Roku

2027 Open Enrollment

Thank you for joining the webinar. We will begin shortly.

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What is Open Enrollment?

Time to review coverage options and make changes that are best for you, such as:

- ✓ Change medical plans
- ✓ Enroll or disenroll in a plan
- ✓ Add or drop a dependent to your plan
- ✓ Review your voluntary plan elections
- ✓Change your STD/LTD tax choice
- ✓ Enroll in the Flexible Spending Account (FSA) or Health Savings Account (HSA) for 2027*
- ✓Confirm that your beneficiaries, dependent social security number and date of birth, home address, and emergency contact information are current

If you take no action, your current elections and covered dependents will rollover into 2027.
***You must make new FSA and HSA elections if you wish to contribute in 2027.**

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What Dates Do I Need to Remember?

11/02/26
Open Enrollment begins

11/17/26
Deadline for making changes

1/1/27
Your Benefit changes take effect*

Don’t forget!
Add these date reminders to your calendar.
No exceptions will be made for late requests.

*Changes are effective for the year unless you have a qualified event (e.g. marriage, divorce, birth/adoption of child, loss of coverage). You have 30 days from the event to make a change in Workday.

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Highlights and Changes for 2027

Premiums & Contributions: Roku's monthly stipend will continue at $1,450 per employee & will increase to $1,800 per family.

- Because of continued premium increases, **Roku's contribution will no longer fully cover employee-only coverage under the Cigna OAP 250 and OAP IN plans**. If you select either plan, you will see payroll deductions.

HDHP Family Deductibles: Changes per IRS guidelines

- **Cigna (National plans):** The HDHP deductible for an individual within a family is changing to $3,500
- **Kaiser (California):** The HDHP deductible and out-of-pocket maximums are changing to $3,500 per individual, up to $7,000 per family.
- **Kaiser (Colorado):** The HDHP deductibles are changing to $1,750 for individual coverage, and $3,500 per family. The out-of-pocket maximums are changing to $3,500 for individual coverage, and $7,000 per family.

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Highlights and Changes for 2027 *(continued)*

Voluntary Employee and Spouse Life: For 2027 only, you can elect up to $250,000 of coverage for yourself, $50,000 for your spouse without evidence of insurability.

2027 IRS Contribution Limits:

- **Health Care FSA:** Increasing to $3,500 per year *(subject to IRS change)*
- **Dependent Care FSA:** Remains $7,500 per household per year (elections may be limited for certain highly compensated employees based on IRS non-discrimination testing requirements)
- **HSA:** Increasing to $4,500 (Individual) and $9,000 (Family)
- **Commuter:** Increasing to $350 per month qualified transit and parking *(subject to IRS change)*
- **401(k):** Expected to increase to $25,500 per year *(subject to IRS change)*

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Medical Plan Options

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2027 Medical Plan Overview

PPO Plans	HDHP Plans	HMO Plans
Cigna OAP 250 Cigna OAP 2500	Cigna OAP HDHP Kaiser HDHP (CA Only) Kaiser HDHP (CO Only)	Cigna OAP IN (in-network only) Kaiser HMO 20 (CA Only) Kaiser HMO 20 (CO Only)

Features of a PPO:
- Standard deductible
- Your choice of doctor
- Pay less if you use in-network doctors
- Co-pays for in-network office visits
- Some services aren't covered for out-of-network

Features of an HDHP:
- High deductible (must pay deductible BEFORE plan pays other benefits, except for preventive care)
- Your choice of doctor (Cigna HDHP only)
- Network doctors only (Kaiser HDHP only)
- Pay less for in-network doctors
- Use tax-free Health Savings Account (HSA) to pay for care

Features of an HMO:
- No deductible
- Network doctors only
- Not covered for out-of-network care (except emergency care)
- No claims or paperwork
- Low or no per-visit costs

All health plans include free in-network preventive care. All Cigna plans use the Open Access Plus (OAP) network.

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Medical Benefits

Benefit Highlights	OAP 250		OAP 2500		OAP HDHP		OAP IN (HMO Equivalent)
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Individual Deductible	$250		$2,500	$5,000	$2,800		None
Family Deductible	$250 per person up to $750		$2,500 per person up to $5,000	$5,000 per person up to $10,000	$3,500 per person up to $5,000		None
Individual Out-of-Pocket Maximum	$3,500	$7,000	$5,000	$10,000	$3,500	$7,000	$3,500
Family Out-of-Pocket Maximum	$3,500 per person up to $7,000	$7,000 per person up to $14,000	$5,000 per person up to $10,000	$10,000 per person up to $20,000	$3,500 per person up to $7,000	$7,000 per person up to $14,000	$3,500 per person up to $7,000
Preventive Care	No charge	40%*	No charge	40%*	No charge	30%*	No charge
Office Visit Specialist Visit	$20 $30	40%*	$20 $30	40%*	0%*	30%*	$20 $30
Fertility (lifetime)	1 Progyny Smart Cycle		1 Progyny Smart Cycle		1 Progyny Smart Cycle		1 Progyny Smart Cycle
Inpatient Hospital	20%*	40%*	20%*	40%*	0%*	30%*	20%
Outpatient Hospital	20%*	40%*	20%*	40%*	0%*	30%*	20%

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Out-of-pocket maximum is the most you or your family will need to pay in a calendar year before insurance covers the full cost of the rest of your care for covered medical expenses.
** The amount you'll pay for covered services after your plan deductible has been met.*

Prescription Benefits

Benefit Highlights	OAP 250		OAP 2500		OAP HDHP		OAP IN (HMO equivalent)	
	(30-day supply)	(90-day supply)	(30-day supply)	(90-day supply)	(30-day supply)	(90-day supply)	(30-day supply)	(90-day supply)
Deductible	You Pay Per Rx		You Pay Per Rx		You Pay Per Rx After Deductible*		You Pay Per Rx	
Generic	$10 copay	$25 copay	$15 copay	$40 copay	$10 copay*	$25 copay*	$10 copay	$25 copay
Preferred Brand	$30 copay	$90 copay	$40 copay	$120 copay	$40 copay*	$120 copay*	$25 copay	$75 copay
Non-preferred Brand	$50 copay	$150 copay	$60 copay	$180 copay	$60 copay*	$180 copay*	$45 copay	$135 copay
Self Administered Injectables	30% up to max of $250	30% up to max of $750	30% up to max of $250	30% up to max of $750	30% up to max of $250*	30% up to max of $750*	30% up to max of $250	30% up to max of $750

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** The amount you'll pay for covered services after your plan deductible has been met.*

Out-of-Network Provider Overview

What if I choose an Out-of-Network Provider?

- Out-of-network providers can charge whatever they want for a service, while in-network providers only charge the pre-negotiated rate
- Out-of-pocket costs for your services will likely be more
- Only covered expenses will be applied to your deductible – subject to your plan's Maximum Reimbursable Charge provisions.
- Since the out-of-network provider can charge whatever they want, you could be "balance billed" for the difference between what the provider charges and the insurance carrier's allowed amount. You will be responsible for paying the difference.

What is the difference in cost for Out-of-Network vs. In-Network?

