



2017 Retiree Open Enrollment

Benefits Briefing

November 2, 2016

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Benefits Administration
Lawrence Livermore National Laboratory



Agenda



- Open Enrollment Dates
- Communications
- Who handles your enrollment?
- What actions can you take?
- Who is eligible for coverage?
- Review of LLNS benefits – Dental, Vision & Legal
- Non-Medicare medical plans
- Medicare
- Administrative Notes
- Contacts



Open Enrollment Dates



- For **all** retirees and dependents:

October 17 – November 11, 2016

Dental, Vision and Legal Plan

(non-Medicare medical and Kaiser Senior Advantage)

- For **Medicare eligible** retirees and dependents making elections through OneExchange:

October 15 – December 7, 2016

Same as the National Medicare Annual Enrollment Period for individual Medicare and Rx plans through OneExchange



Communications



Open Enrollment Period
 Employees: October 17 - November 11
 OneExchange: October 15 - December 7

2017 Retiree Open Enrollment

LLNS Retiree
 7000 East Avenue
 Livermore, CA 94550

LLNS Open Enrollment October 17- November 11, 2016

The Open Enrollment period is a great opportunity for you to review your current benefits and evaluate if they are appropriate for 2017. This is also the time of year to learn about changes that will go into effect next year and to make your contributions will change. All changes will take effect January 1, 2017.

Things to know:

- Double Coverage:** If you and your spouse or domestic partner are both LLNS employees/retirees, one of you may cover the other as a dependent, or each of you may have separate coverage. However, only one of you can cover the other as a dependent. You may change who covers them during this open enrollment period.
- Confirmation Statement:** If you make a change during the Open Enrollment period, a confirmation statement will be mailed to you to confirm your new elections. If you do not make changes, please keep this worksheet as a reference of your current elections.
- Will you become Medicare eligible between October-December?** A separate communication will be mailed to you to enroll in your Medicare supplement plan during this period. Your Medicare plan elections may be effective as quickly as the first day of the month in which you turn 65 and will continue into 2017. You will need to make a separate Open Enrollment election.
- Are you currently Medicare eligible?**
 - Please note - Employees only offers Kaiser Permanente Senior Advantage (KPSA) in Northern California. If you wish to elect a different plan (including KPSA in other states), please contact OneExchange at 866-682-4841.
 - If your medical plan shows "No Coverage", it could be because either you have suspended your Medicare supplement plan through OneExchange.
 - 2017 HRA funding will appear in your account on January 1, 2017. You must be enrolled in KPSA Medicare supplement plan through OneExchange to be eligible for the HRA funding.
 - If you are enrolled in KPSA and wish to use your HRA funds to pay the monthly premiums, please call the Kaiser HRA Payment Center at 877-761-3399 to authorize release of your funds. Past amounts will not automatically continue into 2017.
- First Billing Notice for 2017** will be mailed around December 15, 2016.

LLNS Retiree

LAWRENCE LIVERMORE NATIONAL SECURITY LLC

Live Life on Your Terms!
 With Your Legal Insurance Plan from ARAG®

OneExchange
 From Thomas Watson
 Information Center
 2305 South 1070 West
 Salt Lake City, UT 84119

John Doe
 1000 Broadway Avenue
 San Francisco, CA 00000

PRINT FIRST CLASS
 USA POSTAGE
 PAID
 MAIL PERMIT NO. 11
 DENVER, CO 80202

Visit us online:
Medicare.OneExchange.com

Important Medicare News Inside!

