Employee Benefits
Overview 2027



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Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices on Roku Central for more details.

**2027 contributions marked as (projected) are for planning purposes only. The IRS is expected to release official limits in October/November 2026; final limits may change and will be updated once available.*

Know Your Options

At Roku, your contributions drive our success. We offer a comprehensive benefits package designed to support your physical, mental, and financial well-being—today and over the long term. You'll have access to resources and guidance to help you understand your options and make informed decisions for yourself and your family.

This guide is an overview and does not provide a complete description of all benefit provisions. Roku reserves the right to amend, change, and terminate programs at Roku's discretion, subject to applicable regulations. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

A list of plan contacts is included at the back of this guide.

The benefits in this summary are effective:

January 1, 2027 - December 31, 2027

Who Can You Cover?

WHO IS ELIGIBLE?

In general, regular full-time employees and interns working 30 or more hours per week are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical, dental, and vision plans.

- Your legal spouse
- Your same-sex or opposite-sex domestic partner (see the Cost of Coverage section explains the tax treatment of domestic partner coverage)
- Your children (including your domestic partner's children):
  - Under age 26
  - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
  - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Roku reserves the right to require documentation of dependent eligibility.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Any individual who is covered as an employee of Roku cannot also be covered as a dependent.
- Employees who work fewer than 30 hours per week, temporary employees, contractors, or non-U.S. employees on long-term assignment to the United States.

ENROLLMENT PERIODS

Coverage for new full-time U.S. employees begins on your date of hire. New employees must make benefits elections within 30 days of becoming eligible.

After that, Open Enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Submit your change in Workday within 30 days if you have a qualifying life event and need to add or drop dependents outside of Open Enrollment. Qualifying life events include (but are not limited to):

- Birth or adoption of a child
- Marriage or divorce
- Gain or loss of other healthcare coverage
- Eligibility for new healthcare coverage

Medical

Choosing a medical plan for you and your family can feel complicated. We want to make it easier by providing information you need to choose the right plan for you. Roku offers four Cigna medical plan options nationwide and Kaiser Permanente options in California and Colorado. Use the Workday Benefits Calculator and Plan Comparison tool to compare the medical, dental, and vision payroll costs.

Medical National	Cigna OAP HDHP		Cigna OAP 2500	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Annual Deductible	Individual-only coverage: $2,800 Family coverage: $3,500 per individual, up to $5,000 per family		$2,500 per individual, up to $5,000 per family	$5,000 per individual, up to $10,000 per family
Annual Out-of-Pocket Max	$3,500 per individual, up to $7,000 per family (combined with OON)	$7,000 per individual, up to $14,000 per family (combined with INN)	$5,000 per individual, up to $10,000 per family	$10,000 per individual, up to $20,000 per family
Primary Provider Visit	No charge*	30% coinsurance*	$20 copay	40% coinsurance*
Specialist Visit	No charge*	30% coinsurance*	$30 copay	40% coinsurance*
Preventive Services	No charge	30% coinsurance*	No charge	40% coinsurance*
Chiropractic Care	No charge* (limited to 30 days per calendar year, combined with OON)	30% coinsurance* (limited to 30 days per calendar year, combined with INN)	$20 copay (limited to 30 days per calendar year, combined with OON)	40% coinsurance* (limited to 30 days per calendar year, combined with INN)
Inpatient Hospitalization	No charge*	30% coinsurance*	20% coinsurance*	40% coinsurance*
Outpatient Surgery	No charge*	30% coinsurance*	20% coinsurance*	40% coinsurance*
Urgent Care	No charge*	30% coinsurance*	$20 copay	40% coinsurance*
Emergency Room	No charge*	No charge*	$150 per visit (waived if admitted) plus 20% coinsurance	$150 per visit (waived if admitted) plus 20% coinsurance
Fertility (Lifetime)	1 Progyny Smart Cycle	Not covered	1 Progyny Smart Cycle	Not covered
Pharmacy				
Generic	$10 copay*	30%* up to $250 max	$15 copay	50% up to $250 max
Preferred Brand	$40 copay*	30%* up to $250 max	$40 copay	50% up to $250 max
Non-Preferred Brand	$60 copay*	30%* up to $250 max	$60 copay	50% up to $250 max
Supply Limit	30 days	30 days	30 days	30 days
Mail Order				
Generic	$25 copay*	Not covered	$40 copay	Not covered
Preferred Brand	$120 copay*	Not covered	$120 copay	Not covered
Non-Preferred Brand	$180 copay*	Not covered	$180 copay	Not covered
Supply Limit	90 days	N/A	90 days	N/A