- Example for OAP 250: Provider charges $10,000 for services. The insurance carrier's allowed amount is $6,000.

Out-of-Network Provider		In-Network Provider	
$250	Deductible	$250	Deductible
+ $5,750 x 40% = $2,300	$6,000 allowed amount - $250 deductible = $5,750	+ $5,750 x 20% = $1,150	$6,000 allowed amount - $250 deductible = $5,750
+ $4,000 (balance billed)	$10,000 billed - $6,000 allowed amount = $4,000	+ $0 (balance billed)	Providers cannot bill in excess of allowed amount
= $6,300	Your responsibility	= $1,150	Your responsibility

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*See your enrollment materials for more information about costs and details about covered and non-covered services, including plan exclusions and limitations.

We Want to Help You Stay Healthy



Cigna Healthy Rewards® help you save money on health and wellness products and services*



Coverage for preventive care, including immunizations and preventive screenings**



A simple and fun online health assessment designed to help you live a healthier life



Proper education and development for healthier pregnancies



Personal and online health coaching to help you maintain a healthy lifestyle



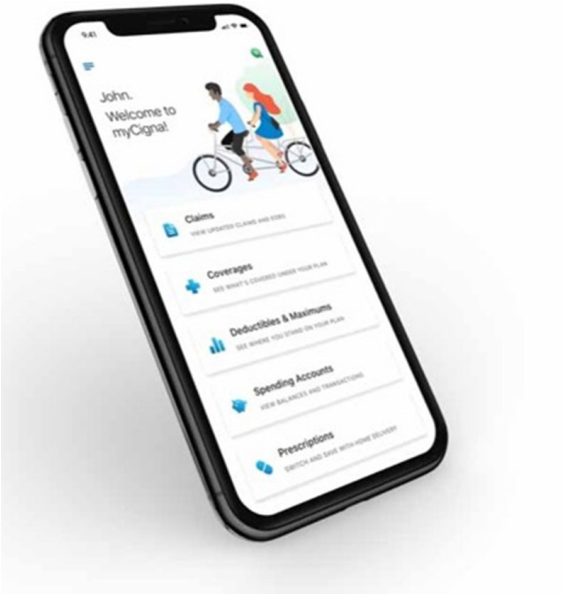
Programs to help you better manage stress, quit tobacco, and/or lose weight

** Healthy Rewards is a discount program and is separate from your medical benefits. If your plan includes coverage for any of the services offered through Healthy Rewards, this program is in addition to, not instead of, your plan benefits. Some Healthy Rewards programs are not available in all states and may be discontinued at any time. A discount program is NOT insurance, and you must pay the entire discounted charge.*

*** Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered preventive services/ supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). All plans have exclusions and limitations. See your Benefit Summary and enrollment materials for details about the services covered under your plan*

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MyCigna Mobile App



Cigna Digital ID Cards: Cigna will issue digital ID cards. Your existing member ID number will not change. New Cigna enrollees should log on to myCigna web or mobile app to view your ID card and number.

Your online home for assessment tools, plan management, medical updates and much more:

- ✓ Find in-network doctors, dentists and medical services
- ✓ View, print and email ID cards
- ✓ Review your coverage
- ✓ Manage and track claims, account balances and deductibles
- ✓ Compare cost and quality information for doctors and hospitals
- ✓ Access a variety of health and wellness tools and resources
- ✓ Manage your home delivery prescription orders or talk with a pharmacist
- ✓ Use the Price a Medication feature to explore medication costs *

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** Prices shown on myCigna® are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna® for more information.*

Medical Plan Options (California & Colorado Only)

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KAISER PERMANENTE®

Medical Benefits

Benefit Highlights	HMO (California)	HDHP (California)	HMO (Colorado)	HDHP (Colorado)
Individual deductible	None	$3,500	None	$1,750
Family Deductible	None	$3,500 per person up to $7,000	None	$3,500 per family
Individual Out-of-Pocket Maximums	$1,500	$3,500	$2,000	$3,500
Family Out-of-Pocket Maximums	$1,500 per person up to $3,000	$3,500 per person up to $7,000	$2,000 per person up to $4,000	$7,000 per family
Preventive care	No charge	No charge	No charge	No charge
Office Visit Specialist Visit	$20 $20	0%*	$20 $30	10%*
Inpatient Hospital	$250 per admission	0%*	$250 per admission	10%*
Outpatient Hospital	$100 per procedure	0%*	$125 per procedure	10%*
Fertility	Advanced reproductive healthcare coverage per California state law		Advanced reproductive healthcare coverage per Colorado state law	
Prescribed medications (30-day supply)	$10 copay (generic) / $30 copay (all brand name)	$0 after deductible	$10 copay (generic) / $30 copay (preferred brand) / $60 copay (non-preferred brand)	$10 copay (generic) / $30 copay (preferred brand) / $60 copay (non-preferred brand) after deductible*
Pharmacy Deductible	None	Combined with Medical Deductible	None	Combined with Medical Deductible

- *This is a summary of some benefits and their copayments and coinsurance. For specific information about your covered health plan benefits, limitations, and exclusions, including those not listed in this summary, please see your Evidence of Coverage.*
- *Not covered for out-of-network care (except emergency care).*
- ** The amount you'll pay for covered services after your plan deductible has been met.*

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Tools to Live Healthy



Take care of your mental and emotional health through self-guided resources or book an appointment online at: kp.org/mentalhealth



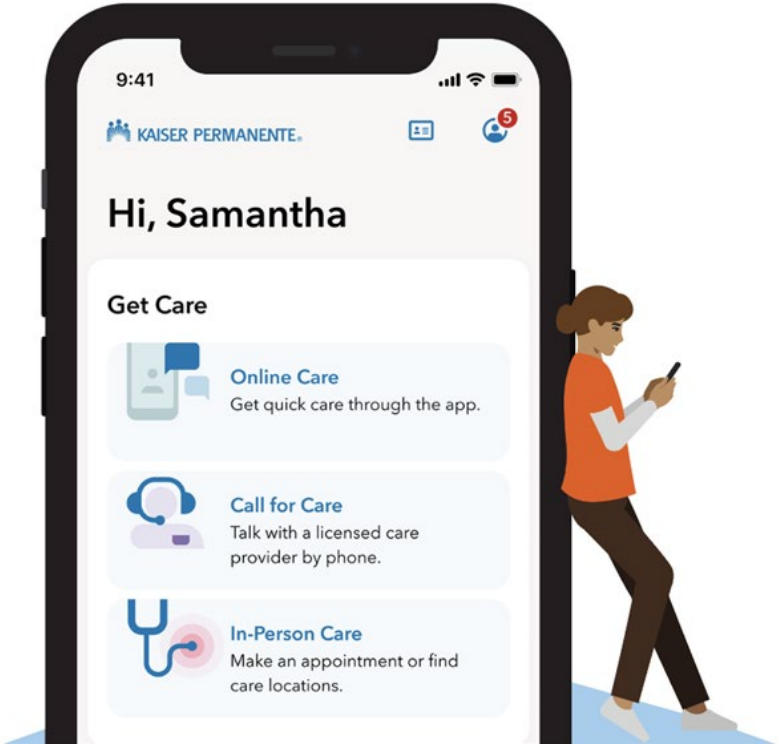
Achieve your health goals, through self-care apps, health classes and programs, wellness coaching, fitness and exercise deals, etc: kp.org/health-wellness



Access apps to reduce stress, improve sleep, and manage overall wellness. Apps include Calm and Headspace Care. To learn more, visit: kp.org/selfcareapps

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Care That's Convenient



Kaiser ID Cards: Kaiser will issue ID cards for new members in the Colorado and California plans.

