

# 2024 Benefits and Enrollment Guide

To help you understand your benefit options and make informed choices



**Open Enrollment  
October 2 – October 13**

# WELCOME TO BROADCOM'S 2024 BENEFITS

Broadcom offers a variety of benefit plans that provide flexibility and choice, including medical, dental, vision, life insurance, retirement, disability and more. This guide provides an overview of the benefits available to you under the Broadcom Employee Benefits Plan, information to help you make your benefits decisions and instructions on how to enroll in 2024 benefit coverage.

We encourage you to take the time to read this guide and access the **Your Benefits Portal (YBP)** enrollment website from your Okta home page or at **[Broadcom.benefitsnow.com](https://broadcom.benefitsnow.com)** to learn more about your options and make the best choices to suit the needs of you and your family. **YBP will be available beginning on October 2.**



## Benefits enrollment for 2024

Open Enrollment is your annual chance to review your benefits and select the right benefit coverage for you and your family. Enrollment for 2024 benefits runs from **October 2, 2023, to October 13, 2023**. The benefit plan options are unchanged for 2024. However, employee premiums are changing for many options. It's a good idea for you to take some time to review your current elections, consider your benefit needs for 2024 and ensure you're enrolled in the plans that work best for you.

If you don't enroll by October 13, 2023, during the enrollment window:

- Your medical, dental, vision and voluntary benefits for 2024 will default to the elections you made for 2023.
- Your spending and savings account (FSA and HSA) contribution elections will be reset to \$0, and you will not have the ability to change your FSA contribution elections once the enrollment window has closed.

You must take action and enroll online by 11:59 p.m. Central time or over the phone by 7:59 p.m. Central time on October 13, 2023. Changes are not permitted after this date.



### Need help?

If you have questions or need assistance enrolling in your benefits, starting October 2 you can:

- Call the **Benefits Center** at **1-844-279-7895**.
- Skip the phone call and connect with a Benefits Center representative online through Your Benefits Portal. Scroll down to the site footer and select the **Chat** link.
- Schedule an appointment to have a Benefits Center representative call you through Your Benefits Portal. Under the **Recommendations** section at the top of the home page, click on the **Schedule an appointment** link.

Benefits Center representatives are available from 9 a.m. - 7 p.m. Central time, Monday through Friday.

# WHAT'S CHANGING FOR 2024

Your benefit options for 2024 are the same as those for 2023. However, there are some provision changes as noted below.

- The Anthem PPO plan naming conventions are changing. Plans were previously named according to deductible amounts. This may lead some employees to select plans based on the deductible amounts, rather than looking into the plan's provisions to meet their medical needs and situations for the coming year. The plan name changes have no impact on the plan provisions. The new names for 2024 are:

| Old Plan Name                   | New Plan Name for 2024 |
|---------------------------------|------------------------|
| \$250 Deductible PPO            | PPO with FSA           |
| \$1,500 Deductible PPO with HSA | PPO with HSA - Plan 1  |
| \$4,000 Deductible PPO with HSA | PPO with HSA - Plan 2  |
| Kaiser HMO                      | Kaiser HMO (no change) |

- Due to a change in IRS limits for plans with HSAs, the deductible for the PPO with HSA - Plan 1 is required to increase from \$1,500 for an individual and \$3,000 for a family to \$1,600 for an individual and \$3,200 for a family. The out-of-pocket maximum is also increasing from \$3,000 for an individual and \$6,000 for a family to \$3,200 for an individual and \$6,400 for a family.
- **Anthem telemedicine:** New for 2024, out-of-network providers who provide telemedicine services will be covered on an out-of-network basis. Prior to this change, out-of-network providers were not covered at all for telemedicine services.
- **Kaiser HMO (California only):** Starting January 1, 2024, coverage for contraceptives will be expanded to comply with state laws. Changes include:
  - All cost sharing and medical management restrictions will be removed.
  - Vasectomies will be covered at \$0, not subject to plan deductible.
  - FDA-approved over-the-counter contraceptive drugs and devices won't require a prescription to be covered at \$0.



# ELIGIBILITY

You are eligible to enroll in Broadcom healthcare and voluntary benefits if you are a U.S. employee and scheduled to work at least 20 hours per week.

You can also enroll the following family members for medical, dental, vision and voluntary benefits coverage:

- Your legal spouse
- Your domestic partner (see below for more information)
- Eligible children (of the employee, spouse or domestic partner) up to age 26, including:
  - Biological children
  - Stepchildren
  - Legally adopted children
  - Any children for whom you are responsible under court order
  - Children for whom you have legal guardianship up to age 26

Note: If you and your spouse or domestic partner are both employees of the Company, only one of you may enroll a child as your dependent.

## Domestic partners

Your domestic partner is eligible for certain company health and welfare benefits if all of the following criteria are met:

- You are enrolled or enrolling in those benefits
- You and your domestic partner have a Domestic Partnership as defined below
- You complete and submit the *Declaration of Domestic Partnership Form* and the *Declaration of Domestic Partner’s Tax Status Form*. Both forms can be found on the Benefits Page of the HR Portal. Both forms must be submitted within 30 days of your initial enrollment of your domestic partner.

Benefits provided to domestic partners and to the children of domestic partners are often taxable. Consult a tax expert regarding tax implications if you are enrolling a domestic partner in any Broadcom benefit program.

Note: You may not cover your domestic partner as a dependent if they are enrolled for coverage as an employee of Broadcom or any operating companies that participate in the company’s health and welfare plan.

