

The Micron Fully Insured Health Plan offers additional options to certain team members as listed in the table below. The Fully Insured Health Plan consists of the Fully Insured Medical Plans and the Fully Insured Dental Plan. You may request an enrollment kit for a Fully Insured Medical Plan when you start employment at Micron or at any time by calling the Global People Services at (800) 336-8918 or (208) 368-4748 or by contacting your local Global People Services representative.

Team Member Work Location	Additional Health Plan Options
Folsom, San Jose, Manassas, Longmont and Atlanta	Medical - Kaiser Permanente HMO (a "Fully Insured Medical Plan")
An International Site (Expat and EIBT over 6 months only)	Medical & Dental - Cigna International Expatriate Benefits Plan (a "Fully Insured Medical Plan")
Idaho	Dental - Willamette Dental Blue Plan (a "Fully Insured Dental Plan")

ERISA

These Plans are subject to ERISA. See the Additional Administrative Facts and Statement of ERISA Rights sections of this Benefits Handbook for details.

Benefits Enrollment System

You must use the Benefits Enrollment System: enrollnow.micron.com from outside Micron (using DUO Authenticator), or type ENROLLNOW/ in your browser’s address bar.

Kaiser Permanente HMO Initial and Midyear Enrollment

If you are actively employed and classified by Micron as a regular, full-time or part-time team member or an intern of Micron Technology, Inc. ("Micron") or a wholly owned US-based Micron subsidiary, and are assigned to an eligible employment location in Micron’s internal database, you may enroll yourself and your Eligible Dependents (as defined by the Fully Insured Health Plan) in the Kaiser

Permanente HMO by using the Benefits Enrollment System.

Definition of Full-Time. A full-time team member is a team member who is actively employed and classified as full-time by Micron.

Definition of Part-Time. A part-time team member is a team member who is actively employed and classified as part-time by Micron.

Definition of Intern. An intern team member is a team member who is actively employed and classified as an Intern by Micron.

Supporting documentation is required for mid year changes and all Eligible Dependents. You are not automatically enrolled in this Plan. You must enroll through the Benefits Enrollment System to obtain coverage.

How to Enroll. You enroll in the Kaiser Permanente HMO by using the Benefits Enrollment System at enrollnow.micron.com (using Duo Authenticator), or type ENROLLNOW/ in your browser’s address bar. If you require assistance, call the Global People Services at (800) 336-8918 or (208) 368-4748.

In addition to completing your enrollment elections within the enrollment deadlines, you must also upload supporting documentation for midyear events ("Event Documentation") and Eligible Dependents ("Dependent Documentation") on ENROLLNOW/ within 60 days of the event date. *Please note: the deadline for completing your midyear change enrollment is 31 days from the event date under the Kaiser Permanente HMO Plan. Only the supporting documentation deadline is 60 days.

Event Documentation may include but is not limited to enrollment confirmation documents, COBRA letter, copy of new insurance ID card that are consistent with and support the occurrence of the midyear event (as determined by Micron). Dependent Documentation may include but is not limited to marriage certificates, Micron Domestic Partner Affidavits, birth certificates, or divorce

decrees that are consistent with and support the occurrence of the midyear event (as determined by Micron). If you fail to provide proof of eligibility and/or supporting documentation within the time limit specified, the change will be denied and your Eligible Dependent may be deemed ineligible for part or all of the Plan Year.

If you are experiencing a delay or difficulty in obtaining evidence of dependent eligibility documentation within the 60 day deadline and feel you need additional time, you may request an extension by contacting the Micron Global People Services PRIOR to the deadline.

Documentation extensions are not permitted once you have exceeded the deadline. You must always timely complete the midyear enrollment process even if you receive an extension to provide documentation.

When to Enroll. You may only enroll yourself and your Eligible Dependents in this Plan within 31 days of your hire date, following a qualifying midyear event, or at Annual Enrollment.

Kaiser Permanente. The Kaiser Permanente HMO Medical Plan may define eligible spouse differently by region. This may be different than the definition of spouse applicable to all other Micron Health Plans. Check with kp.org for definitions of spouse in your state.

Changing Your Enrollment. Subject to the midyear change rules defined by each Fully Insured Medical or Fully Insured Dental Plan, you will not be able to change your initial insurance enrollment until the next Annual Enrollment.

Changing Your Enrollment to Add or Remove a Dependent. You will need to follow the enrollment change rules in the Kaiser Permanente HMO, which require that **midyear changes be made within 31 days of the qualifying midyear event** (birth, divorce, marriage, etc.) by completing an Insurance enrollment at enrollnow.micron.com (using Duo Authenticator) or type ENROLLNOW/ in your browser's address bar. You may also add or remove dependents during Micron's Annual Enrollment. This may be different than the amount of time permitted to make midyear

enrollment changes on other Micron Health Plans.

