2027 U.S. benefits guide

Annual Enrollment is your limited-time opportunity to review your 2027 Micron benefits, update your covered dependents and make any needed changes.

Annual Enrollment
Nov. 1 – 30, 2026

Deadline: Complete your elections by Nov. 30 at 11:59 p.m. CT.

Annual Enrollment

Annual Enrollment is your limited-time opportunity to review your 2027 Micron benefits, update your covered dependents and make any needed changes.

You must take action during Annual Enrollment if you want to:

- Change your medical, dental, vision or other benefit elections for 2027.
- Waive or decline coverage for 2027.
- Enroll in or continue a Flexible Spending Account for 2027.

Important: Flexible Spending Account elections do not carry over automatically. If you want a Health Care FSA, Limited Purpose FSA or Dependent Care FSA in 2027, you must re-enroll during Annual Enrollment.

What to do during Annual Enrollment

1. Review your current benefit elections in **enrollnow/**.
2. Review and update your eligible dependents, if needed.
3. Make your plan selections for each benefit you want to change or enroll in for 2027.
4. Select the dependents you want to cover or remove under each plan.
5. Review your Enrollment Confirmation carefully to make sure it reflects your intended 2027 coverage.

Benefits resources

This guide will remain posted throughout the year as a quick reference for 2027 benefits.

Official plan details are available in the **2027 Benefits handbook** and the medical plan Summary of Benefits and Coverage (SBC) on **PeopleNow/**.

You may request a paper copy of the U.S. benefits guide, Benefits handbook and SBC by contacting Micron's Global People Services at 800.336.8918 or by going to alias **PeopleNow/** and submitting an inquiry in the service catalog.

If there is any conflict between this guide and the official plan documents, the official plan documents will govern.

Enroll here

From work: visit alias **enrollnow/**

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

Benefit changes

Changes / Important items

Medical

Dental

Vision

Flexible Spending Accounts

Health Savings Account

Accident injury

Critical illness

Long-term disability buy-up

Wellbeing and employee programs

Global Culture and Inclusion

Life insurance

Disability insurance

Midyear life event enrollment changes

Enrollment tips

Help and Support

What's changing for 2027

Medical

Minimal increases to deductibles and out-of-pocket maximums apply to Blue Cross and Cigna HDHP and PPO plans. See the Plan Comparisons for details.

Blue Cross HDHP, PPO, and Idaho PPO prescription generic drug co-pays will increase to $12; HDHP co-pays apply after the deductible is met.

Beginning January 1, 2027, Blue Cross plans will include Hinge Health, a musculoskeletal support solution; Cigna plans already include Hinge Health.

FSA Administrator Change

Starting Jan. 1, 2027, Fidelity is the administrator for the Health Care FSA, Limited Purpose FSA and Day Care FSA. You'll manage your FSA on NetBenefits, the same site used for the Micron HSA and 401(k).

2027 Bi-weekly Premiums

U.S. health care costs continue to rise, driven in part by specialty care and prescription drug costs. As a result, Micron's 2027 bi-weekly medical premiums will increase, while remaining competitive against peer and benchmark groups.

Beginning with the January 8, 2027 paycheck, 2027 bi-weekly medical premiums will increase by up to 10% over 2026 premiums; increases vary by medical plan and coverage tier. See the Premiums sheet for details.

No bi-weekly premium increases for the following benefits:

- Dental
- Vision
- Supplemental Group Term Life, Spouse Group Term Life, and Child Group Term Life through The Hartford
- Buy Up LTD
- Accident Injury
- Critical Illness
- Hospital Indemnity
- Legal Plan

Annual limit changes

Health Savings Account (HSA) IRS limit

HSA	2026	2027	Increase
Total contribution – Individual	$4,400*	$4,500*	$100
TM contribution	$3,800	$3,900	$100
Micron Seed + Match	$600	$600	—

HSA	2026	2027	Increase
Total contribution – Family	$8,750*	$9,000*	$250
TM contribution	$7,550	$7,800	$250
Micron Seed + Match	$1,200	$1,200	—

Note: You must fully complete your HSA account set up before Micron payroll deductions begin.
*Team members reaching age 55 or older in 2027 may contribute an additional $1,000.

Flexible Spending (FSA) limits

FSA	2026	2027	Increase
DayCare FSA	$7,500	$7,500	—
Healthcare FSA	$3,300	$3,400	$100
Limited Purpose FSA (dental & vision only)	$3,300	$3,400	$100

Healthcare and Limited Purpose Flexibility Spending Account (FSA) rollover

	2026 to 2027	2027 to 2028
Rollover amount	$660	$680

*Note: If you change from a PPO or HMO in 2026 to a HDHP for 2027, any FSA rollover funds become Limited Purpose FSA in 2027 and may only be used for dental and vision expenses. Because of the change to Fidelity, your 2026 carryover will be available in your Fidelity account around April 15, 2027, after the March 31, 2027 Flores claims deadline.

Important benefit enrollment reminders

Read this first

Your Enrollment Confirmation is the final review of what you elected. Check it after every enrollment activity and correct anything that does not match your intent before the deadline. Entering dependent information or uploading documents does not add a dependent to coverage; you must select coverage for each dependent under each plan.

Enrollment steps for everyone

1. Go to **enrollnow/** and select the correct enrollment event, such as Annual Enrollment or Initial Enrollment, or create the correct life event, such as birth, marriage, or gain of coverage elsewhere.
2. Enter or review dependent information. This step alone does not add a dependent to coverage.
3. Make your plan elections and add each covered dependent to each plan that should cover them.
4. Review your Enrollment Confirmation carefully. Make any corrections before the deadline.
5. Return to **enrollnow/** and upload any required supporting documents for the event and/or dependent by the deadline.

For current team members during annual enrollment

- Annual Enrollment is open Nov. 1 – 30, 2026. Make elections early so you do not miss the deadline.
- There are no extensions for missing the Annual Enrollment window.
- You must re-enroll each year in a Health Care FSA, Limited Purpose FSA and Daycare FSA. These elections do not carry forward.
- Review 2027 healthcare premiums because premiums generally change each year and will be withheld according to your 2027 elections and coverage level.
- Review and update dependents, dependent SSNs, 401(k) beneficiaries and life insurance beneficiaries as needed.
- If you are currently enrolled in an HSA and remain covered by an HDHP, your Annual Goal Amount as of Dec. 31, 2026, will roll over if you do not make a new Annual Enrollment HSA election.

For new hires, newly eligible team members, and US transfers

- Complete enrollment within 30 days of becoming eligible.
- If you do not complete enrollment by the deadline, the default medical plan for newly hired or newly eligible team members is Individual Cigna High-Deductible Health Plan coverage. HSA enrollment is not automatic.
- To receive the 2027 Micron HSA contribution, you must initiate your HSA election and establish your HSA bank account through **enrollnow/** by Oct. 31, 2027.
- If you transfer from one U.S. location to another and your current medical plan is still offered, you may continue that plan or enroll in a newly offered plan. You may not change to a plan that was offered in both your previous and new locations.

If you are...	What you need to do	Key timing
New hire, newly eligible, or U.S. transfer	Complete your Initial Enrollment in **enrollnow/**. Review or enter dependents, choose plans, add each covered dependent to each plan, upload required documents and review your Enrollment Confirmation.	Complete elections within 30 days. Upload required event/dependent documents by the applicable deadline.
Current team member during Annual Enrollment	Review 2027 plan options, premiums, dependents, beneficiaries, HSA/FSA elections and your Enrollment Confirmation. You may make changes during the window.	Annual Enrollment runs Nov. 1 – 30, 2026. No extensions are permitted after the posted deadline.
Any team member with a mid-year qualified event	Create the correct life event in **enrollnow/**, make only the allowed changes for the affected dependent(s), upload required documents, and review your confirmation.	Complete changes and submit required documents within the event deadline, typically 60 days or 31 days for Kaiser/Cigna International.

- If your current medical plan is not offered at your new U.S. location, you may enroll in any medical plan offered at the new location.

U.S. Paid Holidays

The 2027 U.S. Traditional and Manufacturing Holiday calendars are published on PeopleNow. For team members under the U.S. Traditional Holiday Calendar (1SAL, 1HRY, 2SAL, and 2HRY shifts), Micron business offices are closed on U.S. paid holidays; advance VP approval is required if work on a holiday is necessary.

Dependents and documentation

- Entering a dependent name, birth date, relationship code or uploading documents does not add the dependent to coverage. You must select coverage for that dependent under each applicable plan.
- No person can be covered more than once under a Micron plan. A married couple may choose one team member's coverage, split family enrollment or enroll separately, but one person cannot be covered as both a team member and a spouse.
- Review your dependent's name and Social Security Number in **enrollnow/** under My Dependents. If something is incorrect, create a benefits case with the corrected information. SSN documentation is not required.
- For newly added dependents or qualified midyear events, upload required documentation by the deadline. If more time is needed, request an extension through a benefits case in **PeopleNow/** before the document deadline.
- Review enrolled dependents regularly and remove anyone who no longer meets eligibility requirements.

