

Intel Retiree Medical Plan High-Deductible Health Plan (IRMP HDHP) Overview

Your Intel Retiree Medical Plan High-Deductible Health Plan (IRMP HDHP) gives you medical coverage, plus a health savings account (HSA) to help you pay for out-of-pocket medical costs. This health plan is designed to help you take greater control of your health care and costs when making care decisions. The IRMP HDHP also gives you:

- Traditional health coverage to help protect you against further health expenses.
- Personalized health services and online tools to help you manage your health, health decisions, and health care dollars.

IRMP HDHP covered services

Q: What is traditional health coverage with the IRMP HDHP?

A: Similar to a PPO or HMO plan, after you meet your deductible, you pay coinsurance (a percentage of the cost) when you visit a doctor in your plan's network. You'll pay more if you visit a doctor outside your plan's network. Check your *Plan Summary* for information on coinsurance amounts.

Q: What services does the IRMP HDHP cover?

A: Your IRMP HDHP covers services that a typical health plan covers — from office visits and prescription drugs to major surgery. When you use HSA money to pay for services covered by your IRMP HDHP, the expense is applied toward your deductible and out-of-pocket maximum. Check your *Plan Summary* to see a list of services covered by your plan.

Q: Does the IRMP HDHP cover preventive care services such as mammograms and annual physicals?

A: Your IRMP HDHP covers preventive care services such as physical exams, immunizations, and mammograms at 100% when you visit doctors in your plan's network. As part of the health care reform law, certain women's preventive care services are also covered at 100%. Check your *Plan Summary* for details. You won't have to pay anything out of pocket when you receive care from doctors in your plan's network. If you visit a doctor outside your plan's network, your deductible and coinsurance will apply. You may use HSA dollars to pay for these costs.

Q: Does the IRMP HDHP cover prescription drugs?

A: Yes, your prescription benefits continue to be administered by Express Scripts.

Health savings account (HSA)

Q: Who is eligible to open an HSA?

A: To be eligible, you must:

- Be covered by an HSA-compatible health plan, such as the IRMP HDHP, and not covered by any other medical plan that is not an HSA-compatible health plan. This includes being enrolled in your spouse's plan as secondary coverage, or an executive medical plan.
Note: Federal law requires minimum deductible levels for individual and family coverage for HSA-compatible health plans.
- Be enrolled in an HSA-compatible health plan on the first day of the month (otherwise, your eligibility to make contributions to your HSA begins the first day of the following month). You may make the maximum annual HSA contribution for the year regardless of the month you become eligible.
- Not be enrolled in Medicare.
- Not be eligible to be claimed as a dependent on another individual's tax return.

Q: Can I use my HSA to pay for medical expenses not covered by my Anthem plan?

A: Yes, if they are qualified medical expenses as defined in Section 213d of the IRS code. For a list of qualified medical expenses, please visit the IRS website at irs.gov/pub502. Keep in mind, when you use HSA money to pay for qualified medical expenses not covered by your IRMP HDHP, those expenses will not apply toward your deductible and out-of-pocket maximum.

Q: Who administers the IRMP HDHP HSA?

A: Intel has partnered with Fidelity Investments to administer the IRMP HDHP. However, you have the option to open an HSA with the bank of your choice. If you would like to know more about opening an HSA with Fidelity, you can call **888-401-7377** or visit the Fidelity NetBenefits website at nb.fidelity.com/public/nb/intel/home.

Q: Where can I find additional information on HSA regulations?

A: You can visit the IRS website at irs.gov and search Publication 969.

Choosing health care providers

Q: What is the difference between network and out-of-network providers?

A: Network providers are doctors, hospitals, facilities, and other health care providers who are part of your Anthem plan. They have agreed to accept our payments as payment in full for specific covered services. Our large network includes doctors, hospitals, specialists, and labs, so you can find the care that's best for you.

Out-of-network providers do not have contracts with us and are not in your plan. They have not agreed to accept our payments as payment in full for specific covered services. Out-of-network providers may charge more for services than what our network providers have agreed to accept. If you choose an out-of-network provider, you will be responsible for the additional amount they may charge.

Q: How do I know if my doctor is in my plan's network?

A: If you're not currently an Anthem member, use the Find Care tool at anthem.com/ca/intelretiree/ and choose **You are under age 65 and not eligible for Medicare**.

Q: If my doctor isn't in the plan's network, can I still use their services?

A: You can visit any doctor you choose and you never need a referral to see a specialist. However, you save money when you visit a doctor in your plan's network. Also, if you see a doctor outside your plan's network, you may have to file a claim yourself. You can download a claim form at anthem.com/ca.

Q: Does Anthem require preapproval for hospitalizations?

A: Yes, your doctor should notify us before you're hospitalized, so we can coordinate care and connect you with a health coach.

Q: Can I visit any doctor or hospital while traveling?

A: Yes, but you'll pay less out of pocket when you see a Blue Card PPO® network provider. To find a participating doctor or hospital while traveling, call **800-810-BLUE** (800-810-2583).

Q: Is there a way for me to compare health care costs as well as hospital and medical facility costs for a procedure?

A: Yes, we can help you estimate costs based on your health plan. Our Find Care tool lets you compare costs for over 500 medical procedures including MRIs and CT scans, from doctors and hospitals in your area. The tool also shows performance and safety ratings. If you're a current Anthem member but haven't started using the Sydney Health app, download the app:

1. Download the free **Sydney Health** mobile app and select **Register**.
2. Confirm your identity.
3. Create a username and password.
4. Confirm your email preferences.
5. Follow the prompts to complete your registration.

Note: If you're not a current Anthem member but choose us as your medical carrier for 2023, you will have access to Sydney Health starting January 1, 2023.

Health and wellness programs

Q: What are health and wellness programs?

A: Health and wellness programs offer resources, tools, guidance, and support to help you manage your health so you can make more informed health care decisions. Register and log in at anthem.com/ca for details on the programs available with your plan.

Q: What is 24/7 NurseLine?

A: 24/7 NurseLine is a service you can call for answers to your immediate health care questions. Registered nurses are available to answer your calls 24 hours a day, seven days a week.

Your privacy

Q: Are both anthem.com/ca and Sydney Health secure?

A: Yes, our website, anthem.com/ca, and Sydney Health are both secure and password protected. Your personal data is encrypted using the highest encryption level currently available.

Q: What is your privacy policy?

A: You can read the *Privacy Policy* anytime at anthem.com/ca.

We are here to help

If you have questions about your plan, please reach out to Anthem's dedicated Concierge team at **800-811-2711**, Monday to Friday, 6 a.m. to 8 p.m. PT.

If you have questions about your HSA account, please contact Fidelity Investments at **888-401-7377**, 24 hours a day, seven days a week.



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