2024 U.S. Benefits guide

Annual Enrollment
November 1 – 30, 2023

Enroll by Nov. 30, 2023 11:59 p.m. CT to change your coverage for 2024

Built for you

Micron benefits are designed to help you stay well, provide peace of mind and help you prepare for the future. That's a tall order, but we offer a lot, from excellent medical, dental and vision coverage, to plans that help protect your income if you are unable to work due to illness or injury.

Annual Enrollment occurs every November and is your limited-time opportunity to review your current benefits and make changes for the coming year. If you wish to make changes to your enrollment, waive/decline coverage for 2024, or enroll in a flexible spending account for 2024, you must complete your Annual Enrollment elections before the November 30 11:59 p.m. CT deadline.

This guide will remain posted throughout the year as a quick reference guide to your benefits for 2024. Official plan documents and detailed information are provided in the **2024 Benefits Handbook** and the medical plan Summary of Benefits & Coverage's (SBC). You may request a paper copy of the U.S. Benefits Guide, **Benefits Handbook** (including the summary plan descriptions included therein) and SBC. To request a paper copy, please contact Micron's Global People Services at 800.336.8918 or go to the alias **PeopleNow/** and search in the service catalog to submit an enquiry on **PeopleNow/**. If there is any conflict between the official plan documents and this guide, the official plan documents control.

Your current Micron elections do not require re-enrollment and will roll over for 2024, with the exception of flexible spending accounts. This is the time to review your elections and your covered dependent(s) to ensure you have the coverage that you want.

If you wish to make an enrollment election, you MUST complete all steps:

1. Review/update eligible dependents
2. By plan:
   a. Make your plan selection
   b. Select the dependents you wish to cover under each plan
3. Review your ENROLLMENT CONFIRMATION to ensure it represents your intended enrollments

Enroll here

From work: visit alias **enrollnow/**

From outside: log in to **enrollnow.micron.com** (using Micron's Authenticator)

Benefit changes for 2024

What's changing for 2024

- **Flexible Spending Account (FSA) roll over (Healthcare FSA and Limited Purpose FSA)**

  Beginning in 2024, FSA rollover up to $610 of unused Health Care or Limited Purpose FSA dollars automatically roll over to the following year. No action is needed to roll over up to $610. Amounts rolled over will need to be utilized by Dec. 31, of the following year. Any amount remaining after rollover will be forfeited. For example, $610 of unused 2024 Health Care FSA funds that are rolled over into 2025 must be used by December 31, 2025.

  Note: the maximum unused 2023 Health Care FSA funds that will roll over into 2024 is $570.

- **High deductible health plans increase in deductible**

  The IRS has increased the minimum deductible requirements for High Deductible Health Plans. To remain compliant with the rules, Micron's Plans will change accordingly. The increases across both High Deductible Plans will maintain the plan differential in deductible amounts and Out of Pocket Maximums between the Value HDHP and the Consumer Directed Health Plan.

	Value high deductible plan		Consumer directed value high deductible plan	
	In-network	Out-of-network	In-network	Out-of-network
Deductible				
Individual	$1,800 TM only	$3,600 TM only	$1,600 TM only	$3,100 TM only
Family	$3,600 TM + 1 or more	$7,200 TM + 1 or more	$3,200 TM + 1 or more	$6,200 TM + 1 or more
Out of pocket maximum				
Individual	$4,450 TM only	$8,050 TM only	$4,050 TM only	$8,050 TM only
Family	$6,950 TM + 1 or more	$16,100 TM + 1 or more	$6,950 TM + 1 or more	$16,000 TM + 1 or more

Benefit changes for 2024

- **Crossover health nearsite clinics in Silicon Valley no longer offered**

  After careful consideration and thorough cost evaluation, we will be discontinuing the Nearsite Crossover Health Clinics in the Silicon Valley for 2024. Eligible participants may utilize the Crossover Health Nearsite Clinics for services through December 31, 2023. Your Blue Cross Care Guide is here to support Micron participants with transition of care assistance. Care Guides can assist with locating new in-network provider options, transition of ongoing care and medical management needs. Please contact your Blue Cross Care Guide at mymicroncareguide@bcidaho.com or 1-833-865-3455 for information, guidance, or assistance.

  You can access your Crossover conversations, message the team, and schedule appointments until the end of December. When your membership expires, you will be able to review all past conversations, but you won't be able to create new ones or message the team. To obtain your Crossover Health records after December 31, please call 1-866-271-3589 from 8am-5pm PST, Monday through Friday.

  This change does not impact care or operations of the Boise Micron Family Health Center. Crossover Health will continue to provide services at the MFHC.

- **Hearing Aid benefit added to Value Medical Plans**

  The Value High Deductible Medical Plan and Value PPO Plan will now include a Hearing Aid benefit. This benefit allows you to purchase hearing aids from any retail provider or distributor. The plan will reimburse up to $300 per hearing aid for a maximum of two devices every three years. Important note for Value High Deductible Plan participants: Regulations for high deductible medical plans require that your deductible be met in full before you may receive this Hearing Aid reimbursable benefit.

- **Discontinue Smart Shopper**

  The Smart Shopper program through Blue Cross will no longer be available for services obtained after December 31, 2023. Participants that have "shopped" items must complete services by December 31, 2023 to receive rebates.

- **Change Health Savings Account (HSA) administrator from Flores to Fidelity became effective 10-1-2023**

  As a reminder, the Micron Health Savings Account administrator changed from Flores to Fidelity effective October 1, 2023. Team Members that did not "opt-in" to the group HSA transfer to Fidelity may continue to leave HSA funds under the administration of Flores, or transfer funds, at the team member expense, as desired. All Micron and team member HSA contributions after October 1, 2023 are directed to Fidelity.

- **Health Savings Account (HSA) minimum contribution**

  Beginning January 1, 2024, the minimum Health Savings Account team member contribution (if elected) will be $100. Team members are not required to contribute to the HSA to receive the Micron HSA Seed money.

- **Health Savings Account (HSA) maximum contribution limit increase**

	Team member contribution limit	Micron maximum contribution (seed + match	2024 total combined maximum contribution
Individual	$3,550	$600	$4,150
Family	$7,100	$1,200	$8,300

- **Flexible Spending Account (FSA) limits (Healthcare FSA and Limited Purpose FSA)**

2023	2024	Increase
$2,850	$3,050	$200

  The Day Care FSA limit remains $5,000 for 2024.

- **MFHC No-Show Policy Changing**

  The Boise onsite Micron Family Health Center (MFHC) No-Show policy is changing effective January 1, 2024. You must notify Crossover Health 24 hours prior to your scheduled appointment to avoid the No-Show penalty. All members will be afforded one No-Show Appointment free of charge. A $30 No-Show Fee will be charged upon a second instance of a No-Show and every instance thereafter. The $30 No-Show Fee is not a covered service or claim under your Micron insurance coverage. The No-Show fee is your responsibility and will not be applied to your Health Plan deductible or Out of Pocket maximum. You will be expected to pay the fee at your next appointment with the clinic.

Important reminders

- We cannot stress enough how critically important it is to **check your Enrollment Confirmation** following any enrollment activity. This is the final overview of the changes/enrollments you have made and your opportunity to identify any errors or misalignment in the benefit enrollments you intended to make. We estimate more than 80% of all enrollment appeals could have been eliminated if the team member had reviewed the Enrollment Confirmation or taken action based on missing or insufficient documentation emails. As a reminder, the enrollment process requires completion of ALL the following steps:
  1. Go to **enrollnow/** and select the appropriate Enrollment Event (such as Annual Enrollment or Initial Enrollment) or create a new life event (such as Birth, Marriage, Gain of Coverage Elsewhere, etc.)
  2. Enter/Review your dependent information ***NOTE:** this step does **NOT** add the dependent to coverage
  3. Make your enrollment entries (select your plans and add coverage for each dependent for each plan
  4. **Review your Enrollment Confirmation carefully and make any modifications necessary.**
  5. You must return to the **enrollnow/** system to upload any necessary supporting documents for the event and/or dependent within the deadline.
- You must re-enroll in a Day Care Flexible Spending Account and/or Health Care Flexible Spending Account each year. These FSA elections do not carry forward to the following year.
- Healthcare bi-weekly premiums generally change each year. It is important to review the premiums for the upcoming year and factor in premiums as you consider your plan elections.
- The Annual Enrollment window is the full month of November. You may access the enrollment system and make changes as often as you wish during the month of November. It is advised that you do not delay making your elections. By making your elections early in the window, you can avoid accidentally or inadvertently forgetting the deadline and missing your opportunity to make your Annual Enrollment elections. There are no extensions permitted for missing the Annual Enrollment window.
- When you enter a new dependent into the **enrollnow/** system, the action of entering their name, birth-date, relationship code, or even uploading required documentation does not add the dependent to coverage. You must continue through the enrollment process and select coverage for each dependent, for each Plan.
- If you are on an unpaid Leave of Absence, your benefits will continue uninterrupted, and your corresponding bi-weekly premiums will go into arrears. The premiums owed back to Micron will be withheld from your paycheck upon returning to work. Depending on your enrollments, the back payment of premiums may consume earnings from multiple paychecks.
- The Value High Deductible Health Plan for Team Member Only coverage, is available at a $0 bi-weekly premium. This plan is eligible for the Health Savings Account (HSA) which includes a team member only Micron seed of $125, and matching amount of $475. If you are currently enrolled in the Consumer Directed High Deductible Health Plan and wish to change to the Value High Deductible Health Plan or another health plan for 2024, you must make the change to the during Annual Enrollment. The Value High Deductible Health Plan is the default plan for newly hired Micron team members.
- Both High Deductible Health Plans are eligible for Health Savings Account (HSA) contributions from Micron. You must complete your Micron HSA election on or before October 31, 2024 to receive the 2024 Micron HSA contribution. Special Note regarding 2023 HSA contributions: If you have not already done so, you must initiate your Micron HSA banking activity on or before October 31, 2023 to receive the 2023 Micron HSA contribution.
- As a reminder, changes to 401(k) contributions and investments can be made at any time during the year by logging into your account at **www.401k.com** or by calling Fidelity at 1-800-835-5098. The following are Ways to Save in the RAM 401(k) Plan:
  - Want to maximize your savings? Consider contributing at least 5% of your pay in pretax and/or Roth contributions. Micron will match these contributions dollar for dollar up to 5% of your pay!

Important reminders

- Still have more money to save? Consider saving up to the IRS 401(k) deferral limit in any combination of pretax and/or Roth contributions. If you are age 50 or older, you may contribute an additional amount in pretax and/or Roth with a catch-up contribution.
- Still want to save even more? Micron has an after-tax contribution that allows you to save above the IRS 401(k) deferral limits (up to the IRS maximum annual contributions limit).
- Interested in building potentially more tax-free income? Consider the Roth In-Plan Conversion for your after-tax contributions.

- Review your 401(k) plan and life insurance plan beneficiaries and update if needed.
- No person can be covered more than once under a Micron Plan. For example: a married couple can enroll themselves and dependents under either team member, split enrollment for the family between team members, or enroll separately. However, it is not permitted to enroll as a team member and also be enrolled as a spouse under the other team member.
- It is it important to complete enrollments timely for all enrollment periods and midyear qualified events, and upload required documentation within the specified deadline. Please review the timelines, events and documentation requirements on **enrollnow/**, or **PeopleNow/**. If you fail to complete enrollment or upload required documentation within the specified deadlines, your enrollment/changes will be denied. It is important to carefully review the Enrollment Confirmation to ensure it reflects the coverage, and enrolled dependents, you intended.
- When making enrollment changes resulting from a qualified midyear event, you may add or remove yourself and/or the impacted dependents from your Plans, but you are not permitted to change your plans. The exception to this rule is for Micron employment relocations in which you change eligibility regions across the U.S. For example: a move from California to Minnesota will allow a Plan change because different plans are offered between the locations. A move from Texas to New York will not allow a Plan change because the same plans are offered in both locations.

Subrogation and balance billing

- The Plan may pay benefits for which another party is responsible. The Plan will generally pay benefits at the time claims are submitted; however, if another party is identified to be responsible for your claims and a settlement is reached at any time in the future, you are required to repay the Plan before distribution or retention of any settlement funds received. This policy protects Micron team members and covered dependents from having to pay for services at the time of the incident (without insurance) while awaiting litigation/settlement processes. When a settlement is reached it is your obligation to repay the Plan. More information on Micron's subrogation and reimbursement policy can be found in the "About Your Rights" section of the **Benefits Handbook.**
- Using In-Network providers is key to achieving the lowest cost possible for medical, dental, or vision services. In-Network providers will never charge you more than what the plan reimburses for a service. Remember, except as otherwise provided by the medical plan, you are responsible for all charges that exceed the maximum allowable amount for any service received from an out-of-network provider. This is called balance billing, and it is your responsibility to pay any excess amounts in addition to your portion of Out-of-Network costs according to your plan design. Note that federal law prohibits balance billing in some circumstances. See the Benefits Handbook regarding balance billing for emergency services provided at an out-of-network facility and non-emergency services provided by a non-contracting provider at an in-network provider facility.

Default enrollment

- **Default medical plan for new employees:** Newly hired and newly eligible team members, such as international transfer team members to the US, who fail to complete enrollment within the deadline will be enrolled into the Individual (team member only) Value High Deductible Health Plan, but the team member will not be automatically enrolled in the Health Savings Account (HSA). To obtain the 2024 Micron HSA contribution (seed and matching contribution), you must enroll and establish/initiate your HSA election prior to October 31, 2024.
- **Special note:** If you have not already done so, you must enroll in the HSA and establish your HSA bank account via the **enrollnow/** system prior to October 31, to receive the current year Micron HSA contribution (seed and matching contribution).

Important reminders

ID cards

- You will receive new Blue Cross medical and dental ID cards for 2024.
- You will receive new Delta Dental ID cards if you enroll in Delta Dental for 2024.
- New enrollments or changes to Kaiser HMO plans will generate a new ID card.
- Log on to your health plan website to download a copy of your ID card or request a new one anytime.
- As a reminder, VSP does not issue vision insurance cards. Participants simply mention Micron and provide the team member name and birth date to obtain services.

Telehealth benefits

- Telehealth benefits are provided exclusively by MD Live for participants of Micron High Deductible Medical Plans, and PPO Medical Plans. Kaiser HMO participants telehealth services are available via iVisit on the Kaiser member portal. Telehealth is a non covered service when obtained from out of network providers under the medical plans administered by Blue Cross or Kaiser.

