



We are writing to inform you about changes to the **Sandia 2024 Retiree Open Enrollment Guide** mailed to you earlier this year. The updated version of the guide can be found at **my.viabenefits.com/sandia** and **sandiaretireebenefits.com** websites.

This letter includes a summary of the changes; if you choose, you can add this letter to the guide you received earlier this year.

If you have any questions regarding the information in your guide, please contact Via Benefits at 1-888-598-7809.

Sincerely,
Via Benefits, the Benefits Administrator for Sandia National Laboratories

SUMMARY OF CHANGES

| PAGE | CHANGE |
|--------------|---|
| Inside Cover | The website for PayFlex has been updated to openenrollment.payflex.com/payflex/Sandia-HRA-Retirees |
| Introduction | Removed Important Notice paragraph related to the Your Spending Arrangement (YSA) no longer being available as of January 1, 2024. |
| 2 | Under Medicare Plans, we removed the statement related to the YSA. |
| 37 | Removed asterisk and asterisk information related to the YSA. |

| PAGE | CHANGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-----------------------------|--|---|---|--|--------|------------|---------------|------------|---------|---|---------|-------------|--------------|------------|----------|---|----------|--|---------------|-------------|----------|--------------|----------|------------|--------------|----------|----------|---|--|--|---------------|---------|---------|--------------|---------|----------|--------------|----------|----------|
| 50 | <p>Added a column to the table for Surviving Spouses of Employees Who Retired Before Jan. 1, 2012 to show costs for Surviving Spouses of Employees with less than 15 years of service.</p> <p>Surviving Spouses of Employees Who Retired <u>Before</u> Jan. 1, 2012</p> <table><tr><th colspan="3">Your Monthly Premium Amount</th></tr><tr><th></th><th>Surviving Spouses of Employees with 15 or More Years of Service</th><th>Surviving Spouses of Employees with Less Than 15 Years of Service</th></tr><tr><td colspan="3">UnitedHealthcare Group Medicare Advantage PPO</td></tr><tr><td>Survivor only</td><td>\$39.82</td><td>\$79.64</td></tr><tr><td>Survivor + 1</td><td>\$79.64</td><td>\$159.28</td></tr><tr><td>Survivor + 2</td><td>\$119.46</td><td>\$238.92</td></tr><tr><td colspan="3">Kaiser Senior Group Advantage HMO Plan</td></tr><tr><td>Survivor only</td><td>\$194.05</td><td>\$277.22</td></tr><tr><td>Survivor + 1</td><td>\$388.10</td><td>\$554.44</td></tr><tr><td>Survivor + 2</td><td>\$582.15</td><td>\$831.66</td></tr><tr><td colspan="3">Humana Group Medicare Advantage HMO Plan</td></tr><tr><td>Survivor only</td><td>\$39.82</td><td>\$79.64</td></tr><tr><td>Survivor + 1</td><td>\$79.64</td><td>\$159.28</td></tr><tr><td>Survivor + 2</td><td>\$119.46</td><td>\$238.92</td></tr></table> | Your Monthly Premium Amount | | | | Surviving Spouses of Employees with 15 or More Years of Service | Surviving Spouses of Employees with Less Than 15 Years of Service | UnitedHealthcare Group Medicare Advantage PPO | | | Survivor only | \$39.82 | \$79.64 | Survivor + 1 | \$79.64 | \$159.28 | Survivor + 2 | \$119.46 | \$238.92 | Kaiser Senior Group Advantage HMO Plan | | | Survivor only | \$194.05 | \$277.22 | Survivor + 1 | \$388.10 | \$554.44 | Survivor + 2 | \$582.15 | \$831.66 | Humana Group Medicare Advantage HMO Plan | | | Survivor only | \$39.82 | \$79.64 | Survivor + 1 | \$79.64 | \$159.28 | Survivor + 2 | \$119.46 | \$238.92 |
| Your Monthly Premium Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Surviving Spouses of Employees with 15 or More Years of Service | Surviving Spouses of Employees with Less Than 15 Years of Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UnitedHealthcare Group Medicare Advantage PPO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Survivor only | \$39.82 | \$79.64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Survivor + 1 | \$79.64 | \$159.28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Survivor + 2 | \$119.46 | \$238.92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kaiser Senior Group Advantage HMO Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Survivor only | \$194.05 | \$277.22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Survivor + 1 | \$388.10 | \$554.44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Survivor + 2 | \$582.15 | \$831.66 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Humana Group Medicare Advantage HMO Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Survivor only | \$39.82 | \$79.64 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Survivor + 1 | \$79.64 | \$159.28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Survivor + 2 | \$119.46 | \$238.92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 53 | <p>Added table for LTD Terminees after 12/31/1994 but before 1/1/2003.</p> <p>Employees Who Became an LTD Terminee <u>After</u> Dec. 31, 1994, and <u>Before</u> Jan. 1, 2003</p> <table><tr><th colspan="2">Your Monthly Premium Amount</th></tr><tr><th colspan="2">Premium Share for Employees</th></tr><tr><td colspan="2">UnitedHealthcare Group Medicare Advantage PPO Plan</td></tr><tr><td>Member only</td><td>\$7.96</td></tr><tr><td>Member + 1</td><td>\$15.92</td></tr><tr><td>Member + 2</td><td>\$23.88</td></tr><tr><td colspan="2">Kaiser Senior Group Advantage HMO Plan</td></tr><tr><td>Member only</td><td>\$83.17</td></tr><tr><td>Member + 1</td><td>\$166.34</td></tr><tr><td>Member + 2</td><td>\$249.51</td></tr><tr><td colspan="2">Humana Group Medicare Advantage Employer HMO Plan</td></tr><tr><td>Member only</td><td>\$7.96</td></tr><tr><td>Member + 1</td><td>\$15.92</td></tr><tr><td>Member + 2</td><td>\$23.88</td></tr></table> | Your Monthly Premium Amount | | Premium Share for Employees | | UnitedHealthcare Group Medicare Advantage PPO Plan | | Member only | \$7.96 | Member + 1 | \$15.92 | Member + 2 | \$23.88 | Kaiser Senior Group Advantage HMO Plan | | Member only | \$83.17 | Member + 1 | \$166.34 | Member + 2 | \$249.51 | Humana Group Medicare Advantage Employer HMO Plan | | Member only | \$7.96 | Member + 1 | \$15.92 | Member + 2 | \$23.88 | | | | | | | | | | | | | | |
| Your Monthly Premium Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Premium Share for Employees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UnitedHealthcare Group Medicare Advantage PPO Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member only | \$7.96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member + 1 | \$15.92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member + 2 | \$23.88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kaiser Senior Group Advantage HMO Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member only | \$83.17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member + 1 | \$166.34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member + 2 | \$249.51 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Humana Group Medicare Advantage Employer HMO Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Member + 1 | \$15.92 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Member + 2 | \$23.88 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 54 | <p>Removed the sentence regarding the YSA change for 1/1/24 from the top paragraph.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |