Your 2015 Annual Enrollment Guide

Annual Enrollment is Oct. 27 to Nov. 14, 2014
Intel goes green for Annual Enrollment

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For All Oregon Employees

Annual Enrollment is Oct. 27 to Nov. 14

Annual Enrollment begins on Monday, October 27, and stays open through Friday, November 14, 2014 at 10 p.m. (Pacific). Benefit elections you make during this period will take effect on January 1, 2015.

Decision-support tools and other resources will be available to you and your spouse starting on October 20, 2014. Take advantage of these online resources and in-person events to help you prepare for this important once-a-year event.
An Introduction to Annual Enrollment

Annual Enrollment 2015
It’s time for you and your family to review your healthcare plan choices and make your Annual Enrollment decisions for 2015, and there's good news we want to share with you. First, we are introducing a new healthcare model and set of plan choices—Connected Care Providence and Connected Care Kaiser Permanente—for you and your family. The existing Anthem and Cigna plans are also available with no significant changes. Second, for those choosing the new Connected Care options, you will have lower costs to start in 2015 and no increase in 2016. For those in the Anthem and Cigna plans, you will see a 2% increase this year and a 2% increase in 2016. This compares favorably to the 6-10% increases over the last four years.

Innovation: At Intel and in Healthcare
At Intel, you are part of a company creating and delivering innovative products that are changing the world. That’s why in Oregon, we are introducing Connected Care, an innovative healthcare model designed by Intel and healthcare provider partners to deliver a better healthcare experience to you and your family.

Connected Care is built on several great Intel practices—disruptive innovation, measurement improving outcomes, and continuous improvement. These practices are applied to two areas: how Intel pays healthcare providers and your experience with your healthcare providers.

Connected Care takes the insurance companies out of the middle and involves a direct contract between Intel and Providence or Kaiser Permanente. We will measure the quality, convenience, and cost of the care delivered to our employees, and pay Providence and Kaiser Permanente based on the results of these ongoing measurements.

Intel is one of the only, if not the only, company that has done this. Two years ago, we implemented the Connected Care model in New Mexico. Employees and their families report 94% overall satisfaction with Connected Care, and 98% believe the quality of the care delivered meets or exceeds expectations. Based on that success, we are proud to bring Connected Care to Oregon employees in 2015. We encourage employees to join in and become part of creating the future of healthcare.

Good News on the Cost of Healthcare
We’ve all become familiar with the annual increase in healthcare costs. It’s not a question of “if” but rather of “how much.” For those choosing a Connected Care plan, you will have lower costs in 2015 and no increase in 2016. Meanwhile, Cigna and Anthem plans will see limited increases of 2% per year in 2015 and 2016.

Additionally, we want to make it easy for you to use your Connected Care High Deductible (HDHP) plan from Kaiser Permanente or Providence, so we will kick-start your new Connected Care Health Savings Account (HSA) with $500 for individuals and $1,000 for families. Choose a Connected Care HDHP, sign up for a Connected Care HSA during Annual Enrollment and we’ll deposit $500 or $1,000 in your HSA by January 31, 2015.

Everybody wins through better health and lower costs
The new Connected Care plans will cost you less and we are pleased to pre-announce a 0% cost increase in Connected Care plans through 2016. We will hold Cigna and Anthem medical plan cost increases at 2% per year in 2015 and 2016.
Your Health and Wellbeing

We are committed to helping you be healthy so you can be your best at home and at work. Good health and wellness is an essential part of our lives and having a healthy workforce is essential to our business. The healthier we are in mind, body, and spirit, the greater our presence; at home and at work. You and your family also have access to a variety of Health for Life programs. These high-quality programs are flexible and convenient, and they work together to support the personal needs of you and your family, so you can live a vibrant life.

In summary, Connected Care is another first for Intel and is an important opportunity for you. Take time during Annual Enrollment to find out about the new Connected Care plans. We’ll be providing you the support you need to understand the plans and make your decision about Connected Care—a better approach to healthcare.

Connected Care: A Better Approach to Healthcare

Most agree that in general the healthcare system doesn’t work as well as it should. We’ve come to accept many frustrating aspects as “normal”—appointments not available for months, long wait times at the doctor’s office, limited access to quality specialists, the need to carry medical records from one doctor’s office to the next, and other inefficiencies that make us feel like the healthcare system isn’t designed with us in mind.

But now all of this is about to change for the better.

This year in Oregon, we’re introducing a new model: Connected Care. Connected Care is a unique and innovative partnership between Intel and two excellent regional healthcare providers—Providence and Kaiser Permanente. The goal of the new model is an improved healthcare experience for you and your family. With Connected Care, Intel is connecting employees and families directly to healthcare providers—removing the insurance company middleman (i.e., Cigna and Anthem). This allows your primary care doctor rather than an insurance company to lead the direction, nature, and quality of your healthcare. While traditional health plans through Cigna and Anthem are still available for you to select during Annual Enrollment, Connected Care underscores our commitment to innovation in employer-provided health benefits.

In addition to your medical home, you will experience:

- **Improved access to healthcare.** You will be able to obtain same-day or next-day appointments, and have access to phone and web-based visits with your medical home.

- **Collaborative healthcare through technology.** Your in-network providers will all be connected through an electronic medical record so they can see your health history and your latest test results. You’ll also have access to the same information through a personal health record.

- **Integration with Intel’s Health for Life Centers.** The onsite Health for Life Centers are an extension of your medical home, providing you convenient in-network healthcare.

At Intel, we say that what you measure improves—and that is why, in Connected Care, Intel measures and rewards healthcare providers for the quality, convenience, and cost of your healthcare experience and your health outcomes. This means Intel will hold your Connected Care providers accountable for getting—and keeping—you healthy.

We know that healthcare is personal, and that potential changes to your and your family’s healthcare providers can be daunting. We believe in the promise of Connected Care as a better healthcare experience and our outstanding partners, Kaiser Permanente and Providence, are equally committed.

Beyond the quality and convenience of Connected Care, we’re offering financial incentives to encourage you to enroll in a Connected Care plan, such as lower paycheck deductions, copayments, coinsurance, and deductibles. And, for those enrolling in a Connected Care HDHP, a one-time contribution of $500 or $1,000 will be deposited into a new Health Savings Account.
New Medical Plan Choices

You may choose from four new Connected Care options through two providers in Oregon. Each plan incorporates the medical home model to give you better healthcare.

**Providence:**
- Connected Care Providence High Deductible Health Plan (HDHP)
- Connected Care Providence Primary Care Plus (PCP)

**Kaiser Permanente:**
- Connected Care Kaiser High Deductible Health Plan (HDHP)
- Connected Care Kaiser Copay

Along with all of the benefits of the new medical home model of care, you’ll also get:
- One-time Health Savings Account (HSA) contribution of $500 for employee-only coverage and $1,000 for family coverage for those enrolling in a Connected Care HDHP plan and a new HSA during Annual Enrollment.
- Prescription drug coverage at 100% for certain conditions.
- Lower copayments/coinsurance when you access in-network healthcare.
- National in-network coverage.
- Access to MyChart where you can communicate with your primary care provider and other care team members, and request appointments or prescription refills. You can also view certain test results, and you’ll be able to view portions of your medical records.

**Evidence-based medicine: Members get the care they need:**
- 93% of adult patients receiving care are screened for depression to ensure it is not contributing to other existing health conditions. This is important to know because this screening is often overlooked.
- 75% improvement in the number of patients achieving diabetes management success criteria.

