2022

Benefit Choices and Enrollment Guide

For Individuals Who Retired
On or After January 1, 2012

For PreMedicare and Medicare Retirees,
Surviving Spouses,
Long-Term Disability (LTD)
Terminees, and/or
PreMedicare Dependents

Sandia National Laboratories

VIA BENEFITS™

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Welcome to Your Benefits Choices and Enrollment Guide

Sandia National Laboratories is pleased to provide your Benefit Choices and Enrollment Guide for 2022. This guide is designed for Sandia Retirees who are:

- Non-represented employees who were hired or rehired prior to January 1, 2009.
- OPEIU-represented employees who were hired or rehired prior to July 1, 2009.
- MTC- and SPA-represented employees who were hired or rehired prior to July 1, 2010.

Color Coding Information

This guide combines information for people who retired after January 1, 2012 for both PreMedicare and Medicare. The sections are segmented by color and title:

= Both PreMedicare and Medicare
= PreMedicare only
= Medicare only

Please note, this guide is only for the individuals listed in the categories above.

Please keep this guide as a reference to use during the enrollment process and as a reference throughout the year. All guides provided to retirees will be available on SandiaRetireeBenefits.com.

The National Technology & Engineering Solutions of Sandia, LLC "NTESS" Health Benefits Plan for Retirees is maintained at the discretion of the National Technology & Engineering Solutions of Sandia, LLC. ("NTESS"). The NTESS Health Benefits Plan for Retirees is expected to continue indefinitely. However, the NTESS Board of Managers (or designated representative) reserves the right to amend (in writing) any or all provisions of the NTESS Health Plan for Retirees, and to terminate (in writing) the NTESS Health Plan for Retirees at any time without prior notice. If the Plan is terminated, coverage under the Plan for you and your dependents will end, and payments under the Plan will generally be limited to covered expenses incurred before the termination.

The NTESS Health Benefits Plan for Retirees' terms cannot be modified by written or oral statements to you from human resources representatives or from the NTESS Health Plans personnel or any other Sandia personnel or Via Benefits/Mercer personnel.

Do You Need to Take Action?

If you don't want to make any changes, you do not need to take action: your plan will automatically renew. Go online at my.viabenefits.com/sandia or schedule an appointment with Via Benefits at 1-888-598-7809 (TTY: 711) if you wish to do any of the following:

COVERAGE:	TAKE ACTION:
MEDICAL FOR PREMEDICARE RETIREES	▪ To enroll or disenroll in a medical plan ▪ To change your current medical plan ▪ To waive coverage ▪ To become Medicare-eligible due to disability
PREMEDICARE HEALTH REIMBURSEMENT ACCOUNT (HRA) FUNDING	Complete an annual health assessment with your medical insurance carrier to earn $250. See page 32 for details and instructions.
MEDICAL FOR MEDICARE RETIREES	▪ To enroll or disenroll in a medical plan or the Sandia Your Spending Arrangement (YSA) ▪ To change your current medical plan ▪ To waive coverage **Important:** If you are eligible for the YSA, you must enroll in a Medicare Plan through Via Benefits. If you enroll directly through the carrier, you will not be eligible for the Sandia YSA. **Important:** You cannot enroll in a Sandia-Sponsored Group Medicare Advantage Plan and elect the Your Spending Arrangement (YSA) option. You must select one or the other.

COVERAGE:	TAKE ACTION:
DENTAL (RETIREES ONLY)	▪ To enroll or disenroll in the dental plan ▪ To waive coverage
DEPENDENT COVERAGE	If you wish to add a dependent, you must do so during Open Enrollment. Midyear additions require a qualifying event. You may drop a dependent at any time.
ADDRESS INFORMATION	Please make sure your address is current with Via Benefits by December 1 to ensure that your tax information is sent to your current address on file.
UPDATE YOUR LIFE INSURANCE BENEFICIARY(IES)	Open Enrollment is a great time to make sure your life insurance beneficiary information is up to date. You may do this through Prudential.com/MyBenefits or by calling 1-800-778-3827 to request a paper form.

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Changes to 2022 Open Enrollment Meetings

For your health and safety, open enrollment meetings will not take place in person this year.

While we won't be meeting in person, you can view a prerecorded presentation beginning October 15, 2021 on the Sandia Retiree Benefits website. SandiaRetireeBenefits.com. The presentation will review what you need to know about choosing your 2022 benefits.

