



# 2018 ANNUAL ENROLLMENT

AMAZING WORKS HERE

## OREGON EMPLOYEE GUIDE

Understand important changes to optimize your benefits

October 23–November 10, 2017

Choices take effect January 1, 2018

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## Connected Care on Campus

Your Connected Care teams from Providence and Kaiser will be on campus at site cafés to answer any questions you have about this innovative offering from Intel. You're welcome to bring family members (you will be responsible for guest badging and escorting).

- Oct. 30, 7:30–9 a.m. – HF3
- Oct. 31, 7:30–9 a.m. – F15
- Nov. 1, 7:30–9 a.m. – RA1
- Nov. 1, 11 a.m.–1 p.m. – RA4
- Nov. 2, 7:30–9 a.m. – JF5
- Nov. 2, 11 a.m.–1 p.m. – JF3

[JUMP TO COMPARISON CHARTS](#)





# AMAZING WORKS HERE

## 2018 ANNUAL ENROLLMENT FOR OREGON

It's time to review your healthcare plan choices and make your Annual Enrollment decisions for 2018. We are proud to offer you and your family amazing benefits and options to help you be your best. In this guide, we share what's changing, what decisions you need to make, and provide plan features and cost comparison charts to help you make the most of your choices. If you want more information, we outline the best resources to get you the help you need. My Health Benefits and other resources will be available to you starting on October 23, 2017. Take advantage of all the available resources to help you prepare.

For the last few years, we have held costs flat or passed on low single-digit increases by focusing on innovative plan designs and making targeted changes to encourage cost-efficient care. For our Connected Care options, that positive cost trend continues with no increases for 2018. For the remainder of your health options, where costs are not managed as effectively, we will pass on a 6.8% increase through paycheck deductions, deductibles, and out-of-pocket expenses depending on the type of plan you choose. This increase is in line with the expected 5–8% healthcare cost increases for large U.S. employers.

Because the Cigna Primary Care Plus (PCP) is the most expensive option offered at more than twice the total cost per employee than our Connected Care High Deductible Health Plan (HDHP), that plan option is now closed to new entrants for 2018 and will be discontinued effective January 1, 2019. If you're a current Cigna PCP member, you can expect to see additional communication and resources during this Annual Enrollment period and in 2018 to help you transition to other choices.

See additional details on changes from 2017 to 2018 outlined in this guide and shown in the comparison charts.

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**MAKE YOUR ELECTIONS OCT. 23 – NOV. 10, 2017**

Your choices take effect January 1, 2018

## 2018 ANNUAL ENROLLMENT CHANGES

### Cost Increases to Non-Connected Care Options

- For the Anthem Blue Cross High Deductible Health Plan (HDHP) and Cigna HDHP, your paycheck deductions remain at zero. However, your 2018 deductibles and out-of-pocket (OOP) maximums will increase:

Anthem/Cigna HDHPs	Employee Only	Employee & Child(ren)	Employee & Spouse/Family
2018 Deductible	\$1,495	\$3,000	\$3,755
2017 Deductible	\$1,400	\$2,810	\$3,515
2018 OOP Max	\$2,245	\$4,485	\$5,555
2017 OOP Max	\$2,100	\$4,200	\$5,200

- Detailed paycheck deduction increases from 2017 to 2018 for additional options are shown in the comparison charts.

### Dental and Vision Plans

- Delta Dental and Kaiser Permanente paycheck deductions will increase \$2–14 per year depending on the number of dependents covered. Employee-only coverage for Delta will remain at no cost.
- Delta Dental standard coverage will change from two routine exams by your dentist to one per calendar year; a second exam is available if conditions such as pregnancy, periodontal disease, or recent history of dental risk (restorative fillings or crowns) exist. Note that there are no changes to the number of cleanings you may receive during the year with your hygienist, which typically is two per year, but varies depending on your age or other special medical considerations.
- VSP Vision Plus Plan paycheck deductions will increase \$6–20 per year depending on the number of dependents covered.

### Health Savings and Flexible Spending Accounts (HSAs\* and FSAs)

- 2018 HSA maximum contributions will increase from \$3,400 to \$3,450 for employee-only coverage and from \$6,750 to \$6,900 for family coverage, thus enabling you to maximize your pre-tax dollars and build your savings for future healthcare expenses. The catch-up rule allows those employees ages 55 and older the ability to contribute an additional \$1,000 per year above the maximum.
- Health FSAs and Limited Use Health FSAs (for those enrolled in an HDHP) will have a new annual maximum contribution of \$2,600.

### Other Benefit Changes

- For all Anthem, Cigna, and Connected Care plans, you have an annual in- and out-of-network combined wig allowance of \$3,000; coverage is for hair loss resulting from disease or treatment of certain medical conditions.
- Anthem reimbursement for out-of-network facilities will be paid at the Maximum Allowed Amount. For those who use out-of-network facilities, your out-of-pocket costs may increase in 2018.

LEARN MORE ABOUT ALL YOUR  
AMAZING BENEFITS FROM CIRCUIT,  
GOTO/BENEFITS

## GET THE HELP YOU NEED

### Call the Intel Health Benefits Center:

877-GoMyBen (466-9236), Monday–Friday,  
6 a.m.–6 p.m. Pacific Time.

### Visit My Health Benefits:

<http://goto.intel.com/myhealthbenefits> when  
logged on at Intel and at [intel.com/go/myben](http://intel.com/go/myben)  
for access from home.

### Circuit:

Employees can select Annual Enrollment  
under Popular Links or simply type in  
[goto/annualenrollment](http://goto/annualenrollment) for additional  
resources including Ask Ivy, Ask Vote  
Answer, and Inside Blue.

# WHAT DO I NEED TO DO?

Between Oct. 23–Nov.10, 2017

- Log on to **My Health Benefits** (<http://goto.intel.com/myhealthbenefits> when logged on at Intel)—from Circuit, find in Popular Links in left navigation or search for My Health Benefits; from the Internet, go to [intel.com/go/myben](http://intel.com/go/myben)—then:

– **Re-elect pre-tax savings plans and choose contribution amounts for:**

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

In addition, you may:

- **Add or drop** dependents from your coverage.
- **Make changes** to your health, dental, vision, life insurance, Accidental Death and Dismemberment (AD&D), short-term disability, and Hyatt Legal Plan.
- **Enroll** in the Pre-tax Commuter Benefit Program where you can withhold up to \$255 per month for mass transit and up to \$255 per month for parking. You can enroll at any time during the year.
- Visit the **MetLife website** [mybenefits.metlife.com](http://mybenefits.metlife.com) to enroll in voluntary benefits such as critical illness insurance, auto, and home coverage.

- Validate or update life insurance beneficiary information for all of your life insurance plans including Basic Life, Supplemental Life, AD&D, Supplemental AD&D, and Business Travel.

## What if I don't make any changes during Annual Enrollment?

While it is important for you to review the plan information and make your decisions for 2018, if you don't make any changes during the annual enrollment period, the following will occur:

- The health, dental, and vision plan you and your dependents are currently enrolled in will remain the same for 2018; the same is true for your life insurance, AD&D, voluntary benefits, and short-term disability coverage.
- Your HSA, Health FSA, Limited Use Health FSA, and DCAP contributions will stop at the end of 2017.

## CONSIDER CONNECTED CARE FOR YOUR HEALTHCARE NEEDS

Connected Care is available in Oregon, Arizona, New Mexico and Northern California and provides healthcare to more than 30% of our employees and their families with 91% satisfaction. Here are some of the wins experienced by employees enrolled in Connected Care:

- High-touch, concierge-style services and care coordination that translates to less stress and time spent navigating your healthcare experience
- Lower deductibles and out-of-pocket maximums compared to other plans
- Increased use of primary care focused on preventive care and keeping you well
- Improved management of chronic conditions and depression with certain medications covered at no cost
- Dedicated teams focused on keeping you and your family healthy and happy
- Quicker access to care and more than 90% enrolled staying in Connected Care
- Continuous improvements to the healthcare model and services

**This is our fourth year offering Connected Care Kaiser and Connected Care Providence to employees in Oregon.** We are confident the Connected Care commitment will continue to be

realized, including cost savings. You may save an additional 2–6 month's premium if you convert from the Cigna PCP to Connected Care Providence PCP or Connected Care Kaiser Copay option. If you change from the Cigna PCP to Connected Care HDHP, the savings may translate to more than \$1,000 per year for employee only and nearly \$4,000 annual savings for family coverage. To see if your providers are "in network," contact the Connected Care Concierge Team at Providence or Kaiser directly.