By focusing on these and other key chronic conditions, Connected Care is delivering on the promise of improving lives, providing personalized care, and improving your healthcare experience.

What’s Changing: Kaiser Permanente HMO Members

With the introduction of two new Connected Care plans with Kaiser Permanente, the Kaiser Permanente HMO plan is being eliminated in Oregon. If you do not make an active election during Annual Enrollment, you will be automatically enrolled in the Connected Care Kaiser Copay plan, which is the most similar plan to the HMO.
Other Changes in 2015

As you prepare to make your decisions, take a look at the summary of the changes for 2015.

**Kaiser HMO Eliminated**
If you are currently in the Kaiser HMO plan and do not make an election during Annual Enrollment, you and your covered family members will be enrolled into the Connected Care Kaiser Copay plan.

**Cigna and Anthem High Deductible Health Plans**
Paycheck contributions will remain at zero; annual deductibles and out-of-pocket maximums will increase 2%.

**Other Health Plans**
The Cigna Primary Care Plus plan and the Aetna International Health plan paycheck deductions will increase 2%. See the rates on page 16 to see your specific cost increase.

**Vision**
Members enrolled in the VSP Vision Plus Plan will see a premium reduction in 2015. Depending on your coverage, you will see a reduction from $1 to $2 per month. If you choose to enroll in the VSP Vision Plus Plan, you will have an enhanced vision plan offering lower copayments, more frequent services, and higher allowances compared to the VSP Basic Vision Plan.

**Short-Term Disability**
Intel’s Short-Term Disability (STD) contribution amounts are changing in 2015 for non-California employees. The STD paycheck deduction rates for the non-California plan will remain at 0.8%, however the annual maximum contribution for the plan will increase from $600 to $700. The impact of this change depends on your gross salary. For more information go to page 17.

**New in 2015:**

**Express Scripts 90-Day Prescriptions**
Express Scripts members (available to those enrolled in a Cigna or Anthem health plan) may now purchase a 90-day supply of maintenance medication at Walgreens and Costco without penalty. If you don’t want to use one of these preferred pharmacies, you may continue to conveniently purchase your maintenance medications through Express Scripts mail order without penalty. More information can be found on page 18.

**Limited Use Health Flexible Spending Account**
If you are enrolled in a High Deductible Health Plan (HDHP), you might be interested in using a Limited Use Health Flexible Spending Account for reimbursement for your dental and vision expenses. You can elect up to $2,500 per year through pretax payroll deductions to pay for eligible non-reimbursed dental and vision expenses. More information can be found on page 19.

**Home Birth Coverage**
We know for some parents giving birth to your child in the privacy of your home is important. All of our healthcare plans now cover professional services associated with home birth if provided by a licensed nurse midwife or doctor. For more information about home birth services and costs, contact your health plan administrator.

**Hyatt Legal Plan Enrollment Available through the My Health Benefits Website**
You will now be able to complete your Hyatt Legal elections on the My Health Benefits website with your other benefit elections. To enroll in other voluntary benefits, you can continue to make your election through MetLife. More information can be found on page 13.
Your Decisions for 2015

Annual Enrollment is your opportunity to learn about the benefits Intel is offering for the coming year and choose the best plans for you. It is also your opportunity to add or drop dependents from your coverage and make changes to dependents from your coverage and make changes to your:

- Health, Dental, and Vision Plans
- Life Insurance
- Short-Term Disability
- Voluntary Benefits

This is also the time to set aside pretax money for your eligible expenses. Be sure to choose your contribution amounts for one or more of the following:

- Health Savings Account (HSA)
- Health Flexible Spending Account (Health FSA)
- Limited Use Health Flexible Spending Account
- Dependent Care Assistance Program (DCAP)
- Commuter Benefit

You can also take this time to validate and update important information such as: your covered dependents information including social security numbers and your beneficiaries on your life insurance plans.

If You Do Not Make Any Changes During Annual Enrollment

While it is important for you to review the plan information and make your decisions for 2015, if you don’t make any changes during the annual enrollment period, the following will occur:

- If you are currently enrolled in the Kaiser HMO you will automatically be enrolled in the Connected Care Kaiser Copay plan at the same coverage level.
- The remaining health, dental, and vision plan you and your dependents are currently enrolled in will remain the same for 2015.
- Your life insurance, voluntary benefits, and short-term disability coverage will remain the same for 2015.
- Your HSA, Health FSA, and DCAP contributions will stop at the end of 2014.
Details and Resources
Connected Care Plan Summaries and Details

How do Connected Care HDHP plans compare with the Anthem Blue Cross and Cigna HDHP plans?
Connected Care HDHP plans are lower cost, have better prescription coverage, and deliver healthcare through your medical home.

Preventive Care and Certain Prescriptions Covered at 100%:
- You pay a deductible for in-network services.
- Then you pay coinsurance.
- The most you'll pay is the out-of-pocket maximum for in-network services.

Connected Care HDHP (Providence and Kaiser)

Summary of How This Plan Works:
- Your preventive health services are covered at 100%.
- You'll receive comprehensive coverage through your Providence or Kaiser Connected Care medical home and respective provider networks.
- You have national in-network coverage while you (or your family) are traveling, on U.S. assignment, or have dependents away at college.
- You have comprehensive prescription drug coverage including certain prescriptions covered at 100%.
- You have the option to enroll in an HSA to save and pay for eligible healthcare expenses with pre-tax dollars.
- You have the option to enroll in a Limited Use Health FSA that provides tax protection for eligible out-of-pocket Vision and Dental expenses only. See page 19 for more details.

Your Costs
Your 2015 annual paycheck deduction is zero. If you enroll in a Connected Care HDHP and a new HSA during Annual Enrollment, Intel will make a one-time Health Savings Account contribution of $500 for employee-only coverage or $1,000 for family coverage.

You Will Only Pay for Healthcare When You Need It
First, you pay your annual deductible (the annual out-of-pocket amount you pay before the plan begins to pay):
- $1,350 for employee only
- $2,700 for employee and child(ren)
- $3,375 for employee and spouse only; or employee, spouse, and child(ren)

Once you have met your deductible, you pay a coinsurance:
- In-network: 5%
- Out-of-network: 30%; reimbursement limits apply
Prescription Drug Coverage
Certain prescriptions are covered at 100%. Some of the medications covered include insulin for diabetes, Lipitor to lower cholesterol, and Lisinopril to lower blood pressure. For a complete listing of medications go to the Providence and Kaiser Connected Care websites at:
• Providence: www.providenceoregon.org/intel
• Kaiser Permanente: my.kp.org/intel

Retail and Mail Order Program: After you meet your deductible, the plan pays 95% and you pay 5%. You may purchase up to 90 days at retail or mail order.

The Most You’ll Have to Pay
You’re protected by the out-of-pocket maximum. This is the maximum annual amount you would pay out-of-pocket for in-network care:
• $2,100 for employee only
• $4,200 for employee and child(ren)
• $5,000 for employee and spouse only, or employee and spouse and child(ren)

The plan pays 100% for all remaining in-network costs you incur for the remainder of the calendar year.

Connected Care Health Savings Account
To take advantage of pretax contributions from your wages, you are required to open a new Health Savings Account with Health Equity, the HSA administrator for the Connected Care High Deductible Health Plans. You can transfer your HSA balance from your JPMorgan Chase or Benefit Wallet to HealthEquity. You can keep your current account; however, you will be responsible to pay the monthly service fee should you choose to keep your account open at JPMorgan Chase or Benefit Wallet.