PreMedicare Open Enrollment: October 15 - November 12, 2021
Medicare Open Enrollment: October 15 - December 7, 2021

In Addition: UnitedHealthcare Group Medicare Advantage Plan will be hosting webinars/ teleconferences on the following dates:

- Tuesday, October 26th 10 a.m. - 11:30 a.m. MT
- Tuesday, November 2nd 10 a.m. - 11:30 a.m. MT
- Tuesday, November 30th 10 a.m. - 11:30 a.m. MT

Please visit the Sandia Retiree Benefits website for the specific webinar/teleconference event information.

2022 SUMMARY PLAN DESCRIPTIONS (SPDS) & PROGRAM SUMMARIES

The 2022 SPDs and program summaries will be available online at SandiaRetireeBenefits.com for you to view or download at your convenience beginning on April 1, 2022. If you would like printed copies, contact Via Benefits at 1-888-598-7809 to request copies to be mailed to you.

Changes to Medical Benefits

The following changes to medical benefits are effective January 1, 2022:

CHANGES TO MEDICAL BENEFITS FOR PREMEDICARE INDIVIDUALS

- Addition of two High Deductible Health Plans with Blue Cross Blue Shield of NM and Unitedhealthcare
- BCBSNM will be changing HRA administrators in 2022. The HRA for BCBSNM participants will be transitioned from ConnectYourCare to BenefitWallet effective April 1, 2022. The " autopay the provider" feature will be discontinued as of January 1, 2022. You will receive additional information on this transition from Benefit Wallet in early 2022.

CHANGES TO MEDICAL BENEFITS FOR MEDICARE INDIVIDUALS

- For 2022, Medicare Retirees have the choice to select YSA dollars or select the Sandia UnitedHealthcare Group Medicare Advantage PPO with dental. You must select one or the other.
- Increases to annual Your Spending Arrangement (YSA) funding

BENEFIT PAYMENT ADDRESS CHANGE-EFFECTIVE OCTOBER 15th, 2021

Sandia National Labs
PO Box 77123
Minneapolis, MN 55480-7702

BENEFIT AVAILABLE FOR PREMEDICARE & MEDICARE INDIVIDUALS RETIREE LIFE INSURANCE

- Voluntary life insurance is now available through Via Benefits. Their licensed insurance agents are third-party advocates that can advise you on which coverage is right for your needs and budget. Please see page 73 for details.

For Retirees, Spouses, and Dependents

Eligibility Guidelines for Sandia Retirees, Spouses and Dependents

Sandia Laboratories retirees must maintain coverage in a Sandia National Laboratories' plan for their spouses and/or dependents to have coverage.

- Non-represented employees who were hired (or rehired) prior to January 1, 2009 and who retire with a service or disability pension
- OPEIU-represented employees who were hired (or rehired) prior to July 1, 2009 and retired with a service disability pension
- MTC- or SPA-represented employees who were hired (or rehired) prior to July 1, 2010 and who retired with a service disability pension

If you are the primary member under the plan, your Class I dependents eligible for membership include:

- Spouse, not legally separated or divorced from you
- Child under age 26
- Child who is recognized as an alternate recipient in a Qualified Medical Child Support Order
- Child of any age who is disabled as determined by the claims administrator

Note for survivors: No new dependents can be added, except for children born or adopted (including a pregnancy or placement for adoption that occurred) before the employee's or retiree's death.

CHILDREN

- Primary covered member's own children, stepchildren, and legally-adopted children
- Children for whom the primary covered member has legal guardianship
- Natural children, legally adopted children, or children for whom the primary covered member has legal guardianship if a court decree requires coverage

SURVIVING SPOUSES

Your surviving spouse is eligible to enroll in the Surviving Spouse Medical Plan as long as he or she is your covered dependent at the time of your death.

- The surviving spouse (and any dependents enrolled at the time of death) may continue coverage by paying the premiums.
- If a surviving spouse remarries, he or she is no longer eligible for survivor benefits with a Sandia National Laboratories-sponsored medical plan.
- Surviving spouses are not eligible for the Sandia Dental Care Program (unless enrolled in the Sandia Group UHC medical plan) and the Davis Vision Affinity Discount Program.
- If the surviving spouse coverage terminates for any reason, the surviving spouse and any dependents (if applicable) may not return to the plan at any time.

LTD TERMINEES

LTD Terminees are not eligible for the Davis Vision Affinity Discount Program.

Note: If you and/or your covered dependents become Medicare-eligible, you and/or your covered dependents will lose medical coverage through Sandia National Laboratories at the end of the month prior to becoming Medicare-eligible. If you and/or your covered dependents become Medicare-eligible, notify Via Benefits.

