



Welcome to Micron Team Member Benefits Programs

As a world leader in the semiconductor industry, Micron is dedicated to your personal wellbeing and professional growth. As a Micron team member, you receive a generous total compensation and benefits package designed to improve your personal life, protect your family, and further your career. This document will make you aware of important deadlines, provide a brief overview of Micron's many benefit programs, and direct you to additional information. If you have any questions about these programs, please call the HR Customer Service Center: (208) 368-4748 or toll-free (800) 336-8918 or e-mail HR4U@micron.com. You will find Benefits information on the [myHR Guest Portal \(myhr.micron.ehr.com\)](http://myHR.GuestPortal(myhr.micron.ehr.com)), an online resource for you and your family. You may access the [myHR Guest Portal](http://myHR.GuestPortal) from work or home. Additionally, once you begin employment, you will have access to the **myHR** Human Resources portal and the employee intranet site [Micron Now](http://MicronNow).

Benefits Eligibility and Coverage Effective Date

Full Time team members, working an average of 38 hours per week, are eligible for all benefits described in this document.

Part Time team members, working an average of 18 to 37 hours per week, are eligible for Medical, Dental, Vision, Business Travel Accident Insurance, EAP, TOP and Retirement at Micron 401(k).

Intern team members are eligible for Medical, Business Travel Accident Insurance, EAP, Holiday TOP and Retirement at Micron 401(k).

Coverage goes into effect **on your hire date for all benefits, except Life and AD&D, Disability, Day Care Flexible Spending Account, Health Care Flexible Spending Account, Limited Purpose Flexible Spending Account and Health Spending Account** which begin on the **first of the month following date of hire**.



Actions Required to Enroll in Benefits

1. Review your [benefit options and costs](#)
2. Complete your [benefits enrollment online](#) within 30 days of your hire date
3. Designate your beneficiaries for your life insurance, health savings account (if applicable), and 401(k) account

Enrollment Instructions

You must complete your benefits enrollment **within 30 days of your hire date**. You can access the initial enrollment system as many times as needed to complete and modify your initial enrollment elections. Once the enrollment deadline expires additional changes are not permitted.

Enrolling Dependents and Other Benefit Options

You have the opportunity to enroll in the following coverage for yourself and your eligible dependents.

- For your health coverage, you may enroll in one of the medical, dental and vision plans available in your area.
- You may also enroll your eligible dependents in the medical, dental, and vision plans.
- You may enroll in the Health Care flexible spending account and the Day Care flexible spending account.
- If you enroll in the Consumer Directed High Deductible Plan, you may enroll in a Health Savings Account and receive employer seed and matching contributions.
- You may purchase additional life and AD&D insurance for yourself and any eligible dependents.

In general, to qualify for Micron's insurance plans, your dependent must be one of the following:

- A legal spouse
- A child or stepchild under age 26
- A child or stepchild with mental or physical disability

If you and your spouse 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.

To enroll in any of the options listed above, **access the Benefits Enrollment System** from work or home.

From work: type **benenroll** in the [MicronNow](#) address bar

From home: go to **benenroll.micron.com**

Complete your enrollment online within 30 days of your hire date at Micron. Print or save a copy of your benefits summary when you complete your enrollment, as proof of enrollment. Please note the online initial Enrollment system will close after 20 minutes of inactivity. If your Initial Enrollment session ends and you have not completed your enrollment, you must log into the system again to complete your enrollment.

Default Elections

If you do not complete your enrollment within the allowable timeframe, you will be enrolled automatically in the following benefits with employee-only coverage, at no cost to you:

- Consumer Directed High Deductible Medical Plan without Health Savings Account
- Waive Dental (no coverage)
- Waive Vision (no coverage)
- Employee Assistance Program (EAP)
- Disability Insurance (Short and Long-Term)
- Basic Life Insurance
- Accidental Death and Dismemberment (AD&D) Insurance
- Business Travel Accident Insurance
- Emergency Assistance When Traveling

Effective Date

Default coverage goes into effect **on your hire date**, except for Life and AD&D and Disability Insurance, which start on the **first of the month following your hire date**.

Enrollment attempts or changes to enrollment after your first 30 days at Micron cannot be processed due to Micron's compliance with federal law. New hires will be automatically enrolled in

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the core default benefits coverage for self only. Changes to your benefit elections after your enrollment period ends can generally only be made during the annual enrollment period, or if you have a qualified change in status, such as a birth, marriage or divorce.

