



Aetna Retiree International Medical Plan Summary Plan

Description

Effective January 1, 2025

The Credit Suisse Aetna Global Retiree Medical Plan was terminated effective December 31, 2024. Please see the next page for additional information.

The Credit Suisse Aetna Global Retiree Medical Plan is Terminated

The Credit Suisse Aetna Global Retiree Medical Plan (the “Health Plan”) will terminate effective December 31, 2024. The Health Plan will pay for any claims incurred through December 31, 2024 (the “Termination Date”), even if filed at a later date, in accordance with the terms of the Health Plan. You must submit any claims incurred through the Termination Date before December 31, 2025.

Updated Plan Information

Plan Administrator The plan administrator is the UBS AG Benefits Committee (the “Benefits Committee”).

The Benefits Committee has delegated certain plan administration responsibilities to UBS Benefits Administration.

To contact either party, use the following information:

UBS AG
Attn. UBS Benefits Administration
9TH Floor
1000 Harbor Boulevard
Weehawken, NJ 07086

The Benefits Committee also has delegated claims administration and certain other responsibilities to the insurer listed below.

Agent for Service of Legal Process Legal process against the International Health Plan in the event of an unresolved dispute over benefit plan provisions can be served on the plan administrator.

If you need personal attention to answer a benefits question or issue related to the Health Plan, reach out to UBS Benefits Express (Alight Worklife) at 1-888-251-2500. Representatives are available Monday – Friday from 9:00 a.m. to 7:00 p.m. ET (excluding holidays).

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Important Information About the Aetna Retiree International Medical Plan

Important Notice

This document includes important eligibility and participation information about your retiree medical coverage through a fully insured Aetna plan offered by Credit Suisse Securities (USA) LLC (Credit Suisse or the Bank).

Please note: This document, along with the Aetna International Health Plan Certificate of Coverage (the “Certificate”), serves as your Summary Plan Description (SPD), as required under the Employee Retirement Income Security Act of 1974, as amended (ERISA). These documents do not attempt to provide every detail of your benefits. Complete details are included in the Credit Suisse Securities (USA) LLC Group Health Care Plan document, which is the document that legally governs the plan. If there is any conflict between these documents and the plan document, the plan document will control. If there is any conflict between this document and the Certificate, the Certificate will control unless specifically provided otherwise in this document.

The Aetna Retiree International Medical Plan (the Retiree International Medical Plan or the plan) provides an opportunity for eligible retirees to participate in group health care coverage upon retirement. Eligibility, coverage, and cost for coverage will differ based on your date of hire, your retirement date, and other factors.

It is the intent of Credit Suisse to continue the Retiree International Medical Plan indefinitely. However, Credit Suisse reserves the right to modify, suspend, or terminate it as described in more detail in the “Plan Continuance” section.

Eligibility

This “Eligibility” section applies regardless of any conflicting information in the Certificate.

You are eligible for the plan if you meet the following requirements:

- You are classified as an employee of the Bank, meaning you are classified by and work for the Bank or a "Participating Affiliate," or another entity that has adopted the Retiree International Medical Plan with the consent of the Benefits Committee, or its designee as its employee (you can contact the Credit Suisse Benefits Service Center to help you determine if your employer participates in this plan);
- You are enrolled in the Credit Suisse International Health Care Plan for active employees on a U.S. payroll (the “Active International Health Plan”), but residing outside of the United States or Bermuda at the time of your retirement;
- You are age 55 or older when you retire;
- You have at least five years of service; and
- Your age plus years of service as defined under "Years of Service Defined" equals 65 or more (the "Rule of 65").

Participating Affiliates

The following Participating Affiliates have adopted the plan:

- Asset Management Finance LLC;
- Column Financial Inc.;
- Credit Suisse AG, New York Branch;
- Credit Suisse Alternative Capital LLC;
- Credit Suisse Asset Management LLC;
- Credit Suisse Holdings (USA), Inc.;
- Credit Suisse Services (USA) LLC;
- Credit Suisse Labs GmbH; and
- Credit Suisse Loan Funding.