INELIGIBLE DEPENDENTS

You must disenroll your ineligible dependents within 31 calendar days. Your dependents would become ineligible through:

- Divorce or annulment
- Legal separation
- Child reaches age 26
- Incapacitated child no longer meets incapacitation criteria

MEDICARE ELIGIBLE PARTICIPANTS

You must be enrolled in Medicare Parts A & B in order to have coverage under the Sandia Retiree Health Plan.

For more detailed information, refer to the Sandia Health Benefits Plan for Retirees Summary Plan Description (SPD) found at SandiaRetireeBenefits.com.

Via Benefits

Via Benefits Insurance Services is your retiree health benefit administration service for Sandia. As trusted advisors to more than one million PreMedicare and Medicare-eligible participants, Via Benefits provides personalized assistance as you enroll in retiree health coverage.

WHAT TO EXPECT

When you call Via Benefits, you will reach a licensed benefit advisor who will assist you in finding and enrolling in medical and dental plans that suit your needs. Via Benefits is your resource, offering the country's largest Medicare marketplace, allowing you to select from a wide variety of plans from national and regional insurance companies. Our online marketplace makes it simple for you to search, compare, and select plans with many helpful tools.

Via Benefits offers personalized assistance with helping you, your spouse, and your dependents find plans that cover their needs. Best of all, they provide this service at no cost to you.

UNBIASED, OBJECTIVE SUPPORT

Via Benefits advisors are trained to be objective advocates for you. They are paid a salary and have no incentive to steer you into signing up for any specific plan or insurance company. Their primary goal is to ensure your satisfaction.

Via Benefits will also help you with the following additional services:

- Enrollment status/coverage elections
- Address/phone number changes
- Billing statement/payments/signing up for electronic payment
- Plan eligibility information
- Notifications of death and/or termination of coverage for yourself or dependents
- Power of attorney designation/authorized representative
- Becoming Medicare-eligible due to disability

MERCER

Via Benefits has partnered with Mercer to provide administrative assistance for members enrolled in the Sandia Group Sponsored Plans. Mercer handles the following:

- Enrolling new retirees who are PreMedicare into the corresponding retiree group plan.
- Communicating enrollments to all retiree group plan carriers.
- Billing retirees for their contribution of the group plan monthly premium.
- Working with Via Benefits on any Medicare member eligible to select the Sandia Medicare Group plan.
- Providing customer service assistance to members enrolled in the Sandia group plans

Working with Via Benefits

Work with Via Benefits by calling and speaking with a licensed benefit advisor, or by going online and shopping for plans. You are welcome to do a combination of both.

ENROLLING IN SUPPLEMENTAL MEDICARE COVERAGE

If you are Medicare-eligible, you will want to have the following information with you when you call or create your Via Benefits online account:

- **Your Social Security Number**
- **Your Medicare ID card**
- **You must be enrolled in Medicare Parts A and B**
- **Prescription drug information:** This includes name, dosage and quantity for a 30-day period. We ask for this information to ensure that, if you need a drug plan, it covers your current medications.
- **A list of your doctors:** Please have a list of their names, addresses, and phone numbers handy.

IF YOU CHOOSE TO CALL AND ENROLL, BE AWARE THAT THE CALL CAN LAST UP TO 90 MINUTES PER PERSON. ON THE CALL YOU WILL:

- Verify your identity and information. Creating an online account and updating your information before the call will help reduce your time on the phone.
- Talk to a licensed benefit advisor who will answer questions about plans and coverage.
- Speak with an application data processor, who will complete and submit your application.

Two weeks after you submit your application, you will receive a Selection Confirmation letter via mail which will outline the choices you made.

AFTER ENROLLMENT

Your new insurance company may contact you via phone, email, or mail concerning your new plan prior to receiving your new ID cards.

Once you are accepted into the plan you chose, you are covered from the coverage start date (January 1, 2022) regardless of whether you have received new cards. It may take 4 - 6 weeks to receive your new cards for your new plan. You can check your application status by signing in to your Via Benefits account, or by calling Via Benefits' automatic voice system. If you have any questions, please contact Via Benefits.

YOUR SPENDING ARRANGEMENT (YSA) GUIDE

With the YSA option, Via Benefits will mail a YSA Guide to you within 10 business days of your YSA plan effective date. This guide explains how to access and manage the funds in YSA. Please note the YSA is not available to those who enroll in a Sandia Group Sponsored Medicare Advantage plan.