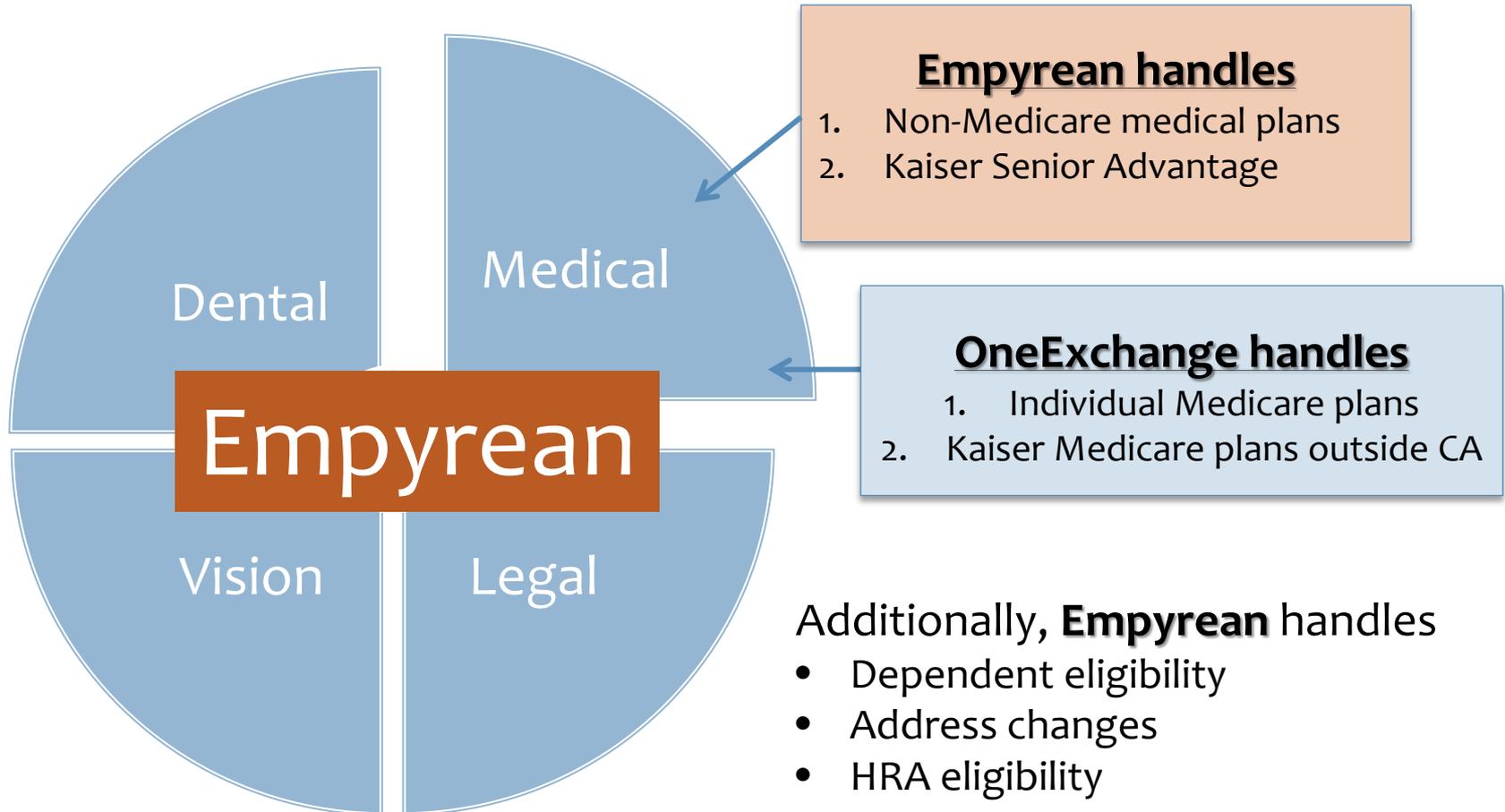
To receive your copies of this newsletter by email rather than post, please send an email to newsletter.oneexchange@towerswatson.com with "Subscribe to Experience Choice" as the subject. Medicare has neither reviewed, nor endorsed, this information.

Experience Choice OneExchange
From Thomas Watson

Helpful Internet Links
 You'll find useful information online by visiting these links.
Contact OneExchange
Medicare.OneExchange.com
Learn about Medicare
Medicare.gov
Search for Medicare insurance options
Medicare.OneExchange.com/search

OneExchange Newsletter for Medicare-eligible Retirees

Who handles your enrollment?



What actions can you take?



- Change to a different medical plan
- Change to a different dental plan (California only)
- Suspend your coverage (opt out)
- Enroll into a plan if you had previously suspended coverage
- Enroll or cancel eligible family members
- Enroll or add dependents into ARAG Legal

If no changes are made during Open Enrollment, you will remain in the same plan.



Who is eligible for coverage?