Contact the HR Customer Service Center at HR4U@micron.com or (208) 368-4748 or toll-free (800) 336-8918 if you have issues or concerns using the online enrollment system. Enrollments or corrections will not be permitted beyond your 30-day deadline.

For a general overview of information helpful in making your healthcare selections visit myhr.micron.ehr.com and review the Annual Enrollment materials to see your options for 2019.

Benefits Summary Statement

Access your Benefits Summary Statement at any time on benenroll.micron.com. Review your Benefits Summary for accuracy before the end of your 30-day initial Enrollment period. If changes are necessary, log into the system again to modify your enrollment within 30 days of your hire date. Enrollments or modification requests outside your initial enrollment period cannot be accepted.



Beneficiary Designation

Be sure to designate a beneficiary for your life and AD&D insurance, the Retirement at Micron 401(k) plan, and your Health Savings Account (if you select the Consumer Directed High Deductible Medical Plan). If you do not designate a beneficiary, upon your death, benefits will be paid according to applicable law. It's important that you keep your beneficiary designations up to date for all applicable benefits.

- **Life Insurance Beneficiary Designation** (<https://enroll.thehartfordatwork.com/Enroll>)

If you are a newly hired team member, login details for The Hartford are automatically e-mailed to your Micron e-mail address. You can also call The Hartford to obtain your login and password information at 1-855-396-7655 (855-EZ-NROLL).

- **401(k) RAM Plan Beneficiary Designation** (www.401k.com)

See the [MicronNow](#) > myHR > Retirement & 401k for instructions to set up your login and PIN for Fidelity. Once you have accessed your account, click on the "Your Profile" link at the top of the page and update your beneficiaries using the link in the "About You" section.

- **Health Savings Account Beneficiary Designation** (benenroll.micron.com)

Access the Tri-Ad enrollment system from work or home. Access your Health Savings Account and update your beneficiary information.

All of these systems can be accessed from work or home. Your updated beneficiary designation is effective immediately once you complete the process on [The Hartford](#), 401k.com, and benenroll.micron.com.

Your Health and Income Protection Benefits

An overview of Micron's **medical, dental, vision, employee assistance program, life insurance and disability income plans** is provided below. Use this overview document in conjunction with the Benefits Handbook, which provides details on the coverage and limitations of these plans. You can find the Benefits Handbook on the [myHR Guest Portal](#) > Benefits Handbook.



Medical Coverage

Micron offers you a choice of medical plans, depending on where you live. You may also choose to opt out of Micron medical coverage. You choose what is best for you and your family.



Idaho Only:

Consumer Directed High Deductible Plan with Health Savings Account

Administered by Blue Cross of Idaho, Inc., the Consumer Directed High Deductible medical plan (CDHP) is a preferred provider organization (PPO). Under this plan you will pay a lower bi-weekly premium with higher expenses at the time of service. When you enroll in this plan, and elect participation in the Health Savings Account (HSA), Micron will make a contribution to your HSA. You may also make pre-tax contributions to the Health Savings Account and receive matching contributions from Micron. The CDHP uses the **Blue Cross of Idaho PPO Network** in Idaho and, outside of Idaho, the **Blue Cross and/or Blue Shield PPO Network** (national network). You are free to choose any provider inside or outside the networks; however, the greatest benefit is received by using an in-network physician or hospital. You can find provider lookup tools to help you locate in-network providers on myHR or at the [myHR Guest Portal](#).

If you enroll for individual coverage, you will follow the "individual" amounts shown on the plan comparison. If you are enrolling in the CDHP with more than one person (EE+1, EE+2, or EE+3 or more) you will follow the "family" amounts shown on the plan comparison.

Saint Alphonsus Coordinated Care Plan

Administered by Blue Cross of Idaho, Inc., the Saint Alphonsus Coordinated Care medical plan is a narrow network coordinated care plan. Under this plan you will pay a higher bi-weekly premium with lower expenses at the time of service. Saint Alphonsus Coordinated Care Plan uses the **(CCPSAHA) Micron Coordinated Care Plan Saint Alphonsus Health Alliance** provider network within the Saint Alphonsus service area. It uses the **Blue Cross of Idaho PPO Network** outside the SAHA area in Idaho. Outside of Idaho, it uses the **Blue Cross and/or Blue Shield PPO Network** (national network). You can choose any provider inside or outside the networks; however, the greatest benefit is received by using an in-network physician or hospital. You can find provider lookup tools to help you locate in-network providers on myHR or at the [myHR Guest Portal](#).