Kaiser makes it easy to get high-quality care when and where you want it.

Learn more at kp.org/mobile

Your health at your fingertips

- ✓ Get 24/7 care by phone or video*
- ✓ Email your care team
- ✓ Schedule appointments
- ✓ View lab results and doctor's notes
- ✓ Refill prescriptions
- ✓ Check in for appointments
- ✓ Pay bills and view statements

* *When appropriate and available*

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2027 Rates and Contributions

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2027 Rates & Contributions

Monthly Premiums | January 1, 2027 – December 31, 2027

Benefit Type	Medical								Dental	Vision
Carrier	Cigna (National)				Kaiser (California)		Kaiser (Colorado)		Cigna	VSP
Plan	OAP 250	OAP 2500	OAP HDHP	OAP IN	HMO 20	HDHP	HMO 20	HDHP	Dental	Vision
Employee Only	$1,489.65	$948.10	$1,148.28	$1,551.72	$842.40	$609.16	$763.34	$607.32	$52.12	$8.00
Employee + SP/DP	$2,979.32	$1,896.22	$2,296.57	$3,103.47	$1,853.28	$1,340.15	$1,679.35	$1,336.10	$106.74	$11.95
Employee + Children	$2,383.45	$1,516.97	$1,837.25	$2,482.76	$1,684.80	$1,218.32	$1,526.68	$1,214.64	$106.74 + 1 Child	$11.95 + 1 Child
Employee + Family	$4,096.54	$2,607.28	$3,157.77	$4,267.25	$2,527.20	$1,827.48	$2,290.02	$1,821.96	$193.55 + 2 or more	$18.49 + 2 or more

Note: Table above shows the full monthly rates by plan and have not been adjusted for the Roku 2027 contribution.
Roku contributes **$1,450 per month** for employee only medical coverage and **$1,800 per month** for family medical coverage.
Remaining stipend can be used towards dental and vision coverage.

***Tax Implications for Enrolling a Domestic Partner (and/or Domestic Partner Child(ren))**: The portion of premiums Roku pays on behalf of your domestic partner are taxed as "imputed income" and any premiums you pay towards your domestic partner coverage are deducted on a post-tax basis, unless they are an IRS-qualified dependent.*

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Annual Plan Comparison – Employee only

		OAP 250	OAP 2500	OAP HDHP	OAP IN
Pre-tax Account Eligibility		FSA	FSA	**HSA and LP FSA**	FSA
Network Access		In & out of network	In & out of network	In & out of network	**In network only**
Employee Annual Premium (inclusive of Roku contribution)		$476	$0	$0	$1,221
Best-case scenario (no care or in-network preventive care only)	=	***$476***	***$0***	***$0***	***$1,221***
Annual Deductible		$250	$2,500	$2,800	$0
Cost Share After Deductible (in-network)		Copay/You pay 20%	Copay/You pay 20%	You pay 0%	Copay/You pay 20%
Annual Out-of-Pocket Maximum (in-network)	+	$3,500	$5,000	$3,500	$3,500
Worst-case scenario (Excludes out-of-network services)	=	***$3,976***	***$5,000***	***$3,500***	***$4,721***

Assumes In-Network care only. Your costs will be higher if you use Non-Network providers. Copayments and deductibles are included in the out-of-pocket maximum.

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Annual Plan Comparison – Family

		OAP 250	OAP 2500	OAP HDHP	OAP IN
Pre-tax Account Eligibility		FSA	FSA	**HSA and LP FSA**	FSA
Network Access		In & out of network	In & out of network	In & out of network	**In network only**
Employee Annual Premium (inclusive of Roku contribution)		$27,558	$9,687	$16,293	$29,607
Best-case scenario (no care or in-network preventive care only)	=	***$27,558***	***$9,687***	***$16,293***	***$29,607***
Annual Deductible		$750	$5,000	$5,000	$0
Cost Share After Deductible (in-network)		Copay/You pay 20%	Copay/You pay 20%	You pay 0%	Copay/You pay 20%
Annual Out-of-Pocket Maximum (in-network)	+	$7,000	$10,000	$7,000	$7,000
Worst-case scenario (Excludes out-of-network services)	=	***$34,558***	***$19,687***	***$23,293***	***$36,607***

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Assumes In-Network care only. Your costs will be higher if you use Non-Network providers. Copayments and deductibles are included in the out-of-pocket maximum.

Dental & Vision Plan Options

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Dental PPO Plan Benefits

Network Options	In-Network / Total Cigna DPPO	Out-of-Network / No Network*
Reimbursement Levels	Based on contracted fees	90th percentile UCR
Annual Deductible**	$50 individual / $150 family	
Calendar-Year Maximum	$1,500	
Benefit Highlights	**You Pay**	**You Pay**
Class I – Preventive Care (Exams (2), Cleanings (2), X-rays)	0%	0%
Class II – Basic Restorative** (Fillings, Root Canals, Periodontics)	0%	20%
Class III – Major Restorative** (Crowns, Bridges, Dentures)	40%	50%
Class IV – Orthodontia Adult/Child coverage; Lifetime max $1,500	50%	50%
Class IX – Implants**	40%	50%

** In addition to the member co-insurance amount, members are responsible for any costs above the usual, customary and reasonable (UCR) fee.*
*** Annual deductible applies to Basic, Major and Implants*

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Vision Benefits

Benefit Highlights	VSP Signature Provider	Out-of-Network
Vision Exam (1x per calendar year)	$10 copay	$10 copay (plan reimburses up to $45)
Materials	$25 copay	Benefit payable is based on reimbursement schedule
Eyeglass Lenses (1x per calendar year)	Plan pays 100% (basic lens)	Plan reimburses $30 up to $65 (based on lens type)
Frames (1x per every other calendar year)	Plan pays up to $150	Plan reimburses up to $70
Contact Lenses (1x per calendar year)*	Plan pays up to $150	Plan reimburses up to $105
Computer Care Vision Exam (1x per calendar year)**	$10 copay	Not covered
Computer Care Eyeglass Lenses (1x per calendar year)**	Plan pays 100% (basic lens)	Not covered
Frames for Computer Glasses (1x per every other calendar year)**	Plan pays up to $90	Not covered

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*Instead of eyeglasses and frames
**Computer Care benefits are for Roku employees only, and do not apply to dependents

Pre-tax Accounts

Health Savings Account | Flexible Spending Account

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Health Savings Account (HSA)

An HSA is a personal savings account that works with the **Cigna OAP HDHP** or **Kaiser HDHPs**, allowing you to set aside a portion of your salary pre-tax to pay for current or future qualified medical, dental, and vision expenses for you, your spouse or your tax-dependent children.

