.
- **Flexible care options:** Meet with your provider in-person or virtually (coaching is only available virtually), with evening and weekend availability.
- **Personalized matching:** Providers have diverse backgrounds across race, gender, identity, religion and culture. You will be matched to providers that best suit your preferences.
- **Work-life support services:** Free, confidential guidance and referrals for everyday practical needs — including legal matters, financial planning, child and elder care, identity theft support and pet care.

Counseling sessions are private and confidential, and are not disclosed to TI. Virtual therapy options include phone, video, text and live chat. Services are available 24 hours a day, seven days a week. Choosing to use your EAP before seeking care through your medical benefits can help you reduce your out-of-pocket costs. If additional services are needed beyond the initial eight sessions, the EAP will refer you to your medical plan provider for assistance with benefit coverage and treatment.

Ask HR Connect about counseling benefits to learn more about how to use this benefit.

Behavioral healthcare through your BCBS medical plan

BCBS plan members are eligible to receive behavioral healthcare through your medical insurance following the same rules for deductibles, copays and coinsurance as other expenses in your plan.

This care covers a wide range of issues and illnesses, including:

- Mental health conditions like depression and anxiety
- ADHD and autism spectrum disorder
- Substance abuse or addiction
- Family/relationship concerns
- Work performance/career issues

BCBS Learn to Live

BCBS plan members can access free app-based digital mental health programs from Learn to Live. An online assessment helps pinpoint the right programs for you to learn new skills for managing:

- Stress, anxiety and worry
- Insomnia
- Substance use
- Resiliency
- Depression
- Social anxiety
- Panic

How to connect
BCBSTX mobile app: available from your app store
Browse under wellness resources.

BCBS Mental Health Hub

For BCBS plan members, this online tool provides access to mental health providers, videos, podcasts, articles and more. Explore resources for over 200 mental health and well-being topics, such as stress, anxiety, depression, relationships and parenting. Get started by taking the Wellness Check-In Assessment, then receive recommended resources to match your needs.

How to connect
Online: bcbstx.com
Log in, then select Behavioral Health, then choose Mental Health Hub.

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Well-being programs

At TI, we care about you as a whole person. That's why we offer a variety of well-being programs to help you and your dependents stay healthy.

Free flu vaccines

You and your dependents can get your annual flu vaccines using your TI-sponsored medical benefits:

- At any in-network pharmacy, including CVS, Walgreens, Walmart, Target and major grocery store chains
- At an in-network provider's office
- On site at certain TI locations

Be sure to show your medical or pharmacy ID card to ensure you receive your vaccine for free.

Ask HR Connect about vaccines to learn more.

Tobacco cessation

TIers can get free help quitting tobacco products through smokefree.gov and the quitSTART app, which helps you understand your smoking patterns and build the skills you need to become and stay smoke free.

TI medical plans cover 100% of tobacco cessation counseling done through an in-network medical provider and 100% of certain nicotine replacement therapies obtained with a prescription from your physician. Talk to your physician about your tobacco use and options for nicotine cessation counseling and prescription therapies.

Ask HR Connect about tobacco cessation programs to learn more.

Fitness centers and walking paths

Need a new gym or want to start a new fitness routine? Consider working out on your TI campus. Many locations, including Dallas, RFAB, Santa Clara, Sherman, Sugar Land, LFAB and Tucson, have fitness centers for use by TIers and family members.[1]

In addition, some TI facilities have outdoor walking paths or routes mapped inside TI facilities. Ask HR Connect to find a full list of fitness centers and walking paths.

Fitness discounts

BCBS medical plan participants have access to discounts at local gyms and workout facilities. For more information, visit bcbstx.com.

Weight loss and nutrition

BCBS medical plan members who want to lose weight or learn more about eating healthy can participate in Wondr, a 10-week online program free for participants 18 and over. You'll have access to online coaching, informative videos and other simple learning tools to help you lose weight and improve your health, as well as 42 weeks of online support after you've completed the program. There is no need to wait for an enrollment window to get started.

Access Wondr from your computer or the Wondr app. Ask HR Connect about weight loss programs.

Tip: Most TI locations have an on-site blood pressure kiosk you can use in privacy to keep track of your blood pressure, BMI (Body Mass Index) and more.

Muscle and joint health

Suffering from back pain or tech neck? Consider contacting Airrosti for a pain and injury assessment. Airrosti can diagnose and treat your muscle and joint pain using therapy and rehab techniques. This benefit is available for participants in a BCBS medical plan (deductibles and copays apply).

How to connect
Phone: 800-404-6050
Online: airrosti.com

[1] Not applicable at all sites. Please contact the fitness center at your location to determine rules for access and if family members are allowed.

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Inclusive benefits

At TI, we support workplace inclusion for all. We are committed to creating an environment of respect by providing inclusive benefits to support the unique needs of you and your family. We hope that you will take advantage of your benefits plan and leverage all of the resources available.

Some of these benefits are available through TI's medical or disability plans and are only available to those plan members. You may need to meet prior authorization/eligibility requirements.

Refer to sections within the Health and Insurance Benefits Summary Plan Description (SPD) for additional information.

Family planning

- BCBS HDHP coverage of family formation/fertility treatment without the need for a diagnosis of infertility
- BCBS HDHP coverage for fertility preservation
- Surrogacy and adoption reimbursement, up to $5,000 for eligible expenses (see page 21 for more information)
- Paid parental and maternity leaves of absence (see page 25 for more information)
- Support for nursing mothers, including on-site mothers' rooms with hospital-grade pumps and reimbursement for shipping breast milk home during business travel (more information found on this page below)

Health & well-being

- Gender-affirming care, including hormone therapy, medical visits and lab coverage in the HDHP, and medical leave for recovery (see page 25 for disability/FMLA leaves of absence policies)
- BCBS HDHP reimbursement of certain travel costs for covered medical care when an in-network provider is not available within 100 miles from your home
- Mental and behavioral health care benefits, including free, confidential short-term counseling and guidance, information and personalized referrals to child care. (See page 16 for more information.)
- Leaves of absence, such as military, personal, parental, and short-term/long-term disability for illness or injury (see page 25 for more information.)
- Prescription drugs for prevention and treatment of medical conditions including HIV, diabetes and hypertension

Women's and family health benefits

BCBS Women's and Family Health

For BCBS medical plan participants, Women's and Family Health solutions provide free support through high-risk pregnancy.

For high-risk pregnancies, maternity specialists are available by phone during early pregnancy up until six weeks after delivery.

