

次に、仕組みを構築する考え方および具体像を整理した。実際に運営するインセンティブポイントの要件についても具体的に検討し、整理した。

なお、医療保険に既にインセンティブを導入している米国保険者の事例から考察を加えた。

### C. 研究結果

(1) 健康づくりのモチベーション向上を目的としたインセンティブ付与の背景および狙い

従来の医療保険者の主たる業務は保険料の徴収と、医療費の給付であった。保健事業も行っていたが、集団に対する健康づくり支援事業と人間ドック利用助成を中心とする疾病予防事業であった。

組合員の健康づくりに本質的に寄与する事業の展開はできておらず、一部展開していた事業も単発的・断片的であり、戦略的ではなかった。また、医療費が発生しない組合員（健康な人・若年層）は医療費も発生せず対象となる保健事業に乏しい。また、自ら健康的な生活習慣をおくることで健康を維持している人へのインセンティブがない状況にある。

一方、本保険者では、平成20年度以降、特定健診制度において定められている個々の健康状態に応じた個別性の高い情報提供を、Webサイト（個人専用）を活用して提供し始めた。さらに、単なる情報提供に留めず、Webサイト内でウォーキングイベントを実施するなど、健康づくりのきっかけを提供することで、組合員の健康リテラシーを向上させることなどを実施している。その他の保健事業についても、健康づくり、疾病予防という観点から、保健事業の整理を始めており、課題が整理されつつある。

まず、保健事業どうしを有機的につなぎ、連動した事業展開しなければ、各保

健事業に同じ参加者が滞留してしまい、波及効果が生まれないと考えられる。また、病気ではない健康な人を含めて、組合員全員が自ら健康づくりに継続的に取り組むよう、モチベーションを高める方策が重要である。

これらを背景として、課題解決の方向性を整理した。

- 健康な人、健康づくりに取り組んでいる人に対して、インセンティブを付与する（評価する）ことをWeb媒体を活用することで効率的に実施する。
- 単に健康プログラムの利用状況に対してインセンティブを与えるだけでなく、その他の保健事業の参加・利用を促すような仕組みを導入する。
- 健康状態を直接評価し、健康状態の維持改善を促す仕組みとする。

#### (2)期待する効果

利用者の健康への取組状況や健康状態を評価（ポイント換算）する仕組みをWebサイト内に設けることで、利用者の健康へのモチベーションを高め、健康への取り組みを促す。

これにより、組合員にとってはポイントのインセンティブによるモチベーションアップと将来にわたり健康状態を維持・改善、重症化の防止（QOLの維持・向上）が得られ、保険者としても医療費の伸びの抑制が期待される。

#### (3)インセンティブ付与の全体像

本保険者のWebサイト内で、個人へのインセンティブ（ポイント）付与の仕組みを検討した。

ポイント付与条件は、健康増進の目的のもと、「評価する（すべき）観点」で整理している。

### D. 考察

#### (1) インセンティブ付与の仕組みの構築

1年度は、インセンティブ付与の仕組みを構築する考え方および具体像を整理したうえで、実際の仕組みを検討した。健康づくりに取り組んでいる状況だけでなく、健康状態を維持している（生活習慣病リスクが低い）ことも評価する体系となっており、集団全体の健康管理および罹患防止の観点から意義は大きい。

2年度には、1年度に検討した仕組みのもと、インセンティブ付与による健康づくりのモチベーション向上の可能性を検証するが、次の2点を考慮した検証が必要と考えられる。

- 健康リテラシーとインセンティブ付与の関連；健康づくりに必要な情報・資源を活用する技術力があってはじめてインセンティブが有効に働く、働きやすい
- 健康づくりに活用できる情報・資源（プログラム・ツール）の整備および周知；インセンティブを付与する際の環境整備が重要

#### (2) 米国保険者の事例からの示唆

米国では、高齢者や低所得者を除き、民間企業による保険者が医療保険を運営している。したがって、公的医療保険である日本に比較して、加入者の行動や健康状況などで料率を異にする設計としやすい。

本研究で調査した保険者では、Web上の健康プログラムに参加することで、1万円以上のインセンティブが付与されるといった仕組みを有している。

ただ、インセンティブを付与しても、どのようなプログラムとの連動が有効であるかは検証できていない。また、事業主が自分の健康状態について知ることを従業員が嫌う土壌（雇用状態への影響懸念）があり、誰がインセンティブを出すのが影響する可能性が指摘された。このような状況から、インセンティブの付与と組み合わせる有効な健康プログラムのあり方とインセンティブを提供する主体に関しても検討する重要性がうかがえた。

米国では、医療費の急騰や医療費負担適正化法の施行などを背景として、健康増進を目的としたインセンティブ施策の可能性を模索しており、今後、相互に情報および意見交換をしていくこととしている。

#### E. 結論

インセンティブ付与の考え方および具体像を整理したうえで、実際の仕組みを検討した。これにより、インセンティブ付与による健康づくりのモチベーション向上の可能性の検証（2年度）の準備が出来た。

#### F. 研究発表

該当なし

#### G. 知的所有権の取得状況

該当なし

### 資料1 健康づくりのモチベーション向上を目的としたインセンティブ付与の背景および狙い

健康づくり継続のための個人へのインセンティブ付与に至った経緯

●過去の経緯と考え方の背景

平成24年度

- 当組合の主たる業務は保険料の徴収と、医療費の給付であった。
- 保健事業も行っていたが、業種に対する健康づくり支援事業と人間ドック利用助成を中心とする疾病予防事業であった。
- 組合員の健康づくりに本質的に寄与する事業の展開はできず、一部展開していた事業も単発的・断片的であり、戦略的ではなかった。
- 医療費が発生しない組合員(健康な人・若年層)は医療費も発生せず対象となる医療専門家に乏しい。また、自ら健康的な生活習慣をおこなうことで健康を維持している人へのインセンティブがない。

平成25年度

- 特定健診制度において定められている個人の健康状態に応じた個別性の高い情報提供を、Webサイト(個人専用)を活用して提供し始めた。
- さらに、単なる情報提供に留めず、Webサイト内でウォーキングイベントを実施するなど、健康づくりのきっかけを提供することで、組合員の健康づくりを向上させることなどを実施。
- その他の保健事業についても、健康づくり、疾病予防という観点から、体系的な事業展開を始めた。
- 保健事業ごしを有组织的につなぎ、運動した事業展開しなれば、各保健事業に同じ参加者が限られてしまい、波及効果が見込めない。
- 健康な組合員が、自ら健康づくりに継続的に取り組むよう、モチベーションを高める方法が必要。

考えたこと

- 健康な人、健康づくりに取り組んでいる人に対して、インセンティブを付与する(評価してあげる)ことを、Webサイトを通じて効果的にできないだろうか?
- 単にWebサイトの利用状況に対してインセンティブを与えるだけでなく、その他の保健事業の参加・利用を促すような仕組みができないだろうか?
- 健康状態を直接評価し、健康状態の維持改善を促す仕組みができないか?

### 資料2 期待する効果

利用者の健康への取組状況や健康状態を評価してあげる(ポイント換算)仕組みを、Webサイト内に設けることで、利用者の健康へのモチベーションを高め、健康への取り組みを促します。

これにより、組合員にとってはポイントのインセンティブによるモチベーションアップと将来にわたり健康状態を維持・改善、重症化の防止(DOCの維持・向上)が得られ、保険者としても医療費の伸びの抑制が期待されます。

- 個別性の高い情報提供を、Webサイト(個人専用)を活用して提供
- Webサイト内での個人へのインセンティブ(ポイント)付与

自分のリスクを確認する健康情報を集める

保健事業(健診プログラム等)に参加する

健康への取組が活性化 (webによる健康情報提供サービスの利用/その他保健事業)

健康状態の維持・改善、重症化防止

Good

将来の医療費の伸びを抑制

### 資料3 インセンティブ(ポイント)付与の全体像

平成24年度から実際に運用を始めた。Webサイト内での個人へのインセンティブ(ポイント)付与のしくみ。

共済組合 ↔ 利用者(組合員) ↔ Web(健康情報提供サービス)

●特定健診指導の指導員研修を受けた  
●特定健診指導の3名が参加した  
●各課幹部のウォーキング大会に参加した  
●基礎サポートプログラムを完成させた  
●共済により記事を寄稿した

●健康を褒めてポイント付与 (webに健診結果が登録される)  
●健康状態に応じてポイント付与  
●webを利用してポイント付与  
-ログインする  
-記録をつける  
-ウォーキングイベントに参加する  
-メルマガを受信する

