



CORSAIR



2026 EMPLOYEE BENEFIT GUIDE

WELCOME TO YOUR CORSAIR BENEFITS

This benefits guide aims to provide you with a clear understanding of our benefit plans. We are proud to offer a comprehensive, cost-effective benefits package to support the health and well-being of you and your family.

Our employee benefits program is an important part of our total rewards package. Each year, we evaluate our plan designs and costs, compare our benefit package to competitors, and negotiate with our providers to ensure we continue to provide you with health care benefits that protect you and your family.



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IMPORTANT: The coverage details in this booklet serve as a summary of the coverages available insurance carrier's plan. Refer to your carriers' plan document for full coverage details. Should there be any discrepancies between this summary and the SBC, the SBC shall apply.

SNAPSHOT OF 2026 BENEFITS

BENEFIT	WHAT IS IT?	WHO SHOULD CONSIDER IT?
<i>Medical: You have up to 5 medical plans to choose from, depending on your location.</i>		
\$350 PPO	The highest cost plan, but with the lowest out-of-pocket costs when receiving care.	Employees who anticipate high healthcare costs and want the option of the lowest deductible.
\$1,500 PPO	A lower deductible plan with lower out-of-pocket costs when receiving care.	Employees who expect to go to the doctor often or have several prescriptions each year.
\$6,000 PPO	The lowest cost plan. You pay a copay for most services; this plan has the highest deductible.	Employees who anticipate lower healthcare needs.
\$3,400 HDHP with HSA	A lower cost plan. Once you meet the deductible, you do not make any more out-of-pocket payments for care.	Employees who anticipate lower healthcare needs and who want the opportunity to participate in an HSA.
Kaiser HMO (CA Only)	The Kaiser HMO requires you to receive coverage through the Kaiser network. You must coordinate your care through a Primary Care Physician.	Employees in California who are willing to receive services from a limited network.
<i>Dental: You have the option of two dental plans through MetLife.</i>		
Dental Core Plan	A lower cost plan with no coverage for orthodontia.	Employees who want a lower annual maximum without orthodontia.
Dental Buy-Up Plan	A higher cost plan that covers orthodontia.	Employees who want a higher annual maximum with orthodontia.
<i>Vision: You have the option of signing up for the Vision Plan through VSP.</i>		
Vision Plan	A plan that gives you flexibility to seek vision services in- and out-of-network.	Employees who would like vision coverage for themselves and their families.
<i>Flexible Spending Accounts (FSAs): Tax-advantaged accounts can help you save money and pay for qualified health expenses with pre-tax money. Your eligibility to participate in these accounts will depend on the medical plan in which you choose to enroll.</i>		
Health Care FSA	An account that offers an opportunity to set aside funds to pay for medical, dental, and vision expenses and save on your taxes.	This account is available to those enrolled in any UHC PPO or Kaiser plan and those who waived medical coverage.
Limited Purpose FSA	An account that offers an opportunity to set aside funds for dental, vision, and post-deductible medical expenses.	This account is only available to those who are enrolled in the HDHP with HSA plan through CORSAIR or through a spouse's or domestic partner's HDHP.
Dependent Care FSA	An account that offers an opportunity to set aside funds for daycare expenses for children under 13 and elderly dependents claimed as a dependent on your tax return.	Any working parent with child or elder care expenses. For married couples, both parents must be employed. This account is available to all employees.
Parking & Transit FSA	Commuter benefits are a tax-advantaged spending account for public transit or parking as part of your daily commute to work. Funds roll over from month to month.	This account is available to all employees. Employees who take public transportation (including subways, buses, ferries, commuter rail, and vanpools) or park in a qualified commuter parking lot.



BENEFIT	WHAT IS IT?	WHO SHOULD CONSIDER IT?
<i>Life, Accident, and Disability: Coverage is available through Guardian.</i>		
Basic Life and Accidental Death & Dismemberment (AD&D)	Coverage for basic life insurance and accidental death and dismemberment insurance.	CORSAIR automatically provides you with this benefit at no cost to you.
Voluntary Life and AD&D Insurance	You have the option to purchase voluntary life and AD&D coverage for yourself, your spouse/domestic partner, or child(ren) that provides additional financial protection beyond the Company-paid employee coverage.	Employees and family members who would like to buy additional life and AD&D coverage.
Voluntary Short-Term Disability	Short-term disability is an income replacement benefit that provides a percentage of pre-disability earnings on a weekly basis if you are out of work on a disability claim.	For those who want additional short-term disability protection (coverage includes pregnancy).
Long-Term Disability	If you have a disability for greater than 3 months, you can get 60% of pay for your approved disability.	This benefit is provided by Corsair, however, you have the option to pay the premium resulting in a tax-free benefit.
<i>Voluntary Benefits: Voluntary health benefits are designed to supplement your regular medical coverage. Payments are made to you tax-free.</i>		
Accident Insurance	With accident insurance, you'll receive payment(s) if you are injured in an accident. Can be used for both medical out-of-pocket costs and non-medical expenses.	If you are injured in an accident it can cover costs like ambulance ride, emergency room visit, chiropractic care / PT, and many others.
Critical Illness Insurance	This insurance can provide payment(s) upon diagnosis that can be used however you choose; this includes expenses related to treatment as well as day-to-day bills.	If you are diagnosed with a critical illness such as cancer, major organ transplant, or Parkinson's.
Hospital Indemnity Insurance	This coverage pays you if you are hospitalized for a covered illness or injury.	If you are admitted to the hospital for one night or even ICU care.
<i>Additional Benefits: You have access to a number of perks that are available only to CORSAIR employees.</i>		
Employee Purchase Program	As an employee at CORSAIR, one of the best perks is the discount for our awesome products. Check out our Benefits Site for details.	All CORSAIR and CORSAIR subsidiaries can purchase products at a discount.
Education Reimbursement Program	We value continuing education. CORSAIR will reimburse up to 50% of the total cost of tuition and required textbooks. The reimbursement is subject to a maximum of \$10,000 per year.	To be eligible you must be employed with CORSAIR for at least 12 months.
Employee Stock Purchase Program	You can use after-tax payroll deductions to acquire CORSAIR stock, from 1-15% of eligible compensation, plus you'll get a 15% discount or the lesser of the stock price on either grant date or price on purchase date.	Eligible employees must meet the following criteria: Must be employed for at least 30 days prior to the beginning of the next ESPP Offering Period. (ESPP Offering Periods begin on February 21 and August 21 each year. As each offering period approaches, the Stock Administration Team will send out a detailed communication regarding enrollment and any applicable changes).
Pet Insurance	Pet Insurance is offered through Fetch and covers injuries and illnesses. You can enroll in pet insurance anytime during the year.	For those who want protection for their cats and dogs.
ID Theft Protection	ID Theft protection is offered through Experian to help safeguard your personal and financial information and mitigate the risks associated with identity theft.	For those who would like additional protection, tools, and resources for their financial protection and wellbeing.
Legal Insurance	Legal insurance is offered through ARAG and can help to create wills, transfer property or deal with a traffic ticket. Members can access a nationwide network of attorneys in-person or via telephone.	For those who expect needing legal assistance or would like the peace of mind knowing they have affordable representation or advice ready should they need it.
<i>Retirement Savings: The CORSAIR 401(k) plan is administered by Principal.</i>		





ELIGIBILITY AND ENROLLMENT

WHO IS ELIGIBLE?

Any active, regular, full-time employee working an average of at least 30 hours per week is eligible for benefits.

The following family members are eligible:

- > Your legal spouse or registered domestic partner; or
- > Your dependent children (including your step-child, child of your domestic partner, and legally adopted child) up to age 26; or
- > Any dependent child who reaches the age limit and is incapable of self-support because of a mental or physical disability.

Note: Parents, grandparents, siblings and their children are not eligible dependents.

WHEN TO ENROLL

To enroll, you must log on to [bswift](#) to make your benefit elections.

New Hire: As a New Hire, you must enroll for benefits within 31 days of your hire date. Your benefits will be effective retroactive to your date of hire.

Open Enrollment: Once a year, CORSAIR offers an Open Enrollment period during which you will be able to change your benefits for the following year.