Health Savings Account (HSA)

- Micron's contribution (seed and match) for 2024 is as follows:
  - **VALUE HDHP and CDHP**
    - **Single:** $600 - Micron seed $125, Match $475
    - **Family:** $1200 - Micron seed $250, Match $950
- If you are currently enrolled in the 2023 HSA and do not make an Annual Enrollment HSA election, your Annual Goal Amount as of December 31, 2023 will automatically roll over and become your 2024 Annual Goal Amount (provided you remain covered by a high deductible health plan).
- New enrollees in the HSA must initiate HSA election through Flores by October 31, 2024. If you fail to initiate this necessary election by the deadline, no team member or Micron contributions will be made to your 2024 HSA, and you must wait until 2025 to participate in the HSA.
- If you are enrolled in a Health Care Flexible Spending Account at any time during the calendar year, you are not eligible for the Health Savings Account (including Micron contributions) in that same calendar year.
- If you are enrolled in the Health Savings Account (including Micron Contributions), you may not enroll in the same year in the Health Care Flexible Spending Account, but you may enroll in the Limited Purpose Flexible Spending Account.

  Please be advised, the Limited Purpose Flexible Spending Account is available for dental and vision expenses only. It is not available for medical or prescription reimbursement.

Flexible Spending Accounts (FSAs)

- Remember, you MUST re-enroll in Flexible Spending Accounts each year. Flexible Spending Account enrollment elections do not carry forward.
- The maximum contribution limit for 2024 is $3,050 for Health Care FSA and Limited Purpose FSA.
- If you are enrolled in a Health Care Flexible Spending Account at any time during the calendar year, you are not eligible for the Health Savings Account (including Micron contributions) in that same calendar year (but see Limited Purpose Flexible Spending Account below).
- If you are enrolled in the Limited Purpose Flexible Spending Account, you are eligible for the Health Save Account. Please be advised, the Limited Purpose Flexible Spending Account is available for dental and vision expenses only. It is not available for medical or prescription reimbursement.

Premiums

- Carefully review the 2024 premiums included in this guide. Premiums typically change each year. 2024 Premiums will automatically be withheld from your paycheck in alignment with your 2024 enrollment elections, at the appropriate plans and dependent coverage levels.

Important reminders

Midyear life event enrollment

- With any midyear life events in 2024, you will only be able to make elections/changes for the effected dependent(s).
- When you initiate a midyear life event in 2024, you will not be able to make changes to your medical, dental or vision plans. The plans that you elect during Annual Enrollment will be in effect for 2024 (for example, if you elect the CDHP medical plan during Annual Enrollment and you get married or establish a domestic partnership in 2024, you will be able to add your spouse/domestic partner to your benefit plans, but you will not be able to change the plans).
- You must complete your midyear change enrollment and upload the required event and/or dependent documentation within the event deadlines (typically 60 days/31 days for Kaiser or Cigna). If you fail to complete your enrollment or upload the required and approved documentation within the deadline, the change will be denied.
- Review your confirmation carefully to ensure the enrollment is exactly as you had intended. Is the plan correct? Do all dependents have coverage? Was a dependent missed on one or more plans?

Enrollment tips

- Micron strongly encourages team members to follow the **enrollnow/** system through all steps. **Please review and confirm your benefit elections on the benefit summary/Enrollment Confirmation provided to you at the completion of the enrollment process. We simply cannot emphasize the importance of this step enough. This is your opportunity to make any adjustments in the enrollment to ENSURE your elections are as you intended.**
- There are no deadline extensions available for completing your elections in **enrollnow/**. New Hires/US Transfers must complete enrollment elections within 30 days. All US team members must complete Annual Enrollment elections by 11:59pm CT, November 30, 2023.
- Supporting documentation for newly added dependents and documentation required for midyear changes based on a Qualified Event will be required within 60 days of the event date. If you require additional time to supply the supporting documentation, you must request an extension by contacting the Global Services Team via the alias **PeopleNow/** and search in the service catalog to submit an applicable enquiry prior to your document deadline. It is your responsibility to review the dependents you have covered under your Micron plans to ensure they meet the definition of an eligible dependent. It is not permitted to continue coverage for dependents that no longer meet the eligibility requirements.

Blue Cross Care Guides

- Your specially trained personal care guide is there for you when you need them. Whether you need help finding high-quality care or just got a major diagnosis, your personal care guide will help make your healthcare journey easier so you can concentrate on you and your health.

  Care Guides can:

  - Answer questions about diagnoses, treatment plans or medications
  - Help you find high-quality, in-network doctors or specialists
  - Help communicate and coordinate care with doctors
  - Provide resources like transportation to appointments, home delivered meals, or other community-based services
- Please contact your Blue Cross Care Guide at **mymicroncareguide@bcidaho.com** or 1-833-865-3455 for information, guidance or assistance.

Time Off Plan (TOP) and holidays

- For more information on programs like the 2024 Holiday Calendar and TOP, visit **PeopleNow/**.

Medical

Overview

Medical coverage is one of your most important and valuable benefits. Your choices for 2024 medical coverage are based on the location of your Micron site. If you cover your eligible dependents, they will be covered by the medical plan you select, regardless of their physical location.

Regardless of which medical plan you choose, the Micron medical plans help you stay well by providing **100 percent coverage for in-network preventive care with no out-of-pocket cost to you,** and help you when you are not well by covering a portion of your costs.

There are tools available to help you determine which of the medical plans available in your area are the best fit for you and your family.

See the **medical plan comparison** for a side-by-side comparison of covered services and plan features.

From work: visit alias **enrollnow/**

From outside: log in to **enrollnow.micron.com** (using Micron's Authenticator)

The Value High Deductible Health Plan, and Consumer Directed High Deductible Plan are compatible with a Health Savings Account (HSA), provided you elect an HSA by October 31, 2024. In some cases, the HSA bank account set up requires additional information which must be provided to establish the account is activated successfully. The HSA is a special account that you can use to help pay your share of health care expenses, such as your deductible and coinsurance. See **the HSA section** for details.

The HSA is not available for team members enrolled in the PPO, Kaiser, or Cigna Plans, or have waived/decline Micron medical. The Health Care Flexible Spending Account is available for these medical plan enrollees and team members that have waived/decline medical plan coverage.

Enrollment default plans

Micron new hires, or newly eligible team members that fail to complete enrollment within the deadline will be enrolled in the Value High Deductible Health Plan without an HSA. Micron HSA contributions will not be made unless the new hire or newly eligible team member completes the HSA election by October. 31, 2024.

The Annual Enrollment deadline to make new enrollment elections is 11:59 p.m. CT Nov. 30, 2023.

Medical

Cost sharing

You and Micron share in the cost of medical coverage. On average, Micron covers approximately 80% of the overall cost of health care and team members cover approximately 20%. See the **premiums** page for your bi-weekly share of the cost for each plan. See the **cost compare** page for your share of the cost for services under each plan. Premiums typically increase each year as healthcare and pharmacy costs rise and coverage enhancements are implemented. Please review and consider the premiums as you consider your plan choices.

Reminder: If you do not make your Annual Enrollment elections before 11:59 p.m. CT Nov. 30, 2023, your 2023 medical elections will continue for 2024.

Provider networks

- The Value High Deductible Plan, Consumer Directed High Deductible Plan, Value PPO Plan, Idaho PPO Plan, and the PPO Plan use the Blue Cross Micron CDHP/PPO and/or Blue Shield PPO Network (national network) and the Blue Cross of Idaho PPO Network (in Idaho). Select the Micron CDHP/PPO option in the provider search engine on **bcidaho.com.**
- The Kaiser HMO plans offer in-network coverage only from Kaiser Permanente Providers and Hospitals, except for emergency or urgent care. For routine care, you must use the providers and facilities affiliated with Kaiser Permanente for your costs to be covered.

If you receive services from a non-contracting provider, you may be responsible for all charges billed. The values indicated in the Medical Plan do not include any non-contracting provider fees that exceed maximum allowable charges. A non-contracting provider "balance billing" means you are responsible to pay a significantly higher cost for services compared to services obtained from a contracting, or in-network, provider.

Reminder: Team members and dependents enrolled in Micron medical plans are also eligible to utilize the Micron Family Health Center in Boise, ID. Kaiser HMO participants or team members that have waived/declined Micron medical coverage are not eligible to utilize the Micron Family Health Center.

Pharmacy

Pharmacy coverage is included in all medical plans. Kaiser HMO Plans include Kaiser Pharmacy coverage. Pharmacy benefits for all other Micron medical plans will be administered by Blue Cross of Idaho Rx and amounts you pay will be credited to your out-of-pocket maximum under the medical plan. Additional detailed information, such as mail order instruction and pre-authorization information, is on Blue Cross, Kaiser, and Cigna participant portal pages and posted on **PeopleNow/**.

Common to all medical plans

- Preventive drugs are covered at 100%. A list of preventive drugs is available on the Blue Cross of Idaho, Kaiser and Cigna websites. You are responsible for amounts exceeding maximum allowable charges for preventive drugs obtained out of network. Kaiser participants are required to utilize Kaiser pharmacies.
- Unlimited lifetime maximum benefit.
- Out-of-pocket maximums include the deductible and coinsurance.
- ER visits – The extra emergency room copay is waived if you are admitted to the hospital.
- You are responsible for all non-contracting provider charges that exceed plan design and the maximum allowable value for all services.
- If you receive non-emergency out-of-network services, you may be responsible for any costs above the maximum allowable charge. You should always confirm that a provider is in-network even if you are being treated in a facility that is in-network. **See the Benefits Handbook regarding balance billing for emergency services provided at an out-of-network facility and non-emergency services provided by a non-contracting provider at an in-network provider facility.**
- **Kaiser HMO participants**, please note, the HMO Plan requires the use of Kaiser in-network providers. In most cases there is no coverage provided for out-of-network care. Kaiser requires referrals for emergency out-of-network services.

Medical

2024 HSA contributions

Value High Deductible Health Plan (VHDP) and Consumer Directed High Deductible Medial Plan (CDHP)

- **Team member-only coverage:** $125 Micron contribution then $1 for $1 match of your contribution up to maximum match of $475 annually, for a total Micron contribution of $600 (initial seed contribution plus match).
- **If you cover dependents:** $250 Micron contribution then $1 for $1 match up to maximum match of $950 annually, for a total Micron contribution of $1,200 (initial seed contribution plus match).

Note: If you have not finalized your HSA election and set up by October 31, 2024, no Micron contributions or team member contributions will be made to your HSA for the 2024 plan year.

The annual federal limits for HSA accounts include contributions to all HSA accounts you may have. This includes employer and employee contributions. It is your responsibility to monitor total annual contributions to your HSA account(s). The annual limits for 2024 are $4,150 for individuals with team member only coverage and $8,300 for individuals with family coverage. Team members age 55 and older may make HSA Catch Up contributions of up to $1,000. Any over-contribution is the responsibility of the team member to report and reconcile through individual IRS tax filing.

Galleri multi-cancer early detection testing

Team members are automatically enrolled in the Galleri early cancer detection benefit when you are enrolled in a Micron medical plan. This benefit does not require a separate election in enrollnow.

The Galleri early cancer detection benefit is available to all Micron US team members over age 50 (or team members over age 35 with certain self-reported health history indicators) enrolled in a Micron medical plan. Eligibility for team members age 39 – 49 is at the sole discretion of Grail/Galleri health professionals. Micron is not informed or have knowledge of individual team members test completion or test outcomes. The Galleri test is not available to dependents.

Through a simple blood screen, Galleri can detect more than 50 types of cancer, at very early stages, and predict where in the body the cancer is located with high accuracy. Early detection provides the opportunity to begin cancer treatment in very early stages and often before symptoms are present.

How to get a test kit

- Access **galleri.com/micron** to register and request a Galleri test. You will need to create an account and enter your Access ID (Micron employee number), name and date of birth.
- Once your account is reviewed, you will schedule a blood draw at one of GRAIL's blood draw partners and they will ship you a Galleri collection kit for your appointment. The trained technician that draws your blood sample will ship the kit back to the GRAIL lab.
- You'll receive your test results about 2 weeks after your blood draw.
- If you are a Micron team member covered under your Micron spouse's coverage, create a PeopleNow/case to request a special authorization code.

The Galleri test is provided at no cost to team members ONLY when obtained through the Micron/ Galleri authorized site **galleri.com/micron**.

The Galleri Test is not covered in part or in full under the Micron medical plans. Team members are responsible for the full cost of the test when obtained via any other means (such as doctor's office, by referral, pharmacy, community clinic, etc.)

Medical

Idaho

Folsom, San Jose, Manassas, Longmont and Atlanta

All other U.S. locations

Medical plan comparisons

Your Medical Plan eligibility is based on your Micron work location on record. The tables on the next few pages compare medical coverage choices for different Micron U.S. sites.

Please note: The no-cost medical plan for team member-only coverage is the Value High Deductible Medical Plan.

These tables are intended for high-level comparisons. For details on each plan, please refer to the Benefits Handbook and SBCs posted on PeopleNow/ posted on November 1, 2023.