*after plan deductible
**precertification may be required for certain services

Medical National	Cigna OAP 250		Cigna OAP IN
	In-Network	Out-Of-Network	In-Network Coverage Only
Annual Deductible	$250 per individual, up to $750 per family		None
Annual Out-of-Pocket Max	$3,500 per individual, up to $7,000 per family (combined with OON)	$7,000 per individual, up to $14,000 per family (combined with INN)	$3,500 per individual, up to $7,000 per family
Primary Provider Visit	$20 copay	40% coinsurance*	$20 copay
Specialist Visit	$30 copay	40% coinsurance*	$30 copay
Preventive Services	No charge	40% coinsurance*	No charge
Chiropractic Care	$20 copay (limited to 30 days per calendar year, combined with OON)	40% coinsurance* (limited to 30 days per calendar year, combined with INN)	$20 copay (limited to 60 days per calendar year, all therapies combined)
Inpatient Hospitalization	20% coinsurance*	40% coinsurance*	20% coinsurance
Outpatient Surgery	20% coinsurance*	40% coinsurance*	20% coinsurance
Urgent Care	$20 copay	40% coinsurance*	$20 copay
Emergency Room	$150 copay (waived if admitted) plus 20% coinsurance	$150 copay (waived if admitted) plus 20% coinsurance	$100 copay (waived if admitted) plus 20% coinsurance
Fertility (Lifetime)	1 Progyny Smart Cycle	Not covered	1 Progyny Smart Cycle
Pharmacy			
Generic	$10 copay	50% up to $250 max	$10 copay
Preferred Brand	$30 copay	50% up to $250 max	$25 copay
Non-Preferred Brand	$50 copay	50% up to $250 max	$45 copay
Supply Limit	30 days	30 days	30 days
Mail Order			
Generic	$25 copay	Not covered	$25 copay
Preferred Brand	$90 copay	Not covered	$75 copay
Non-Preferred Brand	$150 copay	Not covered	$135 copay
Supply Limit	90 days	N/A	90 days

*after plan deductible
**precertification may be required for certain services

PROGYNY

Progyny is available under Roku's Cigna plans to support a variety of infertility services including pre-conception coaching and planning and medically-necessary treatments and services. Connect with a Progyny Care Advocate for more information on Progyny's 1-Smart Cycle benefit or to discuss any questions you have. To get started visit progyny.com/benefits or call (866) 872-0533.

OMADA

If you are a Cigna member and at risk of type 2 diabetes or heart disease, you can apply for the Omada program. Roku has partnered with Omada to help members lose weight and create healthier habits through one-on-one personal coaching and the tools needed to make long-lasting health changes. Omada members can speak with their coaches about eating healthier, improving energy levels, sleeping better, and managing stress. Reach out to support@omadahealth.com for more information.

Medical California Only	Kaiser HDHP (CA Only)	Kaiser HMO (CA Only)
	In-Network Coverage Only	In-Network Coverage Only
Annual Deductible	$3,500 per individual; up to $7,000 per family	None
Annual Out-of-Pocket Max	$3,500 per individual, up to $7,000 per family	$1,500 per individual, up to $3,000 per family
Primary Provider Visit	No charge*	$20 copay
Specialist Visit	No charge*	$20 copay
Preventive Services	No charge	No charge
Chiropractic Care	Not Included	Not Included
Inpatient Hospitalization	No charge*	$250 copay
Outpatient Surgery	No charge*	$100 per procedure
Urgent Care	No charge*	$20 copay
Emergency Room	No charge*	$50 copay (waived if admitted)
Fertility (Lifetime)	Advanced reproductive healthcare coverage per California state law	Advanced reproductive healthcare coverage per California state law
Pharmacy		
Generic	No charge*	$10 copay
Preferred Brand	No charge*	$30 copay
Non-Preferred Brand	No charge*	$30 copay
Supply Limit	100 days	30 days
Mail Order		
Generic	No charge*	$20 copay
Preferred Brand	No charge*	$60 copay
Non-Preferred Brand	No charge*	$60 copay
Supply Limit	100 days	100 days

*after plan deductible
**precertification may be required for certain services

Contact Kaiser Member Services at (800) 464-4000 to discuss infertility coverage provided under applicable state fertility mandates.

Medical Colorado Only	Kaiser HDHP (CO Only)	Kaiser HMO (CO Only)
	In-Network Coverage Only	In-Network Coverage Only
Annual Deductible	$1,750 for individual; $3,500 for family	None
Annual Out-of-Pocket Max	$3,500 for individual, $7,000 for family	$2,000 per individual, up to $4,000 per family
Primary Provider Visit	10% Coinsurance*	$20 copay
Specialist Visit	10% Coinsurance*	$30 copay
Preventive Services	No charge	No charge
Chiropractic Care	10% Coinsurance / 20 visit limit per accumulation period after Plan Deductible	$20 per visit / 20 visit limit per accumulation period
Inpatient Hospitalization	10% Coinsurance*	$250 copay
Outpatient Surgery	10% Coinsurance*	$125 per procedure
Urgent Care	10% Coinsurance*	$30 copay
Emergency Room	10% Coinsurance*	$250 copay (waived if admitted)
Fertility (Lifetime)	Advanced reproductive healthcare coverage per Colorado state law	Advanced reproductive healthcare coverage per Colorado state law
Pharmacy		
Generic	$10 copay*	$10 copay
Preferred Brand	$30 copay*	$30 copay
Non-Preferred Brand	$60 copay*	$60 copay
Supply Limit	30 days	30 days
Mail Order		
Generic	$20 copay	$20 copay
Preferred Brand	$60 copay	$60 copay
Non-Preferred Brand	$120 copay	$120 copay
Supply Limit	90 days	90 days

*after plan deductible
**precertification may be required for certain services

Contact Kaiser Member Services at (303) 338-3800 to discuss infertility coverage provided under applicable state fertility mandates.

Getting Care When You Need It

WHEN YOU NEED CARE NOW

What do you do when you need care right away, but it's not an emergency?

- Find an urgent care center by visiting: mycigna.com or kp.org
- Call your Medical carrier's 24/7 NurseLine
  - Cigna: (800) 244-6224
  - Kaiser CA: (800) 464-4000
  - Kaiser CO: (303) 338-3800
- Use virtual doctor visits: Cigna and Kaiser members can video chat with a doctor from the comfort of their own homes, without an appointment. Physicians can treat a host of common illnesses quickly and effectively through a real-time video visit. They can even send prescription orders to your pharmacy. For more information, Cigna members can go to mycigna.com and Kaiser members can go to kp.org/mydoctor/.