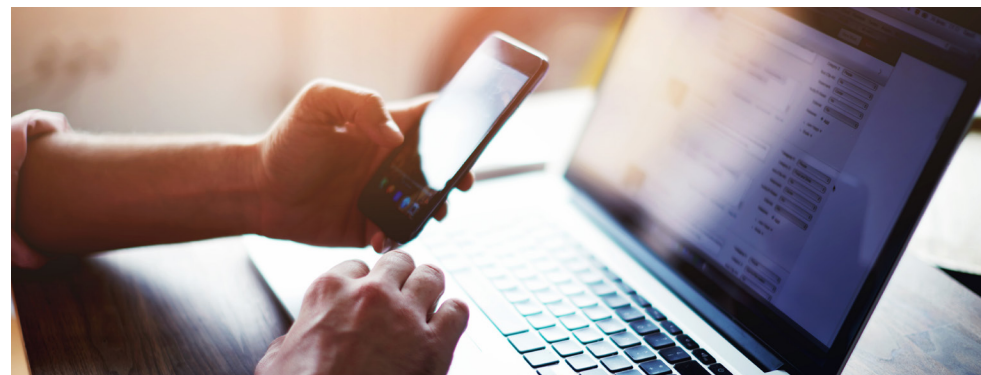
## Definition of Domestic Partnership

You and your eligible domestic partner have a Domestic Partnership if:

- Your domestic partner or civil union partner of the same or opposite sex is currently registered as such with any governmental body, pursuant to state or local law, or
- You and your partner of the same or opposite sex have a dedicated relationship characterized by all of the following:
  - Both partners are at least 18 years old and mentally competent
  - Both intend the relationship to last indefinitely
  - Both share the same residence and have done so for at least six months
  - Neither partner is related by blood to a degree that would prohibit marriage in your state
  - Neither is married under statutory or common law, legally separated, or in a partnership with anyone else, and neither has been in such a relationship for the last six months

## IT'S EASY TO ENROLL

1. Beginning on October 2, 2023, log in to YBP using the tile on your Okta home page or at **Broadcom.benefitsnow.com**.
2. If logging in for the first time, register by using the **New User?** link toward the bottom of the page and follow the prompts to authenticate your identity and set up your user ID and password.
3. Click on **Enroll Now** and follow the on-screen directions.
4. Once you've enrolled, review and print the confirmation page to see the benefits you've chosen, as well as any follow-up actions you need to take.
5. You can change your benefit selections using YBP any time before the enrollment window closes on October 13, 2023. Review and print a new confirmation page if you decide to change any of your elections.



MEDICAL PLANS

Selecting a medical plan for 2024

When it comes to medical coverage, employees and their families have their own priorities and a variety of different needs. That’s why we offer different plan options with a range of coverage levels and premium costs, giving you the flexibility to select the plan that is right for you. In addition to choosing a medical plan, you also have the option to contribute to tax-advantaged health accounts that can help you save money.

For 2024, you can choose between three Anthem Preferred Provider Organization (PPO) plans. PPOs provide a lot of flexibility through Anthem’s wide, national healthcare provider network. Under a PPO, you can also choose to get your care from an out-of-network provider, but at a higher out-of-pocket cost.

**See the table** on the next page for a side-by-side comparison of the features of the PPO plans. Reminder, the Anthem PPO plan naming conventions are

changing. Plans were previously named according to deductible amounts. This may lead some employees to select plans based on the deductible amounts, rather than looking into the plan’s provisions to meet their medical needs and situations for the coming year. The plan name changes have no impact on the plan provisions.

In addition, a Kaiser Health Maintenance Organization (HMO) plan is offered in California only. HMOs generally provide lower out-of-pocket costs through lower deductibles, lower out-of-pocket maximums and lower-cost copays for doctors’ visits. Under an HMO, care is provided through a narrow healthcare provider network that is managed by the HMO. There is no out-of-network coverage under an HMO. Also, care outside of the local geography of the HMO is only covered for emergency care. **See the table** on page 9 for an overview of the features of the Kaiser HMO.

The comparison chart below shows the payroll deductions each pay period for each medical plan.



Cost of your medical insurance options

| Employee contributions per pay period (26 pay periods) |                     |                              |                              |                      |
|--------------------------------------------------------|---------------------|------------------------------|------------------------------|----------------------|
|                                                        | Anthem PPO with FSA | Anthem PPO with HSA - Plan 1 | Anthem PPO with HSA - Plan 2 | Kaiser HMO (CA only) |
| Employee                                               | \$220               | \$55                         | \$0                          | \$110                |
| Employee + Spouse or Domestic Partner                  | \$590               | \$140                        | \$40                         | \$235                |
| Employee + Child(ren)                                  | \$525               | \$130                        | \$37                         | \$215                |
| Employee + Family                                      | \$920               | \$220                        | \$62                         | \$355                |

## Anthem PPO options at a glance

This table provides a high-level overview of the in-network<sup>1</sup> benefits available under each PPO option.

