

Health & Welfare Benefits 2021 Open Enrollment Briefing

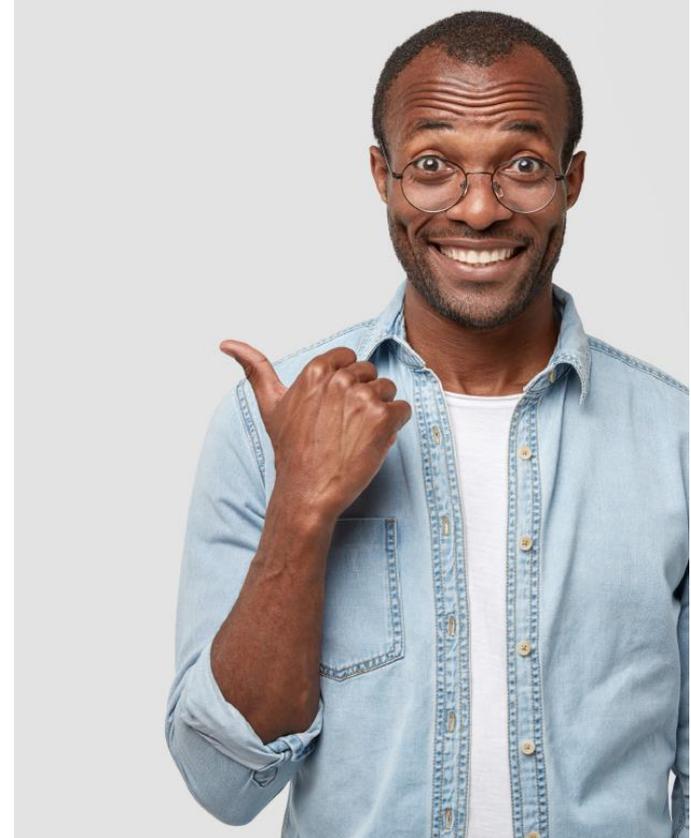
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Agenda

- Action To Take During Open Enrollment
- Open Enrollment Highlights
- Medical Plan Overview
- Dental Plan Overview
- Vision Plan Overview
- Employee Premium 2021
- Flexible Spending Accounts
- Legal Plan Overview
- Next Steps



Action To Take During Open Enrollment



- Change to a different medical plan
- Change to a different dental plan (California residents only)
- Opt out of your medical, dental, and/or vision plan; or enroll in a plan if you previously opted out
- Enroll or cancel eligible family members in your health plans
- Enroll or re-enroll in the Health Care Reimbursement Account (HCRA)
 - Current IRS rules restrict participation in HCRA if you are enrolled in the Anthem Blue Cross High Deductible Health Plan (HDHP) or Core Value Plan or Kaiser HDHP Plan
- Enroll or re-enroll in the Dependent Care Reimbursement Account (DCRA)

If currently enrolled in HCRA or DCRA, you must re-enroll for 2021

Open Enrollment Highlights



- Open Enrollment Period
 - October 26 through November 13, 2020
- Open Enrollment transactions must be made before 5:00 p.m. (PT) Friday, November 13, 2020
- Changes made during Open Enrollment are effective January 1, 2021



Open Enrollment Highlights

Continued



- ARAG Legal Plan
 - Diversity & Inclusion Package added

- Health Savings Account (HSA) limit increase
 - \$3,600 for employee only coverage, an increase of \$50 (includes employer contribution)
 - \$7,200 for family coverage, an increase of \$100 (includes employer contribution)

- Health Care Reimbursement Account (HCRA) limit increase
 - \$2,750 an increase of \$50

- Dependent Care Reimbursement Account (DCRA) limit unchanged
 - Limit remains \$5,000 in 2021 (\$2,500 if married and filing separately)



Medical Plans

- Health Maintenance Organizations
 - Kaiser HMO
 - Kaiser HDHP with HSA

- Anthem Blue Cross Plans
 - Anthem Blue Cross Plus
 - Anthem Blue Cross PPO
 - Anthem Blue Cross EPO
 - Anthem Blue Cross HDHP with HSA
 - Anthem Blue Cross CORE Value with HSA



Kaiser Permanente

Health Maintenance Organization (HMO)