WHEN TO USE URGENT CARE VS. EMERGENCY ROOM

Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or emergency room. Urgent care conditions include, but are not limited to earache, sore throat, rashes, sprains, flu, and high fever.

The emergency room shouldn't be your first choice unless there's a true emergency—a serious or life-threatening condition that requires immediate attention or treatment that is only available at a hospital.

PREVENTIVE OR DIAGNOSTIC?

Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out-of-pocket cost to you. The same test or service can be preventive, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change. Whatever the reason, it's important to keep up with recommended health screenings to avoid more serious and costly health problems later.

IN-NETWORK VS. OUT-OF-NETWORK

The Cigna OAP 250, OAP 2500, and OAP HDHP offer you the flexibility to see in and out-of-network providers. If you receive coverage from an out-of-network doctor, professional, hospital, or facility, Cigna will cover your costs based on their "recognized" amount. The amount is tied to the costs of similar services in your geographic area, or the amount Medicare pays for the service, as set by the government. Your non-network provider may charge a rate higher than the "recognized" amount and you will be responsible for any balance above the "recognized" amount.

The Cigna OAP IN and Kaiser plans provide in-network coverage only, meaning you will pay 100% of the service cost if you go out-of-network, with the only exception being emergency care.

ID CARDS

Cigna does not issue physical ID cards automatically. Visit mycigna.com to log on to your portal to download a digital ID card or request a physical copy. Kaiser will send ID cards for new enrollees.

Health Savings Account (HSA)

A Health Savings Account (HSA) is a triple tax-advantaged* savings account that allows you to save on qualified healthcare expenses now or in the future. The triple tax advantage means you can save on taxes in three ways: your contributions go into the HSA before federal taxes are withheld, any investment earnings can grow tax-free, and withdrawals are tax-free when used for qualified healthcare expenses.

You must be enrolled in the Cigna OAP HDHP or Kaiser HDHP plan to contribute to the HSA. You may contribute pre-tax money to your HSA each pay period. The amount you can contribute is based on your Cigna OAP HDHP or Kaiser HDHP coverage tier. Navia administers this account and will open an HSA account at a custodian bank, UMB Bank.

Your HSA money rolls over every year, which allows you to save for the future. Once your balance reaches $1,000, your additional funds may be invested in a variety of mutual funds. Funds in your HSA account stay with you, even if you change jobs. If you're no longer covered by an HDHP, you can use remaining funds for eligible expenses.

ACCOUNT CONTRIBUTIONS

Tier	You Can Contribute
Employee	$4,500
Employee + Family	$9,000
Catch Up Contributions	An additional $1,000 per year if age 55+ in 2027

ELIGIBILITY

You must be enrolled in a qualifying HDHP plan to contribute to an HSA. You are not eligible to open or contribute to an HSA account if you are:

- Covered by any non-HDHP plan
- Enrolled in a healthcare Flexible Spending Account (you or your spouse count)
- Covered under Medicare, Medicaid or Tricare
- Someone else's tax dependent

USING YOUR MONEY

In general, your HSA can be used for eligible expenses including medical, dental, and vision plan deductibles, copays, coinsurance amounts, and other medically necessary non-covered healthcare costs for you and your tax dependents.

Use your Navia Benefits Card to pay for expenses from your HSA account. You can also submit claims for reimbursement through Navia's online portal, mobile app, email, fax, or mail. Make sure that you keep accurate records of your receipts and any OTC prescriptions in case the IRS requests them.

For a more comprehensive list of eligible and ineligible expenses, visit http://naviabenefits.com/participants/resources/expenses.

Non-Qualified Expenses

If you use HSA funds for non-qualified expenses before age 65, you will pay ordinary income tax on the amount withdrawn plus an additional 20% penalty. After age 65, you will owe income tax only. Visit irs.gov/publications/p502 for details.

* Your HSA contribution will be deducted from your gross pay for calculating the federal tax withholdings. It will not reduce your California and New Jersey state income tax withholding.

Flexible Spending Account (FSA)

A Flexible Spending Account (FSA) lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the plan year. The main benefit of using an FSA is that you reduce your taxable income, which means you pay less income tax. And reimbursements from your FSA accounts are tax-free. You must re-enroll in this program each year during Open Enrollment. Navia administers this program.

The catch is that you must use the money in your account by 12/31/2027. You can roll over up to $700* (projected) of unused Healthcare FSA money for use in the next plan year. The minimum carryover balance is $100. Unused Healthcare FSA amounts above $700* (projected) and all unused Dependent Care FSA amounts will be lost, so it is very important that you plan carefully before making your election.

IMPORTANT CONSIDERATIONS

- There's no "crossover" spending allowed between the healthcare and dependent care accounts.
- Expenses must be incurred between 01/01/27 and 12/31/27 and submitted no later than 03/31/28.
- Elections cannot be changed during the plan year unless you have a qualified change in family status (and the election change must be consistent with the event).
- FSA funds can be used for eligible expenses incurred by you, your spouse, and your tax dependents only. You, your spouse or tax dependent children do not have to be covered on the Roku health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed to your tax advisor).
- Keep your receipts as proof that your expenses were eligible for IRS purposes.

HEALTH CARE FSA

Eligible expenses include medical, dental, and vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to **$3,500* (projected) per year**. Accessing your funds is easy through Navia Benefits Card, mobile app, mobile pay, and FlexConnect.