Special Note to Aetna International Medical Plan Retirees

Separate certificates and summary plan descriptions have been prepared for retirees who are eligible for medical coverage under the Credit Suisse Securities (USA) LLC Group Health Care Plan, but who do not meet the criteria to participate in the Retiree International Medical Plan. If you are a retiree eligible to participate under different medical coverage, you will receive a certificate or summary plan description describing your eligibility and coverage for retiree medical benefits. Please contact the plan administrator if you believe you may be eligible for retiree coverage under a plan other than the Retiree International Medical Plan.

Eligible Dependents

If you are covered under the Retiree International Medical Plan, you may also cover those eligible dependents who were covered as your dependents under the Active International Health Plan at the time of your retirement. Those dependents include your:

- Same- or opposite-sex spouse to whom you are legally married (including common-law marriage) determined in accordance with the laws of the state in which the marriage was entered into;
- Same- or opposite-sex domestic partner (see "Enrolling Your Domestic Partner");
- Children who are under age 26. Coverage continues until the end of the year in which the child turns age 26; and
- Mentally or physically disabled children over age 26 who became disabled before age 26 and are incapable of self-support.

Eligible children include your (or your spouse's or covered domestic partner's):

- Natural children;
- Stepchildren;
- Foster children;
- Legally adopted children (including children for whom legal adoption proceedings have begun); and
- Children related to you for whom you have a legal obligation in a parent-child relationship.

Proof of Dependent Eligibility

The Bank reserves the right to ask for proof that the dependents you are covering are eligible for coverage. For example, you may be asked to provide a marriage certificate or birth certificate. If you are asked and you do not provide proof as requested, the Bank reserves the right to take appropriate action, which may include discontinuing your benefits.

Coverage for Your Domestic Partner

If you reside in a state that allows and recognizes a same-sex civil union or you are registered as domestic partners in a jurisdiction with such registry, your domestic partner remains eligible for coverage so long as your civil union remains in effect.

In all other cases, your domestic partner remains eligible for coverage so long as the following criteria are met:

- You and your domestic partner must live together in a serious committed relationship and must have done so for at least six months;
- You must be financially interdependent and be able to present two or more of the following as evidence of this:
 - Joint mortgage or lease;
 - Designation of domestic partner under a durable power of attorney or health care proxy;
 - Joint wills or designation of domestic partner as executor or primary beneficiary;
 - Joint bank account, credit cards, or other evidence of joint financial responsibility;
 - Designation of domestic partner as beneficiary of life insurance or retirement benefits;
 - Driver's licenses or federally issued IDs listing current common address;
 - Common ownership of a motor vehicle; or
 - Other evidence that establishes economic interdependence.
- You must be each other's sole domestic partner;
- You and your domestic partner must be at least age 18;
- You and your domestic partner must not be legally married to another person; and
- You and your domestic partner must not be related to each other by blood any closer than would prohibit legal marriage.

The insurance company may require documented proof that each of you remains eligible.

Married Credit Suisse Employees/Domestic Partners

If your spouse or domestic partner works for Credit Suisse, you cannot be covered by the Retiree International Medical Plan as a retiree and be covered by the Active International Health Plan as a dependent. Similarly, if your spouse or domestic partner retires from Credit Suisse, you cannot be covered by the Retiree International Medical Plan as a retiree and as a dependent.

In addition, only one of you can cover your eligible dependents.

Qualified Medical Child Support Orders (QMCSOs)

If required by a state or domestic relations law, certain court orders could require that you provide health care coverage for your child(ren), even if you do not have custody. If the court order satisfies all of the applicable legal requirements and is determined to be a QMCSO, the Bank will make coverage available to the full extent provided by the law and in accordance with the terms and conditions of the QMCSO. Without such an order, benefits can be paid only to you or to the provider with your written consent. Contact the Credit Suisse Benefits Service Center for model QMCSO language at no cost.