●その自身健康等の改善に付与するポイント付与は、特定健診指導員(組合員)が自ら理由を記載した内容に対して、当該組合員が参加している。

### 資料4 ポイント付与条件(未定稿)

ポイント付与条件について、「評価する(すべき)観点」で整理しています。

評価項目	評価する(すべき)観点	ポイント付与条件(身体検査データ)		ポイント
		定額換算(健康改善)	特定健診(健康改善)	
健康への取組を行っている	健診を受診した	組合で取りまとめの健診結果がQUIPUIに登録される	100	年度決定
	健康情報を取得する行動を取っている	人間ドック	200	
		健康情報提供サービス(web)の利用	2	
	実際に取組を実施している	記録をつけている	5	
		疾病予防	特定健診指導員がセミナーを受講した、がん予防セミナーを受講した	
運動		外部ウォーキングイベントに参加した		
保健	保健講習会を受講した、健康サポートプログラムに参加した			
健康状態が良い(生活習慣病リスクが低い)	特定健診指導	特定健診指導を受けた	200	
	総満足	満足(男性85cm/女性90cm)未満かつBMIが未満		
	血糖	空腹血糖100mg/dl未満かつHbA1Cが2%未満		
	血圧	最高血圧130mmHg未満かつ最低血圧85mmHg未満		
	脂質	中性脂肪が150mg/dl未満かつLDLコレステロールが40mg/dl未満かつHDLコレステロールが120mg/dl未満		
喫煙習慣(肉診)	喫煙していない	100		

資料5 米国保険者の事例（参考資料；カイザー保険会社）

●カイザーが提供する保険は、HMO型

参考：米国の医療保険には、大きく分けて2種類ある。PPOとHMO。

PPO（Preferred Provider Organization）：ネットワーク内の医療機関から選択して利用できる。

HMO（Health Maintenance Organization）：かかりつけ医を決め、どのような場合もその医師を受診。必要に応じて紹介をうけて専門医療機関を受診する。

●カイザーの個人向け保険サービスには3領域ある。

1. 個人・家族向け（自営業者、非就労者などが個々で契約する保険）
2. Employer-Sponsored Plans（雇用主を経由して提供される従業員向けの保険）
3. Medicare Plan（高齢者向け医療保険制度）

1. 個人・家族向け保険サービス例

❖保険形態

(<http://individual-family.kaiserpermanente.org/healthinsurance/health-plan-coverage-and-costs/california-health-plan-coverage-and-costs>)

A. 自己負担制度（Copayment）プラン

事前に決められた自己負担額を支払い診察および検査などをうけるため、自己負担の額が予測できる。

B. 控除免責（Deductible）プラン

毎月の保険額は低い代わりに、自己負担額が高くなる。免責金額に達するまで保険の適用はなく、達したのちは、指定の自己負担額、あるいは自己負担率を支払う。

C. 医療貯蓄口座（HAS）付き、控除免責プラン

❖申し込みのプロセス

- ・希望の保険サービスを選び、申込書を提出。その際、医療歴（健康に関する質問、主治医の情報など）も同時に提出。
- ・申告された医療情報は調査され（medical review）、その上で保険料の上乗せ、保険加入の却下などが決定される。
- ・個人／家族保険加入が却下された場合、医療審査がない Kaiser Permanente Health Insurance Portability and Accountability Act (HIPAA) というサービスがある。  
※審査基準や保険料率の上乗せに関する資料は、HP上には見当たらない。  
※健康に関する質問の詳細は別資料参照のこと（Word「Health Questionary」）。質問項目には、生活習慣病をふくむ病歴、喫煙、飲酒に関する質問在り。  
※各自が契約した保険サービスの詳細な内容は、「the Membership Agreement and Evidence of Coverage」に記載されているとのこと。入手できず。

❖個人・家族保険サービスの例 早見表

控除免責プラン (deductible plans)		
	20/500	30/1500
特徴	支払った免責額と、自己負担率や自己負担額（投薬の保険サービスを除く）は、ほぼ、最大自己負担額の一部となる。	
年間免責額	500 ドル	1500 ドル
最大自己負担額	2500 ドル	3500 ドル
ベネフィット（保険による補助）		
予防ケア		
	一般身体検診、マンモグラフィスクリーニングを含む予防ケアの多くは無料。	
外来サービス（来院ごと、処置ごと）		
主治医／専門医受診	20 ドル／自己負担	30 ドル／自己負担
レントゲン、臨床検査	10 ドル／自己負担（免責額超過後）	10 ドル／自己負担（免責額超過後）
MRI、CT、PET	10 ドル／自己負担（免責額超過後）	50 ドル／自己負担（免責額超過後）
外来手術	50 ドル／自己負担（免責額超過後）	250 ドル／自己負担（免責額超過後）
入院ケア		
部屋、食事、手術、麻酔、レントゲン、臨床検査、投薬	1 日 100 ドル／自己負担（免責額超過後）	1 日 500 ドル／自己負担（免責額超過後）
出産		
定期健診	無料	無料
出産、入院時の新生児ケア	1 日 100 ドル／自己負担（免責額超過後）	1 日 500 ドル／自己負担（免責額超過後）
救急および緊急ケア		
救急外来受診（入院の場合免除）	100 ドル／自己負担（免責額超過後）	150 ドル／自己負担（免責額超過後）
緊急受診	20 ドル／自己負担	30 ドル／自己負担
処方薬		
定期処方（30 日まで）	ジェネリック 20 ドル／自己負担 先発 70 ドル／自己負担	ジェネリック 10 ドル／自己負担 先発 35 ドル／自己負担
郵送（100 日まで）	ジェネリック 20 ドル／自己負担 先発 70 ドル／自己負担	ジェネリック 20 ドル／自己負担 先発 70 ドル／自己負担

## 2. Employer-Sponsored Plans 保険サービス例（「AEguide2013」）

保険提供会社	カリフォルニア州の半導体製造装置メーカー
社員数	約 7000 人

### ❖ 保険形態（P.1 参照）

従業員は 4 種類の保険（2つの保険会社から 2 種類ずつ）から選択。

- Anthem Blue Cross の特約保険機構（PPO）
- Anthem Blue Cross の消費者主導型医療プラン(CHDP)、医療貯蓄口座（HAS）付
- Kaiser の伝統的健康保険維持機構（HMO）
- Kaiser の消費者主導型医療プラン（CDHP）、医療貯蓄口座（HAS）付き

### ❖ 雇用主から提供される被保険者への福利厚生（P.3、P.6 参照）

#### a. 「健康のための第一歩：150 ドルをもらおう！」キャンペーン

消費者主導型医療プラン（CDHP）会員対象サービス。オンライン上の「Total Health Assessment」に回答すると、カスタマイズされた行動計画が E メールで提供されるというもの。結果は、カイザーでの医療活動に活用されることはあっても、雇用主に伝わることはない。実施は年 1 回。カイザーHP の個人ページ「My Health Manager」にサインインし、その中の「my medical record」より実施する。

#### b. 消費者主導型医療プラン（CDHP）、医療貯蓄口座付サービス利用者へのサポート

- ・ ほぼ免責額分に相当する \$ 1500/個人、\$ 3000/家族を、雇用主が被保険者に提供
- ・ 他のプランに比べて、保険料を低く設定
- ・ 予防薬を 100 パーセントカバー
- ・ その他予防的医療をカバー など

### ❖ 加入条件など

- ・ 既往歴、通院歴、年齢などによって保険料が変わる、あるいは加入制限があるとの記載はない。また、診療記録調査の記載もない。

### ❖ この企業におけるカイザー保険サービス早見表

	カイザー（カリフォルニア州）		カイザー（オレゴンとワシントン州の一部）	
	HMO	CDHP with HSA	HMO	CDHP with HSA
<b>プランの特徴</b>				
医療提供者の選択	HMO ネットワークに限る			
雇用主の医療貯蓄口座（HSA） 貢献額	該当しない	1500 ドル/個人 3000 ドル/家族	該当しない	1500 ドル/個人 3000 ドル/家族
年間控除免責額	該当しない	2000 ドル/個人 4000 ドル/個人	該当しない	2000 ドル/個人 4000 ドル/個人

		※個人、家族契約ともに、支払額が免責指定額に達すると保険サービスが開始される。被保険者は、最高自己負担額に達するまで、引き続き指定の自己負担額を支払う。		※個人、家族契約ともに、支払額が免責指定額に達すると保険サービスが開始される。被保険者は、最高自己負担額に達するまで、引き続き指定の自己負担額を支払う。
自己負担額最高額	1500ドル／個人 3000ドル／家族	3000ドル／個人 6000ドル／家族	1500ドル／個人 3000ドル／家族	3000ドル／個人 6000ドル／家族
<b>カバーされるサービスの費用</b>				
医師の受診	10ドル／患者負担	30ドル／免責額超過後	10ドル／患者負担	30ドル／免責額を超えた後
成人および子どもの健診	ネットワーク内であれば無料。予防接種、臨床検査（0-6才）、定期健診（7歳以上）、子宮がん検査、大腸内視鏡検査、前立腺検査（年齢および頻度ガイドラインによる）			
救急外来	100ドル／自己負担 （入院の場合免除）	100ドル／免責額超過後	100ドル／自己負担 （入院の場合免除）	100ドル／免責額超過後
<b>処方薬の費用</b>				
予防薬	関連する自己負担額の支払い	支払なし	関連する自己負担額の支払い	支払なし
ジェネリック医薬品	10ドル／自己負担	10ドル／免責額超過後	10ドル／自己負担	10ドル／免責額超過後
採用医薬品	20ドル／自己負担	30ドル／免責額超過後	20ドル／自己負担	20ドル／免責額超過後
非採用医薬品	該当しない	該当しない	該当しない	該当しない

