



SUMMARY ANNUAL REPORTS
For Plan Year 2024
For Siemens Medical Solutions USA, Inc.
Group Insurance and Flexible Benefits
Program, Siemens Medical Solutions USA, Inc.
Savings Plan and Varian Medical Systems, Inc.
Retirement Plan

Your 2024 Summary Annual Reports

The Summary Annual Reports (SARs) for the Siemens Medical Solutions USA, Inc. Group Insurance and Flexible Benefits Program, the Siemens Medical Solutions USA, Inc. Savings Plan, and the Varian Medical Systems, Inc. Retirement Plan for Plan Year 2024 can be found in this booklet.

Here are answers to some common questions you may have about the SARs.

What is a Summary Annual Report (SAR)?

A SAR provides brief financial information about an employee benefit plan. It is a summary of the plan's annual report, which is a much longer and more detailed document. The SAR includes such information as:

- The amount of benefits paid under the plan;
- Plan expenses; and
- Number of participants

In addition, if applicable, the SAR includes information such as:

- The value of plan assets at year-end compared with the value of plan assets at the beginning of the year;
- Total income for the plan; and
- Insurance information

Why does Siemens Healthineers provide this document?

For certain types of plans, companies are legally required to file an annual report with the Department of Labor each year and to provide a SAR to plan participants and beneficiaries receiving benefits under the plan.

What benefit plans are covered by the SARs?

A SAR is provided for each savings and health and welfare plan which Siemens Medical Solutions USA, Inc. sponsors. A SAR is provided for the retirement plan which Varian Medical Systems, Inc. sponsors. If you participate in a pension plan, similar information is provided to you in an annual funding notice each April.

What if I want more information than what is provided in a SAR?

For any plan for which there is a SAR, you can request that a copy of the complete annual report be mailed to you. You will have to pay copying costs for the annual report(s). The cost for copying the complete annual report for the Siemens Medical Solutions USA, Inc. Group Insurance and Flexible Benefits Program is \$12.75, the Siemens Medical Solutions USA, Inc. Savings Plan is \$11.00 and the Varian Medical Systems, Inc. Retirement Plan is \$4.75. To request a copy of the complete annual report(s) or any portion(s) of it, please submit your request in writing to Siemens Healthineers at 40 Liberty Boulevard, Malvern, PA 16355 or call 610-448-4500.

Please note that with respect to any pension plan sponsored by Siemens Medical Solutions USA, Inc. you can obtain a copy of the most recent annual report or annual funding notice by calling the Siemens Healthineers Benefits Center at **1-833-935-3328**. You may also obtain a copy of the most recent annual report or annual funding notices for these pension plans by visiting **mySHSBenefits.com**.

About This Booklet

This booklet contains a collection of the summary annual reports for calendar year 2024 covering the Siemens Medical Solutions USA, Inc. Group Insurance and Flexible Benefits Program, the Siemens Medical Solutions USA, Inc. Savings Plan, and the Varian Medical Systems, Inc. Retirement Plan. The annual reports for these plans have been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

SUMMARY ANNUAL REPORT

For Siemens Medical Solutions USA, Inc. Group Insurance and Flexible Benefits Program

This is a summary of the annual report of the Siemens Medical Solutions USA, Inc. Group Insurance and Flexible Benefits Program, Employer Identification Number 22-2417778, Plan Number 565, 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).

Siemens Medical Solutions USA, Inc. has committed itself to pay certain health, dental and all temporary disability claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Cigna Health and Life Insurance Company, EyeMed Vision Care, Hartford Life and Accident, Hawaii Medical Service Association, Kaiser Foundation Health Plan, Inc., Lincoln National Life Insurance Company, Life Insurance Company of North America, Delta Dental of Pennsylvania, Continental American Insurance Company to pay certain health, dental and all vision, life insurance, accidental death and dismemberment, business travel accident, critical illness, and long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2024 were \$32,890,776.

SUMMARY ANNUAL REPORT

The following information applies to all Siemens Healthineers employees eligible for or participating in the Siemens Medical Solutions USA, Inc. Savings Plan administered by Alight in 2024. It also applies to former participants of the Varian Medical Systems, Inc. Retirement Plan that merged into the Siemens Medical Solutions USA, Inc. Savings Plan on December 30, 2024.

For Siemens Medical Solutions USA, Inc. Savings Plan

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan of Siemens Medical Solutions USA, Inc. Savings Plan, Employer Identification Number 22-2417778, Plan Number 002 for the plan year 01/01/2024 through 12/31/2024. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a single employer, defined contribution plan with the following characteristics: employer contributions, profit sharing, total participant-directed account, partial participant-directed account, code section 401(k) feature, code section 401(m) arrangement, participant-directed brokerage account, 401(k) or 403(b) plan that provides for automatic enrollment, total or partial participant-directed account, services of leased employees, member of a controlled group.

Basic Financial Statement

Benefits under the plan are provided by a trust fund. Plan expenses were \$537,823,798. These expenses included \$537,358,767 in benefits paid to participants and beneficiaries, and \$465,031 in other expenses. A total of 20,091 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$7,872,711,457 as of the end of the plan year, compared to \$5,763,052,037 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$2,109,659,420. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$1,108,894,071, including employer contributions of \$121,321,063, employee contributions of \$188,123,848, and earnings from investments of \$780,033,642.

SUMMARY ANNUAL REPORT

The following information applies to all employees eligible for or participating in the Varian Medical Systems, Inc. Retirement Plan administered by Fidelity.

For Varian Medical Systems, Inc. Retirement Plan

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan for Varian Medical Systems, Inc. Retirement Plan, Employer Identification Number 94-2359345, Plan No. 002 for the period January 01, 2024 through December 30, 2024. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a Single-Employer defined contribution plan, which include the following characteristic(s) of 401(k), 401(m), Automatic Enrollment, Default Investment Account, ERISA Section 404(c), Member of Controlled Group, Participant-Directed.

Basic Financial Statement

Benefits under the plan are provided through a trust fund. Plan expenses were \$265,283,523. These expenses included \$332,350 in administrative expenses and \$264,852,599 in benefits paid to participants and beneficiaries and \$98,574 in other expenses. A total of 0 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits. The value of plan assets, after subtracting liabilities of the plan, was \$0, as of December 30, 2024 compared to \$1,390,998,248 as of January 01, 2024. During the plan year, the plan experienced a decrease in its net assets of (\$1,390,998,248) . This decrease includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$390,472,311, including employer contributions of \$34,483,989, employee contributions of \$61,570,197, other contributions of \$14,080,991, gains of \$0, from the sale of assets, and earnings from investments of \$280,337,134.

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, as applicable, in that report:

- an accountant's report;
- financial information and information on payments to service providers;
- assets held for investment;
- insurance information, including sales commissions paid by insurance carriers; and
- information regarding any common or collective trusts, pooled separate accounts, master trusts or 103-12 investment entities in which the plan participates.

To obtain a copy of the full annual report(s), or any part(s) thereof, write or call the office of Siemens Healthineers, at 40 Liberty Boulevard, Malvern, PA 19355, and phone number, 610-448-4500.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan, as applicable, and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, if applicable, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan: Siemens Healthineers, Inc, at 40 Liberty Boulevard, Malvern, PA 19355, 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. 20220.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)

December 2025