HSA, FSA, 401(k) and other plan reminders

HSA. Blue Cross HDHP and Cigna HDHP participants may be eligible for Micron HSA contributions: Single coverage $600 total, including $125 seed and $475 match; Family coverage $1,200 total, including $250 seed and $950 match. New HSA enrollees must initiate the election through **enrollnow/** by Oct. 31, 2027. If you are enrolled in a Health Care FSA at any time during the calendar year, you are not eligible for HSA contributions for that same year. You may use a Limited Purpose FSA for dental and vision expenses only.

FSA. Health Care FSA, Limited Purpose FSA and Daycare FSA elections must be made each year. The 2027 maximum contribution limit is $3,400 for the Health Care FSA and Limited Purpose FSA.

401(k). You may change 401(k) contributions and investments any time at www.401k.com or by calling Fidelity at 1-800-835-5098. Consider contributing at least 5% of pay to receive the full Micron match of dollar-for-dollar contributions up to 5% of pay. Qualifying student loan payments can also earn the 5% match. Register your loans with Fidelity.

Subrogation, balance billing and other coverage. Review the Benefits Handbook for details about subrogation, reimbursement, balance billing, emergency and non-emergency out-of-network rules, and coordination of benefits when a dependent has other insurance coverage.

401(k) Catch-up Contributions. Under the SECURE 2.0 Act, if your 2026 FICA wages from Micron were above the IRS threshold, your 2027 catch-up contributions must be made on a Roth after-tax basis. If this applies to you, Micron's payroll automatically routes your catch-up to Roth once you reach the regular annual contribution limit. That regular limit applies to your pre-tax and Roth contributions combined, not to each separately. The IRS has not yet published the 2027 compensation threshold.

This applies to both standard and enhanced catch-up contributions, if eligible, for participants age 50 and older. Micron will automatically treat these contributions as Roth once the regular contribution limit is reached.

ID cards, telehealth and support resources

- Blue Cross medical or dental enrollment for 2027 will generate new Blue Cross ID cards. New Cigna Healthcare medical enrollment for 2027 will generate new Cigna cards. Delta Dental enrollment for 2027 will generate new Delta Dental ID cards. New Kaiser HMO enrollments or changes will generate new ID cards.
- You can download or request ID cards from your health plan website. VSP does not issue vision cards; provide the participant's name and birth date when obtaining services.
- Telehealth is provided by MDLIVE for Micron HDHP and PPO medical plan participants. Kaiser HMO participants access telehealth through iVisit on the Kaiser member portal. Out-of-network telehealth is not covered under Blue Cross, Cigna Healthcare or Kaiser-administered medical plans.
- If enrolled in a Blue Cross medical or dental plan, contact your Blue Cross Care Guide at mymicroncareguides@bcidaho.com or 1-855-675-9412 for support finding care, coordinating care, understanding diagnoses or treatment plans, and identifying resources.
- For the 2027 Holiday Calendar, Time Off Plan information and related programs, visit **PeopleNow/** or ask MIA.

Final review before you submit

Before the deadline, open your Enrollment Confirmation and verify: correct plans, correct coverage level, all intended dependents covered under each applicable plan, correct HSA/FSA elections, documents uploaded and beneficiary information reviewed.

Medical

Overview

Enrollment default plans

Cost sharing

Medical provider networks

Pharmacy

Medical plan comparisons

Medical premiums

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Overview

Medical coverage is one of your most important and valuable benefits. Your 2027 medical coverage choices are based on the location of your Micron site. If you elect to cover your eligible dependents, they will be covered by the medical plan option you select, regardless of their physical location.

Regardless of which medical plan option 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. The plans help you when you are not well by covering a portion of your costs. There are tools to help you determine which medical plans in your area are the best fit for you and your family.

See the **medical plan comparison** for a look at each plan's covered services and features.

From work: visit alias **enrollnow/**

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

The Blue Cross HDHP and Cigna HDHP are compatible with a Health Savings Account (HSA), provided you elect an HSA by Oct. 31, 2027. In some cases, the HSA bank account setup requires additional information that must be provided to activate the account. 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 International plans or those who have waived or declined Micron medical coverage. The Health Care FSA is available for medical plan enrollees and team members who have waived or declined medical plan coverage.

Enrollment default plans

Micron new hires or newly eligible team members who fail to complete enrollment within the deadline will be enrolled in the Cigna HDHP without an HSA. Micron HSA contributions will not be made unless the new hire or newly eligible team member completes the HSA election by Oct. 31, 2027. The Annual Enrollment deadline to make new enrollment elections is 11:59 p.m. CT Nov. 30, 2026.

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 **medical plan comparison** 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 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, 2026, your 2026 medical elections will continue for 2027. You must make an election if you want to change, waive or decline the Medical Plan for 2027.

Provider networks

- The Blue Cross HDHP, Blue Cross Idaho PPO Plan and the Blue Cross 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 Cigna HDHP, Cigna Idaho PPO Plan and Cigna PPO Plan use the Open Access Plus Network. Search for providers on **cigna.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's "balance billing" means you are responsible for paying a significantly higher cost for services compared to services obtained from a contracting, or in-network, provider.

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

Pharmacy

Pharmacy coverage is included in all medical plans. Kaiser HMO plans include Kaiser Pharmacy coverage. Pharmacy benefits for Blue Cross medical plans are administered by Blue Cross of Idaho Rx. Pharmacy benefits for Cigna medical plans are administered by Express Scripts. Amounts you pay for covered medications will be credited toward your medical plan out of pocket maximum. Additional detailed information, such as mail-order instructions and pre-authorization information, is available on the Blue Cross, Kaiser and Cigna participant portal pages and 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 the maximum allowable charges for preventive drugs obtained out-of-network. Kaiser participants are required to use 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 at an in-network facility. **See the Benefits Handbook for information on 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 that the HMO medical plan requires the use of Kaiser contracting providers. In most cases, there is no coverage provided for out-of-network care. Kaiser requires referrals for emergency out-of-network services.

2027 HSA contributions

Blue Cross HDHP and Cigna HDHP enrollees

- **Team member-only coverage:** $125 Micron contribution, then a dollar-for-dollar match of your contribution up to a maximum match of $475 annually, for a total Micron contribution of $600 (initial seed contribution plus match).
- **Family coverage:** $250 Micron contribution, then a dollar-for-dollar match up to a 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 by Oct. 31, 2027, no Micron contributions or team member contributions will be made to your HSA for the 2027 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 accounts. The annual limits for 2027 are $4,500 for individuals with team-member-only coverage and $9,000 for individuals

with family coverage. Team members aged 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 their 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 U.S. 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 aged 35 – 49 is at the sole discretion of GRAIL/ Galleri health professionals. Micron is not informed and has no knowledge of individual team members' test completion or 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 an 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 who 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 a covered benefit under any Micron medical plan option. 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.)

Aggregated or embedded deductibles and out-of-pocket maximums

- An aggregated deductible applies when covering dependents with the High-Deductible Health Plans. 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 a single family member). 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 PPO medical plans have embedded, or per-person, deductibles and out-of-pocket maximums. Each family member must meet their individual deductible before the plan begins covering a percentage of the cost. If a family has only one person with significant health care expenses, embedded (or individual) deductibles and out-of-pocket maximums can help reduce out-of-pocket costs.
- The Kaiser HMO plans have embedded, or per-person, out-of-pocket maximums. (The HMO does not have deductibles.)

Medical

Idaho

Folsom, San Jose, Manassas and Longmont

All other U.S. locations

Boise on-site clinic

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

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

If you have waived or declined Micron's medical coverage or are enrolled in a Kaiser Permanente HMO Plan, you are not eligible to utilize the Micron Family Health Center in Boise, Idaho.

Micron clinic fees

The amount you pay in clinic fees will be applied to your medical plan deductible and out-of-pocket maximum. 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**.

Medical plan comparisons

Your medical plan eligibility is based on your Micron work location on record. The tables on the next few pages compare the medical plan options available for different Micron U.S. sites.

These tables are intended for high-level comparisons. For details on each plan, please refer to the Benefits Handbook and SBCs posted on **PeopleNow/** starting Nov. 1, 2026.

