

NOLAN HERGERT

Oct 22, 2018 13:51 p.m. PT

HEALTH

Your Enrollment is Confirmed

Your enrollment has been completed successfully. You can change these choices anytime until **November 2, 2018**, when enrollment ends.

Your confirmation number is **367777007**.

Coverage Effective Beginning Jan 1, 2019

Annual Pay Period

Medical

Connected Care Providence HDHP

Your Annual Cost

You Only

\$0.00

Health Savings Account

Your Contribution

Your Annual Cost

\$3,500.00/Year

\$3,500.00

Your pay period cost shown is based on a full year contribution amount and not adjusted if you are enrolling or changing your contribution midyear. To determine your estimated Pay Period cost for a midyear enrollment or change you should take your annual cost and subtract any contributions you have had deducted from your Intel pay checks and divide it by the remaining pay periods in the year.

Dental

Delta Dental PPO

Your Annual Cost

You Only

\$0.00

Vision

VSP Basic Vision Plan

Your Annual Cost

You Only

\$0.00

Health Flexible Spending Account

Your Contribution

Your Annual Cost

\$0.00/Year

\$0.00

Dependent Care Assistance Program

Your Contribution

Your Annual Cost

\$0.00/Year

\$0.00

MetLife Critical Illness

tip [Suggestions for You... More](#)

No Coverage

Your Annual Cost

\$0.00

Basic Life Insurance

Basic Life Insurance

Your Annual Cost

\$195,000.00

\$0.00

Employee Supplemental Life

No Coverage

Your Annual Cost

\$0.00

\$0.00

Spouse/DP Life Insurance

No Coverage

Your Annual Cost

\$0.00

\$0.00

Child/DP Child Life Insurance

No Coverage

Your Annual Cost

\$0.00

\$0.00

Basic AD&D Insurance

Basic AD&D Coverage

Your Annual Cost

\$195,000.00

\$0.00

Employee Supplemental AD&D

No Coverage

Your Annual Cost

\$0.00

\$0.00

Dependent AD&D Insurance

No Coverage

Your Annual Cost

\$0.00

Short-Term Disability

No Coverage

Your Annual Cost

\$0.00

The annual cost shown is the annual maximum. The per pay period cost shown is an estimate. Your actual per pay period amount will be different as it is based on a percentage of your earnings. Deductions will stop once you reach your annual maximum.

Long-Term Disability

Intel provides you with Long-Term Disability coverage at no cost

Your Annual Cost

LTD Coverage

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Employee Assistance Plan

Intel provides you with Employee Assistance Plan coverage at no cost

Your Annual Cost

Employee Assistance Plan

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Business Travel Accident

BTA Coverage

Your Annual Cost

\$487,000.00

\$0.00

Hyatt Legal

No Coverage

Your Annual Cost

\$0.00

Total Cost

Next Year's Benefits

Your Annual Cost

\$3,500.00

What Happens Next

Print this page for your records. If you're unable to print this page, you may request a paper confirmation by calling the Intel Health Benefits Center at 877-GoMyBen (466-9236).

A confirmation of your request will be sent to your Corporate Email Address, usually within 30 minutes.

Urgent Notice: If you enrolled in the Health Savings Account or added additional Life Insurance, select the Message link on the top right hand corner of the My Health Benefits main page to see what additional actions you may need to take.

Intel Corporation has contracted with health suppliers to provide optional targeted programs and activities to help improve the health of Intel employees and their family member(s) and reduce health care costs. You and your family member(s) may be contacted to determine if you would like to take part in these programs.

To make additional changes to your elections related to Annual Enrollment, you may revisit this site during the Annual Enrollment period or call the Intel Health Benefits Center at (877)GoMyBen (466-9236) for assistance.

Other Considerations

[Learn More About Other Benefits](#)