How to connect
Phone: 888-421-7781

Mothers' rooms and lactation support

TI provides private rooms for nursing mothers to express breast milk. Rooms are available at major U.S. sites and include a refrigerator, sink and pump. Mothers can purchase a personal attachment kit to use with the pump. Ask HR Connect about mothers' rooms for more information.

Traveling for work? Nursing mothers who are traveling for business in the U.S. or abroad can request reimbursement for shipping milk home. Ask HR Connect about mothers' travel for more information.

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Lifestyle **benefits**

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Educational assistance

TI provides financial assistance for employees who want to continue their formal education as part of professional development. Courses must be work-related and benefit TI.

You are eligible if you:

- Are meeting performance expectations
- Have been at TI at least one year and are an active employee or on certain approved leaves
- Are attending a regionally or nationally accredited, Title IV educational institution
- Have approval from your supervisor

If you're interested in taking advantage of this benefit, you must submit an application each semester prior to or shortly after starting classes. If approved, you will be eligible to receive reimbursement for qualified educational costs, including tuition and fees and course-related books, up to an annual maximum benefit level. For full details, consult TI's Educational Assistance policy.

Maximum benefit level (per calendar year)

- $2,500 for associate degree or non-degree coursework[1]
- $5,250 for undergraduate degree coursework
- $10,000 for graduate degree coursework

Reimbursement is based on the applicable percentage of a full-time schedule worked, in increments of 25%. For instance, a TIer who works half time will receive up to half of the maximum benefit level each calendar year.

Questions?

Ask HR Connect about educational assistance.

Ready to apply?

Ask HR Connect about educational assistance to find FAQs with a full timeline of when to apply for assistance, request reimbursement and submit your grades..

3 steps to reimbursement

1. Submit an application—no earlier than 120 days before the start of the term and no later than 30 days after the start of the term.
2. Request reimbursement—as soon as you have all of your eligible receipts and no later than 90 days after the end of the term.
3. Submit grades—no later than 30 days after the end of the term.

Childcare discounts

TI partners with the Learning Care Group to provide a 15% tuition discount and initial registration fee waiver on full-time childcare for children of TI employees.

The Learning Care Group offers early education and childcare services for child(ren) ages six weeks to 12 years, as well as before- and after-school programs and summer camps, at more than 900 locations nationwide. Learning Care Group centers include Childtime, Tutor Time, The Children's Courtyard, La Petite Academy and others.

Part-time childcare options

TIers can take also advantage of part-time care at Learning Care Group centers. Through flex care, you can purchase childcare days in advance—in five-day increments—for school breaks, irregular or part-time work schedules or a temporary lapse in primary care.

Ask HR Connect about childcare to find a center near you and enroll.

[1] Non-degree coursework is defined as courses being taken at an accredited school, but the TIer will not be graduating with a degree at the end of the program. These courses may be undergraduate or graduate level coursework, but since they do not apply to a degree, they are paid out at the non-degree maximum benefit limit.

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Surrogacy assistance

TI offers financial help and services for full-time and part-time TIers seeking to become parents through surrogacy.

Surrogacy reimbursement

TI offers reimbursement of up to $5,000 for eligible surrogate-related expenses, where allowed by state law.

Surrogacy-related expenses that will be considered for reimbursement are those which are not medical in nature. Reimbursable expenses are those expenses that are directly related to the adoption or birth of a child via surrogate, and include, but are not limited to, the items listed to the right:

- Surrogate agency fees for managing the surrogate or locating and vetting a potential surrogate.
- Legal and court fees associated with the surrogacy contract.
- Lodging (up to $200 per night) for up to two weeks (14 calendar days) prior to the child's expected due date. Lodging reimbursement is capped at 14 days maximum, even if the child's due date changes.

TI, in its sole discretion, shall determine which expenses are reimbursable expenses (meaning expenses that are directly related to the adoption or birth of a child via surrogate) for purposes of this program.

Access the Surrogacy Assistance Policy and Request Form to request reimbursement.

Taking a leave of absence for surrogacy

TI offers up to six weeks of paid parental leave for employees who become parents via surrogacy. Concurrent leave is also offered under the Family and Medical Leave Act (FMLA) for a total of 16 weeks during a 12-month period.

For more on FMLA and paid parental leave, consult the Health and Insurance Benefits Summary Plan Description (SPD).

Adoption assistance

TI offers financial help and services for full-time and part-time TIers seeking to adopt a child under age 18 or a physically or mentally disabled person who is unable to care for him or herself.

Adoption reimbursement

TI offers reimbursement of up to $5,000 for adoption-related expenses, including:

- Legal fees and court fees
- Licensed agency fees, such as placement fees, preplacement studies and parental counseling fees
- Travel expenses to bring the child home

TI will not reimburse expenses related to adoptions that are not legally recognized, legal guardianships or the adoption of your spouse's child. All or a portion of the reimbursement may be treated as taxable income received by you.

Access the Adoption Assistance Policy and Request Form to request reimbursement.

Taking a leave of absence for adoption

TI offers up to six weeks of paid parental leave for employees who become parents via adoption. Concurrent leave is also offered under the Family and Medical Leave Act (FMLA) for a total of 16 weeks during a 12-month period.

For more on FMLA and paid parental leave, consult the Health and Insurance Benefits Summary Plan Description (SPD).

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Perks

myConcierge

Need help planning your next vacation, finding a gift or buying discount tickets for sports, movies or amusement parks? myConcierge can help you with:

Services
- Travel coordination
- Gift recommendations and flower delivery
- Birthday parties
- Errand running
- Kids camp and summer activities

Discounts on
- Movies
- Museums
- Festivals and fairs
- Amusement parks
- Sports tickets

myConcierge services are available free of charge. You pay for the products you buy.

Perks at Work

TIers have access to perks and discounts at more than 30,000 companies and merchants across the U.S. and online through the Perks at Work program. Sign in with your TI email address at perksatwork.com, and find out how you can save on the purchase of a vehicle, computers and other electronics, travel and vacations, mobile phones, food, apparel, movie tickets and more.

MetLife legal services, will preparation and pet insurance

TIers have access to free legal services through MetLife Legal Plans, which will match you with a local participating plan attorney who can:

- Prepare or update a will, living will, power of attorney or testamentary trust at zero cost to you.
- Provide estate-resolution services for you or your spouse/domestic partner's estate.
- Offer advice and one free initial consultation on personal legal matters such as:
  - Civil litigation
  - Consumer protection
  - Identity theft
  - Real estate
  - Family law issues
  - Bankruptcy and debt collection
  - Estate planning

Anything beyond the initial consultation is at your expense.

