



2018 ANNUAL ENROLLMENT

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U.S. EMPLOYEE GUIDE

Understand important changes to optimize your benefits

October 23 - November 10, 2017

Choices take effect January 1, 2018

[JUMP TO COMPARISON CHARTS](#)





AMAZING WORKS HERE

2018 ANNUAL ENROLLMENT FOR U.S.

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.

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

Your choices take effect
January 1, 2018

2018 ANNUAL ENROLLMENT CHANGES

For the last few years, we have held costs flat or passed on low single-digit increases by making targeted changes to encourage cost-efficient care. But for 2018, healthcare costs continue to be on the rise, requiring us to pass along 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 nearly twice the total cost per employee than our Cigna and Anthem Blue Cross High Deductible Health Plans (HDHPs), 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.



Cost Increases to Health Plan 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 DeltaCare DHMO paycheck deductions will increase \$1–12 per year depending on the number of dependents covered. Employee-only coverage for both plans will remain at no cost.
- Delta Dental standard coverage will change from two routine exams 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, 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 and Cigna 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.

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—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 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.

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.

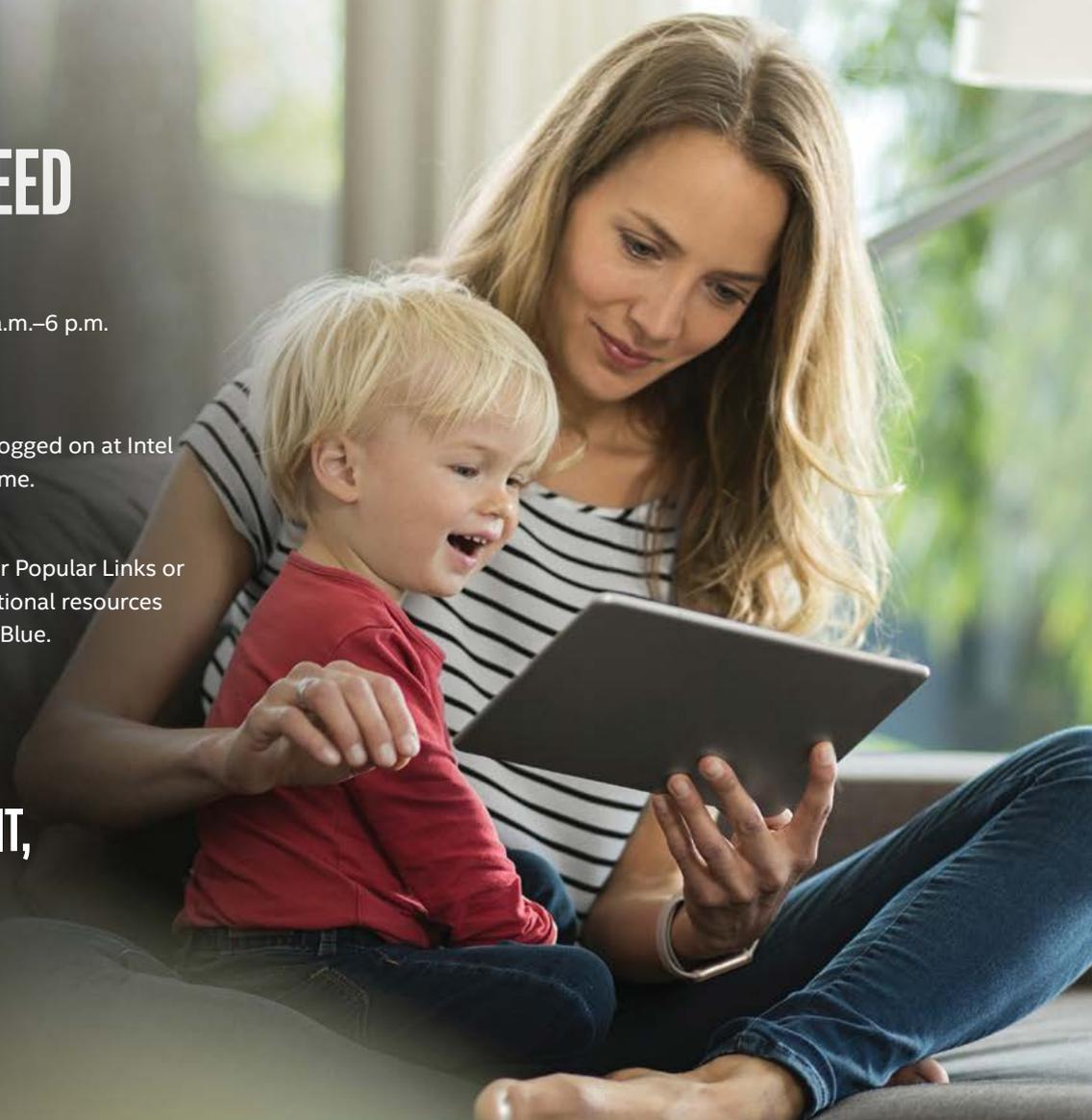
Visit My Health Benefits:

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

Circuit:

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

LEARN MORE ABOUT ALL YOUR
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GOTO/BENEFITS



HEALTH PLAN COMPARISONS FOR U.S.