HealthEquity is the nation's oldest and largest dedicated health savings trustee. They offer healthcare savings account experts and member services specialists who are available 24 hours a day, seven days a week, 365 days a year. Their services include no fees for setup or inactivity on your HSA account, no investment account fees, tax-free interest on balances, and unlimited free trading in select mutual funds for accounts with a minimum balance of $1,000. Providence and Kaiser will partner with HealthEquity to administer the Health Savings Account.

To learn more about HealthEquity, visit their website at healthequity.com/connectedcare or call member services at (877) 307-0431.
Connected Care Kaiser Copay

Summary of How This Plan Works:
- Your preventive health services are covered at 100%.
- Your primary care office visits are only $10.
- You’ll receive comprehensive coverage through your Kaiser Connected Care Medical Home and network of providers. The network also includes The Portland Clinic.
- You have national in-network coverage while you (or your family) are traveling, on U.S. assignment, or have dependents away at college.
- You have comprehensive prescription drug coverage, including certain prescriptions covered at 100%.
- You have the option to enroll in a Health Flexible Spending account which will allow you to pay for eligible healthcare expenses with pre-tax dollars.

Your Costs
To determine your individual paycheck contribution amounts:
- If you are an exempt employee, take the below annual rate and divide by 24.
- If you are a nonexempt employee, take the below annual rate and divide by 26.

How You'll Pay for Healthcare When You Need It
For in-network healthcare you pay a copayment when you access healthcare:
- $10 copayment per primary provider visit
- $25 copayment per specialist visit
- $50 copayment per urgent care visit
- $100 copayment per emergency room visit or outpatient surgery
- $250 copayment per hospital stay

For out-of-network healthcare, you are required to pay a deductible:
- $250 for employee only
- $500 for family coverage

After you meet the deductible, you pay 30% coinsurance and reimbursement limits apply.

Prescription Drug Coverage
Certain prescriptions are covered at 100%. Some of the medications covered include insulin for diabetes, Lipitor to lower cholesterol, and Lisinopril to lower blood pressure. For a complete listing of the medications go to the Connected Care website at: my.kp.org/intel

Retail Program: You may purchase up to 90 days at retail. The copayment for a 30-day supply is:
- $10 for generic
- $20 for preferred brand
- $35 for non-preferred brand

Mail Order Program: The copayment for a 90-day supply is:
- $25 for generic
- $50 for preferred brand
- $90 for non-preferred brand

The Most You'll Have to Pay
You're protected by the out-of-pocket maximum. This is the maximum annual amount you would pay out-of-pocket for in-network healthcare.
- $1,500 for individual coverage
- $3,000 for family coverage

The plan pays 100% for all remaining in-network costs you incur for the remainder of the calendar year.

2015 Annual Paycheck Deductions

<table>
<thead>
<tr>
<th>Year</th>
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* 2015 annual paycheck deductions with the $250 Health for Life discount.
Connected Care Providence Primary Care Plus

Summary of How This Plan Works:
- Your preventive health services are covered at 100%.
- Your primary care office visits are only $10.
- You'll receive comprehensive coverage through your Providence Connected Care Medical Home and network of providers.
- You have national in-network coverage while you (or your family) are traveling, on U.S. assignment, or have dependents away at college.
- You have comprehensive prescription drug coverage, including certain prescriptions covered at 100%.
- You have the option to enroll in a Health Flexible Spending account which will allow you to pay for eligible healthcare expenses with pre-tax dollars.

Your Costs
To determine your individual paycheck contribution amounts:
- If you are an exempt employee, take the below annual rate and divide by 24.
- If you are a nonexempt employee, take the below annual rate and divide by 26.

How You’ll Pay for Healthcare When You Need It
For in-network healthcare you pay a copayment when you access healthcare:
- $10 copayment per primary provider visit

All other healthcare (including lab work), you are required to pay an annual deductible:
- Employee Only: $250
- Family: $500

Once you have met your deductible, you pay a 5% coinsurance for services.

For out-of-network healthcare, you are required to pay a separate annual deductible:
- $250 for employee only
- $500 for family coverage

After you meet the deductible, you pay 30% coinsurance and reimbursement limits apply.

Prescription Drug Coverage
Certain prescriptions are covered at 100%. Some of the medications covered include insulin for diabetes, Lipitor to lower cholesterol, and Lisinopril to lower blood pressure. For a complete listing of the medications go to the Providence Connected Care website at www.providenceoregon.org/intel.

Retail Program: You may purchase up to 90 days at retail. The copayment for a 30-day supply is:
- $10 for generic
- $20 for preferred brand
- $35 for non-preferred brand

Mail Order Program: The copayment for a 90-day supply is:
- $25 for generic
- $50 for preferred brand
- $90 for non-preferred brand

The Most You’ll Have to Pay
You’re protected by the out-of-pocket maximum. This is the maximum annual amount you would pay out-of-pocket for in-network healthcare.
- $1,500 for individual coverage
- $3,000 for family coverage

The plan pays 100% for all remaining in-network costs you incur for the remainder of the calendar year.

2015 Annual Paycheck Deductions

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Why Might I Consider Switching to Connected Care?

Connected Care is a better approach to healthcare that aims to improve the quality and convenience of your experience and seeks to reduce healthcare costs for you and for Intel. Decide which plan is the best for you based on what's most important to you and your family.

How is Connected Care a better “healthcare experience” for me?
Connected Care's focus is proactive primary care—preventive care. It’s more than just treating you when you’re sick—it’s about helping you maintain your lifelong health and wellness. It will be much easier to communicate with everyone on your healthcare team, whether it's your doctor, nurse, or pharmacy technician. You can make appointments and communicate with your team online. Sometimes, you’ll be able to get what you need through technology like video conferencing or MyChart without having to go to the doctor's office. By eliminating the national insurance “middleman” and working directly with Kaiser Permanente and Providence, Connected Care aims to reduce the bureaucracy and inefficiency that you, as Intel employees, have identified as the major pain points in your healthcare experience.

Will I have to switch primary care doctors for myself or my family?
The switch to Connected Care will be seamless if you have a Providence primary care provider because your provider is in-network with the Connected Care Providence plans. If you have a Kaiser Permanente or The Portland Clinic primary care provider, your provider is also in-network with the Connected Care Kaiser plans.

If you or your family’s primary care provider is not currently in the Providence or Kaiser Permanente networks, enrolling in a Connected Care plan will require you and your family to switch primary care providers.

I have high needs for healthcare services and need help navigating through the complexities of the system.

How will Connected Care help?
Connected Care offers an integrated team working with you to provide the best healthcare based on your needs, whether it’s helping you manage a chronic condition or getting you back to health. Moreover, as part of your medical home, you’ll be assigned a clinical care coordinator who will get to know you and your situation. They’ll give you highly personalized help navigating the system to get the care you need.

I am relatively healthy and don’t have any complex medical needs. Is Connected Care right for me?
If you don’t have a special health concern or condition, you probably don’t think a lot about your primary care experience. By enrolling in Connected Care, however, your primary care physician will focus on preventive care that helps you take charge of your health in a new way.