2027 Idaho medical plan comparison

	Blue Cross High-Deductible Health Plan		Cigna High-Deductible Health Plan		Blue Cross Idaho PPO Plan		Cigna Idaho PPO Plan	
	In-network **In ID: BC PPO Network. Outside ID: BCBS PPO Network**	**Out-of-network***	**In-network** **Open Access Plus Network**	**Out-of-network***	**In-network** **In ID: BC PPO Network. Outside ID: BCBS PPO Network**	**Out-of-network***	**In-network** **Open Access Plus 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 = **$1,200**		**$250** Seed + **$950** Match = **$1,200**					
Deductible								
Individual	**$1,950** EE only	**$3,750** EE only	**$1,950** EE only	**$3,750** EE only	**$275**	**$1,075**	**$275**	**$1,075**
Family	**$3,800** EE+1 or more	**$7,400** EE+1 or more	**$3,800** EE+1 or more	**$7,400** EE+1 or more	**$475**	**$2,075**	**$475**	**$2,075**
Out-of-pocket maximum								
Individual	**$4,600** EE only	**$8,200** EE only	**$4,600** EE only	**$8,200** EE only	**$2,100**	**$6,100**	**$2,100**	**$6,100**
Family	**$7,200** EE+1 or more	**$16,350** EE+1 or more	**$7,200** EE+1 or more	**$16,350** EE+1 or more	**$4,100**	**$12,100**	**$4,100**	**$12,100**
Coinsurance	**10%**	**45%**	**10%**	**45%**	**20%**	**40%**	**20%**	**40%**
Emergency room (waive if admitted)	**$150 copay** + deductible and coinsurance		**$150 copay** + deductible and coinsurance		**$100 copay** + deductible and coinsurance		**$100 copay** + deductible and coinsurance	
Office visit copay **Specialist office visit copay**	**10%** after deductible	**45%** after deductible	**10%** after deductible	**45%** after deductible	**$35** for primary care **$50** for specialist	**40%** after deductible	**$35** for primary care **$50** for specialist	**40%** after deductible
Outpatient surgery and hospital	**10%** after deductible	**45%** after deductible	**10%** after deductible	**45%** after deductible	**20%** after deductible	**40%** after deductible	**20%** after deductible	**40%** after deductible
MDLIVE Telehealth visits	**10%** after deductible	Not covered	**10%** after deductible	Not covered	**$20**	Not covered	**$20**	Not covered
Hearing aid benefit	**$600** max, **$300** per aid, limit 2 aids	**$600** max, **$300** per aid, limit 2 aids	**$600** max, 2 device limit	**$600** max, 2 device limit	**$2,400** max, **$1,200** per aid, limit 2 aids	**$2,400** max, **$1,200** per aid, limit 2 aids	**$2,400** max, 2 device limit	**$2,400** max, 2 device limit
Adoption benefit	Max benefit **$3,000**/yr **$12,000** lifetime***	Max benefit **$3,000**/yr **$12,000** 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 ***	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 **$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 **$15,000**/yr **$45,000** lifetime***	Max benefit **$15,000**/yr **$45,000** lifetime***
Chiropractic/acupuncture annual visit/ day limit	18 visits	18 visits	18 days	18 days	25 visits	25 visits	25 days	25 days
Bariatric benefit	**10%** after deductible **$7,500** lifetime***	Not covered	**10%** after deductible **$7,500** lifetime***	Not covered	**20%** after deductible **$10,000** lifetime***	**40%** after deductible **$10,000** lifetime***	**20%** after deductible **$10,000** lifetime***	**40%** after deductible **$10,000** lifetime***
Micron Family Health Center eligible (Boise Main Site)	Yes		Yes		Yes		Yes	
Pharmacy								
Preventive	**$0 - No cost**		**$0 - No cost**	Not covered	**$0 - No cost**		**$0 - No cost**	Not covered
Generic	**$12 copay** after deductible		**$10 copay** after deductible	Not covered	**$12 copay**		**$10 copay**	Not covered
Formulary brand	**20%** ($100 max) after deductible		**20%** ($100 max) after ded.	Not covered	**15%** ($75 max)		**15%** ($75 max)	Not covered
Brand non-formulary	**40%** ($150 max) after deductible		**40%** ($150 max) after ded.	Not covered	**35%** ($125 max)		**35%** ($125 max)	Not covered
Specialty drugs	**25%** ($275 max) after deductible	Not covered	**25%** ($275 max) after deductible	Not covered	**20%** ($250 max)	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% ($250 max)**	Not eligible	SaveOn Specialty Drug Program	Not eligible

This document is intended for high level comparison. For details on each plan, please refer to the Benefits Handbook and SBCs 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.

***Lifetime maximum limits are applied as a combined total maximum of all paid benefits under current and historical Micron self-insured medical plan coverages, regardless of insurance carrier.

2027 Folsom, San Jose, Manassas and Longmont medical plan comparison

	Blue Cross High-Deductible Health Plan		Cigna High-Deductible Health Plan		Blue Cross PPO Plan		Cigna PPO Plan		Kaiser Permanente HMO San Jose, Folsom, Manassas, and Longmont sites only**
	In-network BCBS PPO Network	**Out-of-network**	**In-network** Open Access Plus Network	**Out-of-network**	**In-network** BCBS PPO Network	**Out-of-network**	**In-network** Open Access Plus 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 = **$1,200**		**$250** Seed + **$950** Match = **$1,200**						
Deductible									
Individual	**$1,950** EE Only	**$3,750** EE Only	**$1,950** EE Only	**$3,750** EE Only	**$350**	**$1,075**	**$350**	**$1,075**	**None**
Family	**$3,800** EE+1 or more	**$7,400** EE+1 or more	**$3,800** EE+1 or more	**$7,400** EE+1 or more	**$700**	**$2,075**	**$700**	**$2,075**	**None**
Out-of-pocket maximum									
Individual	**$4,600** EE Only	**$8,200** EE Only	**$4,600** EE Only	**$8,200** EE Only	**$2,600**	**$6,100**	**$2,600**	**$6,100**	**$2,000**
Family	**$7,200** EE+1 or more	**$16,350** EE+1 or more	**$7,200** EE+1 or more	**$16,350** EE+1 or more	**$5,100**	**$12,100**	**$5,100**	**$12,100**	**$4,000**
Coinsurance	**10%**	**45%**	**10%**	**45%**	**20%**	**40%**	**20%**	**40%**	**None**
Emergency room (waive if admitted)	**$150 copay** + deductible and coinsurance		**$150 copay** + deductible and coinsurance		**$100 copay** + deductible and coinsurance		**$100 copay** + deductible and coinsurance		**$200**
Office visit copay **Specialist visit copay**	**10%** after deductible	**45%** after deductible	**10%** after deductible	**45%** after deductible	**$35** for primary care **$50** for specialist	**40%** after deductible	**$35** for primary care **$50** for specialist	**40%** after deductible	**$20 copay** for primary care **$0 copay** for prenatal visits **$30 copay** for specialists
MDLIVE Telehealth visits	**10%** after deductible	Not covered	**10%** after deductible	Not covered	**$20**	Not covered	**$20**	Not covered	**$0** Kaiser Telehealth
Outpatient surgery **Hospital inpatient**	**10%** after deductible	**45%** after deductible	**10%** after deductible	**45%** after deductible	**20%** after deductible	**40%** after deductible	**20%** after deductible	**40%** after deductible	**$125 copay** **$250** per admission
Hearing aid benefit	**$600** max, **$300** per aid, limit 2 aids	**$600** max, **$300** per aid, limit 2 aids	**$600** max, 2 device limit	**$600** max, 2 device limit	**$2,400** max, **$1,200** per aid, limit 2 aids	**$2,400** max, **$1,200** per aid, limit 2 aids	**$2,400** max, 2 device limit	**$2,400** max, 2 device limit	**$1000** allowance
Adoption benefit	Max benefit, **$3,000**/yr **$12,000** lifetime***	Max benefit, **$3,000**/yr **$12,000** 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***	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, **$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, **$15,000**/yr **$45,000** lifetime ***	Max benefit, **$15,000**/yr **$45,000** lifetime ***	**50%** coinsurance
Chiropractic/acupuncture annual visit/day limit	18 visits	18 visits	18 days	18 days	25 visits	25 visits	25 days	25 days	30
Bariatric benefit	**10%** after deductible **$7,500** lifetime***	Not covered	**10%** after deductible **$7,500** lifetime***	Not covered	**20%** after deductible **$10,000** lifetime***	**40%** after deductible **$10,000** lifetime***	**20%** after deductible **$10,000** lifetime***	**40%** after deductible **$10,000** lifetime***	**$250 per admission**
Pharmacy				Not covered				Not covered	
Preventive	**$0 – no cost**		**$0 – no cost**	Not covered	**$0 – no cost**		**$0 – no cost**	Not covered	**$0 – no cost**
Generic	**$12 copay** after deductible		**$10 copay** after deductible	Not covered	**$12 copay**		**$10 copay**	Not covered	**$15 copay**
Formulary brand	**20%** ($100 max) after deductible		**20%** ($100 max) after ded.	Not covered	**15%** ($75 max)		**15%** ($75 max)	Not covered	**$30 copay**
Brand non-formulary	**40%** ($150 max) after deductible		**40%** ($150 max) after ded.	Not covered	**35%** ($125 max)		**35%** ($125 max)	Not covered	**$60 copay**
Specialty drugs	**25%** ($275 max) after deductible	Not covered	**25%** ($275 max) after deductible		**20%** ($250 max)	Not covered	**20%** ($250 max)		**20%** subject to pre-approval
*Specialty drugs eligible for Cost Relief Program (CRP)	Not eligible	Not eligible	Not eligible	Not eligible	Participating in CRP = **$0** coinsurance Non-Participating = **30%** (**$250** max)	Not eligible	SaveOn Speciality Drug Program	Not eligible	Not eligible

This document is intended for high level comparison. For details on each plan, please refer to the Benefits Handbook and SBCs 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.
***Lifetime maximum limits are applied as a combined total maximum of all paid benefits under current and historical Micron self-insured medical plan coverages, regardless of insurance carrier.

