

SUMMARY ANNUAL REPORT FOR SERVIER PHARMACEUTICALS LLC HEALTH AND WELFARE PLAN

This is a summary of the annual report of the Servier Pharmaceuticals LLC Health and Welfare Plan (Employer Identification Number 37-1897970, Plan Number 501) for the plan year 01/01/2024 through 12/31/2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Servier Pharmaceuticals LLC has committed itself to pay certain health FSA (medical, dental and vision) claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Dental Service of Massachusetts, Inc. d/b/a Delta Dental, Vision Service Plan, Blue Cross Blue Shield of Massachusetts, Inc., ACE American Insurance Company and Unum Life Insurance Company of America to pay certain life, accidental death and dismemberment, dental, vision, temporary disability, long-term disability and employee assistance program claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2024 were \$10,139,216.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2024, the premiums paid under such "experience-rated" contracts were \$8,844,348 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$10,098,365.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 200 Pier Four Boulevard, Boston, MA 02210 and phone number, 888-788-1735.

You also have the legally protected right to examine the annual report at the main office of the plan: 200 Pier Four Boulevard, Boston, MA 02210, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.