What incentives do I have to join?
If you enroll in a Connected Care HDHP and new HSA during Annual Enrollment, you will receive a one-time contribution to your HSA ($500 per individual and $1000 per family) to help pay for your healthcare expenses. (See more details about HSAs on page 19). The Connected Care plan design has a lower out-of-pocket cost than the national plans. If you sign up for a Connected Care HDHP plan, your cost share once you have met your deductible is 5%. If you enroll in Connected Care Providence Primary Care Plus your paycheck contributions will be up to 50% less than the Cigna Primary Care Plus plan. See the chart on page 16 highlighting the financial differences between plans.

Which Connected Care Provider is best for me?
We’ve chosen two outstanding healthcare organizations to partner with us to create Connected Care for Oregon: Kaiser Permanente and Providence. Both of these organizations have excellent providers and facilities in our area. The Connected Care provider you choose is really a matter of preference. You can find out more about Providence and Kaiser Permanente by reading the addendums to this guide, and by visiting their Connected Care websites (below).

Providence: www.providenceoregon.org/intel
Kaiser Permanente: my.kp.org/intel
Health Plan Details

Choose the Plan that Best Fits Your Needs
Each health plan option offers a comparable range of coverage and quality services. The key differences in the plans are when and how you pay. Take some time to understand how they work, and you could find a plan that may be more convenient for your personal money management and or preference.

Understanding Your Costs
Choosing the best plan for you and your family is important. This includes determining when and how you prefer to pay for your coverage and services. Your paycheck deduction is a fixed amount—no matter how much or how little healthcare you use. In addition, there is the amount you pay when you access healthcare. These two costs together determine your total cost for the year. With every plan, depending on the amount of healthcare you need, there is a range of cost you might incur, from the least to the most. The reality is you will likely fall somewhere in between.

Take a Closer Look at the HDHP
When you compare the least or most you’d pay for in-network coverage, you may find that an HDHP plan is the best choice for you. Even if you need a lot of healthcare during the year, the most you’ll pay (your paycheck deduction plus the out-of-pocket maximum for the plan), in most cases is lower with an HDHP. On the other hand, if you and your family are healthy, you won’t pay anything for in-network preventive care, and there’s no paycheck deduction. The table below provides a few cost scenarios you can use to help you evaluate your decision.

Model Your Own Cost Scenario
Go to the My Health Benefits website and see for yourself which plan is the most cost effective. Enter your anticipated usage in the Medical Expense Estimator tool and see your total out-of-pocket costs across the different plans.

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<tr>
<td>Cigna Primary Care Plus</td>
<td>$1,308</td>
<td>$2,808</td>
<td>$2,496</td>
<td>$5,496</td>
</tr>
<tr>
<td>Connected Care Providence HDHP</td>
<td>$0</td>
<td>$2,100</td>
<td>$0</td>
<td>$4,200</td>
</tr>
<tr>
<td>Connected Care Kaiser HDHP</td>
<td>$0</td>
<td>$2,100</td>
<td>$0</td>
<td>$4,200</td>
</tr>
<tr>
<td>Connected Care Providence Primary Care Plus</td>
<td>$648</td>
<td>$2,148</td>
<td>$2,076</td>
<td>$5,076</td>
</tr>
<tr>
<td>Connected Care Kaiser Copay</td>
<td>$648</td>
<td>$2,148</td>
<td>$2,076</td>
<td>$5,076</td>
</tr>
</tbody>
</table>

Note: The least you’ll pay is your annual paycheck deduction. The most you’ll pay is your annual paycheck deduction plus your out-of-pocket maximum amount. These amounts do not reflect the $250 Health for Life Wellness discount, and assumes in-network healthcare coverage. See chart above for your out-of-pocket maximum and page 16 for your paycheck deduction.

Enroll in Voluntary and Commuter Benefits
To learn more or enroll in any of MetLife’s voluntary benefits, visit www.metlife.com/mybenefits, or contact a MetLife representative at (877) 770-4638. MetLife’s voluntary benefits include: critical illness insurance, supplemental long-term disability insurance, auto and homeowners insurance, and estate planning for special needs kids.

To learn more or enroll in the Hyatt Legal plan, the Commuter Benefit, or Short-Term Disability, visit the My Health Benefits website. From Circuit, search for My Health Benefits, or from the Internet go to intel.com/go/myben.

To talk to a Benefits Advisor, call the Intel Health Benefits Center at (877) GoMyBen (466-9236).
Health Plan Comparisons
The table below summarizes the categories and plans, including the main features of each and the amount you would pay for these services.

<table>
<thead>
<tr>
<th>Provider Choice: Receive the highest level of coverage when using providers who are part of your plan's network</th>
<th>High Deducible Health Plans (HDHP)</th>
<th>Anthem Blue Cross National Network Cigna Open Access Plus (OAP) National Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Connected Care Kaiser</td>
<td>Connected Care Providence</td>
</tr>
<tr>
<td><strong>What do I pay when I access care?</strong></td>
<td><strong>First you pay your annual deductible:</strong></td>
<td><strong>First you pay your annual deductible:</strong></td>
</tr>
<tr>
<td>For each plan, you will be responsible for either a deductible, coinsurance, and/or copayment.</td>
<td>• Employee only: $1,350</td>
<td>• Employee only: $1,375</td>
</tr>
<tr>
<td>In-network preventive care is covered at 100% under all plans.</td>
<td>• Employee + child(ren): $2,700</td>
<td>• Employee + child(ren): $2,755</td>
</tr>
<tr>
<td></td>
<td>• Employee + spouse: $3,375</td>
<td>• Employee + spouse: $3,445</td>
</tr>
<tr>
<td></td>
<td>• Employee + spouse and child(ren): $3,375</td>
<td>• Employee + spouse and child(ren): $3,445</td>
</tr>
<tr>
<td><strong>Once you have met your deductible, you pay a coinsurance:</strong></td>
<td><strong>Health accounts you can enroll in to help you pay for your out-of-pocket healthcare expenses with pretax dollars (such as deductibles, coinsurance, and copayments)</strong></td>
<td><strong>You’re protected by the out-of-pocket maximum. This is the maximum annual amount you would pay out-of-pocket for in-network care (not including any paycheck deductions).</strong></td>
</tr>
<tr>
<td>• In-network: 5% coinsurance</td>
<td><strong>Health Savings Account (HSA):</strong> Use funds to pay for your eligible out-of-pocket medical, dental, and vision expenses. Unused dollars go with you when you change plans, leave the company or retire. <strong>If you enroll in a Connected Care HDHP plan and a HSA at the time of Annual Enrollment, you will receive a one-time, $500 (employee-only coverage) or $1000 (family coverage) contribution to your HSA from Intel by January 31, 2015.</strong></td>
<td>• Employee only: $2,100</td>
</tr>
<tr>
<td></td>
<td>• Out-of-network: 30% coinsurance; reimbursement limits apply</td>
<td>Annual contribution limits are:</td>
</tr>
<tr>
<td></td>
<td>* Includes pharmacy, certain prescriptions covered at 100%.</td>
<td>• Employee + child(ren): $4,200</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Employee + spouse: $5,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Employee + spouse and child(ren): $5,000</td>
</tr>
<tr>
<td><strong>You’re protected by the out-of-pocket maximum. This is the maximum annual amount you would pay out-of-pocket for in-network care (not including any paycheck deductions).</strong></td>
<td><strong>Annual contribution limits are:</strong></td>
<td><strong>Annual contribution limits are:</strong></td>
</tr>
<tr>
<td></td>
<td>• Employee only: $2,100</td>
<td>• Employee only: $3,350*</td>
</tr>
<tr>
<td></td>
<td>• Employee + child(ren): $4,200</td>
<td>• Family: $6,650*</td>
</tr>
<tr>
<td></td>
<td>• Employee + spouse: $5,000</td>
<td>• Age 55+ can contribute an additional $1,000</td>
</tr>
<tr>
<td></td>
<td>• Employee + spouse and child(ren): $5,000</td>
<td>* HSA contributions reflect new IRS limits for 2015.</td>
</tr>
<tr>
<td><strong>Limited Use Health FSA:</strong> Use funds to pay for your eligible out-of-pocket dental and vision expenses only. Up to $500 will carry over for use in the following year. Any unused amounts over $500 will be forfeited. Annual contribution limit is: $2,500</td>
<td><strong>Limited Use Health FSA:</strong> Use funds to pay for your eligible out-of-pocket dental and vision expenses only. Up to $500 will carry over for use in the following year. Any unused amounts over $500 will be forfeited. Annual contribution limit is: $2,500</td>
<td><strong>Limited Use Health FSA:</strong> Use funds to pay for your eligible out-of-pocket dental and vision expenses only. Up to $500 will carry over for use in the following year. Any unused amounts over $500 will be forfeited. Annual contribution limit is: $2,500</td>
</tr>
</tbody>
</table>

