Los Alamos National Laboratory
New Employee
Benefits Orientation
Great News!

• LANL cares about your Health and Wellness
• We offer competitive and cost effective benefit plan options
• Financial plans and programs for a brighter tomorrow
Agenda

• Benefits Eligibility
• Benefit Plan Options
• Required Forms
• Important Dates and Reminders
• Questions
Eligibility

- Full Time
- Part Time
Eligible Dependents

• Legal Spouse
  • Marriage certificate or signed federal tax return if filed jointly

• Domestic Partner
  • Declaration form and 6 months proof of interdependence

• Child
  • Birth certificate or adoption papers

• Legal Ward
  • Legal document granting custody and declaration form
Ineligible Dependents

- Siblings
- In-Laws
- Cousins
- Parents
- Former Spouses
- Former Domestic Partners
- Grandchildren
- Your children’s Spouses/Domestic Partners
- Grandchildren’s Spouses/Domestic Partners

**Note:** These individuals are ineligible even if court-mandated.

There will be consequences for keeping an ineligible dependent on the plan, up to and including termination.
YOUR Period of Initial Eligibility (PIE) Ends on ________________

✓ 31 calendar days to enroll
✓ You can view your benefit elections through Oracle Worker Self Service once enrolled
✓ Visit with the Benefits staff for more assistance
Qualifying Life Events

Qualifying Life Events Examples

- Marriage
- Divorce
- Death
- Domestic partnership
- Birth
- Adoption
- Change in employment status
- Change in dependent’s eligibility (age, student status)

- 31 calendar days to enroll or make changes

- Employees who miss the 31 calendar day enrollment period will not be able to enroll until the next Open Enrollment.
Medical Benefits

BlueCross BlueShield of New Mexico

(BCBSNM)
Medical Benefits

Medical Plan Options

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

• Both Plans include
  • Nationwide Network
  • Free preventive care
  • Optional tax-advantaged accounts
  • 24/7 Nurseline (800) 973-6329
    • The 24/7 Nurseline can help you figure out if you should call your doctor, go to the ER or treat the problem yourself
• Fitness Program
  • Pay only $25 a month with no long-term contract for access to gyms and discounts on wellness services.
Deductible

A deductible is the amount you must pay before the plan will pay for covered services. Single coverage is for employee only and Family is employee + one or more dependent(s).

<table>
<thead>
<tr>
<th>Preferred Provider Organization (PPO)</th>
<th>High Deductible Health Plan (HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO In-Network</td>
<td>HDHP In-Network</td>
</tr>
<tr>
<td>PPO Out-of-Network</td>
<td>HDHP Out-of-Network</td>
</tr>
<tr>
<td>$300 Single</td>
<td>$1,500 Single</td>
</tr>
<tr>
<td>$900 Family</td>
<td>$3,000 Single</td>
</tr>
<tr>
<td>$1,500 Family</td>
<td>$6,000 Family</td>
</tr>
</tbody>
</table>
Co-Insurance

Co-Insurance is the percentage of a claim paid for out of pocket after the deductible has been met.

<table>
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<tbody>
<tr>
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<td>HDHP In-Network</td>
</tr>
<tr>
<td>PPO Out-of-Network</td>
<td>HDHP Out-of-Network</td>
</tr>
<tr>
<td>10% after deductible</td>
<td>10% after deductible</td>
</tr>
<tr>
<td></td>
<td>(20% for Rx)</td>
</tr>
<tr>
<td>40% after deductible</td>
<td>40% after deductible</td>
</tr>
</tbody>
</table>
# Co-Pay

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits Primary Care</td>
<td>$30 Co-pay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>MDLIVE Medical Virtual Visit</td>
<td>No Charge</td>
<td>N/A</td>
</tr>
<tr>
<td>Office Visits Specialist</td>
<td>$45 Co-pay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100% Covered</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Retail:</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>$7/$35/$55</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mail Order (90-day supply):</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$14/$70/$110</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specialty:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15% up to $125</td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$30 Co-pay</td>
<td>40% after deductible</td>
</tr>
<tr>
<td>ER Facility Charges</td>
<td>$150 Co-pay</td>
<td>(waived if admitted)</td>
</tr>
</tbody>
</table>
Out of Pocket Maximum