QUALIFYING LIFE EVENT

In addition to any changes made during the Open Enrollment period, certain qualifying life events or status changes may allow you to change your benefit elections during the plan year. To make changes, you must log on to [bswift](#) within 31 days of the qualifying life event.

These changes include (but are not limited to):

- > Birth or adoption of a baby or child
- > Loss of other healthcare coverage
- > Eligibility for new healthcare coverage
- > Marriage
- > Divorce
- > Change in child's dependent status

For a complete list of qualifying life events at www.CORSAIRbenefits.com/make-changes.

HOW TO ENROLL

First, review your benefits to understand the options available to you and your family members. Whether you are enrolling for the first time or during Open Enrollment, follow these instructions to log into bswift to make your elections. Even if you are declining benefits, you will need to log in to waive coverage.

When you access bswift for the first time, you will need to use the information below to access the system. If you have issues accessing bswift, please contact the HR team at Hr-Ops@CORSAIR.com.

1. Log on to bswift

Go to CORSAIR.bswift.com

2. Enter your username and password

Username: Your username is your first initial followed by your last name (Ex. Mary Williams username would be MWilliams)

Password: Last four digits of your Social Security Number

If you experience issues logging in, try entering a 1 or 2 after your first initial + last name. (Example: MWilliams1)

3. Create a new password

New passwords must be a minimum of 8 characters and contain both alpha and numeric characters, no spaces.

4. Click on the “Enrollment Center” to begin the enrollment process.

TIPS FOR UPDATING BSWIFT:

1. In the Enrollment Center, you can see the timeline to complete your enrollment.

2. On the Employee Information page, please verify and/or update the information if necessary. If any information is incorrect and you cannot update, please reach out to Hr-Ops@CORSAIR.com.

3. On the Family Information page, verify your dependents are listed and/or add any dependents.

4. The available plans offered to you will appear in the Enrollment Center. If there are multiple plans available to choose from, you will have the option to select View All Plans Side-by-Side. To enroll in a plan, click Select.

If you select View Plan Options, you will be prompted to choose any dependent(s) that you will be covering for the specified benefit by selecting the checkbox next to their name. Once you have selected your dependent(s), click Continue.

If you don't want to enroll in a benefit plan, select “I don't want this benefit (waive),” to move onto the next benefit.

5. Basic Life, AD&D are employer paid benefits—please be sure to add a beneficiary.

Your dependents will automatically appear on this page, however you can also add a beneficiary that is not a dependent by clicking Add New Beneficiary. Once you have designated your beneficiaries, click Continue at the right of the page.

If opting for Voluntary Child Life, please add the names of the children to be included for coverage.

6. You have the option to pay the premium for Long Term Disability with after-tax dollars resulting in a tax-free benefit. The default election will be premium paid by CORSAIR which results in taxation of the benefit at time of claim.

7. On the Confirmation Page, please review the benefits you have selected, read the Participation text, click the I Agree button at the bottom of the page and then Complete Enrollment at the right of the page.

8. Once completing your enrollment, you will have the option to View, Email or Print a copy of your Confirmation Statement. You can also view your Confirmation Statement at any time by logging into the system and navigating to My Benefits > Current Benefits.

If you are unable to complete your enrollment at one time, you can click Save and Finish Later.



MEDICAL AND PRESCRIPTION DRUG COVERAGE

CORSAIR offers comprehensive medical options to help protect the health and well-being of you and your family.

All plans provide 100% coverage for in-network preventive care. Additionally, the plans also provide cost-sharing for services including: surgery, hospital stay, prescription drug, as well as mental health services. Your monthly costs and out-of-pocket expenses will vary based on the plan and coverage level you select.

TYPE OF PLAN	KEY FEATURES		
PPO	\$350 PPO	\$1,500 PPO	\$6,000 PPO
	<ul style="list-style-type: none">• You pay the highest per-paycheck premiums.• You pay copays for office visits and prescription drugs.• For all other services, you pay the full cost until you reach the deductible. Then, you and CORSAIR share the cost of care through coinsurance until you reach the out-of-pocket maximum. Once you hit the maximum, the plan pays 100% of eligible expenses.• Costs are lower when you use in-network providers.	<ul style="list-style-type: none">• You pay lower per-paycheck premiums.	<ul style="list-style-type: none">• You pay the lowest per-paycheck premiums.
HDHP High-Deductible Health Plan	\$3,400 HDHP with HSA		
	<ul style="list-style-type: none">• You pay lower per-paycheck premiums.• You pay the full cost of services (including prescriptions) until you reach the deductible. Once your qualified expenses reach the deductible, you will not pay anything out-of-pocket.• Costs are lower when you use in-network providers.• Includes a Health Saving Account (HSA). You can make pre-tax contributions via payroll deduction. You own your HSA and your balance rolls over from year to year. You also have the opportunity to invest your funds.		
HMO	Kaiser HMO		
	<ul style="list-style-type: none">• Available for California residents only.• You must receive care in the Kaiser network.• You pay copays for most services, including prescription drugs; there is no deductible.• Your Primary Care Physician coordinates all your health care, including office visits, prescriptions, and referrals to specialists.		



PRESCRIPTION DRUG BENEFITS

We know prescription drug coverage is important to you and your family, so you are automatically covered under the prescription drug plan when you enroll in medical coverage. You may fill your prescriptions at participating retail pharmacies. Under the prescription drug coverage, the mail order option allows you to buy qualified prescriptions in larger 90-day quantities for a slightly higher copay amount than the 30-day supply at the retail pharmacy. You may also fill a 90-day supply at a participating retail pharmacy, the copay amount will be higher than mail order or 30-day retail.

There are several categories of drugs under the plans. The differences between these categories are described below:

- > Tier 1—Lowest-cost medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.
- > Tier 2—Mid-range cost medications that provide good overall value. Mainly brand-name drugs which have been deemed “preferred” due to factors such as cost-effectiveness and clinical effectiveness.
- > Tier 3—Higher-cost brand-name medications that are not designated as “preferred” due to relatively high cost or availability of a lower-cost similar alternative in lower prescription tiers.
- > Tier 4—Typically your highest-cost medications that treat complex conditions and may require special storage and handling.

The tier identifies the cost level you pay for a drug. If you currently take a Tier 3 drug, ask your provider if a Tier 1 or Tier 2 option could work for you. To view a list of commonly prescribed medications, review a copy of your Prescription Drug List (PDL) posted in bswift or on our CORSAIR Benefits site.

WHAT IS AN HSA?

If you enroll in the HDHP with HSA plan, your HSA will be set-up automatically by Navia. The Health Savings Account (HSA) is a separate savings vehicle that allows you to set aside pre-tax funds to pay for healthcare expenses. You will be issued a debit card to access funds in your account, or you can pay out-of-pocket and reimburse yourself later.

YOUR CONTRIBUTIONS

	EMPLOYEE ONLY	FAMILY (1 OR MORE DEPENDENTS)
Corsair Annual Contribution*	\$500	\$1,000
Employee Maximum Contribution	\$3,900	\$7,750
IRS Annual Limit	\$4,400	\$8,750
Catch up employee contributions if age 55+		\$1,000

* CORSAIR contributions are deposited per pay period and are pro-rated for new hires.

TRIPLE TAX-ADVANTAGE

When you contribute to an HSA, there are several tax-savings advantages. Your HSA is tax-free when it goes in*, tax-free as it grows and tax-free when used to pay for eligible health care costs.

1. Your Contributions—Payroll contributions are pre-tax.
2. HSA Growth—Your account will earn interest, like a savings account, and you can invest it in the market when your balance is over \$1,000 (and all of the earnings are tax-free).
3. Withdrawals—Withdrawals to pay for eligible medical expenses are tax-free.

IT'S PORTABLE

You own your HSA—it is completely portable and rolls over from year to year. Even if you change medical plans or leave CORSAIR, the account stays with you.

Log on to www.naviabenefits.com to access your account, adjust your contributions, and easily submit expenses for reimbursement. You may also make contribution adjustments in bswift as well.

* HSA contributions are not subject to Federal taxes. State taxes may vary.