The money is yours and carries over every year. No "use-it-or-lose-it!" Funds in your HSA account stay with you, even if you change jobs. And, if you're no longer covered by an HDHP, your account stays active so you can use remaining funds for qualified expenses. Your money rolls over every year, which allows you to save for the future!

Tax-free when you put it in and take it out. The money is tax-free both when you put it in, and when you take it out to cover qualified medical expenses. Your contributions to the account may be taxable in some states (including CA and NJ).

Invest. If you maintain a minimum balance of $1,000, your additional funds may be invested in mutual funds and earnings grow tax-free.

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HSA Plan: Contributions

Allowed maximum annual contribution amounts

Year	Coverage	Max. Annual Contribution
2027	Single	$4,500
	Family	$9,000

Individuals between the ages of 55 and 65 can make additional contributions

Year	Additional Contribution
2027	$1,000

You are not eligible to open or contribute to an HSA account if you are:

- Covered by any non-high deductible health plan
- Enrolled in a regular healthcare flexible spending account (you or your spouse count)
- Covered under Medicare, Medicaid or Tricare
- Someone else's tax dependent

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Flexible Spending Account (FSA)

Health Care FSA

- Maximum election of $3,500 per year for 2027 *(subject to IRS change)*
- Qualified expense as defined by IRS
- Examples of eligible expenses:
  - Deductibles and co-payments, vision expenses, dental expenses (including orthodontia), prescription drugs
- Limited Purpose Health Care FSA available for those contributing to Health Savings Account
  - Eligible for dental and vision expenses only

Regulations for the FSA Program



- Expenses must be incurred during the Plan Year
- Benefit card available for Health Care Account
- Claims substantiation is required – save receipts
- Limited opportunity to change, cancel or make new elections
- Can be used to cover eligible dependents healthcare expenses
- You will be able to carry over $100-$700 *(subject to IRS change)* of unused 2027 Health Care FSA funds into 2028 (Note: may affect eligibility for HSA next year)
- Be sure to spend any unused 2026 FSA funds by December 31st and submit claims to Navia by March 31st. Only $100-$680 of unused 2026 Heath Care FSA will carry into 2027.

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Healthcare FSA cannot be used for Dependent Care expenses.

Flexible Spending Account (FSA)

Dependent Care FSA

- IRS limit is $7,500 per year/per household ($3,750 if married filing separately; subject to annual non-discrimination testing)
- Reimburses day care expenses while you and/or your spouse work, look for work, or attend school full time
- Qualified expense as defined by IRS
- Examples of eligible dependent care expenses:
  - Licensed nursery schools (Pre-K and under), day care centers, day camps, care inside your home

Regulations for the FSA Program



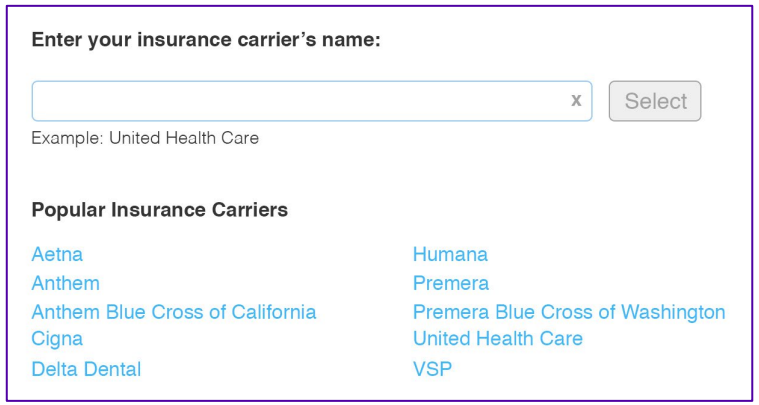
- Expenses must be incurred during the Plan Year
- Separate plan accounts for Health Care and Dependent Care
  - Dependent Care FSA cannot be used for dependents health care
- You will not be able to carry over ANY unused 2027 Dependent care FSA funds into 2028 (per IRS)
- Claims substantiation is required – save receipts

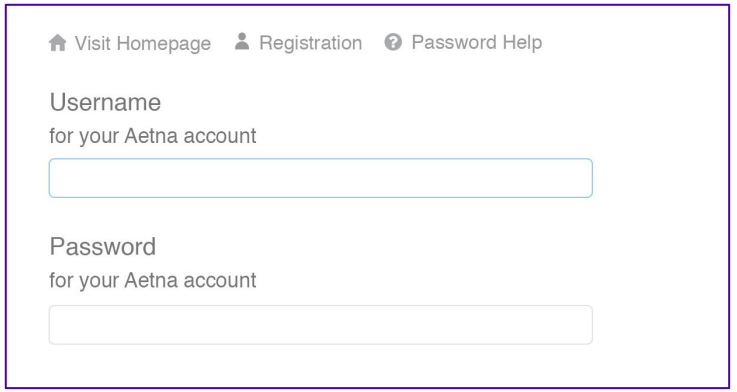
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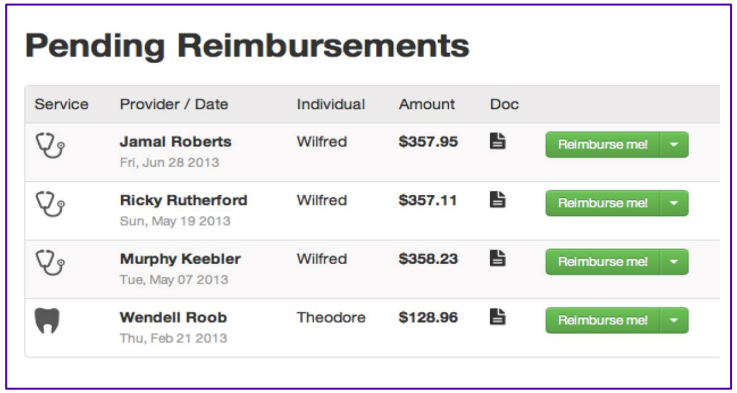
Dependent Care FSA cannot be used for Health Care expenses.

FlexConnect

You can **“FlexConnect”** your FSA to your Medical, Dental, and Vision carriers’ websites in one easy to manage dashboard at naviabenefits.com







1 Enter Your Insurance Carriers

2 Enter Your Username and Password

3 Click “Reimburse me”

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HSA or FSA, which to choose?

