



Benefits

The Science of Living Well

2019 Retiree Benefits Open Enrollment Guidebook

November 5–November 19, 2018

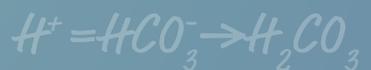


Table of Contents

Table of Contents

What's Happening for 2019.....	3
Getting Started	4
Important Reminders	5
Medical Plan Choices for Retirees without Medicare	6
Medical Plan Choices for Retirees with Medicare.....	8
Dental	10
Vision.....	11
Legal	12
Carrier Contact Information	13

For plans governed by the Employee Retirement Income Security Act (ERISA), this 2019 Retiree Benefits Open Enrollment Guidebook for retirees serves as a summary of material modifications (SMM) to the Triad Welfare Benefit Plan for Retirees. Triad reserves the right to amend or discontinue any benefit plans at any time. If there is a conflict between this guidebook and the terms of the plan document, the plan document governs.

What's Happening for 2019

Medical Rates increase for 2019

For the past 3 years, as a result of employees and retirees continued health awareness and consumerism, LANL has not increased medical plan premiums. This stability in the cost of medical coverage has been contrary to the rest of the nation, which has been experiencing increases of 5.5% to 7% over the past five years.

The cost of employee/retiree health care has modestly increased, which will result in an increase in employee and retiree contributions to cover the cost of premiums in 2019. The premiums will increase on average 5.5% across all coverage levels. See the premium chart included in this guidebook to see how this increase will directly impact you.

More legal coverage, through ARAG legal insurance, for the same affordable rate

Your legal insurance plan through ARAG is even better than before! Not only does it pay 100 percent of Network Attorney fees for most covered matters, beginning in 2019 the benefit offers even stronger legal protection - at the same affordable price.

Check out these changes to your legal insurance plan:

- More coverage as yearly usage limits have been removed, including the limit of four claims per year for estate planning.
- Coverage for complex wills.
- Coverage for plaintiff and defense matters regarding enforcement of alimony.
- IRS audit, IRS collection and Inheritance protection rights are now 100% paid-in-full benefits.
- International adoptions now covered for both network and non-network.



Plan Summaries and Required Notices

For a comprehensive look at all the benefit options that are available to you and links to the Summary Plan Descriptions, required notices, and benefit booklets, visit www.LANLbenefits.com or contact **Empyean Customer Care Center for LANL** at 1-844-805-0002.

Getting Started

Review your current benefits coverage

Open enrollment is your opportunity to review your benefits.

Log on to **www.LANLbenefits.com**. You will be prompted to enter your username and password.*

*Note: Your username is the month (two digits) of your birthday and the last six digits of your Social Security number. Your password is your Social Security number, without dashes.

Complete your 2019 elections by November 19, 2018

This is your chance to add or drop coverage in any of the following plans:

- Medical
- Dental
- Vision
- Legal

You can make changes by either logging into **www.LANLbenefits.com** or by calling **Empyrean Customer Care Center for LANL at 1-844-805-0002**.

You can add or delete eligible dependents as well. When adding a new dependent, you will need to provide documentation (e.g., marriage license, birth certificate, proof of birth, adoption, and/or tax documents) to validate eligibility. All changes made during Open Enrollment will go into effect on January 1, 2019.

If you do nothing, your coverage will carry over to the next year unchanged.

Receive and save your confirmation statement

If you make changes during this enrollment period for the 2019 plan year, you will receive a confirmation statement. Review the confirmation statement immediately and notify Empyrean if there are any issues. **If you do not make changes, you will not receive a confirmation statement.**



**Changes made during
Open Enrollment
are effective January 1, 2019.**

Enroll in Direct Debit for Your Premiums

This is the time of year to review your payment options. LANL strongly encourages retirees to set up direct debit for all premiums. This will ensure that you are never late making a premium payment, which can lead to cancellation of coverage, and will save you a trip to the bank or post office every month. **Contact Empyrean at 1-844-805-0002** to establish or change our direct debit.

Medicare Mandate

LANL requires you and/or your eligible dependent(s) to enroll in Medicare Parts A and B as soon as you are eligible. If you enroll in Part B and then later cancel that enrollment, you will no longer be eligible for coverage under the LANL retiree medical plans. Reinstatement is not available.