● 予防ケアサービス

①医療費負担適正化法（ACA）により、個人・家族向け、小ビジネス向け、大ビジネス向け保険プランにおいて（移行期間措置下にあるもの以外）、指定の予防ケアが無料で受けられる。

例）成人の血圧スクリーニング／コレステロールスクリーニング／50歳以上結腸直腸がんスクリーニング／高血圧の成人の糖尿病2型スクリーニング／成功経験のある女性の子宮

頸がんスクリーニング／60歳以上女性の骨粗鬆症スクリーニング（危険因子による）／  
18歳までの子どものワクチン接種／子どもの肥満スクリーニングおよびカウンセリング

※「nat\_preventive\_services\_under\_health\_reform」

②会員に提供されるさまざまなプログラム（カイザーHP「Health & Wellness」参考）

例）・オンラインでのアセスメント提供（Total Health Assessment）

・オンラインプログラムの提供

－Lose weight with HealthMedia® Balance®

－Eat well with HealthMedia® Nourish®

－Take the first step with Every Body Walk!

・ヘルスクラス、サポートグループ、個人カウンセリングなどの提供

※詳細 <https://healthy.kaiserpermanente.org/health/care/consumer/health-wellness/>

●The Affordable Care Act による移行について

・2014年1月から、被保険者によってはサービス内容に大きな変更が生じる可能性がある。

・すでに変更があった項目（2010年9月より）

－無料の予防ケアの増加（予防接種、糖尿病およびガンのスクリーニング、喫煙およびアルコール依存カウンセリング、その他）

－基本的保険サービスの、年間あるいは生涯制限の撤去

－26歳になるまで、子どもを自分のプランに含めることができる。

－既往歴のある子どもも保険でカバーされる。

※詳細 <http://healthreform.kaiserpermanente.org/en/your-guide-to-reform?insured=insured-1#insured-1>

<資料>

① 保険サービスの内容について

・PDF「60092119\_jan2013\_ca\_kpif\_cop」個人・家族保険 Copay サービスの一覧表

・PDF「60092120\_jan2013\_ca\_kpif\_ded」個人・家族保険 Deductible サービスの一覧表

・PDF「ViewNoticeDetails」個人・家族保険サービスの内容詳細、Disclosure Form

・PDF「Summary of individual plan」Deductible 30/2700 with HAS プランで申し込んだ場合のシュミレーション。

・PDF「AEGuide for 2013」会社を通して提供される保険サービスのパンフレット

② 保険者数などデータ

・Word「カイザー統計資料」保険者数、医療機関数などの統計データ

・PDF「kpreport\_2011」カイザー発行 2011 年度報告冊子

③ 健康状態と保険料

・Word「Health Questionary」個人・家族保険に申し込む際に求められる質問項目

・PDF「Preventive services covered under ACA」Healthcare.gov 発行、医療費負担適正化法によって保障される予防ケアサービス一覧表

・PDF「nat\_preventive\_services\_under\_health\_reform」カイザーにおける無料の予防ケアサービス一覧表



### <参考用語>

#### **HMO（健康保険維持機構）（Health Maintenance Organization）**

医療費抑制を目的に設立された会員制の医療保険組織。民間保険の一つです。加入者は一定の掛金を支払うだけで、ネットワーク内の医師や医療組織をフルに利用できます。ただし、あらかじめ決められた初診担当医（PCP=Primary Care Physician）に初診を受けることが決められていて、緊急時を除く全ての診察はPCPで行うことが義務付けられています。もし、他の病院へ行く場合には必ずPCPの許可（紹介状）が必要となり、勝手な判断で他の病院へ行っても保険が適用されないなど厳しい制約があります。

比較的安い保険料、医療費の自己負担が少ないため、HMOは広く普及しつつありますが、HMOでは医療費を抑制するために、医師に対して、治療法、処方薬、検査法などの選択を制限するなどしています。また、患者側にも、専門医にかかりにくいこと、処方薬の選択に制限があることなどに不満を感じている人もいます。

#### **PPO（Preferred Provider Organization）**

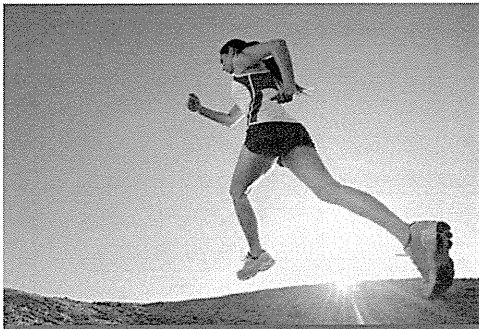
医療費抑制を目的として医師や医療機関がグループ化して設立した医療サービスを提供する団体。加入者は保険会社が提携している医師・医療機関（In-Network）で診察を受ける場合、自己負担が大幅に軽減されるため、かなり安い費用で診療を受けることが可能です。逆に非提携の医師・医療機関（Out-of-Network）で診察を受けた場合にはIn-Networkと比較して高めの自己負担を強いられます。HMOとの違いとしては、PPOでは、契約していない医師にかかることが可能なこと。また、処方薬品の選択幅が広い等のメリットもあります。その一方、被保険者の保険料、自己負担額はHMOより高額になります。

（以上 <http://www5f.biglobe.ne.jp/~h-it/mlcont/mc0121.htm> より転載）

#### **HSA（Health Saving Account）**

HSAは、IRSの認可を受けた銀行や保険会社を通して、個人が開設することができるアカウントです。このアカウントを利用できるのは、一定の条件を満たした、ディダクタブルの高い健康保険プランに加入している人で、1年に一定の限度額までをこのアカウントに入れることができます。ここに入れた金額は、所得から控除することができ、IRAの規定で決められている医療関係の費用に使う限り、税金やペナルティーはいっさいかかりません。また利息には、連邦の所得税はかかりません。

（以上 <http://www.kenkouhokenusa.com/hsa.html> より転載）



IT'S TIME TO Choose Your 2013 Benefits



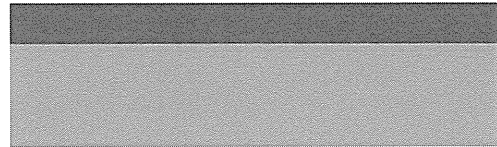
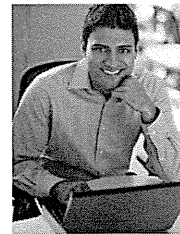
Be Your BEST

2013 Enrollment Guide



## IT'S TIME TO Choose Your 2013 Benefits

One of the great things about working for Lam Research is our benefits package. We work hard to offer health care, financial protection and retirement savings benefits that are competitive in our industry and relevant to our employees' needs.



## 2013 ENROLLMENT GUIDE

Information and tips for choosing your benefits

### Get Ready to Enroll for 2013 Benefits

Get the coverage you and your family need by following these three simple steps:

#### Step 1 Consider Your Needs and Coverage Options

Read this guide and be sure to visit [www.lambenefits.com](http://www.lambenefits.com) to learn more about the Lam Research medical, dental, vision, life, accidental death and dismemberment (AD&D), insurance plans, and the tax-deferred spending accounts.

#### Think about these options and features for 2013:

- **Multiple medical plan options:**
  - Two Preferred Provider Organization (PPO) options from Anthem Blue Cross
  - Consumer Directed Health Plan (CDHP) from Anthem with Health Savings Account (HSA) option from Wageworks
  - Traditional HMO from Kaiser for employees living in California and parts of Oregon and Washington
  - CDHP with HSA from Kaiser for employees living in California and parts of Oregon and Washington
- **3 Dental plan options**
- **2 Vision plan options**
- **Various voluntary benefits**
- **And much more!**

#### Step 2 Enroll for 2013 Benefits: November 5 – 16, 2012

The only way to ensure that you have the coverage you and your family need is to carefully consider your health status, life and disability insurance needs each year and make an active selection by the enrollment deadline. Your selections will be effective January 1, 2013. If decisions for enrolling and tips for making your health care choices are included on page 12 of this guide.

Novellus stand-alone employees: You must enroll during Open Enrollment to have coverage in 2013. If you don't enroll, you will not have Lam Research health care benefits in 2013.

