The Micron Early Cancer Detection Plan also known as Galleri®, provides a multi-cancer early detection screening service.

This benefit is provided at no cost to you. The Early Cancer Detection Plan is administered by GRAIL and is available only if you are enrolled in the Value High Deductible Plan, Consumer Directed Health Plan, Value PPO, Idaho PPO, PPO Plan, Kaiser Permanente HMO, or Cigna International Plan ("Micron Medical Plan Coverage").

ERISA

The Early Cancer Detection Plan is subject to ERISA. See the Additional Administrative Facts and Statement of ERISA Rights sections of this Benefits Handbook for details.

Your Eligibility

You are eligible to participate in this Plan if you are enrolled in medical plan coverage through the Micron Self-Insured Group Health Plan or Fully-Insured Group Health Plan and you are age 50 or older, or age 35 – 49 with certain self reported risk factors, and actively employed and classified by Micron as a regular, full-time, or part-time team member, or Intern of Micron Technology, Inc. ("Micron") or a wholly owned US-based Micron subsidiary (each an "Employer" for purposes of this Plan).

GRAIL professionals will verify whether and individual age 35 - 49 is eligible to participate based on the individual's self-reported risk factors. The GRAIL professional determination is final. Micron is not a party to the risk factor evaluation.

Coordination with Severance Plan

If a terminated Participant is eligible for benefits pursuant to a severance plan operated by the Employer and is offered continued participation in the Early Cancer Detection Plan in connection with such Participant's termination, such Participant shall continue to be eligible to participate in this Plan for the time period specified in the severance plan, notwithstanding an earlier termination date.

Definition of a Team Member. Team members are those individuals who are considered an employee of Micron as classified by Micron under its standard human resource practices, regardless of whether or not such person may be considered a common law employee or independent contractor for purposes of federal income tax withholding or other purposes. For example, the following persons are not Team Members:

- leased employees, as defined in Internal Revenue Code Section 414(n),
- individuals classified by Micron as independent contractors, temporary or leased workers (including those who are at any time reclassified by the Internal Revenue Service, a court of competent jurisdiction or otherwise), and
- individuals who are seconded to an employer participating in this Plan.

***Ineligible Team Members*.** You are ineligible to participate in this Plan if:

- you are an individual whose terms and conditions of employment are governed by a collective bargaining agreement (unless the collective barganing agreement expressly provides for this benefit).
- You have not elected Micron Medical Plan Coverage for the year.

Definition of Full-Time. A full-time team member is a team member who is actively employed and classified as full-time by Micron.

Definition of Part-Time. A part-time team member is a team member who is actively employed and classified as part-time by Micron.

Definition of Intern. An intern is a team member who is actively employed and classified as an Intern by Micron.

Eligibility upon Re-Employment. If

your employment with Micron has terminated for at least 31 days and you are later re-employed by Micron or another wholly owned or US-based Micron subsidiary that participates in this Plan, you are required to meet the eligibility (described above) and enrollment (described below) requirements before coverage begins.

Eligibility During a Leave of Absence. Your participation in this Plan will automatically continue while on a Micron approved leave of absence. An approved leave of absence is your absence from assigned work, which has been approved by Micron under standard human resource policies, applied in a nondiscriminatory manner to all team members, including:

- an approved leave of absence for up to 24 weeks in any 12-month period qualifying under the Family and Medical Leave Act of 1993 ("FMLA"), or 26 weeks in any 12-month period under the Service Member Family Leave ("SMFL") for Caregiver Leave.
- an approved personal leave of absence,
- an approved Micron Paid Family Leave,
- an approved leave of absence in accordance with other state or commonwealth law, and
- an approved military leave as a result of duty in the uniformed services including service in the Armed Forces, the Army National Guard, and the Air National Guard, when engaged in active duty for training, inactive duty training, or full- time National Guard duty, the commissioned corps of the Public Health Service, certain types of service in the National Disaster Medical System, and any other category of persons designated by the President of the United States in time of war or emergency.

If you have not returned to qualifying active employment after 24 (or 26 if SMFL for Caregiver Leave) consecutive calendar weeks of an approved leave of absence, you are no longer eligible to participate in this Plan and your participation will end on the last day of the month in which your leave reaches 24 (or 26 if SMFL for Caregiver Leave) consecutive calendar weeks. There is one exception to this rule.

- If you are on a state or federal mandated leave of absence that requires coverage to continue for a specified period of time under this Plan, your participation will continue through the time specified in that regulation. Examples of state or federal mandated leaves of absence that require coverage to continue for a specified period of time include the Uniformed Services Employment and Re-employment Act, the Family and Medical Leave Act, or other state or commonwealth law.