To access legal services, call 800-821-6400 and provide the TI Group number, 29129, and the last four digits of your Social Security Number.

TIers can also opt for self-service to create a will using an online template at willscenter.com.

Pet insurance

TIers can also purchase MetLife pet insurance, including customizable coverage for your cats and dogs. From routine wellness to unexpected accidents, help protect your pets and your peace of mind.

How to connect
Phone: 855-443-7789
Online: quote.metlifepetinsurance.com

Identity theft protection

If you are enrolled in a BCBS medical plan, you can protect your identity with free credit monitoring services from Experian.

- **IdentityWorks Credit 1-Bureau** provides daily credit monitoring and alerts for adult family members, plus up to $1 million in identity theft insurance and the use of a fraud resolution team if needed.
- **IdentityWorks Minor Plus** monitors your child(ren)'s personal information for existence of a credit file and provides email and text alerts if there is any new activity in your child's name. The service also provides a fraud-resolution agent to assist as necessary.

To register, log in to your Blue Access for Members account at bcbstx.com. You are required to register ever year you wish to keep services.

Tax-preparation services

Take advantage of savings on your annual tax preparation through TI's Perks at Work. Log in at perksatwork.com and use the search portal to find discounts.

Commuter benefits (location-specific)

- **Dallas/Fort Worth area commuters:** Purchase a DART Annual Pass through TI at a discount. Payment is made through a pre-tax payroll deduction and can be spread across pay periods. DART Vanpool, which TI also subsidizes, is also a great option for TIers who want to carpool from areas not serviced by DART rail.
- **California commuters:** Employees working in the San Diego Area or the Bay Area, including Alameda, Contra Costa, Napa, Solano, Sonoma, Marin, Santa Clara and San Mateo counties and San Francisco, can pay for public transportation through payroll deductions. Transit options include Caltrain, BART, Visa Commuter Card and more. Payment is made through pre and post tax deductions each pay period.

Ask HR Connect about commuter benefits to learn more.

Car rental discount program

TIers receive discounted leisure car rental rates through Enterprise/National and Sixt — available for personal and/or vacation travel.

- Book a personal/leisure rental with Enterprise/National
- Book a leisure rental with Sixt

TI Uber One

Through a global partnership with Uber for Business, TIers receive an Uber One status when you connect an eligible Uber for Business Account.

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Paid time off

Time Bank

As a TIer, you are eligible to take time off for vacation, personal activities, time with family—anything you want—using Time Bank.[1] Every month, TIers accrue Time Bank hours based on years of service.[2]

Service years	Days per year
0 - 4	20 days (160 hours)
5 - 14	25 days (200 hours)
15+	30 days (240 hours)

Ask HR Connect about paid time off to learn more.

Eligibility

You are eligible for Time Bank if you are:

- A full-time employee
- A part-time employee on an alternative work schedule (minimum 20 hours per week)
- In an intern program (minimum 20 hours per week)

Paid holidays

- New Year's Day
- Martin Luther King (MLK) Jr. Day
- Presidents Day
- Spring holiday/ Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Winter holiday/ Christmas Day
- Winter holiday (usually observed before or after Christmas Day)

Bereavement

TIers receive up to five days of paid time off (per incident) for bereavement of a family member. A family member may include, but is not limited to, an employee's spouse, domestic partner, parent, stepparent, sibling, child (including miscarriages), stepchild, grandparent, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, daughter-in-law or grandchild. For the purposes of the bereavement policy, family member does not include a pet.

Using bereavement leave can keep you from having to use your Time Bank during a difficult time. If additional time off is needed, Time Bank hours can be used.

Jury duty and legal proceedings

TIers who need to be absent from work to serve on a jury or as a subpoenaed witness are excused from work until released from service. To qualify for jury duty/ legal proceeding pay, you must present the summons or subpoena to your supervisor prior to reporting for your scheduled jury/legal duty.

Salaried employees receive full salary for time spent on jury duty or as a subpoenaed witness. Hourly employees receive hourly pay for any regularly scheduled hours spent on jury duty or as a subpoenaed witness.

Your TI pay is in addition to any pay you may receive from the court. You do not need to use Time Bank hours to serve on jury duty or as a witness pursuant to a subpoena.

[1] For more information about the interaction between Time Bank and paid sick leave laws in certain states and municipalities, search "sick time" on HR Connect.

[2] Consult the Health and Insurance Benefits Summary Plan Description (SPD) for current accrual rates and carryover rules.

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Leaves of absence

When you have to be away from work for a long time, TI offers paid and unpaid leave options based on your unique situation.[1] Each of TI's leaves of absence has its own requirements, procedures and pay/benefit arrangements, as shown in the chart below. Consult the Health and Insurance Benefits Summary Plan Description (SPD) for more details.

Type	Reasons for leave	Time off	Benefits/pay impact
Family and Medical Leave Act (FMLA)	Serious health condition of self or family member; caring for a newly born or placed child; caring for a seriously injured or ill service member; qualifying exigencies related to foreign deployment of family member in military	Up to 12 or 26 weeks in a 12-month period	Unpaid (unless Time Bank or paid leave is used)
Disability Pay Continuance (DPC)	Illness or injury	Short-term, up to 26 weeks, runs concurrently with FMLA	Details available on page 33
Maternity leave **Increased!**	Delivery/postpartum recovery	• 10 weeks DPC starting with the date of birth, plus six weeks of paid parental leave as described below • Runs concurrently with FMLA	100% of base pay
Paid parental leave[2] **Increased!**	Becoming a parent through birth, adoption or surrogacy	Six weeks, which: • Must be taken all at once • Must be completed within 12 months of the birth or placement • Are limited to one paid parental leave per year • Runs concurrently with FMLA	100% of base pay
Long-term disability (LTD)	Illness or injury	Long-term, more than 26 weeks—benefits start in week 27 after DPC ends	Details available on page 33
Workers' compensation	Injury or illness in the course of employment[3]	Varies • Runs concurrently with FMLA	Income protection and medical benefits

Military leave

TIers who need to be absent to satisfy a military obligation in the U.S. uniformed services are entitled to military leave. Special pay and other benefits may apply during your military leave. Contact your HR business partner to learn more.