Medicare Part B Reimbursement*

If you are enrolled in a Medicare coordinated plan, you will receive a monthly Medicare Part B reimbursement of \$96.40 that will be applied toward your medical, dental, and/or vision premiums (if applicable) for up to three eligible participants. The Laboratory strongly suggests retirees set up direct deposit for the reimbursement.

Contact Bank of New York at 800-418-0273.

*Does not apply to Access Only participants.

Qualified Life Events

You may be able to change your benefit elections outside of Open Enrollment if you experience a qualified life event (e.g., marriage, birth, adoption, death). You must report the qualifying event to **Empyrean Benefit Solutions within 31 calendar days** of its occurrence. For example, if you are married on May 1, you must report the event and make any changes within 31 calendar days of that date (June 1). For additional information, please see the *Triad Welfare Benefit Plan for Retirees Summary Plan Description* on the Empyrean Benefit Solutions website at www.LANLBenefits.com.

Social Security Numbers for Dependents

The Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plan insurers to report Social Security numbers in order for Medicare to coordinate payments with other insurance benefits. That means LANL must furnish the Social Security numbers of retirees and their dependents who are subscribers to a LANL group health plan arrangement. Please make sure your information is up to date with Empyrean, including dependents' Social Security numbers.



Medical Plan Choices for Retirees without Medicare

If you are a retiree without Medicare, you have a choice between the following LANS plans:

- High-Deductible Health Plan (HDHP)
- Preferred Provider Organization Plan (PPO)

You can access more details on these plans at www.lanlbenefits.com.

LANLBenefits.com or through the
Empyrean Customer Care Center for LANL
 at 1-844-805-0002.



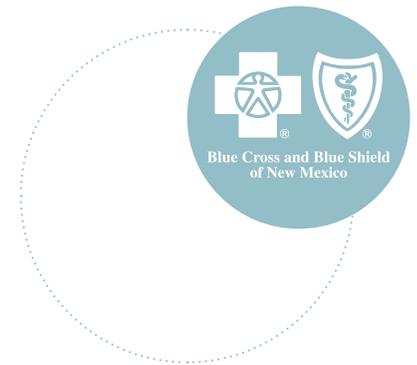
	HDHP In-Network (Preferred Provider)		HDHP Out-of-Network (Nonpreferred Provider)		PPO In-Network (Preferred Provider)		PPO Out-of-Network (Nonpreferred Provider)	
Annual Deductible	\$1,500 Single	\$3,000 Family	\$3,000 Single	\$6,000 Family	\$300 Single	\$900 Family	\$500 Single	\$1,500 Family
Out-of-Pocket Max (Includes deductible)	\$3,000 Single	\$6,000 Family	\$6,000 Single	\$12,000 Family	\$3,000 Single	\$9,000 Family	\$6,000 Single	\$18,000 Family
Co-insurance	10% After deductible		40% After deductible		10% After deductible		40% After deductible	
Office Visits	10% After deductible		40% After deductible		\$30 Copay		40% After deductible	
Preventive Care	100% Covered		40% After deductible		100% Covered		40% After deductible	
Urgent Care	10% After deductible		40% After deductible		\$30 Copay		40% After deductible	
Emergency Room Facility Charges	10% After deductible				\$150 Copay (Waived if admitted to the hospital)			
Prescription Drugs (Members must use a participating pharmacy.)	20% After deductible		Not covered		Retail \$7/\$35/\$55* Mail Order (90-day supply) \$14/\$70/\$110 Specialty 15% up to \$125		Not covered	

*If you require a brand-name drug for which there is a generic equivalent, you will pay the difference in cost plus the generic drug copayment. You must use a participating pharmacy.

Monthly Rates for Non-Medicare Coordinated Plans by Plan/Tier and Years of Service

You can enroll in one of the following coverage bands:

- **Single** Retiree only, Spouse only
- **Adult + Child(ren)** Retiree + Child(ren)
- **Adult + 1** Retiree + Spouse/Domestic Partner (DP)
- **Family** Retiree + Spouse/DP and child(ren).