- Yourself
- Dependents:
 - Spouse or Domestic Partner
 - Children, stepchildren, adopted children, foster children to age 26 and legal wards to age 18
 - Verification of eligibility will be requested when first retired or when adding a new dependent



Review of LLNS Benefits – Dental, Vision & Legal Plan Overview

Dental Plans



■ Delta Dental PPO

- Worldwide coverage (may use any dentist)
- Maximum benefits with PPO Delta Dentists
- \$50 annual deductible
- \$1,700 annual maximum benefit (PPO Dentist)
- \$1,500 annual maximum benefit (other Dentist)

■ DeltaCare USA

- HMO dental plan
- Available in California only
- Must use DeltaCare USA dentists only (except in emergencies)
- No annual maximum benefit or deductible

Difference in Networks:

- *Delta Dental PPO* – allows you to see any licensed dentist
- *DeltaCare USA* – limits access to network dentists only



Vision Plan

- All retirees and dependents are eligible and automatically enrolled
- Discount program if using VSP providers
- To locate VSP providers
 - Visit www.vsp.com
 - Call 1-800-877-7195



VSP Access Plan Discounts

Well Vision Exam

20% off through VSP's national network of doctors

Glasses



20% off complete pair of prescriptions glasses
20% off lens options (e.g. coatings)
20% off prescription sunglasses

Contact Lenses

15% off contact lens services, excluding materials

Laser VisionCare Program

VSP contracted laser centers provide discounts averaging
15% off laser surgery

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



Non-Medicare Medical Plan Overview

Non-Medicare Medical Plans



Kaiser Permanente



Anthem Blue Cross Plans:

- Anthem Blue Cross CORE Value
- Anthem Blue Cross EPO
- Anthem Blue Cross Plus
- Anthem Blue Cross PPO



No plan design change for 2017; rates provided by Empyrean.



Comparing Non-Medicare Medical Plans



Refer to page 20 of the Open Enrollment Guide to compare Non-Medicare plans

2017 Retiree Medical Plan Options Comparison of Benefit Coverages					
	For those not Medicare Eligible				
	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core Value	Anthem Blue Cross EPO Exclusive	Kaiser
Member services	1-866-641-1689	1-866-641-1689	1-866-641-1689	1-866-641-1689	1-800-464-4000
Web site	www.anthem.com/ca/lins/	www.anthem.com/ca/lins/	www.anthem.com/ca/lins/	www.anthem.com/ca/lins/	www.kp.org/lins
Annual deductible: Individual/Family	In Network - \$300 Individual; \$900 Family	In Network - \$500 Individual; \$1,500 Family	\$3,000 Individual; \$6,000 Family; combined in/out-of-network; no coverage paid for any member of a family unless \$3,000 deductible is met	\$0 Individual; \$0 Family	\$0 Individual; \$0 Family
	Out of Network - \$500 Individual; \$1,500 Family	Out of Network - \$1,000 Individual; \$3,000 Family		No coverage Out-of-Network	No coverage Out-of-Network
Coinsurance percentage	In Network - 80% covered until out-of-pocket maximum is met	In Network - 80% covered until out-of-pocket maximum is met	In Network - 80% covered until out-of-pocket maximum is met	90% covered	100% covered
	Out of Network - 60% covered until out-of-pocket maximum is met; subject to Maximum Allowed Amount	Out of Network - 60% covered until out-of-pocket maximum is met; subject to Maximum Allowed Amount	Out of Network - 60% covered until out-of-pocket maximum is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
Out-of-pocket maximum: Individual/Family	In Network - \$2,500 Individual; \$7,500 Family; in & out-of-network maximums are exclusive of each other; includes deductible and copays	In Network - \$3,000 Individual; \$9,000 Family; in & out-of-network maximums are exclusive of each other; includes deductible	In Network - \$5,000 Individual; \$10,000 Family; in & out-of-network maximums are exclusive of each other; includes deductible and Rx maximum allowed amount	\$1,000 Individual; \$3,000 Family; includes copays	\$1,500 Individual; \$3,000 Family; copays included; excluding durable medical equipment, prescription drugs and infertility services
	Out of Network - \$7,000 Individual; \$21,000 Family; in & out-of-network maximums are exclusive of each other; includes deductible and copays	Out of Network - \$6,000 Individual; \$18,000 Family; in & out-of-network maximums are exclusive of each other; includes deductible	Out of Network - \$10,000 Individual; \$20,000 Family; in & out-of-network maximums are exclusive of each other; includes deductible and Rx maximum allowed amount	No coverage Out-of-Network	No coverage Out-of-Network
Ability to self-refer to specialists	Yes	Yes	Yes	Yes	Check with your guidebook to see if your facility has departments that don't require a referral
				No coverage Out-of-Network	No coverage Out-of-Network
Primary doctor office visit	In Network - \$25 copay	In Network - 80% covered after deductible is met	In Network - 80% covered after deductible is met	\$25 copay	\$25 copay
	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
Specialist office visit	In Network - \$35 copay	In Network - 80% covered after deductible is met	In Network - 80% covered after deductible is met	\$35 copay	\$25 copay
	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network

