

### Medical Premiums for Full-Time and Part-Time Team Members and Interns.

The following medical premiums are deducted each payroll period on a pre-tax basis or as otherwise indicated in the Premiums for "Domestic Partners" section below for domestic partners and their children.

<b>Medical Premiums Per Pay Period Full-Time, Part-Time Team Members and Interns</b>				
	<b>Team Member Only</b>	<b>Team Member +1</b>	<b>Team Member +2</b>	<b>Team Member + 3 or More</b>
<b>Value High Deductible Health Plan</b> (all locations)	\$10	\$52.64	\$67.20	\$88.48
<b>Consumer Directed High Deductible Plan</b> (all locations)	\$20.16	\$81.76	\$122.08	\$163.52
<b>Value PPO</b> (all locations)	\$33.35	\$136.85	\$186.30	\$265.65
<b>Idaho PPO</b> (Idaho only)	\$34.50	\$139.15	\$193.20	\$276.00
<b>PPO</b> (Outside Idaho only)	\$41.40	\$165.60	\$213.90	\$304.75
<b>Kaiser Permanente HMO</b> (San Jose, Folsom, Manassas, Longmont, and Atlanta only)	\$70.80	\$212.40	\$265.20	\$349.20

### Dental Premiums for Full-Time and Part-Time Team Members

The following dental premiums are deducted each payroll period on a pre-tax basis, or as otherwise indicated in the Premiums for "Domestic Partners" section below for domestic partners and their children.

<b>Dental Premiums Per Pay Period Full-Time and Part-Time Team Members</b>				
	<b>Team Member Only</b>	<b>Team Member +1</b>	<b>Team Member +2</b>	<b>Team Member + 3 or More</b>
<b>Willamette Dental Blue</b> (Idaho Only)	\$1.00	\$6.60	\$11.00	\$17.60
<b>Dental</b>	\$1.10	\$7.70	\$12.10	\$18.70
<b>Dental Plus</b>	\$4.40	\$16.50	\$23.10	\$33.00
<b>Delta Dental</b>	\$5.50	\$17.60	\$25.30	\$35.20

**Vision Premiums for Full-Time and Part-Time Team Members**

The following vision premiums are deducted each payroll period on a pre-tax basis, or as otherwise indicated in the Premiums for "Domestic Partners" section below for domestic partners and their children.

<b>Vision Premiums Per Pay Period Full-Time and Part-Time Team Members</b>				
	<b>Team Member Only</b>	<b>Team Member +1</b>	<b>Team Member +2</b>	<b>Team Member + 3 or More</b>
<b>Vision</b>	\$1.00	\$2.20	\$4.40	\$6.60
<b>Vision Choice</b>	\$4.40	\$11.00	\$14.30	\$19.80

**Group Term Life Insurance – Hartford Supplemental and Spouse Life Insurance Premiums for Full-Time and Part-Time Team Members**

Group Term Life Insurance through Hartford Supplemental and Spouse (including domestic partners) life insurance premiums are deducted each payroll period on an after-tax basis. Your life insurance includes accidental death and dismemberment coverage at no additional cost.

<b>Supplemental &amp; Spouse Life Insurance Premiums Per Pay Period Full-Time and Part-Time Team Members</b>										
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 Life Insurance Premiums for Full-Time and Part-Time Team Members**

Child life insurance premiums are deducted each payroll period on an after-tax basis.

<b>Child Life Insurance Premiums Per Pay Period (Full-Time and Part-Time Team Members)</b>	
<b>Coverage Level</b>	<b>Cost</b>
\$5,000	\$0.25
\$10,000	\$0.51

**Voluntary Whole Life Insurance – MetLife Supplemental, Spouse Life Insurance and Child Premiums for Full-Time and Part-Time Team Members**

Voluntary Whole Life Insurance through MetLife Supplemental, Spouse (including domestic partners) life insurance premiums are deducted each payroll period on an after-tax basis. Premiums are based on age, health history, coverage amounts, and payment duration selected.

**Voluntary Long Term Disability Buy-Up Plan Insurance Premiums for Full-Time Team Members**

Long Term Disability Buy-Up insurance premiums are deducted each payroll period on an after-tax basis.

<b>Long Term Disability (LTD) Buy Up Premium Per Pay Period (Full-Time Team Members)</b>	
	\$0.0323 per \$100 of Covered Payroll

**Voluntary Accident Injury Insurance Premiums for Full-Time and Part-Time Team Members**

Accident Injury insurance premiums are deducted each payroll period on an after-tax basis.

<b>Accident Injury Premiums Per Pay Period (Full-Time and Part-Time Team Members)</b>				
	Team Member Only	TM + 1	TM + 2	TM + 3 or more
Accident Injury	\$4.98	\$8.14	\$11.29	\$12.56

**Voluntary Hospital Indemnity Insurance Premiums for Full-Time and Part-Time Team Members**

Voluntary Hospital Indemnity insurance premiums are deducted each payroll period on an after-tax basis.

<b>Voluntary Hospital Indemnity (Full-Time and Part-Time Team Members)</b>				
	Team Member Only	TM + 1	TM + 2	TM + 3 or more
Hospital Indemnity	\$4.56	\$10.00	\$11.36	\$13.83

**Team Member & Spouse Voluntary Critical Illness Insurance Premiums for Full-Time and Part-Time Team Members**

Team Member & Spouse (including domestic partners) Critical Illness insurance premiums are deducted each payroll period on an after-tax basis.

<b>Voluntary Critical Illness (Full-Time and Part-Time Team Members)</b>						
Age	Under 30	30 to 39	40 to 49	50 to 59	60 to 69	70 or Over
Team Member & Spouse Cost per \$5,000 of coverage	\$0.88	\$1.50	\$3.16	\$6.55	\$12.53	\$30.67
Child (under 26) Cost per \$1000 of coverage	\$0.20					

**Child Voluntary Critical Illness Insurance Premiums for Full-Time and Part-Time Team Members**

Child Critical Illness insurance premiums are deducted each payroll period on an after-tax basis.

<b>Child Critical Illness Premiums Per Pay Period (Full-Time and Part-Time Team Members)</b>	
Cost per \$1000 of coverage	\$0.20

### **Premiums for Domestic Partners**

Whether or not a domestic partner or child of a domestic partner is considered a tax dependent of a team member affects whether certain premiums for those individuals may be deducted from payroll on a pre-tax basis. Medical, dental and vision premiums for domestic partners and/or their children who are not considered tax dependents of a team member will be deducted each payroll period on an after-tax basis. Further, the value of any medical, dental and vision coverage paid by Micron for such individuals will also be taxable to such team member. Medical, dental and vision premiums for domestic partners and/or their children who are considered tax dependents of a team member will be deducted each payroll period on a pre-tax basis. Premiums for domestic partners and their children for all other coverages offered by Micron will be deducted each payroll period on an after-tax basis, regardless of tax dependent status. Team members certify tax dependent status of domestic partners and children of domestic partners on the Micron Domestic Partner Affidavit.

### **Separation from Employment**

In the event of separation of employment, coverage in the Micron health and life insurance plans continue through the last day of the month of employment, but insurance premiums will not be withheld beyond the final paycheck.

Please note: Bi-weekly premiums may be rounded to the nearest \$.01 to account for rounding.