Account Highlights	Health Savings Account (HSA)	Health Care Flexible Spending Account (FSA)	Limited Health Care Flexible Spending Account (LFSA)
Medical plan enrollment	Cigna OAP HDHP or Kaiser HDHPs Only	Any plan other than the Cigna OAP HDHP or Kaiser HDHP	Cigna OAP HDHP or Kaiser HDHPs Only
2026 pre-tax contribution limit	$4,500 Employee Only / $9,000 Family	$3,500 *(subject to IRS change)*	$3,500 *(subject to IRS change)*
Federal and state tax	None, except CA & NJ tax contributions at the state level	None	None
Funds are available	As funds are contributed. Use for past expenses if the HSA was open before the service date or for future	Full annual election available on day 1*	Full annual election available on day 1*
Account balance earns interest	Yes	No	No
Allows rollover to future plan years	Yes, the full balance rolls over regardless of whether you change plans or employers	Between $50 and $700, remainder is forfeited *(subject to IRS change)*	Between $50 and $700, remainder is forfeited *(subject to IRS change)*
Deadline to submit expenses	None	March 31st of the year following	March 31st of the year following
If you leave Roku	Individually owned account. Can remain with Navia or rollover to another HSA provider	Funds are forfeited unless COBRA is elected	Funds are forfeited unless COBRA is elected
Funds used for	Eligible medical, dental, and vision expenses	Eligible medical, dental, and vision expenses	Eligible dental and vision expenses

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**Does not apply to Dependent Care Flexible Spending Accounts*

Visit https://www.naviabenefits.com/participants/resources/expenses/ to view a list of eligible expenses under each plan

Cigna Voluntary Insurance Programs

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Voluntary Accidental Injury Insurance

Helps to pay for expenses for you or a covered family member involved with a covered accident or injury

- Benefits may be payable for initial treatment, emergency room visit, hospitalization, and/or follow up care
- Covered injuries may include broken bones, burns, dislocations, torn ligaments, concussions, eye injuries, ruptured discs, cuts requiring stitches, etc.
- High and low plan available with different monthly premiums and benefits
- Wellness incentive benefit of $50 for receiving Wellness Treatment, Health Screening Tests, and/or Preventive Care

Accidental Injury Example

- Chloe enrolls herself and children in the Cigna OAP HDHP medical plan and the voluntary Accidental Injury Insurance Low Plan, paying $6.62 per month, then her child suffers a broken leg and wrist dislocation playing soccer.

Chloe's Expenses

$3,500	Cigna OAP HDHP deductible
+ $0	Cigna OAP HDHP coinsurance after deductible
= $3,500	Chloe's responsibility

Benefits Paid by Accidental Injury Insurance

$75	Doctor's office visit
+ $50	Diagnostic exam (x-ray)
+ $1,000	Broken leg non-surgical
+ $400	Wrist dislocation non-surgical
+ $500	10 physical therapy visits
= $2,025	Paid to Chloe

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Voluntary Critical Illness Insurance

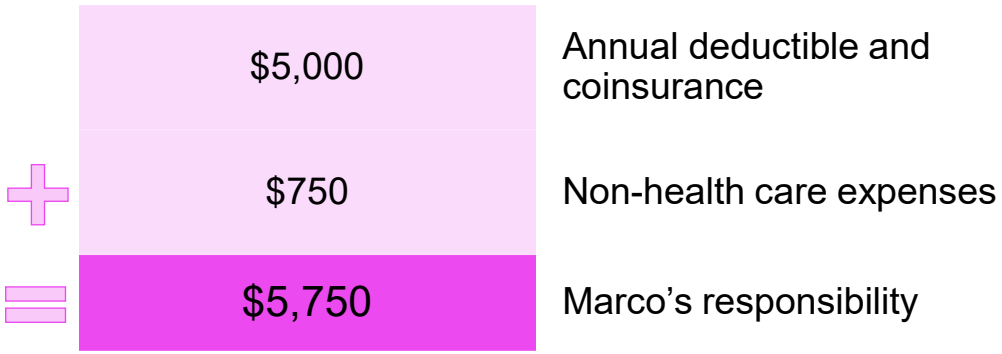
Pays a lump-sum benefit directly to you when you or a covered family member are diagnosed with a covered health condition or critical event

- Lump-sum benefit up to $30,000 paid upon qualifying diagnosis, so you can use the money however you like
- Some covered diagnoses include cancers, ALS, organ failure, coma, stroke, heart attack, etc.
- Wellness incentive benefit of $50 for receiving Wellness Treatment, Health Screening Tests, and/or Preventive Care

Critical Illness Example

- Marco is 38 and enrolls himself and family in the Cigna OAP 2500 medical plan and $10,000 of voluntary Critical Illness Insurance, paying $4.61 per month, then suffers a heart attack.

Marco's Expenses



Benefits Paid by Critical Illness Insurance



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Voluntary Hospital Care Insurance

Pays benefits for you or a covered family member during a hospital stay or admission for events like an in-patient procedure or birth of a child

- Lump-sum benefit paid upon qualifying hospitalization event, so you can use the money however you like
- After the first hospital stay, coverage continues so you have additional protection for future hospital stays
- Wellness incentive benefit of $50 for receiving Wellness Treatment, Health Screening Tests, and/or Preventive Care

Hospital Care Example

- Susan enrolls herself and no dependents in the Cigna OAP 250 medical plan and voluntary Hospital Care Insurance, paying $9.58 per month, then suffers a hospitalization resulting in large medical bills.

Susan's Expenses

$3,500	Cigna OAP 250 Out of Pocket Limit
+ $500	Non-health care expenses
= $4,000	Susan's responsibility

Benefits Paid by Hospital Care Insurance

$1,000	Hospital Admission
+ $1,200	Hospital ICU Admission
+ $200	Hospital ICU Stay (1 day)
+ $300	Hospital Stay (3 days)
= $2,700	Paid to Susan

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Cigna Voluntary Insurance + Cigna Medical

There are some integrations to improve your experience if you enroll in both the Cigna Medical and Voluntary Insurance products.

Wellness Benefit Autopayment

if you receive a Wellness Treatment, Health Screening Tests, and/or Preventive Care covered under a Cigna Medical plan, Cigna will automatically pay you the wellness benefit under the Voluntary Insurance plans.

- Examples include, but are not limited to - *general health exams, gynecological exams, mammography, and COVID-19 Immunization.*

Medical Auto Compare

if you have a service covered under the Cigna Medical plan that may qualify for benefit under Voluntary Insurance, Cigna reminds you to file all eligible Voluntary Insurance claims.

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Cigna Voluntary Insurance Rates

Monthly Post-tax Premiums

Carrier Plan	Accident Insurance		Hospital Care Insurance
	Plan 1 - Low Plan	Plan 2 - High Plan	
Employee Only	$2.98	$6.17	$9.58
Employee + SP/DP	$5.28	$10.99	$22.98
Employee + Children	$6.62	$13.98	$18.05
Employee + Family	$8.92	$18.81	$31.43

Critical Illness Insurance premiums are based on age, the amount of coverage you elect and which dependents you enroll. Some examples:

- $30,000 of coverage for a 55-year-old employee, their spouse and children: **$87.30 per month**
- $20,000 of coverage for a 34-year-old employee and their spouse: **$11.42 per month**

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Life and Disability

Life, AD&D and Disability

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Life & AD&D Insurance

Benefit Type	Description	Benefit Detail
Basic Life Insurance	The benefit amount is the payment your beneficiary or family will receive if you pass away. All benefits end if you leave Roku (options to convert/port).	› 2x base annual earnings up to $600,000*
AD&D Insurance	Accidental Death and Dismemberment Insurance pays a benefit to your beneficiary if your death is caused by an accident. You may also receive a portion of this benefit if an accident results in the loss of sight or a limb.	› 2x base annual earnings up to $600,000 › Dismemberment benefits vary based on specific loss
Benefits After Age 70	You will still receive benefit payments after age 70, though they will reduce according to the following schedule.	› 40% of life insurance benefit at age 70 › 25% of life insurance benefit at age 75
Accelerated Death Benefit	Diagnosed as terminally ill with less than 12 months to live.	› 75% of your life benefit up to $250,000 › The benefit paid to your beneficiary will then be reduced

