

Lawrence Livermore National Laboratory

Annual Enrollment 2015

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Annual Enrollment FAQs

- Annual Enrollment began on October 20, 2014 and will continue through the end of day on November 14, 2014. The phone lines will close on November 14, 2014 at 6:00pm PST.
- Enrollment worksheets showing all options that are available effective January 1, 2015 were mailed on October 13, 2014
- The Your Benefits Resources™ Customer Service center is open Monday through Friday, from 5:00 a.m. to 6:00 p.m. PST. The phone number to call is 1-866-994-5567. Customer Service can be contacted to:
 - Confirm, change or cancel coverages effective January 1, 2015
 - Confirm plan costs for 2015
 - Request a confirmation of benefits
 - Confirm plan design information
 - Request a Your Benefits Resources™ Web site password
 - Set up direct debit

Extend Health Coverage

- Keep in mind that if you are enrolled with Extend Health, those coverages will not be reflected on the enrollment worksheet that you received or on the website.
- If you are enrolled in coverage through Extend Health, you must contact them to make changes for 2015.

Annual Enrollment Notice

Page 2

	Monthly Price	Annual Price
• Medicare Retiree Medical		
Option 0--No Coverage	\$0.00	\$0.00
Coverage Category 0--No Coverage		
• Retiree Dental		
Option 76--Delta Dental PPO	\$0.00	\$0.00
Coverage Category 1--You Only		

If you are enrolled in coverages through Extend Health, they will not be reflected on this statement.

Web Site Address—www.ybr.com/benefits/Ins

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Print

Log On [Help](#)

User ID

Password¹

[Forgot User ID or Password](#) 

[Are you a new user?](#)

By logging on, you agree to the [Cookie Notice](#) and [Terms of Service](#).

See our [Privacy Statement](#) to learn how we collect, use, and protect your personal information.

¹If you've already created a password through Your Benefits Resources™, enter it here.

[View Mobile Site](#)

Use this site with a screen reader.

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Enter Your Personal Identification

[Help](#)

To access the site without your user ID, you need to confirm your identity.

Last 4 Digits of SSN

(Enter the last 4 characters)

Birth Date

(mm-dd-yyyy)

[Continue](#)

[Cancel](#)

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Communication Preference



Before You Begin... Go Paperless to Get Information Quickly

Why choose electronic delivery?

You'll quickly receive benefits information through your preferred email account. Email notifications may direct you to this site or this site's [Secure Mailbox](#).

What will I receive?

- Updates about benefit changes
- Confirmations and notifications
- Online access to important plan information and account statements¹

[Learn more](#) about the types of communication you'll receive.

What if I change my mind?

If you choose to receive information electronically and later need to get paper copies, you can always change your delivery preferences. Go to the Personal Information page under Your Profile. Paper copies sent by postal mail are also available at any time. All of this is available at no cost to you.



How do you want benefits information delivered?

Electronically Sent to your preferred email address.²

Or

Postal Mail Sent to your preferred mailing address.

Action Needed—Make Your Annual Enrollment Choices

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Welcome,

Action Needed!
 Make Your Annual Enrollment Choices [Enroll](#)

Find out more about how your benefits work by reading your [Plan Documents](#)



Enroll in Your Benefits
 To choose the benefits that meet you and your family's needs, you must enroll by the deadline date.

[Enroll Now](#)

▶ 1 2 3

At a Glance [More](#)

Billing Information

Next Payment Due

Payment Due	11-01-2014
Amount Due	****

Payment History [Details](#)

Last Payment	02-03-2014
Last Amount Received	****

Pay Bills With Direct Debit [Sign Up](#)

Sign up for direct debit so you won't forget to pay your bill.

At a Glance [More](#)

Health and Insurance

Plans (as of 10-26-2014)

Non-Medicare Retiree Medical Details	Kaiser N. California HMO
Medicare Retiree Medical Details	Kaiser N. CA Medicare HMO Senior Advantage
Dental Details	Delta Dental PPO

Enroll Now!

Steps 1 through 4 will provide you information on your benefits for the 2015 plan year.

Once you have reviewed this information, click Enroll Now! to view your enrollment choices and submit your elections.



Annual Enrollment Deadline November 14

Related Info

[Coverage as of Today for You and Your Dependents](#)



Before You Enroll in Your Benefits

- 1 Add Your Dependent
- 2 Review Your Healthcare Costs
- 3 Compare Plan Details
- 4 Find a Provider
- 5 Enroll in Your Benefits**

Enroll Now! (View Coverage/Make Changes)

You have 26 more days to view your coverage and make changes.

Enrollment Completed Successfully!

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Completed Successfully!

Your enrollment has been completed successfully. You can change these choices any time until 11-14-2014, when enrollment ends.

Your confirmation number is **131543339**. This serves as confirmation that your enrollment is complete. No further action is needed at this time.