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

	High Deductible Health Plan (HDHP)	Primary Care Plus (PCP)	Health Maintenance Organization (HMO)
<p>Provider choice: Receive the highest level of coverage when using providers who are part of the network.</p>	<ul style="list-style-type: none"> • Anthem Blue Cross HDHP • Cigna HDHP 	<ul style="list-style-type: none"> • Cigna PCP <i>Closed to new enrollees; Cigna PCP will be eliminated in 2019</i> 	<ul style="list-style-type: none"> • Kaiser Permanente HMO* (CA)
<p>What you pay: 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>For HDHPs: First you pay a deductible. Once you have met your deductible, you pay coinsurance for services and prescriptions.</p>	<p>Annual deductible:</p> <ul style="list-style-type: none"> • Employee only: \$1,495 • Employee & child(ren): \$3,000 • Employee & spouse: \$3,755 • Employee & spouse & child(ren): \$3,755 <p>Coinsurance:</p> <ul style="list-style-type: none"> • In-network: 10% • Out-of-network: 40%; reimbursement limits apply 	<p>In-network care copayments:</p> <ul style="list-style-type: none"> • \$15 per primary provider visit • Prescription drugs: \$10 generic, \$20 formulary, or \$35 non-formulary <p>Annual deductible for all other care (including lab work):</p> <ul style="list-style-type: none"> • Employee only: \$500 • Family: \$1,000 <p>Coinsurance:</p> <ul style="list-style-type: none"> • In-network: 10% • Out-of-network: 40%; reimbursement limits apply 	<p>In-network care copayments:</p> <ul style="list-style-type: none"> • \$15 per primary provider visit • \$35 per specialist visit • \$100 per emergency room visit • \$250 per hospital stay • Prescription drugs: \$10 generic and \$20 formulary (30-day supply) <p>Out-of-network:</p> <ul style="list-style-type: none"> • Emergency coverage only
<p>You're protected by: The out-of-pocket maximum. This is the maximum annual amount you would pay out-of-pocket for in-network care (does not include paycheck deductions).</p> <p>All plan options pay 100% for all remaining eligible in-network costs you incur.</p>	<ul style="list-style-type: none"> • Employee only: \$2,245 • Employee & child(ren): \$4,485 • Employee & spouse: \$5,555 • Employee & spouse & child(ren): \$5,555 	<ul style="list-style-type: none"> • Employee only: \$1,500 • Family: \$3,000 	<ul style="list-style-type: none"> • Employee only: \$1,500 • Family: \$3,000
<p>Health accounts: 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>Health Savings Account (HSA)*: 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>Annual contribution limits are:</p> <ul style="list-style-type: none"> • Employee only: \$3,450 • Family: \$6,900 • Age 55+ can contribute an additional \$1,000 <p>Limited Use Health FSA: Those enrolled in an HDHP and with an HSA can use funds to pay for your eligible out-of-pocket dental and vision expenses only. Up to \$500 will carry over for use in the following year. Any unused amounts over \$500 will be forfeited.</p> <p>Annual contribution limit is: \$2,600</p>	<p>Health FSA: 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>Annual contribution limit is: \$2,600</p>	

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

Your choices take effect January 1, 2018

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
National Plans									
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
Regional Plan (HMO)									
Kaiser Permanente HMO+ (CA)	2018	\$720	\$2,304	\$2,676	\$3,540	\$3,432	\$4,308	\$5,220	\$6,348
	2017	\$672	\$2,154	\$2,508	\$3,318	\$3,219	\$4,038	\$4,884	\$5,949
Global Plan (available only to employees on expatriate assignment)									
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
Dental Plans									
Delta Dental (Intel Dental Plan)	2018	\$0	\$122	\$220	\$343	\$245	\$343	\$453	\$600
	2017	\$0	\$120	\$216	\$336	\$240	\$336	\$444	\$588
DeltaCare DHMO (CA)	2018	\$0	\$49	\$110	\$135	\$73	\$135	\$184	\$208
	2017	\$0	\$48	\$108	\$132	\$72	\$132	\$180	\$204
Vision Plans									
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
Anthem Blue Cross & Cigna HDHP	\$0	\$0	\$0	\$0	\$2,245	\$4,485	\$5,555	\$5,555
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
Kaiser Permanente HMO+ (CA)	\$720	\$2,304	\$3,432	\$6,348	\$2,220	\$5,304	\$6,432	\$9,348

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

* Self-funded

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.