*HSA contributions reflect new IRS limits for 2015.*

**Annual contribution limits are:**
- Employee only: $3,350*
- Family: $6,650*
- Age 55+ can contribute an additional $1,000

* HSA contributions reflect new IRS limits for 2015.*

**Annual contribution limit is:** $2,500

**Annual contribution limit is:** $2,500

**Annual contribution limit is:** $2,500

**Annual contribution limit is:** $2,500

**Annual contribution limit is:** $2,500
<table>
<thead>
<tr>
<th>Primary Care Plus Plans (PCP)</th>
<th>Cigna Open Access Plus (OAP) National Network</th>
<th>Copay Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For in-network Primary Care Provider visits and Prescriptions, you pay a copayment when you use these services:</strong></td>
<td><strong>For in-network Primary Care Provider visits and Prescriptions, you pay a copayment when you use these services:</strong></td>
<td><strong>For in-network care you pay a copayment when you access care:</strong></td>
</tr>
<tr>
<td>• $10 copayment per primary provider visit</td>
<td>• $15 copayment per primary provider visit</td>
<td>• $10 copayment per primary provider visit</td>
</tr>
<tr>
<td>• Copayment for prescription drugs: Certain prescriptions covered at 100%, $10 generic, $20 formulary, or $35 non-formulary</td>
<td>• Copayment for prescription drugs: $10 generic, $20 formulary, or $35 non-formulary</td>
<td>• $25 copayment per specialist visit</td>
</tr>
<tr>
<td><strong>For all other care, including lab work, you are required to pay an annual deductible:</strong></td>
<td>For all other care, including lab work, you are required to pay an annual deductible:</td>
<td><strong>For out-of-network care, you are required to pay a deductible:</strong></td>
</tr>
<tr>
<td>• Employee only: $250</td>
<td>• Employee only: $500</td>
<td>• $250 for employee only</td>
</tr>
<tr>
<td>• Family: $500</td>
<td>• Family: $1,000</td>
<td>• $500 for family coverage</td>
</tr>
<tr>
<td><strong>Once you have met your deductible, you pay a coinsurance for services:</strong></td>
<td><strong>Once you have met your deductible, you pay a coinsurance for services:</strong></td>
<td><strong>The plan pays 100% for all remaining in-network costs you incur.</strong></td>
</tr>
<tr>
<td>• In-network: 5% coinsurance</td>
<td>• In-network: 10% coinsurance</td>
<td><strong>The plan pays 100% for all remaining in-network costs you incur.</strong></td>
</tr>
<tr>
<td>• Out-of-network: 30% coinsurance</td>
<td>• Out-of-network: 30% coinsurance</td>
<td><strong>The plan pays 100% for all remaining in-network costs you incur.</strong></td>
</tr>
<tr>
<td><strong>Health FSA:</strong> Use funds to pay for your eligible out-of-pocket medical, dental, or vision expenses. Up to $500 will carry over for use in the following year. Any unused amounts over $500 will be forfeited. <strong>Annual contribution limit is:</strong> $2,500</td>
<td><strong>Health FSA:</strong> Use funds to pay for your eligible out-of-pocket medical, dental, or vision expenses. Up to $500 will carry over for use in the following year. Any unused amounts over $500 will be forfeited. <strong>Annual contribution limit is:</strong> $2,500</td>
<td><strong>Health FSA:</strong> Use funds to pay for your eligible out-of-pocket medical, dental, or vision expenses. Up to $500 will carry over for use in the following year. Any unused amounts over $500 will be forfeited. <strong>Annual contribution limit is:</strong> $2,500</td>
</tr>
<tr>
<td>• Employee only: $1,500</td>
<td>• Employee only: $1,500</td>
<td><strong>$1,500 for individual coverage</strong></td>
</tr>
<tr>
<td>• Family: $3,000</td>
<td>• Family: $3,000</td>
<td><strong>$3,000 for family coverage</strong></td>
</tr>
<tr>
<td>The plan pays 100% for all remaining in-network costs you incur.</td>
<td>The plan pays 100% for all remaining in-network costs you incur.</td>
<td>The plan pays 100% for all remaining in-network costs you incur.</td>
</tr>
</tbody>
</table>
# Health Plan Annual Paycheck Deductions

The following table shows how much will be deducted from your paycheck for 2015, depending on the plan and the eligible dependents you cover. These costs represent your annual cost.*

<table>
<thead>
<tr>
<th>Plan</th>
<th>Year</th>
<th>You Only</th>
<th>You &amp; 1 Child</th>
<th>You &amp; 2 Children</th>
<th>You &amp; 3 or More Children</th>
<th>You &amp; Spouse</th>
<th>You, Spouse, &amp; 1 Child</th>
<th>You, Spouse, &amp; 2 Children</th>
<th>You, Spouse, &amp; 3 or More Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthem Blue Cross HDHP with HSA</td>
<td>2015</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2013 HFL</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Cigna HDHP with HSA</td>
<td>2015</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2014 HFL</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Cigna Primary Care Plus</td>
<td>2015</td>
<td>$1,308</td>
<td>$2,496</td>
<td>$3,816</td>
<td>$4,740</td>
<td>$5,004</td>
<td>$6,312</td>
<td>$7,608</td>
<td>$8,532</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td>$1,284</td>
<td>$2,448</td>
<td>$3,744</td>
<td>$4,644</td>
<td>$5,062</td>
<td>$6,192</td>
<td>$7,464</td>
<td>$8,364</td>
</tr>
<tr>
<td><strong>NEW Oregon Connected Care Plans for 2015</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connected Care Kaiser HDHP</td>
<td>2015</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2015 HFL</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Connected Care Kaiser Copay</td>
<td>2015</td>
<td>$648</td>
<td>$2,076</td>
<td>$2,412</td>
<td>$3,192</td>
<td>$3,096</td>
<td>$3,888</td>
<td>$4,692</td>
<td>$5,712</td>
</tr>
<tr>
<td>2015 HFL**</td>
<td></td>
<td>$398</td>
<td>$1,826</td>
<td>$2,162</td>
<td>$2,942</td>
<td>$2,846</td>
<td>$3,638</td>
<td>$4,442</td>
<td>$5,462</td>
</tr>
<tr>
<td>Connected Care Providence HDHP</td>
<td>2015</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>2015 HFL</td>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Connected Care Providence Primary Care Plus</td>
<td>2015</td>
<td>$648</td>
<td>$2,076</td>
<td>$2,412</td>
<td>$3,192</td>
<td>$3,096</td>
<td>$3,888</td>
<td>$4,692</td>
<td>$5,712</td>
</tr>
<tr>
<td>2015 HFL</td>
<td></td>
<td>$398</td>
<td>$1,826</td>
<td>$2,162</td>
<td>$2,942</td>
<td>$2,846</td>
<td>$3,638</td>
<td>$4,442</td>
<td>$5,462</td>
</tr>
<tr>
<td>Global Plan (available only to employees on expatriate assignment)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna International (AI)</td>
<td>2015</td>
<td>$372</td>
<td>$1,080</td>
<td>$1,428</td>
<td>$1,776</td>
<td>$1,764</td>
<td>$2,388</td>
<td>$2,688</td>
<td>$2,952</td>
</tr>
<tr>
<td>2015 HFL**</td>
<td></td>
<td>$122</td>
<td>$830</td>
<td>$1,178</td>
<td>$1,526</td>
<td>$1,514</td>
<td>$2,138</td>
<td>$2,438</td>
<td>$2,702</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td>$360</td>
<td>$1,056</td>
<td>$1,404</td>
<td>$1,740</td>
<td>$1,728</td>
<td>$2,340</td>
<td>$2,640</td>
<td>$2,892</td>
</tr>
</tbody>
</table>