Enrollment Effective Date. If you enroll timely, the Effective Date of your and your Eligible Dependent's coverage depends on when you enrolled. For new hires the Effective Date is your hire date. If the enrollment follows a qualifying midyear event, the enrollment will be effective the first day of the calendar month following the event date, unless HIPAA special enrollment rights apply. If you enroll during Annual Enrollment, your enrollment will be effective on January 1 of the following year. If you are on an approved leave of absence under FMLA, the Effective Date of coverage will not be delayed.

If you return to full-time or part-time active employment after being absent or on leave for 24 (or 26 if SMFL for Caregiver Leave) consecutive calendar weeks, you may enroll yourself and your Eligible Dependents in the Plan only if you enter a life event in the Benefits Enrollment System at enrollnow.micron.com (using Duo Authenticator) within 31 days of your return from the approved leave of absence. Upon return from a personal leave, your coverage will go into effect the first day of the month after the month you returned from leave. Upon return from an approved military or FMLA leave, your coverage will go into effect on the date you return to work.

Confirmation of Enrollment. It is your responsibility to print and review your enrollment benefit confirmation statement. You can access a benefit summary or benefit confirmation at any time on-line using the enrollment system by accessing Enrollnow.micron.com (using Duo Authenticator) from outside Micron, or type ENROLLNOW/ in your browser's address bar. Your benefit summary or benefit confirmation may be requested in the event of a dispute.

Cigna International Expatriate Benefits Plan Enrollment

Team members and their Eligible Dependents (as defined in the Cigna plan document) will be enrolled in the Cigna International Expatriate Benefits Plan when commencing an expatriate assignment greater than six months. Team members and their Eligible

Dependents will be enrolled in the Cigna International Expatriate Benefits Plan at six months plus one day when an international assignment of less than six months is extended beyond six months. When your assignment ends, you will be disenrolled from the Cigna International Expatriate Benefits Plan and will need to select another Plan. If you do not make a selection, Micron will make a selection for you. If you wish to choose the Kaiser Permanente Plan, you must do so within 31 days of the end of your assignment. You may choose a Micron self-insured plan within 60 days after the end of your assignment. The change will be effective the first day of the month following your assignment end date.

In addition to completing your enrollment elections within the enrollment deadlines, you must also upload supporting Event Documentation for mid year events and Dependent Documentation for Eligible Dependents on ENROLLNOW/ within 60 days of the event date. *Please note: the deadline for completing your midyear change enrollment is 31 days from the event date under the Cigna International Medical Plan. Only the supporting documentation deadline is 60 days.

Event Documentation may include but is not limited to enrollment confirmation documents, COBRA letter, copy of new insurance ID card that are consistent with and support the occurrence of the midyear event (as determined by Micron). Dependent Documentation may include but is not limited to marriage certificates, Micron Domestic Partner Affidavits, birth certificates, or divorce decrees that are consistent with and support the occurrence of the midyear event (as determined by Micron). If you fail to provide proof of eligibility and/or supporting documentation within the time limit specified, the change will be denied and your Eligible Dependent may be deemed ineligible for part or all of the Plan Year.

If you are experiencing a delay or difficulty in obtaining evidence of dependent eligibility documentation within the 60 day deadline and feel you need additional time, you may request an extension by contacting the Micron Global People Services PRIOR to the deadline.

Documentation extensions are not permitted once you have exceeded the deadline. You must always timely complete the midyear enrollment process even if you receive an extension to provide documentation.

Changing Your Enrollment to Add or Remove a Dependent. You will need to follow the enrollment change rules in the Cigna plan, which require that **midyear changes be made within 31 days of the qualifying midyear event** (birth, divorce, marriage, etc.) by completing your Insurance enrollment change at enrollnow.micron.com (using Duo Authenticator) or type ENROLLNOW/ in your browser's address bar. You may also add or remove dependents during Micron's Annual Enrollment.

Enrollment Effective Date. If the enrollment follows a qualifying midyear event, the enrollment will be effective the first day of the calendar month following the receipt of your request, unless HIPAA special enrollment rights apply. If you enroll during Annual Enrollment, your enrollment will be effective on January 1 of the following year. If you are on an approved leave of absence under FMLA, the Effective Date of coverage will not be delayed.

If you return to full-time or part-time active employment after being absent or on leave for 24 (or 26 if SMFL for Caregiver Leave) consecutive calendar weeks, you may enroll yourself and your Eligible Dependents in the Plan only if you inform the Global People Services within **31 days** of your return from the approved leave of absence by completing an Insurance enrollment at enrollnow.micron.com (using Duo Authenticator) or ENROLLNOW in your browser's address bar. Upon return from a personal leave, your coverage will go into effect the first day of the month after the month you returned from leave. Upon return from an approved military or FMLA leave, your coverage will go into effect on the date you return to work.