2024 Idaho medical plan comparison

	Value High Deductible Plan		Consumer Directed High Deductible Plan		Value PPO		Idaho PPO Plan	
	In-network	**Out-of-network***	**In-network**	**Out-of-network***	**In-network**	**Out-of-network***	**In-network**	**Out-of-network***
Micron HSA Contribution (if HSA elected)								
Individual	**$125** Seed + **$475** Match = **$600**		**$125** Seed + **$475** Match = **$600**		Not eligible for HSA		Not eligible for HSA	
Family	**$250** Seed + **$950** Match = **$1200**		**$250** Seed + **$950** Match = **$1200**					
Deductible								
Individual	**$1,800** EE only	**$3,600** EE only	**$1,600** EE only	**$3,100** EE only	**$900**	**$1,500**	**$200**	**$1,000**
Family	**$3,600** EE+1 or more	**$7,200** EE+1 or more	**$3,200** EE+1 or more	**$6,200** EE+1 or more	**$1,800**	**$3,000**	**$400**	**$2,000**
Out-of-pocket maximum								
Individual	**$4,450** EE only	**$8,050** EE only	**$4,050** EE only	**$8,050** EE only	**$3,000**	**$6,500**	**$2,000**	**$6,000**
Family	**$6,950** EE+1 or more	**$16,100** EE+1 or more	**$6,950** EE+1 or more	**$16,100** EE+1 or more	**$6,000**	**$12,000**	**$4,000**	**$12,000**
Coinsurance	**10%**	**45%**	**15%**	**40%**	**15%**	**45%**	**20%**	**40%**
Emergency room (waive if admitted)	**$150 copay** + deductible and coinsurance		**$100 copay** + deductible and coinsurance		**$150 copay** + deductible and coinsurance		**$100 copay** + deductible and coinsurance	
Office visit copay	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	**$35** for primary care **$50** for specialist	Deductible and coinsurance
Specialist office visit copay								
Outpatient surgery and hospital	**10%** after deductible	**45%** after deductible	**15%** after deductible	**40%** after deductible	**15%** after deductible	**45%** after deductible	**20%** after deductible	**40%** after deductible
Telehealth visits	**$45**	Not covered	**$45**	Not covered	**$45**	Not covered	**$20**	Not covered
Hearing aid benefit	Max benefit **$300** per aid	Max benefit **$300** per aid	Max benefit **$1200** per aid	Max benefit **$1200** per aid	Max benefit **$300** per aid	Max benefit **$300** per aid	Max benefit **$1200** per aid	Max benefit **$1200** per aid
Adoption benefit	Max benefit **$3,000**/yr **$12,000** lifetime	Max benefit **$3,000**/yr **$12,000** lifetime	Max benefit **$5,000**/yr **$20,000** lifetime	Max benefit **$5,000**/yr **$20,000** lifetime	Max benefit **$3,000**/yr **$12,000** lifetime	Max benefit **$3,000**/yr **$12,000** lifetime	Max benefit **$5,000**/yr **$20,000** lifetime	Max benefit **$5,000**/yr **$20,000** lifetime
Fertility benefit	Max benefit **$7,000**/yr **$20,000** lifetime	Not covered	Max benefit **$15,000**/ yr **$45,000** lifetime	Max benefit **$15,000**/yr **$45,000** lifetime	Max benefit **$7,000**/yr **$20,000** lifetime	Not covered	Max benefit **$15,000**/yr **$45,000** lifetime	Max benefit **$15,000**/yr **$45,000** lifetime
Chiropractic/acupuncture annual visit limit	18	18	25	25	18	18	25	25
Bariatric benefit	**10%** after deductible **$7,500** lifetime max	Not covered	**15%** after deductible **$10,000** lifetime max	**40%** after deductible **$10,000** lifetime max	**15%** after deductible **$7,500** lifetime max	Not covered	**20%** after deductible **$10,000** lifetime max	**40%** after deductible **$10,000** lifetime max
Micron Family Health Center eligible (Boise Main Site)	Yes		Yes		Yes		Yes	
Pharmacy								
Separate Pharmacy Individual Deductible	**N/A**		**N/A**		**$100**		**N/A**	
Separate Family Deductible	**N/A**		**N/A**		**$200**		**N/A**	
Preventive	**$0 - No cost**		**$0 - No cost**		**$0 - No cost**		**$0 - No cost**	
Generic	**$10 copay** after deductible		**$10 copay** after deductible		**$10 copay** after deductible		**$10 copay**	
Formulary brand	**20%** ($100 max) after deductible		**15%** ($75 max) after deductible		**20%** ($100 max) after deductible		**15%** ($75 max)	
Brand non-formulary	**40%** ($150 max) after deductible		**35%** ($125 max) after deductible		**40%** ($150 max) after deductible		**35%** ($125 max)	
Specialty drugs	**25%** ($275 max) after deductible	Not covered	**20%** ($250 max) after deductible	Not covered	**25%** ($275 max) after deductible	Not covered	**20%** ($250 max)	Not covered
* Specialty drugs eligible for Cost Relief Program (CRP)	Not eligible	Not eligible	Not eligible	Not eligible	Participating in CRP = **$0** coinsurance Non-Participating = **30%**	Not eligible	Participating in CRP = **$0** coinsurance Non-Participating = **30%**	Not eligible

This document is intended for high level comparison. For details on each plan, please refer to the Benefits Handbook and SBC's posted on PeopleNow/.

*In addition to the values indicated in this chart, participant is also responsible for all non-contracting provider charges that exceed the maximum benefit amount allowed by the Plan. These extra non-contracting charges are often known as balance billing. In-Network providers write off charges that exceed the maximum benefit amount and do not pass those costs on to participants.

Folsom, San Jose, Manassas, Longmont, and Atlanta 2024 medical plan comparison

	Value High Deductible Plan		Consumer Directed High Deductible Plan		Value PPO		PPO Plan		Kaiser Permanente HMO San Jose, Folsom, Manassas, Longmont, and Atlanta sites only**
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network only (Kaiser HMO Provider Network)
Micron HSA contribution (if elected)									
Individual	**$125** Seed + **$475** Match = **$600**		**$125** Seed + **$475** Match = **$600**		Not eligible for an HSA		Not eligible for an HSA		Not eligible for an HSA
Family	**$250** Seed + **$950** Match = **$1200**		**$250** Seed + **$950** Match = **$1200**						
Deductible									
Individual	**$1,800** EE Only	**$3,600** EE Only	**$1,600** EE Only	**$3,100** EE Only	**$900**	**$1,500**	**$350**	**$1,000**	**None**
Family	**$3,600** EE+1 or more	**$7,200** EE+1 or more	**$3,200** EE+1 or more	**$6,200** EE+1 or more	**$1,800**	**$3,000**	**$700**	**$2,000**	**None**
Out-of-pocket maximum									
Individual	**$4,450** EE Only	**$8,050** EE Only	**$4,050** EE Only	**$8,050** EE Only	**$3,000**	**$6,500**	**$2,500**	**$6,000**	**$2,000**
Family	**$6,950** EE+1 or more	**$16,100** EE+1 or more	**$6,950** EE+1 or more	**$16,100** EE+1 or more	**$6,000**	**$12,000**	**$5,000**	**$12,000**	**$4,000**
Coinsurance	**10%**	**45%**	**15%**	**40%**	**15%**	**45%**	**20%**	**40%**	**None**
Emergency room (waive if admitted)	**$150 copay** + deductible and coinsurance		**$100 copay** + deductible and coinsurance		**$150 copay** + deductible and coinsurance		**$100 copay** + deductible and coinsurance		**$200**
Office visit copay	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	**$35** for primary care	Deductible and coinsurance	**$20 copay** for primary care
Specialist visit copay							**$50** for specialist		**$0 copay** for prenatal visits **$30 copay** for specialists
Telehealth visits	**$45**	Not covered	**$45**	Not covered	**$45**	Not covered	**$20**	Not covered	**$0**
Outpatient surgery	**10%** after deductible	**45%** after deductible	**15%** after deductible	**40%** after deductible	**15%** after deductible	**45%** after deductible	**20%** after deductible	**40%** after deductible	**$125 copay**
Hospital inpatient									**$250** per admission
Hearing aid benefit	Max benefit **$300** per aid	Max benefit **$300** per aid	Max benefit **$1200** per aid	Max benefit **$1200** per aid	Max benefit **$300** per aid	Max benefit **$300** per aid	Max benefit **$1200** per aid	Max benefit **$1200** per aid	**$1000** allowance
Adoption benefit	Max benefit, **$3,000**/yr **$12,000** lifetime	Max benefit, **$3,000**/yr **$12,000** lifetime	Max benefit, **$5,000**/yr **$20,000** lifetime	Max benefit, **$5,000**/yr **$20,000** lifetime	Max benefit, **$3,000**/yr **$12,000** lifetime	Max benefit, **$3,000**/yr **$12,000** lifetime	Max benefit, **$5,000**/yr **$20,000** lifetime	Max benefit, **$5,000**/yr **$20,000** lifetime	Not covered
Fertility benefit	Max benefit, **$7,000**/yr **$20,000** lifetime	Not covered	Max benefit, **$15,000**/yr **$45,000** lifetime	Max benefit, **$15,000**/yr **$45,000** lifetime	Max benefit, **$7,000**/yr **$20,000** lifetime	Not covered	Max benefit, **$15,000**/yr **$45,000** lifetime	Max benefit, **$15,000**/yr **$45,000** lifetime	**50%** coinsurance
Chiropractic/acupuncture annual visit limit	18	18	25	25	18	18	25	25	30
Bariatric benefit	**10%** after deductible **$7,500** lifetime max	Not covered	**15%** after deductible **$10,000** lifetime max	**40%** after deductible **$10,000** lifetime max	**10%** after deductible **$7,500** lifetime max	Not covered	**20%** after deductible **$10,000** lifetime max	**40%** after deductible **$10,000** lifetime max	**$250 per admission**
Eligible crossover near-site clinic (San Jose)	Yes		Yes		Yes		Yes		No
Pharmacy									
Separate pharmacy individual deductible	**N/A**		**N/A**		**$100**		**N/A**		**N/A**
Separate family deductible	**N/A**		**N/A**		**$200**		**N/A**		**N/A**
Preventive	**$0 – no cost**		**$0 – no cost**		**$0 – no cost**		**$0 – no cost**		**$0 – no cost**
Generic	**$10 copay** after deductible		**$10 copay** after deductible		**$10 copay** after deductible		**$10 copay**		**$15 copay**
Formulary brand	**20%** ($100 max) after deductible		**15%** ($75 max) after deductible		**20%** ($100 max) after deductible		**15%** ($75 max)		**$30 copay**
Brand non-formulary	**40%** ($150 max) after deductible		**35%** ($125 max) after deductible		**40%** ($150 max) after deductible		**35%** ($125 max)		**$60 copay**
Specialty drugs	**25%** ($275 max) after deductible	Not covered	**20%** ($250 max) after deductible	Not covered	**25%** ($275 max) after deductible	Not covered	**20%** ($250 max)	Not covered	**20%** subject to pre-approval
* Specialty drugs eligible for Cost Relief Program (CRP)	Not eligible	Not eligible	Not eligible	Not eligible	Participating in CPR = **$0** coinsurance Non-Participating = **30%** (**$275** max)	Not eligible	Participating in CPR = **$0** coinsurance Non-Participating = **30%** (**$275** max)	Not eligible	Not eligible

This document is intended for high level comparison. For details on each plan, please refer to the Benefits Handbook and SBC's posted on PeopleNow/.
*In addition to the values indicated in this chart, participant is also responsible for all non-contracting provider charges that exceed the maximum benefit amount allowed by the Plan. These extra non-contracting charges are often known as balance billing. In-Network providers write off charges that exceed the maximum benefit amount and do not pass those costs on to participants.
** Kaiser HMO plan design may vary slightly by location. See Kaiser Permanente HMO policy document for regional plan details.

2024 all other U.S. locations medical plan comparison (excludes: Idaho, San Jose, Folsom, Manassas, Longmont and Atlanta)

	Value High Deductible Plan		Consumer Directed High Deductible Plan		Value PPO		PPO Plan	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**
Micron HSA Contribution, if HSA elected								
Individual	**$125** Seed + **$475** Match = **$600**		**$125** Seed + **$525** Match = **$650**		Not eligible for an HSA		Not eligible for an HSA	
Family	**$250** Seed + **$950** Match = **$1200**		**$250** Seed + **$1050** Match = **$1300**					
Deductible								
Individual	**$1,800** EE Only	**$3,600** EE Only	**$1,600** EE Only	**$3,100** EE Only	**$900**	**$1,500**	**$350**	**$1,000**
Family	**$3,600** EE+1 or more	**$7,200** EE+1 or more	**$3,200** EE+1 or more	**$6,200** EE+1 or more	**$1,800**	**$3,000**	**$700**	**$2,000**
Out-of-pocket maximum								
Individual	**$4,450** EE Only	**$8,050** EE Only	**$4,050** EE Only	**$8,050** EE Only	**$3,000**	**$6,500**	**$2,500**	**$6,000**
Family	**$6,950** EE+1 or more	**$16,100** EE+1 or more	**$6,950** EE+1 or more	**$16,100** EE+1 or more	**$6,000**	**$12,000**	**$5,000**	**$12,000**
Coinsurance	**10%**	**45%**	**15%**	**40%**	**15%**	**45%**	**20%**	**40%**
Emergency room (waved if admitted)	**$150 copay** + deductible and coinsurance		**$100 copay** + deductible and coinsurance		**$150 copay** + deductible and coinsurance		**$100 copay** + deductible and coinsurance	
Office visit copay	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	Deductible and coinsurance	**$35** for primary care **$50** for specialist	Deductible and coinsurance
Specialist office visit copay								
Outpatient surgery and hospital	**10%** after deductible	**45%** after deductible	**15%** after deductible	**40%** after deductible	**15%** after deductible	**45%** after deductible	**20%** after deductible	**40%** after deductible
Telehealth visits	**$45**	Not covered	**$45**	Not covered	**$45**	Not covered	**$20**	Not covered
Hearing aid benefit	Max benefit **$300** per aid	Max benefit **$300** per aid	Max benefit **$1200** per aid	Max benefit **$1200** per aid	Max benefit **$300** per aid	Max benefit **$300** per aid	Max benefit **$1200** per aid	Max benefit **$1200** per aid
Adoption benefit	Max benefit **$3,000**/yr **$12,000** lifetime	Max benefit **$3,000**/yr **$12,000** lifetime	Max benefit **$5,000**/yr **$20,000** lifetime	Max benefit **$5,000**/yr **$20,000** lifetime	Max benefit **$3,000**/yr **$12,000** lifetime	Max benefit **$3,000**/yr **$12,000** lifetime	Max benefit **$5,000**/yr **$20,000** lifetime	Max benefit **$5,000**/yr **$20,000** lifetime
Fertility benefit	Max benefit **$7,000**/yr **$20,000** lifetime	Not covered	Max benefit **$15,000**/yr **$45,000** lifetime	Max benefit **$15,000**/yr **$45,000** lifetime	Max benefit **$7,000**/yr **$20,000** lifetime	Not covered	Max benefit **$15,000**/yr **$45,000** lifetime	Max benefit **$15,000**/yr **$45,000** lifetime
Chiropractic/acupuncture annual visit limit	18	18	25	25	18	18	25	25
Bariatric benefit	**10%** after deductible **$7,500** lifetime max	Not covered	**15%** after deductible **$10,000** lifetime max	**40%** after deductible **$10,000** lifetime max	**15%** after deductible **$7,500** lifetime max	Not covered	**20%** after deductible **$10,000** lifetime max	**40%** after deductible **$10,000** lifetime max
Pharmacy								
Separate pharmacy individual deductible	**N/A**		**N/A**		**$100**		**N/A**	
Separate family deductible	**N/A**		**N/A**		**$200**		**N/A**	
Preventive	**$0 - no cost**		**$0 - No cost**		**$0 - No cost**		**$0 - No cost**	
Generic	**$10 copay** after deductible		**$10 copay** after deductible		**$10 copay** after deductible		**$10 copay**	
Formulary brand	**20%** ($100 max) after deductible		**15%** ($75 max) after deductible		**20%** ($100 max) after deductible		**15%** ($75 max)	
Brand non-formulary	**40%** ($150 max) after deductible		**35%** ($125 max) after deductible		**40%** ($150 max) after deductible		**35%** ($125 max)	
Specialty drugs	**25%** ($275 max) after deductible	Not covered	**20%** ($250 max) after deductible	Not covered	**25%** ($275 max) after deductible	Not covered	**20%** ($250 max)	Not covered
* Specialty drugs eligible for Cost Relief Program (CPR)	Not eligible	Not eligible	Not eligible	Not eligible	Participating in CPR = **$0** coinsurance Non-Participating = **30%** (**$275** max)	Not eligible	Participating in CPR = **$0** coinsurance Non-Participating = **30%** (**$275** max)	Not eligible

This document is intended for high level comparison. For details on each plan, please refer to the Benefits Handbook and SBC's posted on PeopleNow/.