| Plan Option                                                                | PPO with FSA         | PPO with HSA - Plan 1        | PPO with HSA - Plan 2        |
|----------------------------------------------------------------------------|----------------------|------------------------------|------------------------------|
| <b>HSA funding by Broadcom</b><br>(employee only coverage/family coverage) | N/A                  | \$250/\$500                  | \$1,000/\$2,000              |
| <b>Annual Deductible</b><br>(Individual/family deductible)                 | \$250/\$500          | \$1,600/\$3,200 <sup>2</sup> | \$4,000/\$8,000 <sup>3</sup> |
| <b>Annual Out-of-Pocket Maximum</b><br>(Individual/family)                 | \$1,500/\$3,000      | \$3,200/\$6,400 <sup>2</sup> | \$6,550/\$13,100             |
| <b>Plan coinsurance</b>                                                    | 90%                  | 90%                          | 90%                          |
| <b>Preventive care</b>                                                     | Covered 100%         | Covered 100%                 | Covered 100%                 |
| <b>Office visit</b> (primary care/specialist)                              | \$20/\$30 copay      | 90% after deductible         | 90% after deductible         |
| <b>Hospital visit</b>                                                      | 90% after deductible | 90% after deductible         | 90% after deductible         |
| <b>Emergency room visit</b>                                                | 90% after deductible | 90% after deductible         | 90% after deductible         |
| <b>Prescription drugs</b> (generic, formulary and non-formulary brands)    | 10% after deductible | 10% after deductible         | 10% after deductible         |



**Click here** for a more detailed comparison chart of the PPO options.

**Note: Important prescription drug coverage information for the Anthem PPO options.**

<sup>1</sup> Annual deductible, out-of-pocket maximums and costs for services are higher for out-of-network care.

<sup>2</sup> “True family” Deductible and “True family” Out-of-Pocket Maximum applies. The family deductible must be satisfied before benefits start for any member (one family member or a combination of family members can incur expenses that add up to the deductible). In addition, the family Out-of-Pocket Maximum must be satisfied before any member is covered at 100%.

<sup>3</sup> The family deductible must be satisfied before benefits start for any member. However, if one individual in a family meets their individual out-of-pocket limit before the family deductible has been satisfied, this individual’s costs will be covered at 100%.

The medical benefit information provided in this document is intended as a high-level summary. More complete information is available in the Summaries of Benefits and Coverage on YBP and in the Plan document on the Benefits Page of the HR Portal. If there are any discrepancies between this document and the Plan document, the Plan document supersedes.

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### Important Prescription Drug Coverage Information for the Anthem PPO options

- It's important that you're aware of the following prescription drug information for the Anthem PPO options.
- The formulary lists are updated on an ongoing basis and may change from the current list.
- If you fill a brand drug where there is a generic equivalent, you will pay a) the difference in cost between the brand and generic drug and b) the generic copay/cost share.
- Maintenance medications (those drugs you take regularly for ongoing conditions, such as high blood pressure) must be filled in 90-day supplies either through mail order with Express Scripts Pharmacy or through your local CVS or Walgreens. Any Anthem member taking a maintenance medication will receive a communication from Express Scripts with instructions for filling a 90-day prescription for the medication. To enroll in mail order with Express Scripts, visit **[express-scripts.com/3month](https://www.express-scripts.com/3month)** and create an account. For questions, contact Express Scripts Member Services at **1-844-595-4160**.
- Two fills are allowed at retail for immediate-use specialty medications; then, use of a specialty pharmacy is required, or you will be required to pay 100% of the cost at retail.

## Kaiser HMO at a glance (California only)

Note: There are no out-of-network benefits under this plan.

| Kaiser HMO (CA only)                                                     |                                     |
|--------------------------------------------------------------------------|-------------------------------------|
|                                                                          | In-network                          |
| HSA funding by Broadcom                                                  | N/A                                 |
| Individual/family deductible                                             | \$0                                 |
| Individual/family out-of-pocket max (includes deductible and copayments) | \$1,500/\$3,000                     |
| Plan coinsurance                                                         | 100%                                |
| Preventive care                                                          | 100%                                |
| Office visit (primary care/specialist)                                   | \$20/\$30                           |
| Hospital visits                                                          | \$250                               |
| Emergency room                                                           | \$100 per visit; waived if admitted |
| Diagnostic test (x-ray, blood work)                                      | \$10                                |
| Imaging (CT/PET scans, MRIs)                                             | \$50                                |
| Prescription Drugs*                                                      |                                     |
| Generic (retail/mail order)                                              | \$10/\$20                           |
| Formulary brand (retail/mail order)                                      | \$30/\$60                           |
| Non-formulary brand                                                      | \$30/\$60                           |

\*PPACA-Defined Preventive Prescription Drugs: Covered at 100% (deductible does not apply for any plan). Preventive Maintenance Prescription Drugs are all subject to the applicable copay/cost sharing (deductible does not apply for any plan).



### Words to know

Navigating the healthcare landscape can be challenging, and it’s helpful to become familiar with certain terms to understand the available plans and their design. **Click here for a few key terms to know.**

The medical benefit information provided in this document is intended as a high-level summary. More complete information is available in the Summaries of Benefits and Coverage on YBP and in the Plan document on the Benefits Page of the HR Portal. If there are any discrepancies between this document and the Plan document, the Plan document supersedes.

 **Click here** for a more detailed summary of the Kaiser HMO provisions.

**Words to Know**

**Copay:** An amount you pay for a covered service each time you use that service. Note, all plans have a deductible (except for Kaiser). Copays do not apply toward the deductible.

**Deductible:** The amount of money that you may need to pay out-of-pocket before your health insurance plan begins to pay for healthcare or prescription services. Deductibles vary by health insurance plan and may not apply for every service.

**Health Savings Account (HSA):** An account funded by you (and the company, if you choose either the Anthem PPO with HSA - Plan 1 or the PPO with HSA - Plan 2) that lets you use before-tax money to pay for eligible healthcare expenses. You can continue to use the funds in your HSA to pay for qualified medical expenses if you leave the company.

**Out-of-Pocket Costs:** Expenses you pay yourself for healthcare services, including deductibles, copays and uncovered services.

**Out-of-Network (OON):** Refers to a non-participating provider or facility. Members will pay a higher percentage for care and are liable for any expenses above the Maximum Allowable Amount.