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**The cost of Basic Life Insurance benefits in excess of $50,000 is taxable and added as imputed income*

Voluntary Life Insurance

Benefit Type	Description	Benefit Detail
Benefit Amount: Employee	The benefit amount is the payment your beneficiary or family will receive if you pass away. All benefits end if you leave Roku (options to convert/port).	• You may elect coverage in increments of $25,000 up to $500,000 › Not to exceed 8 times salary
Guaranteed Issue (GI): Employee	During this open enrollment, you can elect up to the guaranteed issue amounts without submitting Evidence of Insurability to NY Life.	› Employee GI: $250,000
Benefit Amount: Dependents	Spouse / Child(ren)	› Up to $250,000 in increments of $2,500 › Up to $10,000 in increments of $2,500 › Coverage may not exceed 100% of the employee amount
Guaranteed Issue (GI): Dependents	Spouse / Child(ren)	› Spouse GI: $50,000 › Child(ren) GI: all amounts guaranteed
Benefits After Age 70	You will still receive benefit payments after age 70, though they will reduce according to the following schedule.	› 40% of life insurance benefit at age 70 › 25% of life insurance benefit at age 75
Accelerated Death Benefit	Diagnosed as terminally ill with less than 12 months to live.	› 75% of your life benefit up to $250,000 (employee) or $187,500 (spouse) › The benefit paid to your beneficiary will then be reduced

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Voluntary Life and AD&D Rates

Monthly Rates for Life Insurance

Age	Employee or Spouse Cost Per $1,000
<20	$0.076
20-24	$0.076
25-29	$0.076
30-34	$0.076
35-39	$0.105
40-44	$0.162
45-49	$0.267
50-54	$0.400
55-59	$0.648
60-64	$1.000
65-69	$1.571
70-74	$2.610
75-99	$4.524
Child Rate	$0.162

Monthly Rates for AD&D

Employee Cost Per $1,000
$0.025

Example of Life Insurance Payments

	$500,000	Life Insurance
÷	$1,000	$500,000 / $1000 = $500
×	$0.162	Cost per $1,000 for 40-44
=	**$81**	**Rate per month**

- Voluntary Enrollment above the guaranteed issue is subject to Evidence of Insurability
- If you want to elect any spouse or child voluntary life, you must elect coverage for yourself
- Employee and spouse premium is based on the employee's age as of 1/1/27
- Premiums are paid bi-weekly on a post-tax basis

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** Cost Subject to Change; Child rate is a "unit rate"*

Disability Benefits

Short-Term Disability

Elimination Period	Benefits begin on the 8th day for accident and illness
Benefit	› 60% of weekly earnings to a maximum of $3,461 per week › Benefit integrates with any state disability insurance
Benefit Duration	26 weeks from the 1st day you are disabled, payments begin after the elimination period

Long-Term Disability

Elimination Period	Benefits begin after 180 days of disability
Benefit	› 60% of monthly earnings to a maximum of $15,000 per month › Benefit integrates with any state disability insurance
Partial Disability	If you can return to work part-time, you may receive a portion of your disability benefit to help fill the gap in income
Vocational Rehabilitation	Services, such as vocational testing and training, job modifications and placement, may be provided to help you return to active employment after you suffer a disability

- State-mandated disability and paid family leave programs for CO, CT, MA, NY, and OR are administered by New York Life.
- California employees are automatically enrolled in the Voluntary Disability (VDI) option administered by TRISTAR but may opt into the CA State Disability Insurance (SDI) in Workday on a quarterly basis.

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Disability Tax Choice

Roku pays for 100% of your Short-Term and Long-Term Disability premiums

During Open Enrollment, you have the option to elect how you want any potential STD and/or LTD benefit payments taxed

Option #1

Benefit Payments Fully-Taxed

- Employee chooses to have Roku pay disability premium with dollars not reported as taxable income
- Any future disability payments are fully taxed
- End Result: Taxed at time you receive benefit

Option #2

Benefit Payments Tax-Free

- Employee chooses to have Roku pay disability premium with dollars that are reported as taxable income
- Approximate annual tax costs of an employee with $200,000 annual salary choosing a tax-free benefit:
  - STD ~ $116 (assumes 28% federal and 10% state tax)
  - LTD ~ $68 (assumes 28% federal and 10% state tax)
- End Result: Taxes collected in advance with every payroll

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Annual tax costs are estimates only, your individual tax costs may differ.

Additional Programs

Legal and Financial | Wellness | Other Voluntary Benefits

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Legal Assistance

Legal Services

- Preventive Legal Services
- Motor Vehicle Legal Services
- Trial Defense Services
- IRS Audit Services
- 24/7 Emergency Legal Access
- Dedicated experienced attorneys

IDShield Highlights

- Identity theft protection
- Monitor more of what matters
- Counsel when you need it
- Restore your identity completely

2027 Rates (bi-weekly post-tax)

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

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Voluntary Universal Life with Long-Term Care

Roku offers a voluntary permanent life insurance plan with long-term care (LTC) through Trustmark.

- This benefit is designed to help protect your retirement savings, ease the burden of caregiving by your loved ones, and allow you to choose the setting in which you receive care.
- This benefit provides a private long term care coverage option for employees who reside in a state that has active or pending legislature stipulating long term care is mandatory.
- Coverage can be elected at any time. However, you will be required to complete a medical questionnaire.
- Insurance premiums are paid directly to Trustmark

Enrollment Site: https://bcg.zoomforth.com/roku

Call Center: (833) 868-3120
Hours: M – F, 6:00am – 4:00pm PT

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Commuter Benefits Program

An employee's work-related transit and parking expenses

$350
Transit monthly pre-tax maximum election
(subject to IRS change)

$350
Parking monthly maximum pre-tax maximum election
(subject to IRS change)

$560
Maximum monthly order for each option
(subject to IRS change)

- Parking and Transit elections can be changed/opted-out on a month-to-month basis
- Use your Navia Benefits Card to purchase services at any Transit Authority or parking facility that accepts MasterCard – parking also has a direct payment option
- Don't overcontribute – any unused funds are forfeited if you leave the company
- All monthly commuter elections are made directly on the Navia website
- All commuter benefit elections must be made/updated on or before the 20th of the month prior to the month you would like to participate
- If you are newly eligible to participate, you will receive a welcome letter from Navia with instructions on how to enroll in the commuter benefits program; currently eligible employees may visit NaviaBenefits.com to register and participate now, using code **RKU**

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Business Travel Accident (BTA) Benefits

- Immediate access to trained medical and security staff, 24 hours a day, 7 days a week
- Payment of covered out-of-country medical costs up to $500k per occurrence, including emergency evacuations, emergency room visits and all necessary emergency care
- 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 below the age of 26
- No pre-existing conditions or clauses
- No additional benefit costs to you or your family

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Modern Health

You and your dependents (family or household members) have access to Modern Health, your personalized mental health benefit designed to support your emotional, professional, and social health – all in a single, secure platform.