The Out of Pocket Maximum is a defined amount paid for by the insured, after which the plan will pay 100%

<table>
<thead>
<tr>
<th>Preferred Provider Organization (PPO)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>PPO In-Network</td>
<td>HDHP In-Network</td>
</tr>
<tr>
<td>$3,000 Single</td>
<td>$3,000 Single</td>
</tr>
<tr>
<td>$9,000 Family</td>
<td>$6,000 Single</td>
</tr>
<tr>
<td>PPO Out-of-Network</td>
<td>HDHP Out-of-Network</td>
</tr>
<tr>
<td>$6,000 Single</td>
<td>$6,000 Single</td>
</tr>
<tr>
<td>$18,000 Family</td>
<td>$12,000 Family</td>
</tr>
</tbody>
</table>
Preferred Provider Organization Plan (PPO)

- Free preventive care
- Flat copays available for office visits and most prescriptions
- Lower annual deductible. After the deductible, plan pays 90% for most other services
- Plan pays 100% after Out of Pocket Maximum
- Optional Health Care Reimbursement Account (HCRA)
- Higher family out of pocket maximum compared to HDHP
Health Care Reimbursement Account (HCRA)
HCRA

• Flexible Spending Account (FSA)
• Use for qualified medical, dental, and vision expenses for you and your eligible tax dependents (even if they are not enrolled in medical)
• Available with PPO plan or waived medical only
• “Use-it-or-lose-it”, with a grace period
• Full annual balance immediately available
• 2020 Annual Limit $2,750 ($2,750 each if filing married filing separately)
• Mobile app for easy claim substantiation (auto-substantiation with file feeds)
High Deductible Health Plan (HDHP)

- Free preventive care
- After the deductible, the plan pays:
  - 80% for Rx
  - 90% for other services
- Higher annual deductible
  - Employee pays 100% until deductible met
  - Coverage level determines deductible
- Plan pays 100% after Out of Pocket Maximum
- Optional Health Savings Account (HSA)
- Lower Out of Pocket Maximum than PPO

*Note for J-1 Visas: HDHP will not meet your insurance requirements.*
Health Savings Account (HSA)
# HSA

<table>
<thead>
<tr>
<th></th>
<th>LANL Annual Contribution</th>
<th>2020 Employee Contribution Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$250</td>
<td>$3,550</td>
</tr>
<tr>
<td>Employee + 1 or more</td>
<td>$500</td>
<td>$7,100</td>
</tr>
</tbody>
</table>

- Available with HDHP
- Use for qualified medical, dental and vision expenses for you and your eligible tax dependents
- Balance rolls over, portable
- Interest-bearing or invest assets
- Contributions changed any time through Oracle
- Contribution limits pro-rated based on month of hire (see packet)
- LANL contribution counts toward the annual maximum
- $1,000 catch up for 55+ for the contribution limit

**Note:** Not everyone is eligible with other non-HDHP coverage (Medicare, Tricare, spouse’s HCRA, etc.)

Mobile app available for easy claims substantiation
Premiums

- Premiums are the amount of money you pay out of your paycheck for the plan option and coverage level you choose.
- 79%/21% split in cost
- Premiums deductions are taken twice a month as payroll deductions.
## 2020 PPO Medical cost

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>Single</th>
<th>Adult + Children</th>
<th>Two Adults</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than or = $40,000</td>
<td>$59.00</td>
<td>$105.50</td>
<td>$122.50</td>
<td>$169.50</td>
</tr>
<tr>
<td>$40,001 to $80,000</td>
<td>$64.00</td>
<td>$116.00</td>
<td>$134.50</td>
<td>$186.00</td>
</tr>
<tr>
<td>$80,001 to $120,000</td>
<td>$69.50</td>
<td>$125.00</td>
<td>$145.50</td>
<td>$200.00</td>
</tr>
<tr>
<td>More than $120,000</td>
<td>$85.50</td>
<td>$152.50</td>
<td>$178.00</td>
<td>$245.50</td>
</tr>
</tbody>
</table>
## 2020 HDHP Medical Cost

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>Single</th>
<th>Adult + Children</th>
<th>Two Adults</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than or = $40,000</td>
<td>$42.00</td>
<td>$76.00</td>
<td>$88.50</td>
<td>$121.50</td>
</tr>
<tr>
<td>$40,001 to $80,000</td>
<td>$47.00</td>
<td>$82.50</td>
<td>$97.00</td>
<td>$133.00</td>
</tr>
<tr>
<td>$80,001 to $120,000</td>
<td>$50.00</td>
<td>$89.00</td>
<td>$104.50</td>
<td>$144.00</td>
</tr>
<tr>
<td>More than $120,000</td>
<td>$61.00</td>
<td>$109.00</td>
<td>$128.00</td>
<td>$176.00</td>
</tr>
</tbody>
</table>
Health Partners

• There is **no extra premium** for these tools that empower you to take control of your health
• No separate enrollment necessary
  – Just need to be enrolled in one of our medical plans
  – Contact information will be on your BCBS ID card
• Health Partners include:
  – Express Scripts – Pharmacy manager
  – MDLIVE – Telemedicine
  – ConsumerMedical – Expert second opinions (with $ incentive)
  – Hinge Health – Virtual PT*

* Must meet eligibility requirements
Express Scripts

- Pharmacy manager
- Large network
- Mail order prescriptions available
- Co-pay structure, including mail order:

<table>
<thead>
<tr>
<th></th>
<th>PPO (In Network)</th>
<th>PPO (Out of Network)</th>
<th>HDHP (In Network)</th>
<th>HDHP (Out of Network)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail</strong></td>
<td>Not Covered.</td>
<td>Must use a participating pharmacy</td>
<td>20% after deductible</td>
<td>Must use a participating pharmacy</td>
</tr>
<tr>
<td>$7/$35/$55</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mail Order</strong></td>
<td>$14/$70/$110</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialty</strong></td>
<td>15% up to $125</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Phone number will be on BCBS ID card
MDLIVE

- 24 hours a day/ 7 days a week/ 365 days a year
- Virtual visits
  - Telephone
  - Video
  - Mobile app
- Connect with a doctor in real-time or schedule an appointment
- Non-emergency medical conditions such as:
  - Allergies, fever, pinkeye, flu, common cold
- Behavioral health
  - Marital problems, depression, anxiety, child behavior and learning issues, financial hardships
- Digital prescriptions (no controlled substances)
- Number on BCBS ID card
ConsumerMedical

- Medical Ally
- Understand your medical conditions and treatment options
- Have a second set of eyes on your treatment plan and before you have surgery
- Remote and in-person second opinions
- Get help to ask the right questions at your medical appointment
- $400 incentive* to get an expert opinion on your treatment plan or before surgery:
  - Lower back surgery
  - Knee replacement
  - Hip replacement
  - Weight loss surgery
  - Hysterectomy

*Qualification applies
Hinge Health

• Physical therapy from home for chronic back, hip and knee pain
  – Amazon fire tablet
  – Sensors
  – Unlimited access to your coach
  – At your convenience
  – From home or on vacation

• Work with your online coach
  – 1:1 coaching
  – Direct communication
  – Program tailored just for you
Decision Support Tools

Use these tools to choose the best insurance options for you!