Personal leave

TIers may request unpaid leaves for personal reasons, including but not limited to formal education to improve opportunities at TI, or extended campaigning for election or appointment to paid public office.

You must request approval in advance for such leaves. Speak with your HR business partner to learn more.

Did you know? A leave of absence can impact your pay and benefits and access to TI facilities and computer networks. If you have questions about your unique situation, please visit HR Connect.

Contact Sedgwick through HR Connect, 888-660-1411, option 5, to initiate TI disability, maternity, parental or FMLA leave requests.

New in 2027: Parental leave increased to six weeks. Maternity leave increased to 10 weeks. Effective Jan. 1, 2027.

[1] In addition to the leaves described here, time off will be granted when required by applicable law.
[2] Additional unpaid leave may be available under FMLA at the end of paid parental leave, up to a maximum of 12 weeks in a 12-month period. Paid parental leave counts toward this 12-week maximum.
[3] If you experience a work-related injury or illness, notify your supervisor immediately and report the injury through HR Connect, 888-660-1411, option 4.

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Profit sharing

TIers worldwide can share in TI's success thanks to our profit sharing program. Eligible TIers receive profit sharing when the company achieves 20% or higher profit from operations (PFO). The payout increases as PFO increases with a maximum payout of 25% when PFO reaches 60% or higher.

Profit sharing is calculated based on your eligible earnings, including straight time, holiday time and Time Bank. Overtime premiums, shift and other premiums and bonuses are not included in your base pay. Your profit sharing will be proportional to the time worked during the plan year. For example, if you worked at TI for six months during the plan year, your profit sharing payout will reflect your actual eligible earnings for those six months of work, not your potential earnings for the full year.

Employee eligibility

Employees must meet one of the following criteria to be eligible for profit sharing:

- Employed by TI on Dec. 31
- Retired during plan year (not terminated for cause) and age 55 with 10 years of service or age 65+
- Terminated during plan year due to death or total and permanent disability
- Terminated during plan year due to reduction in force or mutual separation package (with signed waiver if applicable)

Ask HR Connect about profit sharing to learn more.

Tip: You can contribute your profit sharing payout to your 401(k). Call the TI Benefits Center at Fidelity, 888-660-1411, option 1, to learn more.

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Employees Stock Purchase Plan (ESPP)

The TI Employees Stock Purchase Plan (ESPP) offers you the opportunity to buy TI stock at a 15% discount based on the fair market value (the close price of TI common stock reported on wsj.com) on the automatic purchase date. Hold it or sell it, it's a great way to share in the potential growth of TI stock. There are four offerings each year when you can purchase TI stock at a discount.

Eligibility

TIers, including those on paid or unpaid leave of absence who are expected to return to work, can participate in the ESPP, provided they are employed on the eligibility date for each offering period.[1] The eligibility date is generally the first trading day of the month prior to the offering period. It is also the date when the stock price is set to determine the maximum shares available to you.

How contributions work

As an ESPP participant, you can contribute:

- Up to 2.5% of your annual base salary, or
- Up to $5,312 per quarter (U.S.), whichever is lower.

Your contributions are made through automatic payroll deductions when you elect either a percentage of your base salary or the max contribution allowed.

Did you know? When you purchase stock through the ESPP, you have the potential to earn quarterly dividends on each share you own. For more information on TI stock dividends, visit the TI Investor Relations website.

Contribution example

Your maximum contribution amount is calculated based on your annual salary, but you will need to enter the contribution rate as a percentage of your paycheck.

Here's a step-by-step example for an employee earning a base salary of $50,000 annually, paid biweekly:

1	Calculate your max contribution amount per three-month offering period	$50,000 x 2.5% = $1,250
2	Divide by the number of pay periods in the offering (six). **This is your max contribution per paycheck**.	$1,250 ÷ 6 = $208.33
3	Calculate your paycheck earnings before taxes and deductions.	$50,000 ÷ 24 = $2,083.33
4	Divide your desired contribution per paycheck (up to the max) by your paycheck earnings. **This is your contribution rate.**	$208.33 ÷ $2,083.33 = 10%

How to enroll

TI's ESPP is administered, including managing enrollments, cancellations and sales, by UBS Financial Services Inc. To enroll:

- Log on to the UBS One Source website or open the UBS Financial Services app. First-time visitors can click on "First time at UBS One Source" and follow the steps to create an account. For initial login, your user name will be your TI employee ID number without the "a." Choose how you want to receive your temporary PIN and use this to create a password.
- Call UBS Financial Services Inc. at 800-597-7516 (toll free). Customer service representatives are available 3 a.m.–11 p.m. Eastern time, Monday–Friday, on days when the New York Stock Exchange is open.

Once enrolled, your contributions will be used to automatically purchase shares on the first trading day after the offering ends. Any money remaining in your account (not enough to buy a whole share) will be refunded via payroll.

Ask HR Connect about ESPP to learn more.

[1] The ESPP excludes from eligibility employees whose customary employment is less than five months in any calendar year.

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Life insurance

TI's life insurance benefits, administered by MetLife, can help provide financial protection for your loved ones in the event of your death. TIers are automatically enrolled in basic life insurance at no cost.

You also have the option to purchase supplemental coverage for you and your eligible dependents.

If you leave TI, you can convert your life insurance to a personal policy or take it with you under a portability option. For full details, consult the Health and Insurance Benefits Summary Plan Description (SPD).

Electing beneficiaries

Remember to elect beneficiaries for your life insurance policy at NetBenefits.com and keep them up to date. Beneficiaries can be individuals or organizations you select to receive benefits from your policy in the event of your death. You can update beneficiaries at any time during the year and divide the money however you like.

Personal travel benefit

With basic life insurance coverage, TIers have access to a 24-hour worldwide provider referral service, which can help you and your dependents find medical assistance and evacuation during personal travel. This service is provided by UnitedHealthcare Global.

Basic life insurance—100% paid by TI

- Equal to 1X your annual base salary, rounded to the nearest $1,000
- Minimum coverage: $50,000, regardless of salary level

Supplemental life insurance—100% paid by employee

Employee coverage

- Up to 8X your annual base salary, rounded to the nearest $1,000
- Maximum coverage: $2.5 million (basic + supplemental)

You are not required to complete an Evidence of Insurability (EOI) form for supplemental life as long as coverage does not exceed $300,000, and if:

- You are currently enrolled in supplemental life and increase such coverage by 1X your annual base salary
- During Annual Enrollment or upon a qualified life event,[1]

OR

- You elect coverage within your first 30 days of hire.