Please note: You may obtain, without charge, a copy of the procedures governing QMCSOs directly from the plan administrator.

Years of Service Defined

For the Retiree International Medical Plan, service is calculated as all service with Credit Suisse and related companies according to the following rules:

- Service is counted as long as you are a full-time employee or part-time employee regularly scheduled to work 20 or more hours per week.
- Service is tracked to the nearest day and you can have a partial year of service.
- All partial years will be aggregated.

How Service Is Counted During a Leave of Absence

A paid or unpaid leave of absence counts toward years of service if it is for a period of one year or less, whether or not you return to work. If your paid or unpaid leave of absence is longer than one year, time during your leave is not counted.

How Service Is Counted If You Have a Break in Service

A break in service due to voluntary termination, retirement, or discharge, counts toward years of service if it is for a period of one year or less. If your break in service is longer than one year, time during your break is not counted.

How Service Is Counted If You Are on Long-Term Disability

If you are receiving long-term disability benefits, you will receive up to one year of service during the time you are on disability, whether or not you return to work.

Enrolling in the Plan

This “Enrolling in the Plan” section applies regardless of any conflicting information in the Certificate.

You and your dependents covered under the Active International Health Plan on the date of your retirement are automatically enrolled in the Retiree International Medical Plan. If you would prefer not to enroll yourself or one or more of your dependents at your retirement, you must call the Credit Suisse Benefits Service Center within 30 days of your retirement date.

Please note: If you decline coverage for yourself when you retire, you permanently waive coverage and you will not be permitted to enroll yourself or your dependents in the Retiree International Medical Plan at a later date unless you are a rehired employee as described below. If you decline coverage for a dependent when you retire, you permanently waive coverage for that dependent and you will not be permitted to enroll that dependent in the Retiree International Medical Plan at a later date unless you are a rehired employee as described below.

Rehired Retirees

If you are re-employed by Credit Suisse after your retirement and you are covered under the Active International Health Plan at the time of your subsequent retirement, you and your dependents covered under the Active International Health Plan on the date of your subsequent retirement will be eligible for coverage again under this plan as if you were a new retiree.

Cost of Coverage

You pay the full cost of coverage. Current contributions for retiree medical coverage are available on the Your Benefits Resources™ web site, or you may call the Credit Suisse Benefits Service Center at **1-888-325-2732** or **1-704-646-8768** outside the U.S. and Canada.

Each year you will receive notification of the cost of coverage. If you enroll during the Annual Enrollment period or change your coverage at any time, you will receive a confirmation showing cost information.

Please note: Rates may change in the future. The Credit Suisse Benefits Service Center will notify retirees of any change in the premium rate.

Paying for Coverage

You will receive a monthly bill for the Retiree International Medical Plan. If you prefer paying for coverage through a direct debit from your bank account, visit the Your Benefits Resources web site to change your payment option. You may also call the Credit Suisse Benefits Service Center at **1-888-325-2732** or **1-704-646-8768** outside the U.S. and Canada to have a form mailed to you. You will need to sign the form and mail it back.

Adding Dependents to Coverage

This “Adding Dependents to Coverage” section applies regardless of any conflicting information in the Certificate.

Except as described in this section, dependent coverage under the Retiree International Medical Plan is available only to those persons who were covered as your dependents under the Active International Health Plan at the time of your retirement. However, if you add a new dependent through marriage, birth, adoption, or placement for adoption while you are covered under the Retiree International Medical Plan, you will be permitted to add your new dependent to coverage. To add your new dependent to coverage, you must request enrollment within 30 days of the date of the marriage, birth, adoption, or placement for adoption.

When Participation Ends

The Certificate describes the events that cause your participation under the Retiree International Medical Plan to end. In addition to those events, your coverage under the Retiree International Medical Plan will end when you fail to provide plan-related information or documentation upon request.