PREMIUM SHARE BILLING

If you enroll in a Sandia Group sponsored plan such as the Dental Care Program that requires a premium share, you will receive the premium information on the billing statement included in the welcome packet mailed to you from Via Benefits by mid-December. At that time, you may choose to have your monthly premium payments automatically deducted from your bank account. If you are already enrolled in the automatic premium payment process, any premium change will be automatically updated in the beginning of January every year.

IF YOU CHOOSE NOT TO SIGN UP FOR AUTOMATIC PREMIUM PAYMENTS, PLEASE SEND YOUR PAYMENT TO THE FOLLOWING ADDRESS:

Please note this is a new address as of October 15, 2021
Sandia National Labs
PO Box 77123
Minneapolis, MN 55480-7702

TOOLS & RESOURCES

In addition to working with licensed benefit advisors over the phone, you may access online tools on the Via Benefits website regarding your Sandia National Laboratories benefits.

PreMedicare website: SandiaRetireeBenefits.com
Medicare website: my.viabenefits.com/sandia

Changing Your Benefits Elections

If you want to make a change to your medical and/or dental benefits, it's important that you contact Via Benefits by signing into your account or calling 1-888-598-7809 (TTY: 711).

PreMedicare website: SandiaRetireeBenefits.com
Medicare website: my.viabenefits.com/sandia

To speed up the process of connecting you to the right benefit advisor, you will be asked a few questions by the automated telephone system. You may either speak your answers or use the numbers on your telephone keypad.

If you have privacy concerns, please visit our Privacy Policy page online, which you can find at my.viabenefits.com/sandia. Click on the Privacy Policy link at the bottom of any web page.

For PreMedicare Retirees, and/or Surviving Spouses, Long-Term Disability (LTD) Terminees, and/or PreMedicare Dependents

PreMedicare Retiree Medical Premium Sharing

YEARS OF SERVICE	30+	25-29	20-24	15-19	10-14
PPO Premium Share Member - only one coverage[1]	$184	$223	$301	$378	$456
PPO Premium Share Member + 1 coverage[1]	$368	$446	$602	$756	$912
PPO Premium Share Member + 2 coverage[1], [2]	$552	$669	$903	$1,134	$1,368

[1] Amounts shown do not include cost of dental coverage.

[2] Family contributions are capped at three times the applicable rate.

Note: Family contributions are capped at three times the applicable rate.

The premiums for the new HDHP plan are listed on page 34.

- Non-represented employees who were hired or rehired prior to January 1, 2009.
- OPEIU-represented employees who were hired or rehired prior to July 1, 2009.
- MTC- and SPA-represented employees who were hired or rehired prior to July 1, 2010.

PreMedicare retirees will receive a subsidy, which is a monthly contribution that Sandia will pay toward your Sandia-sponsored group medical and/or dental coverage. The amount of the subsidy is based on your years of service and coverage level (e.g. single). The subsidy will not increase year-over-year. As healthcare premiums rise, PreMedicare retirees will pay the difference between the premiums and the subsidy.

Refer to the Sandia Health Benefits Plan for Retirees Summary Plan Description (SPD) for more information on the subsidy. Find this document at SandiaRetireeBenefits.com.

Sandia Total Health Program Administered by BCBSNM, Kaiser Permanente & UHC

Sandia Total Health program is a health plan that offers flexibility and choice – features we know are important to you. It is administered by Blue Cross and Blue Shield of New Mexico (BCBSNM), Kaiser Permanente, and UnitedHealthcare (UHC). Sandia Total Health program has two main components – comprehensive healthcare coverage and a Sandia National Laboratories-funded Health Reimbursement Account (HRA).

Sandia Total Health program is a Consumer-Driven Health Plan (CDHP). It's a key element of Sandia's strategy to manage healthcare costs by encouraging healthcare consumerism and improving overall health through an integrated approach to health and wellness.

BCBSNM WILL BE CHANGING HRA ADMINISTRATORS IN 2022. THE HRA FOR BCBSNM PARTICIPANTS WILL BE TRANSITIONED FROM CONNECTYOURCARE TO BENEFITWALLET EFFECTIVE APRIL 1, 2022. THE " AUTOPAY THE PROVIDER" FEATURE WILL BE DISCONTINUED AS OF JANUARY 1, 2022. YOU WILL RECEIVE ADDITIONAL INFORMATION ON THIS TRANSITION FROM BENEFIT WALLET IN EARLY 2022.

PREVENTIVE CARE

Preventive care includes services like annual physical exams and certain cancer screenings. Certain preventive care is covered at 100%, with no deductible to meet, as long as you visit an in-network provider and the provider codes the service with a "preventive" Current Procedural Terminology (CPT) code.

