2026 Annual Enrollment Arizona Guide intel.

Discover Intel's Benefits

Annual Enrollment Oct. 13-31, 2025

Get Started >>





Stay Connected with your Intel Benefits Receive important updates via text.

Don't miss out on important enrollment updates, benefit changes or crucial dates. Opt-in to text messages to stay updated on your Intel benefits. How to sign up:

- 1. Access My Health Benefits when logged in through the VPN or intel.com/go/myben when outside the VPN. First-time users logging in outside of the VPN will need to register using the Company Key.
- 2. On the home page, click on **Profile**. Scroll down to the **Personal Preferences** section.
- 3. Click **Edit** next to **Contact Preferences**, add your cell phone number and check the **Accept SMS Terms** and **Conditions** box. Then click **Save**.

New phone number? Be sure to update your contact information in Workday.

## Navigating Annual Enrollment



Navigating Annual Enrollment What's New & Changing

Health Option Comparison Annual Paycheck Deductions HSA Contributions Benefit Resources



At Intel, we understand that healthcare and benefits are an important part of your life, and we're committed to supporting you every step of the way. This guide outlines your healthcare, life and voluntary benefits for 2026, helping you understand and explore available options to make informed decisions.

## **Explore Your Benefits**

- Review What's New and Changing on page 3 and page 4.
- To understand the available options to support you and your family, compare the available health, dental, and vision plans on page 6.

### Enter the Virtual Roadshow Raffle

 Explore the <u>Virtual Roadshow</u> to enter the raffle for your chance to win prizes from your benefits vendors.

#### **Enroll in Your Benefits**

Make Annual Enrollment elections for 2026 between Oct. 13 - Oct. 31.

## Not making changes? Here's what you need to know:

If you do not update your 2026 Health Savings Account (HSA), Flexible Spending Account (FSA), and/or Dependent Care Assistance Program (DCAP) elections, contributions to these accounts will stop at the end of the 2025 calendar year. For more information, see page 7.

### Intel Health for Life Centers

Consider the Intel Health for Life Centers for full-service primary care. The Health for Life Centers provide a unique, personalized healthcare experience for you and your family. Services vary by location, but can include:

## Primary Care Services

- Annual physicals and preventive screenings
- Vaccines and immunizations
- Chronic disease management
- Pediatric care
- Treatment for infections, rashes and more

## **Ancillary Services**

- Physical therapy
- Chiropractic care
- Acupuncture
- Behavioral health services
- Minor surgical procedures (e.g., stitches)

Visit an on-site location today.

Health for Life Centers



## What's New & Changing



Navigating Annual Enrollment What's New & Changing

Health Option Comparison Annual Paycheck Deductions

HSA Contributions Benefit Resources



#### 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 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.

## Introducing Spring Health, your new Employee Assistance Program coming in 2026

On Jan. 1, 2026, we will introduce Spring Health, replacing our current Employee Assistance Program (EAP) offered through ComPsych and Modern Health. Spring Health's unified approach means that whether you are seeking counseling, coaching or digital wellness resources, everything is available in one place. Spring Health offers several mental health services for employees and their eligible dependents, including:

- 10 counseling sessions per year
- 10 coaching sessions per year
- Streamlined appointment scheduling
- Guided meditations and other digital self-help tools through a Moments library
- 24/7 Care Navigation & Crisis Support via chat, phone or email



Learn more about the upcoming EAP change and what you can do to prepare for the transition.



### Stay in the know! Join our Health & Wellness Communities!

- Visit the Mental Wellness Community at goto/MentalWellness
- Visit the US Healthcare Connect Community at goto/USHealthcareConnect

View more about what's new and changing on the next page.





## What's New & Changing



Navigating Annual Enrollment What's New & Changing

Health Option Comparison Annual Paycheck Deductions HSA Contributions Benefit Resources



# Medical Deductible and Premium Updates

- The deductible and out-of-pocket maximum for HSA-eligible High-Deductible Health Plans (HDHP) is increasing to comply with IRS requirements and healthcare cost trends.
   See page 5.
- For all other health plans, there will be an increase in paycheck deductions. <u>See page 6</u>.

#### Vision and Life Insurance

 There will be no change in premiums for vision and life insurance.

#### Dental Coverage

- Delta Dental paycheck deductions will increase.
   See page 6.
- Delta Dental PPO out-of-network coinsurance is increasing by 10% for members across all services.