St. Luke's Coordinated Care Plan

Administered by Blue Cross of Idaho, Inc., the St. Luke's Coordinated Care medical plan is a narrow network coordinated care plan. Under this plan you will pay a higher bi-weekly premium with lower expenses at the time of service. St. Luke's Coordinated Care Plan uses the **(CCPSLHP) Micron Coordinated Care Plan St. Luke's Health Partners** provider network within the St. Luke's service area. It uses the **Blue Cross of Idaho PPO Network** outside the SLHP area in Idaho. Outside of Idaho, it uses the **Blue Cross and/or Blue Shield PPO Network** (national network). You can choose any provider inside or outside the networks; however, the greatest benefit is received by using an in-network physician or hospital. You can find provider lookup tools to help you locate in-network providers on myHR or at the [myHR Guest Portal](#).

Waive Coverage

You may also waive Micron's Medical coverage.



US Sites Outside of Idaho:

Consumer Directed High Deductible Plan with Health Savings Account

Administered by Blue Cross of Idaho, Inc., the Consumer Directed High Deductible medical plan (CDHP) is a preferred provider organization (PPO). Under this plan you will pay a lower bi-weekly premium with higher expenses at the time of service. When you enroll in this plan, and elect participation in the Health Savings Account (HSA), Micron will make a contribution to your HSA. You may also make pre-tax contributions to the Health Savings Account and receive matching contributions from Micron. The CDHP uses the **Blue Cross of Idaho PPO Network** in Idaho and, outside of Idaho, the **Blue Cross and/or Blue Shield PPO Network** (national network). You are free to choose any provider inside or outside the networks; however, the greatest benefit is received by using an in-network physician or hospital. You can find provider lookup tools to help you locate in-network providers on myHR or at the [myHR Guest Portal](#).

If you enrolling for individual coverage, you will follow the "individual" amounts shown on the plan comparison. If you are enrolling in the Consumer Directed High Deductible Plan with more than one person (EE+1, EE+2, or EE+3 or more) you will follow the "family" amounts shown on the plan comparison.

PPO Medical Plan

Administered by Blue Cross of Idaho, Inc., the PPO medical plan is a preferred provider organization (PPO). Under this plan you will pay a higher bi-weekly premium with lower expenses at the time of service. The PPO plan utilizes the **Blue Cross and/or Blue Shield PPO Network** (national network). You are free to choose any provider inside or outside the networks; however, the greatest benefit is received by using an in-network physician or hospital. You can find provider lookup tools to help you locate in-network providers on myHR or the [myHR Guest Portal](#).

Kaiser Permanente HMO (Folsom and Milpitas, California team members only)

The Kaiser Permanente option is a health maintenance organization (HMO). In order to have coverage under this plan, you must use one of the many Kaiser facilities. At most of these facilities, not only can you visit your physician, but you can obtain lab, x-ray, and pharmacy services all under one roof. You can find a list of in-network providers at www.kp.org. Please be aware if you enroll in the Kaiser Permanente plan, you can modify your election during Annual Enrollment or in conjunction with a qualified life event. You will have 31 days to make enrollment changes following a qualified mid-year event, such as birth or marriage.

Waive Coverage

You may also waive Micron's Medical coverage.



2019 Idaho Medical Plan Comparison

| | Consumer Directed High Deductible Plan | | Saint Alphonsus / St. Luke's Coordinated Care Plan* | | |
|--|--|----------------------------|---|---|----------------------------|
| | In-Network | Out-of-Network | In-network (within your plan's service area) | In-network (outside your plan's service area) | Out-of-Network |
| Micron HSA Contribution, if HSA elected | | | Not eligible for an HSA | | |
| - Individual | \$500 (with match) | | | | |
| - Family | \$1,000 (with match) | | | | |
| Deductible* | | | | | |
| - Individual | \$1,500 | \$3,000 | \$200 | \$350 | \$1,000 |
| - Family | \$3,000 | \$6,000 | \$400 | \$700 | \$2,000 |
| Out-of-pocket maximum* | | | | | |
| - Individual | \$4,000 | \$8,000 | \$2,000 | \$2,500 | \$6,000 |
| - Family | \$6,850 | \$16,000 | \$4,000 | \$5,000 | \$12,000 |
| Coinsurance | 15% | 40% | 20% | 20% | 40% |
| Emergency room** | \$100 copay + deductible and coinsurance | | \$100 copay + deductible and coinsurance | | |
| Office visits: Saint Alphonsus*** | Deductible and coinsurance | Deductible and coinsurance | \$35 for primary care | \$50 for specialist | Deductible and coinsurance |
| Office visits: St. Luke's*** | | | \$30 for primary care | \$45 for specialist | |
| Telehealth visits | \$45 | Not covered | \$20 | \$20 | Not covered |
| Outpatient surgery and hospital† | 15% after deductible | 40% after deductible | 20% after deductible | | 40% after deductible |
| Pharmacy†† | | | | | |
| - Preventive | \$0 - No cost | | \$0 - No cost | | |
| - Generic | \$10 copay after deductible | | \$10 copay | | |
| - Formulary brand | 20% (\$75 max) after deductible | | 20% (\$75 max) | | |
| - Brand non-formulary | 35% (\$125 max) after deductible | | 35% (\$125 max) | | |
| - Specialty drugs | 20% (\$250 max) after deductible | not covered | 20% (\$250 max) | | not covered |