Spouse/domestic partner coverage

- Coverage options of $5,000, $10,000, $25,000, $50,000, $100,000, $150,000 or $200,000
- Requires EOI for coverage of $50,000 or more
- Maximum coverage: lesser of $200,000 or 7X employee annual base salary

Child coverage

- Coverage options of $5,000 or $10,000 per eligible child under age 26
- EOI not required

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Accidental death and dismemberment

TI offers accidental death and dismemberment (AD&D) insurance for TIers and their dependents. This coverage is 100% paid by the employee and pays out if you or your dependents die or are dismembered in a covered accident while at work, at home or traveling. AD&D coverage is not a substitute for life insurance, as it only covers accidental deaths and injuries.

Employee coverage

- Up to 10X your annual base salary, rounded to the nearest $1,000 or a flat coverage rate of $200,000
- Minimum coverage: $10,000
- Maximum coverage: $500,000

Dependent coverage

- 60% of your coverage for spouse or domestic partner
- 10% of your coverage—up to $50,000—for eligible children

Disability benefits

TI offers short- and long-term disability benefit plans to provide income protection when you are out of work due to an illness, injury or the birth of a child.

If you enroll in disability coverage at the time of hire, you do not need to complete an Evidence of Insurability (EOI) health questionnaire. After that, you will be required to fill out an EOI form.

Disability Pay Continuance (DPC) during short-term disability

DPC benefits pay all or a portion of your income when you have an illness, injury or pregnancy that keeps you from work for up to 26 weeks. TIers are automatically enrolled in the DPC Basic plan at zero cost; however, you can select the DPC Plus plan for additional coverage.

Long-term disability (LTD)

LTD benefits pay a portion of your income if you are disabled for more than 26 weeks. Your monthly payment may not exceed $25,000.

Note: LTD benefits generally stop for TIers when they reach age 65.

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Long-term savings

401(k)

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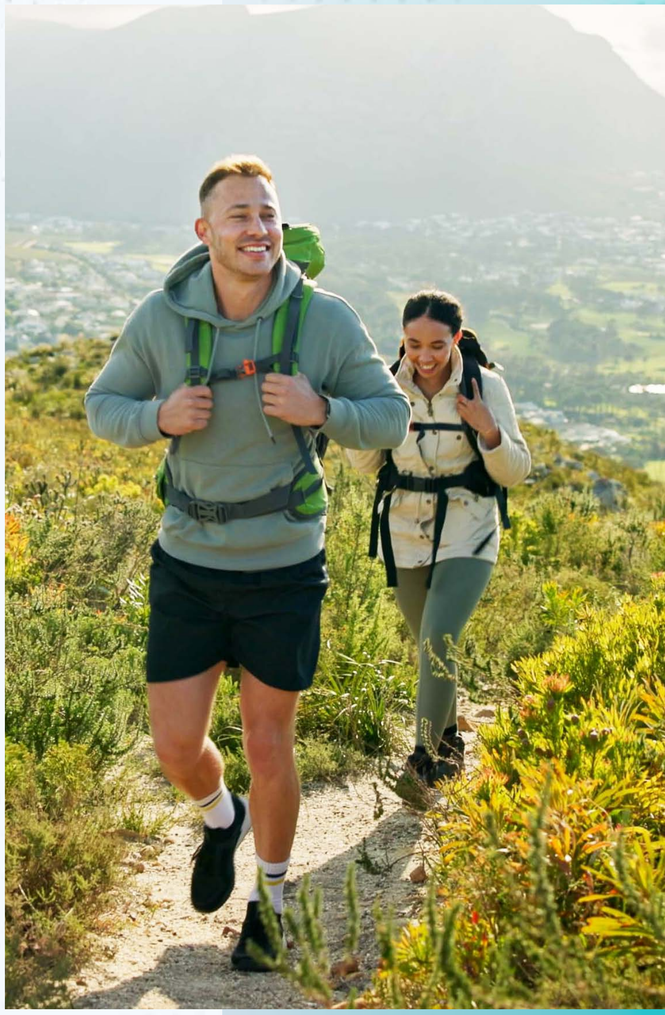
401(k)

It's never too early or too late to start planning for your retirement. That's why TI's 401(k) plan is such an important part of your benefits package.

A 401(k) allows you to set aside money now to use when you retire. Simply choose the percent of your salary you want to invest—up to 50% of your base annual salary—in the Traditional or Roth 401(k), and TI will deduct it from each paycheck and put it into your account. TI matches your contribution dollar for dollar up to the first 4% of eligible earnings. Plus, you are 100% vested immediately—which means there is no waiting period before you own 100% of your contributions and TI's contributions.



TI 401(k) plans

The chart below shows a side-by-side comparison of ways to save under the TI 401(k) plan.

	Traditional 401(k) contributions	Roth 401(k) contributions
Contributions are taken:	Before taxes are withheld	After taxes are withheld
Distributions after age 59 ½ are:	Taxed when they are withdrawn	Tax-free and penalty-free, as long as the account has been open five years
TI match	Dollar for dollar up to 4% of eligible earnings, match saved in a Traditional 401(k)[1]	
IRS maximum annual employee contributions[2]	Under age 50: $24,500 Age 50 or older: $32,500[2]	

New employees will be automatically enrolled in the Traditional 401(k) with a contribution level of 4% of eligible earnings, which is invested in the appropriate Lifestyle Fund. More information about Lifestyle Funds is available on the following page. Contribution elections can be changed at any point during the year. Visit NetBenefits.com; ask HR Connect about 401(k) contributions; or call the TI Benefits Center at Fidelity, 888-660-1411, option 1.

Did you know? You may be able to borrow money from your 401(k) before retirement through a loan. Loans require repayment with interest over time.

Tip: Your contributions will automatically increase by 1% per year (capping at 10%) if you do not opt out of the Traditional 401(k) auto-enrollment.

[1] TI does not match catch-up contributions or profit sharing payments.
[2] $24,500 regular contribution + $8,000 catch-up contribution (if age 50 or older by year end) are the IRS maximums for 2026 and are subject to change for 2027.