### Choose from Two Great Networks

At **Kaiser Permanente**, you can see your doctor, get a lab test, and pick up your prescriptions—all in a single trip. Kaiser features 3,800+ providers to coordinate your care with a highly integrated system. Extras include a mobile app and scheduled phone or video visit to get care when and where you need it.

Call 844-533-2885 (option 1), M–F, 8 a.m.–5 p.m. or visit [my.kp.org/connectedcare](http://my.kp.org/connectedcare).

**Providence Health & Services** offers access to more than 5,000 providers and facilities within its network. This includes Providence ExpressCare Clinics located near where you live and work or ExpressCare Virtual where you can see a provider in minutes from your smartphone, tablet, or computer.

Call 503-574-5100 or 855-210-1590, M–F, 8 a.m.–6 p.m. or visit [providenceoregon.org/intel](http://providenceoregon.org/intel).

# HEALTH PLAN COMPARISONS FOR OREGON

This table summarizes categories and plans, including the main features and amounts you would pay.

	High Deductible Health Plan (HDHP)	Primary Care Plus (PCP)	Copay
<p><b>Provider choice:</b> Receive the highest level of coverage when using providers who are part of the network.</p>	<ul style="list-style-type: none"> <li>• Connected Care Kaiser HDHP</li> <li>• Connected Care Providence HDHP</li> <li>• Anthem Blue Cross HDHP</li> <li>• Cigna HDHP</li> </ul>	<ul style="list-style-type: none"> <li>• Connected Care Providence PCP</li> <li>• Cigna PCP <i>Closed to new enrollees; Cigna PCP will be eliminated in 2019</i></li> </ul>	<ul style="list-style-type: none"> <li>• Connected Care Kaiser Copay</li> </ul>
<p><b>What you pay:</b> For each plan option, you will be responsible for a deductible, coinsurance, and/or copayment.</p> <p>In-network preventive care is covered at 100% under all plans.</p> <p><b>For HDHPs:</b> First you pay a deductible. Once you have met your deductible, you pay coinsurance for services and prescriptions.</p>	<p><b>CONNECTED CARE HDHP</b></p> <p><b>Annual deductible:</b></p> <ul style="list-style-type: none"> <li>• Employee only: \$1,350</li> <li>• Employee &amp; child(ren): \$2,700</li> <li>• Employee &amp; spouse: \$3,375</li> <li>• Employee &amp; spouse &amp; child(ren): \$3,375</li> </ul> <p><b>Coinsurance:</b></p> <ul style="list-style-type: none"> <li>• <b>In-network:</b> 5%</li> <li>• <b>Out-of-network:</b> 40%; reimbursement limits apply</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Prescription drugs covered at 100% for certain conditions</li> </ul> <hr/> <p><b>ANTHEM BLUE CROSS HDHP/CIGNA HDHP</b></p> <p><b>Annual deductible:</b></p> <ul style="list-style-type: none"> <li>• Employee only: \$1,495</li> <li>• Employee &amp; child(ren): \$3,000</li> <li>• Employee &amp; spouse: \$3,755</li> <li>• Employee &amp; spouse &amp; child(ren): \$3,755</li> </ul> <p><b>Coinsurance:</b></p> <ul style="list-style-type: none"> <li>• <b>In-network:</b> 10%</li> <li>• <b>Out-of-network:</b> 40%; reimbursement limits apply</li> </ul>	<p><b>CONNECTED CARE PROVIDENCE PCP</b></p> <p><b>In-network care copayments:</b></p> <ul style="list-style-type: none"> <li>• \$10 per primary provider visit</li> <li>• Prescription drugs: \$10 generic, \$20 formulary, or \$35 non-formulary</li> </ul> <p><b>Annual deductible for all other care (including lab work):</b></p> <ul style="list-style-type: none"> <li>• Employee only: \$250</li> <li>• Family: \$500</li> </ul> <p><b>Coinsurance:</b></p> <ul style="list-style-type: none"> <li>• <b>In-network:</b> 5%</li> <li>• <b>Out-of-network:</b> 40%; reimbursement limits apply</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Prescription drugs covered at 100% for certain conditions</li> </ul> <hr/> <p><b>CIGNA PCP</b></p> <p><b>In-network care