*In addition to the values indicated in this chart, participant is also responsible for all non-contracting provider charges that exceed the maximum benefit amount allowed by the Plan. These extra non-contracting charges are often known as balance billing. In-Network providers write off charges that exceed the maximum benefit amount and do not pass those costs on to participants.

Medical

Aggregated or embedded deductibles and out-of-pocket maximums

- An **aggregated** deductible applies when covering dependents with the Value High Deductible Plan, and Consumer Directed High Deductible Plan. The entire deductible must be met before the plan starts covering a percentage of the cost for any covered family member (even if it's met by one member of the family alone). The out-of-pocket maximums are also aggregated. The entire family out-of-pocket maximum must be met before the plan starts to pay 100% of covered services.
- The Value PPO, Idaho PPO, and PPO Plan have **embedded**, or per person, deductibles and out-of-pocket maximums. Each family member only needs to meet their individual deductible before the plan starts covering a percentage of the cost. If a family has only one person who has a lot of health care expenses, embedded (or individual) deductibles and out-of-pocket maximums can help reduce your out-of-pocket costs.
- The Kaiser HMO Plans have **embedded**, or per person, out-of-pocket maximums. (The HMO does not have deductibles.)

Medical

Medical premiums

The table below shows your biweekly cost for each of the medical choices for 2024. These premiums apply to full-time and part-time team members and interns.

Medical premiums per pay period (full-time, part-time, team members and interns)

Plan	Team member only	Team member +1	Team member +2	Team member +3 or more
Value High Deductible Health Plan (all locations)	No Charge	$47	$60	$79
Consumer Directed High Deductible Plan (all locations)	$18	$73	$109	$146
Value PPO (all locations)	$29	$119	$162	$231
Idaho PPO (Idaho only)	$30	$121	$168	$240
PPO (Outside Idaho only)	$36	$144	$186	$265
Kaiser HMO (San Jose, Folsom, Manassas, Longmont. and Atlanta only)	$59	$177	$221	$291

Medical

Boise onsite clinic

Team members and dependents enrolled in Micron medical plans, excluding Kaiser HMO, are eligible to utilize the Micron Family Health Center (MFHC) located on the Boise, Idaho campus. Some dependent age restrictions apply.

Costs to visit the Micron clinic are due at time of service. The amount charged to team members to visit the Micron clinic will be applied to your deductible and out-of-pocket amounts.

It is important to note that if you participate in a high deductible health plan, the fees for services at the Micron Family Health Center are set at fair market value (which is necessary to remain eligible to contribute to a Health Savings Account).

Team members and dependents from other states and Cigna plans (for Micron international travel) are also eligible to utilize the Micron Family Health Center while visiting the Boise, ID area.

If you have waived/decline Micron medical coverage or are enrolled in a Kaiser Permanente HMO Plan, you are not eligible to utilize the Micron Family Heath Center in Boise, ID.

Micron clinic fees

The amount you pay in clinic fees will be applied to your medical plan deductible and out-of-pocket maximum. This means when you have met your deductible for the year, your Micron Clinic fees will be even lower. Please see **PeopleNow/** for additional information on Micron Clinic services available and fees. You may also contact the clinic directly, view the Clinic website, or review the Clinic section of the **Benefits Handbook**.

Dental

Dental plan

Reminder: If you do not make your Annual Enrollment elections before 11:59 p.m. CT Nov. 30, 2023, your 2023 dental elections will continue for 2024. You must make an election if you want to change or waive/decline the Dental Plans for 2024.

You have a choice in Dental Plan coverage:

1. Dental
2. Dental plus
3. Delta dental
4. Willamette Dental (Idaho only)
5. Waive/decline dental coverage

The Micron dental plans provide comprehensive dental coverage for enrolled full-time and part-time team members and their covered dependents. You choose your plan and which eligible dependents you wish to cover. You and Micron share in the cost of coverage.

If you are enrolled in the dental plan or dental plus Plan, you can see any dentist, but you will receive the greatest benefit if you use an in-network Blue Cross dentist. The Blue Cross national PPO dental provider network was significantly expanded in 2020. Select the DPPO dental network option in the provider search engine on **bcidaho.com**.

If you are enrolled in the Delta Dental Plan, you can see any dentist, but you will receive the greatest benefit if you use an in-network dentist. Select the PPO Plus Premier dental network option in the provider search engine on **deltadentalid.com**.

Orthodontia Lifetime maximum benefits include all Orthodontia benefits paid under any Micron Dental Plan for a participant. For example, if a team member received $1000 Orthodontia benefits under the Dental Plus Plan and subsequently moves to the Delta Dental Plan, the Orthodontia Lifetime maximum of their Delta Dental Plan is reduced by $1000 benefit already paid by Micron.

Remember, if you choose an in-network provider, not only does Micron pay a higher percentage of the cost for the service, but also you are not responsible for charges above the maximum amount the plan has agreed to pay for a service. If you see an out-of-network provider, you are responsible for amounts over the maximum amount the plan has agreed to pay for a service when services are obtained from a non-contracting provider. For Blue Cross of Idaho, go to **bcidaho.com** to find an in-network dentist, or call Blue Cross of Idaho at 208.286.3410 or 800.358.5527. For Delta Dental, go to **deltadentalid.com** to find an in-network dentist or call Delta Dental at 208.489.3580 or 800.356.7586.

What's covered

Key features of the plans are listed below. For a complete list of covered services, limitations and exclusions, review the **Benefits Handbook** on **PeopleNow/**.

Dental plan comparison

Plan features	Willamette Dental Blue	Dental	Dental Plus	Delta Dental
Annual deductible	None	**$50** per person	**$50** per person	**$25** per person
Family deductible	None	**$150**	**$150**	**$75**
Annual maximum benefit	No annual limit, unlimited services	**$2,000** per person	**$3,000** per person	**$2,500** per person

What you pay

Covered services	In-network	Out-of-network	In-network*	Out-of-network	In-network*	Out-of-network	In-network****	Out-of-network
Provider network	**Williamette Dental Locations** (Northwestern US Only)		**BCBS National Dental PPO Provider Network**		**BCBS National Dental PPO Provider Network**		**Delta Dental PPO & Premier Provider Networks**	
Diagnostic and preventive: Exams and cleaning, X-rays**	**$15**	Not covered	No cost to you	**10%**, not subject to deductible	No cost to you	**10%**, not subject to deductible	No cost to you	No cost to you
Basic: Fillings, extractions	**$10**	Not covered	**20%**	**30%**	**10%**	**30%**	**10%**	**10%**
Basic: Root canals, oral surgery, sedation, periodontics	**$75-$175**	Not covered	**20%**	**30%**	**10%**	**30%**	**10%**	**10%**
Major: Inlays, crowns, bridges	**$250** per tooth	Not covered	**50%**	**60%**	**20%**	**50%**	**30%**	**30%**
Major: Dentures	**$350** upper or lower	Not covered	**50%**	**60%**	**20%**	**50%**	**30%**	**30%**
Major: Implants	**$1,500** max limit 1/yr	Not covered	**50%**	**60%**	**20%**	**50%**	**30%**	**30%**
Orthodontia: Includes installation of tooth-straightening appliances and treatment to correct abnormally positioned teeth	**$2,000** plus office visit copays	Not covered	**50%**	**60%**	**20%**	**50%**	**50%**	**50%**
Orthodontia lifetime maximum benefit***	No annual limit, unlimited services	Not covered	**$2,000**	**$2,000**	**$3,000**	**$3,000**	**$2,500**	**$2,500**
Rollover Threshold	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**$500**	**N/A**
Rollover Carryover	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**$250**	**N/A**
Rollover Max	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**$4,000**	**N/A**

Dental premiums

Dental premiums per pay period (full-time and part-time team members)

Coverage level	Team member only	Team member + 1	Team member + 2	Team member + 3 or more
Willamette Dental Blue (Idaho only)	No Charge	$6	$10	$16
Dental	$1	$7	$11	$17
Dental Plus	$4	$15	$21	$30
Delta Dental	$5	$16	$23	$32

*BCBS National Dental PPO Provider Network.

**Diagnostic and preventative services are provided two times per year.

***Willamette Dental Blue Orthodontia service charges are divided between pre-orthodontia service fees and comprehensive orthodontia services totaling $2,000. Orthodontia ongoing treatment is subject to the Office Visit Copay of $15 per visit. The lifetime orthodontic benefit is coordinated between dental plans.

****Delta Dental PPO & Premier Provider Network.

Vision

Vision plan

Reminder: If you do not make your Annual Enrollment elections before 11:59 p.m. CT Nov. 30, 2023, your 2023 vision elections will continue for 2024. You must make an election if you want to change or waive/decline the Vision Plans for 2024.

You have a choice in vision coverage:

1. Vision
2. Vision Choice
3. Waive/decline vision coverage

Micron's Vision Plans provide comprehensive vision coverage for enrolled full-time and part-time team members and their covered dependents. You choose your plan and which eligible dependents you wish to cover. You and Micron share in the cost of coverage.

Micron's Vision Plans are administered by Vision Service Plan (VSP). You can receive benefits from any optometrist or ophthalmologist, but you receive greater benefits when you use VSP providers. Find a VSP provider at www.vsp.com or by calling VSP at 800.877.7195.

Micron new hires, or newly eligible team members that fail to complete enrollment within the deadline will be defaulted to waive/decline vision coverage.

What's covered

Key features of the plans are listed below. For a complete list of covered services, and to learn about extra discounts and savings through VSP, go to the Benefits Handbook on PeopleNow/.

	Vision		Vision Choice	
Provider network	VSP National Provider Network			
	What you pay			
Covered services	**In-network**	**Out-of-network**	**In-network**	**Out-of-network**
Annual eye exam	**$10** copay	You pay the amount over **$45**	**$0** copay	You pay the amount over **$45**
Lens copay	**$15** copay every calendar year	You pay the amount over **$30** for single You pay the amount over **$50** for bifocal You pay the amount over **$65** for trifocal **(Every calendar year)**	**$15** copay every 12 months	You pay the amount over **$30** for single You pay the amount over **$50** for bifocal You pay the amount over **$65** for trifocal **(Every calendar year)**
Sunglass benefit	No benefit	No benefit	**$15** copay every calendar year in lieu of glasses	No benefit
	Benefit Allowance (You pay amounts over the allowance)			
Frame allowance*	**$130** benefit every other calendar year	**$70** benefit every other calendar years	**$200** benefit every calendar year	**$70** benefit every calendar year
Contact lens allowance*	**$130** every calendar year	**$105** benefit every calendar year	**$200** benefit every calendar year	**$105** benefit every calendar year
Colorblindness Glasses**	Team Member only up to **$500** every 24 months	Team Member only up to **$500** every 24 months	Team Member only up to **$500** every 24 months	Team Member only up to **$500** every 24 months
LASIK*	No benefit	No benefit	**$500** per eye lifetime	**$500** benefit per eye lifetime

This document is intended for high level comparison. For details on each plan, please refer to the Benefits Handbook posted on PeopleNow/.
*In addition to the values indicated in this chart, participant is also responsible for all non-contracting provider charges that exceed the maximum benefit amount allowed by the Plan. These extra non-contracting charges are often known as balance billing. In-Network providers write off charges that exceed the maximum benefit amount and do not pass those costs on to participants.
**Colorblindness Glasses benefit claims must be submitted via direct reimbursement claim form.

Vision premiums

The table below shows your biweekly cost for Micron's Vision Plans in 2024 for full-time and part-time team members.

Coverage level	Team member only	Team member + 1	Team member + 2	Team member + 3 or more
Vision	**$0**	**$2**	**$4**	**$6**
Vision Choice	**$4**	**$10**	**$13**	**$18**

FSAs

FSA administrator

Flores & Associates is the administrator for Micron FSAs.

You must make a new FSA election each plan year, as elections do not carry over to the next plan year.

You may change your annual election outside of the Annual Enrollment period only if you have a qualified life event such as marriage, divorce, addition or loss of a dependent, a change in your spouse/domestic partner's employment or a change in your dependent care needs.

Flexible Spending Accounts

Micron full-time and part-time team members are eligible to participate in Flexible Spending Accounts (FSAs). FSAs enable you to save tax-free dollars to pay for certain health care and day care expenses. The accounts help you save taxes while planning for expected expenses.

Your contributions are deducted from your paycheck and deposited in an FSA with Flores & Associates, our FSA plan administrator. You don't pay federal income tax or Social Security and Medicare taxes on your contributions. When you incur an eligible expense, you are reimbursed from your FSA tax-free.

There are THREE types of Flexible Spending Accounts:

- **Health Care FSA**
  - Medical, pharmacy, dental and vision eligible expenses.
- **Limited purpose FSA**
  - Eligible expenses limited to dental and vision eligible expenses only.
- **Day care FSA**
  - Child Care for your dependent children and Elder Care eligible expenses.

The Health Care FSA, Limited Purpose FSA, and the Day Care FSA are separate accounts – you can't use the funds from your Health Care FSA or Limited Purpose FSA to pay day care expenses, or vice versa. It is important you understand the differences to ensure your enrollment is in the correct account(s) to meet your needs.

If you have questions regarding eligible reimbursable items, please visit **www.flores-associates.com/resources.html** or call Flores at 800.532.3327 to discuss your question and unique circumstances. Micron is not able to advise on reimbursable items.

FSA rollover

Beginning in 2024, up to $610 of unused Health Care or Limited Purpose FSA dollars automatically roll over to the following year. No action is needed to roll over up to $610. Amounts rolled over will need to be utilized by Dec. 31, of the following year. Any amount remaining after rollover will be forfeited. For example, $610 of unused 2024 Health Care FSA funds that are rolled over into 2025 must be used by December 31, 2025.

Note: the maximum unused 2023 Health Care FSA funds that will roll over into 2024 is $570.

There is NO rollover for Day Care FSA. Any amount remaining in the account after December 31 of the current year will be forfeited.

FSAs

Limited Purpose FSA alert

If you enroll in a High Deductible Health Plan and open a Health Savings Account (HSA), you cannot have a regular Health Care FSA, but you can open a Limited Purpose FSA. Limited Purpose FSA's are eligible for dental and vision expense reimbursement only. Medical and pharmacy expenses are not eligible under the Limited Purpose FSA.

Before opening a Limited Purpose FSA, first consider contributing up to the maximum limit to your HSA (Health Savings Account). HSAs are more flexible and there is no use-it-or-lose-it feature.

If you have a job transfer to a new Micron location that triggers a medical plan qualified change, please note that if you were enrolled in a High Deductible Health Plan at any time during the calendar year of such transfer, and wish to enroll in an FSA (aligned with the medical plan change) you will be restricted to a Limited Purpose FSA for the remainder of the calendar year.

Flexible Spending Account debit card and reimbursement

You do not have to use the Flores Benefits Card for every flex expense or claim. Some providers may not even accept the Flores Benefits Card as a valid form of payment. You may still submit expenses using the regular online Reimbursement request or the Flores mobile app and be reimbursed according to the usual schedule (weekly reimbursement for direct deposit).

