

# Health & Welfare Benefits Briefing 2017 Open Enrollment

Presented to Employees

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# Agenda



- Action To Take During Open Enrollment
- Open Enrollment Highlights
- Medical Plan Overview
- Dental Plan Overview
- Vision Plan Overview
- Legal Plan Overview
- Employee Premium 2017
- Important Deadlines
- 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.



# Action To Take During Open Enrollment



- Enroll or reenroll in the Health Care Reimbursement Account (HCRA)—if currently enrolled, you **must reenroll** for 2017.
  - 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.
- Enroll or reenroll in the Dependent Care Reimbursement Account (DCRA)—if currently enrolled, you **must reenroll** for 2017.



# Open Enrollment Highlights



- Open Enrollment Period
  - October 24 through November 11, 2016
- Open Enrollment transactions must be made before 5:00 p.m. (PT) Friday, November 11, 2016
- Changes made during Open Enrollment are effective January 1, 2017



# Open Enrollment Highlights



- Vision Service Plan adding a new 'buy-up' employee paid option with added features and benefits.
- Health Savings Account (HSA) employee contribution limits are \$2,650 for employee only coverage (an increase of \$50); \$5,250 for family.
- Legal Plan is open for new enrollments this Open Enrollment. A new Tax Services and Credit Records Correction has been added.



# Medical Plans



- Health Maintenance Organizations (HMO)
  - Kaiser
  
- 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

Service	Copay
Office Visit	\$25
Emergency Room, waived if admitted	\$100
In-hospital admission	\$500
Ambulance service	\$50
Prescription (generic)	\$10
Prescription (brand name)	\$35



# 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/](http://www.anthem.com/ca/llns/)
- Self Referrals
- Telemedicine via online
- Mental Health/Substance Abuse benefits through Anthem



# Anthem Blue Cross



## Common Features:

- Two level plan design
  - In-network and Out-of-network
- In-Network benefits through 40,000 PPO physicians
- Out-of-network benefits through all other physicians, you may self refer
  - (non contracted physicians)



# Anthem Blue Cross *EPO*



- **In Network only benefits**
- You pay copayment for most services
  - Example: \$25 for most primary care office visits
  - Example: \$35 for specialist office visits
  - In addition you generally pay 10% for most services
  - No deductibles
- In Network Pharmacy Out-of-Pocket Maximum:
  - \$3500 individual
  - \$7000 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-network

- Deductible: \$1,000 individual; \$3,000 family
- You generally pay 40% for services (R&C limits)
- You may be required to file claim forms

## ■ In Network Pharmacy Out-of-Pocket Maximum:

- \$2100 individual
- \$4200 family



# Anthem Blue Cross *PLUS*



## ■ In Network

- Deductible: \$300 individual; \$900 family
- You pay copayment for most services
  - Example: \$25 for most primary care office visits
  - Example: \$35 for specialist office visits
- In addition you generally pay 20% for most services

## ■ Out-of-Network

- Deductible \$500 individual; \$1,500 family
- You generally pay 40% of services after deductible (R&C limits)
- You may be required to file claim forms

## ■ In Network Pharmacy Out-of-Pocket Maximum:

- \$2,800 individual
- \$5,700 family



# Anthem Blue Cross *HDHP*



## ■ In Network

- Deductible: \$1,500 individual; \$3,000 family
- You generally pay 10% after deductible
  - Must meet family deductible

## ■ Out-of-network

- Deductible: \$3,000 individual; \$6,000 family
- You generally pay 30% for services (R&C limits)
  - Must meet family deductible
- You may be required to file claim forms

❖ Includes Health Savings Account



# Anthem Blue Cross *Core Value*



## ■ In Network

- \$3,000 deductible individual; \$6,000 for family
- You generally pay 20% coinsurance in-network

## ■ Out-of-network

- \$3,000 deductible individual; \$6,000 for family
- You generally pay 40% out-of-network (R&C limits)
- You may be required to file claim forms

❖ Includes Health Savings Account



# Health Savings Account (HSA)



Anthem Blue Cross HDHP or CORE Value

2017 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	\$ 2,650	\$ 5,250
<b>Employees age 55 or older can contribute an additional \$1,000</b>			

# Health Savings Account (HSA)



- HSA money may be used to help pay the cost of out-of-pocket medical, dental, vision and prescription expenses.
- LLNS contributes pretax per pay period.
- Employees make pretax contributions 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.



# CVS/Caremark

## Prescription Drugs for EPO, Plus, and PPO



- **Generics**
  - \$10 retail; \$20 mail order
  
- **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
  
- **Mail order non-formulary brand**
  - 40% copay, minimum \$120 and maximum \$200



# CVS/Caremark

## Prescription Drugs for 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



# CVS/Caremark



- 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.
  - May choose to receive your maintenance medication at a CVS/pharmacy or from the CVS Caremark Mail Service Pharmacy for the same low copay.



# 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 Service Plans



VSP	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	Covered 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	Covered no copay

# Employee Premium Rate 2017

Divide by 2 if paid bi-weekly to determine the per pay period deduction(s).  
Divide by 4 if paid weekly.



2017 Plans	Employee Only	Employee & Adult	Employee & Child(ren)	Employee & Family
<b>Health</b>				
Kaiser Permanente CA	\$ 63.00	\$ 132.00	\$ 113.00	\$ 182.00
Anthem Blue Cross EPO	\$ 328.00	\$ 690.00	\$ 591.00	\$ 953.00
Anthem Blue Cross Plus	\$ 587.00	\$ 1,232.00	\$ 1,056.00	\$ 1,701.00
Anthem Blue Cross PPO	\$ 396.00	\$ 832.00	\$ 713.00	\$ 1,149.00
Anthem Blue Cross HDHP	\$ 169.00	\$ 355.00	\$ 304.00	\$ 490.00
Anthem Blue Cross Core Value	\$ 57.00	\$ 118.00	\$ 101.00	\$ 164.00
<b>Dental</b>				
Delta Dental PPO (nationwide)	Premium paid by LLNS			
Delta Care USA DMO (California residents only)	Premium paid by LLNS			
<b>Vision</b>				
Vision Plan	Premium paid by LLNS			
Vision Plan Plus (buy-up option)	\$ 7.36	\$ 14.72	\$ 15.76	\$ 25.20

# Health Care Reimbursement Account



- Allows pre-tax reimbursement of allowable out-of-pocket medical, dental, vision and prescription costs
- Maximum annual contribution = \$2,550
  - If you and your spouse are both LLNS employees, you may each contribute up to \$2,550
  - Changes only allowed during Open Enrollment period or with eligible change in status
- No grace period for 2017
  - All expenses must be incurred by 12/31/2017
  - All claims must be submitted by 03/31/2018
- Cannot participate in HCRA if enrolled in Core Value or HDHP



# Dependent Care Reimbursement Account



- 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 2017
  - All expenses must be incurred by 12/31/2017
  - All claims must be submitted by 03/31/2018



# 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 Correction**

2017 Legal Insurance <i>Monthly Rate</i>	
Employee Only	\$ 12.28
Employee & Spouse/Domestic Partner	\$ 16.80
Employee & Child(ren)	\$ 16.80
Employee & Family	\$ 18.30

# Next Step

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- **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

# Next Step

- 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, workstations available at:
  - Main Library–T4727, Information Desk
  - Training Center–T1879, R100
  - Benefits Office–B543, R1216
- Log onto LAPIS Self Service and click on the Open Enrollment link under the Benefits topic from the navigation menu.

# Legal Notice

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- 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.