If you are contributing to a Health Savings Account (HSA), you can participate in our Limited Purpose Health Care FSA which covers out-of-pocket dental and vision expenses ONLY.

DEPENDENT CARE FSA

Eligible expenses may include daycare centers, in-home childcare, elder care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are your tax dependent and are incapable of self-care. You can set aside **up to $7,500 per household** (or $3,750 if married filing separately) for eligible dependent care expenses that allow you and/or your spouse work, look for work, or attend school full time.

It is important to note that you can access money only after it is placed into your Dependent Care FSA account. Other individuals may qualify if they are your tax dependent and are incapable of self-care.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the Dependent Care FSA, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan.

Dental

Regular visits to your dentist can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

Roku provides you with comprehensive coverage through Cigna.

	Cigna Dental PPO	
	In-Network	**Out-Of-Network**
Calendar Year Deductible	$50 per individual, up to $150 per family	
Annual Plan Maximum	$1,500	
Diagnostic and Preventive Services	No charge (limited to 2 per calendar year)	No charge (limited to 2 per calendar year)
Basic Services		
Fillings	No charge after deductible	20% coinsurance after deductible
Root Canals	No charge after deductible	20% coinsurance after deductible
Periodontics	No charge after deductible	20% coinsurance after deductible
Major Services	40% coinsurance after deductible	50% coinsurance after deductible
Implants	40% coinsurance after deductible	50% coinsurance after deductible
Orthodontic Services		
Orthodontia	50% coinsurance	
Lifetime Maximum	$1,500	
Eligibility	Dependent Children and Adults	

Additional Cigna Dental PPO Benefits

- Extra cleaning covered during pregnancy
- Access to pretreatment estimates

If you're covered by two dental plans, both may help pay for your care. One plan typically processes your claim first, and the other may consider eligible costs left over, based on its coverage limits and coordination rules. Having two plans doesn't guarantee that all costs will be covered. Contact your benefits team or insurers to confirm which plan pays first and what your plans cover.

Vision

Routine vision exams can not only correct vision but can also detect more serious health conditions. Roku offers vision coverage through Vision Service Plan (VSP). At your appointment, just tell them you have VSP.

	VSP Vision	
	In-Network	**Out-Of-Network**
Examination Benefit	$10 copay	Reimbursed up to $45 after $10 copay
Frequency	Once per calendar year	Once per calendar year
Materials	$25 copay	Reimbursement up to plan allowance after $25 copay
Eyeglass Lenses		
Single Vision Lens	No charge after applicable copay	Reimbursed up to $30 after copay
Bifocal Lens	No charge after applicable copay	Reimbursed up to $50 after copay
Trifocal Lens	No charge after applicable copay	Reimbursed up to $65 after copay
Frequency	Once per calendar year	Once per calendar year
Frames Benefit	$150 allowance then 20% off remaining balance after copay	Reimbursed up to $70 after copay
Frames Frequency	Once every other calendar year	Once every other calendar year
Contacts (Elective)		
Benefit	$150 allowance Up to $60 copay for contact lens exam and fitting	Reimbursed up to $105
Frequency	Once every calendar year in lieu of frames & lenses	Once every calendar year in lieu of frames & lenses
Computer VisionCare (Employees only)	Separate exam & lenses: $25 copay $90 frame allowance	Not covered

VSP SPECIAL OFFERS

- Extra $20 on featured frame brands
- $80 Walmart®/Sam's Club®/Costco® frame allowance
- Instant savings on popular lenses and enhancements
- Mail-in rebates and free trials on popular contact lens brands
- Savings on LASIK
- 30–60% savings on top-of-the-line hearing aids
- Shop online at Eyeconic.com

Life Insurance

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security if the unexpected occurs. Coverage is provided by New York Life.

BASIC LIFE AND AD&D

Basic Life insurance pays your beneficiary a lump sum benefit if you die. Basic Accidental Death & Dismemberment (AD&D) provides another benefit to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of basic coverage is paid in full by Roku.

Basic Life Amount	2 x base annual salary up to a maximum of $600,000 Guarantee Issue: $600,000
Basic AD&D Amount*	2 x base annual salary up to a maximum of $600,000 Guarantee Issue: $600,000

* You may receive a portion of this benefit if an accident results in a loss of sight or a limb.
Taxes: The cost of Basic Life in excess of $50,000 will be included as taxable imputed income on your paycheck and W-2.

VOLUNTARY LIFE

You may purchase additional life insurance for yourself or your family. You must enroll yourself to elect Voluntary Life for your dependents.

Employee Voluntary Life Amount	$25,000 increments up to the lesser of 8 x salary or $500,000 Guarantee Issue*: $250,000
Spouse Voluntary Life Amount	$2,500 increments up to the lesser of 100% of employee benefit or $250,000 Guarantee issue*: $50,000
Child(ren) Voluntary Life Amount	$2,500 increments up to $10,000

*Guarantee issue available upon initial new hire enrollment.

Evidence of Insurability: If you select a coverage amount above guarantee issue upon initial enrollment or add new or additional coverage during open enrollment, you or your spouse may need to submit an Evidence of Insurability medical questionnaire form for the insurance company to approve this higher amount of coverage.

VOLUNTARY AD&D

You may purchase additional AD&D insurance for yourself.