**Plan Coinsurance:** The percentage of a medical charge that your plan will pay. Coinsurance is usually a percentage of the total medical bill. For example, if your bill is \$100, and your plan coinsurance is 90%, you will pay \$10 for your medical services if you have already met your deductible.

**Preventive Services:** Medical services and tests that keep you healthy before you may become sick. These include routine check-ups, screening tests and immunizations.

# Cost Estimator Tool

## A powerful tool for making informed medical plan choices

A powerful Cost Estimator Tool has been pre-loaded into YBP to help you understand and model what your out-of-pocket costs might be under each of your medical plan options. When you access the medical options screen in YBP, you will see an estimate of your costs for each of your medical plan options. If you hover your mouse over any estimate, an information box will pop up to show you the components of your estimated cost as follows:

- **Your Annual Plan Cost.** The cost of your premium contributions for the year.
- **Your Estimated Care Costs.** An estimate of your costs for healthcare services for you and your family during the year (for example, doctors' visits, prescription drugs, x-rays, etc.).
- **Employer's Contribution to HSA.** The contribution Broadcom will make to your HSA account for the medical plan option shown.

Your annual premium cost and Broadcom's HSA contribution are fixed for each plan option and do not vary depending on how much you and your family utilize healthcare services during the year. However, your estimated cost for healthcare services will vary depending on usage. The Cost Estimator Tool is pre-loaded with assumed healthcare usage based on national averages for a family that is similar to yours (same number of family members, same genders and same ages as your family).

The Cost Estimator Tool also gives you the ability to model other scenarios for assumed healthcare usage. If you click on the **Get Your Own Estimate** button, the Tool will walk you through a series of questions that will enable you to model any scenario you want. For example, you can model a scenario that mimics your family's healthcare usage for 2023. You choose the scenarios that you think will be most helpful as you evaluate your medical plan options.



PPO with HSA - Plan 2

HSA \$2,000.00

CoveragePrescriptions

Annual Deductible  
\$8,000 Family<sup>1</sup>

Out-of-Pocket Max  
\$6,500 Individual  
\$13,100 Family<sup>4</sup>

Primary Office Visit  
90% covered after deductible

Our Estimate: \$2,565.96 /year

Plan Cost + Estimated Care Costs (for an average family of 4)



Get Your Own Estimate

Get a personalized estimate after entering your family's medical needs.



PPO with HSA - Plan 2

HSA \$2,000.00

CoveragePrescriptions

Annual Deductible  
\$8,000 Family<sup>1</sup>

Out-of-Pocket Max  
\$6,500 Individual  
\$13,100 Family<sup>4</sup>

Primary Office Visit  
90% covered after deductible

Our Estimate: \$2,565.96 /year

|                                                                              |            |
|------------------------------------------------------------------------------|------------|
| Annual Plan Cost                                                             | \$1,611.96 |
| + Estimated Care Costs<br>(Doctor visits or prescription costs, for example) | \$2,954.00 |
| - Employer's Contribution to HSA                                             | \$2,000.00 |
| = Estimated Total Annual Cost                                                | \$2,565.96 |



PPO with HSA - Plan 2

HSA \$500.00

CoveragePrescriptions

Annual Deductible  
\$3,200 Family<sup>1</sup>

Out-of-Pocket Max  
\$6,400 Family<sup>3</sup>

Primary Office Visit  
90% covered after deductible

Our Estimate: \$2,565.96 /year

|                                                                              |            |
|------------------------------------------------------------------------------|------------|
| Annual Plan Cost                                                             | \$1,611.96 |
| + Estimated Care Costs<br>(Doctor visits or prescription costs, for example) | \$2,954.00 |
| - Employer's Contribution to HSA                                             | \$2,000.00 |
| = Estimated Total Annual Cost                                                | \$2,565.96 |

The "estimated care costs" are provided for informational purposes only and intended to assist you, in your discretion, with deciding which health plan might work best for you. The default estimate is based on in-network cost, coverage, and utilization averages for a wide array of services. The estimator will allow certain amounts to be adjusted by your answers, if any, to the utilization questions, while other amounts will remain the average. The results, therefore, may include expenses based only on averages (if you do not enter any of your own amounts) or a combination of average amounts and the answers you provide. Your actual costs and utilization of medical services may differ from the estimate provided here. Neither your employer nor Alight Solutions LLC is responsible for the accuracy of cost and coverage data or the estimated care costs results shown here. Claims data is based on gender codes of female or male only. If a gender code other than female or male was entered for you or a dependent, the information presented is based on the data for a gender code of female to cover a broader range of claims.



Get a personalized estimate after entering your family's medical needs.

Your Pay Period Cost  
\$62.00

Selected Option

Your Pay Period Cost  
\$220.00

This Option

## Other health-related benefits

### Consult with a Health Pro

Understanding healthcare benefits can be difficult and time-consuming. A personal Health Pro can help you cut through the red tape and get the most from your Broadcom medical, dental and vision plans. Your Health Pro is available to provide support and resources to help you navigate your day-to-day healthcare needs:

- **Understand your benefits** — review and explain health plan details, coverage and utilization
- **Claims assistance** — navigate the claims and billing process and resolve issues
- **Find doctors** — locate highly rated in-network doctors, dentists and eye care professionals
- **Save money on healthcare** — compare prices to choose more cost-effective options
- **Pay less for prescriptions** — receive information on alternative lower-cost medications
- **Schedule appointments** — assist with scheduling and preparing for appointments
- **Healthcare resources** — help manage your day-to-day healthcare needs



**Watch this video** to learn more.

You can contact a Health Pro through YBP or by calling the Benefit Center at **1-844-279-7895**.