The Flores Benefits Card is simply one option, not the only option. The Flores mobile app also provides an easy way to submit documentation for debit card transactions.

Expenses may not be reimbursed until the service has been rendered. The date of the service is the key date, not the date of payment (or when the card was swiped). This rule is applicable to prenatal care, surgery, mail order prescriptions, and other similar expenses. The IRS will not allow you to be reimbursed until the actual service or treatment occurs; likewise, your Flores Benefits Card transaction, or FSA claim reimbursement cannot be approved until the service has been rendered.

Debit card notice: If the card is used for ineligible expenses, you are required to refund the money to your FSA account per IRS rules. Additionally, if you fail to provide supporting documentation for Flores Benefits Card transactions when requested or fail to repay unsubstantiated claims, the Flores Benefits Card will be turned off. Any unsubstantiated claim expense already paid via Flores Benefits Card transaction that is not repaid to your FSA account will be deemed imputed income and you will be taxed on the unsubstantiated amount.

For more information, call Flores & Associates at 800.532.3327 weekdays 8:30 am to 5 pm ET or go to www.flores247.com.

FSAs

Using your FSA

If you enroll in an FSA, Flores & Associates will send a welcome kit to your home with your Health Care FSA debit card (Flores Benefits Card) and helpful tips and information on how to set-up your online account. More information including how to use your Benefits Card, a list of eligible expenses, frequently asked questions and expense estimators is available at www.flores-associates.com/resources.html.

If you were issued a Flores Benefits Card previously, keep your card for 2024 FSA expenses. New cards are issued every five years.

When you incur an eligible expense, you are reimbursed from your FSA. You can either pay for the eligible expense out-of-pocket, then submit a claim for reimbursement, or use your Flores Benefits Card. The Flores Benefits Card works like a debit card and is linked to your FSA account. You can swipe the card right at your doctor's office or in many stores selling items eligible for FSA reimbursement.

Some Flores Benefits Card transactions will automatically be approved, though some may require additional documentation. Be sure to keep all your receipts as proof. When documentation is required, you must provide appropriate receipts to substantiate the claim amount, per IRS regulations.

FSA comparison

FSAs are compared in the table below. For more details, including a full list of eligible expenses, see the Benefits Handbook on PeopleNow/.

	Regular	Limited purpose	Day care FSA
Plan year	Jan. 1 – Dec. 31, 2024	Jan. 1 – Dec. 31, 2024	Jan. 1 – Dec. 31, 2024
Use it or lose it	Up to **$610** will roll over to use the following year; amounts over **$610** will be forfeited.*	Up to **$610** will roll over to use the following year; amounts over **$610** will be forfeited.*	Funds remaining in the account at the end of the plan year are forfeited.*
Eligibility	Full-time team members not enrolled in a High Deductible Health Plan.	Full-time team members enrolled in a High Deductible Health Plan	All full-time team members
Maximum annual contribution	**$3,050**	**$3,050**	**$5,000**
Minimum annual contribution	**$100**	**$100**	**$100**
Eligible expenses	Out-of-pocket medical, pharmacy, dental and vision expenses.	Out-of-pocket dental and vision expenses	Day care costs for your children under 13 or dependent elders so you (and your spouse/domestic partner) can work or attend school full-time.
Tax savings	Contributions are deducted from your paycheck before federal income and FICA taxes are calculated, and, in most cases, before state and local income taxes are calculated. This lowers your taxable income and, in turn, reduces the income taxes you pay.		

***Please note:** You have until March 31, 2025 to submit Health Care FSA, Limited Purpose FSA, or Day Care FSA claims that were incurred in the 2024 plan year.

HSA

Your Health Savings Account (HSA)

The Value High Deductible Plan, and the Consumer Directed High Deductible Plan are compatible with a Health Savings Account, or HSA. Use your HSA to pay for your medical, pharmacy, dental and vision out-of-pocket costs.

If you elect the HSA, both you and Micron can contribute to your account. You can use your HSA to reimburse yourself for out-of-pocket health care expenses, such as the deductible and coinsurance amounts, for you and your tax dependents.

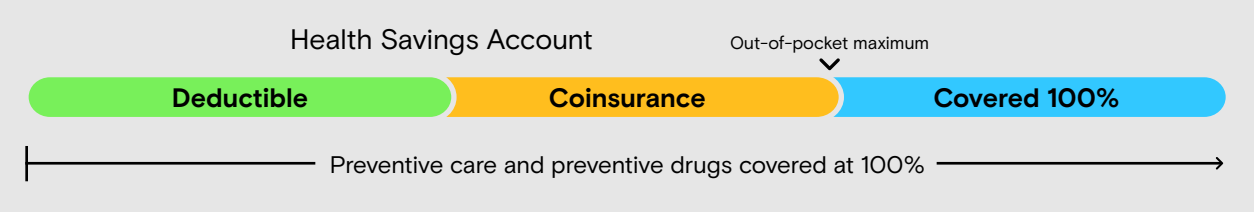
You don't pay federal income tax or FICA taxes on money you or Micron contribute to your HSA, withdrawals to pay for eligible expenses, or investment earnings.

The HSA is completely portable. Even though Micron contributes to the HSA, the HSA is not an employer-sponsored plan. It is your responsibility to complete your HSA election and to satisfy the approved Fidelity HSA account rules and responsibilities. If you fail to complete your HSA election by October 31, 2024, you will forfeit Micron's contribution and match.

The HSA Administrator and custodian, is Fidelity. Since you own your HSA account, you can transfer money out of it and into another HSA at any time. You are responsible for transfer fees. The HSA is voluntary, and you are under no obligation to participate. You can decline the opportunity to participate in the HSA, and it will not affect your Medical Plan coverage.

Any unused funds in your account are yours to keep, even if you leave Micron. And there is no use-it-or-lose-it-rule; funds roll over each year.

Use your HSA to pay health care costs tax-free



Funding your HSA

You and Micron may both contribute to your HSA. Micron's contribution depends on whether you have team member-only coverage or if you cover dependents:

Value High Deductible Medical Plan	TOTAL contribution maximum (Micron + Team member combined)	Micron contribution	2024 Team member maximum contribution
Team member-only coverage	**$4,150** (Age 55 & older, additional **$1,000**)	**$125** seed **$475** 1:1 Match	**$3,550** (Age 55 & older, additional **$1,000**)
Family Coverage	**$8,300** (Age 55 & older, additional **$1,000**)	**$250** seed **$950** 1:1 Match	**$7,100** (Age 55 & older, additional $**1,000**)

Consumer Directed High Deductible Medical Plan	TOTAL contribution maximum (Micron + Team member combined)	Micron contribution	2024 Team member maximum contribution
Team member-only coverage	**$4,150** (Age 55 & older, additional **$1,000**)	**$125** seed **$475** 1:1 Match	**$3,550** (Age 55 & older, additional **$1,000**)
Family coverage	**$8,300** (Age 55 & older, additional **$1,000**)	**$250** seed **$950** 1:1 Match	**$7,100** (Age 55 & older, additional **$1,000**)

If you fail to complete your HSA election by October 31, you will forfeit the current year's Micron contribution and match. Team members age 55 and older may contribute an additional $1,000 to their HSA during the year.

HSA

What's so special about HSA? Tax savings!

You pay no federal income tax or FICA taxes on:

1. Money you and Micron contribute to an HSA,
2. Withdrawals to pay for eligible expenses, or
3. Investment earnings.

These tax advantages make an HSA a powerful savings tool.

If you are in a 22% federal income tax bracket, a common bracket for Micron team members, **your total tax savings =**

22% federal income tax savings
7.65% FICA tax savings
29.65% total savings

This means that for every $1,000 you contribute to your account, you reduce your taxes by about $296!

When you enroll in benefits, the enrollment system will take you through the steps to start pre-tax payroll deductions for your HSA. Micron's HSA is administered by Fidelity.

Maximum HSA contributions

The combined maximum you and Micron can contribute to your account in 2024 is:

- $4,150 for team member-only coverage, or
- $8,300 if you cover dependents.
- If you turn 55 or older in 2024, you can contribute an additional $1,000. Maximums are set by the IRS each year.

It's between you and the IRS

An HSA is your own personal account, which means it's your responsibility to open and make sure you are eligible for an HSA and that you only use it for eligible expenses. Every year when you file your tax return, you must report all HSA contributions and withdrawals. Be sure you know the rules, keep your receipts, and ask questions if you're not sure.

Keep in mind that the annual federal HSA limits include contributions to all HSA accounts you may have. It is your responsibility to monitor your total annual HSA contribution including any HSA outside of the Micron program.

If you fail to open your HSA account by October 31, you will forfeit the current year's Micron contribution and match. Any year-to-date contributions you have made will be returned to you and taxed accordingly.

Investing your HSA balance

Once your account balance reaches $1,000, you can invest your HSA in a variety of mutual fund options.

HSA eligibility

To open an HSA:

- You must be enrolled in a High Deductible Health Plan.
- You cannot be enrolled in any other non-qualified health plan, such as:
  - Medicare (including Part A, which many people are automatically enrolled in at age 65 without any action on their part)
  - Medicaid
  - Tricare (a military health system)
  - Your spouse/Domestic Partner's non-high deductible health plan
- You or your spouse/Domestic Partner cannot participate in a traditional Flexible Spending Account, though you can participate in a Limited Purpose FSA, which provides reimbursement for dental, vision and post-deductible medical expenses only.
- You cannot be claimed as a dependent on another individual's tax return.

Note: Eligibility for an HSA is based on the coverage YOU have. So, if a covered dependent such as a spouse/Domestic Partner is enrolled on another medical plan, this does not affect your eligibility to open an HSA.

It is important you understand the IRS requirements for HSA participation. Review **IRS Publication 969** for more details.

HSA

Getting started

If you enroll in the Consumer Directed High Deductible Plan or Value High Deductible Health Plan, you are eligible for an HSA account. You will receive a welcome kit from Fidelity within four to six weeks after enrolling. You can make your HSA contribution election when you enroll in benefits on the benefitexpress enrollment tool in **enrollnow/**.

After you set up your HSA contribution, paycheck deductions will start the first of the month following the enrollment effective date. Annual enrollment elections will have deductions starting in the first pay period in January. Funds are deposited into your HSA approximately two to three business days after being deducted.

You must initiate your HSA account setup through Fidelity's process. Failure to make your HSA election by October 31, 2024 will result in a forfeiture of the Micron contribution and match. Additionally, your contributions will be refunded and taxed accordingly.

Eligible expenses

You can use your HSA to pay for your out-of-pocket medical, pharmacy, dental and vision expenses. You can use the account to pay for your tax dependents' expenses too, even if they aren't covered under your Micron benefits.

Eligible expenses include:

- Medical and dental deductibles and coinsurance amounts
- Vision copays and other costs
- Eligible expenses not covered by the plan, such as dental and orthodontic care above the dental plan limits.

A full list of eligible expenses can be found in **IRS publication 502**.

Making payments from your HSA

There are several ways to use your account funds to pay for eligible expenses:

- **Use the Fidelity HSA debit card.** Payments will be deducted from your account.
- **Submit a claim.** Reimburse yourself for any eligible expenses by submitting a reimbursement claim.

You are responsible for ensuring withdrawals, including debit card purchases, are for qualified expenses. Keep your receipts in the event you need to show proof to the IRS.

It is important to note that if you participate in a high deductible health plan, the fees for services at the Micron Family Health Center are set at fair market value; therefore, you remain eligible to contribute to an HSA.

Accident injury

Micron full-time and part-time team members are eligible to enroll in Voluntary Accident Injury Plan coverage.

The Accident Injury Plan is IN ADDITION to any Micron medical coverage you have and provides a lump sum benefit payment directly to you. The Accident Injury Plan is not part of the Micron Group Health Plan and provides additional financial support to you and your family when unexpected accidental medical expenses arise. Team members are responsible for the full cost of Voluntary Accident Injury Plan premiums. Micron does not cover any portion of the premium.

Accident Injury Plan benefits are paid directly to you or your designee to use however you wish. The Accident Injury Plan benefit schedule specifies payment amounts for events like hospitalizations, emergency room treatments, surgery, coma, paralysis, major diagnostic tests, physical therapy, fractures, burns, dislocations, etc. The Accident Injury Plan also provides a benefit payment to you for certain wellness expenses! These are just a few examples of the benefits under the Accident Injury Plan. Please see PeopleNow/ for additional details.

Benefit Schedule (sample)	
Ambulance	$150
CT/MRI	$250
Hospital Admission	$1,000
Physician Office Visit	$75
Lodging	$150/day
Fractures w/surgery	$7,500
Fractures w/o surgery	$3,750
Physical Therapy	$35/per up to 6 sessions
Dislocation w/surgery	$4,800
Dislocation w/o surgery	$2,400
Wellness Exam	$50

Full-time and part-time team members may also cover their spouse/domestic partner and their children/children of domestic partner up to age 26 in the Accidental Injury Plan. Enrollment in the Accident Injury Plan is offered only during Annual Enrollment. Team members and eligible dependents that fail to enroll in the Accident Injury Plan when first eligible will have a 12 month pre-existing conditions restriction on benefits.

Accident premiums per pay period (Full-time and part-time team members)

	Team Member only	TM +1	TM +2	TM + 3 or more
Accident Injury	$4.98	$8.14	$11.29	$12.56

Critical illness

Micron full-time and part-time team members are eligible to enroll in Voluntary Critical Illness Plan coverage. The Critical Illness Plan is IN ADDITION to any Micron medical coverage and disability coverage you have and provides a lump sum benefit payment directly to you. The Critical Illness Plan is not part of the Micron Group Health Plan and provides an additional layer of insurance protection and financial assistance for you and your family when you receive a serious health condition diagnosis. Team members are responsible for the full cost of Voluntary Critical Illness Plan premiums. Micron does not cover any portion of the premium.

Critical Illness Plan benefits are paid directly to you or your designee to use however you wish. The lump sum benefit you receive under the Critical Illness Plan at the diagnosis of a critical illness can help offset expenses not covered or not entirely covered by other sources of income or insurance.

Full-time and part-time team members select the amount of Critical Illness Plan coverage in $5,000 increments up to $30,000. When a team member elects Critical Illness Plan coverage, they can also cover their spouse/domestic partner, up to the same amount of coverage elected for themselves, as well as, their children/children of domestic partners up to age 26.

The Critical Illness Plan benefit schedule specifies the payment amounts as a % of the Critical Illness Plan coverage amounts. The Critical Illness Plan provides benefit payments for diagnosis such as cancer, heart attack, stroke, coma, MS, Parkinson's Disease, etc.

The Critical Illness Plan also provides a benefit payment to you for certain wellness expenses! These are just a few examples of the benefits under the Critical Illness Plan. Please see **PeopleNow/** for additional details.