Employee Voluntary AD&D Amount	$25,000 increments up to the lesser of 8 x salary or $500,000

Beneficiary Reminder: Make sure that you have named a beneficiary for each of your Life and AD&D insurance benefits in Workday.
Benefit Reduction Schedule: Life and AD&D benefits will reduce to 40% at age 70 and 25% at age 75. Spouse reductions are based on the employee's age.

Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind. Roku offers two disability programs at no cost to you. Coverage is provided by New York Life.

SHORT-TERM DISABILITY INSURANCE

Short-Term Disability (STD) coverage pays you a benefit if you temporarily can't work because of injury, illness, or maternity leave. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition. Benefits may be reduced by income from other sources such as state benefits or paid time off.

Weekly Benefit Amount	Plan pays 60% of base salary
Maximum Weekly Benefit	$3,461
Benefits Begin After:	7 days of disability
Maximum Benefit Period*	26 weeks

*Maximum benefit period is based on the first day you are disabled; payments begin after the 7-day waiting period.

California employees will be automatically enrolled in the CA Voluntary Disability (VDI) option managed by TRISTAR, unless you opt into the California state program (SDI) via Workday. Employees in Colorado, Connecticut, Massachusetts, New York and Oregon are automatically enrolled in a private plan through New York Life.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

If you qualify, long-term disability benefits begin after short-term disability benefits end.

Monthly Benefit Amount	Plan pays 60% of base salary
Maximum Monthly Benefit	$15,000
Benefits Begin After:	180 days
Maximum Payment Period*:	SSNRA or Maximum Benefit Period (schedule)

*The age at which the disability begins may affect the duration of the benefits.

STD & LTD TAX CHOICE

In Workday, you can choose whether your STD and/or LTD benefit payment are **fully taxed or tax-free:**

- **Option 1:** No tax is applied through payroll and any benefits received will be taxable.
- **Option 2:** If you choose to pay taxes on the premium now, your benefit (should you ever need it) will be tax-free. This could result in significantly more money for your ongoing living expenses if you become disabled. Roku will continue to pay the premium for your STD/LTD coverage and will report in your paycheck the amount of taxable “imputed” income.

Voluntary Programs

CIGNA VOLUNTARY INSURANCE

Cigna offers voluntary insurance coverage to supplement your core health insurance. You may enroll in the voluntary accident, critical illness, and/or hospital indemnity plans as a new hire, during Open Enrollment, or with a Qualified Life Event (QLE). Premiums for these benefits are paid post-tax, but any benefits paid to you are tax-free.

Under each of these plans, you may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest X-ray. If you are enrolled in both a Cigna medical plan and a Cigna voluntary plan, Cigna will automatically pay the wellness benefit upon your successful completion of a qualifying wellness visit under the Cigna medical insurance.

ACCIDENT INSURANCE

Accident Insurance helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose. Plan 1 is the lower-cost option, with lower fixed cash benefits for covered accidents. Plan 2 costs more per paycheck but generally provides higher benefit amounts, often about double Plan 1.

CRITICAL ILLNESS INSURANCE

Critical illness insurance can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Benefits can be used to help cover medical costs, transportation, childcare, lost income, or costs associated with adjusting to life following a critical illness. You can cover yourself and/or family members.

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

UNIVERSAL LIFE WITH LONG-TERM CARE (LTC) INSURANCE

Universal Life provides a death benefit and includes a Long-Term Care (LTC) benefit that can help pay for these services at any age. LTC insurance pays benefits when a physician certifies that you are unable to perform (without substantial assistance), two of six activities of daily living, or that you require substantial supervision to protect yourself and others from threats to health or safety due to severe cognitive impairment. Coverage is provided by Trustmark.

You can purchase a Universal Life with LTC coverage for yourself and your eligible dependents (spouse, children and grandchildren) through www.bcgenrollnow.com/Roku. You may enroll up to $125,000 for yourself without a medical questionnaire within 30 days of your date of hire. You will need to submit the medical questionnaire for amounts above $125,000 or if you enroll after your first 30 days from date of hire. Call 833-868-3120 for questions and enrollment assistance. Premiums are paid directly to Trustmark and coverage is portable if you leave Roku.

Wellness

MODERN HEALTH

Modern Health is your mental wellness benefit that provides you access to personalized 1:1, group, and self-serve resources for your well-being, so that you can be the best version of yourself — at home, at work, and beyond. Modern Health is available to you and your dependents (including household members) at no cost. Modern Health provides support for all aspects of life:

- Emotional health
- Professional health
- Social health
- Physical health
- Financial health

You and each of your household members have access to:

- Six one-on-one coaching sessions per calendar year
- Six one-on-one therapy sessions per calendar year
- Live and on-demand group sessions (called Circles) Meditations and self-paced programs
- Unlimited texting with providers

Access Modern Health using SSO through My Apps.

EMPLOYEE ASSISTANCE PROGRAM (EAP) - 24/7 Counselor Phone Line

In addition to Modern Health's core programs, you have access to extended EAP services through Modern Health. There are times when everyone needs a little help or advice. You and your dependents (family or household members) will have unlimited access to 24/7 confidential crisis support. EAP counselors are there to help you with urgent needs including stress, elevated anxiety, depression, or other crisis situations.

Additionally, you may access support and resources for work/life matters including dependent care, convenience services, legal consultation, and financial counseling. Help is available 24/7, 365 days a year and can be accessed by going through the Modern Health mobile/web app.

You can access Work-Life Services by calling the 24/7 Counselor Phone Line accessible within the app or online through "Explore your Benefits" or "Crisis Support".