Your participation under the Retiree International Medical Plan will also end if and when you move back to the U.S. However, you will be eligible for coverage under a U.S.-based plan, which is described in a separate summary plan description. Once you know that you will be moving back to the U.S., please contact the plan administrator to receive a copy of the applicable summary plan description to learn more about the available U.S.-based coverage.

Continuing Your Coverage Under COBRA

A federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), created the right to continue your medical and dental coverage upon certain qualifying events.

This section:

- Contains important information about your right to COBRA coverage;
- Explains when COBRA coverage may become available; and
- Describes what you need to do to protect your right to receive COBRA coverage.

For additional information about your rights and obligations under the Retiree International Medical Plan and under federal law, contact the Credit Suisse Benefits Service Center at **1-888-325-2732** or **1-704-646-8768** outside the U.S. and Canada.

Although federal law does not require employers to provide continuation coverage to domestic partners, your covered domestic partner has the right to elect continuation coverage similar to COBRA coverage. In this section, all references to a spouse also pertain to a domestic partner. In addition, the rights and obligations of spouses upon a divorce also apply to domestic partners when a domestic partnership terminates.

What COBRA Continuation Coverage Is

COBRA coverage is a temporary continuation of health care coverage when it otherwise would end because of a life event, known as a "qualifying event." (Specific qualifying events are listed later in this section.)

After a qualifying event, COBRA continuation coverage must be offered to each "qualified beneficiary." You, your spouse or domestic partner, and your dependent children could become qualified beneficiaries if coverage under the plan is lost because of the qualifying event. Qualified beneficiaries also include any children born to you or placed for adoption with you during the COBRA continuation period.

Qualified beneficiaries who elect COBRA continuation coverage must pay for it.

COBRA Qualified Beneficiaries

- **Spouse/domestic partner of retiree.** Your spouse/domestic partner becomes a COBRA qualified beneficiary if he or she loses coverage under the Retiree International Medical Plan because you

become divorced, legally separated, or dissolve a domestic partnership.

- **Dependent children.** Dependent children become COBRA qualified beneficiaries if they lose coverage under the Retiree International Medical Plan because of any of the following qualifying events:
 - The parents become divorced, legally separated, or dissolve a domestic partnership; and
 - The child loses eligibility for coverage as a "dependent child" under the plan (for example, he or she attains the maximum age).

Retirees in the Event of the Bank's Bankruptcy

Sometimes, the Bank's filing for bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy were to be filed with respect to the Bank and that bankruptcy resulted in the loss of coverage of any retired employee covered under the plan, the retired employee would become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse and dependent children also would become qualified beneficiaries if the bankruptcy resulted in the loss of their coverage under the Bank's group health plan.

When COBRA Coverage Is Available

The Retiree International Medical Plan offers COBRA continuation coverage to qualified beneficiaries **only** after the Credit Suisse Benefits Service Center has been notified that a qualifying event has occurred.

Notification Procedures

Notification by the Bank

The Bank (for example, the plan administrator or Human Resources) will notify the COBRA administrator within 30 calendar days of the date coverage would otherwise be lost in the event that the Bank files for bankruptcy.

Notification by You, Your Qualified Beneficiary, or Your Qualified Beneficiary's Authorized Representative

You, your qualified beneficiary, or your or your qualified beneficiary's authorized representative must notify the Credit Suisse Benefits Service Center within 60 calendar days* after coverage would otherwise be lost as a result of any of the following qualifying events:

- The divorce, legal separation, or dissolution of the domestic partnership of the retiree and spouse/domestic partner; or
- A child's loss of eligibility for coverage as a dependent child under the plan (for example, he or she reaches the maximum age).

*Due to the COVID-19 pandemic, if you or your qualified beneficiary lose coverage due to a qualifying event during the Outbreak Period, the period for notifying the Credit Suisse Benefits Service Center of the qualifying event will end on the earlier of one year and 60 days after the date coverage would otherwise be lost due to the qualifying event or 60 days after the end of the Outbreak Period. The Outbreak Period is the period beginning March 1, 2020 and ending 60 days after the end of the National Emergency.