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Investing your 401(k)

You are in complete control of your how you invest your 401(k) account, and TI's 401(k) plan has options to assist you. Choose from:

- **Target date retirement funds (Lifestyle Funds)**—for more hands-off investors. Choose the fund based on your retirement date goal, and let BlackRock, the funds' investment manager, manage the allocation across assets as you age.
- **Fidelity Personalized Planning & Advice (fee-based service)**—another option for the more hands-off investor. You answer a few questions online; Fidelity suggests an investment strategy and manages your money. You monitor your account and track your progress online.
- **Investment funds**—for more hands-on investors. You pick the funds that best meet your long- and short-term investing goals and risk tolerance.
- **Self-directed brokerage services**—for investors who want to be 100% in control of their investments. You can invest in most listed stocks, bonds, securities, CDs and mutual funds using Fidelity BrokerageLink. Keep in mind that investing involves risk. The value of your investments will fluctuate over time, and you may gain or lose money.

Note: TI does not provide financial advice; make any recommendation or endorsement as to any investment, advisor or other service or product; or offer any advice regarding the nature, potential value or suitability of any particular investment, security or investment strategy.

Financial guidance and education

TIers have access to financial guidance and education through Fidelity, including:

- One-on-one guidance sessions with a financial advisor virtually or on your TI campus, or at a Fidelity Investment Center.
- Online webcasts, videos and resources that can be viewed from your home or office.

Ask HR Connect about financial education to learn about additional online financial tools available to TIers.

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Planning to retire

Are you thinking about retiring from TI?

There are two components for determining your eligibility and costs for retiree health benefits:

Step 1: Am I eligible for retiree health benefits?

You may qualify for health benefits coverage after you retire if you meet certain eligibility requirements, such as age at retirement, years of service and hire date, as shown in the chart below:

I am under age 65		I am 65 or older
and was hired, rehired, and/or acquired		
On or before Dec. 31, 2017	On or after Jan.1, 2018	At any time
and		
Am at least age 55 with 10+ years of service OR Have 20+ years of service	Am at least age 55 with 10+ years of service	Have any years of service
then		
I am eligible for TI Extended Health Benefits. TI Extended Health Benefits (for retirees under age 65) include medical and dental coverage for you and your qualifying dependents.		I am eligible for health benefits through Via Benefits. Via Benefits (for retirees age 65+) includes Medicare supplement, Medicare Advantage and prescription drug insurance for you and your qualifying dependents. Visit my.viabenefits.com/ti to learn more.
unless		
I am enrolled in Medicare		
then		
I am eligible for health benefits through Via Benefits. Via Benefits (for Medicare retirees under age 65) includes Medicare supplement, Medicare Advantage and prescription drug insurance for you and your qualifying dependents. Visit my.viabenefits.com/ti to learn more.		

Did you know? If you qualify for health benefits, you must enroll within 30 days of your TI retirement if you are under 65 years of age, or within 60 days of your TI retirement if you are 65 or older. If you do not enroll within the required enrollment period, you forego your eligibility and any financial assistance you may have qualified for in the future.

Step 2: Do I qualify for financial assistance for my retiree health benefits?

TIers hired/rehired or acquired by TI on or after Jan. 1, 2001, are required to pay 100% of premiums for medical and dental coverage.

However, if you were hired/rehired or acquired by TI prior to Jan. 1, 2001, you are generally eligible to receive financial assistance for retiree medical benefits based on years of service. This assistance comes as:

- A subsidy to lower your premiums if you are under age 65. Spouses and dependents pay 100% of premiums for medical and dental coverage, OR:
- An annual contribution of generally $90 per year of service up to $2,700 per year to a Retirement Reimbursement Account (RRA) through Via Benefits after you turn 65.

Retirees must maintain continuous enrollment in the TI group retiree medical plan and a Medicare medical and/or prescription drug plan purchased through Via Benefits to qualify for the RRA.

Call the TI Benefits Center at Fidelity, 888-660-1411, option 1, to verify your eligibility for retiree benefits. If you are planning to retire within 90 days, ask for a Retirement Benefit Coordinator (RBC). They can help you with your retirement planning. Ask HR Connect about retirement to learn more.

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TI Extended Health Benefits (Under 65)

2027 TI medical plan options

	BCBS HDHP 1 Pre-Medicare participants Nationwide	**BCBS HDHP 2** Pre-Medicare participants Nationwide	**Kaiser HMO** Pre-Medicare participants Northern California
Medical/behavioral health expenses			
Annual deductible (individual/family)	**In-network:** $1,750/$3,500[1] | **Out-of-network:** $1,750/$3,600[1]	**In-network:** $3,500/$7,000[1] | **Out-of-network:** $3,500/$7,000[1]	$0/$0
Annual out-of-pocket maximum (individual/family)	**In-network:** $3,500/$7,000[1] | **Out-of-network:** $7,000/$14,000[1] | Deductible included	**In-network:** $7,000/$14,000[1] | **Out-of-network:** $14,000/$28,000[1] | Deductible included	$1,500/$3,000
Preventive exams and screenings	100% covered	100% covered	100% covered
MDLIVE virtual visit	$10 copay		N/A
	Coinsurance you pay after deductible is met		Copays
Doctor office visit/Behavioral health care office visit	**In-network:** 10% | **Out-of-network:** 50%	**In-network:** 40% | **Out-of-network:** 50%	$20
Medical nutrition therapy	**In-network:** 10%	**In-network:** 40%	N/A
Hospitals/facilities (inpatient and outpatient)	**In-network:** 20% | **Out-of-network:** 50%	**In-network:** 40% | **Out-of-network:** 50%	$500 per admission | $100 outpatient
Prescription expenses			
Annual deductible	Applies to medical deductible[2]		No deductible
Annual out-of-pocket maximum (individual/family)	Applies to medical out-of-pocket maximum		Applies to medical out-of-pocket maximum
Preventive service drugs	100% covered		100% covered
	Coinsurance you pay after deductible is met		Copays
Generic drugs (Includes specialty drugs)	**30-day in-network:** $10 max copay | **30-day out-of-network:** 45% | **90-day mail-order:** $20 max copay		**30-day in-network:** $15 | **100-day mail-order:** $30
Preferred brand-name drugs (Includes specialty drugs)	**30-day in-network:** 20%/$75 max | **30-day out-of-network:** 60% | **90-day mail-order:** 20%/$150 max		**30-day in-network:** $30 | **100-day mail-order:** $60
Non-preferred brand-name drugs (Includes specialty drugs	**30-day in-network:** 50%/$125 max | **30-day out-of-network:** 60% | **90-day mail-order:** 50%/$250 max		**30-day in-network:** $30 | **100-day mail-order:** $60
Specialty drugs	Provided through CVS Specialty Pharmacy **If enrolled in PrudentRx:** 0% | **If not enrolled in Prudent Rx:** 30%		**30-day:** $30
Preventive drugs	Drugs on the CVS preventive drug list, excluding preventive service drugs, are available at the copay or coinsurance rate without meeting the deductible. Costs for drugs on the preventive drug list are applied to the BCBS HDHP medical/behavioral care and prescription drug out-of-pocket maximum but not the deductible.		N/A

[1] For HDHP family coverage (you + spouse, you + child or you + family), the family deductible and out-of-pocket maximums are collective totals. These limits are met when all medical/behavioral health care and pharmacy claims reach the family annual deductible and/or annual out-of-pocket maximum amount. The annual deductible and out-of-pocket maximum do not include expenses not covered by your plan, charges that exceed the plan's allowable amount or other limits, or the price difference when you choose a brand-name drug instead of an available generic alternative.