## Take control of your health: Care strategies for you and your family

Understanding when and how to access healthcare—and making it a priority—is essential for living your healthiest life. Explore <u>Establishing Care</u> to learn more about navigating your healthcare options. Make the most of available care and prioritize your family's wellbeing using the resources available to you and your family.

### Partner with your Primary Care Physician (PCP): Engage your PCP for comprehensive health management and personalized care tailored to your needs such as:

- Routine Check-Ups and Preventive Care: Stay ahead of health issues with regular screenings and wellness visits, Condition Management: Develop personalized care plans for conditions like diabetes, back and muscle pain and nutrition/weight management.
- Initial Health Concerns: Make your PCP your first call for new symptoms or health questions.
- Holistic Health Management: Receive tailored guidance based on their complete understanding of your medical history.
- Specialist Referrals: Let your PCP coordinate referrals when specialized care is needed.

#### Enjoy the convenience of virtual visits:

Starting January 2026, access quality healthcare anytime, anywhere - at no cost to you when using an in-network provider.

- Non-Emergency Consultations: Address minor illnesses, schedule follow-up appointments, or receive mental health support from home.
- Quick Medical Advice: Connect with healthcare providers promptly without waiting for in-person appointments.
- Confidential Mental Wellness Support: Access therapy and counseling sessions remotely with enhanced accessibility and scheduling flexibility.
- Cost-Effective Care: In-network virtual visits are covered at 100% beginning January 2026.\*
  - \*Refer to the Pay Stock and Benefits Handbook for details specific to your option's coverage.

To find a PCP and other in-network providers, use the **Provider Search Tool**.

View the infographic to learn more about **Care Management Resources**.

## Health Option Comparison



Navigating Annual Enrollment What's New & Changing Health Option Comparison

Annual Paycheck Deductions HSA Contributions Benefit Resources



This at-a-glance comparison summarizes key features and differences to assist you in your decision making. More details can be found at **My Health Benefits** and in the **Pay, Stock and Benefits Handbook**.

|                                   | Connected Care<br>ACN HDHP<br>Arizona Care Network                                                                                                                                                                                                                        | Anthem Blue<br>Cross HDHP                                                                                                          | Anthem Blue<br>Cross PCP                                                                                                                                            | Connected Care<br>ACN PCP<br>Arizona Care Network                                                                                                                          | Aetna HMO                                                                                                           |  |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--|
| Annual Deductible                 | The total amount you pay for covered healthcare services before coinsurance begins.                                                                                                                                                                                       |                                                                                                                                    |                                                                                                                                                                     |                                                                                                                                                                            |                                                                                                                     |  |
| Employee only:                    | \$1,850                                                                                                                                                                                                                                                                   | \$1,900                                                                                                                            | In-network:                                                                                                                                                         | In-network:                                                                                                                                                                | No Deductible                                                                                                       |  |
| Employee & child(ren):            | \$3,650                                                                                                                                                                                                                                                                   | \$3,800                                                                                                                            | \$250 Individual<br>\$500 Family                                                                                                                                    | \$250 Individual<br>\$500 Family<br>Out-of-network*:                                                                                                                       |                                                                                                                     |  |
| Employee & spouse:                | \$4,550                                                                                                                                                                                                                                                                   | \$4,750                                                                                                                            | Out-of-network*:<br>\$250 Individual<br>\$500 Family                                                                                                                | \$250 Individual<br>\$500 Family                                                                                                                                           |                                                                                                                     |  |
| Employee & spouse and child(ren): | \$4,550                                                                                                                                                                                                                                                                   | \$4,750                                                                                                                            | In and out-of-network deductibles are separately tracked Deductible does not apply toward innetwork primary care or specialist office visits and prescription drugs | In and out-of-network<br>deductibles are<br>separately tracked<br>Deductible does<br>not apply toward<br>in-network primary<br>care office visit and<br>prescription drugs |                                                                                                                     |  |
| Coinsurance                       | The percentage of co                                                                                                                                                                                                                                                      | osts of a covered healt                                                                                                            | hcare service you pay AFT                                                                                                                                           | ER you've paid your ded                                                                                                                                                    | uctible.                                                                                                            |  |
| In-Network                        | 5%                                                                                                                                                                                                                                                                        | 10%                                                                                                                                | Primary provider visit: \$10                                                                                                                                        | Primary provider visit: \$10                                                                                                                                               | • \$15 per primary provider visit<br>• \$35 per specialist visit                                                    |  |
|                                   | 3%                                                                                                                                                                                                                                                                        | 10%                                                                                                                                | Specialist visit: \$25<br>5% for all other care<br>after deductible                                                                                                 | Specialist visit: \$25<br>5% for all other care<br>after deductible                                                                                                        | <ul><li>\$50 per urgent care visit</li><li>\$100 per emergency room visit</li><li>\$250 per hospital stay</li></ul> |  |
| Out-of-network*                   | 40%; reimbursement limits apply Emergency covera                                                                                                                                                                                                                          |                                                                                                                                    |                                                                                                                                                                     |                                                                                                                                                                            |                                                                                                                     |  |
| Out-of-Pocket<br>Maximum          | The amount you'll pay each year before coverage for eligible expenses are paid at 100% up to the maximum allowed amount. Certain exclusions apply. Note: Virtual visits are covered at 100% immediately (you are not required to meet your OOP max before 100% coverage). |                                                                                                                                    |                                                                                                                                                                     |                                                                                                                                                                            |                                                                                                                     |  |
| Employee only:                    | \$2,550                                                                                                                                                                                                                                                                   | \$2,850                                                                                                                            | \$1,500                                                                                                                                                             | \$1,500                                                                                                                                                                    | \$1,500                                                                                                             |  |
| Employee & child(ren):            | \$5,050                                                                                                                                                                                                                                                                   | \$5,700                                                                                                                            |                                                                                                                                                                     |                                                                                                                                                                            | \$3,000                                                                                                             |  |
| Employee & spouse:                | \$6,050                                                                                                                                                                                                                                                                   | \$7,050                                                                                                                            | \$3,000                                                                                                                                                             | \$3,000                                                                                                                                                                    |                                                                                                                     |  |
| Employee & spouse and child(ren): | \$6,050                                                                                                                                                                                                                                                                   | \$7,050                                                                                                                            |                                                                                                                                                                     |                                                                                                                                                                            |                                                                                                                     |  |
| Prescription drugs                |                                                                                                                                                                                                                                                                           |                                                                                                                                    |                                                                                                                                                                     |                                                                                                                                                                            |                                                                                                                     |  |
| In-Network                        | 5% coinsurance<br>Covered at 100% for<br>certain medications<br>Prescription drugs<br>accumulate toward<br>annual deductible                                                                                                                                              | 10% coinsurance<br>Prescription drugs<br>accumulate toward<br>annual deductible.<br>Covered at<br>100% for certain<br>medications. | 30-day supply:<br>\$10 generic,<br>\$20 preferred,<br>\$35 non-preferred<br>Covered at 100% for<br>certain medications                                              | 30-day supply:<br>\$10 generic,<br>\$20 preferred,<br>\$35 non-preferred<br>Covered at 100% for<br>certain medications                                                     | 30-day supply:<br>\$10 generic,<br>\$20 preferred,<br>\$35 non-preferred                                            |  |

### Save money when you use in-network providers!

\*Out-of-network providers can charge you any amount, which may be higher than what in-network providers charge. When an out-of-network provider charges above the plan's maximum allowable amount, you are responsible for the difference. Amounts above the plan's maximum allowable amount do not count toward the plan out-of-pocket maximum. See the Pay, Stock and Benefits Handbook, Chapter 6, Subsection 6.3.4 Maximum Allowed Amount.

For full benefit coverage details, review the Pay, Stock and Benefits Handbook available on Circuit.

Searching for an in-network provider? Click or scan the QR code to access the provider search tool.