ALEX

Premium Calculator

Premium Calculator: From the LANL internal web site, Select Employees > Benefits > Health & Welfare > Medical > Tools
Medical True or False Edition

For enrolling in the High Deductible Health Plan, LANL will contribute $250 for single coverage and $500 for family coverage, even if you don’t sign up for the HSA.
Dental

• Delta Dental of NM offers:
  – Large national network
  – Low deductibles
  – Preventive service
  – Many covered services including orthodontics
**Dental**

Comprehensive coverage for routine dental and orthodontic care

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>In Network or Non Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$50 Individual</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$1,500 per person</td>
</tr>
<tr>
<td>Preventative Care (no deductible)</td>
<td>Covered in full, up to two visits a year</td>
</tr>
<tr>
<td>Basic Restoration (extractions, fillings)</td>
<td>80% (in-network) / 75% (out of network) after the deductible</td>
</tr>
<tr>
<td>Major Restoration (inlays, crowns)</td>
<td>50% after the deductible</td>
</tr>
<tr>
<td>Orthodontic</td>
<td>50% see Summary Plan Description (SPD) for lifetime maximums; ADULTS eligible too!</td>
</tr>
</tbody>
</table>
Dental Benefits

• Additional free cleanings (up to 4 a year) if:
  – Diabetes and periodontal gum disease
  – Pregnancy and periodontal gum disease
  – Suppressed immune system due to certain health conditions
  – Kidney failure or undergoing dialysis
  – Certain heart conditions

• Free brush biopsy – oral cancer screening

• ID cards
2020 Dental Cost

• 79%/21% cost sharing to apply to dental coverage

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Adult + Children</th>
<th>Two Adults</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental of New Mexico</td>
<td>$4.10</td>
<td>$8.35</td>
<td>$7.66</td>
<td>$13.67</td>
</tr>
</tbody>
</table>
Vision Plan
Vision

- Plan includes:
  - Large national network
  - Low copays for annual exam and lenses
  - Bifocals, trifocals, tints, polycarbonate
  - Frames (every year)
  - Lenses (every year)
  - Progressives for additional copay
## Davis Vision

Comprehensive coverage for exams, contact lenses, eyeglass lenses and frames

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Eye Exam</strong></td>
<td>• Annual exam focuses on your eyes and overall wellness</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
<td>• Includes frames and lenses</td>
<td>$25</td>
</tr>
</tbody>
</table>
| **Frames (Eligible every year)**      | • Exclusive Collection frames (or at Visionworks locations)  
• Non-Collection frames (Davis Vision locations)  
• $200 annual allowance for Non-collection frames  
• 20% savings on the amount over your annual allowance                                                                                              | $0    |
| **Lenses**                             | • Single vision, lined bifocal, lined trifocal or lenticular lenses  
• Tints/photochromic adaptive lenses  
• Polycarbonate lenses (for children and adults)  
• Standard progressive lenses  
• Premium progressive lenses  
• Custom progressive lenses (ultra/ultimate)                                                                                                         | $0    | $0    | $90   | $140-175 |
| **Contact Lenses (Eligible every year)** | • Exclusive Collection  
• Includes contact lens exam, fitting, and evaluation  
• $200 annual allowance for contacts for non-collection contact lenses                                                                               | $0    |
Vision Benefits

• Large network
  – Includes Eye Associates
• Online orders for glasses available
• Free services
  – Scratch resistant coating
  – 1 year breakage warranty
• Free coverage for select Davis Vision products:
  – No copay for contacts
  – Frames from any of the Designer Collection
  – Glasses purchased from Visionworks (in ABQ)
• ID cards
2020 Vision Cost

- 79%/21% cost sharing to apply to dental and vision coverage

<table>
<thead>
<tr>
<th>Semi-Monthly Vision Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Davis Vision</td>
</tr>
</tbody>
</table>
Other Flexible Spending Accounts
Dependent Care Reimbursement Account (DCRA)

- Available for eligible child or adult daycare expenses
- Must be a tax dependent to qualify
  - Dependent under age 13
  - Spouse who is unable to work or care for him or herself
  - Another adult dependent who is unable to care for him or herself
- Use-it-or-lose-it
- Funds available equal to the amount deposited
- 2020 Annual limit $5,000
  - $2,500 if married filing separately
Adoption Assistance Expense Account (AAEA)

- Available for eligible costs and fees related to adoption
- Use-it-or-lose-it
- Funds available equal to the amount deposited
- 2020 Annual limit $14,300
Tax-Advantaged Plans
True or False Edition

Tax-Advantaged Plans effectively lower your taxable income and therefore save you on your income taxes.
Legal Plan
Legal representation with a comprehensive identity theft package.