[2] You will pay 100% of prescription costs, with the exception of prescriptions on the CVS preventive drug list, until you meet your medical deductible under the HDHP. Then you will pay coinsurance up to the maximum amount per prescription.

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2027 TI dental plan options

See more details and premiums on NetBenefits. Deductible, copay and coinsurance reflect your part of the cost.

	Delta Dental Basic Nationwide	**Delta Dental Plus** Nationwide	**Aetna DMO** Various locations
Your cost			
Annual deductible	$50 per person (applies to basic and major services only)	$50 per person (applies to basic and major services only)	$0 individual/$0 family
	You may receive treatment from any dentist. However, dentists in the Delta Dental network must negotiate their rates, resulting in lower fees.[1]		$5 office copay for all treatment. However, limits and exclusions may apply to services.
Annual maximum the plan will pay	$1,000	$2,000	No maximum
Preventive care			
Primary covered services	Oral exam, preventive X-rays, cleanings		
Preventive care benefits	0% coinsurance		0% coinsurance after a $5 copay
Basic services			
Fillings	30% coinsurance	10% coinsurance	0% coinsurance after a $5 copay
Major services			
Crowns, dentures, bridges, oral surgery, surgical periodontics, implants	60% coinsurance	40% coinsurance	40% coinsurance after $5 copay
Endodontics	60% coinsurance	40% coinsurance	0% coinsurance for anterior and bicuspid teeth; 40% coinsurance for molars—both after a $5 copay
Orthodontia services			
Benefits (adult/child)	Not covered	50% coinsurance	50% coinsurance
Lifetime maximum the plan will play	N/A	$2,000	Limited to 24 months comprehensive treatment + 24 months retention

[1] Maximum plan allowance limits apply if you don't use an in-network provider.

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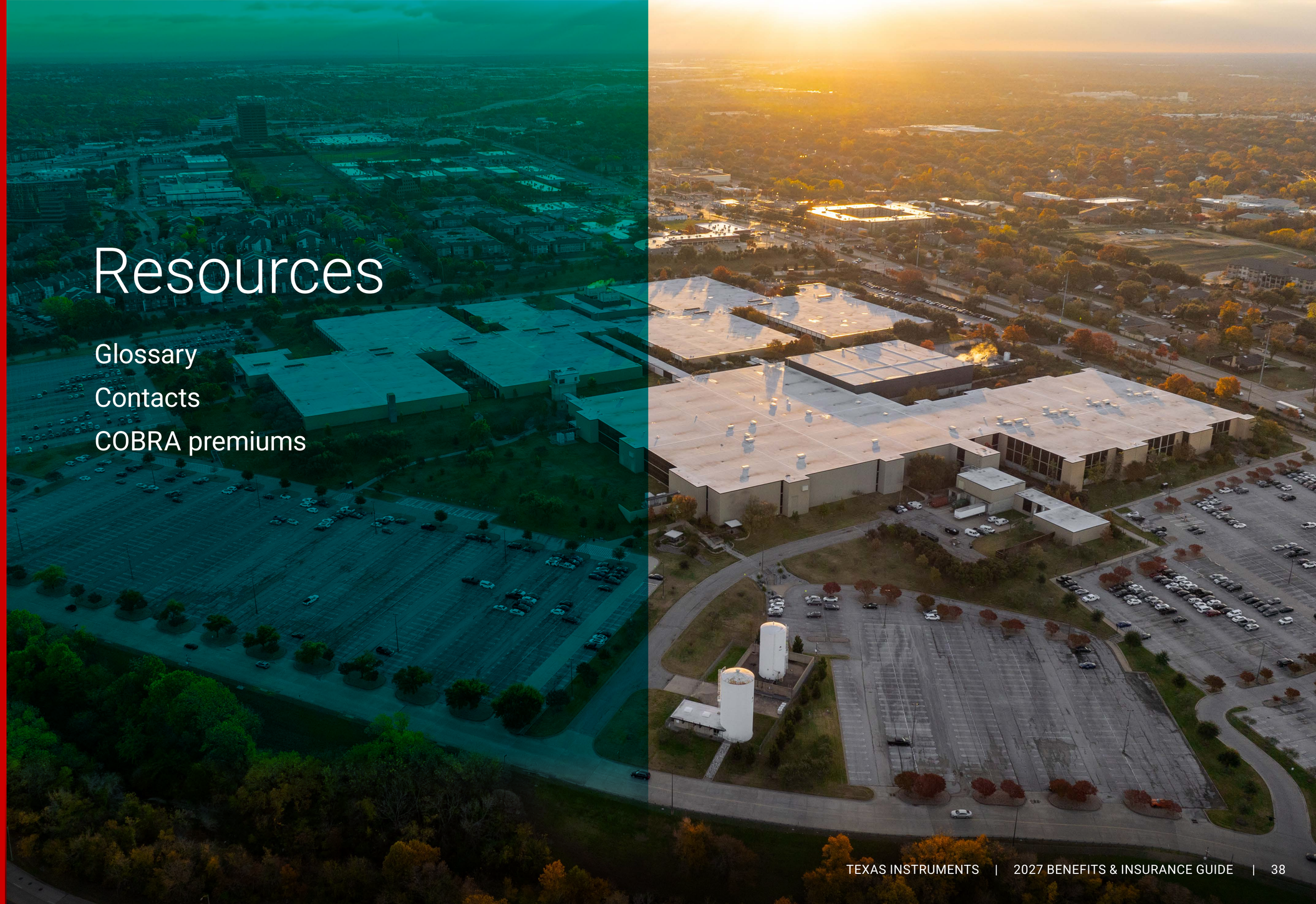

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Allowable amount: The contracted amount network providers can charge for services.

Appeal of claim: Your ability to appeal the denial of a claim or part of a claim and to have it reconsidered under the Employee Retirement Income Security Act (ERISA).

Coinsurance: The percentage of health care/dental costs you pay after meeting your deductible.

Copay: A fixed dollar amount you pay for medical/dental services.

Deductible: The amount you pay out-of-pocket for services each year before the plan begins to pay benefits. (You may have separate deductibles for in-network and out-of-network services.)

Exclusion: Health condition or service not covered under the health care plan.

Formulary: A list of prescription drugs covered by your health plan, often divided into tiers.

In-network: Healthcare providers with an agreement with the health plan to care for its members at specified prices. Health plans generally cover a greater share of the cost for in-network health care providers.

Maximum plan allowance limits: The usual costs for comparable treatment in a geographic area. This generally applies to costs associated with out-of-network dental providers.

Medical necessity: Term that describes health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, according to accepted standards of medicine.

Out-of-network: Healthcare providers who do not have an agreement with a health plan. Employees generally pay more for out-of-network services than in-network, and your insurance provider may limit what it pays for these services.

Out-of-pocket maximum: The most you will pay for your share of healthcare costs during the covered time frame—usually a year. (You may have separate out-of-pocket maximums for in-network and out-of-network services.)

Premium: The amount paid for a health insurance plan by employees or employers or shared by both, generally on a monthly or bi-monthly basis.

Preventive care: Services that can help detect risks and health problems early and may be free under your medical plan (annual physicals, mammograms and other age-related screenings, routine immunizations, etc.).

Prior authorization: A decision by your health insurer or plan that a healthcare service, treatment plan, prescription drug or medical equipment is medically necessary. Prior authorization does not guarantee coverage of benefits.

Qualifed life event: Life event (divorce, marriage, birth of a child, etc.) that allows you to make changes to some of your benefit elections during the year. For the full list of qualified life events, see qualified status changes in the Health and Insurance Benefits Summary Plan Description (SPD).

Summary Plan Description (SPD): A document that explains the fundamental features of an employer's employee benefits plan, including eligibility requirements and the schedule of benefits.

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Company	Website/Email	Phone	App	Hours
TI Benefits Center at Fidelity	NetBenefits.com	888-660-1411, option 1	NetBenefits	Monday–Friday, 7:30 a.m.–7:30 p.m. Central time (closed most New York Stock Exchange holidays)
Aetna (dental)	aetna.com – Search provider network: DMO/DNO	877-238-6200	Aetna Mobile	Monday–Friday, 8 a.m.–6 p.m. Central time
Blue Cross Blue Shield (health care)	bcbstx.com – Search provider network: Blue Choice PPO (BCA)	866-866-2300	Blue Cross Blue Shield Texas	Monday–Friday, 8 a.m.–8 p.m. Central time
Carrum Health	carrum.me/TI	888-855-7806	Carrum Health	Monday-Friday 8 a.m.–7 p.m. CST
CVS Caremark (pharmacy)	caremark.com	800-557-5749	CVS Caremark	24x7
Delta Dental (dental)	deltadentalins.com – Search provider network: PPO and Premier	800-521-2651	Delta Dental Mobile	Monday–Friday, 7 a.m.–7 p.m. Central time
Fidelity QDRO Center	qdro.fidelity.com/	888-660-1411, option 1	–	Monday–Friday, 7:30 a.m.–7:30 p.m. Central time (closed most New York Stock Exchange holidays)
HealthEquity (Flexible Spending Accounts)	healthequity.com	855-774-7441	EZ Receipts	Monday–Friday, 7 a.m.–7 p.m. Central time
HMS - a Gainwell Technologies company (dependent verification)	VerifyOS.com	855-774-7441	–	Monday - Friday 8 a.m. - 8 p.m. Eastern time
HR Connect (HR, payroll and benefits questions)	hrconnect.ti.com	888-660-1411	–	24x7 (Search for answers or submit a ticket online)
Kaiser Healthcare Northern California (health care)	kp.org	800-464-4000	Kaiser Permanente	24x7
Lyra (well-being support)	ti.lyrahealth.com	844-416-2904	Lyra Health	24x7
MDLIVE (virtual health)	mdlive.com/bcbstx	888-680-8646	MDLIVE	24x7
MetLife (life insurance & AD&D)	MetLife.com	800-638-6420 (life & AD&D general) 877-275-6387 (life conversion) 888-252-3607 (life & AD&D portability)	–	Monday–Thursday 7 a.m.–7 p.m., Friday 7 a.m.- 4 p.m. Central time (life & AD&D general) Monday–Friday, 8 a.m.–5 p.m. Central time (life conversion) Monday–Friday, 7 a.m.–8 p.m. Central time (life & AD&D portability)
MetLife Legal Plans (TI group number: 29129)	MetLife.com	800-821-6400	MetLife Legal Plans	N/A
myConcierge	myconcierge@ti.com – www.ticoncierge247.com	214-479-4570	–	Monday–Friday, 9 a.m.-5 p.m. Central time
OneImaging	join.oneimaging.com/TI	833-619-0837	–	N/A
Perks at Work	perksatwork.com	–	–	Monday–Friday, 9 a.m.–4 p.m. Central time
Sedgwick (leave of absence)	claimlookup.com/ti	888-660-1411, option 5	–	24x7
UBS Financial Services (ESPP)	ubs.com/onesource/txn	800-597-7516	UBS Financial Services	Monday–Friday, 2 a.m.–10 p.m. Central time
UnitedHealthcare Global (business travel medical) Client name: Texas Instruments Group ID#: 911870; UHC ID#: 335731	worldwatch.uhcglobal.com	866-870-3475	–	24x7
Via Benefits (post-65 retiree health)	my.viabenefits.com/ti	844-638-4642	Via Benefits Accounts	Monday–Friday, 7 a.m.–8 p.m. Central time
VSP (vision)	vsp.com – Search provider network: VSP Choice Network	800-877-7195	VSP Vision Care on the Go	Monday–Friday, 7 a.m.–8 p.m. Central time Saturday–Sunday, 9 a.m.–7 p.m. Central time
WillsCenter.com	willscenter.com	–	–	24x7
Zurich American (business travel accident insurance)	zurichna.com	800-834-1959	–	Monday–Friday, 8 a.m.–6 p.m. Central time

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