Annual Enrollment Oct. 20 - Nov. 7

2026 Annual Enrollment

2026 Annual Enrollment is your opportunity to evaluate available benefit options to ensure you are enrolled in the right options for 2026. This benefit guide is designed to inform you of what's changing in 2026 and any actions required to help you make informed decisions.

Inside this guide:

Questions?

Access the My Health Benefits website

Visit the My Health Benefits website at **intel.com/go/myben** for fast and easy 24/7 self-service where you can view your current benefits elections and make changes during the Annual Enrollment period. For login instructions, see page 5 of this guide.

If you need further assistance or help enrolling over the phone, contact the Intel Health Benefits Center at 1-877-GoMyBen (466-9236).

What you need to know for Annual Enrollment

Medical Deductible Updates

- The deductible and out-of-pocket maximum for HSA-eligible High Deductible Health Plans (HDHP) are increasing to comply with IRS requirements and Medical/Rx cost trends.

	New Deductibles			New Out-of-Pocket Maximums		
	Anthem	Connected Care	Kaiser	Anthem	Connected Care	Kaiser
Employee Only	2026: $1,900 2025: $1,800	2026: $1,850 2025: $1,720	2026: $2,000 2025: $1,720	2026: $2,850 2025: $2,700	2026: $2,550 2025: $2,400	2026: $3,000 2025: $2,700
Employee and Child	2026: $3,800 2025: $3,600	2026: $3,650 2025: $3,450	2026: $4,000 2025: $3,450	2026: $5,700 2025: $5,400	2026: $5,050 2025: $4,800	2026: $5,950 2025: $5,400
Employee & Spouse	2026: $4,750 2025: $4,500	2026: $4,550 2025: $4,300	2026: $4,950 2025: $4,300	2026: $7,050 2025: $6,700	2026: $6,050 2025: $5,750	2026: $7,400 2025: $6,700
Employee & Spouse and child(ren)	2026: $4,750 2025: $4,500	2026: $4,550 2025: $4,300	2026: $4,950 2025: $4,300	2026: $7,050 2025: $6,700	2026: $6,050 2025: $5,750	2026: $7,400 2025: $6,700

Kaiser Permanente Plans: Medical and Dental

At Intel, we periodically review our benefits to ensure they remain effective and sustainable. After careful consideration, we have made the decision to discontinue Kaiser Permanente Connected Care, Kaiser Permanente HMO, and Kaiser Permanente DHMO plans, effective **Jan. 1, 2027**.

We understand that changes to healthcare plans can raise questions and are committed to providing information and support to help you navigate this transition.

2026 Transition Period:

COBRA participants currently enrolled in a Kaiser plan: During 2026 Annual Enrollment, you may choose to continue with your current Kaiser plan for 2026 or switch to a non-Kaiser medical or dental plan. Please note that switching between Kaiser plans will not be permitted.

COBRA participants not currently enrolled in a Kaiser plan: You will not be able to enroll in a Kaiser medical or dental plan during 2026 Annual Enrollment or as part of a qualifying life event.

Pricing updates for 2026: For those continuing with Kaiser plans in 2026, please be aware that there will be increases to COBRA premiums, deductibles, and out-of-pocket maximums for the Kaiser Connected Care Oregon HDHP, Kaiser Connected Care Oregon Copay, Kaiser California HMO, and Kaiser Oregon DHMO plans.

All COBRA participants: During the 2027 Annual Enrollment, you will be required to enroll in a non-Kaiser plan for coverage starting Jan. 1, 2027.

Support and Resources: A resource page with FAQs and additional information is available on My Health Benefits to help you understand your options and navigate this transition. Click or scan the QR code to learn more.

In-Network Virtual Visits at No Cost

We are excited to announce that in-network virtual visits are covered 100% for you and your dependents enrolled in a medical option under the Intel Corporation Health and Welfare Benefit Plan. This means you can access healthcare services from the comfort and convenience of your home without any out-of-pocket expenses for in-network virtual care. For more information about virtual visits, please contact your health plan.