* The paycheck deductions shown in the table are for the whole year, but here’s how to determine your amount per paycheck: If you are an exempt employee, take the annual rate and divide by 24. If you are a nonexempt employee, take the annual rate and divide by 26.

** 2015 annual paycheck deductions with Health for Life discount.

*** If you are enrolled in the High Deductible Health Plan for 2015 and successfully completed all of the requirements of the Health for Life 3-Step Wellness Check during 2014, Intel will deposit $250 into your Health Savings Account. You must be eligible for a Health Savings Account, and have an open, active account on February 28, 2015 with the Health Savings Plan administrator associated with your health plan (BNY Mellon BenefitWallet for Anthem Blue Cross, JPMorgan Chase for Cigna, and Health Equity for the Connected Care HDHPs). The $250 deposit will be made on or before March 31, 2015.
Short-Term Disability

Intel’s Short-Term Disability (STD) plan is an important part of being prepared for the unpredictable events in life. STD provides you with a partial wage replacement if you are unable to work due to pregnancy or a non-work related illness or injury. STD payments provide you up to 70% of your eligible earnings (tax-free) for the first 13 weeks. For weeks 14-52 the disability pay provides you payments up to 65% of eligible earnings (tax-free) to a maximum of $3,000 per week.

Current claim volume in Intel’s STD plan is exceeding the expected funding, resulting in the need to increase the annual maximum contribution for 2015. The paycheck deductions will remain the same at 0.8%, but the annual maximum paycheck deduction will increase up to $100 depending on your annual salary.

If you are currently enrolled in the Intel STD plan, your enrollment will continue unless you opt out during Annual Enrollment. If you are not enrolled, Annual Enrollment is your only time to enroll in the plan.

### Intel STD Plan Rates and Paycheck Deductions

<table>
<thead>
<tr>
<th>Rate</th>
<th>0.8% to $600</th>
<th>0.8% to $700</th>
<th>Cost Per Paycheck*</th>
<th>Increase Per Paycheck*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$35,000</td>
<td>$280</td>
<td>$280</td>
<td>$11.67</td>
<td>$11.67</td>
</tr>
<tr>
<td>$50,000</td>
<td>$400</td>
<td>$400</td>
<td>$16.67</td>
<td>$16.67</td>
</tr>
<tr>
<td>$60,000</td>
<td>$480</td>
<td>$480</td>
<td>$20.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>Greater than $87,500</td>
<td>$600</td>
<td>$700</td>
<td>$25.00</td>
<td>$29.17</td>
</tr>
</tbody>
</table>

*Cost Per Paycheck is approximate due to variables such as bonuses, overtime, and shift differentials.*
Express Scripts 90-Day Prescriptions

Note: Express Scripts is only available to those enrolled in a Cigna or Anthem Health Plan. Those enrolled in Connected Care will use either the Providence or Kaiser Permanente pharmacy; with Connected Care 90-day prescriptions for maintenance medications may be purchased at all in-network retail pharmacies without penalty.

In addition to using the Express Scripts home delivery pharmacy, you and your covered dependents can order up to a 90-day supply at Walgreens or Costco without penalty. This new feature makes it easy for you to fill prescriptions for your maintenance medications (drugs you take regularly for ongoing conditions like high blood pressure or high cholesterol).

Two Ways to Receive Your Maintenance Prescriptions

1: For the best in convenience, take advantage of home delivery from the Express Scripts Pharmacy
Get 90-day supplies of your medications delivered direct to you, safely and securely, with free standard shipping. And, if you ever have questions about your medications or your prescription orders, you'll have 24x7 access to Express Scripts pharmacists and benefit professionals. Visit Express-Scripts.com or call the telephone number on your Express Scripts member ID card to learn how to get started with home delivery. Express Scripts can contact your doctor to have a new 90-day prescription sent right to you.

2: If you prefer, purchase your maintenance prescriptions at a Walgreens or Costco pharmacy
One of their pharmacists can contact your doctor to get a new 90-day prescription, or if you have remaining refills at Express Scripts home delivery, you can call Express Scripts and ask to transfer your maintenance prescriptions from Express Scripts home delivery where allowed by state and federal law. Your copayment for your 90-day supply will be the same whether you fill your prescriptions through Express Scripts home delivery, Walgreens, or Costco.

Frequently Asked Questions

What if I don't have a Costco membership?
You may use the Costco pharmacy to fill your medications, regardless of membership status.

Can I fill my maintenance prescriptions at a pharmacy outside of the maintenance drug program network?
You may only order a 90-day supply of your prescription medication through the Express Scripts Pharmacy, Walgreens, or Costco. If you fill maintenance prescriptions at another retail pharmacy, you will have to pay a higher copayment for each prescription after two refills.

Do I have to fill all of my prescriptions at a Costco or Walgreens pharmacy?
No. This program only affects ongoing prescriptions for maintenance medications. If you require other medications, such as antibiotics, you may fill those prescriptions at any participating retail pharmacy under our prescription plan. That retail pharmacy does not have to be in the maintenance drug program network.

I currently use home delivery to get my maintenance medications and want to continue. Do I need to change anything?
No. If you're already using Express Scripts home delivery pharmacy services to fill your ongoing prescriptions, you don't need to do anything.
Get the Most Through Savings and Spending Accounts

Intel offers a number of ways in which you can use pretax dollars to help you pay for eligible out-of-pocket expenses. Depending on the health plan you are enrolled in, you have the option to choose from a Health Savings Account, a Limited Use Health Flexible Spending Account, or a Health Flexible Spending Account. And, no matter which plan you are on, you can enroll in the Dependent Care Assistance Program to pay for eligible dependent care. You also have the option to enroll in the Commuter Benefit to pay for your eligible commuting expenses. Below is a brief description of each type of account. Health plan related contribution limits can be found on pages 14 and 15.