*Deductibles and out-of-pocket maximums are aggregated for the Consumer Directed High Deductible Plan and embedded for the Coordinated Care plans.

**\$100 emergency room copay waived if admitted.

***Office visit copays apply to out-of-pocket maximums but do not apply toward deductibles.

†Preventative services and prescriptions obtained out-of-network are subject to maximum allowable charges; you are responsible for amounts exceeding maximum allowable.

††Pharmacy chart applies to each 30 day supply. You may receive up to a 90 day supply by mail order or at a retail pharmacy. Each 30-day supply is subject to the maximum 30 day supply charge.



2019 Outside Idaho Medical Plan Comparison

| | Consumer Directed High Deductible Plan | | PPO Plan | | Kaiser Permanente HMO Milpitas & Folsom Sites Only |
|--|--|----------------------|--|----------------------|---|
| | In-network Blue Cross and/or Blue Shield PPO Network (national network) | Out-of-network | In-network Blue Cross and/or Blue Shield PPO Network (national network) | Out-of-network | In-network only ¹ (Kaiser HMO Provider Network) |
| Micron HSA contribution if HSA is elected | | | | | |
| - Individual | \$500 (with match) | | Not eligible for an HSA | | Not eligible for an HSA |
| - Family | \$1,000 (with match) | | | | |
| Deductible² | | | | | |
| - Individual | \$1,500 | \$3,000 | \$350 | \$1,000 | none |
| - Family | \$3,000 | \$6,000 | \$700 | \$2,000 | none |
| Out-of-pocket maximum² | | | | | |
| - Individual | \$4,000 | \$8,000 | \$2,500 | \$6,000 | \$1,500 |
| - Family | \$6,850 | \$16,000 | \$5,000 | \$12,000 | \$3,000 |
| Coinsurance | 15% | 40% | 20% | 40% | none |
| Office visits⁵ | 15% after deductible | 40% after deductible | \$35 for primary care \$50 for specialist | 40% after deductible | \$20 copay for primary care \$0 copay for prenatal visits |
| Telehealth Visits | \$45 | Not covered | \$20 | Not covered | Not covered |
| Outpatient Surgery | 15% after deductible | 40% after deductible | 20% after deductible | 40% after deductible | \$20 copay |
| Hospital Inpatient | | | | | \$250 per admission |
| Emergency room³ | \$100 copay + deductible and coinsurance | | \$100 copay + deductible and coinsurance | | \$50 copay (waived if admitted) |
| Pharmacy^{4,6} | | | | | |
| - Preventive | \$0 - no cost | | \$0 - no cost | | \$0 - no cost |
| - Generic | \$10 copay after deductible | | \$10 copay | | \$10 copay |
| - Formulary brand | 20% (\$75 max) after deductible | | 20% (\$75 max) | | \$20 copay |
| - Brand non-formulary | 35% (\$125 max) after deductible | | 35% (\$125 max) | | not covered |
| - Specialty drugs | 20% (\$250 max) after deductible | Not covered | 20% (\$250 max) | Not covered | \$20 copay, subject to pre-approval |

1. Out-of-network coverage for emergency and urgent care only.

2. Deductibles and out-of-pocket maximums are aggregated for the Consumer Directed High Deductible Plan and embedded for the PPO and Kaiser plan. See following page for details.

3. \$100 emergency room copay waived if admitted.

4. Preventive services and prescriptions obtained out-of-network are subject to maximum allowable charges; you are responsible for amounts exceeding maximum allowable.

5. Office visit copays apply to out-of-pocket maximums but do not apply toward deductibles.

6. Pharmacy chart applies to each 30-day supply. You may receive up to a 90-day supply by mail order or at a retail pharmacy. Each 30-day supply is subject to the maximum 30-day supply charge.