Years of Service	HDHP				PPO			
	Single	Adult + Child(ren)	Adult + 1	Family	Single	Adult + Child(ren)	Adult + 1	Family
20	\$96.00	\$171.00	\$201.00	\$277.00	\$134.00	\$240.00	\$280.00	\$385.00
19	\$123.35	\$220.35	\$258.55	\$356.20	\$161.20	\$289.05	\$337.25	\$463.85
18	\$150.70	\$269.70	\$316.10	\$435.40	\$188.40	\$338.10	\$394.50	\$542.70
17	\$178.05	\$319.05	\$373.65	\$514.60	\$215.60	\$387.15	\$451.75	\$621.55
16	\$205.40	\$368.40	\$431.20	\$593.80	\$242.80	\$436.20	\$509.00	\$700.40
15	\$232.75	\$417.75	\$488.75	\$673.00	\$270.00	\$485.25	\$566.25	\$779.25
14	\$260.10	\$467.10	\$546.30	\$752.20	\$297.20	\$534.30	\$623.50	\$858.10
13	\$287.45	\$516.45	\$603.85	\$831.40	\$324.40	\$583.35	\$680.75	\$936.95
12	\$314.80	\$565.80	\$661.40	\$910.60	\$351.60	\$632.40	\$738.00	\$1,015.80
11	\$342.15	\$615.15	\$718.95	\$989.80	\$378.80	\$681.45	\$795.25	\$1,094.65
10	\$369.50	\$664.50	\$776.50	\$1,069.00	\$406.00	\$730.50	\$852.50	\$1,173.50
Access Only*	\$643.00	\$1,158.00	\$1,352.00	\$1,861.00	\$678.00	\$1,221.00	\$1,425.00	\$1,962.00

* Employees hired on or after June 1, 2006, who have at least 10 years of qualifying service may be eligible for Access Only retiree health care benefits. Access Only means retirees pay 100 percent of their premium (employee and employer portion).

Medical Plan Choices for Retirees with Medicare

If you are a retiree with Medicare, you can choose from the following Medicare coordinated plans:

- Exclusive Provider Organization (EPO)
- Preferred Provider Organization (PPO)
- Medicare Supplement Plan

You can access more details on these plans at www.LANLBenefits.com or through the **Empyrean Customer Care Center for LANL** at 1-844-805-0002.



	EPO In-Network		PPO In-Network		PPO Out-of- Network		Medicare Supplement Plan	
Annual Deductible	\$150 Single	\$450 Family	\$250 Single	\$750 Family	\$500 Single	\$1,500 Family	\$0 Single	\$0 Family
Out-of-Pocket Max (Includes deductible)	\$2,000 Single	\$6,000 Family	\$3,000 Single	\$9,000 Family	\$6,000 Single	\$18,000 Family	1,000 per member for Rx only	
Co-insurance	10% After deductible		10% After deductible		40% After deductible		100% Covered	
Office Visits (Medicare pays first)	\$20 Copay		\$20 Copay		40% After deductible		100% Covered	
Preventive Care	100% Covered		100% Covered		40% After deductible		100% Covered	
Urgent Care	\$20 Copay		\$20 Copay		40% After deductible		100% Covered	
Emergency Room Facility Charges	\$75/visit (Deductible waived)						100% Covered	
Prescription Drugs (Members must use a participating pharmacy.)	Retail \$15/\$30/\$45* Mail Order (90-day supply) \$30/\$60/\$90				Not Covered		Retail \$15/\$30/\$45* Mail Order (90-day supply) \$30/\$60/\$90	

*If you require a brand-name drug for which there is a generic equivalent, you will pay the difference in cost plus the generic drug copayment.
You must use a participating pharmacy.

Monthly Rates for Medicare Coordinated Plans by Plan/Tier and Years of Service



You can enroll in one of the following coverage bands:

- **Single** Retiree only, Spouse only
- **Adult + 1** Retiree + Spouse/Domestic Partner (DP) or Retiree + Child(ren)
- **Family** Retiree + Spouse/DP and Children.