### A surgery benefit through Carrum Health

Carrum Health helps eligible employees and dependents get surgical care from the top hospitals and surgeons in the country, at little to no cost. Carrum is Broadcom's preferred provider for total joint replacement, weight loss surgery, or certain neck and back procedures for members covered under an Anthem PPO. Anthem PPO members who require care for a procedure that is covered by Carrum will be notified of their option to choose to have their care provided through Carrum or through their Anthem plan.

### Free VirtualCheckup for Anthem PPO Members

Your Anthem PPO includes a convenient annual checkup at no cost to you using the Catapult Health VirtualCheckup Home Kit. You and your covered adult dependents age 18+ can each register for a Home Kit.

Getting a free preventive health checkup has never been easier! Know your health status related to diabetes, heart disease and stroke. Review the results with a board-certified Nurse Practitioner via virtual consultation and develop a personal action plan.

The cost of your VirtualCheckup is covered 100% by Broadcom. No deductible. No out-of-pocket expense. You can request your home kit by calling **1-877-373-9974**.



## Other health-related benefits

### Access virtual care through Anthem Sydney Mobile app

Medical help is a few clicks or a phone call away through Anthem's telemedicine benefit. The charge for a virtual healthcare visit is lower than for a typical in-person visit. A general medical consult is \$55 and behavioral health visits cost \$75 - \$175, depending on the type of visit. If you are an Anthem PPO member, your medical plan will pick up part or all of these costs after applying your plan's deductible, coinsurance and copayment rules. LiveHealth Online is also available to employees and their families who are not enrolled in an Anthem PPO but at the full cost of a visit specified above.

The service provides convenient and affordable virtual medical care for non-urgent conditions like colds, aches, allergies, infections, and wellness or nutrition advice. You can meet with a doctor via video, chat or phone anytime. No appointments are required, and a record of the consultation can be forwarded to your primary care physician. Doctors in most states also can prescribe medications to local pharmacies.

**Anthem PPO members:** Access Anthem Sydney Mobile app or [anthem.com/ca](https://www.anthem.com/ca). Follow the instructions to set up your account and profile.

**Non-Anthem PPO members:** You can set up an account by accessing [livehealthonline.com](https://www.livehealthonline.com). If you have questions, contact [customersupport@livehealthonline.com](mailto:customersupport@livehealthonline.com) or call **1-855-603-7985** toll free.



# DENTAL

The company offers two plans through Delta Dental — the Premier Plan with Orthodontia and the Standard Dental Plan.

Both plans offer preventive services being covered at 100% and basic and major services are covered at 80% and 50% respectively. The primary difference between the two plans is the orthodontia coverage. The Premier Plan has a maximum lifetime orthodontia benefit of \$2,500 for adults and children, whereas the Standard plan does not cover orthodontia.

Note: If you or a family member have already reached the orthodontia maximum lifetime limit under any Dental plan, benefits will not restart for that individual.

## Dental plan options at a glance

| Dental Plans                                                             |                                            |                            |
|--------------------------------------------------------------------------|--------------------------------------------|----------------------------|
|                                                                          | Delta Dental Premier Plan with Orthodontia | Delta Dental Standard Plan |
| Annual maximum benefit                                                   | \$2,500                                    | \$1,500                    |
| Individual/family deductible (waived for preventive services)            | \$25/\$75                                  | \$50/\$150                 |
| Preventive services                                                      | 100%                                       | 100%                       |
| Basic services (including endodontic and periodontic)                    | 80%                                        | 80%                        |
| Major services (including surgical periodontic and impacted extractions) | 50%                                        | 50%                        |
| Orthodontia                                                              | 50%                                        | Not applicable             |
| Orthodontia maximum lifetime*                                            | \$2,500 (adults and children)              | Not applicable             |
| Employee contributions per pay period (26 pay periods)                   |                                            |                            |
| Employee                                                                 | \$10                                       | \$5                        |
| Employee + Spouse or Domestic Partner                                    | \$25                                       | \$15                       |
| Employee + Child(ren)                                                    | \$20                                       | \$10                       |
| Employee + Family                                                        | \$40                                       | \$20                       |

\*Orthodontia payments are made in two installments over two years. You must be enrolled in the Premier plan at the time the payment is made.

Note: Costs for services are higher for out-of-network care.

 [Click here](#) for a more detailed comparison chart of the Dental plans.

# VISION

You have the option to enroll in a Vision Service Plan (VSP) to keep your eyes healthy and save on eligible vision care expenses, such as eye exams, glasses and contact lenses.



## Vision plan at a glance

| Vision Plan (VSP)                                      |                                                                                 |                           |
|--------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|
|                                                        | In-Network                                                                      | Out-of-Network            |
| Benefits*                                              |                                                                                 |                           |
| Exam                                                   | \$10 copay                                                                      | Up to \$45 reimbursement  |
| Lenses*                                                |                                                                                 |                           |
| Single vision lens                                     | Paid in full                                                                    | Up to \$30 reimbursement  |
| Lined bifocal lens                                     |                                                                                 | Up to \$50 reimbursement  |
| Lined trifocal lens                                    |                                                                                 | Up to \$65 reimbursement  |
| Progressive lenses (standard)                          |                                                                                 | Up to \$50 reimbursement  |
| Contact Lenses*                                        |                                                                                 |                           |
| In lieu of frames and lenses                           | Covered up to \$200/Up to \$60 copay contact lens exam (fitting and evaluation) | Up to \$105 reimbursement |
| Frames*                                                |                                                                                 |                           |
| Frame allowance                                        | Covered up to \$200                                                             | Up to \$70 reimbursement  |
| Employee contributions per pay period (26 pay periods) |                                                                                 |                           |
| Employee                                               | \$1                                                                             |                           |
| Employee + Spouse or Domestic Partner                  | \$4                                                                             |                           |
| Employee + Child(ren)                                  | \$4                                                                             |                           |
| Employee + Family                                      | \$7                                                                             |                           |

\*Benefit resets every January.