ANNUAL DEDUCTIBLE

Your annual deductible is the amount you pay out of-pocket each year for medical expenses. Once your deductible is met your medical benefits begin, and you and Sandia National Laboratories start sharing the cost of covered medical services. Your deductible amount is based on your coverage tier and which network of providers you use.

COINSURANCE

Once you meet your deductible, Sandia Total Health program pays a percentage of your covered medical care costs and you pay the remaining percentage.

OUT-OF-POCKET LIMIT

This is the maximum amount you'll pay out-of-pocket for medical care during a plan year. Once you reach this limit, your remaining eligible expenses for the calendar year are covered at 100%.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

The HRA is a tax-free, Sandia National Laboratories-funded account and is provided to help offset your eligible out-of-pocket medical, prescription, dental, hearing, vision, and other 213(d) expenses. The amount of dollars allocated to your HRA depends on the coverage category you choose and if you took your health insurance vendor's health assessment in the prior year.

Important Note: If you enroll in the new High Deductible Health Plan you are no longer eligible for a Health Reimbursement Account. You must use the funds in the HRA before switching to the HDHP.

ONLINE HEALTH ASSESSMENT

PreMedicare retirees, spouses, LTD Terminees & LTD Spouses must complete an online health assessment by September 30 of each calendar year. See page 32 for instructions on how to complete your health assessment.

Sandia Total Health PPO Administered by Blue Cross and Blue Shield of New Mexico (BCBSNM)

	NM BLUE PREFERRED PLUS NETWORK	NATIONWIDE IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE			
	100% covered (Not subject to the annual deductible)	100% covered (Not subject to the annual deductible)	60% covered (You pay 40%)
ANNUAL DEDUCTIBLE (excludes prescription drug costs)			
RETIREE ONLY	$500	$750	$2,000
RETIREE + SPOUSE OR CHILD(REN)	$1,000 (Max. $500 per person)	Up to $1,500 (Max. $750 per person)	Up to $4,000 (Max. $2,000 per person)
RETIREE + SPOUSE AND CHILD(REN)	$1,500 (Max. $500 per person)	Up to $2,250 (Max. $750 per person)	Up to $6,000 (Max. $2,000 per person)
COINSURANCE			
	You pay 10%	You pay 20%	You pay 40%
ANNUAL CALENDAR YEAR OUT-OF-POCKET LIMIT (excludes prescription drug costs)			
RETIREE ONLY	$2,000 (Includes deductible)	$2,750 (Includes deductible)	$6,500 (Includes deductible)
RETIREE + SPOUSE OR CHILD(REN)	$4,000 (Includes deductible; max. of $2,000 per person)	$5,500 (Includes deductible; max. of $2,750 per person)	$13,000 (Includes deductible; max. of $6,500 per person)
RETIREE + SPOUSE AND CHILD(REN)	$6,000 (Includes deductible; max. of $2,000 per person)	$8,250 (Includes deductible; max. of $2,750 per person)	$19,500 (Includes deductible; max. of $6,500 per person)

Note: In- and out-of-network out-of-pocket limits do not cross-apply. The in-network out-of-pocket limit and the NM Blue Preferred Plus Network out-of-pocket limit do cross-apply. Coverage is available worldwide for emergency and urgent care.

The NM Blue Preferred Plus Network is ONLY available in Albuquerque, NM and surrounding areas.

NM BLUE PREFERRED PLUS NETWORK

With BCBSNM, you have the option to visit the in-network providers, those included in the NM Blue Preferred Plus Network, or both. If you first visit providers in the NM Blue Preferred Plus Network and then providers in the PPO, or vice versa, your deductible and out-of- pocket limit/ maximums will cross-apply. You enjoy all the standard benefits of Sandia Total Health but have the additional option of saving money by visiting providers in the NM Blue Preferred Plus Network.

NM Blue Preferred Plus Network providers include Lovelace Health System, Optum Medical Group, Heart Hospital of New Mexico, and NM Orthopedics — just to name a few. To review a list of providers in the NM Blue Preferred Plus Network, please visit bcbsnm.com/sandia.

KEY POINTS

- In California, the PPO plan provides access to the John Muir physician network, San Ramon Valley Regional, Stanford Valley Care Health Systems, and many independent providers.
- The prescription drug program is administered through Express Scripts. See pages 26 - 27.
- Prior notification to BCBSNM is required for certain medical services, procedures, and hospitalizations. **Please note**: members are responsible for the first $300 of covered charges for failure to follow notification and/or pre-notification procedures.
- **Please note:** members are responsible for the first $300 of covered charges for failure to follow notification and/or pre-notification procedures.
- Behavioral health benefits are provided through the BCBSNM network of providers.