Health Savings Account
A Health Savings Account (HSA) is available if you're enrolled in a HDHP and meet the HSA eligibility requirements.* It's a great way to save for your eligible expenses with pretax money-both for the short term and the long term.

* You cannot have any other medical coverage (including Medicare or Tricare) that is not a High Deductible Health Plan, and you cannot be claimed as a dependent on another person's taxes.

Note: The HSA is not an Intel-sponsored benefit and is not an ERISA welfare benefit plan.

Limited Use Health Flexible Spending Account
The Limited Use Health Flexible Spending Account (Limited Use Health FSA) is available to those enrolled in a HDHP, and allows you to use pretax payroll dollars to pay for eligible out-of-pocket dental and vision expenses.

Extra Bucks
If you are enrolled in an HDHP, and have an Extra Bucks account, funds may be used to pay for, or get reimbursed for eligible unreimbursed medical expenses incurred by you or your IRS-qualified dependents that are enrolled in your HDHP. Extra Bucks can be used for unreimbursed eligible vision and dental out of pocket expenses before your deductible has been met. Alternatively, Extra Bucks can be used to pay for out-of-pocket or unreimbursed eligible vision, dental, and medical expenses after your deductible has been met. If you do not re-enroll in a HDHP, your Extra Bucks balance will be forfeited.

Note: In the event that you have an Extra Bucks Account and a Limited Use Health Flexible Spending Account (FSA) for dental or vision expenses only, you may seek reimbursement from the Extra Bucks Account only after there are no remaining amounts available in your Limited Use Health FSA.

Health Flexible Spending Account
The Health Flexible Spending Account (Health FSA) is available if you are enrolled in any non-HDHP plan. A Health FSA can provide you the opportunity to pay for eligible out-of-pocket medical, dental, and vision expenses with pretax dollars.

Dependent Care Assistance Program
The Dependent Care Assistance Program (DCAP) is available to you regardless of enrollment in a health plan. DCAP allows you to elect an annual amount up to $5,000 per family per year through pretax payroll deductions to pay for eligible dependent care expenses (like day-care) that enable you and your spouse to work, look for work, or attend school full-time.

Commuter Benefit
The Commuter Benefit allows you to pay for your eligible commuting expenses using pretax dollars, which you can set aside through paycheck deductions. You can withhold up to $130 per month for mass transit and vanpools, and up to $250 per month for parking. This is a month-to-month benefit; you can enroll or change your monthly contribution by the tenth day of each month. For more information, from Circuit, search for Commuter Benefit.

HSA Contribution for Connected Care HDHP Plans
If you enroll in a Connected Care HDHP plan with Kaiser Permanente or Providence AND also enroll in the HSA plan during Annual Enrollment, you will receive a one-time employer deposit of $500 for Employee-Only coverage and $1000 for Family Coverage (which is any coverage other than Employee-Only).

Your HSA for Connected Care plans will be with HealthEquity. The contribution to your HSA from Intel will be deposited into your open and active account by January 31, 2015. 
Dental Coverage and Paycheck Deductions

The table below shows your annual paycheck deduction for 2015. Your 2015 dental paycheck deduction will be the same as 2014 for all plans except Kaiser. Kaiser members will see a 7% premium reduction. The coverage levels also remain unchanged from 2014. See below to determine your cost per paycheck.*

<table>
<thead>
<tr>
<th>Plan</th>
<th>You Only</th>
<th>You &amp; 1 Child</th>
<th>You &amp; 2 Children</th>
<th>You &amp; 3 or More Children</th>
<th>You &amp; Spouse</th>
<th>You, Spouse, &amp; 1 Child</th>
<th>You, Spouse, &amp; 2 Children</th>
<th>You, Spouse, &amp; 3 or More Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental (Intel Dental Plan)</td>
<td>$0</td>
<td>$120</td>
<td>$216</td>
<td>$336</td>
<td>$240</td>
<td>$336</td>
<td>$444</td>
<td>$588</td>
</tr>
<tr>
<td>Kaiser Permanente (OR)</td>
<td>$120</td>
<td>$264</td>
<td>$396</td>
<td>$420</td>
<td>$384</td>
<td>$516</td>
<td>$660</td>
<td>$684</td>
</tr>
</tbody>
</table>

* The paycheck deductions shown in the table are for the whole year, but here’s how to determine your amount per paycheck: If you are an exempt employee, take the annual rate and divide by 24. If you are a nonexempt employee, take the annual rate and divide by 26.

Vision Coverage and Paycheck Deductions

Vision coverage, provided by VSP, allows you the choice between the VSP Basic Vision Plan and the VSP Vision Plus Plan.

VSP’s broad Choice network makes it easier for you to choose a provider and eyewear that’s right for you and your budget, and their network of providers includes all types of provider locations including local VSP doctors, and retail affiliate providers such as Costco. You have access to over 21,000 VSP doctors nationally. While the VSP network does not include national optical retail chains such as LensCrafters and Sears, they do work directly with private-practice providers to deliver high-quality care for lower cost. To locate a VSP doctor prior to enrollment go to [www.vsp.com](http://www.vsp.com) and log in to the Intel network portal using your WWID as the member ID to register. A summary of the coverage levels and the rates are on the next page.

Vision Plan Annual Paycheck Deductions

See below to determine your cost per paycheck.*

<table>
<thead>
<tr>
<th>Plan</th>
<th>You Only</th>
<th>You &amp; 1 Child</th>
<th>You &amp; 2 Children</th>
<th>You &amp; 3 or More Children</th>
<th>You &amp; Spouse</th>
<th>You, Spouse, &amp; 1 Child</th>
<th>You, Spouse, &amp; 2 Children</th>
<th>You, Spouse, &amp; 3 or More Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSP Basic Vision</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>VSP Vision Plus</td>
<td>$84</td>
<td>$102</td>
<td>$114</td>
<td>$138</td>
<td>$156</td>
<td>$180</td>
<td>$192</td>
<td>$216</td>
</tr>
</tbody>
</table>

* The paycheck deductions shown in the table are for the whole year, but here’s how to determine your amount per paycheck: If you are an exempt employee, take the annual rate and divide by 24. If you are a nonexempt employee, take the annual rate and divide by 26.
### VSP Basic Vision Plan
**VSP Provider Network: VSP Choice**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Coverage with a VSP Provider</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WellVision Exam</td>
<td>• Focuses on your eyes and overall wellness</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td>Retinal Screening</td>
<td>• Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>• $130 allowance for a wide selection of frames</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>• $150 allowance on featured frame brands ¹</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $70 allowance at Costco</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 20% savings on the amount over your allowance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Every other calendar year</td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td>• Single vision, lined bifocal, and lined trifocal lenses</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>• Polycarbonate lenses for dependent children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td>Lens Enhancements</td>
<td>• Standard progressive lenses</td>
<td>$55</td>
</tr>
<tr>
<td></td>
<td>• Premium progressive lenses</td>
<td>$95 - $105</td>
</tr>
<tr>
<td></td>
<td>• Custom progressive lenses</td>
<td>$150 - $175</td>
</tr>
<tr>
<td>Contacts (instead of glasses)</td>
<td>• $130 allowance for contacts; copay does not apply</td>
<td>Up to $55</td>
</tr>
<tr>
<td></td>
<td>• Contact lens exam (fitting and evaluation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Eye Care</strong></td>
<td>• Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma, and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</td>
<td>$15</td>
</tr>
<tr>
<td></td>
<td>• As needed</td>
<td></td>
</tr>
<tr>
<td><strong>Exclusive Member Extras</strong></td>
<td>Glasses and Sunglasses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision Exam.</td>
<td></td>
</tr>
<tr>
<td>Laser Vision Correction</td>
<td>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</td>
<td></td>
</tr>
</tbody>
</table>