What the Notification Must Include

You, your qualified beneficiary, or your or your qualified beneficiary's authorized representative should notify the Credit Suisse Benefits Service Center at **1-888-325-2732** or **1-704-646-8768** outside the U.S. and Canada of the qualifying event. The notification should include the following information:

- Name of the plan;
- Your and your qualified beneficiary's(ies) names;
- Information concerning the qualifying event, including the date the event occurred;
- The date you and/or your qualified beneficiary(ies) loses (or would lose) coverage as a result of a qualifying event;
- If applicable, information concerning the disability determination; and
- If applicable, the date of the qualifying event of disability.

If you, your qualified beneficiary, or your or your qualified beneficiary's authorized representative does not provide the required information in the notice, the Credit Suisse Benefits Service Center may request the missing information. If you, your qualified beneficiary, or your or your qualified beneficiary's authorized representative does not respond to a request for more information or does not provide the requested information within a reasonable time, the plan will reject the notification of the qualifying event due to failure to provide the required information.

How COBRA Coverage Is Offered

After the Credit Suisse Benefits Service Center receives notice that a qualifying event has occurred, COBRA continuation coverage is offered to each qualified beneficiary.

The Credit Suisse Benefits Service Center will mail a COBRA continuation notice and a COBRA election notice within 14 calendar days* after receiving notice of the qualifying event. This information is sent to the most recent address we have on file.

Each qualified beneficiary has an independent right to elect COBRA continuation coverage. If your qualified beneficiary lives at another address, a separate information packet will be sent if that address is provided. Covered retirees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

Please note: Be sure that you (or anyone who may become a qualified beneficiary) maintain a current address with the Credit Suisse Benefits Service Center to ensure that you receive a COBRA continuation notice and a COBRA election notice following a qualifying event.

If you or a qualified beneficiary wishes to enroll in COBRA, you or your qualified beneficiary must follow the election instructions included in the COBRA continuation and election notices no later than 60 calendar days* after the later of the date those notices are provided to you or the date your coverage ends due to a qualifying event.

*Due to the COVID-19 pandemic, if you or your qualified beneficiary is provided with a COBRA election notice during the Outbreak Period, the period for following the election instructions will end on the earlier of one year and 60 days after the date the notice is provided (or 60 days after the date coverage ends, whichever is later) or 60 days after the end of the Outbreak Period. The Outbreak Period is the period beginning March 1, 2020 and ending 60 days after the end of the National Emergency.

If You Choose COBRA Continuation Coverage

If you or your dependent elects COBRA continuation coverage, you have the following options available to you:

- You or your dependent can keep the same level of coverage you had as a participant in the Retiree

International Medical Plan or choose a lower level of coverage.

- Your or your dependent's coverage is effective immediately after coverage is lost as a result of the qualifying event, unless you or your dependent waives COBRA coverage then revokes the waiver within the 60-day election period. (In this case, your elected coverage begins on the date you revoke your waiver.)
- You or your dependent may change coverage (if enrolled within the initial 60-calendar-day enrollment window):
 - During the Annual Enrollment period; or
 - If you or your dependent has a qualified change in status or another change in circumstance recognized by the Internal Revenue Service (IRS) and the Bank.
- You may enroll any newly eligible spouse or dependent child under the Retiree International Medical Plan rules.

What COBRA Coverage Costs

COBRA participants must pay monthly after-tax premiums for coverage.

Premiums are based on the full cost per covered person, set at the beginning of the year, plus 2% for administrative costs. Dependents making separate elections are charged the same rate as a single retiree.

To enroll in COBRA coverage, call the Credit Suisse Benefits Service Center at **1-888-325-2732** or **1-704-646-8768** outside the U.S. and Canada. Once you are enrolled, the Credit Suisse Benefits Service Center will bill you for your initial payment. There is a 45-calendar-day* grace period to pay your initial payment beginning from the date you elect COBRA coverage pursuant to the election instructions included in the COBRA continuation and election notices. Your initial payment will include coverage for the current month and any previous months, retroactively to the date coverage terminated under the Retiree International Medical Plan.