MEMBER RESOURCES

- Contact BCBSNM Member Services at 1-877-498-SNLB (7652) or online at bcbsnm.com/sandia.
- For plan coverage and pre-authorization information, refer to the BCBSNM Program Summary at SandiaRetireeBenefits.com.

Sandia Total Health PPO Administered by UnitedHealthcare (UHC)

	PREMIUM* PROVIDER NETWORK	NATIONWIDE IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE			
	100% covered (Not subject to the annual deductible)	100% covered (Not subject to the annual deductible)	60% covered (You pay 40%)
ANNUAL DEDUCTIBLE (excludes prescription drug costs)			
RETIREE ONLY	$500	$750	$2,000
RETIREE + SPOUSE OR CHILD(REN)	$1,000 (Max. $500 per person)	Up to $1,500 (Max. $750 per person)	Up to $4,000 (Max. $2,000 per person)
RETIREE + SPOUSE AND CHILD(REN)	$1,500 (Max. $500 per person)	Up to $2,250 (Max. $750 per person)	Up to $6,000 (Max. $2,000 per person)
COINSURANCE			
	You pay 10%	You pay 20%	You pay 40%
ANNUAL CALENDAR YEAR OUT-OF-POCKET LIMIT (excludes prescription drug costs)			
RETIREE ONLY	$2,000 (Includes deductible)	$2,750 (Includes deductible)	$6,500 (Includes deductible)
RETIREE + SPOUSE OR CHILD(REN)	$4,000 (Includes deductible; max. of $2,000 per person)	$5,500 (Includes deductible; max. of $2,750 per person)	$13,000 (Includes deductible; max. of $6,500 per person)
RETIREE + SPOUSE AND CHILD(REN)	$6,000 (Includes deductible; max. of $2,000 per person)	$8,250 (Includes deductible; max. of $2,750 per person)	$19,500 (Includes deductible; max. of $6,500 per person)

Note: In- and out-of-network out-of-pocket limit do not cross-apply. The in-network out-of-pocket limit and the Premium Provider Network out-of-pocket limit do cross-apply. Coverage is available worldwide for emergency and urgent care

*The Premium Provider Network is not available in California at this time.

PREMIUM PROVIDER NETWORK

With UnitedHealthcare, you have the option to visit the in-network providers, those included in Premium Provider Network or both. If you first visit providers in the Premium Provider Network and then providers in the POS, or vice versa, your deductible and out-of-pocket limit/maximums will cross-apply. You enjoy all the standard benefits of Sandia Total Health but have the additional option of saving money by visiting providers in the Premium Provider Network.

Premium Provider Network providers include, Optum Medical Group, Heart Hospital of New Mexico, and NM Orthopedics—just to name a few. To review a list of providers in the Preferred Provider Network, please visit myuhc.com.

KEY POINTS

- In New Mexico, this plan provides access to UHC and providers, the University of New Mexico Hospital (UNMH), and many independent providers.
- In California, this plan provides access to the John Muir physician network, San Ramon Valley Regional, Valley Care Health Systems, and many independent providers.
- The prescription drug program is administered through Express Scripts. See pages 26 - 27.
- Prior notification to UHC is required for certain medical services, procedures, and hospitalizations. **Please note:** Members are responsible for the first $300 of covered charges for failure to follow notification and/or precertification procedures.
- Behavioral health benefits are provided through the OptumHealth Behavioral Solutions network of providers.

MEMBER RESOURCES

- UnitedHealthcare Member Service 1-877-835-9855
  24 hours a day, 7 days a week.
- OptumHealth Behavioral Solutions 1-866-828-6049
- For plan coverage and pre-authorization information, refer to the UHC program summary at SandiaRetireeBenefits.com

Prescription Drug Coverage for BCBSNM and UHC Members

	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUGS RETAIL (MAXIMUM 30-DAY SUPPLY)		
GENERIC	You pay 20% $5/$10 min/max copay	You pay 50%
BRAND NAME PREFERRED	You pay 30% $30/$45 min/max copay	You pay 50%
BRAND NAME NON-PREFERRED	You pay 40% $50/$75 min/max copay	You pay 50%
PRESCRIPTION DRUGS SMART90 RETAIL OR MAIL ORDER (MAXIMUM 90-DAY SUPPLY)		
GENERIC	You pay 20% $12.50/$25 min/max copay	n/a
BRAND NAME PREFERRED	You pay 30% $75.00/$112.50 min/max copay	n/a
BRAND NAME NON-PREFERRED	You pay 40% $125/$187.50 min/max copay There is an annual out-of-pocket maximum of $1,500 per person and $5,950 per family for in-network prescription drugs.	n/a There is no out-of-pocket limit/maximum for out-of-network prescription drugs.