MEDICAL AND PRESCRIPTION DRUG COMPARISON CHART—UHC PLANS

	\$350 PPO		\$1,500 PPO		\$6,000 PPO		\$3,400 HDHP w/ HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Embedded Deductible* - Individual - Family	\$350 \$900	\$700 \$1,800	\$1,500 \$3,000	\$3,000 \$6,000	\$6,000 \$12,000	\$12,000 \$24,000	\$3,400 \$6,800	\$6,000 \$12,000
Member Coinsurance	10%	30%	20%	40%	0%	20%	0%	20%
Max. Out-of-Pocket* - Individual - Family	\$1,800 \$3,600	\$3,600 \$7,200	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$24,000 \$48,000	\$3,400 \$6,800	\$12,000 \$24,000
HSA eligible	No		No		No		Yes	
Physician Office Visit - Primary - Specialist	\$20 copay \$20 copay	30% after deductible	\$25 copay \$50 copay	40% after deductible	\$20 copay \$40 copay	20% after deductible	0% after deductible	0% after deductible
Preventive Care	No Cost	30% after deductible	No Cost	40% after deductible	No Cost	20% after deductible	No Cost	20% after deductible
Urgent Care	\$25 copay	30% after deductible	\$50 copay	40% after deductible	\$75 copay	20% after deductible	0% after deductible	20% after deductible
Emergency Room	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$100 Copay	\$100 Copay	0% after deductible	0% after deductible
Labs & Imaging - Lab - X-ray - Blood Work	10% after deductible	30% after deductible	20% after deductible	40% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Inpatient Service Prior Authorization required	10% after deductible	30% after deductible	20% after deductible	40% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Outpatient Services	10% after deductible	30% after deductible	20% after deductible	40% after deductible	0% after deductible	20% after deductible	0% after deductible	20% after deductible
Prescription Drugs Retail (Up to 30-day supply) - Tier 1 - Tier 2 - Tier 3	\$10 \$30 \$60	\$10 \$30 \$60	\$10 \$30 \$60	\$10 \$30 \$60	\$10 \$30 \$60	\$10 \$30 \$60	0% after deductible	0% after deductible
Mail Order (90-day supply) - Tier 1 - Tier 2 - Tier 3	\$20 \$80 \$170	N/A	\$20 \$80 \$170	N/A	\$20 \$80 \$170	N/A	0% after deductible	0% after deductible

* Embedded deductible and out-of-pocket (OOP), means that a "per member" deductible and OOP are embedded within the "per family" thresholds. Each covered family member is subject only to their "per member" deductible or OOP, and the family's exposure as a whole is limited by the family deductible and OOP limits. Please note the embedded deductible and out-of-pocket maximum applies to the United Healthcare plans; it does not apply to the Kaiser HMO plan.

The official plan documents govern all aspects of the CORSAIR plan offerings. Employees should refer to the plan document for accurate and complete information. In case of any inconsistencies, the plan document prevails. Visit [bswift](#) for plan documents and details.



HAVE UHC MEDICAL PLAN QUESTIONS?

UNITED HEALTHCARE PRE-ENROLLMENT LINE

Questions before you enroll

If you have questions about the network, providers, prescriptions, covered services, etc, contact a UHC Advocate...

- > For questions about: \$350 PPO Plan, \$1,500 PPO Plan, or \$6,000 PPO Plan, call 866-633-2446.
- > For questions about: \$3,400 HSA Plan, call 866-314-0335.

Once connected to the line, you will need to follow the voice prompts:

- > State you are a "member."
- > State you "don't have their UHC member #."
- > State why you are calling, such as "medical benefits." or "prescription benefits."

Once you connect with a UHC Advocate, it is helpful to note that you are calling for guidance for your employer "CORSAIR Memory—929280."

ADVOCATE4ME

Questions once you are already enrolled in a plan

When you are enrolled in a UHC plan, you have access to Advocate4Me...

Support includes:

- > A single point of contact to help resolve your issue, sticking with it until the inquiry is resolved.
- > Access to highly trained Advocates that specialize in resolving complex claim issues.
- > Guidance and education about care choices that could help lower costs.
- > Assistance with appointment scheduling.
- > Comprehensive support for members who have a child with complex medical needs, to help navigate the system.

Speak to an advocate:

- > Call the member number on your medical ID card 8 a.m. - 8 p.m. local time, Monday-Friday.
- > Log in to myuhc.com or use the UHC app and click to Call or Chat with an Advocate.

FIND A UHC PROVIDER

1. Go to <https://www.whyuhc.com/selectplus/search-for-a-provider>.
2. Scroll down to the 'Open the Directory' button.
3. Click on 'Continue'.
4. On the search screen, change the location to your applicable zip code. In the search bar, a service or provider can be searched. In the 'Find Care by Category' search, members can search for a general listing of providers in the zip code for specialists, Primary Care Providers, hospitals, and etc.

MEDICAL AND PRESCRIPTION DRUG COMPARISON CHART—KAISER

	Kaiser HMO For California residents	In-Network ONLY
Embedded Deductible - Individual - Family		\$0 \$0
Member Coinsurance		0%
Max. Out-of-Pocket - Individual - Family		\$3,000 \$6,000
HSA Eligible		No
Physician Office Visit - Primary - Specialist		\$20 copay \$20 copay
Preventive Care		No Cost
Urgent Care		\$20 copay
Emergency Room		\$150
Labs & Imaging - Lab - X-ray - Blood Work		\$10 copay
Inpatient Service Prior Authorization required		\$100 copay/admission
Outpatient Services		\$100 copay/procedure
Prescription Drugs Retail (Up to 30-day supply) - Tier 1 - Tier 2 - Tier 3		\$10 \$30 \$30
Mail Order (90-day supply) - Tier 1 - Tier 2 - Tier 3		\$20 \$60 \$60

GET STARTED WITH KAISER

Kaiser wants to help empower you to take control of your health journey and make informed decisions with confidence. You can also manage care for your entire family.

Get started by logging on to kp.org to:

- > Make appointments
- > View your member medical records
- > Explore wellness tips and programs
- > Access helpful programs and services

The official plan documents govern all aspects of the CORSAIR plan offerings. Employees should refer to the plan document for accurate and complete information. In case of any inconsistencies, the plan document prevails. Visit bswift for plan documents and details.



FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to fund an account with pre-tax dollars from your paycheck to pay for eligible health care and/or dependent care expenses.

Your eligibility to participate in these accounts will depend on the medical plan in which you choose to enroll. If you enroll in the \$3,400 HDHP with HSA plan through CORSAIR or are enrolled in an HDHP through your spouse or domestic partner, you are not eligible to participate in the General Purpose Health Care FSA; however, you may participate in a Limited Purpose FSA (which may be used for eligible dental and vision expenses only).

You must enroll in your FSA every year to participate. Once your account has been created, Navia will mail you a welcome kit and debit card.

	GENERAL PURPOSE HEALTH CARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
Eligibility	Any employee not enrolled in the HDHP with HSA plan.	Any employee enrolled in the \$3,400 HDHP with HSA plan.	Any working parent with child or elder care expenses. For married couples, both parents must be employed.
Maximum Annual Contribution Amount	Up to \$3,400	Up to \$3,400	Up to \$7,500 per household (\$3,750 if married filing separately).
What expenses are allowed?	<ul style="list-style-type: none">Health related costs (medical, dental, orthodontia, and vision expenses).Prescription medication expenses.Over-the-counter drugs and medicines without a prescription such as pain relief, allergy products, and cold and flu medicine.Click here for a complete list of eligible expenses.	<ul style="list-style-type: none">Dental, orthodontia, and vision expenses.Click here for a complete list of eligible expenses.	<ul style="list-style-type: none">Dependents 12 and under or physically disabled dependents.Work day childcare services.Cost of care at a licensed daycare.Before or after-school care.Click here for a complete list of eligible expenses.
What happens to unused account funds at the end of the year?	If you have a balance at the end of the 2026 plan year, up to \$680 will be rolled over to your account for the 2027 plan year. Any unused funds exceeding \$680 will be forfeited, as mandated by IRS regulations. Note: You have until March 31, 2027 to submit claims incurred for the 2026 plan year.	If you have a balance at the end of the 2026 plan year, up to \$680 will be rolled over to your account for the 2027 plan year. Any unused funds exceeding \$680 will be forfeited, as mandated by IRS regulations. Note: You have until March 31, 2027 to submit claims incurred for the 2026 plan year.	Any funds remaining in your Dependent Care FSA at the end of the 2026 will be forfeited. This is a mandated provision known as the "use-it-or-lose-it" rule. Note: You have until March 31, 2027 to submit claims incurred for the 2026 plan year.
How do I make changes to my contributions?	You can only make changes to your participation and/or contribution amount during the Open Enrollment period or with a qualifying event. Make sure you budget and plan ahead according to your projected health and dependent care needs.		