Medicare

Becoming Medicare-eligible



- You can be eligible for Medicare as follows:
 - Normally at age 65
 - Before age 65 if disabled and receiving Social Security disability benefits

- Contact Emphyrean at 1-844-750-5567



■ If Turning age 65

- Are you eligible for Medicare? Contact Social Security Administration (SSA) to find out.
 - If you are currently receiving a Social Security check, you will be automatically enrolled in Part A & B and will be sent an ID card
 - If you are not eligible for Medicare, SSA will provide you with a letter that you will need to send as proof to Empyrean

■ If Due to Disability

- You will be notified by Social Security Administration when you become eligible for SSDI benefits.

Becoming Medicare-eligible (cont.)



■ If Turning age 65

- Three to four months prior to becoming 65, a letter will be sent to you from Empyrean.
 - **Option 1:** Enroll into Kaiser Senior Advantage through Empyrean
 - **Option 2:** Enroll in other individual Medicare supplement plans through OneExchange
 - **Option 3:** Not eligible for Medicare, stay on Non-Medicare plan.
 - **Option 4:** Suspend LLNS coverage and enroll through spouse's plan

Contact Empyrean at (844) 750-5567
to confirm your selection and finalize the event



Coverage for Non-Medicare Dependents



- Non-Medicare dependents will continue in same plan
 - LLNS continues direct contribution to the plan
- If enrolled in Kaiser, members will receive a termination of coverage letter
 - Do not panic – this is just a termination from the old account with the retiree as the primary member
 - Dependents will be set up automatically under new primary member account (usually the spouse or eldest child)
- If enrolled in an Anthem Blue Cross plan, primary member will change to spouse or eldest child



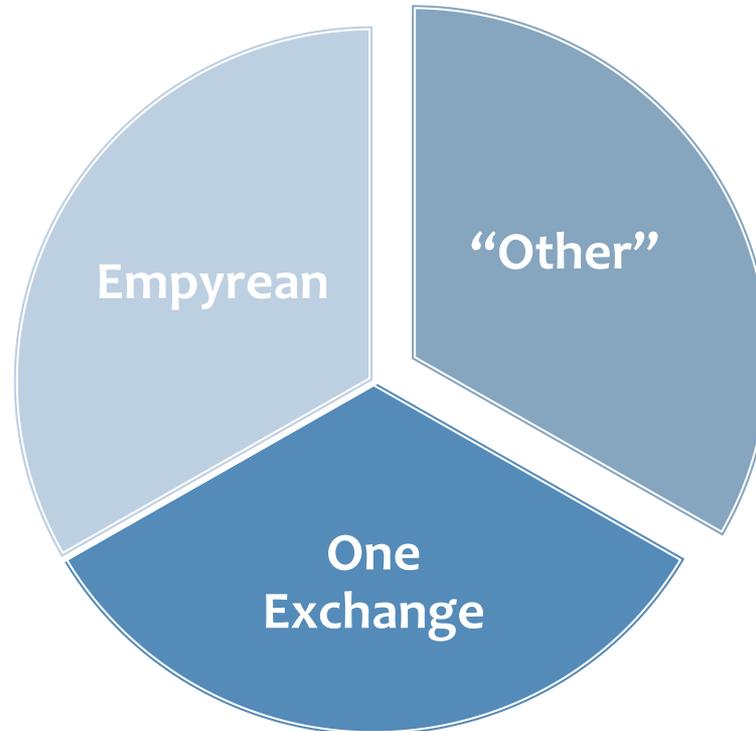
Who handles your Medicare Supplement plan?