#### Step 3 Make a Commitment to Better Health

Take advantage of our online preventive care services — no co-payment or out-of-pocket for preventive care services. If you enroll in one of the Anthem medical plans or the Kaiser CDHP with HSA, don't miss out on your chance to take a free and confidential health assessment. When you do, you'll learn more about your health and health risks, plus you'll earn \$100. Please see page 3 for details.

#### Questions?

Learn more about your benefits on the Lam Research benefits website at [www.lambenefits.com](http://www.lambenefits.com). For additional questions, email [enroll@lambenefits.com](mailto:enroll@lambenefits.com) or call the Benefits Help Desk at (832) 372-2892.

#### Attend an Open Enrollment Meeting

Be sure to take advantage of on-site meetings at our Fremont, Livermore, San Jose, Gilroy and Tualatin locations.



## DO I NEED TO TAKE ACTION?

### Making Changes to Your Benefits After the Enrollment Period

After the enrollment period, you can make changes to your benefits only if there is a qualifying event such as getting married or having a child. **See page 20 for the qualifying event to make changes.** Visit the Benefits Resource Center or Employee Self Service on the Lam Research Intranet or at [www.lambenefits.com/lan/02.html](http://www.lambenefits.com/lan/02.html)

### Learn More Online

Go to [www.lambenefits.com](http://www.lambenefits.com) to find out about the choices for 2013 and get the details you need. When you're ready to enroll, the site links you to ClearBenefits where you can login and make your choices. It's your one-stop enrollment resource!

What do people like me choose? If you've ever wanted to ask a friend or a coworker about their benefit choices, or you wondered if you were enrolled in the right medical plan, you'll like "People Like Me" on the Lam benefits website. See how others chose their medical plans — what they considered and why.

### Novellus Standalone Employees:

You must enroll between November 5 – 16 or you won't have health care coverage for 2013. Your current Novellus benefits will be ending on December 31, 2012.

### Lam Research Standalone Employees:

We encourage everyone to actively enroll. However, enrollment is not required unless:

- You want to enroll in or change your existing medical, dental, vision, life and/or AD&D coverage. Open Enrollment is your once-a-year opportunity to make changes.

- You want to add or drop dependent coverage.

- You want to participate in a flexible spending account (FSA). Even if you've currently enrolled in the Health Care and/or Dependent Care FSA, you must enroll each year you wish to participate.

- Note: If you enroll in a CDHP, you can use your HSA to pay for medical expenses, and you can use your Health Care FSA to pay for dental and vision expenses. Keep this in mind as you estimate how much to save for 2013.

- You want to add or drop dependent coverage.

- You want to enroll in critical illness insurance coverage through MetLife. Critical illness insurance supplements traditional medical claims by paying for out-of-pocket expenses that traditionally are not covered.

- **Lam Research stand-alone employees:** If you don't enroll, you will keep your current coverage (except FSAs) at 2013 rates. If you are continuing participation in the Anthem or Kaiser CDHP with HSA and wish to contribute to the HSA, you will need to make a new HSA contribution election for 2013.

- **Vice Presidents and above:** You must enroll during Open Enrollment.



### Take the First Step to Better Health — and Earn \$150!

If you enroll in any Anthem Blue Cross or a Kaiser CDPHP plan for 2013, you can get smarter about your health and get paid for it. It's free!

**Anthem members:** Complete Anthem MyHealth Assessment, a confidential online survey about your health, and you'll receive \$150 credited into a Health Incentive Account (the Base PPO and Base Plus PPO Plan participants) or Health Savings Account (the CDPHP participants).

You are eligible for this incentive each year that you are enrolled in an Anthem plan. For the Anthem Base PPO or Base Plus PPO plan, the Health Incentive Account will automatically reimburse you for out-of-pocket medical expenses, such as copayments and payments toward your annual deductible. MyHealth Assessment measures your health risks and provides a personalized action plan for being a healthier life. It takes only about 20-25 minutes to complete. The information you provide is completely private and is never shared with your employer or other parties.

To take the assessment:

- Starting January 1, go to [www.anthem.com/ea](http://www.anthem.com/ea) and click on the **MyHealth** section of the site. You'll find the health assessment there.
- If this is your first time on the site, you'll need to register so you can see personalized information about your plan and coverage.

**Kaiser CDPHP members:** Complete the Total Health Assessment, an easy and confidential online questionnaire that helps you understand your overall health and suggests lifestyle changes. You'll receive a customized action plan for healthier living, and \$150 will be deposited into your HSA/Health Savings Account. You can choose whether to share your action plan with your Kaiser health care team, but your individual results are never shared with your employer.

Here's what you need to do:

- Go to <http://www.kp.org/> and sign in using your user ID and password.
- Go to **My Health Manager** and choose "My Medical Record."
- Complete the Total Health Assessment and submit it to receive your action plan via email.

### Thinking About a Flexible Spending Account?

If you want to enroll in a Health Care and/or Dependent Care Flexible Spending Account (FSA) for 2013, complete this form.

**Health Care FSA:** The \$2,500 limit for Health Care FSAs has been raised to \$2,500 for 2013.

**Health Care FSA:** The \$2,500 limit for Health Care FSAs has been raised to \$2,500 for 2013. You may use the funds to pay for eligible expenses from January 1 through March 31 of the following year. You have until March 31 to submit expenses for reimbursement.

**Dependent Care FSA:** On Request only, 10% of your Dependent Care FSA contributions for eligible child and child care expenses. Be sure to consider the value of the dependent care FSA. (This amount is available to those employees.)

Also, there is a \$5,000 maximum annual contribution limit (\$2,500 for an individual and \$5,000 for a married couple filing a joint tax return, or \$2,500 for a married couple filing separately as tenants).

### Highlights of Your Medical Plan Options

This chart provides highlights of the most commonly used services. You can also contact Anthem at [www.anthem.com/ea](http://www.anthem.com/ea) or Kaiser at [www.kp.org](http://www.kp.org) with specific coverage questions. See "Terms to Know" on page 14. Each plan provides out-of-network coverage, but your out-of-pocket costs will be higher if you use out-of-network providers.

Plan Features	Consumer Directed Health Plan with Health Savings Account (HSA)		Base PPO		Base Plus PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family
<b>Out-of-Pocket Maximum (Includes Deductible)</b>	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family
<b>Office Visit</b>	10% after deductible	20% after deductible	\$25 copayment	25% of the cocharge after deductible	\$10 copayment	25% of the cocharge after deductible
<b>Well Care for Adults and Children*</b>	\$0 for test to post	25% of the CDP charge	\$0 for test	\$0 for test through after deductible	\$0 for test	25% of the cocharge after deductible
<b>Emergency Room</b>	10% after deductible	25% of the CDP charge	\$150 copayment/visit if admitted	100% copayment/visit if admitted	\$150 copayment/visit if admitted	100% copayment/visit if admitted
<b>Preventive Care Drugs</b>	No cost to you	100% of the covered expense	100% of the covered expense	100% of the covered expense	100% of the covered expense	100% of the covered expense
<b>Generic Drugs</b>	10% after deductible	25% of the covered expense after deductible, plus an amount not to exceed the amount of the deductible	100% of the covered expense	100% of the covered expense	100% of the covered expense	100% of the covered expense
<b>Formulary Drugs</b>	10% after deductible	25% of the covered expense after deductible, plus an amount not to exceed the amount of the deductible	100% of the covered expense	100% of the covered expense	100% of the covered expense	100% of the covered expense
<b>Non-Formulary Drugs</b>	25% after deductible	50% after deductible	100% of the covered expense	100% of the covered expense	100% of the covered expense	100% of the covered expense

Plan Features	Kaiser Permanente (All Plans)		Kaiser Permanente (Low Cost of Care and Single Plan)	
	HMO	Consumer Directed Health Plan with Health Savings Account	HMO	Consumer Directed Health Plan with Health Savings Account
<b>Provider Choice</b>	K/A	\$1,500 Individual \$3,000 Family	K/A	\$1,500 Individual \$3,000 Family
<b>Annual Deductible</b>	None	\$1,500 Individual \$3,000 Family	None	\$1,500 Individual \$3,000 Family
<b>Out-of-Pocket Maximum (Includes Deductible)</b>	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family
<b>Office Visit</b>	\$0 copayment	\$0 after deductible	\$0 copayment	\$0 after deductible
<b>Well Care for Adults and Children*</b>	No cost to you for test to post	No cost to you for test to post	No cost to you for test to post	No cost to you for test to post
<b>Emergency Room</b>	\$100 copayment/visit if admitted	\$100 copayment/visit if admitted	\$100 copayment/visit if admitted	\$100 copayment/visit if admitted
<b>Preventive Care Drugs</b>	No cost to you	No cost to you	No cost to you	No cost to you
<b>Generic Drugs</b>	\$10 copayment	\$10 after deductible	\$10 copayment	\$10 after deductible
<b>Formulary Drugs</b>	\$10 copayment	\$10 after deductible	\$10 copayment	\$10 after deductible
<b>Non-Formulary Drugs</b>	K/A	K/A	K/A	K/A

#### Taxes and the HSA

For more information on HSA tax rules, see "FAQs for CDPHP with HSA" on the Kaiser Permanente website at [www.kaiserpermanente.com](http://www.kaiserpermanente.com). For the official IRS HSA guidelines, see [www.irs.gov/publications/p969/index.html](http://www.irs.gov/publications/p969/index.html).