PARKING AND TRANSIT FSA (COMMUTER BENEFIT)



Commuter benefits are a way to pay for eligible parking and commuter expenses (while you are employed) before taxes. Your money is deducted from each paycheck pre-tax (before Federal, most State, and FICA taxes). You can change participation and your contribution amount at any time throughout the plan year. Once your account has been created, Navia will mail you a welcome kit and debit card.

	TRANSPORTATION	PARKING
Eligibility	All active, full-time CORSAIR employees may participate.	
Maximum Contribution Amount	Up to \$340 per month	Up to \$340 per month
What expenses are allowed?	<ul style="list-style-type: none">Mass transit faresMonthly bus passesVanpooling fees	<ul style="list-style-type: none">Parking at or near your work locationParking at a location from which you participate in a carpool or board mass transit
What expenses are not allowed?	<ul style="list-style-type: none">Taxi fares or rideshareBridge tollsCost of auto maintenance	<ul style="list-style-type: none">Parking costs at homeParking when not commuting to or from work location
What happens to unused account funds?	Your funds will continue to roll over from month to month. However, if your employment terminates before the end of the plan year, your commuter balance will be forfeited.	
How do I make changes to my contributions?	Commuter benefit contribution changes can be year-round, log on to www.naviabenefits.com .	
Where can I get more information?	Visit Navia to learn more about commuter benefits.	



DENTAL BENEFITS



CORSAIR offers you two dental plans administered by MetLife: Dental Core Plan and Dental Buy-Up Plan.

The dental plans feature a network of dentists and specialists who have agreed to provide services at a discounted price. If you choose to see a dentist out of the network, you may be billed for any charges over what is considered "reasonable and customary." That means the best way to maximize your benefit is by to obtain care from an in-network dentist.

DENTAL PLAN COMPARISON

SERVICES	DENTAL PPO PLAN			
	Dental Core Plan		Dental Buy-Up Plan	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Deductible <i>Applies to Basic & Major</i>		\$50 individual \$150 family		\$50 individual \$150 family
Preventive Services <i>Deductible waived for Preventive</i>	No Cost	No Cost	No Cost	No Cost
Basic Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Major Services	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Annual Maximum	\$2,000		\$2,500	
Orthodontia	Not covered	Not covered	50%	50%
Orthodontia Lifetime Maximum	Not covered	Not covered	\$2,500	\$2,500
Out-of-Network Reimbursement*	N/A	Based on Reasonable & Customary Charge	N/A	Based on Reasonable & Customary Charge

* Out-of-Network benefits for a given dental procedure are calculated according to the reasonable and customary charge for a particular area. MetLife calculates reimbursements based on the 90th percentile of the usual and customary amount.

FINDING AN IN-NETWORK DENTAL PROVIDER

Find out if your current dentist is in the MetLife network or learn how to find a new dental provider.

1. Go to MetLife.com
2. Select "Find a Dentist" next to "How we can help you"
3. Select "PDP Plus" next to "Choose your network." Then, enter your zip code, city or state and select the "Find a Dentist" button

METLIFE MYBENEFITS SITE AND MOBILE APP

The MyBenefits site and app has all your dental benefits information all in one place. You can:

- > Download your Dental ID card. Your card contains your name, employer's name and group number.
- > View your benefits, copay or coinsurance amount, and view your claims status.
- > Use the Oral Health Library to research important dental topics.
- > Use the MetLife Virtual Assistant to get personalized dental estimates.

[Go to metlife.com/mybenefits](http://metlife.com/mybenefits) to get started.



VISION BENEFITS



Your vision benefits are provided by VSP.

The vision plan is designed to allow you the freedom to choose whether you use an in- or out-of-network provider.

VISION PLAN COMPARISON

SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Eye Exam <i>Every calendar year</i>	\$10 copay	Up to \$45
Materials	\$10 copay	
Standard Frame <i>Every calendar year</i>	\$130 retail frame allowance 20% savings on the amount over your allowance Additional benefits: \$150 Enhanced Featured Frame Brands allowance \$130 Walmart/Sam's Club frame allowance \$70 Costco frame allowance	Up to \$70
Standard Plastic Lenses <i>Every calendar year in lieu of contact lenses</i> - Single Vision - Bifocal - Trifocal - Lenticular	No cost after materials copay No cost after materials copay No cost after materials copay No cost after materials copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100
Contact Lenses <i>Every calendar year in lieu of frames and lenses</i> - Elective - Medically Necessary - Contact Fitting and Evaluation	\$130 allowance No cost, paid in full \$60 max copay	Up to \$105 Up to \$210 N/A
Essential Medical Eye Care* <i>Available as needed</i> - Retinal imaging for members with diabetes covered-in-full - Additional exams including pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.	\$20 copay per exam	N/A

* Coordination with your medical coverage may apply. Ask your VSP network doctor for details.



ADDITIONAL VSP SAVINGS

Glasses & Sunglasses

- > Discover all current eyewear offers and savings at vsp.com/offers.
- > 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.
- > Eyeconic® is the preferred in-network VSP online retailer.
- > Featured frame brands, including bebe, Calvin Klein, Cole Haan, Dragon, Flexon, Longchamp, Nike, and more will receive an extra \$20.

Laser Vision Correction

- > Discounts average 15% off or 5% off a promotional offer for laser surgery, including PRK, Custom PRK, LASIK, Custom LASIK, SMILE, and Contoura at contracted facilities.

Exclusive Member Extras for VSP Members

- > Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers.
- > Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details.

GET STARTED WITH VSP

Create an account on vsp.com to view your in-network coverage, find the VSP doctor, and discover savings with Exclusive Member Extras.

At your appointment, just tell your provider you have VSP, you do not need an ID card.



MENTAL HEALTH & WELLNESS



Our Employee Assistance Program (EAP) offers services to help promote well-being and enhance the quality of life for you and your family.

All CORSAIR employees and your dependents have access to confidential mental health services through Uprise Health in partnership with Guardian. This is an additional resource to help you deal with any personal problems that might adversely impact your work performance, health, or overall well-being. Your spouse or domestic partner, and your dependent children ages up to age 26 also have access to EAP services at no cost to you.

What's covered

- > Unlimited, confidential telephonic consultations with an EAP counselor
- > Three in-person or video counseling sessions per issue at no charge
- > Online resources and planning tools

UPRISE HEALTH

Visit worklife.uprisehealth.com

Access Code: worklife

800-386-7055 from Monday through Friday from 6am - 5pm PST
(24/7 crisis help available)

You also have access to work-life services, including legal and financial counseling, elder care and child care referrals, and an extensive library of reference articles. Find resources for:

- > Child care, parenting and adoption
- > Summer programs for kids
- > School and financial aid research
- > Care for older adults
- > Caregiver support
- > Special needs
- > Pet care
- > Home repair and improvement
- > Free consultations with financial and legal professionals—plus discounts on legal services
- > Access to online estate planning documents and resource library

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

Coverage is available through Guardian. Life and Accidental Death & Dismemberment (AD&D) insurance is an important benefit as it provides your beneficiaries financial protection in the event of a tragic loss.

BASIC LIFE AND AD&D

This benefit is provided automatically by CORSAIR and at no cost to you. CORSAIR provides full-time employees with basic life and accidental death & dismemberment (AD&D) insurance through Guardian. Life and AD&D insurance is designed to provide protection for you and your family against loss of income due to death. You are automatically enrolled in basic life and AD&D and CORSAIR pays 100% of the cost of this coverage.

