

Welcome to Benefits Open Enrollment 2020
November 4, 2019 through November 15, 2019

Highlights for 2020 Open Enrollment

- Blue Cross Blue Shield (BCBS) will remain as our nationwide health insurance carrier. (Kaiser will continue to be offered to those residing in California). New for 2020 – Acupuncture now a covered benefit.
- Advantage Blue EPO premiums will decrease by 1% and no change to the **\$300 Individual/\$600 Family** deductible for some services.
- Blue Care Elect Preferred PPO premiums will increase by **5.10%**.
- Health Investment Plan will increase by **1%***
- **Continuation of 2 programs for those enrolled in a Blue Cross Plan:**
SmartShopper – Eligible for cash reward for shopping for common medical procedures
Express Scripts Smart90 – Mandatory 90 day supply for Maintenance medication either via **Express Scripts Mail order or Retail at CVS or Walgreens.**
- California only - Kaiser HMO will increase **5.3%** while the Kaiser H.S.A*. will have a **2.7%** increase. New for 2020 – both Chiropractic and Accupuncture with no plan design changes.
- ***Note:** Kaiser HSA and Health Investment Plan are only available to **Active** Teradyne Employees or current Cobra participants that previously had the plan as an active employee. As a terminated employee you are **no longer** eligible for any Employer H.S.A Contribution.
- Delta Dental will see an increase of 2.7% while VSP will see a 2.9% decrease to monthly premiums.
- Detailed benefit information is available at www.teradyne.com/benefits
- Enrollment Form is **only** required if making a change, otherwise your 2019 elections will roll forward to 2020.

Here's what you will find enclosed in your packet:

- ✓ Your Welcome to Benefits Open Enrollment 2020 Letter
- ✓ Your 2020 Rates Sheet
- ✓ Benefits Enrollment/Change Form & Instructions

What you May Change or Enroll in during Open Enrollment	
If you are:	During Open Enrollment You May:
An Early Retiree	Elect, waive or change medical, dental or vision plans. *
A COBRA Participant	Change medical plans. Coverage for medical, dental or vision plans can be cancelled at any time.
Receiving Long Term Disability Benefits	Elect, waive or change medical, dental or vision plans.

* During the first 18 months of retiree coverage when the coverage runs concurrent with COBRA, a retiree may make changes to their elections during the open enrollment period. This includes the ability to elect coverage for the first time, provided they had medical, dental or vision coverage at the time of their retirement. After the first 18 months of retiree coverage, a retiree may no longer add additional coverages. However, they may elect a different plan or drop coverage.

If making changes, the Benefit Enrollment Form must be received by the HR Service Center NO LATER than, Friday, NOVEMBER 15, 2019. **Note: Enrollment form is not required if there are no changes to your Benefit elections, covered dependents or contact information: address, phone or email.**

If you have any questions regarding Open Enrollment, please call the HR Service Center at (978) 370-3041 between the hours of 8 a.m. to 6 p.m. EST or email us at any time: hr.service.center@teradyne.com.

Please return the completed enrollment form to hr.service.center@teradyne.com, by fax to 978-370-3717 or by mail to the address below:

Teradyne, Inc. HR Service Center
 700 Riverpark Drive MS 700-2-1
 North Reading, MA 01864-2634

Benefits Enrollment/Change Form Instructions

For COBRA, Teradyne Early Retirees, Long Term Disability and Worker's Compensation

You MUST complete and return a Benefits Enrollment/Change form for the 2020 Plan Year only if making a change to your existing benefits. If no form is received, your benefits will automatically continue and you will be expected to remit the new 2020 premium for your coverage.

Please be sure to use a pen and print clearly on the form.

Section 1:

You must complete all information in this section. Include covered dependents name, DOB and SSN

Section 2:

No action required - Annual Open Enrollment box is pre-selected.

Section 3

Complete this section for Medical, Dental and/or Vision plans.

- a) Enter name of plan you wish to enroll in. (For plans in your area, please refer to the 2020 Rates Sheet.)
- b) If you are from California and electing Kaiser, please check the box with the appropriate group number for Northern or Southern California.
- c) Check the appropriate coverage level.
- d) List the name(s) and other information in the area provided. Be sure to include Social Security number for each covered dependent.

Please Note: If you are enrolling a domestic partner, you must contact the HR Service Center at 978-370-3041 or hr.service.center@teradyne.com to obtain an affidavit and further information about coverage.

Section 4: For Kaiser Enrollment ONLY

Complete this section only if you are enrolling in Kaiser Health Care.

Section 5: All Must Sign

All participants must complete this section.

Please keep a copy of the Benefits Enrollment/Change form for your records. If you are unable to make a copy, please note on the form you would like a copy sent to you

IMPORTANT:

Sign your enrollment form and return to HR Service Center by Friday, November 15, 2019

We want to communicate with you in the most efficient way possible, so please inform us of any contact information changes right away. In an effort to be environmentally friendly, we will contact you via email unless you indicate another preferred form of correspondence.

For more information on all these plans visit: www.teradyne.com/benefits, call the providers, or visit their web sites.

Note: Although Teradyne intends to continue its benefit programs, the Company reserves the right to review, modify and/or discontinue, or terminate its benefit plans for both retirees and active employees at any time.