#### The HSA and Health Care FSA

If you enroll in the CDPHP with HSA, you may only use a Health Care FSA to help pay for dental and vision expenses, not for the new IRS limit of \$2,500.

#### More About the CDPHP with HSA

The Consumer Directed Health Plan with Health Savings Account (CDPHP with HSA) can save you money today, while helping you save for future health care needs. Now more than ever, the CDPHP with HSA is worth serious thought. Here are a few important things to know:

- Kaiser Permanente Gets Your Savings Started: Contributions to the HSA readily cover the deductible. For 2013, the Company will contribute \$1,500 for individual coverage and \$3,000 for family coverage.
- New for 2013 — CDPHP with HSA Available in parts of Oregon and Washington: Kaiser Permanente is offering employees the CDPHP with HSA through Kaiser Permanente.
- A Way to Get Care and a Way to Save: Both Kaiser and Anthem options have two parts — the medical plan (CDHP), plus the HSA, which helps you manage the deductible and pay for expenses as you receive care.
- Lowest Employee Contributions: Both CDPHP with HSA options are being offered at a low employee premium cost for 2013 — lower than other medical options.
- You Choose How to Use Your HSA Dollars: You can use the HSA to reimburse yourself for health care expenses beyond your deductible. If you don't have many medical expenses, or can't afford to pay them out of your pocket, you can use the HSA as a savings account for future qualified health care expenses.
- HSA Balance is Always Yours: The account goes wherever you go. Unlike a Health Care Flexible Spending Account, any unused balance rolls over from year to year. And, regardless of your balance, you can choose from a range of investment funds and watch your savings grow even more.
- Add Your Own Dollars: You can make your own contributions to the HSA, up to the IRS limits each year, to build up your savings free from federal taxes. For 2013, Kaiser Permanente HSA contributions are capped at approximately \$1,700 for individual coverage or \$3,400 for family coverage, after the Company's contributions.\*
- Preventive Care Drugs Are 100% Covered: Both CDPHPs cover preventive care prescription drugs at no cost to you. For a listing of covered medications, go to the Kaiser Permanente website at [www.kaiserpermanente.com](http://www.kaiserpermanente.com).
- Other Preventive Care is Covered Too: Like other Kaiser Permanente medical plans, in-network preventive care is covered at 100% — there's no cost sharing or deductible.

\*Your cap is affected by a number of factors. First, Kaiser Permanente has set a maximum contribution to your HSA, so that company contributions don't exceed \$1,500 for individual coverage and \$3,000 for family coverage. Also, if you enroll in Anthem or Kaiser Health, the Company contribution is reduced to \$1,000 for individual coverage, or \$2,000 for family coverage. For more information on HSA contributions, see [www.kaiserpermanente.com](http://www.kaiserpermanente.com). If you are age 55 or just turned 55, you can contribute an additional \$1,000 to your HSA.



**Your Per-Pay-Period Cost for Other Insurance Coverage**

**Supplemental Life Insurance Per \$1,000 in Coverage**

Age	Employee	Spouse
18-24	\$0.00	\$0.04
25-34	\$0.01	\$0.04
35-44	\$0.01	\$0.05
45-54	\$0.02	\$0.05
55-64	\$0.03	\$0.07
65-74	\$0.04	\$0.08
75-84	\$0.05	\$0.09
85-94	\$0.06	\$0.10
95-104	\$0.07	\$0.11
105-114	\$0.08	\$0.12
115-124	\$0.09	\$0.13
125-134	\$0.10	\$0.14
135-144	\$0.11	\$0.15
145-154	\$0.12	\$0.16
155-164	\$0.13	\$0.17
165-174	\$0.14	\$0.18
175-184	\$0.15	\$0.19
185-194	\$0.16	\$0.20
195-204	\$0.17	\$0.21
205-214	\$0.18	\$0.22
215-224	\$0.19	\$0.23
225-234	\$0.20	\$0.24
235-244	\$0.21	\$0.25
245-254	\$0.22	\$0.26
255-264	\$0.23	\$0.27
265-274	\$0.24	\$0.28
275-284	\$0.25	\$0.29
285-294	\$0.26	\$0.30
295-304	\$0.27	\$0.31
305-314	\$0.28	\$0.32
315-324	\$0.29	\$0.33
325-334	\$0.30	\$0.34
335-344	\$0.31	\$0.35
345-354	\$0.32	\$0.36
355-364	\$0.33	\$0.37
365-374	\$0.34	\$0.38
375-384	\$0.35	\$0.39
385-394	\$0.36	\$0.40
395-404	\$0.37	\$0.41
405-414	\$0.38	\$0.42
415-424	\$0.39	\$0.43
425-434	\$0.40	\$0.44
435-444	\$0.41	\$0.45
445-454	\$0.42	\$0.46
455-464	\$0.43	\$0.47
465-474	\$0.44	\$0.48
475-484	\$0.45	\$0.49
485-494	\$0.46	\$0.50
495-504	\$0.47	\$0.51
505-514	\$0.48	\$0.52
515-524	\$0.49	\$0.53
525-534	\$0.50	\$0.54
535-544	\$0.51	\$0.55
545-554	\$0.52	\$0.56
555-564	\$0.53	\$0.57
565-574	\$0.54	\$0.58
575-584	\$0.55	\$0.59
585-594	\$0.56	\$0.60
595-604	\$0.57	\$0.61
605-614	\$0.58	\$0.62
615-624	\$0.59	\$0.63
625-634	\$0.60	\$0.64
635-644	\$0.61	\$0.65
645-654	\$0.62	\$0.66
655-664	\$0.63	\$0.67
665-674	\$0.64	\$0.68
675-684	\$0.65	\$0.69
685-694	\$0.66	\$0.70
695-704	\$0.67	\$0.71
705-714	\$0.68	\$0.72
715-724	\$0.69	\$0.73
725-734	\$0.70	\$0.74
735-744	\$0.71	\$0.75
745-754	\$0.72	\$0.76
755-764	\$0.73	\$0.77
765-774	\$0.74	\$0.78
775-784	\$0.75	\$0.79
785-794	\$0.76	\$0.80
795-804	\$0.77	\$0.81
805-814	\$0.78	\$0.82
815-824	\$0.79	\$0.83
825-834	\$0.80	\$0.84
835-844	\$0.81	\$0.85
845-854	\$0.82	\$0.86
855-864	\$0.83	\$0.87
865-874	\$0.84	\$0.88
875-884	\$0.85	\$0.89
885-894	\$0.86	\$0.90
895-904	\$0.87	\$0.91
905-914	\$0.88	\$0.92
915-924	\$0.89	\$0.93
925-934	\$0.90	\$0.94
935-944	\$0.91	\$0.95
945-954	\$0.92	\$0.96
955-964	\$0.93	\$0.97
965-974	\$0.94	\$0.98
975-984	\$0.95	\$0.99
985-994	\$0.96	\$1.00
995-1004	\$0.97	\$1.01

**Supplemental Accidental Death and Dismemberment (AD&D) Insurance:**

Your cost is \$0.000

**Voluntary Short-Term Disability (STD) Insurance:**

Your cost is 0.2% of the first \$68,829 in salary, less any cost for state-mandated disability insurance, to a maximum annual contribution of \$1,577.95.

**California Voluntary Disability Insurance (VDI):**

For California employees, STD coverage is provided through the state-mandated VDI program. The 2013 rates have not been released. The 2012 cost is 1% of the first \$35,558 of calendar-year wages.