<table>
<thead>
<tr>
<th>Covered Service*</th>
<th>Network Attorney</th>
<th>Non Network Attorney</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attorney Office Work</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simple wills and simple trusts (including Power of Attorney)</td>
<td>Paid-in-Full</td>
<td>$175</td>
</tr>
<tr>
<td><strong>Domestic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncontested divorce (for self use only)</td>
<td>Paid-in-Full</td>
<td>$525</td>
</tr>
<tr>
<td>Adoption proceedings</td>
<td>Paid-in-Full</td>
<td>$420</td>
</tr>
<tr>
<td><strong>Consumer Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer protection (except for disputes over real estate/construction matters)</td>
<td>Paid-in-Full</td>
<td>$350</td>
</tr>
</tbody>
</table>

The **identity theft package** includes credit monitoring, internet surveillance, child monitoring, lost wallet support service, identity theft restoration, **and up to $1 million in identity theft insurance**. Plan participants must go to the [ARAG Legal Center website](#) to activate their identity theft benefits.

*Not a comprehensive list of covered benefits or limitations under the plan.*
Disability Plan Options
What is disability insurance?

Why do you need it?
- Pregnancy*
- Surgery
- Injury
- Illness
Basic Short Term Disability

• Pays a weekly benefit of 60% of your base salary up to $800 per week (reduced by other income)
• Eligible employees are automatically enrolled
• LANL pays 100% of the premium for this benefit
• 7 day waiting period
• Maximum benefit duration of 26 weeks
Supplemental Short Term Disability

- Pays 70% of your eligible earnings up to $2,500/week
- 7 day waiting period
- Benefits for up to 26 weeks
- Employee-paid premiums based on employee age and salary
- Automatic enrollment:
  - May opt out today or anytime
  - Future enrollment will require evidence of insurability and a qualifying family status change or at open enrollment.
Long Term Disability

• Pays a weekly benefit of the lesser of:
  • 50% of your base salary up to $10,000 per month or
  • 70% of your base salary reduced by other income
• Waiting period of 180 days (26 weeks or 6 months)
• Pays up to Social Security normal retirement age
• Premiums based on employee age and salary
• Automatic enrollment:
  • May Opt out today or anytime
  • Future enrollment will require evidence of insurability and a qualifying family status change or at open enrollment.
Paid Maternity Leave

- Must have been a LANL employee for at least 30 calendar days **before** the birth of a child
- A LANL employee who is eligible may receive 100% income replacement
- Length is up to 6 consecutive weeks (up to 240 hours)
- Separate from the short-term disability program
- Contact the Leaves team to initiate your leave
  - 505-667-1806
  - leaves@lanl.gov
Paid Parental Leave

- Must have been a LANL employee for at least 30 calendar days **before** the birth or placement of a child for adoption prior to requesting the leave
- 100% income replacement for employees who are eligible for benefits following birth or adoption placement
- For bonding with:
  - a newborn
  - newborn of a spouse/domestic partner
  - a child newly placed for adoption in your home
- Up to 3 consecutive weeks (up to 120 hours) within 12 months of birth or adoption
- Contact the Leaves team to initiate your leave
  - 505-667-1806
  - leaves@lanl.gov
Vacation and Sick Leave

**Vacation Pay Policy**
- 10 hrs. accrued per month (3 weeks per year)*
- Can be advanced up to 40 hours with manager approval
- May be substituted for sick leave