If you return to qualifying active employment after being absent for 24 (or 26 if SMFL for Caregiver Leave) consecutive calendar weeks, you will be re-enrolled in this plan. Your coverage will go into effect on the date you return to work.

Return to qualifying active employment.

If you return to active employment following an approved Micron Paid Family Leave, your return will be considered a return to qualifying active employment for a parental integration period of up to 8 weeks regardless of hours actually worked during such period.

Dependent's Eligibility

Dependents are not eligible for the Early Cancer Detection Plan.

Initial Enrollment

If you are a full-time or part-time team member, or an Intern, who satisfies the Plan's eligibility requirements (described above) you automatically become a Participant in this Plan, subject to GRAIL's verification process (described below). The Effective Date of your coverage is

your hire date.

Enrollment Effective Date. If you transfer from a wholly owned US-based Micron subsidiary, the Effective Date of coverage is your date of hire or transfer date (as applicable).

Enrollment Date for Transfers. If you are transferring to Micron or another wholly owned US-based Micron subsidiary directly from a wholly owned foreign Micron subsidiary, the Effective Date of coverage is the date your transfer was completed in WorkDay.

Costs

The Galleri test is provided at no cost to you through the Micron Early Cancer Detection Plan. You must access through the Micron/GRAIL authorized site https://www.galleri.com/micron and complete registration.

The Galleri test is not covered in part or in full under the Micron medical plans. Accordingly, Team members are responsible for the full cost of the Galleri test when not obtained through the Micron Early Cancer Detection Plan (such as obtaining from a doctor's office, by referral, pharmacy, community clinic, etc.).

Description of Benefits

The Early Cancer Detection Plan offers a third-party multi-cancer early detection screening service. The Galleri test does not detect all cancers and should be used in addition to routine cancer screening tests recommended by a healthcare provider.

The Early Cancer Detection Plan is facilitated by GRAIL. The goal of the Galleri test is to provide advance knowledge or early detection of cancer when signals are present in the blood sample associated with cancer at the time of the blood draw. A test result of "Cancer Signal Detected" requires confirmatory diagnostic evaluation by medically established procedures (e.g., imaging) to confirm cancer. If cancer is not confirmed with further testing, it could mean that cancer is not present or testing was insufficient to detect cancer, including due to the cancer being located in a different part of the body. False-positive (a cancer signal detected when cancer is not present) and false-negative (a cancer signal not detected when cancer is present) test results can occur. Early detection may result in a referral into the applicable Health Plan. While a referral is attempted in most situations, not all Participants will receive a referral by GRAIL. In the event a referral is not possible, Participants should contact their medical plan directly. Results should be interpreted by a healthcare provider in the context of medical history, clinical signs and symptoms.

IMPORTANT NOTE ABOUT REFERRALS: Referral by GRAIL to a third-party healthcare provider is not a recommendation, approval or representation by GRAIL regarding the standards, quality, competence or adequacy of such third-party provider or its agents and employees or its facilities. If you are referred to a third-party provider you should determine if that provider is in-network for your medical plan. Costs not covered by your medical plan, will be your responsibility. GRAIL, this Plan and Micron do not control and are not responsible for the quality of services rendered by referred third-party providers.

Early Cancer Detection System

You must utilize the Micron/GRAIL authorized site https://www.galleri.com/micron. to complete registration and obtain test results.

Claim Procedures

If the Claims Administrator determines that your situation is not covered under the Early Cancer Detection Plan, you may dispute the determination by filing a

written appeal with Micron Technology, Inc.

Appeals

There are two different types of appeals allowed for under this Plan:

- First Level Appeal, and
- Second Level Appeal.

The appeals process varies depending on the type of appeal.

First Level Appeal

If you disagree with the decision regarding a claim, you have 180 calendar days from the date of the original notice of the denial in which to file a written request for review. You, or an authorized representative must e-mail, mail or fax a written request for review to:

First Level Appeal
Global People Services
Micron Technology, Inc.
8000 South Federal Way
P.O. Box 6, MS 1-727
Boise, Idaho 83707-0006
Fax: (208) 492-1058
e-mail: first_level@micron.com

Authorized Representative. If you are physically or mentally incapacitated (for example, you are in a coma), your spouse, parent or other individual designated by a court shall be deemed to be an authorized representative.

Appeal Review Process. The First Level Appeals Committee will review the appeal and a decision will be made that is consistent with the terms of the Plan and applicable law. The persons who made the initial decision will not decide the first level appeal.

The First Level Appeals Committee has full discretionary power to interpret the Plan and decide all questions concerning the Plan and the eligibility of any person to participate in the Plan, with such interpretation and decisions to be final and conclusive on all persons claiming benefits under the Plan subject only to the decision of the Second Level Appeals Committee, if applicable.

A written decision will be provided regarding the appeal within a reasonable period of time, but not usually longer than 45 days after your appeal is received. The time for deciding the appeal may be extended for up to an additional 45 days if required by special circumstances.