Confirmation of Enrollment. It is your responsibility to print and review your enrollment benefit confirmation statement. You can access a benefit summary or benefit confirmation at any time on-line using the

enrollment system by accessing enrollnow.micron.com (using Duo Authenticator) from outside Micron, or type ENROLLNOW/ in your browser's address bar. Your benefit summary or benefit confirmation may be requested in the event of a dispute.

Willamette Dental Blue Plan Initial and Midyear Enrollment

If you are actively employed and classified by Micron as a regular, full-time or part-time team member of Micron Technology, Inc. ("Micron") or a wholly owned US-based Micron subsidiary., and are assigned to an Idaho employment location in Micron's internal database, you may enroll yourself and your Eligible Dependents (as defined by the Fully Insured Dental Plan) in the Willamette Dental Blue Plan by using the Benefits Enrollment System at enrollnow.micron.com (using Duo Authenticator) or type ENROLLNOW in your browser's address bar. You are not automatically enrolled in this Plan. You must enroll through the Benefits Enrollment System to obtain coverage. Interns are not eligible for dental coverage through Micron.

Definition of Full-Time. A full-time team member is a team member who is actively employed and classified as full-time by Micron.

Definition of Part-Time. A part-time team member is a team member who is actively employed and classified as part-time by Micron.

Definition of Intern. An intern team member is a team member who is actively employed and classified as an Intern by Micron.

How to Enroll. You enroll in the Fully Insured Dental Plan by using the Benefits Enrollment System at enrollnow.micron.com (using Duo Authenticator), or type ENROLLNOW/ in your browser's address bar. If you require assistance, call the Global People Services at (800) 336-8918 or (208) 368-4748.

In addition to completing your enrollment elections within the enrollment deadlines, you

must also upload supporting Event Documentation for mid year events and Dependent Documentation for Eligible Dependents on ENROLLNOW/ within 60 days of the event date.

Event Documentation may include but is not limited to enrollment confirmation documents, COBRA letter, copy of new insurance ID card that are consistent with and support the occurrence of the midyear event (as determined by Micron). Dependent Documentation may include but is not limited to marriage certificates, Micron Domestic Partner Affidavits, birth certificates, or divorce decrees that are consistent with and support the occurrence of the midyear event (as determined by Micron). If you fail to provide proof of eligibility and/or supporting documentation within the time limit specified, the change will be denied and your Eligible Dependent may be deemed ineligible for part or all of the Plan Year.

If you are experiencing a delay or difficulty in obtaining evidence of dependent eligibility documentation within the 60 day deadline and feel you need additional time, you may request an extension by contacting the Micron Global People Services PRIOR to the deadline.

Documentation extensions are not permitted once you have exceeded the deadline. You must always timely complete the midyear enrollment process even if you receive an extension to provide documentation.

When to Enroll. You may only enroll yourself and your Eligible Dependents in this plan within 30 days of your hire date, following a qualifying midyear event, or at Annual Enrollment.

Changing Your Enrollment. Subject to the midyear change rules defined by the Fully Insured Dental Plan, you will not be able to change your initial insurance enrollment until the next Annual Enrollment.

Enrollment Effective Date. If you enroll timely, the Effective Date of your and your Eligible Dependent's coverage depends on when you enrolled. For new hires the Effective Date is your hire date. If the enrollment follows a qualifying midyear event, the enrollment will be effective the first day of the calendar month following the receipt of

your request, unless HIPAA special enrollment rights apply. If you enroll during Annual Enrollment, your enrollment will be effective on January 1 of the following year. If you are on an approved leave of absence under FMLA, the Effective Date of coverage will not be delayed.

If you return to full-time or part-time active employment after being absent or on leave for 24 (or 26 if SMFL for Caregiver Leave) consecutive calendar weeks, you may enroll yourself and your Eligible Dependents in the Plan only if you enter a life event in the Benefits Enrollment System at enrollnow.micron.com (using Duo Authenticator) within 31 days of your return from the approved leave of absence. Upon return from a personal leave, your coverage will go into effect the first day of the month after the month you returned from leave. Upon return from an approved military or FMLA leave, your coverage will go into effect on the date you return to work.

Confirmation of Enrollment. It is your responsibility to print and review your enrollment benefit confirmation statement. You can access a benefit summary or benefit confirmation at any time on-line using the enrollment system by accessing Enrollnow.micron.com (using Duo Authenticator) from outside Micron, or type ENROLLNOW/ in your browser's address bar. Your benefit summary or benefit confirmation may be requested in the event of a dispute.

Annual Enrollment

Micron's Annual Enrollment usually takes place each year in November. You may change your enrollment in these Fully Insured Medical and Dental Plans (together with the Self Insured Plans), including waiving coverage for the coming Plan Year during Annual Enrollment. You must make your enrollment change using Micron's online enrollment system.