- > Salaried employees: 2x base annual earnings up to \$500,000
- > All other employees: 1x base annual earnings up to \$100,000

** Basic life and AD&D benefits are reduced by 35% at age 65 and 50% at age 70.*

VOLUNTARY LIFE AND AD&D

You have the option to purchase additional life and AD&D insurance for yourself, your spouse/domestic partner, and your child(ren) through after-tax payroll deductions.

What is Evidence of Insurability (EOI)?

Evidence of Insurability (EOI) is a process in which you must submit a brief medical history before the insurance provider approves your request for additional coverage.

As a new hire, you can purchase voluntary life coverage up to the maximum benefit amount. Any amount elected after the new hire period will require EOI. However, you may increase your coverage during Open Enrollment up to an additional \$50,000 (not to exceed \$300,000) without providing EOI.

	EMPLOYEE	SPOUSE	CHILD(REN)
Initial eligibility <i>(if electing within 31 days of your date of hire)</i>	<ul style="list-style-type: none">Can purchase increments of \$10,000.Up to \$300,000 maximum.	<ul style="list-style-type: none">Can purchase increments of \$5,000.Up to \$150,000 maximum.	<ul style="list-style-type: none">For child(ren) less than 14 days of age, you can purchase \$1,000 of coverage.For children 14 days to 26 years of age, you can purchase increments of \$1,000 up to a maximum of \$10,000.
Purchasing additional coverage during Open Enrollment	<ul style="list-style-type: none">Purchase increments of \$10,000.Up to \$50,000 of additional coverage (not to exceed the maximum of \$300,000) without EOI.	<ul style="list-style-type: none">Purchase increments of \$5,000.Up to \$50,000 of additional coverage (not to exceed the maximum of \$150,000) without EOI.	<ul style="list-style-type: none">Purchase increments of \$1,000.Not to exceed the maximum of \$10,000.
Benefit maximum	\$300,000	\$150,000	\$10,000
Notes	<ul style="list-style-type: none">Benefits are reduced by 35% at age 65 and 50% at age 70.	<ul style="list-style-type: none">Spouse coverage is based on employee's age.Spouse coverage cannot exceed 50% of employee's coverage.Benefits are reduced by 35% at age 65 and terminate at age 70.	<ul style="list-style-type: none">Child coverage ends on the child's 26th birthday.



SHORT & LONG-TERM DISABILITY

Coverage is available through Guardian. In the event you become disabled from an injury or sickness and cannot work, disability income benefits will provide a partial replacement of lost income. Long-term disability is provided by Corsair, however, you have the option to pay the premium resulting in a tax-free benefit. You can purchase short-term disability coverage-this premium is paid by you.

	VOLUNTARY SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Notes	<ul style="list-style-type: none"> Premiums are paid 100% by the employee. EOI is required if enrolling any time after your initial new hire period. 	This benefit is provided by Corsair, you have the option to pay the premium resulting in a tax-free benefit.
Waiting period	7 days	90 days <ul style="list-style-type: none"> If you HAVE NOT elected Voluntary Short-Term Disability, payments to you will begin 90 days after you submit the claims to Guardian and it is approved. If you HAVE elected Voluntary Short-Term Disability, Long Term Disability will begin once the STD benefit period has ended.
Plan pays	<ul style="list-style-type: none"> 66.7% of basic earnings. Benefits are non-taxable. 	<ul style="list-style-type: none"> 60% of basic earnings. If Corsair pays the premium, benefits are taxable. If you pay the premium, benefits are non-taxable.
Maximum benefit	\$1,000/week	\$10,000/month
Maximum benefit period	As long as you remain disabled, payments will continue to be issued for a maximum of 12 weeks.	As long as you remain disabled, payments will continue to be issued to you until you reach age 65 or Social Security Normal Retirement Age.

HOW LONG TERM DISABILITY BENEFITS ARE TAXED

Corsair offers you the choice of how you would like to receive your LTD benefit should you need to make a claim.

- Employer Paid (default) - means if you go on disability leave, you'll have to pay taxes on your disability insurance payout.
- Employee Paid - means you pay the premium so if you go on disability leave, you'll receive the full benefit.
 - Keep in mind, the premium amount is small, compared to the potential taxes paid at claim time. The potential tax savings to all employees is tremendous.

Note: *LTD benefits will default to the Employer Paid Option (current benefit setup). Your tax choice option is irrevocable for the entire plan year, it cannot be changed until the next open enrollment.*

LONG TERM DISABILITY EXAMPLE	ACTUAL PAY	EMPLOYER PAID	EMPLOYEE PAID
Annual Income	\$120,000	\$120,000	\$120,000
Benefit %	N/A	60%	60%
Pre-Tax Pay (Monthly)	\$10,000	\$6,000	\$6,000
Post-Tax Take Home Pay (Monthly*)	\$7,000	\$4,200	\$6,000
Income Replacement % (compared to post taxtake home pay)		60%	86%
Monthly Premium		\$22.00 (Paid by Corsair)	\$22.00 (Paid by Employee)



VOLUNTARY BENEFITS

These benefits are designed to provide additional protection for you and your family and are offered through Guardian. You can only elect these benefits during Open Enrollment, as a new hire, or if you experience a qualified life event. Cost of these benefits is 100% employee's responsibility.

Details about these coverage options can be found on www.corsairbenefits.com/voluntary. You can find per paycheck costs by logging onto [bswift](#).

ACCIDENT PROTECTION

CORSAIR provides all active full-time employees with the opportunity to purchase Accident Insurance through Guardian. Accident insurance provides you financial peace of mind when the unexpected happens. It provides cash benefits if you or a covered family member is accidentally injured.

CRITICAL ILLNESS

Critical illness is coverage that helps ensure you and your family have the financial support to offset the expenses of a serious illness that may not be covered by your medical plan. Critical illness insurance is coverage that can help safeguard your finances by providing you with a lump sum payment when you or your family needs it most. The extra cash can help you focus on getting back on track without worrying about finding the money to cover some of your expenses. Best of all, the payment is made directly to you, and is in addition to any other insurance you may have. It is yours to spend however you like, including for you and your family's everyday living expenses.

When enrolled in the plan, you will receive a benefit payment once a year when you or a covered individual complete a routine wellness screening such as:

- > Mammogram
- > Fasting blood glucose test
- > Colonoscopy
- > PSA blood test
- > Chest x-ray
- > And more...

For a complete list of covered wellness screenings go to guardianlife.com.

Employee	Lump sum benefit in increments of \$5,000 up to a maximum of \$25,000 guaranteed issue coverage.
Spouse	Lump sum benefit in increments of \$2,500 up to a maximum of \$12,500 or 50% of employee's lump sum.
Child(ren)	Lump sum benefit up to \$6,250 not to exceed 25% of employee's lump sum.

HOSPITAL INDEMNITY

Hospital indemnity insurance pays if you are confined in a hospital for a covered illness or injury. Hospital Indemnity Insurance can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. This benefit also can be used for any non-medical expenses like housing costs, groceries, car expenses, etc.

ADDITIONAL BENEFITS



You have access to a number of perks that are only available to CORSAIR employees. More information about these benefits are available on www.CORSAIRbenefits.com/additional-benefits.

If you have additional questions about these programs email HR@CORSAIR.com.

PET INSURANCE

Pet insurance for dogs and cats is offered through Fetch. The plan covers illness and injury. Your pet can see any licensed veterinarian, and you can easily manage your policy and submit claims from your mobile device.

Here's some of what Fetch covers:

- > Emergency vet visits
- > Swallowed objects & toxins, vomiting, diarrhea
- > Name brand prescription medications
- > Exam fees and diagnostic tests
- > Surgery & rehabilitation
- > Diagnostic & blood tests; MRI & ultrasounds
- > Dental coverage

How Fetch works:

1. Use any licensed vet in the U.S. or Canada. With Fetch, you have the flexibility to keep your current vet or visit a new vet if you'd like. We even cover specialists and emergency clinics.
2. Submit a claim in minutes. Just take a picture of your vet documents, answer a few questions about your pet's treatment and we'll handle it from there.
3. Get paid back fast. Once your claim is approved, you'll be paid back up to 90% of your unexpected vet bill in as little as 2 days via direct deposit.

You can enroll in pet insurance anytime during the year; you do not need to enroll for coverage during Open Enrollment. Premiums are paid directly to Fetch.