**Sick Leave Policy**
- 8 hrs. accrued per month (2.4 weeks per year)*
- Cannot be used before it has been accrued and cannot be advanced
- Cannot be used in the place of vacation

* If you have eligible prior service, your accrual rates may differ
Every LANL employee receives a total of 10 paid holidays per calendar year

<table>
<thead>
<tr>
<th>Paid Holidays</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Years Day</td>
</tr>
<tr>
<td>Labor Day</td>
</tr>
<tr>
<td>Martin Luther King, Jr. Day</td>
</tr>
<tr>
<td>Veteran’s Day</td>
</tr>
<tr>
<td>President’s Day</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
</tr>
<tr>
<td>Memorial Day</td>
</tr>
<tr>
<td>Friday after Thanksgiving Day</td>
</tr>
<tr>
<td>Independence Day</td>
</tr>
<tr>
<td>Christmas Day</td>
</tr>
</tbody>
</table>
Disability True or False Edition

If I only take the basic Short Term Disability (STD), I will receive 70% up to $2,500 per week for my STD benefit if I become disabled.
Health and Welfare Activity

• Guess the Phrase
  • Each “row” is a team
  • Puzzle starts at 25, 30, or 40 points
  • Teams alternate guessing letters, each guess reduces the puzzle value by 1 point, vowels reduce value by three. Turn passes to next person on next team.
  • Solve the puzzle to claim the points for your team
  • You cannot guess a letter and solve the puzzle on the same turn.
  • Three puzzles [on next page]
Accidental Death and Dismemberment (AD&D)
AD&D

- Protects you and your family from the unforeseen financial hardship due to an accident
- Coverage ranges from $50,000 to $500,000

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee Only</th>
<th>Employee + 1</th>
<th>Employee + 2 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000</td>
<td>$0.35</td>
<td>$0.44</td>
<td>$0.57</td>
</tr>
<tr>
<td>$100,000</td>
<td>$0.70</td>
<td>$0.87</td>
<td>$1.13</td>
</tr>
<tr>
<td>$200,000</td>
<td>$1.40</td>
<td>$1.74</td>
<td>$2.26</td>
</tr>
<tr>
<td>$300,000</td>
<td>$2.10</td>
<td>$2.61</td>
<td>$3.39</td>
</tr>
<tr>
<td>$400,000</td>
<td>$2.80</td>
<td>$3.48</td>
<td>$4.52</td>
</tr>
<tr>
<td>$500,000</td>
<td>$3.50</td>
<td>$4.35</td>
<td>$5.65</td>
</tr>
</tbody>
</table>
**AD&D**

- Coverage value depends on who is covered.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Value on Spouse</th>
<th>Value on Each Dependent Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse &amp; Dependent Child(ren)</td>
<td>50%</td>
<td>20%</td>
</tr>
<tr>
<td>Dependent Child(ren) Only</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Example: You elect a $500k policy which covers you, a spouse, and child. Accidental death policy value:
  - $500k (you)
  - $250k (spouse: 50% of $500k policy)
  - $100k (child: 20% of $500k policy)
Life Insurance

THE HARTFORD

Los Alamos National Laboratory

Benefits
The Science of Living Well
Employee Life Insurance

• **Basic Life**
  • 1 times your annual salary, rounded up to next $1,000 (up to $50,000)
  • LANL pays 100% of the premium for eligible employees
  • Automatic enrollment

• **Supplemental Life**
  • Options from 1 to 5 times your annual base salary
  • One time opportunity: guaranteed issue amount (GIA) up to 3 times your salary
  • Rates are based on your age and coverage level
  • **Note:** your supplemental life benefit will reduce every 5 years, starting at age 65. Spouse life coverage will not be reduced due to age.
Spouse/Domestic Partner Life Insurance

- Can be elected independently from Supplemental Life
- One time opportunity: GIA at $50,000
- $25,000 increments up to a maximum of $200,000
- Rates are based on spouse’s/DP’s age, regardless of gender