## 2026 Medical, Dental and Vision Annual Paycheck Deductions



Navigating Annual <u>Enrollment</u> What's New & Changing

Health Option Comparison Annual Paycheck Deductions

HSA Contributions Benefit Resources



| Plan                                           |           | You Only      | You &<br>Spouse | You,<br>Spouse & 1<br>Child | You,<br>Spouse &<br>2 Children | You,<br>Spouse &<br>3 or More<br>Children | You &<br>1 Child | You &<br>2 Children | You &<br>3 or More<br>Children |
|------------------------------------------------|-----------|---------------|-----------------|-----------------------------|--------------------------------|-------------------------------------------|------------------|---------------------|--------------------------------|
| Annual Paycheck Deduction                      | s for Me  | dical Options |                 |                             |                                |                                           |                  |                     |                                |
| Connected Care ACN HDHP (No changes from 2025) |           | \$0           | \$0             | \$0                         | \$0                            | \$0                                       | \$0              | \$0                 | \$0                            |
| Anthem Blue Cross HDHP (No changes from 2025)  |           | \$0           | \$0             | \$0                         | \$0                            | \$0                                       | \$0              | \$0                 | \$0                            |
| Anthem Blue Cross PCP                          | 2026      | \$874         | \$4,175         | \$5,233                     | \$6,321                        | \$7,703                                   | \$2,793          | \$3,249             | \$4,307                        |
|                                                | 2025      | \$809         | \$3,866         | \$4,846                     | \$5,853                        | \$7,132                                   | \$2,586          | \$3,008             | \$3,988                        |
| Connected Care ACN PCP                         | 2026      | \$780         | \$4,278         | \$5,630                     | \$5,865                        | \$6,101                                   | \$2,264          | \$2,735             | \$3,073                        |
|                                                | 2025      | \$722         | \$3,961         | \$5,213                     | \$5,431                        | \$5,649                                   | \$2,097          | \$2,532             | \$2,845                        |
| Aetna HMO                                      | 2026      | \$897         | \$4,895         | \$6,439                     | \$6,718                        | \$6,983                                   | \$2,588          | \$3,131             | \$3,514                        |
|                                                | 2025      | \$831         | \$4,533         | \$5,962                     | \$6,220                        | \$6,465                                   | \$2,396          | \$2,900             | \$3,253                        |
| Annual Paycheck Deductions for Dental Options  |           |               |                 |                             |                                |                                           |                  |                     |                                |
| Delta Dental PPO                               | 2026      | \$0           | \$250           | \$350                       | \$463                          | \$612                                     | \$125            | \$225               | \$350                          |
|                                                | 2025      | \$0           | \$245           | \$343                       | \$453                          | \$600                                     | \$122            | \$220               | \$343                          |
| DeltaCare USA DHMO                             | 2026      | \$0           | \$75            | \$125                       | \$175                          | \$213                                     | \$50             | \$100               | \$138                          |
|                                                | 2025      | \$0           | \$73            | \$122                       | \$171                          | \$208                                     | \$49             | \$98                | \$135                          |
| Annual Paycheck Deduction                      | s for Vis | ion Options ( | No changes fr   | om 2025)                    |                                |                                           |                  |                     |                                |
| VSP Basic Vision                               |           | \$0           | \$0             | \$0                         | \$0                            | \$0                                       | \$0              | \$0                 | \$0                            |
| VSP Vision Plus                                | 2026      | \$105         | \$197           | \$236                       | \$250                          | \$275                                     | \$131            | \$145               | \$183                          |
|                                                |           |               |                 |                             |                                |                                           |                  |                     |                                |

## Estimate Your Maximum Out-of-Pocket Expenses

Medical options differ in when and how you pay. It's important for you to understand the total cost of care which includes paycheck deductions + deductibles + coinsurance + copays.

Medical options offer financial protection through an out-of-pocket maximum.

Out-of-Pocket Maximum =

Deductible + Copay + Coinsurance

Once you reach this maximum, your medical coverage option will cover all remaining in-network covered medical expenses at 100%.

PCP/Copay Considerations

**Total Cost =** Coinsurance + Deductible +

Payroll Deductions + Copay

Click or scan the QR code to view a

short video and learn more about your health coverage options.



Money-saving tip: If you enroll in an HDHP, you can save tax-free by contributing to a Health Savings Account! See the <u>HSA Contributions</u> page for details.

## The Power of a Health Savings Account (HSA)



Navigating Annual Enrollment What's New & Changing

Health Option Comparison Annual Paycheck Deductions HSA Contributions Benefit Resources



If you choose a high-deductible health plan, you can pair it with a <u>Health Savings Account (HSA)\*</u>. HSAs offer you the ability to save for medical expenses now or in the future and offer tax advantages along with flexibility of how you invest the funds and when you use them.

You can contribute to your HSA each year up to the IRS annual limit (see table to the right) and:

#### The funds remain yours forever:

The balance rolls over year to year (no use it or lose it rules), and it is not tied to your employment.

#### You save on taxes^:

Generally, an HSA offers a triple tax advantage. Contributions are pre-tax, earnings grow tax free and withdrawals are not taxed.

- You can invest your HSA contributions: Use as you build an HSA account balance, you have the option to invest the funds.
- Once you are 65, you can use the HSA funds for qualified and non-qualified medical expenses.
   Taxes apply to non-qualified distributions.