Years of Service	National EPO			National PPO			Medicare Supplement		
	Single	Adult +1	Family	Single	Adult +1	Family	Single	Adult +1	Family
20	\$84.00	\$151.00	\$226.00	\$89.00	\$187.00	\$270.00	\$91.00	\$190.00	\$281.00
19	\$100.40	\$180.25	\$269.85	\$106.05	\$223.30	\$322.25	\$108.30	\$226.80	\$335.45
18	\$116.80	\$209.50	\$313.70	\$123.10	\$259.60	\$374.50	\$125.60	\$263.60	\$389.90
17	\$133.20	\$238.75	\$357.55	\$140.15	\$295.90	\$426.75	\$142.90	\$300.40	\$444.35
16	\$149.60	\$268.00	\$401.40	\$157.20	\$332.20	\$479.00	\$160.20	\$337.20	\$498.80
15	\$166.00	\$297.25	\$445.25	\$174.25	\$368.50	\$531.25	\$177.50	\$374.00	\$553.25
14	\$182.40	\$326.50	\$489.10	\$191.30	\$404.80	\$583.50	\$194.80	\$410.80	\$607.70
13	\$198.80	\$355.75	\$532.95	\$208.35	\$441.10	\$635.75	\$212.10	\$447.60	\$662.15
12	\$215.20	\$385.00	\$576.80	\$225.40	\$477.40	\$688.00	\$229.40	\$484.40	\$716.60
11	\$231.60	\$414.25	\$620.65	\$242.45	\$513.70	\$740.25	\$246.70	\$521.20	\$771.05
10	\$248.00	\$443.50	\$664.50	\$259.50	\$550.00	\$792.50	\$264.00	\$558.00	\$825.50
Access Only*	\$412.00	\$736.00	\$1,103.00	\$430.00	\$913.00	\$1,315.00	\$437.00	\$926.00	\$1,370.00

* Employees hired on or after June 1, 2006, who have at least 10 years of qualifying service and who are at least age 50, may be eligible for Access Only retiree health care benefits. Access Only means retirees pay 100 percent of the premium (employee and employer portion).



Proper dental care plays an important role in your overall health. The Laboratory's dental plan helps you save on out-of-pocket expenses for covered services.



Your Coverage with a Delta Dental Provider*

	In-Network or Out-of-Network
Annual Deductible	\$50 per person
Annual Maximum	\$1,500 per person
Preventive Care (Diagnostic and preventive care)	100% up to two visits per year (No deductible)
Basic Services (extractions, fillings, etc.)	80% (in-network) or 75% (out-of-network) after the deductible is met
Major Restoration Services (inlays, crowns, bridges, dentures, etc.)	50% after the deductible is met
Orthodontic	50% (Patients under the age of 26: \$1,500 lifetime maximum Patients over the age of 26: \$500 lifetime maximum)
Temporomandibular Joint (TMJ) Benefits	50% (\$500 lifetime maximum)

*Not a comprehensive list of covered benefits or limitations under the plan.

Monthly Dental Rates

Years of Service	Retiree	Retiree + Child(ren)	Retiree + Spouse/DP	Family
20	\$0	\$0	\$0	\$0
19	\$2.16	\$4.39	\$4.02	\$7.18
18	\$4.31	\$8.78	\$8.05	\$14.37
17	\$6.47	\$13.17	\$12.07	\$21.55
16	\$8.62	\$17.56	\$16.09	\$28.73
15	\$10.78	\$21.95	\$20.12	\$35.92
14	\$12.93	\$26.34	\$24.14	\$43.10
13	\$15.09	\$30.73	\$28.16	\$50.28
12	\$17.24	\$35.12	\$32.18	\$57.46
11	\$19.40	\$39.51	\$36.21	\$64.65
10	\$21.56	\$43.90	\$40.23	\$71.83
Access Only	\$43.11	\$87.79	\$80.46	\$143.66



The Lab offers retirees and their eligible dependents a vision plan through VSP that covers exams and contact lenses or eyeglass lenses and frames.



