Empyrean – Lawrence Livermore

October 2015

LAWRENCE LIVERMORE NATIONAL SECURITY LLC

EMPYREAN

AGENDA

Empyrean Overview

Annual Enrollment Process

Billing / Invoice Information

Medicare Information

LAWRENCE LIVERMORE NATIONAL SECURITY LLC

EMPYREAN
HI-TOUCH BENEFITS ADMINISTRATION

Who is Empyrean?

ABOUT EMPYREAN

Empyrean offers a full range of benefits administration capabilities with the ability to conform to our clients' unique needs.

WHO WE ARE

Provide and develop technology and people associated with managing health & welfare benefits programs

WHAT WE DO

Develop innovative, integrated health & welfare benefits software and services solutions for direct employers, brokers, carriers and exchanges

Additional Facts

- 300+ employers served
- 2,000,000+ plan participants
- Clients ranging from 50 to 45,000+ participants
- Highly reference-able client base
- Consistent, stable growth since inception
- 500 total employees

Open Enrollment

What to expect

www.llnsretireebenefits.com

Open Enrollment Details

- Open Enrollment dates: October 19 – November 13
- 2016 OE Benefits Guide mailed on October 5th
- Enrollment Worksheets mailed week of October 15th
  - Provides details about benefit elections
- Confirmation statements will be sent to those that make changes the week of November 16th

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HI-TOUCH BENEFITS ADMINISTRATION

www.llnsretireebenefits.com

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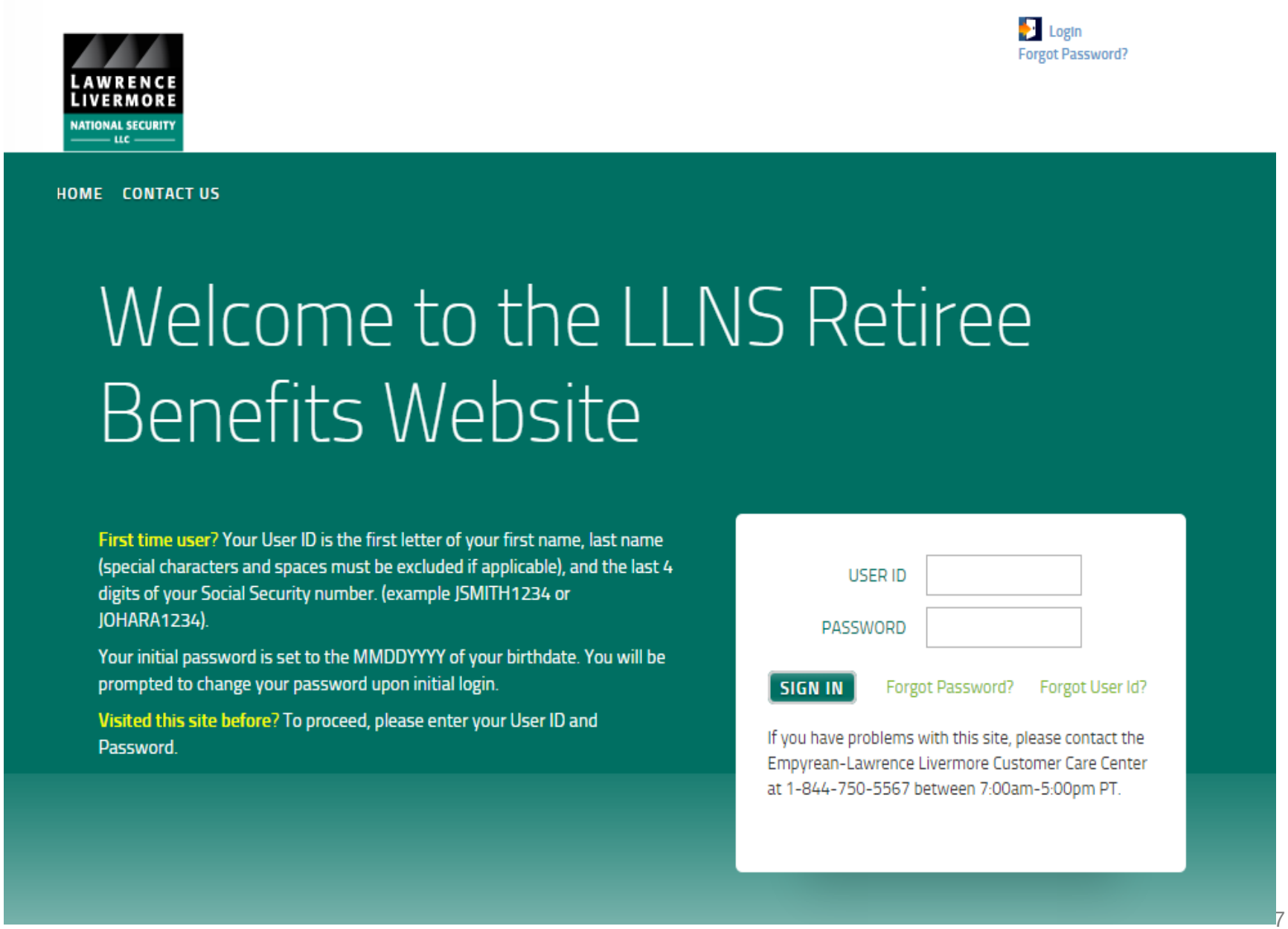
Benefits Website Login Page