ID THEFT PROTECTION

Experian provides you and your covered family members with robust financial tools to help you achieve your credit and financial goals. The program also provides you with industry leading Identity Protection services to help you monitor any potential threats to your identity and alerts you if there are any areas of concern. Additionally, you'll have access to a suite of proactive digital privacy tools to help you keep passwords and other personal information private and secure while surfing the web.

Program features include:

- > Personalized financial and credit insights and recommendations to help you achieve your goals
- > Automated budgeting and cash flow management tools powered by AI
- > Debt analysis and financial goal tracking
- > Real-time credit alerts and easy disputes
- > Device protection services: Secure VPN, Password Manager, Safe-Browser
- > Credit monitoring - Real time alerts
- > Free credit report access—quarterly tri-bureau and daily Experian
- > Credit Lock—push of 1 button
- > Social Media Monitoring
- > Child Monitoring

You will also have access to a mobile app with one-touch 24-7 assistance from the Resolution Center Support Team that will work with you until your issues are completely resolved.

Experian offers two levels of coverage. Premiums are paid via payroll deduction. Log on to [bswift](#) to view rates and plan options.

PREPAID LEGAL

A legal insurance plan from ARAG covers a wide range of legal needs including; consumer protection matters (auto repair, buying or selling a car, small claims court), criminal situations, family law events, finance, and debt related matters, home ownership or rental matters, will and estate planning needs and other general needs.

With ARAG, members have access to a nationwide network of attorneys who can address your legal needs in-person or via telephone. When you use a network attorney, attorney fees are 100% paid in full for most covered matters.

You also have access to ARAG's Learning Center. Visit [ARAGlegal.com/plans/learning-center](#) and enter access code 19127co or call 800-247-4184 for assistance.

You have the choice between two plans. Premiums are paid via payroll deduction. Log on to [bswift](#) to view rates and plan options.

You have a choice to enroll in the *UltimateAdvisor* plan or the buy-up *UltimateAdvisor Plus* plan. The *UltimateAdvisor Plus* plan includes divorce-related services and some ID theft protection services. The plan allows for parents/grandparents to consult about elder law matters such as Medicare eligibility, estate planning and consumer protection, as well as receive assistance from elder care advocates.



EMPLOYEE PURCHASE PROGRAM

As a CORSAIR employee, one of the best perks is the discount for our awesome products.

All CORSAIR and CORSAIR subsidiaries can purchase products at a discount, and prices will be based on the following discounts from MSRP. You can purchase up to \$2,000.00 MSRP of product per quarter (excluding CORSAIR ONE purchases). Ground shipping is free for all employees.

CORSAIR (register: <https://www.corsair.com/us/en>)

- > 50% off Keyboards, Mice, Mouse Pads, Headsets, Docking Stations, Gaming Accessories, and Apparel
- > 40% off PC Cases, AIO Cooling, Custom Cooling, Power Supplies, Fans, Furniture, and DIY Accessories
- > 30% off Memory and Storage
- > 15% off Monitors
- > 10% off Certified Refurbished Items
- > 5% off PC Systems

Drop (register: <https://drop.com/home>)

- > 40% off full price mechanical keyboards and desk mats. 15% off discount if the item is already on sale.
- > 20% off full price audiophile products. 10% off discount if the item is already on sale. 30% off Memory and Storage
- > 10% off all commerce products.

Elgato (register: <https://www.elgato.com/us/en>)

- > 50% off Elgato Products: Game/Camera Capture, Webcams, Microphones, Stream Deck, Lights, Green Screen, Mounts, Apparel, and Accessories

SCUF (register: <https://scufgaming.com/customer/account/create/>)

- > 40% off SCUF Accessories
- > 30% off SCUF Controllers

TO ORDER:

1. Register an account on the Corsair, Drop, Elgato, and Scuf webstores with your @corsair email address.
2. Email Thao Nguyen, Webstore Operations Associate, at thao.nguyen@corsair.com, to enable the discount after registering.

EDUCATION REIMBURSEMENT PROGRAM

At CORSAIR, we value continuing education and want to help you take steps to support the advancement of your education. Eligible employees must meet the following criteria:

- > Employed with CORSAIR for at least 12 months
- > The request for reimbursement should be pre-approved by the management chain all the way to the BU Executive & CHRO

Upon successful completion of the course, CORSAIR will reimburse up to 50% of the total cost of tuition and required textbooks. The reimbursement is subject to a maximum of \$10,000 per year.

Reach out to HR@CORSAIR.com to obtain education reimbursement forms.



EMPLOYEE STOCK PURCHASE PROGRAM

You can use after-tax payroll deductions to acquire CORSAIR stock, from 1-15% of eligible compensation, plus you'll get a 15% discount or the lesser of the stock price on either grant date or price on purchase date.

Eligible employees must meet the following criteria:

- > Must be employed for at least 30 days prior to the beginning of the next ESPP Offering Period. ESPP Offering Periods currently begin on February 21 and August 21.

PAID TIME OFF

FOR HOURLY EMPLOYEES

Hourly employees can refer to their offer letters for details on their PTO accrual schedule.

FOR SALARIED EMPLOYEES

CORSAIR provides 15 days of Paid Time-Off (PTO) each year with one additional day per year after the first full year worked, up to a maximum of 25 days. PTO is accrued on a pay period basis. Maximum annual PTO accrual is 200 hours (25 working days).

Maximum accrual may vary depending on state legislation.

HOLIDAY SCHEDULE

CORSAIR provides 10 paid holidays for 2026. Visit www.CORSAIRbenefits.com/additional-benefits to view our holiday schedule.

CORSAIR PARENTAL LEAVE POLICY

Our policy provides 12 weeks of paid parental leave per birth, adoption or placement of a child/children.

- > Parental Leave may be taken at any time during the 12-month period. It can be split into two separate segments of time.
- > The maximum leave duration will not be adjusted in the event of the birth or adoption of more than one child.

Eligible employees must meet the following criteria:

- > Employed with CORSAIR for at least 12 months
- > Worked at least 1,250 hours during the 12 consecutive months immediately preceding the date the leave would begin
- > Be a full- or part-time, regular employee (temporary employees and interns are not eligible for this benefit)

FMLA

FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

JURY DUTY/COURT SERVICES

Employees will be granted leave if called to serve as a juror or witness in a legal proceeding.

BEREAVEMENT

At CORSAIR, we understand the need to take time if you lose a loved one. Our bereavement policy allows you to take time off in the event of a death in your immediate family.



401(K) SAVINGS



With the 401(k) Plan, you elect a percentage of your pay to contribute, and CORSAIR automatically deducts that amount from your paycheck and deposits it into your 401(k) account in the investments you've chosen.

ELIGIBILITY

All full-time US employees are eligible to participate in the CORSAIR 401(k) Plan.

AUTOMATIC ENROLLMENT

You will automatically be enrolled in the CORSAIR 401(k) at a 4% contribution rate. This will be deducted from your paycheck and deposited in the 401(k) Plan. The 401(k) Plan is administered by Principal, you MUST log on and create an account to make your investment fund selection.

Eligible employees are initially enrolled at 4% and every year after that on March 1, it will auto-increase by 1% each year up to 10%.

Look for the welcome email from Principal, our 401(k) Plan administrator, for detailed information. You may opt-out, choose a different contribution rate, and make your investment fund selection by logging on to the Principal portal.

YOUR CONTRIBUTIONS

Your contributions to the plan come out of your paycheck before taxes are taken out and can be invested in a variety of ways within the plan. You are immediately 100% vested in both your own contributions and in the employer matching contributions (that means the money is yours as soon as it goes into your account).

- > For 2026, you can set aside up to a total of \$24,500* a year
- > If over 50, you can set aside an additional \$8,000* in “catch-up” contributions. Participants whose FICA wages are \$145,000 or more are required to make catch-up contributions as Roth contributions.

*The 2026 limits have not been officially released. We are providing the projected limits for reference.

OPT OUT

If you do not wish to participate in the 401(k) Plan you may opt out. To opt out, simply set up your account with Principal and select “Opt Out”. If you initially decide to participate but change your mind at a later date, you can change your contribution rate to 0% at any time. Remember, if you opt out or adjust your contribution rate to 0%, you will not receive any employer contributions from CORSAIR.