### VSP Vision Plus Plan
**VSP Provider Network: VSP Choice**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Coverage with a VSP Provider</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WellVision Exam</td>
<td>• Focuses on your eyes and overall wellness</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td>Retinal Screening</td>
<td>• Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>• $200 allowance for a wide selection of frames</td>
<td>$10</td>
</tr>
<tr>
<td></td>
<td>• $220 allowance on featured frame brands ¹</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• $110 allowance at Costco</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 20% savings on the amount over your allowance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Every other calendar year</td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td>• Single vision, lined bifocal, and lined trifocal lenses</td>
<td>$10</td>
</tr>
<tr>
<td></td>
<td>• Polycarbonate lenses for dependent children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td>Lens Enhancements</td>
<td>• Standard progressive lenses</td>
<td>$55</td>
</tr>
<tr>
<td></td>
<td>• Premium progressive lenses</td>
<td>$95 - $105</td>
</tr>
<tr>
<td></td>
<td>• Custom progressive lenses</td>
<td>$150 - $175</td>
</tr>
<tr>
<td>Contacts (instead of glasses)</td>
<td>• $200 allowance for contacts; copay does not apply</td>
<td>Up to $55</td>
</tr>
<tr>
<td></td>
<td>• Contact lens exam (fitting and evaluation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Every calendar year</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Eye Care</strong></td>
<td>• Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma, and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</td>
<td>$15</td>
</tr>
<tr>
<td></td>
<td>• As needed</td>
<td></td>
</tr>
<tr>
<td><strong>Exclusive Member Extras</strong></td>
<td>Glasses and Sunglasses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last WellVision Exam.</td>
<td></td>
</tr>
<tr>
<td>Laser Vision Correction</td>
<td>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</td>
<td></td>
</tr>
</tbody>
</table>

### Your Coverage with Out-of-Network Providers

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>up to $40</td>
<td></td>
</tr>
<tr>
<td>Lined Trifocal Lenses</td>
<td>up to $70</td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>up to $70</td>
<td></td>
</tr>
<tr>
<td>Progressive Lenses</td>
<td>up to $50</td>
<td></td>
</tr>
<tr>
<td>Single Vision Lenses</td>
<td>up to $30</td>
<td></td>
</tr>
<tr>
<td>Lined Bifocal Lenses</td>
<td>up to $50</td>
<td></td>
</tr>
<tr>
<td>Contacts</td>
<td>up to $130</td>
<td></td>
</tr>
<tr>
<td>Frame</td>
<td>up to $110</td>
<td></td>
</tr>
<tr>
<td>Progressive Lenses</td>
<td>up to $50</td>
<td></td>
</tr>
</tbody>
</table>

¹ Brands/Promotion subject to change.
Your Path to Wellness

Our goal is to have the healthiest workplace on the planet, which means you being the healthiest version of yourself. We continue looking for ways to make it easier for you to reach your full health potential. Our programs and services are designed to help you get and stay in good health so you can live a vibrant life. Get started on your journey to health and wellness now...it’s never too late.

Don’t Forget Your Health for Life Wellness Check

Be sure to complete your Wellness Check by October 31, 2014. All it takes is three simple steps. If your BMI is 30 or greater, or if you are a tobacco user, you are required to meet one on one with a wellness coach by November 7, 2014 in order to receive your $250 health plan premium incentive. You will receive the $250 Health for Life discount off your 2015 employee contributions or contribution into your HSA if you meet the 2014 program requirements.

The Health for Life Wellness Check is available to you and your family members, here’s how you can get started:

- **Employees**: Schedule your appointment by visiting [http://goto/WellnessCheck](http://goto/WellnessCheck) when connected to the Intel network, or search “Wellness Check” on Circuit. Your 15-minute appointment will be scheduled at an onsite Health for Life Center, and you can get your results while you wait.

- **Family members and remote employees**: Schedule your appointment by visiting [https://my.blueprintforwellness.com](https://my.blueprintforwellness.com). Both employees and family members will need to use the Registration Key: intel. Family members will need to enter a unique ID, which includes the employee’s worldwide family member’s date of birth (a 16-digit number). Once logged in, locate the nearest Quest Diagnostic Lab and schedule an appointment.

The 2015 Health for Life Wellness Check program and related incentives (which will take effect in 2016) are currently under evaluation; any changes will be communicated to employees in 2015.

For questions or more information, send an email to intel.healthcoach@takecarehealth.com.
Many Ways to Get the Help You Need

Get personalized help with your 2015 decisions. You have access to the information, tools, and resources you need, delivered in the way you want—take advantage of the options available to you.

By Phone
The Intel Health Benefits Center at (877) GoMyBen (466-9236) will be available during Annual Enrollment, Monday through Friday, 6 a.m. to 6 p.m. (Pacific).

In Person Roadshows
You can connect with Human Resource Representatives and benefit plan suppliers to get the information you need. Bring your spouse with you. To view the schedule in your local area, from Circuit, search for Annual Enrollment.

Online
Access the My Health Benefits website from Circuit by searching for My Health Benefits; or access it via the Internet at intel.com/go/myben, which will allow you and your family to view your health benefits from the convenience of your home. When accessing the site from the Internet, you will need to log in with your user ID and password. First-time users will need to create a user ID and password to log in. Once you log in you can ask questions via web chat during Intel Health Benefit Center available hours.

Ask Ivy, our Virtual HR Agent is Available 24x7
Ivy provides personalized answers to many common questions related to Annual Enrollment. To Ask Ivy an Annual Enrollment or other HR related question, select Get HR Help from the Circuit homepage.

Shop for Healthcare Costs:
If you are enrolled in an Anthem or Cigna HDHP, you can estimate your costs before you receive care.

Plan ahead: compare the cost of services and procedures provided at different facilities and you might be able to save a significant amount of money.

To go shopping, look for the pricing transparency tools available via your health plan administrator’s website.

Benefit Advisors
Benefits Advisors are experts who understand your options and can provide help evaluating your personal needs. To talk to a Benefits Advisor, call the Intel Health Benefits Center at (877) GoMyBen (466-9236). Once you reach a representative, ask to speak with an advisor. Advisors will be available by phone, Oct. 27 to Nov. 14 2014, Monday through Friday, 7 a.m. to 4 p.m. (Pacific).

Important note: When calling the Health Benefits Center, you will be prompted to enter your password. This is the same password you use to access the My Health Benefits website from the Internet. If you have forgotten your password or haven’t created one yet, just say “representative,” and your call will be routed to a representative who will help you.

Model Your Decisions
You can model your own cost scenarios to help you make the best decision for you and your family. Simply go to the My Health Benefits website and see for yourself which plan is the most cost effective. Enter your anticipated usage in the Medical Expense Estimator tool and see your out-of-pocket costs across the different plans.
Affordable Care Act Update

The healthcare reform requires employers to report to the IRS certain health insurance coverage information beginning in 2015. The information required by the IRS includes the tax identification number (TIN), such as a social security number. Please take a moment to update your TIN information for you and your covered dependents via the My Health Benefits website at intel.com/go/myben or by calling the Intel Health Benefit Center at (877) GoMyBen (466-9236).