Dental (Idaho)

Micron offers three dental plans to choose from (if you are an Idaho employee) and all are administered by Blue Cross. You can receive benefits from any dentist; however, if you use a contracting dentist, you will receive the greatest benefit and not be billed for any amounts over the predetermined maximum. The Dental and Dental Plus plan utilize the Blue Cross of Idaho dental PPO network. The Willamette Dental Blue plan is available at Willamette Dental office locations only. You can find provider lookup tools to locate Blue Cross contracting dentists at www.bcidaho.com or myHR or the [myHR Guest Portal](#).

2019 Idaho Dental Plan Comparison

| Plan features | Willamette Dental Blue | | Dental | | Dental Plus | |
|--|-------------------------------------|----------------|--------------------|--------------------------------|--------------------|--------------------------------|
| | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network |
| Annual deductible | None | | \$50 per person | | \$50 per person | |
| Family deductible | None | | \$150 | | \$150 | |
| Annual maximum benefit | No annual limit, unlimited services | | \$2,000 per person | | \$3,000 per person | |
| | What you pay | | | | | |
| Covered services | In-network | Out-of-network | In-network | Out-of-network | In-network | Out-of-network |
| Diagnostic and preventive: Exams and cleaning, X-rays* | \$15 | Not covered | No cost to you | 10%, not subject to deductible | No cost to you | 10%, not subject to deductible |
| Basic: Fillings, root canals, oral surgery, sedation, periodontics | \$10 | Not covered | 20% | 30% | 10% | 30% |
| Major: Inlays, crowns, bridges, dentures | \$250 per tooth | Not covered | 50% | 60% | 20% | 50% |
| Orthodontia: Includes installation of tooth-straightening appliances and treatment to correct abnormally positioned teeth | \$2000 | Not covered | 50% | 60% | 20% | 50% |
| Orthodontia lifetime maximum benefit** | No annual limit, unlimited services | Not covered | \$2,000 | \$2,000 | \$3,000 | \$3,000 |

*Diagnostic and preventative services are provided every six months. **Willamette Dental Blue Orthodontia service charges are divided between pre Orthodontia service fees and comprehensive Orthodontia services totaling \$2,000. Orthodontia ongoing treatment is subject to the Office Visit Copay of \$15 per visit.



Dental (US sites outside of Idaho)

2019 Outside Idaho Dental Plan Comparison

| Plan features | Dental | | Dental Plus | |
|--|--------------------|--------------------------------|--------------------|--------------------------------|
| Annual deductible | \$50 per person | | \$50 per person | |
| Family deductible | \$150 | | \$150 | |
| Annual maximum benefit | \$2,000 per person | | \$3,000 per person | |
| | What you pay | | | |
| Covered services | In-network | Out-of-network | In-network | Out-of-network |
| Diagnostic and preventive: Exams and cleaning, X-rays* | No cost to you | 10%, not subject to deductible | No cost to you | 10%, not subject to deductible |
| Basic: Fillings, root canals, oral surgery, sedation, periodontics | 20% | 30% | 10% | 30% |
| Major: Inlays, crowns, bridges, dentures | 50% | 60% | 20% | 50% |
| Orthodontia: Includes installation of tooth-straightening appliances and treatment to correct abnormally positioned teeth | 50% | 60% | 20% | 50% |
| Orthodontia lifetime maximum benefit | \$2,000 | \$2,000 | \$3,000 | \$3,000 |

*Diagnostic and preventative services are provided every six months.



Micron offers two vision plans to choose from and both are administered by VSP. Each plan provides routine vision care, including a standard eye examination once every 12 months, lenses once every 12 months. Below is a comparison of the two plans offered. You can receive benefits from any optometrist or ophthalmologist; however, you receive a greater benefit when you use a VSP provider. You can find provider lookup tools to help you locate VSP providers at www.vsp.com or myHR or the [myHR Guest Portal](#).

Vision Plan Comparison

| In Network | Vision | Vision Choice |
|------------------------|-----------------------|---|
| Eye exams | \$10 copay | \$0 |
| Frame allowance | \$130 every 24 months | \$200 every 12 months |
| Lens copay | \$35 every 12 months | \$35 every 12 months |
| Contact lens allowance | \$130 every 12 months | \$200 every 12 months |
| Sunglass benefit | None | \$15 copay every 12 months in lieu of glasses |
| LASIK | None | \$500 per eye lifetime |



Employee Assistance Program (EAP)

Employee Assistance Program (EAP) is available through ComPsych Guidance Resources. The EAP is provided to all Micron team members at no cost. The EAP is an employer paid benefit that provides 24-hour, confidential, professional counseling and referral services designed to help you and your family members with personal, family and job issues. You are automatically enrolled in the EAP.



