

Annual Enrollment Oct. 19 - Oct. 30

2027 Annual Enrollment

The Intel logo, consisting of the word "intel" in a white, lowercase, sans-serif font, is positioned on a blue rectangular background.

2027 Annual Enrollment is your opportunity to evaluate available benefit options to ensure you are enrolled in the best options for 2027. This benefit guide is designed to inform you of what's changing in 2027 and any actions required to help you make informed decisions.

Inside this guide:

Page 2: What you need to know for Annual Enrollment

Page 4: COBRA Medical, Dental and Vision Monthly Premiums

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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.
- Review the updated monthly COBRA premiums on Page 4.

	New Deductibles		New Out-of-Pocket Maximums	
	Anthem and Connected Care Presbyterian HDHP	Connected Care CA and ACN HDHP	Anthem and Connected Care Presbyterian HDHP	Connected Care CA and ACN HDHP
Employee Only	2027: \$2,100 2026: \$1,900	2027: \$2,000 2026: \$1,850	2027: \$3,100 2026: \$2,850	2027: \$2,800 2026: \$2,550
Employee and Child	2027: \$4,150 2026: \$3,800	2027: \$3,950 2026: \$3,650	2027: \$6,200 2026: \$5,700	2027: \$5,500 2026: \$5,050
Employee & Spouse	2027: \$5,150 2026: \$4,750	2027: \$4,950 2026: \$4,550	2027: \$7,650 2026: \$7,050	2027: \$6,550 2026: \$6,050
Employee & Spouse and child(ren)	2027: \$5,150 2026: \$4,750	2027: \$4,950 2026: \$4,550	2027: \$7,650 2026: \$7,050	2027: \$6,550 2026: \$6,050

Kaiser and Providence Changes for Oregon and California COBRA Participants

Beginning Jan. 1, 2027, the following options will no longer be offered:

- Connected Care Kaiser HDHP
- Connected Care Kaiser Copay
- Kaiser Permanente DHMO
- Kaiser Permanente HMO
- Connected Care Providence HDHP
- Connected Care Providence PCP

If your COBRA coverage continues into 2027:

- Oregon COBRA participants will have the ability to choose from Anthem and Delta Dental options for medical and dental coverage.
- California COBRA Participants will have the ability to choose from Anthem and Connected Care CA options for medical coverage.

If you do not take action during Annual Enrollment, you will be moved to the following medical and dental options based on your current enrollment:

- Connected Care Kaiser and Providence HDHP will be enrolled in Anthem HDHP
- Connected Care Kaiser Copay, Providence PCP, and Kaiser HMO will be enrolled in Anthem PCP
- Kaiser Permanente DHMO: Delta Dental PPO

Continued Access to Providence Providers

While Providence medical options will no longer be offered, you may still have access to Providence providers. More than 99% of Providence doctors and facilities are expected to remain available and in-network through the Anthem medical options for 2027.

Review the [Kaiser Permanente & Providence Transition FAQ](#) to prepare you for the transition and help you make well-informed decisions about your healthcare benefits.



What you need to know for Annual Enrollment

New Mexico Presbyterian Medical Plan Updates

For 2027, the Connected Care Presbyterian HDHP option will include updated deductibles, out-of-pocket maximums and coinsurance levels to align more closely with the national Anthem High-Deductible Health Plan.

- Coinsurance under the Presbyterian HDHP will increase from 5% to 10%.
- There are no coverage changes to the Connected Care Presbyterian Copay and Presbyterian HMO options.

New Mexico Health for Life Center Updates

Beginning Dec. 1, 2026, management of the New Mexico Health for Life Center (HFLC) will transition from Presbyterian Health Group to Premise Health. This change brings New Mexico in line with all other Intel HFLC locations already managed by Premise Health.

While some clinic staffing may change as part of this transition, you can expect the same care delivery model and high-quality experience you are accustomed to receiving at the HFLC. The center will continue to focus on convenient, personalized care designed to support employee health and well-being.

Note: You may only continue to utilize the Health for Life Center while you are enrolled in a COBRA medical option.

Employee Assistance Program (EAP)

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 2027 COBRA Annual Enrollment to continue your enrollment in EAP COBRA.

COBRA Reminders

- If your COBRA coverage continues in 2027, your current elections carry over into 2027 unless you make changes during Annual Enrollment.
- COBRA participants may choose to drop COBRA coverage at any time.
- For individuals receiving Intel-paid COBRA:
 - The end of your Intel-paid COBRA period (12 months) is not the end of your maximum COBRA coverage period (generally 18 months). If your Intel-paid COBRA will end during 2027 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

2027 Medical, Dental & Vision Monthly COBRA Premiums

	You or Spouse or 1 Child Only	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children	You or Spouse & 1 Child	You or Spouse & 2 Children	You or Spouse & 3 or More Children
National Medical Options								
Anthem Blue Cross HDHP	\$751	\$1,815	\$2,218	\$2,621	\$3,201	\$1,154	\$1,557	\$2,137
Anthem Blue Cross PCP	\$1,162	\$2,808	\$3,431	\$4,055	\$4,952	\$1,785	\$2,409	\$3,306
Regional Medical Options								
Aetna HMO (AZ)	\$1,386	\$3,214	\$3,934	\$3,934	\$3,934	\$2,480	\$2,480	\$2,480
Presbyterian HMO (NM)	\$1,100	\$1,978	\$2,266	\$2,553	\$2,696	\$1,387	\$1,674	\$1,818
HMSA (Hawaii)	\$919	\$1,838	\$2,757	\$2,757	\$2,757	\$1,838	\$2,757	\$2,757
Connected Care Options (For Arizona, Northern California, and New Mexico)								
Connected Care ACN HDHP (AZ)	\$669	\$1,617	\$1,975	\$2,334	\$2,851	\$1,028	\$1,387	\$1,903
Connected Care ACN Primary Care Plus (AZ)	\$1,256	\$3,035	\$3,708	\$4,381	\$5,351	\$1,929	\$2,603	\$3,573
Connected Care CA HDHP (Northern CA)	\$795	\$1,920	\$2,345	\$2,771	\$3,385	\$1,221	\$1,647	\$2,260
Connected Care Presbyterian HDHP (NM)	\$524	\$1,265	\$1,546	\$1,826	\$2,231	\$804	\$1,085	\$1,489
Connected Care Presbyterian Copay (NM)	\$952	\$2,301	\$2,811	\$3,322	\$4,057	\$1,463	\$1,973	\$2,709
Dental Options								
Delta Dental PPO	\$50	\$101	\$132	\$164	\$209	\$81	\$113	\$158
DeltaCare USA DHMO	\$21	\$35	\$53	\$53	\$53	\$38	\$38	\$38
Vision Options								
VSP Basic Vision	\$8	\$15	\$17	\$19	\$21	\$10	\$12	\$14
VSP Vision Plus	\$16	\$32	\$36	\$40	\$45	\$20	\$24	\$29

*These options are all self funded with the exception of HMSA, and DeltaCare USA 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 Oct. 30, 2026.

Get personalized help with your 2027 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

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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 Corporation Health and Welfare Benefit Plan, Intel Retiree Medical Plan, SERMA. 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 2027 Annual Enrollment Guide is intended to be a Summary of Material Modifications and should be kept with your 2027 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 2027 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 2027 updates, in Q1 2027. Intel reserves the right to modify, change or discontinue any benefit provided under the Plan, at its sole discretion.

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U.S. COBRA Annual Enrollment Guide

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