Employee Assistance Program (EAP)

On Jan. 1, 2026, we will be replacing our current Employee Assistance Program (EAP) provided by ComPsych and Modern Health with a new vendor. Learn more about the upcoming EAP transition in the FAQ on My Health Benefits.

Current COBRA participants enrolled in EAP ComPsych and/or Modern Health will be defaulted to the new EAP vendor for the remainder of your COBRA coverage period.

Modern Health EAP COBRA will no longer be offered as a voluntary benefit under COBRA as of Jan. 1, 2026. If you are currently enrolled in Modern Health EAP COBRA, you will have access to EAP through the new vendor for the duration of your COBRA coverage period at no additional cost.

You can confirm your current EAP COBRA elections in My Health Benefits at any time by reviewing your Benefits Summary. No action is required during 2026 COBRA Annual Enrollment to continue your enrollment in EAP COBRA.

Connected Care PCP Plan Update

- $25 Copays will now apply to in-office specialist visits instead of coinsurance.

Delta Dental

- Delta Dental PPO out-of-network (non-Delta Dentist) coinsurance is increasing by 10% for members across all services.

Kaiser DHMO

- Composite fillings will be available for posterior teeth without an additional fee.
- The plan will now reimburse COBRA participants for emergency dental services without a $100 limitation, based on the plan's cost share, etc. associated with the services.
- Nitrous oxide cost share for children age 12 years and younger is changing from $0 to $25; the cost share for all ages is now $25.

COBRA Reminders

- If your COBRA coverage continues in 2026, your current elections carry over into 2026 unless you make changes during Annual Enrollment.
- COBRA participants may choose to drop COBRA coverage at any time.
- For individuals receiving less than 18 months of Intel-paid COBRA:
  - The end of your Intel-paid COBRA period may not be the end of your maximum COBRA coverage period. If your Intel-paid COBRA will end during 2026 and you plan to enroll in another employer group health plan or one of Intel's plans as a dependent of an active Intel employee, you should do so during Annual Enrollment or you may be required to wait until either the end of your maximum COBRA coverage period or the next Annual Enrollment.
  - Once your Intel-paid COBRA ends, your monthly billing statement will reflect the amount owed to continue COBRA until the end of your maximum COBRA coverage period.

Go to the Intel Pay, Stock and Benefits Handbook (the Summary Plan Description) for a description of benefits and eligibility requirements. The PSB Handbook is located on the My Health Benefits website at **intel.com/go/myben** or call the Intel Health Benefits Center at 1-877-GoMyBen (466-9236) to request a copy.

During Annual Enrollment, the Intel Health Benefits Center will be available:

- Monday through Friday, 5 a.m. to 5 p.m. PDT
- Saturdays, 6 a.m. – 12 p.m. PDT

2026 Health, Dental & Vision Monthly COBRA Premiums

	You Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You & 1 Child	You & 2 Children	You & 3 or More Children
National Health Options								
Anthem Blue Cross HDHP	$790	$1,909	$2,332	$2,756	$3,366	$1,214	$1,637	$2,247
Anthem Blue Cross PCP	$1,144	$2,763	$3,376	$3,989	$4,872	$1,757	$2,370	$3,253
Regional Health Options								
Aetna HMO (AZ)	$1,218	$2,824	$3,457	$3,457	$3,457	$2,179	$2,179	$2,179
Kaiser Permanente HMO* (CA)	$850	$2,023	$2,465	$2,898	$3,536	$1,292	$1,726	$2,363
Presbyterian HMO (NM)	$941	$1,651	$1,884	$2,116	$2,232	$1,173	$1,405	$1,521
HMSA (Hawaii)	$859	$1,718	$2,577	$2,577	$2,577	$1,718	$2,577	$2,577
Connected Care Options (For Arizona, Northern California, New Mexico and Oregon)								
Connected Care ACN HDHP (AZ)	$665	$1,607	$1,963	$2,320	$2,833	$1,022	$1,378	$1,892
Connected Care ACN Primary Care Plus (AZ)	$1,166	$2,817	$3,441	$4,067	$4,967	$1,791	$2,416	$3,316
Connected Care CA HDHP (Northern CA)	$762	$1,841	$2,249	$2,658	$3,246	$1,170	$1,579	$2,167
Connected Care Presbyterian HDHP (NM)	$622	$1,502	$1,835	$2,168	$2,648	$955	$1,288	$1,768
Connected Care Presbyterian Copay (NM)	$972	$2,348	$2,869	$3,390	$4,141	$1,493	$2,014	$2,765
Connected Care Kaiser HDHP (OR)	$588	$1,400	$1,705	$2,005	$2,446	$894	$1,194	$1,635
Connected Care Kaiser Copay (OR)	$687	$1,635	$1,992	$2,342	$2,858	$1,044	$1,395	$1,910
Connected Care Providence HDHP (OR)	$648	$1,564	$1,911	$2,259	$2,759	$995	$1,342	$1,842
Connected Care Providence Primary Care Plus (OR)	$1,113	$2,690	$3,286	$3,883	$4,743	$1,710	$2,307	$3,167
Dental Options								
Delta Dental PPO	$51	$104	$136	$168	$215	$84	$116	$162
DeltaCare USA DHMO	$21	$35	$53	$53	$53	$38	$38	$38
Kaiser Permanente DHMO (OR)	$84	$199	$243	$285	$348	$127	$170	$233
Vision Options								
VSP Basic Vision	$8	$15	$17	$18	$21	$9	$11	$13
VSP Vision Plus	$17	$33	$37	$42	$46	$21	$25	$30

*These options are all self funded with the exception of HMSA, DeltaCare USA DHMO and Kaiser Permanente DHMO.

Important COBRA and Medicare Information

It's important you understand how Medicare impacts your COBRA coverage.

If you or your dependent are Medicare eligible while on COBRA, your COBRA health plan coverage pays eligible claims secondary to Medicare, regardless of whether or not you are enrolled in Medicare Part A and Part B. If you are not enrolled in Medicare, you are responsible for the claims amount that Medicare would have paid if you were enrolled.

Do not wait until you or your dependents are age 65 to enroll in Medicare. Any delay in Medicare enrollment may incur a lifetime Medicare premium penalty.

If you have Medicare questions, visit Medicare's website at **medicare.gov** or call: 800-MEDICARE (800-633-4227).

Make your choices by Nov. 7, 2025.

Get personalized help with your 2026 decisions and access the information and tools you need to take advantage of the options available.

Online

My Health Benefits website

Access the My Health Benefits website at **intel.com/go/myben**.

When accessing the site, you will need a user name and password. If you don't already have a login, use the **Register** button to create login credentials. The case-sensitive company key is **Intel**.

Once you log in, you can browse more information about your benefits. View your current benefits by choosing the **Benefit Summary** option, or choose **Compare Plans** to see your options side-by-side.

Phone

Intel Health Benefits Center

Contact a representative at 1-877-GoMyBen (466-9236).

During Annual Enrollment, the Intel Health Benefits Center is available:

- Monday through Friday
  5 a.m. to 5 p.m. PDT
- Saturdays
  6 a.m. to 12 p.m. PDT

Go to the Intel Pay, Stock and Benefits Handbook (the Summary Plan Description) for a description of benefits and eligibility requirements. The PSB Handbook is located on the My Health Benefits website at **intel.com/go/myben** or call the Intel Health Benefits Center at 1-877-GoMyBen (466-9236) to request a copy.

Annual Enrollment Notices

Breast Reconstruction Medical Benefits

Group health plans, health insurers, and health maintenance organizations that provide medical and surgical benefits for a mastectomy must provide certain benefits related to breast reconstruction as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA).

If you or your enrolled dependent undergoes a mastectomy and elects breast reconstruction in connection with the mastectomy, coverage will include the following:

- All stages of reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatments for physical complications of mastectomy, including lymphedemas.