Life and Accidental Death & Dismemberment (AD&D) Insurance Plans

You are provided with Basic Life and AD&D insurance on the first day of the month following your date of hire. Life insurance pays a benefit to your beneficiary upon your death. The benefit is doubled in the case of an accidental death. You can purchase additional coverage through the Voluntary Life and AD&D insurance plans for yourself and your spouse. The maximum amount of coverage available may vary from those listed based on the following: 1) the amount of coverage selected, and 2) the conditions of the insured individual, such as medical history. You may also purchase child life insurance for your eligible dependent children.

Shortly following your hire date, you will receive an e-mail at your Micron e-mail address that contains the login and your unique PIN information necessary to access the online Life Insurance Enrollment system at [The Hartford](#).

To complete your enrollment in Supplemental Life, Spouse Life or Child Life Insurance or to update your life insurance beneficiary information, login to [The Hartford](#) **within 60 days** of your hire date.

1. Login to [The Hartford](#) from work or home
2. Enter your User ID and Password
 - a. If you have not received your user ID and password, contact The Hartford at 1-855-396-7655 (855-EZ-NROLL). Micron does not have this information.

Life and AD&D Plan Features

| Benefit | Coverage | Premium Paid By |
|---------------------------------|---|-----------------|
| Basic Life and AD&D | 1.5 times base salary up to \$2,000,000. | Micron |
| Business Travel Accident | 5 times base salary up to \$1,000,000. | Micron |
| Voluntary Life and AD&D | All voluntary coverage, except child life, is purchased in increments of \$10,000. | Team Member |
| Supplemental Life (Team Member) | a. Up to 5 times your annual salary, you may purchase up to \$300,000 of coverage. b. If 5 times your annual salary is more than \$1-million, you may purchase coverage up to \$1-million. | Team Member |
| Spouse Life | Purchase up to 100% of team member basic plus supplemental coverage to a maximum of \$500,000. | Team Member |
| Child Life | Purchase \$5,000 or \$10,000 of coverage. | Team Member |

2019 Benefit Premiums

Medical Premiums Per Pay Period Full-Time, Part-Time Team Members and Interns

| | Team Member Only | Team Member +1 | Team Member +2 | Team Member + 3 or More |
|--|------------------|----------------|----------------|-------------------------|
| Consumer Directed High Deductible Plan (all locations) | No Charge | \$70 | \$103 | \$155 |
| Saint Alphonsus Coordinated Care Plan (Idaho only) | \$22 | \$89 | \$123 | \$175 |
| St. Luke's Coordinated Care Plan (Idaho only) | \$21 | \$85 | \$117 | \$167 |
| PPO (Outside Idaho only) | \$24 | \$96 | \$132 | \$190 |
| Northern California Kaiser HMO (Northern CA Only) | \$41 | \$140 | \$200 | \$248 |

Dental 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 |
|-------------------------------------|------------------|----------------|----------------|-------------------------|
| Willamette Dental Blue (Idaho Only) | No Charge | \$5 | \$8 | \$14 |
| Dental | \$1 | \$7 | \$11 | \$16 |
| Dental Plus | \$4 | \$15 | \$20 | \$29 |

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 |
|---------------|------------------|----------------|----------------|-------------------------|
| Vision | No Charge | \$2 | \$4 | \$6 |
| Vision Choice | \$4 | \$10 | \$13 | \$18 |

Supplemental & Spouse Life Insurance Premiums per Pay Period for Full-Time and Part-Time Team Members

| 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 | \$0.272 | \$0.314 | \$0.360 | \$0.448 | \$0.655 | \$0.955 | \$1.708 | \$2.566 | \$4.855 | \$7.814 |

Child Life Insurance Premiums Per Pay Period for Full-Time and Part-Time Team Members

| Coverage Level | Cost |
|----------------|--------|
| \$5,000 | \$0.25 |
| \$10,000 | \$0.51 |

Premiums for your health plans are deducted before taxes are withheld from your bi-weekly paycheck.



Disability Plans

Micron's short-term and long-term disability plans are designed to provide Full Time team members income replacement when you are unable to work due to illness or injury. These plans are provided at no cost to team members, with short-term disability providing a benefit of 66 2/3% of your base salary up to 6 months, and long term disability providing a benefit of 60% of your base salary. Find plan information and details in the Benefits Handbook or on myHR. You have the option to supplement your short-term disability payments with TOP time.