2027 all other U.S. locations medical plan comparison (excludes: Idaho, San Jose, Folsom, Manassas and Longmont)

	Blue Cross High-Deductible Health Plan		**Cigna High-Deductible Health Plan**		**Blue Cross PPO Plan**		**Cigna PPO Plan**	
	In-network BCBS PPO Network	**Out-of-network**	**In-network** **Open Access Plus Network**	**Out-of-network**	**In-network** BCBS PPO Network	**Out-of-network**	**In-network** Open Access Plus Network	**Out-of-network**
Micron HSA Contribution, if HSA elected								
Individual	**$125** Seed + **$475** Match = **$600**		**$125** Seed + **$475** Match = **$600**		Not eligible for an HSA		Not eligible for an HSA	
Family	**$250** Seed + **$950** Match = **$1,200**		**$250** Seed + **$950** Match = **$1,200**					
Deductible								
Individual	**$1,950** EE Only	**$3,750** EE Only	**$1,950** EE Only	**$3,750** EE Only	**$350**	**$1,075**	**$350**	**$1,075**
Family	**$3,800** EE+1 or more	**$7,400** EE+1 or more	**$3,800** EE+1 or more	**$7,400** EE+1 or more	**$700**	**$2,075**	**$700**	**$2,075**
Out-of-pocket maximum								
Individual	**$4,600** EE Only	**$8,200** EE Only	**$4,600** EE Only	**$8,200** EE Only	**$2,600**	**$6,100**	**$2,600**	**$6,100**
Family	**$7,200** EE+1 or more	**$16,350** EE+1 or more	**$7,200** EE+1 or more	**$16,350** EE+1 or more	**$5,100**	**$12,100**	**$5,100**	**$12,100**
Coinsurance	**10%**	**45%**	**10%**	**45%**	**20%**	**40%**	**20%**	**40%**
Emergency room (waived if admitted)	**$150 copay** + deductible and coinsurance		**$150 copay** + deductible and coinsurance		**$100 copay** + deductible and coinsurance		**$100 copay** + deductible and coinsurance	
Office visit copay **Specialist office visit copay**	**10%** after deductible	**45%** after deductible	**10%** after deductible	**45%** after deductible	**$35** for primary care **$50** for specialist	**40%** after deductible	**$35** for primary care **$50** for specialist	**40%** after deductible
Outpatient surgery and hospital inpatient	**10%** after deductible	**45%** after deductible	**10%** after deductible	**45%** after deductible	**20%** after deductible	**40%** after deductible	**20%** after deductible	**40%** after deductible
MDLIVE Telehealth visits	**10%** after deductible	Not covered	**10%** after deductible	Not covered	**$20**	Not covered	**$20**	Not covered
Hearing aid benefit	**$600** max, **$300** per aid, limit 2 aids	**$600** max, **$300** per aid, limit 2 aids	**$600** max, 2 device limit	**$600** max, 2 device limit	**$2,400** max, **$1,200** per aid, limit 2 aids	**$2,400** max, **$1,200** per aid, limit 2 aids	**$2,400** max, 2 device limit	**$2,400** max, 2 device limit
Adoption benefit	Max benefit **$3,000**/yr **$12,000** lifetime***	Max benefit **$3,000**/yr **$12,000** 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***	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 **$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 **$15,000**/yr **$45,000** lifetime***	Max benefit **$15,000**/yr **$45,000** lifetime***
Chiropractic/acupuncture annual visit/ day limit	18 visits	18 visits	18 days	18 days	25 visits	25 visits	25 days	25 days
Bariatric benefit	**10%** after deductible **$7,500** lifetime***	Not covered	**10%** after deductible **$7,500** lifetime***	Not covered	**20%** after deductible **$10,000** lifetime***	**40%** after deductible **$10,000** lifetime***	**20%** after deductible **$10,000** lifetime***	**40%** after deductible **$10,000** lifetime***
Pharmacy								
Preventive	**$0 - no cost**		**$0 - No cost**	Not covered	**$0 - No cost**		**$0 - No cost**	Not covered
Generic	**$12 copay** after deductible		**$10 copay** after deductible	Not covered	**$12 copay**		**$10 copay**	Not covered
Formulary brand	**20%** ($100 max) after deductible		**20%** ($100 max) after ded.	Not covered	**15%** ($75 max)		**15%** ($75 max)	Not covered
Brand non-formulary	**40%** ($150 max) after deductible		**40%** ($150 max) after ded.	Not covered	**35%** ($125 max)		**35%** ($125 max)	Not covered
Specialty drugs	**25%** ($275 max) after deductible	Not covered	**25%** ($275 max) after deductible	Not covered	**20%** ($250 max)	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%** (**$250** max)	Not eligible	SaveOn Speciality Drug Program	Not eligible

This document is intended for high level comparison. For details on each plan, please refer to the Benefits Handbook and SBCs 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.

***Lifetime maximum limits are applied as a combined total maximum of all paid benefits under current and historical Micron self-insured medical plan coverages, regardless of insurance carrier.

Medical

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

Plan	Team member only	Team member +1	Team member +2	Team member +3 or more
Blue Cross High-Deductible Health Plan (all locations)	$12.21	$64.27	$82.05	$108.03
Cigna High-Deductible Health Plan (all locations)	$11.76	$61.93	$79.07	$104.10
Blue Cross Idaho PPO Plan (Idaho only)	$42.13	$169.92	$235.90	$337.00
Cigna Idaho PPO Plan (Idaho only)	$40.60	$163.73	$227.73	$324.74
Blue Cross PPO Plan (Outside Idaho only)	$50.54	$202.20	$261.17	$372.09
Cigna PPO Plan (Outside Idaho only)	$48.71	$194.84	$251.68	$358.56
Kaiser HMO (San Jose, Folsom, Manassas and Longmont)	$91.94	$274.61	$343.27	$453.11

Dental

Dental plan

Reminder: If you do not make your Annual Enrollment elections before 11:59 p.m. CT Nov. 30, 2026, your 2026 dental elections will continue for 2027. You must make an election if you want to change, waive or decline the dental plans for 2027.

You have a choice of dental plan options:

1. Standard Dental
2. Dental Plus
3. Delta Dental
4. DeltaCare USA (DHMO)
5. Waive or decline dental coverage

The Micron Dental Plan options 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 the cost of coverage.

If you are enrolled in the Standard Dental or Dental Plus options, you can see any dentist, but you will receive the greatest benefit if you use an in-network dentist. 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**.

If you enroll in the new DeltaCare USA plan (dental HMO), you must use a DeltaCare USA provider. Select the **DeltaCare USA Network** in the provider search engine on **deltadentalins.com/deltacare**.

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 in orthodontia benefits under the Dental Plus Plan and subsequently moved to the Delta Dental Plan, the Orthodontia Lifetime maximum of their Delta Dental Plan is reduced by the $1000 benefit already paid by Micron.

Remember, if you choose an in-network provider, not only does Micron pay a higher percentage of the service cost, but you are also not responsible for charges above the maximum amount the plan has agreed to pay for that 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.

For DeltaCare USA, go to **deltadentalins.com/deltacare** to find an in-network dentist or call 800.422.4234.

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/**.

Plan features	DeltaCare USA (DHMO)		Standard 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					
	In-network	Out-of-network	In-network*	Out-of-network	In-network*	Out-of-network	In-network****	Out-of-network
Provider network	**Deltacare USA (DHMO)**		**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**	**$0**	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	**$53 - $245**	Not covered	**20%**	**30%**	**10%**	**30%**	**10%**	**10%**
Basic: Root canals, oral surgery, sedation, periodontics	**$53 - $850**	Not covered	**20%**	**30%**	**10%**	**30%**	**10%**	**10%**
Major: Inlays, crowns, bridges	**$255 - $525**	Not covered	**50%**	**60%**	**20%**	**50%**	**30%**	**30%**
Major: Dentures	**$430 - $670**	Not covered	**50%**	**60%**	**20%**	**50%**	**30%**	**30%**
Major: Implants	**$1,005 max**	Not covered	**50%**	**60%**	**20%**	**50%**	**30%**	**30%**
Orthodontia: Includes installation of tooth-straightening appliances and treatment to correct abnormally positioned teeth	Pre, post & treatment fees **$140 - $575** Child **$1,750** Adult **$2,000**	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
Deltacare USA (DHMO)	$1.00	$5.40	$7.56	$10.99
Dental	$1.10	$7.70	$12.10	$18.70
Dental Plus	$4.40	$16.50	$23.10	$33.00
Delta Dental	$5.50	$17.60	$25.30	$35.20

*BCBS National Dental PPO Provider Network.
**Diagnostic and preventative services are provided two times per year.
***The lifetime orthodontic benefit is coordinated between dental plans.
****Delta Dental PPO & Premier Provider Network.