PLAN DISTRIBUTIONS

If you leave CORSAIR, you may take a distribution or roll your balance over to your new employer's plan or an IRA account. Please consult the plan portal for more information.

There are two situations where it is possible to receive distributions while employed at CORSAIR: a participant loan and a financial hardship distribution. Note that no more than two distributions may be made during a plan year. For more information, please consult the Principal portal or the summary plan description.

It is important to note that distributions may have potential tax consequences and you should carefully consider those consequences and / or consult with your tax advisor before taking a distribution.



MANAGE YOUR ACCOUNT

You can manage your CORSAIR 401(k) Plan account through the Principal portal. This portal displays current information about your 401(k) account balance, contributions, investment choices, and other plan information. It also allows you to:

- > Change your contribution %
- > Change your investment elections
- > Rebalance your investments
- > Research fund performance
- > Project your retirement income progress
- > Print a statement
- > Read or download resource materials and forms

YOUR 401(K) ACCOUNT WITH PRINCIPAL

When you log onto Principal for the first-time, follow these instructions.

- > Go to www.principal.com.
- > Select Log In and choose Personal.
- > Click on Create an account.
 - > Enter your first name, last name, date of birth and your ID number (which is your Social Security number) or ZIP code.
 - > Agree to do business electronically and click Continue.
 - > Answer a few questions so we can confirm your identity.
- > Create a unique username, set a secure password and add your email address.
- > Select and answer two security questions to use if you need to call Principal.
- > You now have access to your online account and you'll get a confirmation email within a few minutes.
- > The first time you log in, you'll need to choose where we send your verification codes (text message or email) and how often you want to use them.

CONTACTS

If you have questions about your benefits, you can always contact any of the plan providers listed here.

For any additional questions about these resources, email HR@CORSAIR.com.

COVERAGE	PROVIDER	GROUP#	PHONE	WEBSITE
UHC PPO Plan	UnitedHealthCare	929280	800-633-2446	www.myuhc.com
UHC HSA Plan	UnitedHealthCare	929280	866-314-0336	
UHC Pharmacy	Optum Rx/ UnitedHealthCare		800-797-9791	
Advocate4Me	UnitedHealthCare		866-734-7679	
UHC Telehealth	UnitedHealthCare		855-615-8335	www.myuhc.com/virtualvisits
Kaiser HMO	Kaiser	600271	800-464-4000	www.kp.org
Employee Assistance Program (EAP)	Guardian	Code: worklife	800-386-7055	http://worklife.uprisehealth.com/
Dental	MetLife	5776519	800-GET-MET8	www.metlife.com/benefits
Vision	VSP	40160767	800-877-7195	www.vsp.com
Life AD&D, Disability, Accident, Critical Illness, Hospital Indemnity	Guardian	00581022	800-541-7846	www.guardiananytime.com
HSA, FSA, Parking & Transit Benefits	Navia		800-669-3539	www.naviabenefits.com
ID Theft Protection	Experian	8716920	855-797-0052	Experian.myfinancialexpert.com/login
Legal Insurance	ARAG	19127	800-247-4184	ARAGlegal.com/myinfo Access Code: 19127co
Pet Insurance	Fetch	Fetch	800-212-2698	https://www.fetchpet.com/partners/employee-benefits?utm_source=CORSAIR
401(k)	Principal	N/A	800-547-7754	www.principal.com



ANNUAL NOTICES

Notice of Patient Protections & Prior Authorization Procedures

Your UnitedHealthcare plan allows you to visit any doctor or hospital you choose. However, Prior Authorization is required for certain services. Make sure Your Provider obtains Prior Authorization before any planned hospital stays (except maternity admissions), skilled nursing and rehabilitative facility admissions, certain outpatient procedures, Advanced Radiological Imaging services, certain Specialty Drugs, and Durable Medical Equipment costing \$500 or more. Contact UnitedHealthcare Customer Service using the number on the back of your medical ID card or online at www.myuhc.com to find out which services require Prior Authorization. You can also call the customer service department to find out if your admission or other service has received Prior Authorization. For more information, please refer to your Evidence of Coverage document located online at www.myuhc.com

Women's Health and Cancer Rights Act of 1998

Patients who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for:

- > Reconstruction of the breast on which the mastectomy was performed.
- > Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- > Prostheses and treatment of physical complications at all stages of the mastectomy, including Lymphedemas, in a manner determined in consultation with the attending physician and the patient.

The coverage may be subject to Coinsurance and Deductibles consistent with those established for other benefits. For more information, please refer to your Evidence of Coverage document located online at www.myuhc.com

Newborns and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your Out-of-Pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

Notice of Privacy Practices

UnitedHealthcare is required to maintain the privacy of all medical information as required by applicable laws and regulations; provide a notice of privacy practices to all Members; inform Members of the Plan's legal obligations; and advise Members of additional rights concerning their medical information. For more information, please refer to your Evidence of Coverage document located online at www.myuhc.com

All Members will be notified of any changes by receiving a new notice of the Plan's privacy practices. You may request a copy of this notice of privacy practices at any time by contacting UnitedHealthcare.



HIPAA Special Enrollment Rules

HIPAA requires that we notify you about your right to later enroll yourself and eligible dependents for coverage in CORSAIR's health plan under "special enrollment provisions" briefly described below.

- > **Loss of Other Coverage.** If you decline enrollment for yourself or for an eligible dependent because you have other group health plan coverage or other health insurance, you may be able to enroll yourself and your dependents under CORSAIR's health plan if you or your dependents lose eligibility for that other coverage, or if the other employer stops contributing toward your or your dependents' other coverage. You must request enrollment within 30 days after you or your dependents' other coverage ends, or after the other employer stops contributing toward the other coverage.
- > **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** If you gain a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents under CORSAIR's health plan. You must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. In the event you acquire a new dependent by birth, adoption, or placement for adoption, you may also be able to enroll your spouse, if your spouse was not previously covered.
- > **Enrollment Due to Medicaid/CHIP Events.** If you or your eligible dependents are not already enrolled in CORSAIR's health plan, you may be able to enroll yourself and your eligible dependents if: (i) you or your dependents lose coverage under a state Medicaid or children's health insurance program (CHIP), or (ii) you or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event. The CHIP Model Notice containing additional information about this right as well as contact information for state assistance is included below. You may also request a copy from the Plan Administrator.

Please contact the CORSAIR HR team at HR@CORSAIR.com for details, including the effective dates of coverage applicable to each of these special enrollment provisions. Additional information regarding your rights to enroll in group health coverage is found in the applicable group health plan summary plan description(s) or insurance contract(s).

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your Out-of-Pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

Uniformed Services Employment and Reemployment Rights Act of 1994

A Subscriber may continue his or her Coverage and Coverage for his or her Dependents during military leave of absence in accordance with the Uniformed Services Employment and reemployment Rights Act of 1994. When the Subscriber returns to work from a military leave of absence, the Subscriber will be given credit for the time the Subscriber was covered under the Plan prior to the leave.

Continuation of Coverage Rights under COBRA

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the CORSAIR HR team at HR@CORSAIR.com.

You may have other options available to you when you lose group health coverage. For example, you may be



eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan's coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- > Your hours of employment are reduced, or
- > Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- > Your spouse dies;
- > Your spouse's hours of employment are reduced;
- > Your spouse's employment ends for any reason other than his or her gross misconduct;
- > Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- > You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- > The parent-employee dies;
- > The parent-employee's hours of employment are reduced;
- > The parent-employee's employment ends for any reason other than his or her gross misconduct;
- > The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- > The parents become divorced or legally separated; or
- > The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following events:

- > The end of employment or reduction of hours of employment;
- > Death of the employee; or
- > The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. Your notice must provide the type of qualifying event, the date of the qualifying event, and the name and address of the employee, spouse or dependent who underwent the qualifying event.

You must provide this notice to the CORSAIR HR team.



How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months.