- Must live in the plan's service area – **California only**
- Must use plan providers (except for emergencies)
- Primary Care Physicians (PCP) coordinates all care
- No deductibles
- No claim forms
- Out-of-Pocket Maximum:
 - \$1,500 individual
 - \$3,000 family

Service	Copay
Office Visit	\$25
Emergency Room (waived if admitted)	\$100
In-hospital admission	\$500
Ambulance service	\$50
Prescription (generic)	\$15
Prescription (brand name)	\$35



Kaiser Permanente

High Deductible Health Plan (HDHP)



- Must live in plan's service area – **California only**
 - No out-of-network coverage (except emergency)
- Deductible
 - \$1,500 individual
 - \$3,000 family
 - Must meet cumulative family deductible
 - A single family member will not exceed \$2,700
 - After deductible you pay 10%
- Pharmacy
 - Until deductible is met you pay 100% of drug cost
 - After deductible is met:
 - You pay \$10 for 30-day supply / \$20 for 100-day supply (mail order generic)
 - You pay \$30 for 30-day supply / \$60 for 100-day supply (mail order brand)
 - Medical out-of-pocket maximum applies
- Out-of-Pocket Maximum
 - \$3,000 individual
 - \$6,000 family
- Includes Health Savings Account (HSA)



Anthem Blue Cross



■ Common Features

- Available nationwide
- Same network used for all plans – Anthem Blue Cross PPO network
- Look up doctors and facilities at www.anthem.com/ca/llns/
- Self referrals
- Telemedicine via online
- Mental Health/Substance Abuse benefits through Anthem
- In-network and out-of-network

■ In-Network benefits through a nationwide group of PPO physicians

■ Out-of-Network benefits through all other physicians; you may self-refer

- Non-contracted physicians
- Except for EPO



Anthem Blue Cross EPO



- In-Network only benefits
- No deductibles
- What you pay for services
 - \$25 copayment for most primary care office visits
 - \$35 copayment for specialist office visits
 - 10% co-insurance for some services, such as imaging and blood work
 - Copayment and 10% co-insurance for emergency room and hospital stays
- In-Network Out-of-Pocket Maximum
 - \$1,000 individual
 - \$3,000 family
- No Out-of-Network coverage (except emergency)



Anthem Blue Cross PPO



■ In-Network

- Deductible: \$500 individual; \$1,500 family
- You generally pay 20% after deductible
- Out-of-Pocket Maximum: \$3,000 individual; \$9,000 family

■ Out-of-Network

- Deductible: \$1,000 individual; \$3,000 family
- You generally pay 40% for services (Reasonable & Customary limits)
- You may be required to file claim forms
- Out-of-Pocket Maximum: \$6,000 individual; \$18,000 family



Anthem Blue Cross PLUS



■ In-Network

- Deductible: \$300 individual; \$900 family
- Out-of-Pocket Maximum: \$2,500 individual; \$7,500 family

■ What you pay for services

- \$25 copayment for most primary care office visits
- \$35 copayment for specialist office visits
- 20% co-insurance for some services, such as imaging and blood work
- Copayment and 20% co-insurance for emergency room and hospital stays

■ Out-of-Network

- Deductible: \$500 individual; \$1,500 family
- You generally pay 40% for services (Reasonable & Customary limits)
- You may be required to file claim forms
- Out-of-Pocket Maximum: \$7,000 individual; \$21,00 family



Anthem Blue Cross HDHP



■ In-Network

- Deductible: \$1,500 individual; \$3,000 family
 - Must meet family deductible
 - You pay 10% after deductible
- Out-of-Pocket Maximum: \$3,000 individual; \$6,000 family

■ Out-of-Network

- Deductible: \$3,000 individual; \$6,000 family
 - Must meet family deductible
- You generally pay 30% for services (Reasonable & Customary limits)
- You may be required to file claim forms
- Out-of-Pocket Maximum: \$6,000 individual; \$12,000 family

■ Includes Health Savings Account (HSA)



Anthem Blue Cross Core Value



■ In-Network

- Deductible: \$3,000 individual; \$6,000 family
- You pay 20% after deductible
- Out-of-Pocket Maximum: \$5,000 individual; \$10,000 family

■ Out-of-Network

- Deductible \$3,000 individual; \$6,000 family
- You generally pay 40% for services (Reasonable & Customary limits)
- You may be required to file claim forms
- Out-of-Pocket Maximum: \$10,000 individual; \$20,000 family