Find care that's right for you:

- One on one therapy: 6 covered visits annually (per person)
- One on one coaching: 6 covered visits annually (per person)
- Unlimited chat and text with therapists and coaches
- Unlimited live and on-demand group Circles sessions
- A library of self-serve digital mental health resources

Access through SSO in My Apps, web, or download mobile app

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Available sessions reset on January 1st.

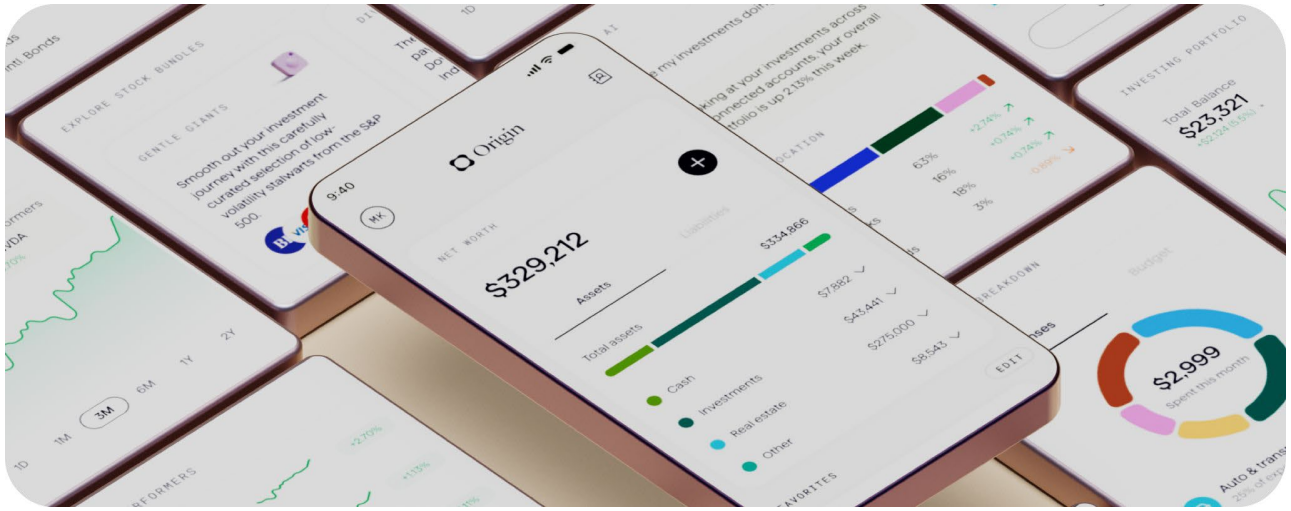
Modern Health – EAP

- You and your dependents (family or household members) have access to a 24/7 support line to speak with a master's level counselor
- Get care from a professional counselor for urgent needs, including elevated anxiety, depression, or other crisis situations
- Access through Settings tab of Modern Health web or mobile app

Legal Consultation	Financial Services	Work/Life Consultation
Up to 30 minutes free consultation with experienced attorney on most legal issues.	Free unlimited telephonic consultations with a financial professional	Child/elder care, school assistance, adoption assistance, convenience referrals, skill building and career training, wellness referrals
Discounted rates available if further legal representation is required	Assistance with budgeting, debt management, financial planning, ID Theft, retirement planning, etc.	Unlimited research
Expertise in areas such as family law, consumer issues, personal injury	Online financial calculators, library of articles, do-it-yourself tools to manage finances.	Instant message a consultant
Downloadable customizable legal forms		Quarterly newsletter featuring daily life topics

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Origin



Access Origin using SSO through My Apps

Schedule 1-on-1 meetings with your Origin planner

Receive unlimited personal 1-on-1 guidance from a local financial professional who understands your unique needs

Message your Origin planner

Connect with your planner using in-app messages as a quick way to ask questions and share documents

Review your personalized financial roadmap

Access and visualize your financial wellness roadmap and your top priorities, tailored to your needs by your Origin Planner

Create your monthly budget

Identify your expenses, set your monthly budget, and track your spending towards that target

Manage your investments

Visually see your historical investment performance and gain a deeper insight into your portfolio makeup.

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Wellthy

Wellthy provides personalized support to help you tackle the logistical and administrative tasks of caring for the ones you love, including yourself.

Some areas where Wellthy can assist are:

- 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 or nanny agencies
- Finding pet care

To get started visit join.wellthy.com/roku

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401(k) Plan Highlights

Eligibility	Age 21
Contributions (subject to IRS change)	› 1% – 75% • 2027 IRS limit*: $25,500 • Maximum annual contribution: $75,000 • Catch-up***: +$8,500 if age 50 and over (age 60-63: +$11,750)
Contribution Types	• Pre-tax › Roth (post-tax) › After-tax**
Participant Loans	› Allowed up to 50% of vested account balance › Maximum of $50,000
Rollovers	Accepted anytime



Enroll online with Fidelity: 401k.com



Investment Questions?

John Hitch | Filice Retirement Services | jhitch@filice401k.com | 408-350-5768

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*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.

**Employees must call Fidelity to set-up automated Roth in-plan conversions

*** Secure Act 2.0 requires employees age 50 and older with FICA wages in 2026 greater than $155,000* to be made on a Roth basis

Resources and Next Steps

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Benefit Questions?

Meet your Benefit Advocates:

Jeremy Beasley, Haylee Pedro, and Catherine Humphrey
Phone: (866) 945-3071
Submit questions through the **People Team Service Desk**

8:00 am – 5:00 pm (Monday – Thursday) Pacific Time
8:00 am – 4:30 pm (Friday) Pacific Time

Benefit Advocates can help with:

- General benefit questions
- Verifying eligibility and coverage
- Obtaining new ID cards
- Finding a network provider
- Resolving health care claim or billing issues
- Coverage changes due to life events (marriage, new child, divorce, etc.)

Ask Roku Central

- Ask Roku Central answers your questions about benefits, payroll, and more — all tailored to your role and location
- If it can't resolve your question directly, it can create a Roku Service Desk ticket

Important Notes:

- Always get the estimated cost in advance of care (pre-determination of benefits)
- Make sure you get pre-authorization for potential large claims for medical and dental

Alliant Individual Health Solutions

To see if an individual plan could be an affordable option for your dependents, call (877) 328-1195 or visit alliantindividualhealthsolutions.com