Vision

Vision plans

Reminder: If you do not make your Annual Enrollment elections before 11:59 p.m. CT Nov. 30, 2026, your 2026 vision elections will continue for 2027. You must make an election if you want to change or waive/decline the vision plans for 2027.

You have a choice in vision coverage:

1. Standard 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 who fail to complete enrollment by 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/**.

	Standard Vision		Vision Choice	
Provider network	VSP National Provider Network			
	What you pay			
	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 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)**
Sunglass/Blue light glasses benefit	No benefit	No benefit	**$200** max benefit with $15 copay every calendar year in lieu of glasses	**$70** max with **$15** copay every calendar year in lieu of glasses
	Benefit allowance (You pay amounts over the allowance)			
Frame allowance*	**$130** benefit every other calendar year	**$70** benefit every other calendar year	**$200** benefit every calendar year	**$70** benefit every calendar year
Contact lens allowance*	**$130** every calendar year in lieu of glasses	**$105** benefit every calendar year in lieu of glasses	**$200** benefit every calendar year in lieu of glasses	**$105** benefit every calendar year in lieu of glasses
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

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

	Team member only	Team member + 1	Team member + 2	Team member + 3 or more
Standard Vision	$1.00	$2.20	$4.40	$6.60
Vision Choice	$4.40	$11.00	$14.30	$19.80

FSAs

Flexible Spending Accounts

Limited Purpose FSA

Using your FSA

FSAs compared

FSA administrator

Fidelity is the administrator for Micron Flexible Spending Accounts (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.

FSAs

Micron full-time and part-time team members are eligible to participate in 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 Fidelity, 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 FSAs:

1. **Health Care FSA**
   Medical, pharmacy, dental and vision eligible expenses.
2. **Limited Purpose FSA**
   Eligible expenses limited to dental and vision eligible expenses only.
3. **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 **netbenefits.com** or call Fidelity at 800-835-5098 to discuss your question and unique circumstances. Micron is not able to advise on reimbursable items.

FSA rollover

Beginning in 2027, up to $680 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 $680. 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, $680 of unused 2027 Health Care FSA funds that are rolled over into 2028 must be used by December 31, 2028.

Note: the maximum unused 2026 Health Care FSA funds that will roll over into 2027 is $660.

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

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.

If you enroll in a High-Deductible Health Plan for 2027 and have unused 2026 Health Care FSA dollars, up to $680 will carry over into a Limited Purpose FSA for 2027 and can be used for dental and vision expenses only. It will be available around April 15, 2027.

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 qualified medical plan 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.

FSA debit card and reimbursement

You do not have to use the Fidelity Benefits Card for every flex expense or claim. Some providers may not even accept the Fidelity Benefits Card as a valid form of payment. You may still submit expenses using the regular online reimbursement request or the Fidelity mobile app and be reimbursed according to the usual schedule (direct deposit typically arrives in 1 to 2 business days; mailed checks take 7 to 10 business days). The Fidelity Benefits Card is simply one option, not the only option. The Fidelity 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 Fidelity 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 Fidelity Benefits Card transactions when requested or fail to repay unsubstantiated claims, the Fidelity Benefits Card will be turned off. Any unsubstantiated claim expense already paid via Fidelity 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 Fidelity at 833-299-5089 Monday through Friday, 8 a.m. to 8 p.m. ET or go to **netbenefits.com**.

Using your FSA

If you enroll in an FSA, Fidelity will mail you a Health & Benefits card after your enrollment is processed, which may be after your coverage starts. If you already have a Health & Benefits card for a Fidelity HSA, your FSA will be added to that same card. Until your card arrives, you can pay out of pocket and submit a claim on NetBenefits. More information including how to use your Benefits Card, a list of eligible expenses, frequently asked questions and expense estimators is available at **netbenefits.com**.

Keep your Health & Benefits card from year to year. When it expires, Fidelity will send a new one if your account is still active.

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 Fidelity Benefits Card. The Fidelity 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 Fidelity 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.

Moving from Flores to Fidelity

2026 claims. Submit claims for 2026 expenses to Flores at flores247.com or 800.532.3327 by March 31, 2027. Fidelity can't process 2026 claims.

2027 claims. Expenses incurred on or after Jan. 1, 2027 go to Fidelity on NetBenefits.

Debit cards. Your Flores card stops working Dec. 31, 2026. Don't use it for 2027 expenses. Fidelity will mail your Health & Benefits card after your 2027 enrollment is processed.

Carryover. Up to $680 of unused 2026 Health Care or Limited Purpose FSA dollars carries over. It's figured after the Flores claims deadline and will be available in your Fidelity account around April 15, 2027. From January to mid-April, only your 2027 election is available, so plan early-year expenses with that in mind.

Day Care FSA. No carryover. 2026 Day Care claims go to Flores by March 31, 2027.

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, 2027	Jan. 1 – Dec. 31, 2027	Jan. 1 – Dec. 31, 2027
Use it or lose it	Up to **$680** will roll over to use the following year; amounts over **$680** will be forfeited.*	Up to **$680** will roll over to use the following year; amounts over **$680** will be forfeited.*	Funds remaining in the account at the end of the plan year are forfeited.*
Eligibility	Full-time and part-time team members not enrolled in a High-Deductible Health Plan.	Full-time and part-time team members enrolled in a High-Deductible Health Plan	All full-time and part-time team members
Maximum annual contribution	**$3,400**	**$3,400**	**$7,500**
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, 2028, to submit Health Care FSA, Limited Purpose FSA, or Day care FSA claims that were incurred in the 2027 plan year. Claims for expenses incurred in the 2026 plan year go to Flores, not Fidelity, and must be submitted by March 31, 2027.

HSA

Your Health Savings Account (HSA)

The Blue Cross HDHP and the Cigna HDHP plans 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.

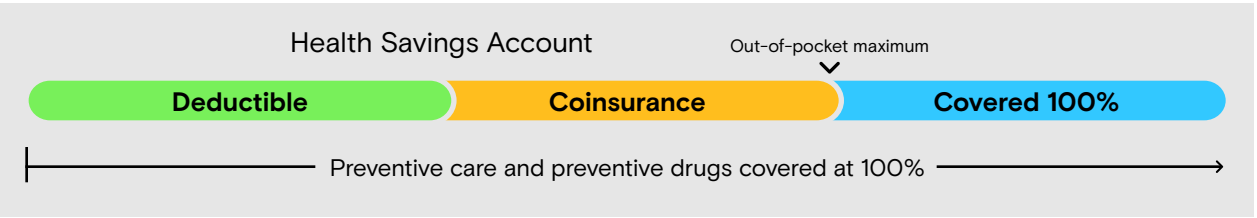
You don't pay federal income tax or FICA taxes on money you or Micron contribute to your HSA, withdrawals to pay for eligible expenses or investment earnings

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 Oct. 31, you will forfeit Micron's contribution and match.

Fidelity is the HSA Administrator and custodian. Because 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:

Blue Cross HDHP	TOTAL contribution maximum (Micron + Team member combined)	Micron contribution	2027 Team member maximum contribution
Team member-only coverage	**$4,500** (Age 55 & older, additional **$1,000**)	**$125** seed **$475** 1:1 match	**$3,900** (Age 55 & older, additional **$1,000**)
Family coverage	**$9,000** (Age 55 & older, additional **$1,000**)	**$250** seed **$950** 1:1 match	**$7,800** (Age 55 & older, additional $**1,000**)

Cigna HDHP	TOTAL contribution maximum (Micron + Team member combined)	Micron contribution	2027 Team member maximum contribution
Team member-only coverage	**$4,500** (Age 55 & older, additional **$1,000**)	**$125** seed **$475** 1:1 match	**$3,900** (Age 55 & older, additional **$1,000**)
Family coverage	**$9,000** (Age 55 & older, additional **$1,000**)	**$250** seed **$950** 1:1 match	**$7,800** (Age 55 & older, additional **$1,000**)

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

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 2027 is:

- $4,500 for team member-only coverage, or
- $9,000 if you cover dependents. If you turn 55 or older in 2027, 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 elect to participate in your HSA by Oct. 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 an HDHP.
- 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-HDHP
- You or your spouse/domestic partner cannot participate in a traditional FSA, though you can participate in a Limited Purpose FSA, which provides reimbursement for dental and vision 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 in 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.

Getting started

If you enroll in the Cigna HDHP or Blue Cross HDHP, you are eligible for an HSA account. You can make your HSA contribution election when you enroll in benefits on the WEX enrollment tool in enrollnow/.