Ongoing monthly payments are due on the first of each month, but there is a 30-calendar-day* grace period (for example, the June payment is due June 1, but will be accepted if postmarked by June 30).

*Due to the COVID-19 pandemic, if you elect COBRA continuation coverage during the Outbreak Period, your initial payment is due on either (1) one year and 45 days after the date you elect COBRA coverage, if you elected COBRA continuation coverage within 60 days of the date the COBRA election notice was provided, or (2) one year and 105 days after the date the COBRA election notice was provided, if you elected COBRA continuation coverage outside of the initial 60-day period. If the Outbreak Period ends more than 45 days before this extended due date, your initial payment will instead be due 45 days after the end of the Outbreak Period. If your ongoing monthly payment would otherwise be due during the Outbreak Period, your ongoing monthly payment will instead be due by the earlier of (i) one year and 30 days after the original due date or (ii) 30 days after the end of the Outbreak Period. The Outbreak Period is the period beginning March 1, 2020 and ending 60 days after the end of the National Emergency.

How Long COBRA Coverage Lasts

COBRA continuation coverage is a temporary continuation of coverage. The chart below provides a summary of how long coverage can be continued under COBRA based on the type of qualifying event.

Qualifying Event	Maximum Continuation Period† for:		
	You	Spouse	Covered Child

Bankruptcy	Death of covered retiree	Earlier of (i) date of death of spouse or (ii) date that is 36 months after death of covered retiree	Earlier of (i) date of death of spouse or (ii) date that is 36 months after death of covered retiree
Your covered child no longer qualifies as a dependent	N/A	N/A	36 months
You and your spouse/domestic partner divorce, legally separate, or dissolve your domestic partnership or you die	N/A	36 months	36 months

†The maximum continuation period is measured from the date coverage would otherwise be lost as a result of the qualifying event.

As mentioned, you and your eligible dependents have 60 calendar days from the date coverage ends due to a qualifying event or from the date of your COBRA notice, whichever is later, to elect continued participation under COBRA.

Situations When COBRA Coverage May End Earlier

COBRA coverage ends before the maximum continuation period if one of the following occurs:

- You or any of your covered dependents become covered under another health care plan not offered by the Bank (unless the other group health plan limits coverage for preexisting conditions that you or they may have).
- After you or your covered dependent has elected COBRA coverage, you or your covered dependent becomes enrolled in Medicare (unless the COBRA qualifying event is because of bankruptcy) in which case this occurrence does not apply.
- After a disability extension starts, the Social Security Administration determines that the disabled person is no longer disabled.
- You or your covered dependent does not make timely premium payments or contributions as required.
- If any events occur that would lead to termination of coverage for similarly situated non-COBRA beneficiaries (for example, fraud).
- The Bank ceases to provide health care coverage to employees and retirees.
- Any other event that is listed in the Certificate as an event that would cause COBRA coverage to end.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the plan administrator and the Credit Suisse Benefits Service Center informed of any changes in your address and the addresses of family members. Also, for your records, you should keep a copy of any notices you send to the plan administrator or to the Credit Suisse Benefits Service Center.

If You Have Questions

Contact the Credit Suisse Benefits Service Center at **1-888-325-2732** or **1-704-646-8768** outside the U.S. and Canada, if you have questions about COBRA.

Plan Continuance

It is the intent of Credit Suisse to continue the Retiree International Medical Plan indefinitely. However, Credit Suisse reserves the right to modify, suspend, or terminate it at any time by action of the Credit Suisse Holdings (USA), Inc. Executive Committee. Any such action would only be taken after careful consideration; however, plan modification, suspension, or termination is not contingent upon the financial condition of the Bank.

In addition, the plan administrator may amend the plan at any time for minor changes.