Coverage will be provided as determined in consultation between the attending physician and the patient. This coverage is subject to deductibles and coinsurance limitations consistent with those established for other benefits under your medical plan. If you would like more information on WHCRA benefits as they apply to the Intel Group Health Plan, please call the specific health plan option in which you are enrolled or plan to enroll.

Notice of Special Enrollment Rights

A federal law called HIPAA requires that we notify you of your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under the Intel Group Health Plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. You have the right to request special enrollment (outside of annual enrollment) for yourself and your eligible dependents under the following circumstances.

Loss of Other Coverage (Except Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in the Intel Group Health Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Eligibility Under Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in the Intel Group Health Plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, and 60 days after birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, visit the My Health Benefits website to update your benefit coverage. Go to **intel.com/go/myben**, or call the Intel Health Benefits Center at 1-877-GoMyBen (466-9236).

Notice of Availability of HIPAA Notice of Privacy Practices

Intel has always taken voluntary steps to safeguard your personal information. The U.S. Department of Health and Human Services has also issued Privacy and Security Rules under the Health Insurance Portability and Accountability Act (HIPAA). These rules establish additional privacy and security protection requirements for health plans. The Notice of Privacy Practices (the "Notice") describes your HIPAA rights under the Intel Health & Welfare Benefits Plan, Intel Retiree Medical Plan, SERMA, Employee Assistance Plan, the Health Flexible Spending Account and the Limited Use Health Flexible Spending Account. The Notice provides complete information about how your protected health information may be used or disclosed, and how you can access this information yourself.

You can find a copy on the My Health Benefits website at **intel.com/go/myben**. Once you access the site, the Notice will be located in the reference center, "HIPAA Privacy Notice." You can also request a paper copy of the Notice to be mailed to you free of charge by contacting the Intel Health Benefits Center at 1-877-GoMyBen (466-9236).

Summary of Benefits Coverage

Under the Affordable Care Act, group health plans are required to provide summaries of health plan benefits and coverage in a uniform format known as a Summary of Benefits Coverage (SBC). You can find a copy of the SBC for each medical plan option under the Intel Group Health Plan on the My Health Benefits website at **intel.com/go/myben**. Once you access the site, the SBC will be located in the reference center. You can also request a paper copy of the information to be mailed to you free of charge by contacting the Intel Health Benefits Center at 1-877-GoMyBen (466-9236).

This 2026 Annual Enrollment Guide is intended to be a Summary of Material Modifications and should be kept with your 2026 Pay, Stock and Benefits Handbook, which is the Summary Plan Description for the Intel Corporation Health and Welfare Benefit Plan (the "Plan"). In the event of any discrepancy, the 2026 Pay, Stock and Benefits Handbook will prevail. For a copy of the most recent Pay, Stock and Benefits Handbook, contact the Intel Health Benefits Center at 1-877-GoMyBen (466-9236). You can find a copy on the My Health Benefits website at **intel.com/go/myben** in the reference center. The Pay, Stock and Benefits Handbook will be available, with 2026 updates, in Q1 2026. Intel reserves the right to modify, change or discontinue any benefit provided under the Pay, Stock and Benefits Handbook, at its sole discretion.

Printed in the USA | Please Recycle INTEL2521 08/25

4500 S. Dobson Road
MS OC2-263
Chandler, AZ 85248

BULK RATE
U.S. POSTAGE
PAID
Permit #xxx
City, ST

Important benefits information enclosed

John Doe
123 Any St.
Maintown, ST 12345

U.S. COBRA Annual Enrollment Guide

Intel's Annual Enrollment is Oct. 20 - Nov. 7, 2025

Questions?

Access the My Health Benefits website

Visit the My Health Benefits website at **intel.com/go/myben** for fast and easy 24/7 self-service where you can view your current benefits elections and make changes during the Annual Enrollment period. For login instructions, see page 5 of this guide.

If you need further assistance or help enrolling over the phone, contact the Intel Health Benefits Center at 1-877-GoMyBen (466-9236).