After you set up your HSA contribution, paycheck deductions will start the first of the month following the effective date of enrollment. 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 Oct. 31, 2027, 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 Health & Benefits 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 case you need to show proof to the IRS.

If you participate in a HDHP, the fees for services at the Micron Family Health Center are set at fair market value, so you remain eligible to contribute to an HSA

Voluntary plans

Voluntary hospital indemnity

Voluntary pet insurance

Voluntary legal plan

Voluntary accident injury

Voluntary critical illness

Reminder: When you enroll in a voluntary plan during Annual Enrollment, your coverage and payroll deductions are active for the entire calendar year. Enrollment cannot be cancelled midyear unless you separate from employment.

Voluntary plans do not restrict enrollment to a single plan, and duplicate coverage may occur when you and another team member enroll in the same plan, enroll each other as dependents, or both parents enroll the same dependent child under their individual plans. We encourage team members to coordinate with their spouses or partners when selecting voluntary plan coverage to help ensure you don't unintentionally elect duplicate coverage.

Voluntary Hospital Indemnity Plan

When you or your covered dependents are confined to a hospital, the Reliance Standard Voluntary Hospital Indemnity Plan can provide financial support. Hospitalized team members and/or your covered dependents with a covered injury or illness can use the Hospital Indemnity to pay their deductibles, co-pays or other living expenses that come up. The Hospital Indemnity has set bi-weekly premiums based on enrollment.

The Hospital Indemnity Plan is not health insurance coverage, but provides a cash benefit when you are admitted to a hospital for a specified reason.

This voluntary benefit is provided and administered by Reliance Standard Life Insurance (RSLI) and does not constitute medical care. Micron does not sponsor this voluntary benefit and makes no representations with respect to its design and compliance with applicable law. Questions about this voluntary benefit should be directed to RSLI.

Voluntary pet insurance

Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance. Each pet's premium will be unique based on the age, breed, location, as well as what coverage amount you select.

In addition to Annual Enrollment each year, you may add, change or discontinue pet insurance at any time throughout the year as your pet family changes. Pet insurance is effective the first day of the month following your acceptance of the MetLife coverage attributes (cost and coverage) based on your pet insurance application, change or cancellation.

Pet insurance premiums will be directly billed through MetLife. Team members will arrange premium withholding from personal banking accounts on the MetLife Pet Insurance site.

Voluntary Hospital Indemnity premiums per pay period (full-time and part-time team members)

	Team member only	TM+1	TM+2	TM+3 or more
Hospital Indemnity	$4.56	$10.00	$11.36	$13.83

Voluntary Legal Plan

The MetLife Legal Plan provides the resources and expert help to manage stressful legal issues and feel financially empowered. The Legal Plan has a set **bi-weekly premium of $6.88** and provides full coverage of attorney fees for common personal legal matters with no additional out-of-pocket cost to you.

The Legal Plan is not available as part of New Hire Enrollment. New hires cannot elect this benefit during their initial 30-day enrollment period.

You may elect the Legal Plan only during Micron Annual Enrollment, November 1–30, for coverage effective the following plan year.

Team member only			
Money matters	• Debt collection defense • Financial wellness programs • Identity restoration	• Identity theft defense • Negotiations with creditors • Personal bankruptcy	• Promissory notes • Tax audit representation • Tax collection defense
Home and real estate	• Boundary & title disputes • Deeds • Eviction defense • Foreclosure	• Mortgages • Property tax assessments • Refinancing & home equity loan • Sale or purchase of home	• Security deposit assistance • Tenant negotiations • Zoning applications
Estate planning	• Codicils • Complex wills • Healthcare proxies	• Living wills • Powers of attorney (healthcare, financial, childcare, immigration)	• Probate • Revocable & irrevocable trusts • Simple wills
Family and personal	• Adoption • Affidavits • Conservatorship • Custody • Demand letters • Divorce • Enforcement or modification of support order	• Garnishment defense • Guardianship • Immigration assistance • Immigration representation • Name change • Parental responsibility • Juvenile court defense, including criminal matters	• Personal properties issues • Prenuptual agreement • Protection from domestic violence • Reproductive assistance law • Review of ANY personal legal document • School hearings • Social security disability
Civil lawsuits	• Administrative hearings • Civil litigation defense • Incompetency defense	• Insurance claims • Pet liabilities • Small claims assistance	• Disputes over consumer goods & services
Elder-care issues	• Consultation & document review for issues related to your parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing home agreements	• Powers of attorney • Prescription plans • Wills
Traffic and other matters	• Defense of traffic tickets • Driving privileges restoration • Expungement	• Habeas corpus • License suspension due to DUI	• Misdemeanor defense • Repossession

Voluntary Accident Injury Plan

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 healthcare and is not part of the Micron Group Health Plan. The Accident Injury benefit provides additional financial support to you and your family when unexpected expenses arise due to accident or injury. 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.

This voluntary benefit is provided and administered by Reliance Standard Life Insurance (RSLI) and does not constitute medical care. Micron does not sponsor this voluntary benefit and makes no representations with respect to its design and compliance with applicable law. Questions about this voluntary benefit should be directed to RSLI.

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 Accident Injury Plan. Enrollment changes are limited to Annual Enrollment or as a new hire. Team members and eligible dependents who fail to enroll in the Accident Injury Plan when first eligible will have a 12-month pre-existing conditions restriction on benefits.

Benefit schedule (sample)	
Ambulance	$300
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

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

Voluntary Critical Illness Plan

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 healthcare and is not part of the Micron Group Health Plan. The Voluntary Critical Illness Plan 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 $40,000. When team members elect 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 percentage of the Critical Illness Plan coverage amounts. The Critical Illness Plan provides benefit payments for a diagnosis such as cancer, heart attack, stroke, coma, MS, Parkinson's Disease, etc.

This voluntary benefit is provided and administered by Reliance Standard Life Insurance (RSLI) and does not constitute medical care. Micron does not sponsor this voluntary benefit and makes no representations with respect to its design and compliance with applicable law. Questions about this voluntary benefit should be directed to RSLI.

Enrollment changes are limited to Annual Enrollment or as a new hire. 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 who fail to enroll in the Critical Illness Plan when first eligible will have a 12-month pre-existing conditions restriction on benefits.

Full-time and part-time team member and spouse critical illness premiums per pay period

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

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

Wellbeing and employee programs

Micron's Choose Well Live Well (CWLW) program helps team members support their health and wellbeing. Global Wellbeing has five pillars that speak to our mission of delivering comprehensive programs, tools and initiatives that foster your wellbeing. These programs and tools help support your physical, mental, social, career and financial wellbeing. (**wellbeingpillars/**),

The CWLW program offers a variety of resources and programs that help you foster better wellbeing through a personalized experience. To learn more about each program in more detail, visit alias **CWLW/**. Explore all of Micron's Global Wellbeing resources and offerings at alias **LiveWell/**.

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 **mc/**).

Other U.S. wellbeing resources:

- Business discount program through **PerkSpot**
- On-site fitness centers (at larger site locations)
- On-site amenities (prayer rooms, **recreation rooms**, **mothers' rooms**, meditation spaces) - please note not all amenity spaces are available for certain sites
- Backup childcare support through **Tootris**

Global culture & inclusion

Review and update your identity dimensions

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

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

All team member identity 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 identity 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 identities 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 People team may use the information to provide better benefits, support and programming for our global community. 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 identity 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 Tasks" 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 top right 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."

Join a Micron ERG

Micron's employee resource groups (ERGs) are led by team members and focused on 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 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 12 Micron ERGs:

- Asian American and Pacific Islander Network (AAPIN)
- Black Employee Network (BEN)
- Capable
- Global AI Network (GAIN)
- Micron Hispanic Professionals (MHP)
- Micron Women's Leadership Network (MWLN)
- Micron Young Professionals (MYP)
- Mosaic
- Micron Our Planet
- 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/**. Or Join an ERG in seconds with Mia; Prompt: "I want to join an ERG"

Life insurance

Group-Term Life Insurance - The Hartford

Expanded services through The Hartford

Basic Life and AD&D insurance

Supplemental Life Insurance

Whole Life Insurance - MetLife

Group-Term Life Insurance - The Hartford

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

In addition to your Basic Group-Term 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 Group-Term Life and AD&D insurance
- Spouse/domestic partner Group-Term Life and AD&D insurance
- Child Group-Term Life insurance

The Group-Term 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 Group-Term 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 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 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.

Group-Term Life Insurance - The Hartford

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

Supplemental, spouse/domestic partner, and child Group-Term Life Insurance

Full-time and part-time team members can buy additional Group-Term 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 Group-Term Life Insurance include AD&D benefits.

You can make changes to your Group-Term 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 Group-Term Life Insurance coverage of up to $300,000 and spouse/domestic partner Group-Term 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 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 Group-Term Life Insurance coverage plus Supplemental Group-Term Life Insurance for any team member is $2.5 million.