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Decision Tools

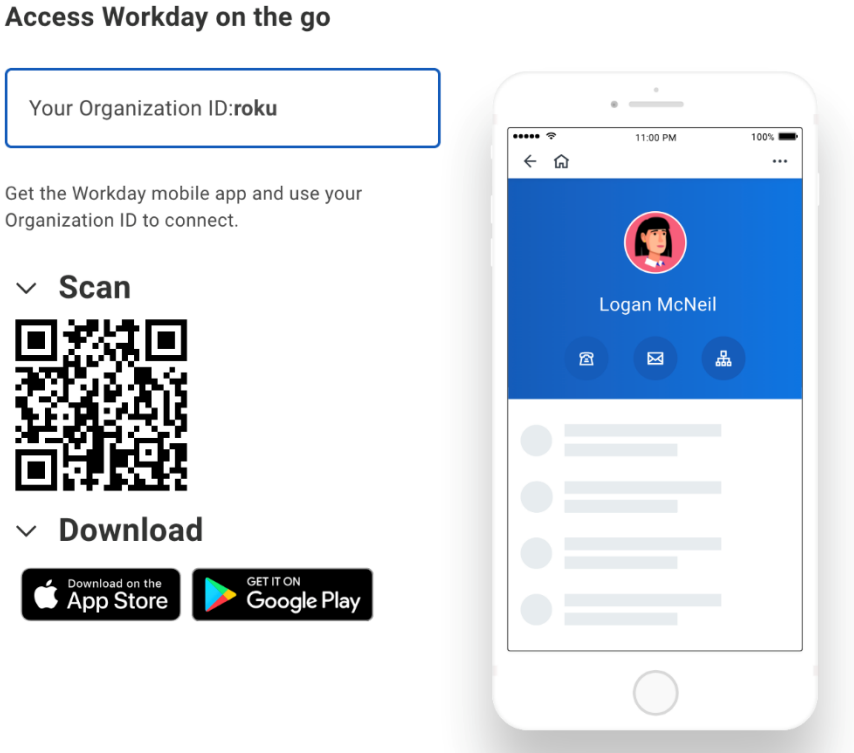
- Workday **Benefits Calculator and Plan Comparison Tool** compares the 2027 medical, dental and vision payroll costs
- **Cigna Medical Plans**
  - Cigna Pre-Enrollment Line (available 24/7): (888) 806-5042
  - Progyny Care Advocate: (866) 872-0533
- **Kaiser Medical Plans**
  - Kaiser California Pre-Enrollment Line: (800) 324-9208
  - Kaiser Colorado Pre-Enrollment Line: (800) 514-0985
- Navia Pre-Tax Savings Calculator and Eligible Expenses (FSA, HSA, Commuter) and Health & Day Care FSA Expense Estimation Worksheet

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Managing Your Benefits

Submit your Open Enrollment changes from 11/02/2026 – 11/17/2026

- Log into the Workday desktop or mobile app. Use the Open Enrollment Journey to navigate to the Workday Calculator and helpful resources before submitting your elections.
- Visit Roku Central for more information on U.S. Benefits and Wellness Resources.
- Make sure you update your Beneficiary Information under each of the Life and AD&D plans.
- The plan you choose is the plan that you and your family will be on for the calendar year unless there is a qualified event.
- Submit any qualifying events in Workday within 30 days – marriage, divorce, birth of a child, adoption of a child, loss of coverage.



Important enrollment reminders will be sent from Workday (**roku@myworkday.com**). Remember to check your e-mail filters.

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What Do YOU Need to Do?

- ❑ Check out the medical plan options and new rates for 2027 to ensure it meets your needs.
- ❑ If you take no action, your 2026 elections and covered dependents will roll over to 2027.
- ❑ Enroll in FSA and/or HSA if you would like to participate in 2027. FSA and HSA will not rollover to 2027.
- ❑ Consider your voluntary life elections - you can elect up to $250,000 without Evidence of Insurability during this Open Enrollment period.
- ❑ Consider Voluntary Cigna, Trustmark Voluntary Universal Life with Long-Term Care, and LegalShield.
- ❑ Contact your Origin financial advisor to review which plans work best for you.
- ❑ Review and update your life and AD&D beneficiary information in Workday. Review your 401(k) beneficiary information in Fidelity NetBenefits.
- ❑ Once enrolled in benefits, check your communication preferences on the carrier's website and opt out of those you do not wish to receive.

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Decision Toolkit

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Scenario 1: Managing Joe's type 2 Diabetes (Employee-Only)

(a year of routine in-network care of a well-controlled condition)

Cigna OAP IN		Cigna OAP 250		Cigna OAP 2500		Cigna OAP HDHP	
Total Example Cost	**$5,600**	**Total Example Cost**	**$5,600**	**Total Example Cost**	**$5,600**	**Total Example Cost**	**$5,600**
In this example, Joe would pay:		**In this example, Joe would pay:**		**In this example, Joe would pay:**		**In this example, Joe would pay:**	
Medical Cost Sharing		**Medical Cost Sharing**		**Medical Cost Sharing**		**Medical Cost Sharing**	
Deductibles	$0	Deductibles	$120	Deductibles	$120	Deductibles	$2,800
Copayments	$700	Copayments	$700	Copayments	$900	Copayments	$200
Coinsurance	$20	Coinsurance	$0	Coinsurance	$0	Coinsurance	$0
Limits or Exclusions	$40	Limits or Exclusions	$40	Limits or Exclusions	$40	Limits or Exclusions	$40
Total	$760	Total	$860	Total	$1,060	Total	$3,040
Employee Premium		**Employee Premium**		**Employee Premium**		**Employee Premium**	
Annual Cost of Coverage	+ $1,221	Annual Cost of Coverage	+ $476	Annual Cost of Coverage	+ $0	Annual Cost of Coverage	+ $0
The total Joe would pay:	**= $1,981**	**The total Joe would pay:**	**= $1,336**	**The total Joe would pay:**	**= $1,060**	**The total Joe would pay:**	**= $3,040**

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Examples are illustrative and based on Cigna's Summary of Benefits and Coverage documents

Scenario 2: Peg is having a baby (Family)

(9 months of in-network pre-natal care and a hospital delivery)

Cigna OAP IN		Cigna OAP 250		Cigna OAP 2500		Cigna OAP HDHP	
Total Example Cost	**$12,700**	**Total Example Cost**	**$12,700**	**Total Example Cost**	**$12,700**	**Total Example Cost**	**$12,700**
In this example, Peg would pay:		**In this example, Peg would pay:**		**In this example, Peg would pay:**		**In this example, Peg would pay:**	
Medical Cost Sharing		**Medical Cost Sharing**		**Medical Cost Sharing**		**Medical Cost Sharing**	
Deductibles	$0	Deductibles	$250	Deductibles	$2,500	Deductibles	$3,500
Copayments	$30	Copayments	$30	Copayments	$30	Copayments	$10
Coinsurance	$2,500	Coinsurance	$2,500	Coinsurance	$2,000	Coinsurance	$0
Limits or Exclusions	$20	Limits or Exclusions	$20	Limits or Exclusions	$20	Limits or Exclusions	$20
Total	$2,550	Total	$2,800	Total	$4,550	Total	$3,530
Employee Premium		**Employee Premium**		**Employee Premium**		**Employee Premium**	
Annual Cost of Coverage	+ $29,607	Annual Cost of Coverage	+ $27,558	Annual Cost of Coverage	+ $9,687	Annual Cost of Coverage	+ $16,293
The total Peg would pay:	**= $32,157**	**The total Peg would pay:**	**= $30,358**	**The total Peg would pay:**	**= $14,237**	**The total Peg would pay:**	**= $19,823**

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Examples are illustrative and based on Cigna's Summary of Benefits and Coverage documents



Roku

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