copayments:</b></p> <ul style="list-style-type: none"> <li>• \$15 per primary provider visit</li> <li>• Prescription drugs: \$10 generic, \$20 formulary, or \$35 non-formulary</li> </ul> <p><b>Annual deductible for all other care (including lab work):</b></p> <ul style="list-style-type: none"> <li>• Employee only: \$500</li> <li>• Family: \$1,000</li> </ul> <p><b>Coinsurance:</b></p> <ul style="list-style-type: none"> <li>• <b>In-network:</b> 10%</li> <li>• <b>Out-of-network:</b> 40%; reimbursement limits apply</li> </ul>	<p><b>CONNECTED CARE KAISER COPAY</b></p> <p><b>In-network care copayments:</b></p> <ul style="list-style-type: none"> <li>• \$10 per primary provider visit</li> <li>• \$25 per specialist visit</li> <li>• \$50 per urgent care visit</li> <li>• \$100 per emergency room visit or outpatient surgery</li> <li>• \$250 per hospital stay</li> <li>• Prescription drugs: \$10 generic, \$20 formulary, or \$35 non-formulary</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Prescription drugs covered at 100% for certain conditions</li> </ul> <p><b>Out-of-network:</b></p> <ul style="list-style-type: none"> <li>• \$250 for employee only</li> <li>• \$750 for family coverage then 40%; reimbursement limits apply</li> </ul>
<p><b>You're protected by:</b> The out-of-pocket maximum. This is the maximum annual amount you would pay out-of-pocket for in-network care (does not include paycheck deductions).</p> <p>All plan options pay 100% for all remaining eligible in-network costs you incur.</p>	<p><b>CONNECTED CARE HDHP</b></p> <ul style="list-style-type: none"> <li>• Employee only: \$2,100</li> <li>• Employee &amp; child(ren): \$4,200</li> <li>• Employee &amp; spouse: \$5,000</li> <li>• Employee &amp; spouse &amp; child(ren): \$5,000</li> </ul> <hr/> <p><b>ANTHEM BLUE CROSS HDHP/CIGNA HDHP</b></p> <ul style="list-style-type: none"> <li>• Employee only: \$2,245</li> <li>• Employee &amp; child(ren): \$4,485</li> <li>• Employee &amp; spouse: \$5,555</li> <li>• Employee &amp; spouse &amp; child(ren): \$5,555</li> </ul>	<p><b>CONNECTED CARE PROVIDENCE PCP</b></p> <ul style="list-style-type: none"> <li>• Employee only: \$1,500</li> <li>• Family: \$3,000</li> </ul> <hr/> <p><b>CIGNA PCP</b></p> <ul style="list-style-type: none"> <li>• Employee only: \$1,500</li> <li>• Family: \$3,000</li> </ul>	<p><b>CONNECTED CARE KAISER COPAY</b></p> <ul style="list-style-type: none"> <li>• Employee only: \$1,500</li> <li>• Family: \$3,000</li> </ul>
<p><b>Health accounts:</b> You can enroll in these accounts to help pay for your out-of-pocket healthcare expenses with pre-tax dollars (such as deductibles, coinsurance, and copayments).</p>	<p><b>Health Savings Account (HSA)*:</b> 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.</p> <p><b>Annual contribution limits are:</b></p> <ul style="list-style-type: none"> <li>• Employee only: \$3,450</li> <li>• Family: \$6,900</li> <li>• Age 55+ can contribute an additional \$1,000</li> </ul> <p><b>Limited Use Health FSA:</b> Those enrolled in an HDHP and with an HSA can use funds to pay for your eligible out-of-pocket <b>dental and vision</b> expenses only. Up to \$500 will carry over for use in the following year. Any unused amounts over \$500 will be forfeited.</p> <p><b>Annual contribution limit is:</b> \$2,600</p>	<p><b>Health FSA:</b> 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.</p> <p><b>Annual contribution limit is:</b> \$2,600</p>	

# HEALTH, DENTAL, AND VISION PLAN ANNUAL PAYCHECK DEDUCTIONS

This table shows how much will be deducted from your paycheck for 2018, depending on your plan and eligible dependents you cover. Costs represent your annual cost. To determine your cost per paycheck, divide the annual rate by 24 if you are an exempt employee. Divide by 26 if you are a non-exempt employee.