Plan Documents

This document and the Certificate contain important details about the Aetna Retiree International Medical Plan. They do not create a contract of employment between Credit Suisse and any employee. As you review the information, keep in mind that it is meant as a summary only.

Plan Administration

Retiree International Medical Plan Administration Chart

Here is some information about the Retiree International Medical Plan and the people who have responsibility for its operation. This information applies regardless of any conflicting information in the Certificate.

The following information is applicable to the Retiree International Medical Plan	
Plan Name	The Retiree International Medical Plan is a component plan in the Credit Suisse Securities (USA) LLC Group Health Care Plan. You will need to use the group health care plan name if you ever need to correspond with a government agency about the plan.
Plan Sponsor	Credit Suisse Securities (USA) LLC Eleven Madison Avenue New York, NY 10010
Plan Type	Under ERISA, the Aetna Retiree International Medical Plan is a welfare plan providing medical benefits.
Plan Number	The number assigned to the Credit Suisse Securities (USA) LLC Group Health Care Plan is 517.
Plan Year	The plan year runs from January 1 through December 31.
Plan Administrator	<p>The plan administrator is the Benefits Committee of Credit Suisse. The Benefits Committee has delegated certain plan administration responsibilities to the Credit Suisse Benefits Service Center. To contact either party, use the following information:</p> <p>Credit Suisse Benefits Service Center P.O. Box 661074 Dallas, TX 75266-1074 1-888-325-2732</p> <p>The Benefits Committee also has delegated claims administration and certain other responsibilities to the insurer listed below.</p>
Insurer	<p>Aetna Life Insurance Company 151 Farmington Avenue Hartford, CT 06156</p> <p>The Employer collects and sends insurance premiums to the insurer. The insurer is responsible for investing the premiums and paying benefit claims, and it guarantees the payment of claims incurred before the group insurance contract terminates.</p>
Type of Administration	Insurer administration
Employer Identification Number	The Internal Revenue Service (IRS) has assigned Credit Suisse Employer Identification Number 05-0546650.
Type of Funding	The Aetna Retiree International Medical Plan is funded through an insurance policy. Retirees and Credit Suisse share the cost of coverage in the plan.

The following information is applicable to the Retiree International Medical Plan

Agent for Service of Legal Process

Legal process against the Retiree International Medical Plan in the event of an unresolved dispute over benefit plan provisions can be served on the plan administrator. In addition, legal process may be served on Credit Suisse at the following address:

Corporate Secretary
Credit Suisse Securities (USA) LLC
Eleven Madison Avenue
New York, NY 10010
1-212-325-2000

Reminder: It is your responsibility to notify the plan administrator of your current address so that you continue to receive updates about the plan. Any correspondence sent to your address on file will be deemed to have been received by you for all plan purposes. Benefits can be forfeited after a certain amount of time if you do not provide updated contact information to the plan.

Your Rights Under ERISA

Overview

As a participant of the Retiree International Medical Plan, you are entitled to certain rights and protections under ERISA. ERISA provides that all plan participants be entitled to the following:

Receive Information

- Receive information about the plan and benefits.
- Examine (without charge) at the plan administrator's office and at other specified locations—such as in the employee's local Human Resources department—all plan documents. These may include insurance contracts and certificates, and copies of all documents filed with the U.S. Department of Labor (for example, detailed annual reports [Form 5500 Series] available at the Public Disclosure Room of the Employee Benefits Security Administration [EBSA]).
- Obtain copies of documents governing the plan, including insurance contracts, copies of the latest Form 5500 annual report, and an updated summary plan description by writing to the plan administrator. The plan administrator may make a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Continue Group Health Care Plan Coverage

- Continue health care coverage for yourself, your spouse, or your dependents if there is a loss of coverage under the plan as a result of a qualifying event as defined by law. You or your dependents may have to pay for such coverage.
- Review the SPD and the documents governing the plan for the rules that govern your Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plan. The people who operate the plan, called "fiduciaries," have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries.

No one, including your employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your ERISA rights.