Empyrean:

1. Kaiser Senior Advantage
2. If not eligible for Medicare

OneExchange:

1. Individual Medigap plans
2. HRA for Kaiser Senior Advantage outside California



Health Reimbursement Arrangement (HRA)



- Must be enrolled in a Medicare plan through OneExchange or with Kaiser Permanente Senior Advantage
- HRA maximum amount is \$2,450 per Medicare-eligible participant for 2017
- Tax-free employer funded account
- Any unused amount rolls over to the next year



- The HRA monies can be used to reimburse you for eligible health care expenses on a tax-free basis
 - Expenses eligible for reimbursement:
 - Medicare supplemental insurance premiums
 - Prescription Drug plans premiums
 - Deductibles and co-pays
 - Medicare Part B premiums
 - Proof of expense will need to be provided per IRS requirements.
 - May have to file a claim or set up auto-reimbursement



Donut Hole Payment

Medicare Prescription Drug “Coverage Gap”



LLNS provides a separate fund for Prescription Drug gap.

- To be eligible for the “Donut Hole” special payment you must be enrolled in a medical plan through OneExchange
- Each Medicare eligible participant is eligible for this payment
- The gap covers drug costs from \$3,700 to \$4,950
 - Maximum lump sum payment is \$2,475 (50% of the \$4,950), prorated based upon month in which donut hole gap is reached
- Payment is taxable; you will receive a 1099-R

Does not apply to Kaiser Permanente Senior Advantage



Administrative Notes - Billing



Billing by Empyrean

- Billed on the 15th of the month for the following month
- Invoice mailed to address on record
- Amount due by 1st of following month; grace period is end of the following month
- If terminated due to non-payment, all benefits are terminated; cannot re-enroll
- **Recommend:** *Sign up for Direct Debit*

DOC:LLNS-DB-Y--B-



Statement Date: 01/14/2014
 Retiree ID: 000000101
 Invoice ID: Retiree 1
 Page 1 of 1

Joe Test
 2401 Fountain View Drive, Suite 900
 Houston, TX 77057

Summary		Contact	
Statement Date:	01/14/2014	<u>Empyrean-Lawrence Livermore Customer Care Center</u>	
Prior Balance:	\$0.00	Toll Free:	844-750-5567
Payment Received:	\$0.00	Monday - Friday	7:00a-5:00p PT
New Charges:	\$151.36	Website:	www.lnsretireebenefits.com
Amount Due:	\$151.36		
Please Pay By:	01/31/2014		

Prior Balance from Last Invoice on 12/15/2013 \$0.00

New Charges		
Description	Coverage Month	Charge
Benefit - Plan - Option	December	\$64.30
Benefit - Plan - Option	December	\$32.79
Benefit - Plan - Option	December	\$16.21
Benefit with no plan/option	December	\$0.56
Fee Description	December	\$37.50
		\$151.36

You are currently enrolled in the Lawrence Livermore Direct-Debit program. Your account will automatically be charged. To cancel your enrollment in the Direct-Debit program, log on to www.lnsretireebenefits.com.

Administrative Notes – Address Changes



- Who to contact when you change your address:
 1. Pension Administrator
 - a. UC Retirement
 - b. CalPERS
 - c. LLNS Pension Plan
 2. Empyrean
 - a. 1-844-750-5567
 - b. Empyrean will notify the dental, vision, legal plan & OneExchange
 3. Your medical plan



Administrative Notes – Confirmation Statement



- If you make a change ...
 - You will receive a Confirmation Statement from
 - Empyrean
 - OneExchange

- Review it and confirm the information is correct



Contacts



	Organization	Phone Number	Website
	Empyrean	(844) 750-5567	www.llnsretireebenefits.com
	OneExchange	(866) 682-4841	https://medicare.oneexchange.com/llns
	Kaiser HRA Payment Center	(877) 761-3399	www.kp.org/healthpayment
	LLNS Benefits Office	(925) 422-9955	https://benefits.llnl.gov/

Thank you!

Liza Hahlbeck, GBA