Wellness, continued

ORIGIN

Origin helps employees with financial wellness support for every stage of life. Connect with your own Certified Financial Planner at no cost to develop a customized financial plan that helps you reach your goals.
The Origin platform provides a holistic view into your finances.

- Access and visualize your financial wellness roadmap and top priorities, tailored to your needs by your Origin Planner
- Connect with your planner using in-app messages as a quick way to ask questions and share documents
- View your historical investment performance and gain a deeper insight into your portfolio makeup.

Access Origin using SSO through My Apps.

WELLTHY

Wellthy provides personalized support to help you tackle the logistical and administrative tasks of caring for the ones you love, including yourself. Wellthy is especially suited for those with complex, chronic, or ongoing care needs. This includes:

- Finding providers, scheduling appointments, contesting insurance bills, tracking down insurance approvals
- Support for aging parents (navigating Medicare, Medicaid, Social Security and Veterans' benefits)
- A child with special needs (navigating state and employer-sponsored benefits and coverage)
- Finding and vetting babysitters, nanny agencies and pet sitters

When you utilize Wellthy, a specialized professional will guide you and your family through the development of a personalized care plan and assistance with logistical and administrative tasks.

To get started, visit join.wellthy.com/roku and use your Roku email address or call 877-588-3917.

Other Programs

COMMUTER BENEFITS PROGRAM

Do you have out-of-pocket commuting expenses for public transportation or for worksite parking? If so, you can save on taxes by enrolling in our Commuter Benefits Program (also known as a Section 132 plan) administered by Navia.

A Commuter account lets you set aside money—before it's taxed—through payroll deductions. You may enroll and/or stop participating in this program or change your elections by the 20th of each month for use in the following month. To get started, register through the Navia Benefits website using our Employer Code: **RKU**. Funds in this account can be used in future months or plan years. However, if you leave Roku, any unused account balance will be lost.

Below are the maximum amounts of money you can set aside pre-tax. Additional funds can be set aside post-tax up to a maximum monthly order of $560 for each option. These amounts are set by the IRS and are subject to change. For more information and details on using the Navia Benefits Card, visit naviabenefits.com/benefit-education-resource-library.

Parking Expense Account	Up to $350* (projected) per month
Transit Expense Account	Up to $350* (projected) per month

LEGAL PROGRAM

Most people don't have an attorney on retainer, so our voluntary Legal Program through LegalShield offers you access to legal advice and even representation for an affordable monthly premium. Whether you need assistance reviewing a rental agreement, fighting a traffic ticket, creating a will, buying a house or navigating an IRS audit, LegalShield offers reputable attorney assistance for you and your family if you choose to elect. You can update your election monthly in Workday.

Eligible dependents include you, your spouse, your never married dependent children under age 21 living at home, dependent children under age 18 for whom the member is the legal guardian, never married dependent children up to age 23 if a full-time college student, or physically or mentally disabled dependent children.

IDENTITY THEFT PROTECTION

Roku offers you the option of enrolling yourself and your family for ID theft protection through LegalShield. IDShield offers comprehensive ID theft protection from cyber threats and identity breaches. IDShield offers a multitude of services including an alert system that monitors your private information and sends alerts via text, phone, email or app, dark web monitoring, complete identity restoration, credit, checking and savings account activity alerts, lost wallet protection and many other services. You can update your election monthly in Workday.

The IDShield Family rate includes coverage for you, your spouse and up to 10 dependents up to age 18. It also provides consultation and restoration for dependent children ages 18 to 26.

Other Programs, continued

BUSINESS TRAVEL ACCIDENT INSURANCE

Traveling internationally for business? We've got you covered! The Roku Global Guardian Program and supporting insurance programs provide the following benefits during international travel:

- Access to worldwide emergency response and medical support, responsive 24 hours a day, 7 days a week.
- Payment of covered out-of-country emergency medical costs up to $500,000 per occurrence, including emergency evacuations, emergency room visits and all necessary emergency care through Chubb.
- Coverage for out-of-country business and personal deviation travel, including the same level of coverage for your immediate family when travelling with you. Immediate family is defined as a spouse, domestic partner, and children under the age of 26.
- No pre-existing conditions or activity clauses.
- No additional benefit costs to you or your family.

Visit the Travel Safety Central page on Roku Central for more information.



401(k) RETIREMENT PLAN

Our 401(k) plan through Fidelity helps you save for retirement. All U.S. employees aged 21 and older are eligible to join the 401(k) plan on the first day of employment. You can contribute from 1% to 75% of your eligible compensation up to the IRS limits (see below). Once enrolled, you may change your contribution and investment elections at any time through the Fidelity website at www.401k.com. You can contribute to your 401(k) account in any combination of the following ways:

- Pre-tax
- Roth 401(k)
- After-tax

Employees can contact Fidelity directly at (800) 835-5097 to set up Roth in-plan conversions, including automated Roth in-plan conversions for their after-tax contributions.

2027 (Projected) IRS Limits

Pre-tax and/or Roth contributions	Up to $25,500
Maximum annual contribution	$75,000
Age 50+ catch-up contribution**	$8,500
Age 60-63 catch-up contribution**	$11,750

* This amount is evaluated annually by the IRS and subject to change. Employees are eligible to contribute after-tax contributions in addition to pre-tax/Roth 401(k) up to the maximum annual contribution limit. The maximum annual contribution excludes catch-up contributions.

** Secure Act 2.0 requires employees age 50 and older with FICA wages in 2026 greater than $155,000* to make catch-up on a Roth basis.