Example: 46-year-old spouse for $50,000 of coverage costs $0.0409 x 50 = $2.05 twice a month
Child Life

- 2 levels of coverage: $5,000, $10,000
- Flat rate, regardless of the number of children covered
- Covers dependent child up to age 26
Beneficiaries

- A person, trust or estate that receives death benefits
- Use form 1938
  - Primary
  - Contingent
- Can name for all policies at once
- Update at any time
- If adding minor(s) (18 yrs. or younger), consider using a trust to name them as a beneficiary

*Retirement plan beneficiaries are handled by Fidelity Investments*
Free Additional Services Provided by The Hartford

• Funeral Planning and Concierge Services by Everest (including rate negotiation, music choices, etc.)
• Beneficiary Assist® Counseling Services
• EstateGuidance® Will Services (online)
• Travel Assistance and ID Theft and Protection Services (available to all household members)
• Ability Assist® Counseling Services (LTD only)
Life Insurance True or False Edition

As a new hire, you can choose to enroll in up to 5X your salary without evidence of insurability.
# Benefits Enrollment Form

**Section I: Employee Information**

All fields on this form are required; please indicate "no change" if you do not wish to change your plan or "waive" if you want to waive the coverage option.

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Z Number</th>
<th>Date of Qualifying Event</th>
</tr>
</thead>
</table>

Note: Insurance cards will be mailed to the address on file. If your address has changed please email rr-desk@lanl.gov

**Section II: Health and Welfare Benefits Enrollment**

(Note: Employees must be eligible for the plan they are choosing. Employees may review eligibility requirements in the [LANS Summary Plan Description](#)).

### Medical

<table>
<thead>
<tr>
<th>Type of Action (you must choose from the following):</th>
<th>BlueCross BlueShield of New Mexico Medical Plan Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Elect/Change/Add or Drop Dependent</td>
<td>Plan option (select only one):</td>
</tr>
<tr>
<td>□ Waive</td>
<td>□ Preferred Provider Organization (PPO)</td>
</tr>
<tr>
<td>□ No change</td>
<td>□ High-Deductible Health Plan (HDHP)</td>
</tr>
</tbody>
</table>

**Type of Enrollment (select only one):**

- □ Employee Only
- □ Employee + Spouse/ Domestic Partner (only)
- □ Employee + Family

**Type of Action (you must choose from the following):**

- □ Elect/Change/Add or Drop Dependent
- □ Waive
- □ No change

### Dental

- □ Employee Only
- □ Employee + Family
- □ Employee + Children (only)

### Vision

**Type of Action (you must choose from the following):**

- □ Elect/Change/Add or Drop Dependent
- □ Waive
- □ No change

---

**Return to Benefits Office:**

TA-3 Otowi Bldg 261
2nd Floor, MS F280
Fax: 505-865-2156
Email: benefits@lanl.gov
# Wellness Rewards

## STEP 1: Complete Health Assessment Questionnaire & Get Rewards

<table>
<thead>
<tr>
<th></th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Insured in LANL Health Plan</td>
<td>Eligible Spouse or Domestic Partner</td>
<td>Primary Insured in LANL Health Plan</td>
</tr>
<tr>
<td>Reward</td>
<td>$100</td>
<td>$250</td>
</tr>
</tbody>
</table>

*Deposited into a Health Care Account (HCA) with BCBSNM*  
*Deposited into Primary Insured’s Health Savings Account*

Reward for completing the Health Assessment Questionnaire is typically available the month after completion.

---

*Interested and want to join? Visit join.virginpulse.com/LANL*
Wellness Rewards

- Where is the money deposited?

<table>
<thead>
<tr>
<th>Preferred Provider Organization (PPO)</th>
<th>High Deductible Health Plan (HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Account - HCA</td>
<td>Health Savings Account – HSA</td>
</tr>
</tbody>
</table>
Wellness Rewards

Rewards are tracked quarterly and paid the following year.