Enforce Your Rights

If your claim for a benefit from the Retiree International Medical Plan is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision (without charge), and to appeal any denial (all within certain time schedules).

Under ERISA, there are steps you can take to enforce your ERISA rights. For instance:

- If you request a copy of the plan documents or the latest annual report and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials—unless the materials were not sent because of reasons beyond the plan administrator's control.
- If you have a claim for benefits that is denied or ignored—in whole or in part—you may file suit in a state or federal court.
- If you disagree with the plan's decision or if the plan does not respond to your request concerning the status of a Qualified Medical Child Support Order (QMCSO), you may seek resolution under the EDRP or file suit in a federal court.
- If it should happen that plan fiduciaries misuse the plan's money or if you are discriminated against for asserting your ERISA rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court.
- If you file suit against the plan, the court decides who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance With Your Questions

If you have any questions about the plan, you should contact the plan administrator. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the EBSA, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

You may also obtain certain publications about your rights and responsibilities under ERISA by:

- Calling the EBSA at **1-866-444-3272**;
- Logging on to the Internet at www.dol.gov/ebsa; or
- Contacting the EBSA field office nearest you.

Assignment of Rights

You cannot assign your rights under the plan. A direction to pay your health care provider directly is not an assignment of rights. This paragraph applies regardless of any conflicting information in the Certificate.

For More Information

Credit Suisse gives you access to resources to help you manage your benefits and get the most out of the programs the Bank offers.

The Your Benefits Resources web site should be your first stop for information about your benefits. You can log on to the web site from any computer with Internet access. Just enter the following web site address into your browser window: <http://digital.alight.com/credit-suisse>. (The first time you log on, you will be prompted to create a Benefits Access ID and password).

Log on to the web site to:

- Enroll for your benefits when newly retired;
- Download a claim form or this document;
- Review your current, personalized benefit information, and make changes as allowed by the Aetna Retiree International Medical Plan; and
- Take advantage of the valuable tools and resources available to help you make the most of your benefits.

Protect your benefit information by following these basic rules:

- Use strong and unique passwords
- Use multi-factor authentication
- Keep personal contact information current
- Close or delete unused accounts
- Be wary of free Wi-Fi
- Beware of phishing attacks
- Use antivirus software and keep apps and software current
- Know how to report identity theft and cybersecurity incidents

The FBI and the Department of Homeland Security have set up valuable sites for reporting cybersecurity incidents: <https://www.fbi.gov/file-repository/cyber-incident-reporting-united-message-final.pdf/view>; <https://www.cisa.gov/reporting-cyber-incidents>.

The Credit Suisse Benefits Service Center is also available to answer a benefits question or assist with any issue. To reach the Credit Suisse Benefits Service Center, call **1-888-325-2732** or **1-704-646-8768** outside the U.S. and Canada. Representatives are available to assist you Monday through Friday, from 9:00 a.m. to 5:00 p.m., Eastern time.

The Aetna Retiree International Medical Plan Certificate of Coverage, as modified by this document, serves as your summary plan description as required under ERISA. Its purpose is to provide you with a brief, clear, and meaningful description of the Aetna Retiree International Medical Plan and to provide the administrative details of the plans, including your rights as a plan participant. Additional details about the Aetna Retiree International Medical Plan are included in the Credit Suisse Group Health Plan, under which this plan is offered. If there is a discrepancy between anything in this document, the Aetna Retiree

International Medical Plan, or the official plan document, the plan document will govern.

Additional terms and conditions applicable to the Aetna Retiree International Medical Plan may be found in various documents and instruments, including:

- The Your Benefits Resources web site;
- Materials you may receive from the claims administrators; and
- The claims administrators' web sites.

If any of the terms and conditions in these other documents or instruments conflict with the terms and conditions of this insert and document, the plan administrator shall resolve the conflict in its sole discretion. Any such interpretation will be conclusive and binding on all persons unless the administrator's action is held to be arbitrary or capricious.