Beneficiary Reminder: Make sure that you have named a beneficiary for your 401(k) by logging into your account at www.401k.com. It's important to know that many states require that a spouse be named as the primary beneficiary, unless they sign a spousal consent.

You can access 401(k) support through the Filice Retirement Services by contacting John Hitch at (408) 350-5768 or emailing jhitch@filice401k.com. Financial planning support with a Certified Financial Planner is available through your Origin financial wellness benefit.



TIME OFF

2027 Holidays:

- January 1 - New Year’s Day
- February 15 - President's Day
- May 31 - Memorial Day
- July 5 - Independence Day (observed)
- September 6 - Labor Day
- November 25 - Thanksgiving Day
- November 26 - Day after Thanksgiving
- December 24 – Christmas Day

Note: The U.S. holiday calendar is for regular, non-exempt (hourly) employees. Non-exempt employees will receive their regular rate of pay on these days. Temporary employees, including Interns, contingent workers and contractors are not eligible for holiday pay.

Roku's Self-Managed PTO Program is available for exempt (salaried) employees and is designed to cover vacations, holidays, and sick time.

Refer to Roku’s U.S. Time Off and Leave of Absence Program for information on eligibility and specific leave policies on Roku Central.

Cost of Coverage

Roku provides a healthcare contribution based on your medical plan enrollment selection. Any remaining amounts can be used towards dental and vision premiums.

ROKU CONTRIBUTION

- Roku will contribute up to **$1,450 per month** if you elect **employee-only** coverage for medical or **waive medical coverage**.
- Roku will contribute up **to $1,800 per month** when you **enroll one or more dependents** in your medical plan.

Roku pays for the full cost of coverage for basic Life and AD&D, STD, LTD, and wellness coverage. In general, you pay for health coverage before federal, state, and social security taxes are withheld, so you pay less in taxes. However, if you cover a domestic partner or domestic partner's child who does not qualify as a tax dependent as defined by the IRS, that contribution must be made after-tax and the company contribution toward their coverage will be reported as taxable imputed income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Roku if your domestic partner or domestic partner's child is your qualified tax dependent via the People Service Desk.

2027 MONTHLY PREMIUMS (BEFORE STIPEND)

Use the Workday Benefits Calculator and Plan Comparison Tool to compare the 2027 medical, dental, and vision payroll costs after the Roku contribution.

Medical National	Cigna OAP HDHP	Cigna OAP 2500
Employee Only	$1,148.28	$948.10
Employee + Spouse	$2,296.57	$1,896.22
Employee + Children	$1,837.25	$1,516.97
Employee + Family	$3,157.77	$2,607.28
Medical National	**Cigna OAP 250**	**Cigna OAP IN**
Employee Only	$1,489.65	$1,551.72
Employee + Spouse	$2,979.32	$3,103.47
Employee + Children	$2,383.45	$2,482.76
Employee + Family	$4,096.54	$4,267.25
Medical California Only	**Kaiser CA HMO**	**Kaiser CA HDHP**
Employee Only	$842.40	$609.16
Employee + Spouse	$1,853.28	$1,340.15
Employee + Children	$1,684.80	$1,218.32
Employee + Family	$2,527.20	$1,827.48
Medical Colorado Only	**Kaiser CO HMO**	**Kaiser CO HDHP**
Employee Only	$763.34	$607.32
Employee + Spouse	$1,679.35	$1,336.10
Employee + Children	$1,526.68	$1,214.64
Employee + Family	$2,290.02	$1,821.96

Cost of Coverage, continued

Dental/Vision	Cigna Dental PPO	VSP Vision
Employee Only	$52.12	$8.00
Employee + 1	$106.74	$11.95
Employee + 2+	$193.55	$18.49

Voluntary Accident	Plan 1	Plan 2
Employee Only	$2.98	$6.17
Employee + Spouse	$5.28	$10.99
Employee + Children	$6.62	$13.98
Employee + Family	$8.92	$18.81

Hospital Indemnity	Voluntary Hospital Care Plan
Employee Only	$9.58
Employee + Spouse	$22.98
Employee + Children	$18.05
Employee + Family	$31.43

	Voluntary Life and AD&D	Voluntary Critical Illness rate per $10,000			
Age	Employee or Spouse Cost per $1,000	Employee	Employee + Spouse	Employee + Children	Employee + Family
0 – 24	$0.076	$2.30	$3.98	$3.43	$5.10
25 – 29	$0.076	$2.65	$4.50	$3.77	$5.62
30 - 34	$0.076	$3.37	$5.71	$4.49	$6.84
35 – 39	$0.105	$4.61	$7.86	$5.74	$8.98
40 – 44	$0.162	$5.80	$10.00	$6.93	$11.12
45 – 49	$0.267	$8.42	$14.21	$9.54	$15.34
50 – 54	$0.400	$12.55	$20.39	$13.68	$21.52
55 – 59	$0.648	$17.86	$27.98	$18.98	$29.10
60 – 64	$1.000	$22.75	$35.14	$23.88	$36.26
65 – 69	$1.571	$27.18	$42.74	$28.31	$43.86
70 – 74	$2.610	$38.15	$59.08	$39.28	$60.20
75 – 79	$4.524	$49.45	$77.15	$50.58	$78.28
80 – 84	$4.524	$64.50	$94.95	$65.62	$96.08
85+	$4.524	$79.63	$123.63	$80.76	$124.76
Child Life Rate	$0.162				
Voluntary AD&D	$0.025				

Cost of Coverage, continued

Bi-Weekly Payroll Deduction	LegalShield	IDShield	LegalShield + IDShield
Individual	$7.36	$4.13	$11.49
Family	$7.36	$8.75	$14.26

Additional Resources

Get help with your benefits however you feel most comfortable. You have many ways to get answers to your questions and assistance with coverage and claims issues. Use the resources on the following pages freely!