Note: There is no difference between the prescription drug benefits associated with the NM Blue Preferred Plus Network and the UnitedHealthcare Premium Provider Network and the in-network benefits.

Prescription drug copays and/or coinsurance do not apply to your annual deductible or medical out-of-pocket limit.

ELIGIBILITY

Plan members who have primary prescription drug coverage under another group healthcare plan are not eligible to use the mail order program or to purchase drugs from retail network pharmacies at the copayment level.

KEY POINTS

- You must show your Express Scripts identification card at all retail network pharmacies. If you do not show your Express Scripts identification card upon purchase to identify you as a Sandia National Laboratories participant, you will not be eligible for any reimbursement.
- View the Express Scripts formulary list and compare drug prices at express-scripts.com.
- Many drugs are subject to step therapy, quantity limits, and/or prior approvals through Express Scripts.
- In order to receive coverage for specialty medications, BCBSNM, and UHC members must purchase these drugs through the Express Scripts specialty pharmacy — Accredo. These drugs are delivered via mail order through Accredo.
- All specialty prescriptions will be limited to a 30-day supply and will be subject to the retail coinsurance/copay structure (e.g., 30% coinsurance with a $30 minimum copay and $45 maximum copay for a brand name preferred drug).
- Reimbursement for a paper claim submitted for purchases at in-network pharmacies will not be allowed (except for coordination of benefits).
- If the actual cost of the prescription through the mail or at a retail network pharmacy is less than the copayment, you will only pay the actual cost.
- Under the Express Scripts prescription program, prescriptions will be filled with the least expensive acceptable generic equivalent when available and permissible by law, unless your physician specifies that the prescription be dispensed as written.
- In order to have long-term maintenance medications covered, have your prescriptions filled at Walgreens, through Smart90 or at a Express Scripts mail order pharmacy. You will receive two 30-day courtesy fills at your current pharmacy before paying full price.

MEMBER RESOURCES

- Express Scripts Customer Service: 1-877-817-1440 — available 24/7
- Express Scripts Hearing and Speech Impaired Service: 1-800-759-1089 — available 24/7
- Smart90: 1-877-603-1029
- Smart90 Hearing and Speech Impaired Service: 1-800-759-1089
- To learn more about Express Scripts, you may register online at express-scripts.com. Select **For Members** and follow instructions to register.
- For additional information on this program, refer to the BCBSNM and UHC program summaries at SandiaRetireeBenefits.com.

Sandia Total Health PPO
Administered by Kaiser Permanente

	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE		
	100% covered (Not subject to the annual deductible)	60% covered (You pay 40%)
ANNUAL DEDUCTIBLE (excludes prescription drug costs)		
RETIREE ONLY	$750	$2,000
RETIREE + SPOUSE OR CHILD(REN)	Up to $1,500 (Max. $750 per person)	Up to $4,000 (Max. $2,000 per person)
RETIREE + SPOUSE AND CHILD(REN)	Up to $2,250 (Max. $750 per person)	Up to $6,000 (Max. $2,000 per person)
COINSURANCE		
	You pay 20%	You pay 40%
ANNUAL CALENDAR YEAR OUT-OF-POCKET LIMIT (excludes prescription drug costs)		
RETIREE ONLY	$2,750 (Includes deductible)	$6,500 (Includes deductible)
RETIREE + SPOUSE OR CHILD(REN)	$5,500 (Includes deductible; max. of $2,750 per person)	$13,000 (Includes deductible; max. of $6,500 per person)
RETIREE + SPOUSE AND CHILD(REN)	$8,250 (Includes deductible; max. of $2,750 per person)	$19,500 (Includes deductible; max. of $6,500 per person)

Note: In- and out-of-network out-of-pocket limits do not cross-apply. Coverage is available worldwide for emergency and urgent care.

ELIGIBILITY

This plan is available to those who live within a Northern California Kaiser-designated service area.

KEY POINTS

- The prescription drug program is administered through Kaiser Pharmacy. (See pages 30 - 31)
- Self-referral to selected specialty departments; others require a referral from your plan physician.
- You must reside within a Northern California Kaiser Permanente service area to be eligible for the Plan and may only leave the service area for a maximum of 90 continuous days.
  Exception: Students attending school outside the service area.