The notice will include the following information:

- The results of the request for review,
- The reason(s) for the decision,
- A reference to and description of the Plan provision(s) on which the decision is based, and
- Other information about the review and your options to make a second level appeal.

Second Level Appeal

If you disagree with the result of the first appeal, you may file a second written request for review. You have 60 days from the date you receive the outcome of the first appeal in which to file a written request for review.

You, or an authorized representative must e-mail, mail or fax a written request for review to:

Second Level Appeal
Global People Services
Micron Technology, Inc.
8000 South Federal Way
P.O. Box 6, MS 1-727
Boise, Idaho 83707-0006
Fax: (208) 492-1058
e-mail: second_level@micron.com

Appeal Review Process. The Second Level Appeals Committee will review the appeal and a decision will be made that is consistent with the terms of the Plan and applicable law. The persons who decided the first level appeal will not decide the second level appeal.

The Second Level Appeals Committee has full discretionary power to interpret the Plan and decide all questions concerning the Plan and the eligibility of any person

to participate in the Plan, with such interpretation and decisions to be final and conclusive on all persons claiming benefits under the Plan.

A written decision will be provided regarding the appeal within a reasonable period of time, but not usually longer than 30 days after your appeal is received. The time for deciding the appeal may be extended for up to an additional 30 days if required by special circumstances.

The notice will include the following information:

- The results of the request for review,
- The reason(s) for the decision,
- A reference to and description of the Plan provision(s) on which the decision is based, and
- Other information about the review and your options as required by federal law.

Your Appeal Rights

You have the following rights for all appeals.

- You have the right to receive, upon written request, copies of all documents, records, and other information used in the review of your claim at no cost. A document, record or other information is considered related to your claim if it was relied on in making the benefit determination; was submitted, considered, or generated in the course of making the benefit determination; demonstrates compliance with the Plan's administrative processes and consistency safeguards required in making the benefit determination or constitutes a statement of policy or guidance with respect to the Plan concerning the benefit for your diagnosis.
- You have the right, within the specified time limits, to submit written comments, documents, records, and other information relating to your claim.
- If the denial of your claim was based in whole or in part on a medical judgment, you have the right to require Micron to consult with a health care professional who has appropriate training and experience in the field of medicine involved in the medical judgment and who was neither part of the previous decision(s) to deny your claim nor the subordinate of any such individual.
- If Micron gets advice from a medical or vocational expert in connection with your claim, you have the right to be notified that an expert was used and, upon written request by you, the name of the expert.

Appeals Committee Membership. Micron's Executive Vice President and Chief People Officer (or similar successor position) may appoint and remove members of the Appeals Committees.

Lawsuits. This Plan requires that the Plan's claims and appeals processes must be exhausted before bringing any suit in court. The Plan also requires any suit for benefits must be brought within the earlier of one year after the date the Second Level Appeals Committee has made a final denial of the claim or two years after the date the Galleri service was provided or requested.

Release of Information

As a condition of coverage under this Plan, you:

- authorize this Plan and its business partners to disclose any medical information obtained or payments made in connection with the administration of the Plan;
- authorize this Plan and its business partners to use this information for Plan purposes including but not limited to reviewing, investigating and evaluating all claims and enabling the Plan and all its business partners to provide the services outlined in the Plan; and
- authorize your providers to testify regarding your condition, care, or

treatment, and all provisions of law or professional ethics forbidding such disclosures or testimony are waived by you.

Access To Records

Team members may review their records maintained by the Plan during normal business hours.

Exclusion of General Damages

Liability under this Plan for benefits, including recovery under any claim or breach of this Plan, shall be limited to the actual benefits available under this Plan and shall specifically exclude any claim for general damages including but not limited to alleged pain, suffering or mental anguish, or for economic loss, consequential loss or punitive damages.

Termination of Coverage

Enrollment in this Plan ends on the earlier of the following dates:

- the date this Plan terminates,
- the last day of the month during which a Participant dies, or
- the last day of the month during which a Participant who is a team member loses eligibility under the Plan due to job status change including leave of absence greater than 24 (or 26 if SMFL for Caregiver Leave) weeks and when a Participant's employment with Micron ends.

This Plan may also terminate (retroactively or prospectively) a Participant's coverage and benefit payments for any fraud or misrepresentation, omission or concealment of facts that could have impacted benefits under this Plan.

Under certain circumstances, you may continue to participate in this Plan on an after-tax basis provided you elect to continue participation in the Health Plans pursuant to your rights under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") and you make the required monthly premium payments to Micron. A separate COBRA election is not required for this Plan. See the Health Care Continuation Coverage Notice (found in the Benefits Handbook) for more information about your rights and responsibilities.