- ✓ Userid =first letter of first name, last name (no special characters) and last 4 digits of SSN
- ✓ Initial password = MMDDYYYY of your birthday
- ✓ Change password on initial logon
- ✓ Set up of security questions
- ✓ Forget password link



www.llnsretireebenefits.com

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CHAT NOW

Welcome [redacted] Logout
Last Login: Oct 1 2015 11:06AM

MY BENEFITS MY ACCOUNT BILLING RESOURCES CONTACT US COMMUNICATIONS

Welcome to the Empyrean Lawrence Livermore Retiree Benefits Website!

Open Enrollment

View Your Current Benefits

Change Your Current Benefits

Review Your Benefit History

WELCOME

On this website you will manage your retiree benefits

MY NOTIFICATIONS

Open Enrollment

Complete your pending Open Enrollment event.

www.llnsretireebenefits.com

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MY BENEFITS | MY ACCOUNT | BILLING | RESOURCES | CONTACT US | COMMUNICATIONS

Open Enrollment
January 1, 2016

REQUIRED DOCUMENTS | REVIEW PERSONAL INFORMATION | Review Dependent Information | Review Elections | Final Review | Confirmation

Your Cost: $ [redacted]
Monthly

VIEW PER-YEAR COSTS

My Personal Information

Review your current information. If there is any inaccurate information below that you cannot edit, please contact the Empyrean Lawrence Livermore Customer Care Center at 1-844-750-5567.

My Information

FIRST NAME [redacted]
LAST NAME [redacted]
DATE OF BIRTH [redacted]
EMAIL ADDRESS [redacted]
MARITAL STATUS

My Address

ADDRESS 1 [redacted]
ADDRESS 2
CITY [redacted]
STATE CA
ZIP CODE 94506
COUNTRY United States of Amer
MOBILE TELEPHONE [redacted]
HOME TELEPHONE

www.llnsretireebenefits.com

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My Additional Info

PREFERRED PHONE: Mobile

BEST TIME TO CONTACT: Afternoon

DO YOU PREFER ELECTRONIC COMMUNICATION? *: Yes

ONEEXCHANGE COVERAGE INDICATOR

BAD ADDRESS INDICATOR

PREVIOUS

NEXT

www.llnsretireebenefits.com

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Open Enrollment
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REQUIRED DOCUMENTS | REVIEW PERSONAL INFORMATION | REVIEW DEPENDENT INFORMATION | Review Elections | Final Review | Confirmation

Your Cost: [redacted] / Monthly

VIEW PER-YEAR COSTS

View Dependents

ADD NEW DEPENDENT

My Dependents

Edit	Name	Address	Birthdate	SSN	Gender	Relationship	Verified
	[redacted]	[redacted]	[redacted]	[redacted]	Female	Spouse	Yes
	[redacted]	[redacted]	[redacted]	[redacted]	Male	Child	Yes
	[redacted]	[redacted]	[redacted]	[redacted]	Male	Child	Yes

Dependent Coverage

Dependent Name	Covered Under These Benefits
[redacted]	Retiree Medical - Non Medicare Eligible
	Dental
	Vision

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Open Enrollment
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Your Cost: [redacted] / Monthly

VIEW PER-YEAR COSTS

Select Your Benefits

Click the **Plan Name** under **My Benefits** to view dependents covered and other additional information.
Click **Change** to edit your election.