ROKU CENTRAL

Roku Central is the employee intranet home page where you can find additional information around U.S. Benefits, time off policies, and wellness resources.

Have a question about benefits or how to use People tools? **Ask Roku Central** Slack App has instant answers, no ticket needed. For situation-specific help, the People Service Desk has you covered!

WORKDAY

Workday is your centralized portal to view and manage your personal information, benefits, payroll and more. Workday contains all your employee data, payroll, and time and absence. Visit Roku Central for information to help you navigate the system, find training guides, FAQs, live training recordings, and much more. Log in through My Apps.

BENEFITS PORTAL

Understanding your benefits is easier than ever with MyBenefits.Life, your website and app for Roku employee benefits information. Whether you're at home, at work, or on the go, you can log on to MyBenefits.Life from your computer, tablet, or smartphone to access benefit plan information, contacts, web links, and more.

Visit the App Store or Google Play to download the MyBenefits.Life app.

- Web: **roku.mybenefits.life**

BENEFIT ADVOCATES

Reach out to your Benefit Advocates for personal and confidential assistance with general benefit questions; eligibility and coverage; finding a network provider; coverage changes due to life events such as marriage, a new child, or divorce; and health care claim or billing issues (when warranted).

Haylee Pedro and Catherine Humphrey

Submit a ticket through the People Service Desk
Phone: (866) 945-3071
Monday – Thursday: 8:00 am - 5:00 pm Pacific
Friday: 8:00 am - 4:30 pm Pacific

Plan Contacts

For general benefit questions, please contact the People Service Desk. If you need to reach our plan providers, here is their contact information:

Provider	Plan Type	Phone Number / Email	Website	Policy/Group #
Cigna	Medical and Dental	(800) 244-6224	mycigna.com	3340367
Kaiser	Medical	CA: (800) 464-4000 CO: (800) 632-9700	kp.org	N. Cal: 665937 S. Cal: 236347 CO: 47427
VSP	Vision	(800) 877-7195	vsp.com	30053882
New York Life	Life, AD&D and Disability	(800) 842-4462	mynylgbs.com	Life: FLX967651 AD&D: OK969161 LTD: LK965235 STD: LK752120
Cigna	Accidental Injury, Critical Illness, Hospital Care	(800) 754-3207	Supphealthclaims.com	AI111507 CI111451 HC111202
Navia	FSA, HSA, Commuter	(800) 669-3539	naviabenefits.com	RKU
Origin	Financial Wellness	hereforyou@useorigin.com	useorigin.com	N/A
Modern Health	Mental Health and EAP	help@joinmodernhealth.com	my.joinmodernhealth.com	N/A
Wellthy	Family Care	(877) 588-3917	wellthy.com/roku	N/A
Fidelity	401(k)	(800) 835-5097	401k.com	80330
Global Guardian	Int'l Business Travel Support	N/A	roku-travelers.globalguardian.com	N/A
LegalShield	Legal and ID Theft Services	(800) 654-7757	shieldbenefits.com/rokuinc	47220
Trustmark	Universal Life w/ Long-Term Care	(833) 868-3120	bcgenrollnow.com/Roku	N/A

Important Plan Notices and Documents

IMPORTANT: All official documents relating to the Roku Employee Benefits Program, including the Summary Plan Descriptions, Notice of HIPAA Privacy Practices, Initial COBRA Notice, Medicare Part D Notice and any other relevant Plan Documents or Notices, are available electronically through Roku Central. Paper copies of these documents and notices are available if requested at no cost. If you would like a paper copy, please download and print a copy or contact the People Service Desk. Please provide a copy of these notices to your dependents covered under the plan.

This Benefit Brochure is not intended to provide a complete plan description. If there is an actual or apparent conflict between this benefit summary or the Summary Plan Description (SPD) booklet and the official plan documents, the provisions of the official plan document prevail. Benefits are subject to change.

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are available on our benefits website and include:

- Medicare Part D Notice

Describes options to access prescription drug coverage for Medicare eligible individuals.

- Women's Health and Cancer Rights Act

Describes benefits available to those that will or have undergone a mastectomy.

- Newborns' and Mothers' Health Protection Act

Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.

- HIPAA Notice of Special Enrollment Rights

Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.

- HIPAA Notice of Privacy Practices

Describes how health information about you may be used and disclosed.

- Notice of Choice of Providers

Notifies you about the plan's requirement that you name a Primary Care Physician (PCP).

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

Describes availability of premium assistance for Medicaid eligible dependents.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.

CURRENT PLAN DOCUMENTS

Important documents for our health plan and retirement plan, including the detailed certificates of coverage, are available on Roku Central https://roku.mybenefits.life/choose?returnUrl=%2f and include:

SUMMARY PLAN DESCRIPTIONS

A Summary Plan Description (SPD) is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. The Roku, Inc. Welfare Benefit Plan SPD is available through MyBenefits.Life.

SUMMARY OF BENEFITS AND COVERAGE

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBCs are available:

- Cigna OAP 250, OAP 2500, OAP HDHP, OAP IN
- Kaiser CA HMO, Kaiser CA HDHP
- Kaiser CO HMO, Kaiser CO HDHP

STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Roku Health and Welfare Benefits Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.