If you do not make any changes, your enrollment in the Fully Insured Health Plan from the previous Plan Year will continue without interruption at the applicable premium level, unless otherwise communicated. Micron will notify you before the start of any Annual Enrollment.

No team member or Eligible Dependent is entitled to receive benefits for Covered Services under more than one Micron enrollment.

Premiums

By enrolling in one of these Plans you authorize Micron to collect the required premiums through payroll deduction. Premiums vary based on how many Eligible Dependents you enroll for coverage. Premium information for these Plans can be found in the Premiums section of this Benefits Handbook. If you are going on an expatriate assignment and become eligible for the Cigna plan, you will be given the Cigna premiums at that time.

Premiums may change each year. You will be notified of any premium changes during Annual Enrollment each year.

In the event of separation of employment, your enrollment in the Plans continues through the last day of the month of separation, but insurance premiums will not be withheld beyond your final paycheck.

Important Notice for Team Members who Decline this Coverage

You may waive Micron's medical coverage regardless of whether you have other medical coverage.

If you waive and later decide you would like to enroll in one of these plans, you must either experience an event that allows a midyear change (as defined by the Fully Insured Medical Plan or Fully Insured Dental Plan) or enroll during the next Annual Enrollment.

If you waive and later notify us that you have lost your other medical coverage, you may enroll you and your Eligible Dependents in one of these Plans only if you complete an enrollment election on enrollnow.micron.com (using Duo Authenticator) within **31 days** of the loss of coverage.

If you are an Idaho team member and waive dental coverage and later notify us that you have lost your other dental coverage, you

may enroll you and your Eligible Dependents in the Willamette Dental Blue Plan only if you complete an enrollment election on enrollnow.micron.com (using Duo Authenticator) within **60 days** of the loss of coverage.

Benefit Coverage

The Fully Insured Health Plan information for the Medical and Dental plans contained in this Benefits Handbook does not fully describe your benefit coverage through these health and dental plans. Please refer to the documents provided by the Fully Insured Medical Plan and /or Fully Insured Dental Plan for details on your benefit coverage.

The documents provided by the Fully Insured Medical Plans or Fully Insured Dental Plan are the binding documents between the Fully Insured Medical Plan and/or the Fully Insured Dental Plan and its members. If there is any conflict between this summary and the governing documents provided by the Fully Insured Medical Plan and/or Fully Insured Dental Plan, the documents provided by the Health Plan and/or Dental Plan will control. See below for information on accessing the governing plan documents for the Fully Insured Medical Plans and Fully Insured Dental Plan and a reference chart that explains which governing plan document applies for each plan.

The Kaiser Permanente HMO documents are available online at PeopleNow/.

The Cigna International Expatriate Benefits Plan documents are available online at PeopleNow/ > Benefits & Wellbeing > Health Plans > Travel & Assignment Health.

The Willamette Dental Blue Benefit Plan documents are included in this Benefits Handbook. See the Willamette Dental Blue Plan section of this handbook.

Kaiser Permanente HMO	Kaiser Foundation Health Plan, Inc. Evidence of Coverage
Cigna International Expatriate Benefits Plan	Cigna International Summary of Benefits

Fully Insured Dental Plan	Please Refer to the Following Document(s)
Willamette Dental Blue Benefit Plan	Willamette Dental Blue Plan section of this handbook

Eligibility in Coordination with Severance Plan

When permitted by the insurer (Kaiser Permanente, Cigna, and Willamette Dental), if a terminated Participant is eligible for benefits pursuant to a severance plan operated by Micron and is offered continued participation in the health plan in connection with such Participant’s termination, such Participant shall continue eligibility for the time period specified in the relevant documentation, notwithstanding an earlier Termination date.

COVID National Emergency

For the period beginning **March 1, 2020 and ending 60 days after the US President declares an end to the COVID-19 national emergency**, upon the occurrence of the applicable event, the following deadlines will be extended for a Team Member for up to 12 months or until such time that the national emergency ends (if sooner than 12 months) based on the applicable event.

- The 30-day period (or 60-day period, if applicable) to request special enrollment under ERISA
- The 60-day election period for COBRA continuation coverage
- The date for making COBRA premium payments
- The date for individuals to notify the plan of a qualifying event or determination of disability under COBRA
- The date within which individuals may file a benefit claim under the plan’s claims procedures

Fully Insured Medical Plans	Please Refer to the Following Document(s)
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- The date within which claimants may file an appeal of an adverse benefit determination under the plan's claims procedures
- The date within which claimants may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination
- The date within which a claimant may file information to perfect a request for external review upon a finding that the request was not complete
- With respect to group health plans, and their sponsors and administrators, the date for providing a COBRA election notice.