Your Coverage with a VSP Provider*

Benefit	Description	Copay
WellVision Exam	<ul style="list-style-type: none"> Annual exam focuses on your eyes and overall wellness 	\$10
Prescription Glasses	<ul style="list-style-type: none"> Includes frames and lenses 	\$25
Frames (Eligible every year)	<ul style="list-style-type: none"> \$200 annual allowance for frames 20% savings on the amount over your annual allowance 	
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, or lined trifocal lenses Tints/photochromic adaptive lenses Polycarbonate lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20%–25% on other lens enhancements 	<p>\$0</p> <p>\$0</p> <p>\$0</p> <p>\$55</p> <p>\$95–\$105</p> <p>\$150–\$175</p>
Contact Lenses (Eligible every year)	<ul style="list-style-type: none"> Includes contact lens exam, fitting, and evaluation \$200 annual allowance for contacts** 	Up to \$60

*Not a comprehensive list of covered benefits or limitations under the plan.

Monthly Vision Rates

Retiree	Retiree + Child(ren)	Retiree + Spouse/DP	Family
\$10.53	\$21.28	\$21.07	\$26.34

Did you know?

Hearing Aid Discounts saves you up to 60% on brand-name hearing aids through TruHearing—a VSP plan service.

Most people need legal advice at one time or another. For a small monthly premium, you can enroll yourself and your eligible dependents in legal coverage. The plan provides assistance with routine preventive or defensive matters and covers most basic legal needs.



Why get legal insurance?

- Receive 100% paid-in-full coverage for most covered legal matters when you work with a Network Attorney.
- Save an average of \$2,100 per legal matter.
- Access to more than 13,000 attorneys within ARAG’s network with an average of 20 years of experience.
- Quickly address your covered legal situations with a Network Attorney who is only a phone call away for legal help and representation.
- Use DIY Docs to help you create over 350 legally valid documents, including state specific templates.

What does legal insurance cover?*

Customer Protection

Auto repair
Buy or sell a car
Consumer fraud
Consumer protection for goods or services
Home improvement
Personal property disputes
Small claims court

Criminal Matters

Juvenile
Parental responsibility

Debt-Related Matters

Debt collection
Garnishments
Personal bankruptcy
Student load debt

Driving Matters

License suspension/revocation
Traffic tickets

Tax Issues

IRS tax audit
IRS tax collection

Family

Adoption
Guardianship/conservatorship
Name change
Pet-related matters
Divorce

Landlord/Tenant Issues

Contract/lease agreement
Eviction

Security deposit
Disputes with a landlord

Wills & Estate Planning

Powers of Attorney
Living Will
Will

Real Estate & Home Ownership

Buying a home
Deeds
Foreclosure
Contractor issues
Neighbor issues
Promissory notes
Real estate disputes
Selling a home

*Not a comprehensive list of covered benefits or limitations under the plan

Legal Plan Premiums

Retiree	Retiree + Child(ren)	Retiree + Spouse/DP	Family
\$11.10	\$15.24	\$15.24	\$16.64

Empyrean Benefits Solutions

Phone: 1-844-805-0002

Website: www.LANLbenefits.com

Medical/Mental Health

Blue Cross Blue Shield of New Mexico (BCBSNM)

Group #: HDHP (113794)
EPO (N13793)
PPO (N13794)
Supplement (N13796)

Phone: 877-878-5265

Website: www.bcbsnm.com/lanl

Claims: P.O. Box 27630
Albuquerque, NM 87125-7630

BCBS Behavioral Health Unit

Phone: 888-898-0070

Fax: 877-361-7659

Prescription Drugs

Alliance Rx Walgreens Prime

Phone: 877-357-7463

Website: www.myprime.com

Social Security Office for Medicare Information

Phone: 1-800-772-1213

Website: www.ssa.gov

Bank of New York

Phone: 1-800-418-0273

Dental

Delta Dental of California

Group #: 4000

Phone: 800-777-5854

Website: www.deltadentalins.com/lans

Claims: P.O. Box 997330
Sacramento, CA 95899-7330

Vision

Vision Service Plan (VSP)

Group #: 12-284390

Phone: 800-877-7195

Website: www.vsp.com

Claims: P.O. Box 385018
Birmingham, AL 35238-5018

Legal

ARAG Legal Group

Group #: 14822

Phone: 800-247-4184

Website: members.araggroup.com/lans
(Access Code: 14822lal)

Claims: 400 Locust Street, Suite 480
Des Moines, IA 50309

Laboratory Benefits

Email: benefits@lanl.gov

Phone: 505-667-1806

Website: benefits.lanl.gov

Location: Otowi Building, 2nd Floor

LANLbenefits.com