There are two ways in which this 18-month period of COBRA continuation coverage can be extended:

- > Disability extension of 18-month period of continuation coverage: If you or any one in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.
- > Second qualifying event extension of 18-month period of continuation coverage: If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family may extend their COBRA continuation coverage, for a maximum of 36 months (as measured from the first qualifying event), if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes



In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

CORSAIR Memory, Inc.
115 N McCarthy Blvd
Milpitas, CA 95035
HR@CORSAIR.com

Continuation of Coverage under California Group Health Policies

COBRA Qualified Beneficiaries under federal law who are covered under a group health policy issued in California are eligible to receive up to 18 months of additional COBRA coverage for medical care upon completion of the 18 months received under federal COBRA. This provision does not apply to self-funded medical plans. The combination of federal and state COBRA coverage may not exceed 36 months in any event. The 36 month period dates back to the original qualifying event. The additional COBRA period of coverage terminates the earliest of:

- > The date the maximum period of coverage expires;
- > The date coverage ceases because a premium payment is not made on time;
- > The date the employer no longer provides any group health plan; or,
- > The date the employee or qualified beneficiary moves out of insurer's services area.

Shorter Maximum for Health FSAs

The maximum federal COBRA period for a health flexible spending arrangement (health FSA) maintained by the Employer (if there is a positive account balance as of the date of the qualifying event) ends on the last day of the plan year in which the qualifying event occurred. If there is a negative account balance as of the date of the qualifying event, no COBRA coverage will be offered.

Medicare Part D Annual Notice-Creditable Coverage

Important notice from CORSAIR about your Creditable Prescription Drug Coverage and Medicare

If you or your dependents have Medicare or will become eligible for Medicare within the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please read the following notice for more details.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage under the CORSAIR medical plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Notice of Creditable Coverage

The purpose of this notice is to advise you that the prescription drug coverage offered by the CORSAIR medical plans listed below is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay. This is known as "creditable coverage."



CORSAIR Medical Plans for January 1, 2026 - December 31, 2026

- > United Healthcare \$350 PPO
- > United Healthcare \$1,500 PPO
- > United Healthcare \$3,400 HDHP with HSA
- > United Healthcare \$6,000 PPO
- > Kaiser HMO California

Why this is important

Coverage under one of these plans may help you avoid a Medicare Part D late enrollment penalty. If you or your covered dependent(s) are enrolled in the CORSAIR medical plan and are currently or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty—as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment.

Medicare Prescription Drug Coverage

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium. You can join a Medicare drug plan when you first become eligible for Medicare and each year during Medicare Open Enrollment from October 15th to December 7th.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should know that if you waive or drop coverage under the CORSAIR medical plan and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Medicare Part D premium may go up by at least 1% per month for every month that you do not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium may consistently be at least 19% higher than what most other people pay. You may have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Medicare Part D.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage under the CORSAIR medical plan will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current coverage under the CORSAIR medical plan, be aware that you and your dependents will not be able to get this coverage back until the next annual Open Enrollment or until you have a mid-year qualifying event.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- > Visit www.medicare.gov
- > Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- > Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: 9/15/2026

Name of Entity/Sender: CORSAIR

Office Contact/Position: Janice Fong

Phone: 510-580-4835

Address: 115 North McCarthy Blvd Milpitas, CA 95035





Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.¹²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.



When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact HR@corsair.com

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.



PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name CORSAIR Memory, Inc.	4. Employer Identification Number (EIN) 77-0362371	
5. Employer address 115 N. McCarthy Blvd	6. Employer phone number 510-657-8747	
7. City Milpitas	8. State CA	9. ZIP code 95035
10. Who can we contact about employee health coverage at this job? CORSAIR Human Resources		
11. Phone number (if different from above)	12. Email address HR@CORSAIR.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 All employees. Eligible employees are:

- Some employees. Eligible employees are:

- Regular employees working 30+ hours per week
- Temporary employees working 30+ hours per week after completing 90 days of employment

- With respect to dependents:

- We do offer coverage. Eligible dependents are:

- Your legal spouse or registered domestic partner; or
- Your dependent children (including your step-child, child of your domestic partner, and legally adopted child) up to age 26; or
- Any dependent child who reaches the age limit and is incapable of self-support because of a mental or physical disability.

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.



The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?
<input type="checkbox"/> Yes (Continue) 13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue) <input type="checkbox"/> No (STOP and return this form to employee)
14. Does the employer offer a health plan that meets the minimum value standard*? <input type="checkbox"/> Yes (Go to question 15) <input type="checkbox"/> No (STOP and return form to employee)
15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs. a. How much would the employee have to pay in premiums for this plan? \$ _____ b. How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? <input type="checkbox"/> Employer won't offer health coverage <input type="checkbox"/> Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.) a. How much would the employee have to pay in premiums for this plan? \$ _____ b. How often? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly

Illinois Essential Health Benefits (EHB) Disclosure

Ten (10) Essential Health Benefit (EHB) Categories:

- > Ambulatory patient services (outpatient care you get without being admitted to a hospital) health benefits)
- > Emergency services
- > Hospitalization (like surgery and overnight stays)
- > Laboratory services
- > Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- > Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential
- > Pregnancy, maternity, and newborn care (both before and after birth)
- > Prescription drugs
- > Preventive and wellness services and chronic disease management
- > Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A.102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page	Employer Plan Covered Benefit?
1	Accidental Injury—Dental	Ambulatory	Pgs. 10 & 17	Yes* (please refer to plan documents for exclusions)
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes* (please refer to plan documents for exclusions)
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes* (please refer to plan documents for exclusions)
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes* (please refer to plan documents for exclusions)
5	Hospice	Ambulatory	Pg. 28	Yes* (please refer to plan documents for exclusions)

Continued on next page



2020-2024 Illinois Essential Health Benefit (EHB) Listing (P.A.102-0630) **Continued**

Item	EHB Benefit	EHB Category	Benchmark Page	Employer Plan Covered Benefit?
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23-24	Yes* (please refer to plan documents for exclusions)
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes* (please refer to plan documents for exclusions)
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15-16	Yes* (please refer to plan documents for exclusions)
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes* (please refer to plan documents for exclusions)
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes* (please refer to plan documents for exclusions)
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes* (please refer to plan documents for exclusions)
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes* (please refer to plan documents for exclusions)
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes* (please refer to plan documents for exclusions)
14	Emergency Transportation/Ambulance	Emergency services	Pgs. 4 & 17	Yes* (please refer to plan documents for exclusions)
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes* (please refer to plan documents for exclusions)
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24-25	Yes* (please refer to plan documents for exclusions)
17	Reconstructive Surgery	Hospitalization	Pgs. 25-26, & 35	Yes* (please refer to plan documents for exclusions)
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes* (please refer to plan documents for exclusions)
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes* (please refer to plan documents for exclusions)
20	Transplant—Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes* (please refer to plan documents for exclusions)
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes* (please refer to plan documents for exclusions)
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes* (please refer to plan documents for exclusions)
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8-9, 21	Yes* (please refer to plan documents for exclusions)
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes* (please refer to plan documents for exclusions)
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes* (please refer to plan documents for exclusions)
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes* (please refer to plan documents for exclusions)
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes* (please refer to plan documents for exclusions)
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No—may be covered by a separate dental plan
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26-27	No—may be covered by a separate vision plan
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes* (please refer to plan documents for exclusions)
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29-34	Yes* (please refer to plan documents for exclusions)
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes* (please refer to plan documents for exclusions)



Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility

ALABAMA Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA Medicaid

Health Insurance Premium Payment (HIPP) Program Website:
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA Medicaid

Website: <https://www.flmedicaidtplrecovery.com/>
flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268



GEORGIA

Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA

Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA

Medicaid and CHIP (Hawki)

Medicaid Website: Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website: Hawk—Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: 1-800-257-8563
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: 1-888-346-9562

KANSAS

Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY

Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA

Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahpp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE

Medicaid and CHIP (Hawki)

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS

Medicaid & CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA

Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

MISSOURI

Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA

Medicaid and CHIP (Hawki)

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HHSHPProgram@mt.gov

NEBRASKA

Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178



NEVADA Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA Medicaid and CHIP (Hawki)

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493

UTAH Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program
Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>



VERMONT
Medicaid

Website: Health Insurance Premium Payment (HIPP) Program |
Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA
Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON
Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA
Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN
Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING
Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

ADDRESS: 115 North McCarthy Blvd. Milpitas, CA 95035
PHONE: 510.657.8747