Plan	Year	You Only	You & 1 Child	You & 2 Children	You & 3 or More Children	You & Spouse	You, Spouse & 1 Child	You, Spouse & 2 Children	You, Spouse & 3 or More Children
<b>Oregon Connected Care Plans – No cost increases for 2018</b>									
Connected Care Kaiser HDHP	2018	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Connected Care Kaiser Copay	2018	\$648	\$2,076	\$2,412	\$3,192	\$3,096	\$3,888	\$4,692	\$5,712
Connected Care Providence HDHP	2018	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Connected Care Providence PCP	2018	\$648	\$2,076	\$2,412	\$3,192	\$3,096	\$3,888	\$4,692	\$5,712
<b>National Plans</b>									
Anthem Blue Cross HDHP	2018	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cigna HDHP	2018	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Cigna PCP <i>Closed to new enrollees; Cigna PCP will be eliminated in 2019</i>	2018	\$1,428	\$2,724	\$4,152	\$5,160	\$5,448	\$6,876	\$8,292	\$9,300
	2017	\$1,335	\$2,547	\$3,891	\$4,836	\$5,103	\$6,438	\$7,761	\$8,703
<b>Global Plan (available only to employees on expatriate assignment)</b>									
Aetna International (AI)	2018	\$408	\$1,176	\$1,560	\$1,932	\$1,920	\$2,604	\$2,928	\$3,216
	2017	\$378	\$1,101	\$1,458	\$1,812	\$1,800	\$2,436	\$2,742	\$3,012
<b>Dental Plans</b>									
Delta Dental (Intel Dental Plan)	2018	\$0	\$122	\$220	\$343	\$245	\$343	\$453	\$600
	2017	\$0	\$120	\$216	\$336	\$240	\$336	\$444	\$588
Kaiser Permanente (OR)	2018	\$122	\$269	\$404	\$428	\$392	\$526	\$673	\$698
	2017	\$120	\$264	\$396	\$420	\$384	\$516	\$660	\$684
<b>Vision Plans</b>									
VSP Basic Vision	2018	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
VSP Vision Plus	2018	\$96	\$120	\$132	\$168	\$180	\$216	\$228	\$252
	2017	\$90	\$110	\$124	\$150	\$170	\$196	\$210	\$236

## LEAST/MOST YOU'LL PAY

Medical Plan for 2018	The Least You Will Pay assuming you receive 100% of your care in-network (Paycheck Deductions)				The Most You Will Pay assuming you receive 100% of your care in-network (Paycheck Deductions plus OOP Maximum)			
	You Only	You & 1 Child	You & Spouse	You, Spouse & 3 or More Children	You Only	You & 1 Child	You & Spouse	You, Spouse & 3 or More Children
Connected Care Kaiser HDHP & Connected Care Providence HDHP	\$0	\$0	\$0	\$0	\$2,100	\$4,200	\$5,000	\$5,000
Anthem Blue Cross HDHP & Cigna HDHP	\$0	\$0	\$0	\$0	\$2,245	\$4,485	\$5,555	\$5,555
Connected Care Kaiser Copay & Connected Care Providence PCP	\$648	\$2,076	\$3,096	\$5,712	\$2,148	\$5,076	\$6,096	\$8,712
Cigna PCP <i>Closed to new enrollees; Cigna PCP will be eliminated in 2019</i>	\$1,428	\$2,724	\$5,448	\$9,300	\$2,928	\$5,724	\$8,448	\$12,300

\* HSA is not an Intel-sponsored benefit; eligibility requirements apply, and contribution limits are set by the IRS.

# 2018 ANNUAL ENROLLMENT OCT. 23 – NOV. 10, 2017

This 2018 Annual Enrollment Guide is intended to be a Summary of Material Modifications to your benefit plans. The information provided here is a summary of your benefits. In the event of any discrepancy between the information in this guide and the 2018 Pay, Stock and Benefits Handbook (PSBH), the 2018 PSBH will prevail. For a copy of the current PSBH, from Circuit search Pay, Stock and Benefits Handbook. PSBH updates will be available in Q1 2018. Intel reserves the right to modify, change, or discontinue any benefit provided under PSBH, at its sole discretion. 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.