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

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

During Annual Enrollment, coverage increases that are not subject to EOI are effective Jan. 1, 2027. 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 Group-Term 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 Group-Term Life Insurance request. Micron does not monitor pending requests at The Hartford. All pending requests will be closed after 120 days of inactivity.

Group-Term Life Insurance - The Hartford

Supplemental, spouse/domestic partner, and child Group-Term Life Insurance coverage options

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

You must be actively at work for any increase or enrollment in your Group-Term Life Insurance coverage to be effective.

Increases to Supplemental and Spouse/Domestic Partner Group-Term Life Insurance are not available to those 70 and older. However, team members may elect a reduction in coverage.

Supplemental, spouse/domestic partner, and child Group-Term Life Insurance coverage options

The table below outlines your supplemental Group-Term Life Insurance options during Annual Enrollment.

Option	Who is covered	Coverage levels	Coverage maximum	Evidence of insurability (EOI)
Supplemental Group-Term Life Insurance 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 partner and AD&D Group-Term Life Insurance	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 Group-Term Life Insurance	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/domestic partner, and child Group-Term Life Insurance premiums

The tables below show the biweekly premiums.

Supplemental and spouse/domestic partner life insurance

Age	Under 30	30 to 34	35 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 Group-Term Life Insurance

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

Whole Life Insurance – MetLife

Micron offers a Voluntary Whole Life Insurance option through MetLife. This Whole Life Insurance coverage includes AD&D benefits and a Long Term Care component. Team members can enroll in Whole Life coverage for yourself, your spouse/domestic partner and children/children of domestic partners. You may enroll in these plans separately, regardless of other Group-Term Life Insurance coverage elections. Whole Life premiums are based on age and health. Whole Life enrollment above $250,000 will require evidence of insurability and approval by MetLife.

The MetLife Whole Life Insurance has no impact on your existing coverage under The Hartford Supplemental Group-Term Life, Spouse/Domestic Partner Group-Term Life, or Child Group-Term Life coverage. The Hartford Group-Term Life policies will remain in force and active regardless of your Whole Life coverage.

Team members, spouse/domestic partners and children/children of domestic partners may be covered under both MetLife Whole Life Insurance policies AND The Hartford Group-Term Life Insurance policies. Premiums for all approved life insurance policies will be withheld from your Micron paycheck on a post-tax basis.

You may add or change Whole Life Insurance only during Annual Enrollment. Coverage is effective Jan. 1 of the following year. You may discontinue Whole Life Insurance at any time by contacting MetLife directly.

Group-Term Life vs. Whole Life comparison

Option	Group-Term Life **The Hartford**	Whole Life **MetLife**
Premiums	Increase every five years as you age	Consistent as set at initiation of the policy
Cash value	No	Yes - builds value over time
Accidental Death & Dismemberment	Yes	Yes
Long Term Care	No	Yes
Basic Life (paid by Micron)	Yes - 1.5x annual salary ($20,000 part time)	No
Supplemental Life (team member)	Yes - 10K increments; limit is the greater of 5x annual salary or $300,000, up to $1M maximum	Yes - 10K increments; limit is the greater of 2x annual salary, up to $1M maximum
Spouse/Domestic Partner Life	Yes - maximum not to exceed team member Basic + Supplemental Life up to $500,000 maximum	Yes - maximum $25,000; no dependency on Supplemental Life coverage
Child Life	Yes - no dependency on other coverage	Yes - must be enrolled in MetLife Supplemental or Spouse Life to elect Child Life
Guaranteed issue	Yes - Supplemental Life up to $300,000 Yes - Spouse Life up to $50,000	Yes - Supplemental Life up to the lesser of 2x salary or $250,000 Yes - Spouse Life up to $25,000
Change anytime	Yes	Only during Annual Enrollment
Continue beyond Micron employment	Yes - able to continue directly with The Hartford	Yes - able to continue directly with MetLife

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% 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% 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% 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 Jan. 1, 2027.

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))

Non-Qualified Deferred Compensation Program (NQDC)

Employee Assistance Program

Business travel accident insurance

Leisure travel benefit

International SOS (ISOS) and identity protection

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 may contribute from 1% to 75% of your eligible income each pay period, combined across your pre-tax, Roth and after-tax contributions. The 2026 IRS maximum annual pre-tax/Roth limit is $24,500, plus $8,000 in additional catch-up contributions for team members 50 years of age or older. Additional after-tax contributions are allowed up to the IRS maximum contribution limit of $29,500. These limits are indexed annually by the IRS, with the 2027 limits pending announcement later this year.

Enhanced catch-up contribution limits are available for team members who turn age 60, 61, 62 or 63 during the calendar year. You will be able to make catch-up contributions of up to $11,250. This change aims to help you, as you near retirement age, to bolster your retirement savings more effectively.

You may make a change to your RAM contribution election anytime during the plan year. The 2027 IRS limits were not yet available at the time of publishing; see PeopleNow for 2027 contribution limits.

SECURE 2.0 Roth catch-up requirement

Under the SECURE 2.0 Act, if your 2026 FICA wages from Micron were above the IRS threshold, your 2027 catch-up contributions must be made on a Roth after-tax basis. That covers both standard and enhanced catch-up contributions. If this applies to you, Micron's payroll automatically routes your catch-up to Roth once you reach the regular annual contribution limit. The regular limit applies to your pre-tax and Roth

Plan feature summary	
Eligibility and enrollment	New team members are eligible for the plan on their hire date and enrolled automatically after 15 days at a 6% pre-tax contribution rate and the Vanguard Target Retirement Trust Select fund for your date of birth.
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 Aug. 1st up to a maximum of 15%.
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.
Student loan match	Micron will consider student loan payments when calculating your 5% match. To participate please register your student loans with Fidelity.
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 advice and 1-on-1 sessions	The RAM plan has partnered with Fidelity to provide individual investment advice. • Register here • For any other U.S. site, contact your local site or contact the Fidelity Guidance Group at 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.
Vesting	Your own contributions are always 100% vested. Micron's matching contributions vest after two years of service.

contributions combined, not to each separately. The IRS has not published the 2027 threshold yet.

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 800.835.5098.

Non-Qualified Deferred Compensation Program (NQDC)

Deferred compensation plan

The Micron DCP is a key part of Micron Technology's executive benefits program, offered to a select group of management or highly compensated employees whom Micron designates as eligible. The DCP is designed to provide additional opportunity to save tax-deferred compensation beyond the RAM 401(k) Plan, which is subject to IRS qualified plan contribution limits.

Elections and contribution limits

The DCP allows for contributions from the following compensation:

- 1% to 75% of your eligible base salary
- 1% to 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. A June election is calculated based on your actual fiscal year bonus and the deferral percentage you elect. Your deferral amount adjusts with the bonus actually paid to you, including any amount paid above target.

A November election is calculated on your target fiscal year bonus and the deferral percentage you elect. It will not adjust for any amount paid above that target. If the amount produced by your November election exceeds the bonus actually paid to you, your deferral will be limited to the amount actually paid to you.

A November bonus election is available only if you did not file an election for that same fiscal year bonus during June enrollment.

Fidelity recordkeeping

Managing your DCP account is easy with a variety of tools and resources available at Fidelity. Visit **netbenefits.com** or call Fidelity at 800.835.5098.

Using the Fidelity 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.
Enrollment	Your deferral elections do not roll over from year to year. Accordingly, you must complete a new salary deferral election for each calendar year and a new bonus compensation election for each fiscal year performance period.
Distributions	When you enroll and make your deferral elections, you must also make your distribution elections, which establish when and how you will receive your deferrals for that plan year. Your distribution elections apply only to the deferrals you make for that plan year, so you make new distribution elections each time you enroll, in the June or November window. A specified payment date is optional. If you do not elect one, your deferrals will be paid on your separation from service. If you do not elect a form of payment, your deferrals will be paid as a lump sum.

Employee Assistance Program

Micron supports your mental wellbeing by offering many options for counseling and behavioral healthcare. One option is through our Employee Assistance Program (**EAP/**), Journey. Journey Proactive EAP is here to help with personalized and confidential support for mental health, wellbeing and work-life issues.

Getting started with Journey is easy — no need to register or create a password. To access Journey, go to **app.journey.live** on your web browser. Click “Log In” in the upper right corner (website only). Enter your work or personal email address, check that email inbox for a verification code and enter the verification code on the next screen. Once you have registered, you can download the app to your smartphone and start your Journey! For more counseling options, go to alias **counseling/**.

Journey for friends and family: Making mental health support available to all

Journey access can be shared with your family and friends. You may share the wide array of resources from live 24/7 counseling to work-life support and hundreds of live/on-demand mental health classes with your family and friends — completely free and confidential. Micron contracts with Journey to make this service available, but does not supervise or manage the Journey program or select its service providers.

Reach Journey at 888.851.7032

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 cellphone 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 wellbeing 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 complement, 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 expenses, you are able to recover more quickly, minimize the impact to your monthly budget and build financial security. To set up a Fidelity emergency savings account, log in at **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 conditions 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.