**Did you know?** Your HSA is a powerful tool to save for healthcare now and in retirement. The average 65-year old couple retiring in 2025 can expect to spend \$330,000+ on healthcare expenses in retirement.

| HSA Contribution Limits                  | 2025    | 2026    |
|------------------------------------------|---------|---------|
| You Only                                 | \$4,300 | \$4,400 |
| Family                                   | \$8,550 | \$8,750 |
| Catch-Up Contributions<br>(55 and older) | \$1,000 | \$1,000 |

Have more questions or want to learn about Health Savings Accounts?

#### **Visit Fidelity Net Benefits**

- Watch this video: "What is an HSA and how does it work?"
- Use this <u>HSA savings tool</u> to model the potential growth of an HSA based on your age and projected annual contributions.
- View this comprehensive <u>guide to</u> understanding an HSA.

Additional spending accounts are available as ways to save for expenses. See below for important considerations, resources to learn more and annual IRS contribution limits.

## Spending Account Contribution Limits

|                                               | 2025    | 2026    |  |  |  |
|-----------------------------------------------|---------|---------|--|--|--|
| Health Flexible Spending Account (Health FSA) |         |         |  |  |  |
| You Only or Family                            | \$3,200 | \$3,300 |  |  |  |
| Limited Use Health FSA                        |         |         |  |  |  |
| You Only or Family                            | \$3,200 | \$3,300 |  |  |  |
| Dependent Care Assistance Program (DCAP)      |         |         |  |  |  |
| Single or Married Filing Jointly              | \$5,000 | \$7,500 |  |  |  |
| Married Filing Separately                     | \$2,500 | \$3,750 |  |  |  |

Note: Limits are set by the IRS.

### Health Flexible Spending Account (FSA):

You can carry over up to \$640 of unused Health FSA funds from 2025 to 2026.

#### Limited Use FSA:

If you choose to enroll in an HSA and a Health FSA, your FSA is limited to dental and vision expenses only.

#### Dependent Care Assistance Program (DCAP):

There is no carryover amount for DCAP. Expenses incurred during a leave of absence longer than 2 weeks are not eligible for reimbursement.

Click or scan the QR code to learn on the Spending Accounts Education Module.



<sup>\*</sup>HSA is not an Intel-sponsored benefit. Eligibility requirements apply and limits are set by the IRS.

<sup>^</sup>Not all state tax laws conform to federal HSA rules; therefore, HSA contributions are currently subject to state income tax in CA & NJ. Some states may tax earnings.

## Benefit Resources



Navigating Annual Enrollment What's New & Changing

Health Option Comparison

Annual Paycheck Deductions HSA Contributions Benefit Resources



## Looking for benefits resources? Make My Health Benefits your first stop.

My Health Benefits is more than your enrollment platform. Think of it as a landing page for all things benefit.

## Here are a few key resources you can find on My Health Benefits:



### Provider Search Tool

Easily look up in-network providers.



## <u>U.S. Benefits Education</u> Module

Get in-depth insight into Intel's benefits.



## Access Care Management Support

Discover resources to support you and your family's care needs.



## <u>Understanding When</u> and How to Access Care

Understand when & where to get care with this helpful infographic.



### Health Advocate

Contact your team of benefits, claims and billing experts.



#### Reference Center

Access plan documents in the Reference Center.

## Explore these resources to learn more

From Intel via VPN:

Access My Health Benefits from popular links on Circuit.

From Outside Intel: Log in to: intel.com/go/myben Pay, Stock and Benefits Handbook:

Go to the Intel Pay, Stock and Benefits Handbook (the Summary Plan Description) in Circuit for a description of current benefits, limits and eligibility requirements.

877-GOMYBEN (466-9236)

#### Understand changes to optimize your healthcare and voluntary benefits

This 2026 Annual Enrollment Guide is intended to be a Summary of Material Modification ("SMM") to the Intel Corporation Health and Welfare Benefit Plan (the "Plan"). In the event of any discrepancy, the Plan document will prevail. The Pay, Stock and Benefits Handbook (PSBH) contains additional information regarding your benefits. For a copy of the current PSBH, from Circuit search Pay, Stock and Benefits Handbook. PSBH updates will be available in Q1, 2026. Intel reserves the right to modify, change, or discontinue any benefit at its sole discretion.

Copyright © 2025 Intel Corporation. All rights reserved. Intel and the Intel logo are trademarks of Intel Corporation or its subsidiaries in the U.S. and/or other countries.

Reproduction, photocopying, and/or electronic storage or transmission of this publication in whole or in part without the written permission of Intel Corporation is strictly prohibited.

Printed in the USA Please Recycle INTEL2518 AZ 09/25