Benefit Schedule (sample)	
Cancer	100%
MS	100%
Down Syndrome	100%
Major Organ Failure	100%
Heart Attack	100%
Parkinson's	25%
Paralysis	100%
Stroke	100%
Wellness Exam	$50

Enrollment in the Critical Illness Plan is offered only during Annual Enrollment. Premiums are based on a team member's age and the age of the team member's spouse or domestic partner. Team members and eligible dependents that fail to enroll in the Critical Illness Plan when first eligible will have a 12 month pre-existing conditions restriction on benefits.

Team member and spouse critical illness premiums per pay period

	Full-Time and Part-time Team Members					
Age	**Under 30**	**30 to 39**	**40 to 49**	**50 to 59**	**60 to 69**	**70 or over**
Cost per $5,000 of coverage	$0.87	$1.50	$3.16	$6.55	$12.53	$30.67

	Child Critical Illness Premiums Per Pay Period
Cost per $1,000 of coverage	$0.20

Wellbeing and employee programs

The Micron ChooseWell.LiveWell. program helps team members manage their health and wellbeing. Through our Five Wellbeing Pillars (**wellbeingpillars/**), the program offers a variety of digital tools that help you foster better wellbeing through a personalized experience. To learn more about each tool and how to register, visit alias **cwlw/**. Explore all of Micron's Global Wellbeing resources and offerings at alias **LiveWell/.**

The Wellbeing Portal, Virgin Pulse, gives you the tools to get active, get healthy, and live better every day. Track steps, join challenges, earn Bravo rewards, and more to make daily healthy habits. Log in at alias **virginpulse/** or get started today at **join.virginpulse.com/micron/**.

In partnership with Virgin Pulse, you can now access comprehensive, science-backed stress reduction and mindfulness solutions through RethinkCare. As the leading digital solution, it offers you daily sessions and courses to help you manage your stress, improve your well-being, relationships, sleep, and more. Get started at alias **rethink/**.

Micron supports your mental wellbeing by offering many options for counseling and behavioral health care. One option is through our Employee Assistance Program, Guidance Resources. Offering eight comprehensive confidential emotional support counseling sessions, per issue, per family member in your household, Guidance Resources also offers additional resources such as legal guidance and financial information. You can find a library of videos, articles, assessments, and resources online by going to alias **EAP/** or **guidanceresources.com** and using web ID: MICRON.

Additionally, you can receive virtual counseling through your medical plan at the Micron Family Health Clinic in Boise, or MD Live Telehealth for participants in Micron High Deductible Health Plans or PPO Plans. Kaiser HMO participants can utilize Kaiser E-Visit for virtual counseling. You can learn more by searching 'counseling' in **PeopleNow/**.

Can't find what you are looking for or need support? Reach out to a Team Member Advocate (TMA) who offers independent support to team members, providing information, guidance, and resources. They listen to team members who feel they are not being heard, ensure that your concerns are taken seriously, and make sure your rights are respected. The TMA role is in place to foster problem-solving and to empower you to reach your best potential in your personal and professional lives. Visit alias **Advocate/** to learn more.

Excited to meet other Micron team members, but don't know how? Micron Connection introduces team members to each other and to their community through clubs, volunteering, and other opportunities. Whether you want to start or join a Micron club, volunteer your time, or participate in community organizations, your journey to "get connected" starts here (alias **micronconnection/**).

Diversity, Equality and Inclusion

Review and update your diversity dimensions

We believe an inclusive culture begins when all team members are seen, heard, valued and respected. You have an opportunity to ensure your diversity dimensions are counted by using this time during benefits annual enrollment to review and update them.

Diversity dimensions are self-reported through the Workday system. When you disclose your self-reported diversity dimensions, it helps Micron measure and report on the breadth of diversity represented within our workforce.

All team member diversity dimension information is protected with rigorous security protocols. As your employer, Micron already captures and protects personal information such as when you were born and where you live. Micron follows the same rigorous processes for protecting your diversity dimensions that we use to protect your other personal information.

The collected data will be used in an aggregated form to help Micron understand the diversity of our workforce. By aggregating the data, it is protected and cannot be used to identify you. Your manager will not have access to your identifiable information. The DEI team may use the information to identify team members eligible for specific events, opportunities and activities that may be of interest to you based on your diversity dimensions. You may withdraw this consent at any time through Workday. If you choose to disclose your pronouns, those will be visible on your People profile so that your colleagues can respectfully address you.

We all benefit when team members self-report their diversity dimensions. The stronger our data, the better we can shape our programs to ensure inclusivity *for all*.

This action takes just a few minutes.

For sites in the U.S., content must be reviewed and entered in two locations:

To enter race/ethnicity, gender, gender identity, pronouns and sexual orientation:

- Type **workday/** into the Micron browser.
- Under "Quick Task"s click "View All Apps".
- Click the "Personal Information" icon.
- Under "Change", click the "Personal Information" tile.
- Review the fields and click the pencil icon to make updates.

To enter disability and veteran status:

- Type **workday/** into the Micron browser.
- Click your photo on the right top corner and click "View Profile".
- In the profile page, click the "Actions" button under your photo.
- Hover over "Personal Data".
- To review and update your veteran status, click "Change My Veteran Status Identification".
- To review and update your disability status, click "Change Self Identification of Disability".
- The LGBTQ+ Benefits guide is available on **PeopleNow/**.

Join a Micron ERG

Micron's employee resource groups (ERGs) are led by team members and centered around shared identities or experiences. All ERGs also welcome allies to their communities and encourage their participation. ERGs aim to create communities *for all* Micron team members to feel supported and empowered. They are vital to Micron's DEI commitment to create a culture of inclusion. ERGs also provide rich opportunities to develop as future leaders and drive innovation. Our ERG members receive five hours a month to work on ERG-related activities. There are now 10 Micron ERGs:

- Asian American and Pacific Islander Network (AAPIN)
- Black Employee Network (BEN)
- Capable
- Micron Hispanic Professionals (MHP)
- Micron Women's Leadership Network (MWLN)
- Micron Young Professionals (MYP)
- Mosaic
- PRIDE+ Allies
- Tenured & Experienced at Micron (TE@M)
- Veterans Employee Resource Group (VERG)

You can join from each ERG's page. Find them at alias **ERG/**.

Life insurance

Life insurance

All full-time and part-time team members are automatically covered by Micron's Basic Life and AD&D insurance at no cost. Life insurance protects you and your family in the event of your death.

In addition to your Basic Life insurance that is sponsored and provided by Micron, you can purchase additional coverage for yourself, as well as coverage for your family members. Options include:

- Supplemental team member life and AD&D insurance
- Spouse/domestic partner life and AD&D insurance
- Child life insurance

The life insurance plan is administered by The Hartford. Life insurance benefits are paid to your beneficiary if you die. It is important to designate a beneficiary and keep your beneficiary information up to date. To designate your beneficiary online go to **enrollnow/**. You may change your beneficiary at any time.

Expanded services through The Hartford

Your Micron Life Insurance coverage includes the following additional benefits at no cost:

- **Employee Travel Assistance Program:** This program provides for travel assistance such as pre-trip information, emergency medical assistance, and emergency personal services when traveling more than 100 miles from home.
- **Life conversations and Everest Funeral planning:** Life Conversations help families prepare for the future and provide assistance navigating through end-of-life discussions, including funeral planning and grief counseling.
- **Estate guidance:** This service helps you to create a simple will with the support of licensed attorneys.
- **Beneficiary assist:** As a named beneficiary to a Micron life insurance claim, your benefits include unlimited phone counseling, financial planning, and legal information.

You can access additional information and details regarding these expanded benefits on **PeopleNow/**.

Basic life and AD&D Insurance

Life insurance pays a benefit if you die. The AD&D coverage pays a benefit equal to the amount of basic life coverage when you suffer certain accidental injuries or death resulting from a covered accident. The accidental death benefit is paid in addition to any basic life insurance benefit you receive.

As a full-time Micron team member you are automatically provided basic life and AD&D insurance equal to one and a half times your annual base pay, up to $2 million. You pay taxes on the value of coverage exceeding $50,000. Your basic life coverage adjusts as your annual base pay changes.

Part-time Micron team members are automatically provided Basic Life and AD&D insurance of $20,000.

Life insurance

Supplemental, spouse/domestic partner, and child life Insurance

Full-time and part-time team members can buy additional life insurance coverage for yourself, your spouse/domestic partner and children. You pay the full cost of this optional life insurance coverage. Supplemental and Spouse/Domestic Partner life insurance include AD&D benefits.

You can make changes to your life insurance coverage at any time during the year, but you are only offered higher levels of coverage without providing evidence of insurability (good health) when you are first eligible and during Annual Enrollment.

When you are first eligible for benefits, you can purchase supplemental team member life insurance coverage of up to $300,000 and spouse/domestic partner life insurance coverage of up to $50,000 without having to provide evidence of insurability (EOI) to The Hartford. During Annual Enrollment each year, you can increase coverage up to $20,000 for supplemental team member coverage or spouse/domestic partner coverage (up to the evidence of insurability (EOI) limits) without having to provide EOI to The Hartford. If you are requesting coverage above the EOI limits, or requesting an increase to your coverage outside Annual Enrollment, EOI is required.

The combined maximum amount of Basic Life Insurance coverage plus Supplemental Life Insurance for any team member is $2.5 million.

Spouse/Domestic Partner Life Insurance cannot exceed the combined amount of team member Basic Life Insurance and Supplemental Life Insurance with a maximum amount of $500,000.

Life Insurance enrollment is subject to adjustment to maintain maximum coverage policy amounts permitted by the Life Insurance Plan.

During Annual Enrollment, coverage increases that are not subject to evidence of insurability (EOI) are effective January 1, 2024. All coverage requiring EOI approval from The Hartford will be effective the first of the month following notification of the approval from The Hartford.

Important: Additional life insurance you purchase is not sponsored or provided by Micron. It is your responsibility to contact The Hartford directly by phone at 855.396.7655 to track the progress and address questions or concerns regarding your pending life insurance request. Micron does not monitor pending requests at The Hartford. All pending requests will be closed after 120 days of inactivity.

Life insurance

Supplemental, spouse/domestic partner, and child life insurance coverage options

The table at right outlines your Supplemental life insurance options. If you and your spouse/domestic partner are both full-time team members and you wish to purchase additional life insurance, you must enroll individually for Supplemental life insurance. You cannot purchase Spouse/Domestic Partner life insurance for a spouse/domestic partner who is also a team member. You and your spouse/domestic partner may each carry Child life insurance for the same eligible dependent.

You must be actively at work for any increase or enrollment in your life insurance coverage to be effective.

Supplemental, spouse/domestic partner, and child life insurance coverage options

The table below outlines your supplemental life insurance options during annual enrollment.

Option	Who is covered	Coverage levels	Coverage maximum	Evidence of Insurability (EOI)
Supplemental life and AD&D	You	$10,000 increments	5x salary to a maximum of $1 million	Required for total coverage over $300,000, or for any increase in coverage of more than $20,000
Spouse/ domestic and AD&D	Your spouse/ domestic partner	$10,000 increments	Up to 100% of team member basic and supplemental coverage, to a maximum of $500,000	Required for total coverage over $50,000, or for any increase in coverage of more than $20,000
Child life	Your dependent children to age 26	$5,000 or $10,000	$10,000	Not required

All increases made outside Annual Enrollment or a qualified midyear event require EOI.

Supplemental, spouse, and child life insurance premiums

The tables below show the biweekly premiums.

Supplemental and spouse life insurance										
Age	**Under 30**	**30 to 34**	**34 to 39**	**40 to 44**	**45 to 49**	**50 to 54**	**55 to 59**	**60 to 64**	**65 to 69**	**70 or over**
Cost per $10,000 of coverage	$0.27	$0.31	$0.36	$0.45	$0.66	$0.96	$1.71	$2.57	$4.86	$7.81

Child life insurance

Coverage level	Cost
$5,000	$0.25
$10,000	$0.51

Disability insurance

Disability insurance

Micron offers coverage to protect you and your family if you become disabled and unable to work.

Disability benefits provide income if you cannot work due to an illness or injury. All full-time team members are automatically enrolled in short-term and long-term disability coverage, fully paid by Micron. Coverage is automatic; you do not need to enroll. Your Micron disability benefits may be reduced by other disability benefits, including state-mandated disability benefits.

Short-term disability

Short-term disability insurance provides income protection if you cannot work due to a non-work-related illness or injury, including maternity.

Short-term disability begins to pay benefits after you cannot work for 14 consecutive calendar days. After 14 days, short-term disability will pay 66-2/3 percent of your daily earnings. “Daily earnings” generally means your base salary or hourly wage just before your date of disability. It includes a limited amount of incentive pay, but not bonuses.

Benefits will continue for up to 180 days from the date your disability started, as long as you remain disabled.

You can choose to use available Time Off Plan (TOP) hours to cover your regularly scheduled hours missed before short-term disability benefits begin, or supplement disability benefits to 100 percent of daily earnings for any or all of your period of disability. When short-term disability benefits end, you may be eligible to receive long-term disability benefits.

In certain states, short-term disability benefits are offset by any income received through the State Disability Insurance (SDI) program. This means the combination of state disability and Micron short-term disability pay will replace 66-2/3 percent of your daily earnings.

To learn more, visit **PeopleNow/** and view the **Benefits Handbook**.

Long-term disability

Long-term disability replaces 60 percent of your monthly earnings if you are disabled and cannot work, up to a maximum benefit of $15,000 per month.

These benefits begin after short-term disability benefits end. Micron provides all full-time team members this coverage at no cost to you. It is automatic and you do not need to enroll.

“Monthly earnings” generally means your base salary or hourly wage just before your date of disability. It includes a limited amount of overtime pay, but not bonuses or incentive pay.

During the first 24 months of disability, you are deemed disabled if unable to perform the material duties of your own occupation. After 24 months, to be considered disabled you must not be able to perform the duties of any occupation for which you are suited by prior training, education and experience.

As long as you remain disabled, your benefits will generally continue up to normal Social Security retirement age. If you are age 62 or older when you become disabled, benefits may continue for longer.

You may be eligible to convert your coverage to an individual policy if you leave Micron, provided you apply and pay the first premium within 31 days of your group coverage ending. Contact Reliance Standard at 800.644.1103 for more information.

Long-term disability (LTD) buy-up option

Micron provides all full-time team members with LTD coverage that pays 60% of your covered earnings in the event you become disabled and unable to work for 180 calendar days or more. Micron covers the full cost of your basic LTD coverage.

The LTD Buy-Up Option allows you to increase your LTD coverage to 66 2/3% income replacement at a small premium cost per pay period. This option is available to new hires as of the first of the month following your hire date, and current team members can elect this benefit during annual enrollment for coverage starting January 1, 2024.

Benefit limitations

Long-term disability insurance won’t pay benefits for any pre-existing condition until 12 months after your coverage takes effect. A pre-existing condition is any health condition for which you receive treatment within three months prior to your coverage effective date.