International SOS

Contact ISOS for emergency assistance while traveling outside your home country for business or leisure. With worldwide reach to 70 countries, **ISOS** provides personal and medical assistance advice for emergencies and routine help.

- Access acute and urgent international health plan coverage while outside of your home country for leisure or business travel.
- Access coverage for your spouse/domestic partner and children under age 26 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.
- Have your medical condition monitored and receive medical advice.
- Get evacuated to a center of medical excellence if local care is inadequate or to a secure location.
- Receive help if your safety is at risk.
- Have your family contacted.

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.

- **Reliance Standard Identity Full Remediation Services**
- **Hartford Travel Assistance and ID Theft Protection Services**

The Federal Trade Commission lists some further actions team members can take, namely:

- 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.
- 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.
- Watch out for unemployment payments deposited to your 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

Eligibility basics

When coverage begins

Eligible dependents

If you lose eligibility

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.

When enrolling your dependents in your benefits, it is essential you provide the Social Security number (SSN) for each dependent and it matches the information (exact name and SSN) on file with the U.S. Social Security Administration. However, you are not required to upload documentation for the dependent's SSN.

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, the employee assistance plan and the Micron Clinic.

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.

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.

	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	●	●
Employee Assistance Program (EAP)	●	●

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 Cigna HDHP without HSA, short-term and long-term disability, Basic Group-Term Life Insurance, Employee Assistance Program 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 Cigna High-Deductible Health 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, stepchild or child of a domestic partner under age 26
- A child, stepchild or child of a domestic partner age 26 or older with a mental or physical disability

Documentation will be required for all dependents added to coverage. Failure to provide appropriate documentation by the deadline will result in the dependent being removed from coverage retroactively or never being covered. If you enroll your eligible dependents in a timely manner and provide the required documentation, coverage for eligible dependents will also be effective at 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 **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 a 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, in some plans, 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 **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 the 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 is your yearly opportunity to review your benefits and make new choices for the coming year. All medical, dental and vision plans carry forward for 2027 if you don't 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 Jan. 1, 2027, and generally remain in place for the entire year. You must upload dependent documentation for any newly added or newly enrolled dependents by Jan. 29 (60 days after Annual Enrollment ends). You 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.

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 2027. If you waived/declined medical coverage for 2026, you will continue to have medical coverage waived/declined in 2027. Your Health Savings Account (HSA) election amount will continue as well.

You must make new elections each year to participate in the healthcare, limited purpose and dependent care FSAs. 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 voluntary plans 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 2027. However, you are encouraged to review and update your beneficiary information as needed.

Making changes/life events

Following Annual Enrollment, you 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 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, you generally may only make elections for the affected dependent. Plan changes generally 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 **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.

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 of the portal, website or app terms and conditions of use. Access to third-party portals and information contained within are not managed or maintained by Micron. All information 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 2027 Benefits Handbook will be posted on Nov. 1, 2026.

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

Contact information

Benefits support is available when you need it.

For general enrollment and eligibility questions, begin with MIA. For more detailed benefits assistance, contact Global People Services. If you have questions about claims, coverage, providers, or other plan-specific matters, please reach out to the appropriate plan administrator listed below.

Topic	Support provider	Group/Policy	Contact information	
Medical/Prescription Drug	Blue Cross of Idaho	Group #10020590	800.358.5527	bcidaho.com
	Blue Cross Care Guides		855.675.9412	mymicroncareguide@bcidaho.com
	Cigna Healthcare	Group #3346950	800.244.6224	mycigna.com
	Kaiser CA		800.464.4000	kp.org
	Kaiser Mid-Atlantic		800.777.7902	kp.org
	Kaiser CO		800.632.9700	kp.org
	Cigna (EXPATs)	04491B	800.441.2668	cignaenvoy.com
Dental	Blue Cross of Idaho	Group #10020590	800.358.5527	bcidaho.com
	Delta Dental	Group #5850	800.356.7586	deltadentalid.com
	DeltaCare USA	Group #70242	800.422.4234	deltacareins.com/deltacare
Vision	Vision Service Plan	Group #30021795	800.877.7195	vsp.com
Flexible Spending Accounts (FSAs)	Fidelity		833.811.7432	netbenefits.com
Health Savings Accounts (HSAs)	Fidelity		800.835.5098	netbenefits.com
Group Life and AD&D Insurance - EOI	The Hartford	Policy #GL-674815	855.396.7655	
MetLife Whole Life	MetLife		800.438.6388	metlife.com/micron
Short-Term Disability	Matrix		877.202.0055	matrixabsence.com
Long-Term Disability	Reliance Standard	Policy #109660	800.644.1103	matrixabsence.com
Voluntary Critical illness	Reliance Standard		800.644.1103	www.reliancestandard.com/micron/
Voluntary Accident injury	Reliance Standard		800.644.1103	www.reliancestandard.com/micron/
Employee Assistance Program (EAP)	Journey		888.851.7032	app.journey.live or EAP/
International assistance	ISOS	Group #11BMMS000080	215.942.8226	ISOS Card with Global phone numbers
Voluntary pet insurance	MetLife		800.438.6388	metlife.com/micron

Contact information

Topic	Support provider	Group/Policy	Contact information	
Voluntary legal plans	MetLife		800.821.6400	metlife.com/micron
Voluntary Hospital Indemnity	Reliance Standard		800.644.1103	reliancestandard.com/micron
Micron Family Health Clinic Boise	Crossover Health		208.368.5656	crossoverhealth.com
401(k), NQDC	Fidelity		800.835.5098	netbenefits.com
Micron benefits general questions	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		866.451.3399	cobralogin.wexhealth.com
International Medical	Cigna	MBA #04491A	800.243.1348	cignaenvoy.com
LGBTQ+ support	Included Health		833.232.9076	includedhealth.com/micron
Early cancer detection	GRAIL		833.694.2553	galleri.com/micron

Important notices

WHCRA

CHIP

HIPAA

Medicare Part D

Your rights and protections against surprise medical bills

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
- 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 800.623.9700, 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 on the following pages, 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, call **877.KIDS.NOW** or go to **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 state listed on the following two pages, 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, 2026. Contact your state for more information on eligibility.

Important notices

Medicaid and/or CHIP eligibility by state

ALABAMA – Medicaid
Website: myalhipp.com
Phone: 1.855.692.5447

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

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

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance
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: 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: mycohibi.com
HIBI Customer Service: 1.855.692.6442

FLORIDA – Medicaid
Website: 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

ILLINOIS - Medicaid
Illinois Medicaid Premium Assistance Information
Medical application website: abe.illinois.gov
HIPP Hotline Number: 217.524.8268
HIPP Email: mhfs.boc.hipp@illinois.gov

INDIANA – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: in.gov/medicaid/, in.gov/fssa/dfr/
Family and Social Services Administration Phone: 800.403.0864
Member Services Phone: 800.457.4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid website: hhs.iowa.gov/programs/welcome-iowa-medicaid
Medicaid phone: 1.800.338.8366
Hawki website: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
Phone: 1.800.257.8563
HIPP website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP phone: 1.888.346.9562

KANSAS – Medicaid
Website: 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: kynect.ky.gov
Phone: 1.877.524.4718
Kentucky Medicaid website: chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Louisiana Medicaid website: ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1.888.342.6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP)
Website: ldh.la.gov/lahipp
LaHIPP phone: 1.877.697.6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1.888.716.9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000, Tucker, GA 30084

MAINE – Medicaid
Enrollment website: mymaineconnection.gov/benefits
Phone: 1.800.442.6003 / TTY: Maine relay 711
Private Health Insurance Premium website: 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/health-care-coverage/
Phone: 1.800.657.3672

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 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: www.nj.gov/humanservices/dmahs/individuals-families/familycare/
Phone: 800.356.1561
CHIP Premium Assistance Phone: 609.631.2392
CHIP Website: njfamilycare.org/index.html
CHIP Phone: 800.701.0710 (TTY: 711)

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 and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
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
Utah's Premium Partnership for Health Insurance (UPP)
Website: medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 888.222.2542
Adult Expansion Website: medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: chip.utah.gov/

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

VIRGINIA – Medicaid and CHIP
Websites: 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 and CHIP
Website: bms.wv.gov/ or mywvhipp.com
Medicaid Phone: 1.304.558.1700
CHIP toll-free: 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, 2026, 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 (expires 5/31/2029).

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 Global People Services at **208.368.4748** or **800.336.8918,** or ask a question at the alias PeopleNow/ and search in the service catalog to submit an applicable enquiry.

Medicare Part D

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 self-insured medical plans - Blue Cross PPO, Blue Cross Idaho PPO, Blue Cross HDHP, Cigna PPO, Cigna Idaho PPO, Cigna HDHP - 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 Oct. 15 to Dec. 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-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.

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 19 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 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 the 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 2026
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

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 have received.