Travel Resources & Information

If you will be traveling on Micron business, there are several resources available on the Micron Travel page (alias "Travel" on the [MicronNow](#)) regarding Micron's travel policy, as well as how to make travel reservations, submit expense reimbursements and Travel FAQ's. Quick Links are displayed on the right side. There are additional expense and travel training materials available on Travel > Book Travel.

Business Travel Accident Insurance

Micron provides travel accident insurance to you at no cost. This insurance pays your beneficiary an amount equal to five times your base salary, up to \$500,000, if you should die while traveling on business for Micron.



Emergency Assistance When Traveling

Micron provides emergency assistance services to you whether you are traveling for business or personal reasons, through International SOS. Whether you are in the U.S. or abroad, and traveling out of your home country, if you need emergency services in the event of social unrest (i.e., riots or war) or a natural disaster (i.e., earthquake or typhoon), International SOS is just a phone call away.

Cigna Medical Benefits Abroad (MBA)

Micron provides acute and emergency international medical coverage under the Cigna MBA policy. The Cigna MBA policy provides coverage for your spouse and your children that are traveling internationally with you on business or vacation. Cigna MBA medical services are arranged through International SOS.



Retirement at Micron (RAM) plan

Plan for your future and save for retirement with the RAM 401(k) plan. The RAM 401(k) plan includes an automatic enrollment feature and company match. With the automatic enrollment feature, you will be automatically enrolled in the Plan at a regular pre-tax contribution rate of 6%. However, you may choose a different amount by contacting Fidelity and electing to contribute more,

less, or even nothing. Micron matches one dollar for each dollar you contribute, up to 5% of your eligible pay. So, to get the most from these matching contributions, you must contribute at least 5% of your eligible pay. In addition to regular pre-tax contributions, team members aged 50 and older can make catch-up contributions in accordance with IRS regulations. Roth and after-tax contribution options are also available in the plan. Please see the enclosed information from Fidelity and the Benefits Handbook for additional information.



Flexible Spending Account Plans

Full Time team members may find tax savings by participating in Micron's Flexible Spending Account plans (FSA's). If you choose to participate, money is taken out of your paycheck, before taxes are calculated, and deposited into the FSA. You can then use that money to pay for eligible expenses. We offer a Health Care FSA to pay for eligible health care expenses and a Day Care FSA to pay for eligible day care expenses. When calculating your initial FSA election amount as a new hire, please take into consideration the effective date of your FSA account is the first of the month following your date of hire. The amount you elect will be divided between the number of pay periods left in the current calendar year to determine your bi-weekly FSA deduction amount. Reimbursement requests for services obtained prior to your FSA effective date are not eligible for reimbursement, and will be denied.



Time Away From Work

The following information is a brief overview of Micron's Time Off Plan (TOP) and leave programs. You should use this overview in conjunction with detailed information found on **myHR** under **Time & Leave** and in the Team Member Handbook.

Time Off Plan (TOP)

Take time for yourself through Micron's Time Off Plan (TOP). With TOP, you will receive paid time off for vacations, holidays, sick time, and personal needs. During your first year of employment, Full Time team members earn 5.31 hours of TOP for each pay period of employment, effective on your date of hire. Part Time team members earn 2.76 hours of TOP for each pay period of employment, including the month of hire. The Part Time TOP accrual is not based on years of service and will remain consistent at 2.76 hours per pay period. TOP time is added to your account on the last day of the pay period provided you are employed on that date.

Check your available TOP balance at any time via **myHR** > **Time & Leave** > View [my TOP Balance](#).

If you are a re-hire, your TOP Accrual date will be credited for your prior Micron full time employment after you have completed one full year from your hire date. TOP hours will be accrued at the adjusted rate beginning the first pay period following your 1 year re-hire anniversary date.

Your per pay period TOP time accrual amount increases each year on your anniversary date. The maximum amount of TOP that can be earned each pay period is 6.93 hours. If your anniversary date falls mid pay period, a portion is calculated at the old rate and a portion at the new rate, as applicable.

| Service | Full Time TOP Hours per Pay Period |
|--|---|
| Before 1st Anniversary | 5.31 |
| 1st Anniversary | 5.54 |
| 2nd Anniversary | 5.77 |
| 3rd Anniversary | 6.00 |
| 4th Anniversary | 6.24 |
| 5th Anniversary | 6.47 |
| 6th Anniversary | 6.70 |
| 7th Anniversary | 6.93 |

TOP time accumulates to a maximum of 650 hours. This means that you cannot accrue more than 650 TOP hours and will forfeit any amount which would otherwise accrue over 650. (Cap drops to **400 hours on October 1, 2019**). Micron encourages you to take and use your TOP time to avoid this circumstance. Be sure to enter your time off (and work hours if required) online via your timesheet. Instructions are provided on myHR > Time & Leave > Timesheet/Shifts.