My Benefits

- Retiree Medical - Non Medicare Eligible
- Dental
- Vision
- Legal

My Total Cost for all Plans

	Per Month	Per Year
Total Post-Tax Deductions	[redacted]	
Total Cost of Benefits		

Retiree Medical - Non Medicare Eligible

CHANGE

What's my plan?

Plan	Anthem Blue Cross PPO
Selected for	You + Family
Your cost per month is	[redacted]

Who's Covered?

Dependents	[redacted]

Comments

Question regarding your Anthem Blue Cross coverage

www.llnsretireebenefits.com

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Your Cost: $ [redacted] / Monthly

VIEW PER-YEAR COSTS

YOUR CURRENT BENEFIT PLAN:
Anthem Blue Cross PPO

SELECTED FOR:
You + Family

Retiree Medical - Non Medicare Eligible Benefit Options

Review the Retiree Medical - Non Medicare Eligible plans you're eligible for based on your primary residence address.

Coverage Options

Select	Plan Name	You Only	You + Spouse/DP	You + Child(ren)	You + Family	Compare
○	KAISER PERMANENTE NORTH CA	$81.00	$169.00	$145.00	$234.00	☐
◉	ANTHEM BLUE CROSS PPO	$344.00	$722.00	$619.00	$997.00	☐
○	ANTHEM BLUE CROSS EPO	$283.00	$595.00	$510.00	$822.00	☐
○	ANTHEM BLUE CROSS CORE VALUE	$71.00	$150.00	$129.00	$207.00	☐
○	ANTHEM BLUE CROSS PLUS	$546.00	$1,147.00	$983.00	$1,584.00	☐
○	SUSPEND	N/A	N/A	N/A	N/A	

COMPARE

www.llnsretireebenefits.com

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Plan Comparison

Here are the plans you selected in a feature comparison.

Plan Details

Feature	Anthem Blue Cross PPO	Anthem Blue Cross EPO	Anthem Blue Cross Core Value
Coinsurance	In-Network: 80% until out-of-pocket maximum is met Out-of-Network: 60% covered until out-of-pocket maximum is met; subject to C&R limits	In-Network: 90% Out-of-Network: N/A	In-Network: 80% until out-of-pocket maximum is met Out-of-Network: 60% covered until out-of-pocket maximum is met; subject to C&R limits
Preventive Care	In-Network: 100% (no copay or deductible) Out-of-Network: 100% (no deductible)	In-Network: 100% (no copay or deductible) Out-of-Network: 100% (no deductible)	In-Network: 100% (no copay or deductible) Out-of-Network: 100% (no deductible)
Deductible (Ind/Fam)	In-Network: $500 Individual/$1,500 Family Out-of-Network: $1,000 Individual/$3,000 Family	In-Network: $0 Individual/$0 Family Out-of-Network: No Out-of-Network coverage	In-Network: $3,500 Individual/$6,000 Family; combined in/out-of-network; $6,000 deductible is met Out-of-Network: $3,500 Individual/$6,000 Family; combined in/out-of-network;

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Open Enrollment
January 1, 2016

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Your Cost: [redacted]
Monthly

VIEW PER-YEAR COSTS

Eligible Dependents

Mark the checkbox next to each dependent that you want covered under this plan.

Cover Dependents

Select	Name	Relationship
☑	[redacted]	Child
☑	[redacted]	Spouse

PREVIOUS | NEXT

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MY BENEFITS | MY ACCOUNT | BILLING | RESOURCES | CONTACT US | COMMUNICATIONS

Open Enrollment
January 1, 2016

REQUIRED DOCUMENTS | REVIEW PERSONAL INFORMATION | REVIEW DEPENDENT INFORMATION | REVIEW ELECTIONS | FINAL REVIEW | Confirmation

Your Cost: [redacted] / Monthly

VIEW PER-YEAR COSTS

Review Elections

Please take a moment to review all of your benefit selections to ensure they are correct.
Click **Edit** next to any benefit that you wish to change. If you have no further edits, click the **Save Elections** button.