**Critical Illness Insurance**

Age	Employee	Spouse	Child
18-24	\$0.00	\$0.00	\$0.00
25-34	\$0.00	\$0.00	\$0.00
35-44	\$0.00	\$0.00	\$0.00
45-54	\$0.00	\$0.00	\$0.00
55-64	\$0.00	\$0.00	\$0.00
65-74	\$0.00	\$0.00	\$0.00
75-84	\$0.00	\$0.00	\$0.00
85-94	\$0.00	\$0.00	\$0.00
95-104	\$0.00	\$0.00	\$0.00
105-114	\$0.00	\$0.00	\$0.00
115-124	\$0.00	\$0.00	\$0.00
125-134	\$0.00	\$0.00	\$0.00
135-144	\$0.00	\$0.00	\$0.00
145-154	\$0.00	\$0.00	\$0.00
155-164	\$0.00	\$0.00	\$0.00
165-174	\$0.00	\$0.00	\$0.00
175-184	\$0.00	\$0.00	\$0.00
185-194	\$0.00	\$0.00	\$0.00
195-204	\$0.00	\$0.00	\$0.00
205-214	\$0.00	\$0.00	\$0.00
215-224	\$0.00	\$0.00	\$0.00
225-234	\$0.00	\$0.00	\$0.00
235-244	\$0.00	\$0.00	\$0.00
245-254	\$0.00	\$0.00	\$0.00
255-264	\$0.00	\$0.00	\$0.00
265-274	\$0.00	\$0.00	\$0.00
275-284	\$0.00	\$0.00	\$0.00
285-294	\$0.00	\$0.00	\$0.00
295-304	\$0.00	\$0.00	\$0.00
305-314	\$0.00	\$0.00	\$0.00
315-324	\$0.00	\$0.00	\$0.00
325-334	\$0.00	\$0.00	\$0.00
335-344	\$0.00	\$0.00	\$0.00
345-354	\$0.00	\$0.00	\$0.00
355-364	\$0.00	\$0.00	\$0.00
365-374	\$0.00	\$0.00	\$0.00
375-384	\$0.00	\$0.00	\$0.00
385-394	\$0.00	\$0.00	\$0.00
395-404	\$0.00	\$0.00	\$0.00
405-414	\$0.00	\$0.00	\$0.00
415-424	\$0.00	\$0.00	\$0.00
425-434	\$0.00	\$0.00	\$0.00
435-444	\$0.00	\$0.00	\$0.00
445-454	\$0.00	\$0.00	\$0.00
455-464	\$0.00	\$0.00	\$0.00
465-474	\$0.00	\$0.00	\$0.00
475-484	\$0.00	\$0.00	\$0.00
485-494	\$0.00	\$0.00	\$0.00
495-504	\$0.00	\$0.00	\$0.00
505-514	\$0.00	\$0.00	\$0.00
515-524	\$0.00	\$0.00	\$0.00
525-534	\$0.00	\$0.00	\$0.00
535-544	\$0.00	\$0.00	\$0.00
545-554	\$0.00	\$0.00	\$0.00
555-564	\$0.00	\$0.00	\$0.00
565-574	\$0.00	\$0.00	\$0.00
575-584	\$0.00	\$0.00	\$0.00
585-594	\$0.00	\$0.00	\$0.00
595-604	\$0.00	\$0.00	\$0.00
605-614	\$0.00	\$0.00	\$0.00
615-624	\$0.00	\$0.00	\$0.00
625-634	\$0.00	\$0.00	\$0.00
635-644	\$0.00	\$0.00	\$0.00
645-654	\$0.00	\$0.00	\$0.00
655-664	\$0.00	\$0.00	\$0.00
665-674	\$0.00	\$0.00	\$0.00
675-684	\$0.00	\$0.00	\$0.00
685-694	\$0.00	\$0.00	\$0.00
695-704	\$0.00	\$0.00	\$0.00
705-714	\$0.00	\$0.00	\$0.00
715-724	\$0.00	\$0.00	\$0.00
725-734	\$0.00	\$0.00	\$0.00
735-744	\$0.00	\$0.00	\$0.00
745-754	\$0.00	\$0.00	\$0.00
755-764	\$0.00	\$0.00	\$0.00
765-774	\$0.00	\$0.00	\$0.00
775-784	\$0.00	\$0.00	\$0.00
785-794	\$0.00	\$0.00	\$0.00
795-804	\$0.00	\$0.00	\$0.00
805-814	\$0.00	\$0.00	\$0.00
815-824	\$0.00	\$0.00	\$0.00
825-834	\$0.00	\$0.00	\$0.00
835-844	\$0.00	\$0.00	\$0.00
845-854	\$0.00	\$0.00	\$0.00
855-864	\$0.00	\$0.00	\$0.00
865-874	\$0.00	\$0.00	\$0.00
875-884	\$0.00	\$0.00	\$0.00
885-894	\$0.00	\$0.00	\$0.00
895-904	\$0.00	\$0.00	\$0.00
905-914	\$0.00	\$0.00	\$0.00
915-924	\$0.00	\$0.00	\$0.00
925-934	\$0.00	\$0.00	\$0.00
935-944	\$0.00	\$0.00	\$0.00
945-954	\$0.00	\$0.00	\$0.00
955-964	\$0.00	\$0.00	\$0.00
965-974	\$0.00	\$0.00	\$0.00
975-984	\$0.00	\$0.00	\$0.00
985-994	\$0.00	\$0.00	\$0.00
995-1004	\$0.00	\$0.00	\$0.00

**Group Legal Plan**

Your cost: \$9.71



**Where to Go for Help**

If you don't have internet access or you have questions about your 2013 benefits, call the Benefits Help Desk at (811) 572-2992. Representatives are available between 8 a.m. and 5 p.m. Pacific time, Monday through Friday.

**How to Enroll In, Change or Cancel Your Benefits Online**

When you're ready to enroll, access the ClearBenefits enrollment website through the Lam Research benefits website at [www.lamresearch.com](http://www.lamresearch.com), click on the enroll tab and select **How to enroll online**. From the Clear Benefits website, enter your user ID and password. Follow the instructions on the screen to enter and/or establish your User ID and Password.

**Novellus Standalone Employees**

Keep in mind...

- You must enroll between November 5 and 15, 2012, or you won't have medical, dental or vision coverage for 2013.
- Medical, dental and vision coverage are not funded. Each plan requires a separate election for you and any dependents you want to cover for 2013.
- You can choose different options for each dependent. For example, you could enroll in medical coverage for you only but family dental coverage.



**Example: Novellus standalone employees.** If your employee ID# is 52001 and your birth year is 1980 and your Social Security # is 123-45-6789 enter:  
User ID: LR030001  
Password: 19801230

**New users:** The system will prompt you to establish a password; you should enter that information for future access to the site. If you have issues in logging into the site, you can contact the Benefits Help Desk at (811) 572-2992 or email the help desk at [benefits@lamresearch.com](mailto:benefits@lamresearch.com).

**All users:** If you have forgotten your password, click on the **E-mail My Password** link and a temporary password will be mailed to your work email address.

As you enroll in your benefits, you will be prompted to review all benefits chosen during Open Enrollment. Once you have completed the process, make sure you click the **Finalize Open Enrollment Election** button to finalize your elections. Before you log off, print a confirmation statement of your new benefit elections for your records.

**Contracts**

Questions about your benefit? You can call the Benefits Help Desk at (811) 572-2992. Representatives are available between 8 a.m. and 5 p.m. Pacific time, Monday through Friday. Help and support are also available through our vendors.

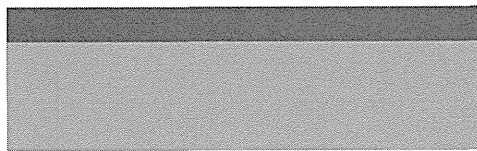
Vendor	Policy or Group Number	What They Do	How to Reach Outlets	Phone
ClearBenefits/Benefits Help Desk	N/A	Benefits administration and advice assistance website	<a href="http://www.clearbenefits.com/faq">www.clearbenefits.com/faq</a>	(811) 572-2992
Lam Research Benefits Website	N/A	Internal portal and your Lam Research Benefits website to enroll online	<a href="http://www.lamresearch.com">www.lamresearch.com</a>	N/A
Anderson Blue Cross	1753	Medical and dental plan carrier - PPO and EPO with ACA	<a href="http://www.anderson.com/ta">www.anderson.com/ta</a>	Customer Service: 1-800-879-4326 Member Services: 1-800-477-6688 Self-Managed: 1-800-729-5424 Coverage Policy Reading: 1-800-652-2563 File a Reimbursement: 1-800-478-4444
Kaiser Permanente Northern California	9540	Regional medical plan carrier - HMO and EPO with ACA in California	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>	Service Center: 1-800-464-4008 Claims: 1-800-990-3333 Self-Care Exp: 1-888-234-6245 Member Service: 1-800-832-2000 Claims: 1-800-863-2000 Health Plan Dept: 1-800-248-2929
Kaiser Permanente Northwest	18017	Regional medical plan carrier - HMO and EPO with ACA in parts of Oregon and Washington	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>	Member Service: 1-800-832-2000 Claims: 1-800-863-2000 Health Plan Dept: 1-800-248-2929
Wellite/CVS Caremark	N/A	Prescription drug benefits provider	<a href="http://www.wellite.com">www.wellite.com</a>	Health Prescription Drug Program Customer Service: 1-800-477-7575 Mail Order Pharmacy Fast Start: 1-800-772-9444 Mail Order Customer Service: 1-800-866-5272
Delta Dental	5628	Dental plan carrier	<a href="http://www.deltadental.com">www.deltadental.com</a>	1-800-763-6553
United Service Plan (USP)	19-28122	Medical plan carrier	<a href="http://www.usp.com">www.usp.com</a>	1-800-577-7175
Waypoint	N/A	Health care and dependent care flexible spending accounts (FSA), health savings accounts (HSA), dental, vision, and dependent care reimbursement program administrator	<a href="http://www.waypoint.com">www.waypoint.com</a>	1-877-328-3967
Prudential	31124	Life, accident, health and unemployment (AD&U) insurance carrier Short-term disability (STD), long-term disability (LTD) and long-term disability (LTD) insurance carrier	<a href="http://www.prudential.com">www.prudential.com</a>	800-852-6262 Customer Service: 1-800-558-5142 Sales: 1-877-494-2526 Customer Service: 1-800-842-4218
AFLAC	N/A	Group legal services	<a href="http://www.aflac.com">http://www.aflac.com</a>	1-800-247-4252
MetLife Health Network (MHN)	N/A	Employee assistance program (EAP)	<a href="http://www.metlife.com">www.metlife.com</a>	1-800-227-5400
MetLife	N/A	Voluntary benefits: Critical Illness, Acc. Sickness and Life Insurance	<a href="http://www.metlife.com">www.metlife.com</a>	1-800-438-9328
Fidelity	N/A	401(k), Savings Plan administration	<a href="http://www.fidelity.com">www.fidelity.com</a>	1-800-433-5055