What Happens Next

- You should [Print this page](#) for future reference. If you're unable to print this page, you may request a paper confirmation by calling the Your Benefits Resources Customer Service Center.
- If you enrolled a dependent(s) for the first time, coverage will remain pending until you provide the required documentation. Acceptable documentation must be submitted with the Dependent Certification Notice you received by mail within 31 days. If you're adding a dependent outside of annual enrollment, you can print the Dependent Certification Notice under the Action Needed section of the home page.
- If you'll be billed for your benefits, see [Important Dates in Your Billing Cycle](#).
- You should receive an ID card from your plan around 01-01-2015. However, there are some situations when you won't receive an ID card. If you require medical services after 01-01-2015 and you haven't received your card, call your plan or see [Health Plan ID Cards](#) to learn what to do.

Enrolling a New Dependent in Coverage for your new plan year?

If you enrolled a new dependent during Annual Enrollment, your Dependent Certification Notice will be mailed to you a few days after the end of your communicated enrollment deadline. You will have 31 days after the date on the notice to provide documentation. You can also print the Dependent Certification Notice online 3 days after your communicated enrollment period ends.

Setting Up Direct Debit—Billing and Payments

The screenshot displays the AON Hewitt benefits portal interface. At the top, a navigation bar includes links for 'Your Profile', 'Secure Mailbox', 'Feedback', 'Contact Us', and 'Log Off'. Below this, the header features the text 'your benefitsresources™' and the Lawrence Livermore National Laboratory logo. A main navigation bar contains 'Home', 'Health and Insurance', 'Life Events', 'Other Benefits', and 'Knowledge Center', along with a 'Print' icon. The 'Health and Insurance' dropdown menu is open, showing three columns: 'TAKE ACTION' (with 'Billing and Payments' highlighted), 'OVERVIEW', and 'PLAN DETAILS'. The 'Enroll' button is visible in the background content area.

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Home Health and Insurance Life Events Other Benefits Knowledge Center Print

TAKE ACTION

- Enroll in Your Benefits
- Billing and Payments**
- Change Coverage
- Find a Doctor

OVERVIEW

- Health and Insurance Summary
- Current Coverage
- Insurance and Other Benefits
- Plan Information
- Other Sites
- Forms and Materials
- Recent Requests

PLAN DETAILS

- Medicare Retiree Medical
- Non-Medicare Retiree Medical
- Dental

Enroll

Find out more about how your benefits work by reading your Plan Documents

Enroll Now

1 2 3

Direct Debit—Take Action

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Paying for Your Benefits

Billing Information | [Billing Rates](#) | [Payment History](#) | [Deductions](#)

Take Action 
Choose Your Ongoing Payment Method

Direct Debit—Choose Your Ongoing Payment Method

Your Profile | Secure Mailbox | Feedback | Contact Us | Log Off

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Home | **Health and Insurance** ▾ | Life Events ▾ | Other Benefits ▾ | Knowledge Center ▾ |  Print

Choose Your Ongoing Payment Method

Direct debit
Have your payment automatically deducted from your bank account.
Note: If you choose direct debit, you are confirming that you will not be using a bank or financial agency located outside the United States to fund your total direct debit payments. If you cannot confirm this, then choose Bill Me.

Bill me
Receive bills and return payments by mail. ¹

¹We'll use your mailing address on file.

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? Answer Center

- Convenient Payment Options
- How To Pay For Your Benefits
- Important Dates in Your Billing Cycle

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Direct Debit—Payment Timing

Direct Debit must be elected prior to the 10th of the current month for the withdrawal to be taken on the first of the next month.

Automatic Direct Debit Payments

Have your payment automatically deducted from your checking or savings account each month with direct debit.

All future payments will be taken from your account on the 1st of the month. If the 1st of the month falls on a weekend or bank holiday, the withdrawal occurs the next business day.

You'll no longer receive bills by mail after choosing the free direct debit payment option. Your bank statement is a record of your payment. If your payment amount changes, you'll receive a notice at least 10 days before the next scheduled payment.

Automatic Payments

January	February	March
1/10 February amount determined	2/1 February payment made based on 1/10 amount	2/10 March amount determined
		3/1 March payment made based on 2/10 amount

Bill Me—Choose Your Ongoing Payment Method

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Choose Your Ongoing Payment Method

- Direct debit**
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Answer Center

- [Convenient Payment Options](#)
- [How To Pay For Your Benefits](#)
- [Important Dates in Your Billing Cycle](#)

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Bill Me—Payment Timing

Important Dates in Your Billing Cycle

Knowing key dates of your benefits billing cycle will help you understand what to expect when you're paying for your benefits.

Here's a sample billing time line for 2 months. The timing varies based on how you pay for your benefits. As the time line illustrates, you're billed in advance:

Automatic Payments

January		February		March
1/10	February amount determined	2/1	2/10	3/1
		February payment made based on 1/10 amount	March amount determined	March payment made based on 2/10 amount

Bill

January		February			March
1/10	1/15	2/1	2/10	2/15	3/1
February bill created	February bill mailed	February bill due	March bill created	March bill mailed	March bill due

1. When will I receive my bill?

Your bill is mailed near the 15th of each month. You should allow an additional 1 to 3 business days for postal delivery.

2. When is my payment due?

It must be received by the 1st of the month.