[Click here](#) for more details on the Vision Plan.

# SAVINGS AND SPENDING ACCOUNTS

The medical plan you select each year determines your eligibility for specific types of before-tax account(s) to which you can contribute and that you can use to pay for covered expenses. It’s important to understand the differences between these accounts so you can maximize your savings. This table provides information about the types of accounts that may be available to you.

## Comparing a Healthcare FSA to an HSA

|                                                                    | Healthcare Flexible Spending Account (FSA)                                                                     | Health Savings Account (HSA) <sup>1</sup>                                                                                                                                                        |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical plans for which it is available                            | Anthem \$250 Deductible PPO; Kaiser HMO                                                                        | Anthem PPO with HSA - Plan 1; Anthem PPO with HSA - Plan 2                                                                                                                                       |
| Company contribution to account                                    | No                                                                                                             | Anthem PPO with HSA - Plan 1 = \$250 for employee only coverage and \$500 for family coverage, Anthem PPO with HSA - Plan 2 = \$1,000 for employee only coverage and \$2,000 for family coverage |
| What it can be used for                                            | Qualifying out-of-pocket medical, prescription drug, dental and vision expenses such as deductibles and copays |                                                                                                                                                                                                  |
| 2024 annual IRS contribution limit                                 | \$3,050                                                                                                        | Single: \$4,150 <sup>2</sup> , Family: \$8,300 <sup>2</sup> Plus \$1,000 catch up if you’re age 55 or older in 2024                                                                              |
| Does my balance roll over at the end of the year?                  | No, expenses must be incurred by December 31 to be eligible for reimbursement                                  | Yes, funds never expire, and you can keep them when you leave or retire                                                                                                                          |
| When you can access contributions                                  | You have access to the entire amount you elected to contribute for the year on your first day of coverage      | You only have access to the current balance including any contributions from previous years, if applicable                                                                                       |
| Money goes with you if you leave Broadcom, including at retirement | No                                                                                                             | Yes                                                                                                                                                                                              |
| You can choose how to invest your contributions                    | No                                                                                                             | Yes, and investment income is tax-free                                                                                                                                                           |

<sup>1</sup> Tax treatment on HSAs may differ in some states. You should consult with your tax advisor for more information.

<sup>2</sup> Limits apply to the sum of company contributions and your contributions to your HSA.

## HSA vs FSA

## Limited-Use Flexible Spending Account (LUFSA)

Under IRS rules, you are not permitted to have an active Healthcare FSA and contribute to an HSA at the same time. However, you can contribute, on a pre-tax basis, to a Limited-Use FSA (LUFSA) and an HSA at the same time. Contributing to both accounts at the same time will maximize your tax savings. Eligible expenses under a LUFSA are limited to qualifying dental and vision expenses as well as medical and prescription drug expenses after you meet your medical plan deductible. Expenses reimbursed under your limited-use FSA cannot be reimbursed under any other plan or program, including an HSA. The LUFSA contribution limit for 2024 is \$3,050. Unused LUFSA money does not carry over at the end of the year and will be forfeited.

## How to access your money in an HSA or FSA

Broadcom FSAs are administered by Your Spending Account (YSA) and HSAs are administered by HealthEquity. Both vendors will send you a debit card to give you easy access to your money when you pay for eligible expense. In addition, both vendors have online tools you can use to access your money and pay for eligible expenses.

### Do you pay for child care or elder care?

If you do, consider participating in the Dependent Care FSA. It's another great way to lower the amount you pay in taxes and budget for expected costs. You can contribute up to \$5,000 (or \$2,500 if you're married and filing separately). Budget carefully, because expenses must be incurred by December 31, or you will forfeit money remaining in the account. You cannot take the money with you if you leave Broadcom.



## LIFE INSURANCE

### Employer-Paid Life Insurance and Accidental Death and Dismemberment Insurance (AD&D)

The company provides you with basic life and AD&D insurance equal to two times your salary, rounded to the next highest \$1,000, up to \$1,500,000. There are age-based reductions in coverage at 65 (65%) and 70 (50%).

### Voluntary Employee and Dependent Term Life

To supplement the coverage provided by Broadcom, you can purchase additional term life insurance for yourself. You can also purchase term life insurance for your spouse/domestic partner and your dependent children. This coverage is portable if you were to leave Broadcom, and there are age-based reductions in coverage.

- **Voluntary Employee Term Life:** You can purchase additional coverage for yourself in \$10,000 increments up to the lesser of 5x your salary or \$1,500,000. If you are electing voluntary life coverage for the first time or are increasing your current voluntary coverage, you will be required to provide Evidence of Insurability. The cost of this coverage is based on the amount of coverage you select and your age. There is an age-based reduction in coverage at 70 (50%). The exact costs of your coverage options will be shown during the enrollment process.