**Terms to Know**

- Annual Benefit Maximum:** For dental plans only, the total amount the plan will pay in any given plan year.
- Annual Deductible:** Amount you must pay before the plan begins paying benefits. It generally doesn't apply to services subject to a copayment.
- Brand-Name Drugs:** A drug that is protected by a patent held by its manufacturer. The patent gives the drug's developer exclusive rights to market the drug for 20 years after its discovery. After that, other companies can start making generic versions of the drug.
- Coinsurance:** Percentage amount you and the plan pay when you obtain medical or dental services. In general, you first must meet the plan's annual deductible before coinsurance payments begin.
- Copayment:** Flat dollar amount you pay when receiving certain services. Generally applies to care from in-network providers.
- Diagnosis as Written (DAW):** Notation your doctor must write on your prescription for a formula drug, if a generic drug is available. Otherwise, you will be charged for the difference between the cost of the generic and the formula drug.
- Explanation of Benefits (EOB):** A statement provided by the plan administrator that summarizes your claims and the benefit amount paid by the plan. The EOB also details how much of your provider's charges are your responsibility. It's a good idea to compare your EOB to the bill from your provider, and never pay more than the amount shown on your EOB.
- Family Deductible:** Under the HDHP plans, employees with family coverage must meet the family deductible before the plan begins paying coinsurance. However, under the Base and Base Plus PPO options, the plan pays coinsurance when any individual meets the individual deductible or some combination of family members meets the family deductible.
- Formulary Drugs:** A listing of preferred brand-name drugs, as approved and updated by a committee of doctors and pharmacists for safety and effectiveness.
- Generic Drugs:** Prescription drugs with the same active ingredients, strength and dosage as the brand-name counterpart. You can lower your costs by choosing generic drugs.
- Lifetime Maximum:** The maximum amount the plan will pay over the course of a covered individual's lifetime.
- Negotiated Fees:** The amount that in-network providers have agreed to charge plan participants for a particular service. When you use providers in your plan's network, you save only your percentage share (coinsurance) of the negotiated fee. A network provider cannot charge more than the negotiated fee.
- Non-Formulary Drugs:** Brand-name drugs not on a listing of preferred drugs.
- Out-of-Pocket Maximum:** The maximum amount in deductibles and coinsurance that you could pay in a given year before the plan pays the remaining eligible expenses. Under the Base and Base Plus PPO plans, copayments will still be required after the out-of-pocket maximum has been met.
- Usual, Customary and Reasonable (UCR):** An insurance rule that applies when you obtain

**Important Note**

This 2013 Enrollment Guide provides an overview of certain health care plan provisions under the Lam Research U.S. Benefits Program. It is not intended to be a complete description of those benefits. Lam Research may terminate, withdraw or modify any benefits described here, in whole or in part, at any time. The description of these benefits is not a guarantee of future employment or benefits. If there is any conflict between this guide and the official plan documents, the official plan documents will govern.



**About the Law**

**Preventive Services Covered under the Affordable Care Act**

If you have a new health insurance plan or insurance policy beginning on or after September 23, 2010, the following preventive services must be covered without your having to pay a copayment or coinsurance or meet your deductible, when these services are delivered by a network provider.

**Covered Preventive Services for Adults**

- **Abdominal Aortic Aneurysm** one-time screening for men of specified ages who have ever smoked
- **Alcohol Misuse** screening and counseling
- **Aspirin** use for men and women of certain ages
- **Blood Pressure** screening for all adults
- **Cholesterol** screening for adults of certain ages or at higher risk
- **Colorectal Cancer** screening for adults over 50
- **Depression** screening for adults
- **Type 2 Diabetes** screening for adults with high blood pressure
- **IBT** counseling for adults at higher risk, for chronic disease
- **HIV** screening for all adults at higher risk
- **Immunization** vaccines for adults—doses, recommended ages, and recommended populations vary:
  - o Hepatitis A
  - o Hepatitis B
  - o Herpes Zoster
  - o Human Papillomavirus
  - o Influenza
  - o Measles, Mumps, Rubella
  - o Meningococcal
  - o Pneumococcal
  - o Tetanus, Diphtheria, Pertussis
  - o Varicella
- **Obesity** screening and counseling for all adults
- **Sexually Transmitted Infection (STI)** prevention counseling for adults at higher risk
- **Tobacco Use** screening for all adults and cessation interventions for tobacco users
- **Syphilis** screening for all adults at higher risk

**Covered Preventive Services for Women, Including Pregnant Women**

- **Anemia** screening on a routine basis for pregnant women
- **Bacteriuria** urinary tract or other infection screening for pregnant women
- **BICA** counseling about genetic testing for women at higher risk

- **Breast Cancer Mammography** screenings every 1 to 2 years for women over 40
- **Breast Cancer Chemoprevention** counseling for women at higher risk
- **Breast Feeding** interventions to support and promote breast feeding
- **Cervical Cancer** screening for sexually active women
- **Chlamydia Infection** screening for younger women and other women at higher risk
- **Folic Acid** supplements for women who may become pregnant
- **Gonorrhea** screening for all women at higher risk
- **Hepatitis B** screening for pregnant women at their first prenatal visit
- **Osteoporosis** screening for women over age 60 depending on risk factors
- **IGT** Incomptability screening for all pregnant women and follow-up testing for women at higher risk
- **Tobacco Use** screening and interventions for all women, and expanded counseling for pregnant tobacco users
- **Syphilis** screening for all pregnant women or other women at increased risk

**Covered Preventive Services for Children**

- **Alcohol and Drug Use** assessments for adolescents
- **Autism** screening for children at 18 and 24 months
- **Behavioral** assessments for children of all ages
- **Cervical Dysplasia** screening for sexually active females
- **Congenital Hypothyroidism** screening for newborns
- **Developmental** screening for children under age 3, and surveillance throughout childhood
- **Dyslipidemia** screening for children at higher risk of lipid disorders
- **Fluoride Chemoprevention** supplements for children without fluoride in their water source
- **Gonorrhea** preventive medication for the eyes of all newborns
- **Hearing** screening for all newborns
- **Height, Weight and Body Mass Index** measurements for children
- **Hematoctrit or Hemoglobin** screening for children
- **Hemoglobinopathies** or sickle cell screening for newborns
- **HIV** screening for adolescents at higher risk
- **Immunization** vaccines for children from birth to age 18—doses, recommended ages, and recommended populations vary:
  - o Diphtheria, Tetanus, Pertussis
  - o Haemophilus influenzae type b
  - o Hepatitis A
  - o Hepatitis B
  - o Human Papillomavirus
  - o Inactivated Poliovirus
  - o Influenza
  - o Measles, Mumps, Rubella
  - o Meningococcal
  - o Pneumococcal
  - o Rotavirus
  - o Varicella
- **Iron** supplements for children ages 6 to 12 months at risk for anemia
- **Lead** screening for children at risk of exposure
- **Medical History** for all children throughout development
- **Obesity** screening and counseling
- **Oral Health** risk assessment for young children
- **Phenylketonuria (PKU)** screening for this genetic disorder in newborns

- Sexually Transmitted Infection (STI) prevention counseling for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening for all children

[Learn more detailed information on these preventive services.](#)

カイザー個人・家族保険を申し込む際の質問項目 (Kaiser HP より)