Your Benefit Selections

Benefit	Plan	Selected For	Cost Per Month	Edit
Retiree Medical - Non Medicare Eligible	Anthem Blue Cross PPO	You + Family	[redacted]	
Dental	Delta Dental PPO	You + Family	$0.00	
Vision	VSP Discount Program	You + Family	$0.00	
Legal	No Coverage	No Coverage	$0.00	

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My Total Cost for all Plans

	Per Month	Per Year
Total Post-Tax Deductions		
Total Cost of Benefits		

Payment Information

Payment Type: Checking

Bank Name: US Bank

Acct Number: ****

Dependent Coverage

Dependent Name	Covered Under These Benefits	Relationship	Date Of Birth
	Retiree Medical - Non Medicare Eligible	Spouse	
	Dental	Spouse	
	Vision	Spouse	
	Retiree Medical - Non Medicare Eligible	Child	
	Dental	Child	
	Vision	Child	

NOTE: Dependents covered under the Legal Plan will not be displayed in the Dependent Coverage table.

Confirmation – Web

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MY BENEFITS | MY ACCOUNT | BILLING | RESOURCES | CONTACT US | COMMUNICATIONS

Open Enrollment
January 1, 2016

REQUIRED DOCUMENTS | REVIEW PERSONAL INFORMATION | REVIEW DEPENDENT INFORMATION | REVIEW ELECTIONS | FINAL REVIEW | CONFIRMATION

Your Cost: [redacted]
Monthly

VIEW PER-YEAR COSTS

Confirmation

Thank you for submitting your benefit elections.
Your confirmation number is **353412178**.
Please print this summary sheet for your records.

Your Entries

Confirmation #: 353412178
Date: Thu, 1 Oct 2015 13:33:53 CDT
Name: [redacted]
Participant Id: [redacted]
Event: Open Enrollment
Event Date: 01/01/2016

HOME

PRINT THIS PAGE

Your Benefit Selections

	Plan	Selected For	My Cost	Effective Date
Retiree Medical - Non Medicare Eligible:	Anthem Blue Cross PPO	You + Family	$[redacted]	01/01/2015
Dental:	Delta Dental PPO	You + Family	$0.00	01/01/2015
Vision:	VSP Discount Program	You + Family	$0.00	01/01/2015
Legal:	No Coverage	No Coverage	$0.00	03/01/2015

Confirmation – Paper

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Empyrean - Lawrence Livermore Customer Care Center
www.llnsretireebenefits.com
844-750-5567
Hours of Operation: 7:00am -5:00pm PT , Monday through Friday

LIVERMORE, CA 94550

2016 Confirmation Statement

This statement documents your benefit elections. Please review this statement carefully. If you have any questions or encounter a mid-year qualifying event, please contact the Empyrean Lawrence Livermore Custom Care Center at 844-750-5567.

Things to know:

- **All changes will take effect January 1, 2016.**
- **Have you considered Direct Debit?**
  - The Benefits of Direct Debit
    - Easy to set up
    - Peace of mind knowing your bills are being paid automatically
    - No more missed or late payments
    - Secure
    - Saves time
- Call the Empyrean Lawrence Livermore Customer Care Center at 844-750-5567 to request a form, or go online at www.llnsretireebenefits.com to enter your information.
- Deductions are made around the first business day of the month.
- **First Billing Notice for 2016 will be mailed the week of December 15, 2015.**

Remember: Please contact Empyrean-Lawrence Livermore Customer Care Center **if you change your address**. Informing your pension plan administrator does not guarantee that LLNS will be informed of your address change.

Your covered Dependent(s) as of: 01/01/2016

Name	Relationship	Gender	SSN	DOB	Medical	Dental	Vision	Legal
	Child	M			Y	Y	Y	N

Invoices / Billing

Billing

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MY BENEFITS MY ACCOUNT BILLING RESOURCES CONTACT US COMMUNICATIONS

Account Overview

On this page, you will find all of the information required to review your billing.

Payment Details

MANAGE/SELECT PAYMENT METHOD

Your Accounts

Account Type	Statement Date	Statement Balance	Due Date	Current Balance	
Retiree	09/15/2015	[redacted]	10/01/2015	[redacted]	Details

Payment Methods

MY BENEFITS MY ACCOUNT BILLING RESOURCES CONTACT US COMMUNICATIONS

Payment Methods

From here you can manage/select the payment method.

ADD AN ACH ACCOUNT

I want to make payments by mail.

Bank Accounts

Active Account	Activation Status	Account Type	Name on Account	Account Number	Bank Name	Delete?
◉		Checking	[redacted]	Ending in [redacted]	US Bank	

RETURN SAVE

Set Up Direct Debit

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MY BENEFITS MY ACCOUNT BILLING RESOURCES CONTACT US COMMUNICATIONS

Add a New Account.

Enter your bank account information below.
This information is stored in strict confidence.
All fields are required.