Holidays

Micron observes several holidays each year. If one of these holidays falls on one of your regular work days, you are credited with TOP hours for that day (Either 11.5 hours for a Manufacturing shift, or 8 hours for a Traditional (1st) shift for full-time Team Members; (4 hours if you're part-time)).

| 2019 US Traditional Holiday Calendar = 8 TOP hour accrual, US Business offices closed | | | |
|--|------------|---------------------|-------------------------|
| Holiday | Day | Holiday Date | TOP Hours Earned |
| New Year's Day* | Tuesday | January 1 | 8 |
| Martin Luther King Day | Monday | January 21 | 8 |
| Presidents Day | Monday | February 18 | 8 |
| Easter – Observed on Good Friday | Friday | April 19 | 8 |
| Memorial Day | Monday | May 27 | 8 |
| Independence Day | Thursday | July 4 | 8 |
| Labor Day | Monday | September 2 | 8 |
| Veterans Day | Monday | November 11 | 8 |
| Thanksgiving Day | Thursday | November 28 | 8 |
| Day After Thanksgiving | Friday | November 29 | 8 |
| Christmas Eve | Tuesday | December 24 | 8 |
| Christmas Day | Wednesday | December 25 | 8 |
| New Year's Eve | Tuesday | December 31 | 8 |

| 2019 US Manufacturing Holiday Calendar = 11.5 TOP hour accrual | | | |
|--|-----------|--------------|------------------|
| Holiday | Day | Holiday Date | TOP Hours Earned |
| New Year's Day* | Tuesday | January 1 | 11.5 |
| Easter | Sunday | April 21 | 11.5 |
| Memorial Day | Monday | May 27 | 11.5 |
| Independence Day | Thursday | July 4 | 11.5 |
| Labor Day | Monday | September 2 | 11.5 |
| Thanksgiving Day | Thursday | November 28 | 11.5 |
| Day after Thanksgiving Day | Friday | November 29 | 11.5 |
| Christmas Eve | Tuesday | December 24 | 11.5 |
| Christmas Day | Wednesday | December 25 | 11.5 |

*Micron business offices (all non-manufacturing areas and shifts) are closed on Good Friday (the Friday before Easter Sunday) in observance of the Easter holiday. For manufacturing shift team members scheduled to work on Easter rather than Good Friday, Easter is the recognized holiday.

Leave of Absence

Micron recognizes that there are times when you may need to take extended time away from work. During these times, Micron offers several types of leave programs:

- Family and Medical Leave (FMLA)
- Personal Leave
- Military Leave
- Birth & Adoption Paid Leave
 - 160 hours paid for full time
 - 80 hours paid for part time

The following leaves are available only for team members living in California:

- California Family Rights Act
- California Pregnancy Disability Leave
- Paid Family Leave
- Kin Care
- Domestic Violence/Sexual Assault Leave
- Organ and Bone Marrow Donation



Micron Wellness

The Micron "Choose Well. Live Well." wellness program works to create and promote a sustainable Global Wellness Program that supports healthy lifestyles for you and your family. Micron Wellness provides a number of Wellness activities and valuable resources. Full program information is available on the myHR (myHR.micron.ehr.com) Wellness Page. The page includes a variety of resources such as a wellness minute video, a wellness library, a calendar of monthly events, wellness challenges and a video library of wellness webcasts, and a wellness blog that will provide an interactive space for health and wellness discussions. Additionally, you can find a list of highlighted Wellness programs on [myHR](#).

Home Based Office

If you are a team member working from a Home Based Office, please arrange for all office supplies/furniture/equipment with your area admin or by requesting resources through the [MicronNow/Remedy](#). Do not use a Micron issued corporate credit card or a personal credit card to purchase office supplies/furniture/equipment as these items do not meet Micron tax requirements.

Job Accommodations

If you have a health condition that affects your ability to do your regular job, Micron's Job Accommodation program may be able to help provide certain kinds of workplace modifications and/or continued work opportunities. To inquire about a job accommodation, contact a Human Resources representative by emailing tja@micron.com or contact HR4U@micron.com 1-208-368-4748 or 1-800-336-8918.



Additional New Hire Resources

[myHR](#) (after hire date, while at work)

[myHR Guest Portal](#) (prior to hire date or from home)

benenroll.micron.com

HR4U@micron.com

1-208-368-4748 or 1-800-336-8918