Health Questionnaire	Required
1) * <b>Hospitalizations</b> - <i>Within the last 12 months</i> , were you hospitalized (excluding labor and delivery) or treated at an Emergency Department, hospital, outpatient surgery center, or skilled nursing facility?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
2) * <b>Office Visits</b> - <i>Within the last 12 months</i> , have you sought advice or treatment from a medical professional's office?	
2a) * Physical exam	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
2b) * Minor illness or injury now resolved and without a recommendation of further treatment; for example, cold, allergic reaction, flu, sore throat, cut requiring stitches	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
2c) * Chiropractic visits	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
2d) * Prenatal care	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
2e) * Psychological counseling	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
2f) * Medication management	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
2g) * A reason not listed above	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
3) * <b>Pending Treatment</b> - <i>Within the last 3 years</i> , have you been advised by a medical professional to have, but have not yet had, surgery, treatment, examination, evaluation, or test for any medical condition?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
4) * <b>Substance Abuse Treatment</b> - <i>Within the last 3 years</i> , have you been instructed to attend, attended, or participated in a program that deals with <i>your</i> alcohol or substance abuse?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
5) * <b>Skin/Dermatological</b> - <i>Within the last 3 years</i> , have you been treated for, or has a medical professional advised you that you have, any skin/dermatological disorders?	
5a) * Acne	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
5b) * Psoriasis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
5c) * Burns	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
5d) * Keloids requiring plastic surgery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
5e) * Cosmetic or reconstructive surgeries, revisions	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
5f) * A skin or dermatological condition not listed above	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
6) * <b>Eyes/Ear/Nose/Throat</b> - <i>Within the last 3 years</i> , have you been treated for, or has a medical professional advised you that you have, any disorders of the eyes, ears, nose, or throat?	
6a) * Glaucoma	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
6b) * Cataracts, cataract surgery for one or both eyes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
6c) * Crossed eyes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
6d) * Detached retina	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
6e) * Macular degeneration	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
6f) * Deviated septum	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
6g) * Sleep apnea, chronic snoring, or unresolved insomnia	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
6h) * Nasal and/or throat polyps	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
6i) * A condition of the eyes, ears, nose, or throat not listed above	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure



Health Questionnaire		Required
7)	* <b>Tobacco History</b> - Have you ever used tobacco, including snuff and chewing or other smokeless tobacco?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
8)	* <b>Illegal Drugs</b> - <i>Within the last 5 years</i> , have you taken or used illegal drugs or prescription drugs not prescribed by a medical professional?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
9)	* <b>Nervous System</b> - <i>Within the last 5 years</i> , have you been treated for, or has a medical professional advised you that you have, any brain neurological, or nervous disorder?	
9a)	* Multiple sclerosis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
9b)	* Autism	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
9c)	* Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
9d)	* Seizures treated with more than 2 medications for control	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
9e)	* Seizures under control with 2 or fewer medications	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
9f)	* Most recent seizure within the last 12 months	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
9g)	* Alzheimer's disease	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
9h)	* A brain, neurological, or nervous disorder not listed above	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
10)	* <b>Cardiovascular System</b> - <i>Within the last 5 years</i> , have you been treated for, or has a medical professional advised you that you have, any heart or cardiovascular disorders?	
10a)	* Aneurysm	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
10b)	* Heart murmur or mitral valve prolapse, with recommendation for ongoing treatment	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
10c)	* Chest pain	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
10d)	* Heart attack or angina	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
10e)	* Congestive heart failure	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
10f)	* Angioplasty or coronary artery bypass	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
10g)	* Pacemaker	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
10h)	* Tachycardia or other heart arrhythmia	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
10i)	* Other heart disease or valve disease	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
10j)	* Current medication(s) to control heart disease or cardiovascular symptoms	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
10k)	* A heart or cardiovascular condition not listed above	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure

Health Questionnaire	Required
11) * <b>Respiratory System - <i>Within the last 5 years</i></b> , have you been treated for, or has a medical professional advised you that you have, any respiratory disorders?	
11a) * Chronic asthma treated with medications for control	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
11b) * Asthma treated with prednisone therapy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
11c) * Asthma treated only with occasional use of inhalers	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
11d) * Asthma history of 3 or more Emergency Department visits or hospital admissions within the last 12 months	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
11e) * Emphysema	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
11f) * Chronic bronchitis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
11g) * Chronic obstructive pulmonary disease	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
11h) * Cystic fibrosis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
11i) * Pulmonary tuberculosis, active or arrested	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
11j) * A lung or respiratory disorder not listed above	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12) * <b>Musculo-skeletal System - <i>Within the last 5 years</i></b> , have you been treated for, or has a medical professional advised you that you have, any muscle or bone disorders?	
12a) * Back or neck pain or injury currently under treatment or controlled with medication	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12b) * Back or neck pain or injury within the last 12 months fully resolved and no longer under treatment	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12c) * Back or neck pain or injury for which further treatment or surgery has been recommended	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12d) * Inguinal hernia that has been repaired	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12e) * Inguinal hernia not repaired	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12f) * Umbilical hernia that has been repaired	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12g) * Umbilical hernia not repaired	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12h) * Lupus/SLE	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12i) * Chronic disabling arthritis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12j) * Arthritis requiring daily prescription medication	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12k) * Osteomyelitis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12l) * Joint replacement surgery	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12m) * Orthopedic or arthritic conditions that interfere with daily living (Examples of daily living include bathing, dressing, grooming, or walking.)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12n) * Fractures (broken bones due to trauma; examples: stress, open, or closed)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure
12o) * A musculoskeletal condition not listed above	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure

13) \* **Metabolic/Endocrine System - *Within the last 5 years***, have you been treated for, or has a medical professional advised you that you have, any metabolic or endocrine (hormone) disorders?

13a) \* AIDS

Yes  No  
 Not Sure

California law prohibits an HIV test from being required or used by health care service plans as a condition of obtaining coverage.

13b) \* Diabetes controlled with oral medication

Yes  No  
 Not Sure

13c) \* Diabetes controlled with insulin

Yes  No  
 Not Sure

13d) \* Diabetes controlled exclusively with diet and exercise

Yes  No  
 Not Sure

13e) \* Gestational diabetes

Yes  No  
 Not Sure

13f) \* High cholesterol

Yes  No  
 Not Sure

13g) \* Rheumatoid arthritis

Yes  No  
 Not Sure

13h) \* Muscular dystrophy

Yes  No  
 Not Sure

13i) \* Other immunological condition

Yes  No  
 Not Sure

13j) \* A metabolic or endocrine disorder not listed above

Yes  No  
 Not Sure

14) \* **Congenital/Developmental - *Within the last 5 years***, have you been treated for, or has a medical professional advised you that you have, any congenital defects or developmental disorders?

14a) \* Down's syndrome

Yes  No  
 Not Sure

14b) \* Cerebral palsy

Yes  No  
 Not Sure

14c) \* Cleft palate or lip

Yes  No  
 Not Sure

14d) \* Club foot

Yes  No  
 Not Sure

14e) \* Congenital heart defect (specify type)

Yes  No  
 Not Sure

14f) \* Developmental delay

Yes  No  
 Not Sure

14g) \* Prematurity (for children up to 2 years old)

Yes  No  
 Not Sure

14h) \* A neurological or physical abnormality not listed above (specify)

Yes  No  
 Not Sure

- 16) \* For Women: - *For Females only: Within the last 5 years*, have you been treated for, or has a medical professional advised you that you have, any of the following:
- 16a) \* Ovarian cyst operated on within the last 12 months  Yes  No  
 Not Sure
- 16b) \* Ovarian cyst controlled by birth control pills  Yes  No  
 Not Sure
- 16c) \* Polycystic ovary syndrome (PCOS)  Yes  No  
 Not Sure
- 16d) \* Endometriosis  Yes  No  
 Not Sure
- 16e) \* Chronic pelvic pain or pelvic inflammatory disease  Yes  No  
 Not Sure
- 16f) \* Painful or irregular menstrual cycles  Yes  No  
 Not Sure
- 16g) \* Uterine fibroids  Yes  No  
 Not Sure
- 16h) \* Silicone breast implants  Yes  No  
 Not Sure
- 16i) \* Saline breast implants  Yes  No  
 Not Sure
- 16j) \* Infertility  Yes  No  
 Not Sure
- 16k) \* Miscarriage within the last 12 months  Yes  No  
 Not Sure
- 16l) \* Abnormal Pap test  Yes  No  
 Not Sure
- 16m) \* Genital herpes requiring daily treatment or more than 3 outbreaks in the last 12 months  Yes  No  
 Not Sure
- 16n) \* Genital warts  Yes  No  
 Not Sure
- 16o) \* Syphilis  Yes  No  
 Not Sure
- 16p) \* Gonorrhea  Yes  No  
 Not Sure
- 16q) \* Other sexually transmitted disease  Yes  No  
 Not Sure
- 16r) \* In vitro fertilization  Yes  No  
 Not Sure
- 16s) \* Heavy periods (menstruation) causing low blood iron  Yes  No  
 Not Sure
- 16t) \* Gender identity (role) disorder  Yes  No  
 Not Sure
- 16u) \* A female reproductive or genital disorder not listed above  Yes  No  
 Not Sure