Direct Debit is processed the first business day of the month but it may take 1 to 3 additional business days for your bank to process the transaction.

* BANK NAME:

* ACCOUNT TYPE: Savings

* NAME ON ACCOUNT:

* ACCOUNT NUMBER:

* RE-ENTER ACCOUNT NUMBER:

* ROUTING NUMBER:

* RE-ENTER ROUTING NUMBER:

☐ I AGREE TO ALLOW EMPYREAN BENEFIT SOLUTIONS TO DEBIT MONEY FROM THE BANK ACCOUNT LISTED ABOVE. I VERIFY THAT I AM THE OWNER OF THIS ACCOUNT AND HAVE LEGAL RIGHTS TO ENTER INTO THIS AGREEMENT.

Billing Details

MY BENEFITS MY ACCOUNT BILLING RESOURCES CONTACT US COMMUNICATIONS

Billing

We've updated this page to make it more user-friendly.

Statement Details

Invoice Date	09/15/2015
Account Balance	$0.00
Due By	10/01/2015

View Current Invoice

PDF Print HTML/On-Screen

Invoices prior to mm/dd/yyyy are not available. To view transaction history prior to mm/dd/yyy, click on the reports below, or contact the service center at 1-888-555-5555.

Account History

Date	Activity	Payment Method	Amount
09/15/2015	Invoice		$997.00
09/01/2015	Payment	ACH	[redacted]
08/15/2015	Invoice		[redacted]
08/03/2015	Payment	ACH	[redacted]
07/15/2015	Invoice		[redacted]

Invoice

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LAWRENCE LIVERMORE NATIONAL SECURITY LLC

[redacted]

Statement Date: 09/15/2015
Retiree ID: [redacted]
Invoice ID: Retiree 7

Summary	
Statement Date:	**09/15/2015**
Prior Balance:	**$997.00**
Payment Received:	**$-997.00**
New Charges:	**$997.00**
Amount Due:	**$997.00**
Please Pay By:	**10/01/2015**

Contact

Empyrean-Lawrence Livermore Customer Care Center

Toll Free:	**844-750-5567**
Monday - Friday	**7:00a-5:00p PT**
Website:	**www.llnsretireebenefits.com**

Prior Balance from Last Invoice on 08/15/2015 **$997.00**

Payments Received

Date	Type	Amount
09/01/2015		$-997.00
		$-997.00

New Charges

Description	Coverage Month	Charge
Retiree Medical - Non Medicare Eligible - Anthem Blue Cross PPO - You + Family	October	$997.00
Dental - Delta Dental PPO - You + Family	October	$0.00
Vision - VSP Discount Program - You + Family	October	$0.00
		$997.00

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.llnsretireebenefits.com.

If you are sending a payment by mail, please include this bottom portion. Be sure that you include your Retiree ID and Name on the check.

Retiree ID: [redacted]
Name:

Statement Date:	**09/15/2015**
Amount Due:	**$997.00**
Please Pay By:	**10/01/2015**

Amount Enclosed:

Do not pay. Your account will automatically be drafted on 10/01/2015.

Upcoming Billing Changes

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- Electronic Invoices: starting with the billing cycle in November (for December charges), all participants enrolled in Direct Debit will no longer receive paper invoices. All invoices will continue to be available on the web for review.

- If using HRA funds to pay premiums: beginning 1/1/2016 payments issued from Kaiser HRA Payment Center for medical premiums will be sent to Empyrean on a monthly basis. You will be responsible for non-Medicare medical, dental and legal premiums.

- January Direct Debit for KPSA members using HRA funds to pay premium will be delayed. The first debit will occur 2/1/16 in order for initial HRA payments to be credited to the account.

Medicare Information

Becoming Medicare Eligible

- Employee / Spouse / Dependents: Empyrean will mail Medicare packet 90 days before 65th birthday
- Must contact Empyrean (web or via phone 1-844-750-5567) to either elect Kaiser Permanente Senior Advantage (KPSA) OR suspend to enroll through One Exchange
- If you are within the Kaiser service area and enroll in KPSA: you MUST complete the Group enrollment form and send to Kaiser for approval. Empyrean will pend your Medicare election until approval has been received from Kaiser.

Empyrean Lawrence Livermore Customer Care Center

PO Box 2307
Bellaire, TX 77402

(844) 750-5567

LLNS Payment Center

PO Box 306262
Nashville, TN 37230-6262

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