■ Includes Health Savings Account (HSA)



CVS/Caremark

Prescription Drugs Anthem EPO, Plus, and PPO



- Generics
 - \$10 retail (30 day supply); \$20 mail order (90 day supply)
- Retail formulary brand
 - 20% copay, minimum \$40 and maximum \$60
- Retail non-formulary brand
 - 40% copay, minimum \$60 and maximum \$100
- Mail order formulary brand
 - 20% copay, minimum \$80 and maximum \$120 (90 day supply)
- Mail order non-formulary brand
 - 40% copay, minimum \$120 and maximum \$200 (90 day supply)



CVS/Caremark

Prescription Drugs Anthem HDHP and CORE Value



■ HDHP

- Pharmacy subject to deductible plus
 - You pay 10% coinsurance if In-Network
 - You pay 30% coinsurance if Out-of-Network
 - Medical out-of-pocket maximum applies

■ CORE Value

- Pharmacy subject to deductible plus
 - You pay 20% coinsurance if In-Network
 - You pay 40% coinsurance if Out-of-Network
 - Medical out-of-pocket maximum applies



- Anthem Blue Cross mandatory mail order program remains in effect
 - Once two refills have been dispensed by CVS or local pharmacy, future refills of your prescription must be dispensed using mail order
 - You may choose to receive your maintenance medication at a CVS/pharmacy or from the CVS Caremark Mail Service Pharmacy for the same low copay

Health Savings Account (HSA)

Anthem Blue Cross HDHP, CORE Value or Kaiser HDHP



- HSA money may be used to help pay out-of-pocket medical, dental, vision and prescription expenses
- LLNS contributes pretax per pay period
- Employee contributes pretax through payroll
- Employee may make after tax contributions directly into HSA account
- Unused balances rollover and are yours to keep, even when no longer employed by LLNS
- Not eligible for HSA if enrolled in Medicare Part A or have dual coverage with spouse in a non-HDHP plan



Health Savings Account (HSA)

Anthem Blue Cross HDHP, CORE Value or Kaiser HDHP (cont.)



2021 HSA Contributions (Based on a full calendar year)			
LLNS HSA Contribution		Maximum Employee HSA Contribution	
Employee Only Coverage	Family Coverage	Employee Only Coverage	Family Coverage
\$ 750	\$ 1,500	\$ 2,850	\$ 5,700
Employees age 55 or older can contribute an additional \$1,000			

Dental Plans

Premiums paid by LLNS



■ Delta Dental PPO

- Worldwide coverage -- may use any dentist
- Maximum benefits with Delta Dentists
- \$1,700 annual maximum benefit (PPO Dentist)
- \$1,500 annual maximum benefit (other Dentist)

■ DeltaCare USA

- HMO dental plan must use DeltaCare USA dentists only (except in emergencies)
- No annual maximum benefit



Vision Care



- LLNS offers a comprehensive vision care benefit provided by Vision Service Plan (VSP). There are no plan design changes for 2021 for the LLNS paid Basic plan or the Vision Plan Plus.
- LLNS continues to offer a buy-up option (Vision Plan Plus) for the vision plan. It is employee paid and provides enhanced benefits to the base plan. The base plan continues to be fully paid by LLNS.
 - Note: If you choose not to purchase the buy-up option, you (and your dependents) can still be covered under the 100% LLNS paid Basic plan.



For coverage details go to <https://benefits.llnl.gov/health-welfare/vision>

Vision Service Plans



Service	Vision Plan (LLNS paid)	Vision Plan Plus (Employee paid option)
Frequency (Calendar beginning January)	Exams: 12 months Lenses: 12 months Frames: 24 months	Exams: 12 months Lenses: 12 months Frames: 12 months
Examination	\$20 copay	\$10 copay
Lenses	\$25 copay	No copay
Lens Options:		
Anti-reflective coating	\$37-75 copay	\$37-75 copay
UV Protection	\$10-14 copay	\$10-14 copay
Frame maximum allowance	\$150	\$250
Frame allowance @ Costco	\$80	\$135
Contact lenses allowance	\$130	\$200
Necessary contact lenses	\$25 copay	No copay