- **Voluntary Spouse/Domestic Partner Term Life:** You can purchase coverage for your spouse/domestic partner in \$10,000 increments up to a maximum of \$500,000. If you are electing voluntary life coverage for your spouse or domestic partner for the first time or are increasing the current coverage, you will be required to provide Evidence of Insurability. The cost of this coverage is based on the amount of coverage selected and your spouse's/domestic partner's age. There are age-based reductions in coverage at 65 (65%) and 70 (50%). The exact costs of your coverage options will be shown during the enrollment process.
- **Voluntary Child Term Life:** You can purchase coverage for your children in \$1,000 increments up to a maximum of \$25,000 per child. Evidence of Insurability is not required. The costs of your coverage options will be shown during the enrollment process.
- You must be enrolled in Voluntary Employee Term Life in order to elect coverage for your spouse and/or children.

### Voluntary AD&D

You can purchase additional AD&D insurance for yourself and your dependents. Coverage is in \$10,000 increments, up to a maximum of \$1,000,000 (\$500,000 for spouse/domestic partner; \$25,000 for child). You must have elected voluntary coverage to be eligible to elect voluntary coverage for your spouse, domestic partner or child. The exact costs of your coverage options will be shown during the enrollment process. There are age-based reductions in coverage at 65 (65%) and 70 (50%).

#### Remember your beneficiaries

Ensure you have designated your beneficiary or beneficiaries for your life insurance plans by accessing Your Benefits Portal (YBP) through your Okta home page or at **Broadcom. benefitsnow.com.**

# DISABILITY

## Short-Term Disability

Short-Term Disability (STD) coverage provides income replacement if you are unable to work due to illness or accident. STD benefits are administered by Sedgwick.

**Short-Term Disability coverage is employee-paid and, therefore, the benefit is not taxable to the employee. The plan provides up to 67% of your gross income for the first 90 days of a medically certified disability and 60% of your gross income for the next 90 days, up to a maximum weekly benefit of \$3,500. Base salary and any sales commissions are included as gross salary.**

Employees wishing to opt out of the voluntary plan will have an opportunity to do so in December of each year. Keep in mind, if you opt out of this benefit, you may not have any income replacement in the event of a disability. Employees located in California will be required to participate in the State Disability Plan if they elect to opt out of the Voluntary Plan.

If you live in a state that requires statutory disability benefits, your disability will be coordinated between the company and the state. Instructions on how to file a claim for an STD benefit can be found on the Benefits page of the HR Portal.

## Long-Term Disability

If you experience a disabling illness or injury that lasts longer than your short-term disability benefit, Long-Term Disability insurance can replace a percentage of your lost income. This benefit is 100% employer paid. **The plan pays 60% of gross salary up to a maximum monthly benefit of \$15,000 (base salary and any sales commissions are included as gross salary). You become eligible after 180 consecutive days of a medically certified disability. For California employees, 55% of gross salary will come from the Voluntary plan and 5% from the Long-Term Disability (LTD) Plan for the first year of your disability. Following this period, the full benefit will be paid from the LTD Plan.**



## Anthem Employee Assistance Program

## EMPLOYEE ASSISTANCE PROGRAM

### Anthem Employee Assistance Program

All employees and their eligible dependents are automatically covered by the Employee Assistance Program (EAP) regardless of whether they are enrolled in a company health plan.

If unresolved issues are affecting the quality of your personal or professional life, it may be a signal to call the **EAP** at **1-800-999-7222**. You can call any time, day or night. A specially trained Anthem counselor will take your call and help you obtain the care you need with a licensed counselor in the Anthem network. You may obtain additional information on the EAP through **[www.anthemEAP.com](http://www.anthemEAP.com)**. EAP services include (but are not limited to):

- 24/7 telephone consultation and referral
- Eight face-to-face counseling visits per employee/household member per issue
- Legal and financial consultations, ID recovery and credit monitoring
- Tobacco-cessation coaching
- Substance abuse consultation and recommendations



## RETIREMENT BENEFITS

Broadcom helps you build financial security in retirement by offering two valuable plans that can help put you on the path toward your personal retirement savings goals.

### 401(k) Plan

Broadcom provides a 401(k) Plan to help employees save for their retirement on a tax-favored basis. You can elect to make pre-tax or Roth contributions to the Plan through payroll deductions. The company will match these contributions on a dollar-for-dollar basis for the first 6% of your pay that you contribute. You can also elect to make after-tax contributions to the Plan. Certain IRS limits apply to contributions to the Plan. See the Summary Plan Description for more details regarding these limits.

### Employee Stock Purchase Plan

Broadcom offers an Employee Stock Purchase Plan, which allows eligible employees to purchase company stock at a 15% discount. The Plan provides two enrollment periods per year, during which you can elect to purchase company stock through payroll contributions. Eligible employees will be notified when an enrollment period approaches.



## SUPPLEMENTAL MEDICAL INSURANCE

Supplemental medical insurance can help protect you from significant or unexpected out-of-pocket expenses. Keep in mind that these plans are intended to supplement a medical plan not replace it.

The following two supplemental medical plans are available to you for 2024. Plan rates can be found on YBP.

### Accident insurance

Accident insurance supplements your medical plan by providing cash benefits in cases of accidental injuries. You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent. Please refer to the YBP website for more information on the plan benefits.

### Critical illness insurance

Critical illness insurance helps protect against the financial impact of certain illnesses, such as heart attack, cancer and more. You receive a lump-sum benefit that you can use however you see fit. Please refer to the YBP website for more information on the plan benefits.



# OTHER VOLUNTARY BENEFITS

## Commuter Benefits

The Commuter Benefit allows you to lower your commuting costs by using before-tax dollars to pay for qualified transportation expenses, such as transit passes and parking. Commuter benefits are 100% employee paid. Visit YBP for more information. You may start or stop this benefit any time during the year. If you leave the company during the year and have remaining funds in the plan, the funds are forfeited.

