

**The Connected Care High Deductible Health Plan (HDHP) Plan from Kaiser Permanente  
Intel Corporation 2024 Employee Benefit Summary, Northwest**

The services described below are covered only if all the terms and conditions in the *Summary Plan Description* are satisfied.

PLAN FEATURES	In Network	Out of Network
<b>Annual deductible for certain services</b>		
Per individual/Per individual plus Child(ren)/Per individual plus Spouse/Child(ren)	\$1,600 /\$3,200 /\$4,000	
<b>Annual out-of-pocket maximum for certain services</b>		
Per individual/Per individual plus Child(ren)/Per individual plus Spouse/Child(ren)	\$2,240 /\$4,480 /\$5,335	
<b>Professional services</b>	<b>YOU PAY</b>	
Routine preventive physical exams	No charge	40% after Deductible
Routine preventive immunizations (office visit may apply)	No charge	40% after Deductible
Primary care	5% after Deductible	40% after Deductible
Specialty care	5% after Deductible	40% after Deductible
Well-child preventive care visits Age limits defined by Health Care Reform legislation	No charge	40% after Deductible
Family planning visits (Non-HRSA)	5% after Deductible	40% after Deductible
Counseling re: contraceptive methods, Implantable or Injectable Contraceptives	No charge	40% after Deductible
Scheduled prenatal care visits and first postpartum visits	No charge	40% after Deductible
Vision exams	5% after Deductible	40% after Deductible
Routine hearing tests	5% after Deductible	40% after Deductible
Physical, occupational, and speech therapy visits	5% after Deductible <sup>i</sup>	40% after Deductible
<b>Outpatient services</b>		
Outpatient surgery and certain other outpatient procedures	5% after Deductible	40% after Deductible
Allergy injection visits (Office visit cost share may apply)	5% after Deductible	40% after Deductible
Allergy testing visits	5% after Deductible	40% after Deductible
Non-routine vaccines (Office visit cost share may apply)	5% after Deductible	40% after Deductible
X-rays and lab tests	5% after Deductible	40% after Deductible
<b>Hospitalization services<sup>ii</sup></b>		
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	5% after Deductible	40% after Deductible
Maternity care for mother and newborn	5% after Deductible	40% after Deductible
Home Births	0% after Deductible	0% after Deductible
<b>Emergency health coverage</b>		
Emergency Department visits	5% after Deductible	5% after Deductible
Urgent Care	5% after Deductible	40% after Deductible
<b>Ambulance services</b>		
Ambulance services (per trip)	5% after Deductible	5% after Deductible
<b>Infertility services</b> (subject to a \$40,000 lifetime maximum per member shared In and Out of Network) See Outpatient Prescription Drug for Infertility Rx Lifetime Max		
Infertility office visits and infertility treatments	5% after Deductible	40% after Deductible
Infertility diagnostic lab tests, X-rays, and surgery	5% after Deductible	40% after Deductible
<b>Prescription drug coverage</b> (most drugs covered in accord with formulary guidelines) Infertility Rx Lifetime Max \$20,000 shared In and Out of Network		
Participating pharmacies generic (up to 30-day supply)	5% after Deductible	40% after Deductible
Participating pharmacies brand (up to 30-day supply)	5% after Deductible	40% after Deductible

Participating pharmacies non-formulary brand (up to 30-day supply)	5% after Deductible	40% after Deductible
Mail-order generic (up to 90-day supply)	5% after Deductible	Not covered
Mail-order brand (up to 90-day supply)	5% after Deductible	Not covered
Mail-order non-formulary brand (up to 90-day supply)	5% after Deductible	Not covered
Contraceptives and Contraceptive Devices; Preventive Drugs	No charge	40% after Deductible
<b>Mental health services</b>		
Inpatient psychiatric hospitalization, per admission	5% after Deductible	40% after Deductible
Day Treatment	5% after Deductible	40% after Deductible
Outpatient individual visits	5% after Deductible	40% after Deductible
Outpatient group visits	5% after Deductible	40% after Deductible
<b>Chemical dependency services</b>		
Inpatient detoxification, per admission	5% after Deductible	40% after Deductible
Day Treatment	5% after Deductible	40% after Deductible
Outpatient individual visits	5% after Deductible	40% after Deductible
Outpatient group visits	5% after Deductible	40% after Deductible
<b>Home health services</b>		
Home health care <sup>iii</sup>	5% after Deductible	40% after Deductible
<b>Other</b>		
Chiropractic Care <sup>iv</sup>	5% after Deductible	40% after Deductible
Acupuncture <sup>iv</sup>	5% after Deductible	40% after Deductible
Durable medical equipment	5% after Deductible	40% after Deductible
Hospice care	No charge after Deductible	40% after Deductible
Prescription eyeglasses and contact lenses	Not covered	Not covered
Skilled nursing facility care <sup>v</sup>	5% after Deductible	40% after Deductible
Treatment of Autism Spectrum Disorders <sup>vi</sup>		
Applied Behavioral Analysis	5% after Deductible	5% after Deductible
Physical, occupational, and speech therapy visits	5% after Deductible	40% after Deductible

This chart is a summary. It does not explain maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete description of your plan, please refer to Intel's *Pay, Stock and Benefits Handbook*.

Your health benefits are self-insured by your employer, union, or Plan sponsor. Kaiser Permanente provides only administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.

<sup>i</sup> Unlimited visits; based on medical necessity.

<sup>ii</sup> Includes room and board, surgery, anesthesia, X-rays, imaging, laboratory, and drugs.

<sup>iii</sup> No visit limits

<sup>iv</sup> Up to 30 visits per year shared across In and Out of Network

<sup>v</sup> No day limits In Network, 100 day limit per calendar year for Out of Network

<sup>vi</sup> There must be a diagnosis of ASD for benefits to apply. Unlimited visits; based on medical necessity.

Whether you're already getting care at Kaiser Permanente or considering us for the first time, you can get all the information you need at [my.kp.org/connectedcare](http://my.kp.org/connectedcare).