You can receive disability benefits from other sources while receiving long-term disability benefits, such as Social Security benefits, workers’ compensation and third-party legal settlements, but your long-term disability benefit will be reduced by the amount of other benefits you receive.

To learn more, visit **PeopleNow/** and view the **Benefits Handbook**.

Other programs and benefits

Qualified Retirement Program

401(k) Retirement Savings Plan

Team members have the opportunity to participate in the Retirement at Micron (RAM) 401(k) Plan administered by Fidelity, by saving a portion of their compensation on a Pre-Tax, Roth, or After-Tax basis. The RAM 401(k) is designed to help provide for your retirement security by making it simple and convenient for you to save on a per payroll basis.

Contribution limits

You can contribute from 1% to 75% of your eligible income each pay period, up to the annual IRS contribution limit. The 2023 IRS maximum annual Pre-Tax/Roth limit is $22,500, plus $7,500 in additional catch-up contributions for team members 50 years of age or older. Additional After-Tax contributions are allowed up the IRS maximum contribution limit of $27,000. These limits are indexed annually by the IRS with the 2024 limits pending announcement later this year. You may make a change to your RAM contribution election anytime during the plan year. The 2024 IRS limits were not yet available at the time of publishing, please see PeopleNow for 2024 contribution limits.

Fidelity recordkeeping

Managing your 401(k) account is easy with a variety of tools and resources at Fidelity. Changes can be made at any time during the year by logging into your account at: **netbenefits.com/** or calling Fidelity at 1-800-835-5098.

Using the Netbenefits Web Portal you can:

- Enroll or opt out at any time
- Change your contribution election
- Choose and change your investment fund elections
- Access a variety of tools and financial wellness resources
- Review your account balance and print statements

Plan feature summary	
Eligibility and enrollment	New team members are eligible for the plan on their hire date and enrolled automatically at a 6% Pre-Tax contribution rate and a Vanguard Target Date i nvestment election.
Automatic Escalation	If you are automatically enrolled and do not opt out of the annual increase program, your contribution rate will increase 1% annually on August 1st up to a maximum of 15%.
Discretionary company match	Micron will match Pre-Tax/Roth contributions $1-for-$1 up to 5% of your eligible compensation. Match contributions are deposited on a per payroll basis.
Beneficiary	A beneficiary election can be made on the Fidelity NetBenefits web portal.
Roth conversions	The RAM plan allows for in-plan Roth conversion of After-Tax contributions and can be requested by contacting Fidelity.
Investment Advise and 1-on-1 sessions	The RAM plan has partnered with Fidelity to provide individual investment advice. • To schedule a Fidelity meeting via Zoom: **Boise and Meridian, Idaho**. • For any other U.S. site, contact your local site or contact the Fidelity Guidance Group at 1-800-603-4015.
Rollovers	Consolidate assets by rolling over vested qualified retirement accounts. Contact Fidelity for assistance.
Participant loans	The RAM plan allows for one outstanding loan and loans can be requested through Fidelity. See the **RAM 401(k) Loan Policy** for additional details.

Other programs and benefits

Non-Qualified Deferred Compensation Program (NQDC/DCP)

Deferred Compensation Plan

The Micron DCP is a key part of Micron Technology's executive benefits program, offered to a defined group of management and highly compensated employees (M3 level and above). The DCP is designed to provided additional opportunity to save tax-deferred compensation beyond the RAM 401(k) Plan, which his subject to IRS qualified plan contribution limits.

Elections and contribution limits

The DCP allows for contributions from the following compensation:

- Up to 75% of your eligible base salary
- 100% of your eligible bonus

Your deferral election each enrollment period is irrevocable and will remain in effect for the full calendar year (salary) or performance period (fiscal year bonus), as applicable.

Participants have a choice of filing a Fiscal Year Bonus election in June or November. If you file your Fiscal Year Bonus election during June Enrollment, you will not be permitted to change that election during November enrollment. However, the June Fiscal Year Bonus election is the only way to defer the “actual” amount of your Fiscal Year Bonus payable to you. You may wait to file the Fiscal Year Bonus election during November Enrollment, but that deferral election will only apply to your target bonus amount paid.

Fidelity recordkeeping

Managing your DCP account is easy with a variety of tools and resources available at Fidelity: netbenefits.com/ or calling Fidelity at 1-800-835-5098. Using the Netbenefits Web Portal you can:

- Choose and change your investment fund elections
- Access a variety of tools and financial wellness resources
- Review your account balance and print statements

Plan feature summary	
Eligibility	Upon notification of your eligibility to enroll, you will receive an email with the dates of your enrollment window, as well as the deferral elections that are available to you as a Newly Eligible Participant..
Annual enrollment	Your deferral elections do not rollover from year to year. Accordingly, you must complete new salary deferral election for each calendar year and new bonus compensation election for each fiscal year performance period.
Distributions	When you enroll in the Plan and make your deferral elections for each plan year, you must also make your distribution elections, which establish when and how you will receive your deferrals for that plan year. The distribution elections you make for each plan year will apply only to the deferrals you make for that plan year. Accordingly, you need to make new distribution elections for each plan year during annual enrollment.

Other programs and benefits

GuidanceResources Team Member Assistance Program: 24/7 at 844.470.5745

GuidanceResources provides 24/7 confidential, professional counseling and referral services to help you and your family with personal, job or family issues. The program is no-cost, completely confidential and available to all Micron team members and their families. This program provides for unlimited phone support and up to eight face-to-face consultations per issue.

Some common concerns include:

- Stress, anxiety and depression
- Life transitions
- Grief and loss
- Divorce or separation
- Conflict resolution
- Substance abuse
- Work/life counseling

The program also provides financial counseling, legal consultations and more. Additional charges may apply.

Call 844.470.5745 or visit **EAP/** or **guidanceresources.com** for more information (web ID: MICRON).

Business Travel Accident Insurance

Business Travel Accident (BTA) Insurance, automatically provided to all team members and fully paid by Micron, pays benefits if you die or experience a covered disability resulting from an accident while:

- On a business or relocation trip
- On an international assignment outside your home country

BTA benefits are in addition to any benefit paid by other Micron plans, such as the life and AD&D insurance plans. For detailed information on Business Travel Accident Insurance coverage, visit **PeopleNow/** and view the **Benefits Handbook**.

Emergency Savings Account

An emergency savings account is a stash of money you can set aside to cover the financial surprises life throws your way. Unexpected events like a fender bender, damaged cell phone, or unplanned medical expenses can be stressful and costly.

Micron has partnered with Fidelity to offer a Cash Management Account designed to enhance your financial well-being and provide additional resources to help achieve your emergency or “rainy day” savings goals. The Fidelity Cash Management Account is a separate bank account for everyday spending and unexpected expenses. It is intended to compliment, not replace your retirement, NQDC or HSA Fidelity accounts.

Setting up an emergency savings account at Fidelity is one way to protect yourself. By putting money aside for these unplanned epenses, you are able to recover more quickly, minimize the impact to your monthy budget, and build financial security. To set up a Fidelity emergency savings account, log in to your **www.401k.com** and search "emergency savings".

Leisure travel benefit

Micron provides the Cigna Medical Benefits Abroad (MBA) health policy and International SOS (ISOS) assistance program to all global team members and their immediate family members (spouse/domestic partner and children to age 26) as a benefit when traveling together outside their home country on leisure travel.

The plan provides medical and dental coverage for urgent or emergency care at no cost to team members or their family. This plan does not provide any coverage for preventive services, routine or follow-up care, or treatment for ongoing condition or illness. The team member must be traveling with family members in order for the family members to be eligible for this benefit. To receive medical care while traveling abroad, team members should contact ISOS to coordinate care, including assistance with any claims through the Cigna Plan.

Other programs and benefits

International SOS

Contact ISOS, for emergency assistance while traveling outside your home country for business or leisure.

- International SOS – with worldwide reach to 70 countries providing personal and medical assistance advice for emergencies and routine help.
- Acute and Urgent International Health plan coverage while outside of your home country for leisure or business travel.
- Spouse and children under age 26 are covered if they are traveling with you. Flights and dates of travel can vary by family member; and, you do not have to be on exact same flights or stay the same number of days.
- Seek acute or urgent healthcare.
- Seek safety and security advice.
- Speak with an experienced doctor or security specialist.
- Find a local doctor or other provider credentialed by ISOS medical staff.
- Get travel advice on loss of travel documents.
- Seek legal assistance or referral.
- Arrange medical transportation or care
- Coordinate medical fees, when approved
- Monitor your medical condition and provide medical advice
- Evacuate you to a center of medical excellence if local care is inadequate or to a secure location
- Provide help if your safety is at risk
- Contact your family

All the numbers you need are available on your ISOS Membership Card. Print and carry the ISOS Membership Card with you when you travel internationally.

Protect yourself from identity theft

Sometimes bad things happen to good people. If you are the victim of identity theft, Micron benefit vendors offer a few different identity restoration services as well as Guidance Resources advice on the immediate actions you should take.

- GuidanceResources Actions to Take
- Reliance Standard Identity Full Remediation Services
- Hartford Travel Assistance and ID Theft Protection Services

GuidanceResources website also provides helpful resources and expert advice of many steps we can take in an effort to protect ourselves from identity theft.

The Federal Trade Commission lists some further actions Team Members can take, namely:

- To visit IdentityTheft.gov to report the fraud to the FTC and get help with the next important recovery steps. These include placing a free, one-year fraud alert on your credit, getting your free credit reports, and closing any fraudulent accounts opened in your name. IdentityTheft.gov also will help you add a free extended fraud alert or credit freeze to your credit report. These make it more difficult for an identity thief to open new accounts in your name.
- To review credit reports often. For the next year, you can check your reports every week for free through AnnualCreditReport.com. This can help you spot any new fraud quickly.
- To be careful to watch out for unemployment payments deposited to their account. If this happens to you, the imposters may call, text, or email to try to get you to send some or all of the money to them. They may pretend to be your state unemployment agency and say the money was sent by mistake. If you get benefits you never applied for, report it to your state unemployment agency and ask for instructions. Don't respond to any calls, emails, or text messages telling you to wire money, send cash, or put money on gift cards. Your state agency will never tell you to repay money that way.

Complete FTC article:
www.consumer.ftc.gov/blog/2020/06/scammer-getting-unemployment-benefits-your-name

Eligibility

Important information about this Benefits Guide

The information contained in this Benefits Guide is for summary explanations of coverage and eligibility. You should review the applicable plan documents for each benefit, including the Benefits Handbook (where applicable) for more information. The applicable plan documents (and not this Benefits Guide) set forth your rights and entitlement to benefits under each applicable benefit.

Eligibility basics

Eligibility for Micron benefits depends on your work status and location. You can also enroll your eligible dependents in certain benefits. You have 30 days from your hire date to enroll in benefits. Newly added dependents will require supporting documentation of relationship.

Full-time and part-time team members of Micron or wholly owned U.S.-based Micron subsidiaries are eligible for Micron benefits as described in the table below. Micron interns are only eligible for medical coverage.

	Full-time team members	Part-time team members
Medical	✓	✓
Dental	✓	✓
Flexible Spending Accounts	✓	✓
Vision	✓	✓
Disability insurance	✓	
Life insurance (Basic, Supplemental, Spouse, and Child)	✓	✓
Business Travel Accident insurance	✓	✓
Accident injury	✓	✓
Critical illness	✓	✓
GuidanceResources	✓	✓

Note: An individual who is classified by Micron under its standard personnel practices as ineligible for coverage (e.g., due to classification as an independent contractor) will remain ineligible for coverage even if such individual is later reclassified (by a court, the Internal Revenue Service, or otherwise) to a classification that is otherwise eligible for coverage.

Eligibility

When coverage begins

Medical, dental and vision coverage for team members begins on your date of hire. Newly eligible full-time team members who do not enroll or waive/decline coverage within the deadline will be automatically enrolled in team member-only coverage in the Value High Deductible Plan without HSA, Short-Term and Long-Term Disability, Basic Life Insurance, GuidanceResources and Business Travel Accident insurance. Part-time team members and interns who do not enroll within the deadline will be automatically enrolled in team member-only coverage in the Value High Deductible Plan without HSA. Please see the Benefits Handbook for more information regarding additional eligibility restrictions and exclusions.

Eligible dependents

Dependent eligibility is based on the Internal Revenue Code definition and can be very complicated. In general, in order to qualify for Micron's insurance plans, your dependent must be one of the following:

- A legal spouse or domestic partner
- A child or stepchild, or child of a domestic partner under age 26
- A child or stepchild, or child of a domestic partner, age 26 or older, with mental or physical disability

Documentation will be required for all dependents added to coverage. Failure to provide appropriate documentation within the deadline will remove the dependent from coverage retroactively, or never be in effect. If you timely enroll your eligible dependents and provide the required documentation, coverage for eligible dependents will also be effective as the date of hire.

If you and your spouse/domestic partner both work at Micron, you can either enroll individually or as a dependent on either team member's coverage. You, or your dependents, cannot be covered on more than one Micron medical, dental or vision plan at any time.

Full details of dependent eligibility requirements are available in the **Benefits Handbook** on **PeopleNow/**. If you are unsure whether your dependent meets the eligibility requirements, be sure to verify by creating a case on **PeopleNow/** or contacting the **Global People Services** at **800.336.8918**.

If you lose eligibility

Certain events may cause you to lose benefits eligibility. For example, if your employment ends or your hours are reduced below a certain level. Some life events, such as divorce or child reaching an age maximum, may cause dependents to lose eligibility. In the case of a dependent's loss of eligibility due to a life event, you must initiate a midyear life event change at **ENROLLNOW.micron.com** within 60 days of the event and provide proof of the event. Kaiser Permanente HMO and Cigna International participants are required to initiate a midyear life event change within 31 days of the event.

When you initiate a midyear life event, you cannot change your medical, dental, or vision plans. You will only be permitted to add or remove the impacted participant/dependent.

Coverage generally ends on the date of the event or with respect to some on the last day of the month following the date of the event. Please review the **Benefits Handbook** posted on **PeopleNow/** for detailed information regarding the effective date for specific midyear events. You and your enrolled dependents may be eligible to continue certain coverages through COBRA or convert to individual coverage if you meet certain deadlines.

For more information, contact the Micron **Global People Services** by creating a case on **PeopleNow/**, call **800.336.8918** or go to the **Benefits Handbook** on **PeopleNow/**.

Remember

It is your responsibility to periodically review all enrolled dependents to ensure they meet the eligibility requirements for coverage. In the event an ineligible dependent is identified on your Micron enrollment, the ineligible dependent will be removed from coverage retroactively to the date they no longer met the eligibility requirements. This activity may result in a forfeiture of premiums paid for ineligible dependent, forfeiture of the ineligible dependent COBRA opportunity, claims reprocessing and collection activity by the service provider to recover claims paid.