## Auto & Home Insurance

Purchasing auto and home insurance through Work Perks could provide you with savings of up to 15%. You have access to a variety of personal insurance policies, including home, landlord’s rental dwelling, condo, mobile home, renters, recreational vehicle, boat and personal excess liability. Visit YBP for more information.

## Pet Insurance

Pet insurance is a cost-effective way to protect you from the risk of unexpected veterinary care and provide medical care for your pet. You will find several policy options to meet a variety of needs and budgets. Visit YBP for more information.

## All-in-one protection for your identity and devices

With NortonLifeLock, you can help safeguard your personal information — it’s *everywhere*. LifeLock Identity Theft Protection looks for uses of your personal information and, with proprietary technology, alerts you to a wide range of potential threats to your identity. Norton Device Security protects against existing and emerging threats including ransomware, viruses, spyware, malware and other online threats.

Get access to these and other services with special benefit plans and pricing for you and your family by enrolling in LifeLock through YBP. Visit YBP for more information.

Have an existing LifeLock membership? Remember to cancel your existing membership just prior to your benefit effective date by calling **1-800-607-9174**.

## Legal Benefits

The MetLife Legal Plan offers you economical access to attorneys for common legal services, such as will preparation, estate planning, family law and more. You, your spouse/domestic partner, and dependents will have access to a nationwide network of 13,000 experienced attorneys. You also have the flexibility to use a non-plan attorney and get reimbursed for covered services according to a set fee schedule.

Legal advice is just a phone call away. A knowledgeable client service representative can help you locate a plan attorney in your area. You also have convenient online access to resources that will assist with court appearances, document review and preparation, or real estate matters. Visit YBP for more information.

# CONTACT INFORMATION

## Important Contacts

To contact a carrier or plan administrator directly, refer to the chart below.

| CARRIER                         | COVERAGE                                  | WEBSITE                                                                                | TOLL-FREE NUMBER |
|---------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------|------------------|
| Anthem                          | Employee Assistance Program               | <a href="http://www.anthemEAP.com">www.anthemEAP.com</a>                               | 1-800-999-7222   |
| Anthem                          | PPO Plans                                 | <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>                               | 1-877-244-3593   |
| Anthem Sydney Mobile app        | Virtual Care                              | <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>                               | N/A              |
| Beneplace/Work Perks            | Auto/Home Insurance                       | <a href="http://www.beneplace.com/broadcom">www.beneplace.com/broadcom</a>             | 1-800-683-2886   |
| Beneplace/Work Perks            | Pet Insurance                             | <a href="http://www.beneplace.com/broadcom">www.beneplace.com/broadcom</a>             | 1-800-683-2886   |
| Broadcom Benefits Center        | Online Benefits Administration            | <a href="http://www.broadcom.benefitsnow.com">www.broadcom.benefitsnow.com</a>         | 1-844-279-7895   |
| Delta Dental                    | Dental                                    | <a href="http://www.deltadental.com">www.deltadental.com</a>                           | 1-800-765-6003   |
| Express Scripts                 | Prescription Drugs                        | <a href="http://www.express-scripts.com/broadcom">www.express-scripts.com/broadcom</a> | 1-844-595-4160   |
| Fidelity                        | 401(k) Plan                               | <a href="http://www.fidelity.com">www.fidelity.com</a>                                 | 1-800-835-5098   |
| HealthEquity                    | HSA                                       | <a href="http://www.healthequity.com/broadcom">www.healthequity.com/broadcom</a>       | 1-877-582-4453   |
| Health Pro                      | Benefits Support                          | <a href="http://www.broadcom.benefitsnow.com">www.broadcom.benefitsnow.com</a>         | 1-844-279-7895   |
| HR Information Center (HRIC)    | Broadcom Human Resources                  | Email: <a href="mailto:hric@broadcom.com">hric@broadcom.com</a>                        | N/A              |
| Kaiser Permanente               | HMO Plan                                  | <a href="http://my.kp.org/broadcom">my.kp.org/broadcom</a>                             | 1-800-464-4000   |
| LiveHealth Online               | Virtual Care (for Non-Anthem PPO members) | <a href="http://www.livehealthonline.com">www.livehealthonline.com</a>                 | 1-855-603-7985   |
| MetLife Legal Plan              | Legal                                     | <a href="http://www.legalplans.com">www.legalplans.com</a>                             | 1-800-821-6400   |
| New York Life                   | Basic and Voluntary Life/AD&D             | <a href="http://www.nylgbs.com">www.nylgbs.com</a>                                     | 1-800-238-2125   |
| New York Life                   | Long-Term Disability                      | <a href="http://www.nylgbs.com">www.nylgbs.com</a>                                     | 1-888-842-4462   |
| NortonLifeLock                  | Identity Theft                            | <a href="http://www.nortonlifelock.com">www.nortonlifelock.com</a>                     | 1-800-607-9174   |
| Sedgwick                        | Short-Term Disability                     | <a href="http://www.mysedgwick.com/broadcom">www.mysedgwick.com/broadcom</a>           | 1-866-665-1287   |
| Transportation Spending Account | Parking & Transit                         | <a href="http://www.beneplace.com/broadcom">www.beneplace.com/broadcom</a>             | 1-844-279-7895   |
| VSP                             | Vision                                    | <a href="http://www.vsp.com">www.vsp.com</a>                                           | 1-800-877-7195   |
| Your Spending Account           | FSA, Dependent Care                       | <a href="http://www.broadcom.benefitsnow.com">www.broadcom.benefitsnow.com</a>         | 1-844-279-7895   |

## LEGAL NOTICES



**Broadcom 2024 Legal Notices**