Employee Premium Rate 2021

Divide by 2 if paid bi-weekly to determine the per pay period deduction(s)

Divide by 4 if paid weekly



2021 Plans Monthly Rates	Employee Only	Employee & Adult	Employee & Child(ren)	Employee & Family
Health				
Kaiser Permanente HDHP	\$ 84.00	\$ 192.00	\$ 164.00	\$ 268.00
Kaiser Permanente HMO	\$ 92.00	\$ 208.00	\$ 180.00	\$ 288.00
Anthem Blue Cross EPO	\$ 396.00	\$ 868.00	\$ 744.00	\$ 1,196.00
Anthem Blue Cross Plus	\$ 712.00	\$ 1,548.00	\$ 1,328.00	\$ 2,140.00
Anthem Blue Cross PPO	\$ 480.00	\$1,040.00	\$ 892.00	\$ 1,440.00
Anthem Blue Cross HDHP	\$ 204.00	\$ 452.00	\$ 388.00	\$ 628.00
Anthem Blue Cross Core Value	\$ 68.00	\$ 160.00	\$ 136.00	\$ 220.00
Dental				
Delta Dental PPO (nationwide)	Premium paid by LLNS			
Delta Care USA DMO (California residents only)	Premium paid by LLNS			
Vision				
Vision Plan	Premium paid by LLNS			
Vision Plan Plus (buy-up option)	\$ 7.08	\$ 14.24	\$ 15.24	\$ 24.28

Health Care Reimbursement Account

(HCRA)



- The HCRA limit increases to \$2,750 for 2021. HCRA allows you to set aside earnings on a before-tax basis to pay for eligible out-of-pocket health care expenses you and your eligible tax dependents incur in 2021.
- Maximum annual contribution = \$2,750
 - If you and your spouse are both LLNS employees, you may each contribute up to \$2,750
 - Changes only allowed during Open Enrollment period or with eligible change in status
- No grace period for 2021
 - All expenses must be incurred by 12/31/2021
 - All claims must be submitted by 03/31/2022

Cannot participate in HCRA if enrolled in Anthem HDHP, Core Value or Kaiser HDHP



Dependent Care Reimbursement Account

(DCRA)



- Allows employees to pay for dependent care on pre-tax, salary reduction basis
- Defer up to \$5,000 in a calendar year per family
 - Changes allowed during Open Enrollment period or with eligible change in status
 - Must submit claim form and receipts
- No grace period for 2021
 - All expenses must be incurred by 12/31/2021
 - All claims must be submitted by 03/31/2022



ARAG Legal Plan



- Preventative, domestic, consumer, and defensive legal services
- Network attorneys
- Non-network attorneys
- 800 # paralegal advice
- Online resources
- Other Benefits:
 - Expanded ID theft protection
 - Caregiving education & counseling
 - Financial education & counseling
 - New Tax Services & Credit Records Corrections

New for 2021- Diversity and Inclusion package includes:

- **Domestic Partnership Agreements**
- **Funeral Directive**
- **Gender Identifier Change**
- **Hospital Visitation Authorization**

2021 Legal Insurance Monthly Rate	
Employee Only	\$ 12.37
Employee & Spouse/ Registered Domestic Partner	\$ 16.93
Employee & Child(ren)	\$ 16.93
Employee & Family	\$ 18.44



Next Steps



- Use LAPIS to:
 - Check your current enrollments
 - Make any Open Enrollment transaction
 - Verify that your beneficiary designations are up-to-date
 - Confirm LLNS has your correct home address, home telephone and emergency contact

- LAPIS is located at <https://lapis.llnl.gov> and is accessible from a Laboratory computer or through VPN
 - If you don't have access to a computer, the following workstations are available:
 - Main Library – T4727, Information Desk
 - Training Center – T1879, R100

- Log onto LAPIS Self Service and click on the **Open Enrollment link** under the Benefits topic from the navigation menu



Legal Notice



- While this presentation and the verbal statements of Plan representatives are meant to be accurate, the actual Plan documents and relevant laws will govern at all times.
- In response to legal and contract requirements, market changes, etc., LLNS reserves the right to amend or terminate benefits at any time.
- Company policies on hiring, discharge, layoff, and discipline are in no way affected by the plans and programs described here. Therefore, nothing in this presentation is meant to be a guarantee of employment or continued employment.



Questions