<table>
<thead>
<tr>
<th></th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary Insured in LANL Health Plan</td>
<td>Primary Insured in LANL Health Plan</td>
</tr>
<tr>
<td></td>
<td>Eligible Spouse or Domestic Partner</td>
<td>Eligible Spouse or Domestic Partner</td>
</tr>
<tr>
<td>Rewards</td>
<td>up to $100</td>
<td>up to $250</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Wellness Rewards

• Variety of ways to earn points
  • Make healthy decisions every day!
  • The more healthy decisions you make, the more you earn.
  • Attend the monthly “How to Maximize Your Virgin Pulse Points” seminar, held the last Thursday of each month and earn 250 points!
Wellness True or False Edition

Your Spouse/Domestic Partner must be a LANL employee in order to receive the wellness incentives.
Savings and Retirement

Fidelity Investments
Saving For the Future

• Will you be prepared for retirement?

• LANL has an award winning 401(k) plan to help you start saving today!
401(k) Eligibility

Who is **not** eligible for the 401(k)?

– Student employees (with a student job title) who do not have a bachelor’s degree
– Laboratory Associates
– Retired Laboratory Fellows
– Employees who do not have an active Social Security Number

All other employees are eligible for the 401(k).
Plan Highlights

- 100% vested on Day 1
- Company match up to 6% (free money)
- Annual non-elective employer contribution based on service (more free money)
- Automatic enrollment (within 31 days)
- Automatic escalation contribution increase option
- 2020 annual limit $19,500
- Additional $6,500 catch-up contribution if age 50+ by 12/31/20
- We pay administrative fees until your account hits $25,000
401(k) Plan Contribution Options

- **401(k)**
  - Contributions are pre-tax, but...
  - Pay tax upon withdrawal

- **Roth**
  - Contributions are after tax, but...
  - **No tax** on contributions and earnings at withdrawal

- **After-Tax** *(if IRS cap prevents full 6% match)*

- **Ask Fidelity which one is right for you!**

*NOTE: LANL contributions are always pre-tax*
Non-Elective Employer Contribution

- Free money (no contributions required)
- Based on service and eligible compensation
- Paid annually (first quarter of the following year)

<table>
<thead>
<tr>
<th>Years of Completed Service</th>
<th>% of Employer Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td>3.5%</td>
</tr>
<tr>
<td>10-19</td>
<td>4.5%</td>
</tr>
<tr>
<td>20+</td>
<td>5.5%</td>
</tr>
</tbody>
</table>
401(k) Plan Enrollment

How do I Enroll?

• After 7 business days
• Log on to www.netbenefits.com
• Register Now

Enrolling/Managing Your Fidelity Accounts Online (pdf)
Savings and Retirement
True or False Edition

LANL provides an employer matching contribution up to 6% of your eligible compensation every payroll.
Important Reminders

• Once enrolled, coverages effective on day 1
• Period of Initial Eligibility reminder
  – No changes allowed after you turn in form
• 31 calendar days for life event changes
• Payroll deductions are taken twice a month
• Carrier files sent every Thursday morning
• Auto enroll in 401(k) 31 calendar days from hire date
• Use the checklist in your handouts
Legal Notices

✓ Continuation Coverage Rights Under COBRA Notice
✓ Premium Assistance under Medicaid and the CHIP Program
✓ Notice from LANL about Your Prescription Drug Coverage and Medicare
✓ Women’s Health and Cancer Rights Act (WHCRA)
✓ Wellness Reward Alternative Notice
✓ HIPAA Special Enrollment Rights
✓ Health Insurance Marketplace Coverage Options
ID cards

- Will receive cards within 3 weeks of completing enrollment:
  - Medical
  - Dental
  - Vision
  - HSA
  - Flexible Spending Account (HCRA only)
  - Legal
Questions?

Benefits Contact Information:

- Benefits.lanl.gov
- Benefits@lanl.gov
  - Please include Z # in subject line
- Phone 505-667-1806
- Provider Contact Information
Website Tour