3. When will my amount be determined?

Your amount is determined on the 10th of the month. Any changes after that date will be reflected on your next bill.

Bill Me—Payment Timing - FAQs

1. I received my January 1, 2015 bill at the end of December. When will I have access to my 2015 HRA funds?

Your 2015 HRA monies will be available on January 1, 2015. You can contact Kaiser HRA Payment Center to submit a payment for one month or up to the full year of premiums. You will need to provide them with the information on the billing notice that you received from YBR.

2. I submitted an HRA claim with Kaiser HRA Payment Center. How often does Kaiser HRA Payment Center process payment?

Kaiser HRA Payment Center processes payments every evening, so payment should be sent within 24-48 hours.

3. I received my February bill from YBR and it says I will be dropped if I do not make my payment by February 1st.

There is additional time at the beginning of the year for retirees to submit their payment. Please make your payment as soon as possible whether out of pocket or using the HRA funds. If you pay out-of-pocket, you will be able to submit that payment to be reimbursed from your HRA funds.

After Annual Enrollment

Once Annual Enrollment has ended, there may be reasons you may still need to contact the Your Benefits Resources™ Customer Service center. Some of those reasons are:

- Set up or cancel direct debit
- Confirm receipt of payment
- Request a confirmation of benefits
- Advocacy assistance
- Add coverage for you and/or a dependent who may have become eligible for benefits within the previous 31 days
- Drop coverage for you and/or a dependent who may no longer want or be eligible for benefits
- Notify Your Benefits Resources™ if you or a covered dependent have become Medicare Eligible prior to turning 65

Other Benefits

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Personal Advocacy

Welcome,

Action Needed!
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Find out more about how your benefits work by reading your [Plan Documents](#)

 **Enroll in Your Benefits**
To choose the benefits that meet you and your family's needs, you must enroll by the deadline date.
[Enroll Now](#)



Personal Advocacy

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Other Benefits Overview

Besides health care, insurance and retirement benefits, LLNS LLC offers you other programs and services that can make life a little easier.



Personal Advocacy

Get help resolving conflicts and unresolved claims issues you may have with your medical, dental, vision or Flexible Spending Account carriers. For more information please call the [Advocacy Website](#).

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Advocacy Services



Advocacy Services | Real People. Real

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What We Do

Success Stories

Get Help

Employer

Need Real Help?

Aon Hewitt's Advocates are **real** people who make a **real** difference in your life. Our Advocates provide peace of mind, education, moral support, and issue resolution for employees, retirees, and their families who are struggling with complicated benefits questions.

Our Advocates help you overcome difficult medical and health insurance issues so you have time to focus on recovery and healthy living. They work with your insurance provider, physicians, and whomever it takes to reach the quickest possible resolution.

Our Advocates have been called "guardian angels" because they are persistent, professionally experienced, compassionate, and focused on helping you! They are dedicated to resolving your benefits challenges and ensuring you have a voice and a helping hand.

Welcome

Aon Hewitt Advocacy Services provides peace of mind, moral support, education, and issue resolution for employees, retirees, and their families struggling with complicated medical and benefits questions.



What to Do If...

In the News

[You have questions about a bill or statement ►](#)

[You need to locate a provider in your plan ►](#)

[You don't understand a diagnosis ►](#)

[You need a second opinion ►](#)

[You have a question/concern and don't know where to turn ►](#)

[You don't understand how your benefits work ►](#)

[You want to prepare for a visit with your health care provider ►](#)

[You have a question about medication options, treatment options, or tests ►](#)

Complete Request and Submit

Get Help

If your employer has contracted with Aon Hewitt for Advocacy Services, just complete the following to get **real help** from an Aon Hewitt Advocate.

Once you complete all required fields and click **Send**, an Advocate will confirm your eligibility and contact you within 24 to 48 hours to start the process. It's that easy!

We look forward to helping you resolve your challenging situation!

Name*

Email address*

Phone number*

Address*

City*

State*

ZIP code*

Employer*

Company name, if different

Description of issue*

Don't Wait, Act Now

You're just a click (or phone call) away from answers to questions that distract you during the day and keep you awake at night.



"I Got Help"

In The News

"You will never know how much my family and I appreciate the service and relief you have given us. In 2010, I was looking at a bill of almost **\$9,000**. My Advocate worked tirelessly and passionately for a year to get this resolved with a final amount due of **\$246.77!**"



[Read More ►](#)

Participant Advocacy

How Can I Reach the Advocate Team?

Call the Lawrence Livermore National Laboratory Customer Service Center at 866-994-5567 to speak with a Customer Service Representative.

Before you request assistance from the Advocacy Team, **you must make at least one attempt to resolve the issue directly with your health plan.** This attempt should not be in writing. If your issue is still unresolved after you've discussed it with the health plan's customer service, call the Advocacy team. If you contact the Advocacy team before talking to your health plan, you may be directed to contact your health plan.

A representative will review the issue to determine next steps. If the issue requires Advocacy assistance, an advocate will be assigned to your issue and research the issue through resolution.

Lawrence Livermore National Laboratory encourages you to take advantage of this service.