Enrolling

Annual Enrollment
12:01 a.m. CT Nov. 1
to 11:59 p.m. CT Nov. 30

Annual Enrollment is your yearly opportunity to review your benefits and make new choices for the coming year. Your current medical, dental and vision coverage will continue for 2024 if you do not make an Annual Enrollment election. You are required to make new elections in the FSA Plan each year. FSA elections do not continue automatically.

Elections made during Annual Enrollment will go into effect January 1, 2024, and generally remain in place for the entire year.

You must upload dependent documentation for any newly added or newly enrolled dependents within the deadline.

You generally can only add or remove yourself or dependents from your plans during the year if you have a qualified change in family status, such as a marriage, birth, divorce, etc.

Enrollment system

You can access the benefits enrollment system from work or home. The enrollment site includes a plan comparison tool to help you decide which medical plan is best for you and your family.

Enroll here:

From work: use the single sign-on alias **enrollnow/**

From outside: log in to **enrollnow.micron.com** (using Micron's Authenticator)

If you do not enroll within the deadline:

If you do not go online to enroll, you will automatically be enrolled in the same medical, dental and vision plans for 2024. If you waived/declined medical coverage for 2023, you will continue to have medical coverage waived/declined in 2024. Your Health Savings Account (HSA) election amount will continue as well.

You must make new elections each year to participate in the healthcare and dependent care flexible spending accounts. The cost of this coverage will be deducted from your paycheck on a pre-tax basis.

Full Time and part-time team members enrolling in the Accident Injury Plan and/or Critical Illness Plan, must make the elections during Annual Enrollment. The cost of these plans will be deducted from your paycheck on a post-tax basis.

Your current life insurance and 401(k) contribution elections carry forward into 2024. However, you are encouraged to review and update your beneficiary information as needed.

Full-time team members will also be covered by short-term disability, long-term disability and business travel accident insurance at no cost to you.

Making changes/life events

Following Annual Enrollment, you generally can only add or remove yourself and dependents from your plans during the year if you have a qualified change in status, such as a birth, adoption, marriage, divorce, etc.

Changes must be made within 60 days of the event date (within 31 days for Kaiser HMO and Cigna International medical plans). Make changes by logging in to the new benefits enrollment system:

From work: use the single sign-on alias **enrollnow/**

From outside: log in to **enrollnow.micron.com** (using Micron's Authenticator)

When you have a qualified midyear life event, such as a birth, marriage, or divorce, you may only make elections for the effected dependent. Plan changes are not permitted during a midyear life event.

Notification and submission of necessary supporting documentation is required within the specified time period in order for a change to be effective. If you do not provide required documentation to substantiate an enrollment change, your new changes may never go into effect and, in some cases, may be rescinded retroactively (in case of fraud). If you have questions, please contact the **Global People Services** at 800.336.8918 or 208.368.4748. You can also ask a question at the alias **PeopleNow/** and search in the service catalog to submit an applicable inquiry.

Enrolling

Need more information? Visit **PeopleNow/** and search "**Life Event — My Family Size Changes**". This tool will guide you through what to consider when you get married, have a child, or experience any event that could affect your benefits. It also provides instructions for completing any changes.

Certain extended health and wellbeing programs and services require the use of third-party portals or web pages. You are required to register and utilize the respective portal or web/phone app if you wish to participate in the relevant program. This may include your understanding and acceptance to the portal, website, or app terms and conditions of use. Access to, and information contained on third-party portals is not managed or maintained by Micron. All information contained within, and security safeguards are the responsibility of the third-party vendor. It is your responsibility to maintain and manage your unique login and password where single-sign-on access is not provided or supported by Micron.

You can also review the **Benefits Handbook** on **PeopleNow/** for comprehensive information on midyear events and deadlines, including special enrollment rights through CHIP or WHCRA.

The 2024 Benefits Handbook will be posted on November 1, 2023.

Contact information

Help and support

You have lots of help and support when it comes to benefits. Use this page to find the support you need. Remember, the Micron **Global People Services** should be your first stop regarding general enrollment and eligibility questions. Contact the specific plan administrators listed for questions regarding claims or information specific to coverage, providers, etc.

Topic	Support provider	Group/Policy	Contact information	
Medical	Blue Cross of Idaho	Group #10020590	800.358.5527	bcidaho.com
	Blue Cross Care Guides		855.675.9412	mymicroncareguide@bcidaho.com
	Kaiser CA		800.464.4000	kp.org
	Kaiser Mid-Atlantic		800.777.7902	kp.org
	Kaiser CO		800.623.9700	kp.org
	Kaiser GA			kp.org
	Cigna (EXPATs)			cignaenvoy.com
Prescription drug	Blue Cross of Idaho	Group #10020590	800.358.5527	bcidaho.com
Dental	Blue Cross of Idaho	Group #10020590	800.358.5527	bcidaho.com
	Delta Dental	Group #5850	800.356.7586	deltadentalid.com
Vision	Vision Service Plan	Group #30021795	800.877.7195	vsp.com
Flexible Spending Accounts (FSAs)	Flores & Associates		800.532.3327	flores247.com
Health Savings Accounts (HSAs)	Fidelity		800.835.5098	netbenefits.com
Life and AD&D Insurance - EOI	The Hartford	Policy #GL-674815	855.396.7655	
Short-Term Disability	Matrix		877.202.0055	matrixabsence.com
Long-Term Disability	Reliance Standard	Policy #109660	800.644.1103	matrixabsence.com
Critical illness	Reliance Standard		800.644.1103	www.reliancestandard.com/micron/
Accident injury	Reliance Standard		800.644.1103	www.reliancestandard.com/micron/
GuidanceResources	ComPsych	web ID: MICRON	844.470.5745	guidanceresources.com or EAP/
International assistance	ISOS	Group #11BMMS000080	215.942.8226	ISOS Card with Global phone numbers

Contact information

Topic	Support provider	Group/Policy	Contact information	
Micron Family Health Clinic Boise	Crossover Health		208.368.5656	crossoverhealth.com
401(k), NQDC	Fidelity		800.835.5098	401k.com
Micron benefits general questions	Micron Global People Services		208.368.4748 or 800.336.8918	PeopleNow/ or micron.com/careers/benefits
Benefits enrollment	WEX		Global People Services 208.368.4748 or 800.3368918	ENROLLNOW/ alias from work ENROLLNOW.micron.com from outside
Cobra Administration	WEX		877.837.5017	www.mypremiumbill.com
International Medical	Cigna	MBA #04491A	800.243.1348	cignaenvoy.com
LGBTQ+ Support	Included Health		833.232.9076	includedhealth.com/micron
Early Detection Cancer	GRAIL		833.694.2553	galleri.com/micron

Important notices

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator Blue Cross of Idaho at 800.358.5527, Kaiser California at 800.464.4000, Kaiser Mid Atlantic at 800.777.7902, Kaiser Colorado at 800.632.9700, Kaiser Georgia at 888.65.5813, or Cigna at 800.441.2268.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call 866.444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance to pay your employer health plan premiums. The list of states on the following two pages is current as of July 31, 2023. Contact your state for more information on eligibility.

Important notices

Medicaid and/or CHIP eligibility by state

ALABAMA – Medicaid
Website: www.myalhipp.com
Phone: 1.855.692.5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: www.myakhipp.com
Phone: 1.866.251.4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS – Medicaid
Website: www.myarhipp.com
Phone: 1.855.MyARHIPP (855.692.7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: dhcs.ca.gov/hipp
Phone: 1.916.445.8322
Fax: 1.916.440.5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1.800.221.3943/ State Relay 711
CHP+: hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1.800.359.1991/ State Relay 711
Health Insurance Buy-In Program (HIBI):
Website: www.mycohibi.com/
HIBI Customer Service: 1.855.692.6442

FLORIDA – Medicaid
Website: www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: 1.877.357.3268

GEORGIA – Medicaid
GA HIPP website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 1.678.564.1162, Press 1
GA CHIPRA website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 1.678.564.1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: www.in.gov/fssa/hip/
Phone: 1.877.438.4479

All other Medicaid
Website: www.in.gov/medicaid/
Phone: 1.800.457.4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid website: dhs.iowa.gov/ime/members
Phone: 1.800.338.8366
Hawki website: dhs.iowa.gov/Hawki
Phone: 1.800.257.8563
HIPP website:
dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
Phone: 1.888.346.9562

KANSAS – Medicaid
Website: www.kancare.ks.gov/
Phone: 1.800.792.4884
HIPP phone: 1.800.967.4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1.855.459.6328
Email: KIHIPP.PROGRAM@ky.gov

KCHIP website: kidshealth.ky.gov/Pages/index.aspx
Phone: 1.877.524.4718

Kentucky Medicaid website: chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1.342.6207 (Medicaid hotline) or 1.855.618.5488 (LaHIPP)

MAINE – Medicaid
Enrollment website:
www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1.800.442.6003 / TTY: Maine relay 711

Private Health Insurance Premium website:
www.maine.gov/dhhs/ofi/applications-forms
Phone: 1.800.977.6740 / TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa
Phone: 1.800.862.4840 / TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programsand-services/other-insurance.jsp
Phone: 1.800.657.3739

Important notices

Medicaid and/or CHIP eligibility by state

MISSOURI – Medicaid
Website:
www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 1.573.751.2005

MONTANA – Medicaid
Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1.800.694.3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: www.ACCESSNebraska.ne.gov
Phone: 1.855.632.7633
Lincoln: 1.402.473.7000
Omaha: 1.402.595.1178

NEVADA – Medicaid
Medicaid Website: dhcfp.nv.gov
Phone: 1.800.992.0900

NEW HAMPSHIRE – Medicaid
Website: www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 1.603.271.5218
Toll free number for HIPP program: 1.800.852.3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid phone: 1.609.631.2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: 1.800.701.0710

NEW YORK – Medicaid
Website: www.health.ny.gov/health_care/medicaid/
Phone: 1.800.541.2831

NORTH CAROLINA – Medicaid
Website: medicaid.ncdhhs.gov/
Phone: 1.919.855.4100

NORTH DAKOTA – Medicaid
Website: www.hhs.nd.gov/healthcare
Phone: 1.844.854.4825

OKLAHOMA – Medicaid and CHIP
Website: www.insureoklahoma.org
Phone: 1.888.365.3742

OREGON – Medicaid
Website: healthcare.oregon.gov/Pages/index.aspx
Phone: 1.800.699.9075

PENNSYLVANIA – Medicaid
Website: www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
Phone: 1.800.692.7462
CHIP website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1.800.986.KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: www.eohhs.ri.gov
Phone: 1.855.697.4347, or 1.401.462.0311
(Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: www.scdhhs.gov
Phone: 1.888.549.0820

SOUTH DAKOTA - Medicaid
Website: dss.sd.gov
Phone: 1.888.828.0059

TEXAS – Medicaid
Website: www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1.800.440.0493

UTAH – Medicaid and CHIP
Medicaid Website: medicaid.utah.gov/
CHIP Website: health.utah.gov/chip
Phone: 1.877.543.7669

VERMONT– Medicaid
Website: dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1.800.250.8427

VIRGINIA – Medicaid and CHIP
Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select or coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid Phone: 1.800.432.5924

WASHINGTON – Medicaid
Website: www.hca.wa.gov/
Phone: 1.800.562.3022

WEST VIRGINIA – Medicaid
Website: dhhr.wv.gov/bms/ or mywvhipp.com
Medicaid Phone: 1.304.558.1700
CHIP toll-free: 1-855-MyWVHIPP (1.855.699.8447)

WISCONSIN – Medicaid and CHIP
Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1.800.362.3002

WYOMING – Medicaid
Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1.800.251.1269

Important notices

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1.877.267.2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email **ebsa.opr@dol.gov** and reference the OMB Control Number 1210-0137.

Important notices

HIPAA Privacy

Micron Technology, Inc. is committed to protecting your medical information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Our Notice of Privacy Practices is available on PeopleNow/. You also may obtain a copy by calling the Global People Services **208.368.4748, 800.336.8918,**or ask a question at the alias PeopleNow/ and search in the service catalog to submit an applicable enquiry.

Medicare

Important notice from Micron about your prescription drug coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about prescription drug coverage under Micron's medical plans and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Micron has determined (in the manner required by the federal government) that the prescription drug coverage offered through Micron's PPO Medical Plan, Value PPO Medical Plan, Idaho PPO Medical Plan, the Consumer Directed High Deductible Medical Plan and Value High Deductible Medical Plan, administered by Blue Cross of Idaho, and the fully insured Cigna International Plan and Kaiser HMO plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because prescription drug coverage under Micron's medical plans is creditable coverage, you can choose to enroll in Micron's coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) because you lost creditable coverage to join a Medicare drug plan.

You should compare Micron's coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

For a detailed description of prescription drug coverage available through Micron's plans, see the Benefits Handbook or your plan's Summary Plan Description or Certificate of Coverage. Micron's medical plans pay for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you decide to join a Medicare prescription drug plan as well as enroll in Micron medical coverage.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan instead of Micron's medical coverage, which includes prescription drug coverage, be aware that you and your dependents may not be eligible for Micron's coverage unless you experience a qualified event that allows you to enroll midyear, or you wait until Micron's next Annual Enrollment period.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

You should also know that if you choose to enroll in one of Micron's medical plans, and then drop or lose your medical and prescription drug coverage with one of Micron's medical plans, and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

Important notices

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or Micron's current prescription drug coverage

- Contact Micron's Global People Services team at 208.368.4748 or 800.336.8918.
- Call the customer service number listed for Micron's medical plans, found on PeopleNow/ or in the Benefits Handbook.

NOTE: You may receive this notice each year included with Micron's Annual Enrollment information and if Micron's coverage becomes non-creditable. You may also request another copy of this notice if you need it.

For more information about your options under medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. If you or your spouse/domestic partner is age 65 or older, you will get a copy of the handbook in the mail every year from Medicare. You can also get more information about Medicare prescription drug plans from these places:

- Visit www.medicare.gov
- Call your state Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE 800.633.4227). TTY users should call 877.486.2048.

You may also be contacted directly by various Medicare prescription drug plans. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security at www.socialsecurity.gov, or call them at 800.772.1213 (TTY 800.325.0778).

Remember

Keep this creditable coverage notice.

If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date: November 2023
EDC ID: A5S4MM5EQMNK-854626517-85
Name of Entity/Sender: Micron Technology, Inc.
Contact: Global People Services team MS 1-727
8000 S. Federal Way
P.O. Box 6
Boise, ID 83707-0006
Phone number: 208.368.4748 / 800.336.8918

Important notices

Your rights and protections against surprise medical bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, federal law protects you from balance billing. Balance billing occurs when you see an out-of-network provider or facility and you receive a bill from the provider or facility in excess of what the plan has agreed to pay. A provider or facility is out-of-network, if the plan does not have a contracted service rate with the provider or facility.

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as co-payments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Also, when you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the co-payments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

Please contact your medical coverage administrator; Blue Cross of Idaho, Kaiser Permanente, or Cigna if you believe you have been balance billed for care you receive.