MEMBER RESOURCES

- The Kaiser Permanente Member Services Call Center is available weekdays at 1-877-568-0774 between 7 a.m. and 7 p.m. PT, or weekends from 7 a.m. - 3 p.m. PT.
- You may also visit healthy.kaiserpermanente.org, where you can make appointments, consult a nurse or pharmacist, complete the online health assessment, find healthcare information, customize online health improvement programs, and more.
- For complete plan coverage information, refer to the Kaiser Permanente Program Summary at SandiaRetireeBenefits.com.

ADDITIONAL RESOURCES

Nurse Advice Line: Find your region's nurse advice line through the Kaiser Services Guide (Your Guidebook), which is provided to new members, or call 1-800-464-4000 for assistance.

Chiropractic Benefit: American Specialty Health Plans of CA provides direct access to the American Specialty Health Plans (ASH) network of participating chiropractors. To learn more about the ASH providers, visit the website at ashcompanies.com or call 1-800-678-9133.

Healthy Roads: This innovative health improvement program helps you take charge of your health through a variety of online tools, including a personal health assessment and a customized exercise planning program. To learn more about the discounts available, visit healthyroads.com.

Kaiser Permanente Prescription Drug Coverage Administered by Kaiser Pharmacy

ELIGIBILITY

Plan members who have primary prescription drug coverage under another group health care plan are not eligible to use the mail order program or to purchase drugs from retail network pharmacies at the copayment level.

	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUGS RETAIL (MAXIMUM 30-DAY SUPPLY)		
GENERIC	You pay 20% $5/$10 min/max copay	You pay 50%
BRAND NAME PREFERRED	You pay 30% $30/$45 min/max copay	You pay 50%
BRAND NAME NON-PREFERRED	You pay 40% $50/$75 min/max copay	You pay 50%
PRESCRIPTION DRUGS MAIL ORDER (MAXIMUM 100-DAY SUPPLY)		
GENERIC	You pay 20% $12.50/$25 min/max copay	N/A
BRAND NAME PREFERRED	You pay 30% $75/$112.50 min/max copay	N/A
BRAND NAME NON-PREFERRED	You pay 40% $125/$187.50 min/max copay	N/A
	There is an annual out-of-pocket maximum of $1,500 per person and $5,950 per family for in-network prescription drugs.	There is no out-of-pocket limit/maximum for out-of-network prescription drugs.

Prescription drug copayments and/or coinsurance do not apply to your annual deductible or medical out-of-pocket limit.

- You must show your Kaiser identification card at all retail network pharmacies. If you do not show your Kaiser identification card upon purchase to identify you as a Sandia participant, you will not be eligible for any reimbursement. You can view the Kaiser Pharmacy formulary list at healthy.kaiserpermanente.org.
- Many drugs are subject to step therapy, quantity limits, and/or prior approvals through Kaiser Pharmacy.
- All specialty prescriptions will be limited to a 30-day supply and will be subject to the retail coinsurance/copay structure (e.g., 30% coinsurance with a $25 minimum copay and $40 maximum copay for a brand name preferred drug).

- Maximum of 30-day supply at retail network and out-of-network retail pharmacies.
- Reimbursement for a paper claim submitted for purchases at in-network pharmacies will not be allowed (except for coordination of benefits).
- If the actual cost of the prescription through the mail or at a retail network pharmacy is less than the copayment, you will only pay the actual cost.
- Under the Kaiser mail order program, you must ask for a 100-day prescription with refills in 100-day increments.
- Certain prescriptions will only be dispensed with an appropriate medical diagnosis through the prior authorization process. In addition, some drugs may be subject to step therapy protocol.

MEMBER RESOURCES

Kaiser Member Services Call Center:
1-800-464-4000
Available weekdays 7 a.m. to 7 p.m. PT,
or weekends 7 a.m. to 3 p.m. PT.

Go online: healthy.kaiserpermanente.org.

For additional information on this program, refer to the Kaiser Permanente program summary at SandiaRetireeBenefits.com.

Health Reimbursement Account

The Health Reimbursement Account (HRA) is a tax-free, Sandia National Laboratories-funded account that is provided to help offset your eligible out-of-pocket medical, prescription, dental, hearing, vision, and other 213(d) eligible expenses only for those enrolled in the Sandia Total Health PPO Medical Plan. There is no HRA available to those enrolled in the new HDHP Option.

COVERAGE LEVEL:	ANNUAL ALLOCATION
RETIREE ONLY[1]	$250
RETIREE + SPOUSE[1] OR CHILD(REN)	$500
RETIREE + SPOUSE[1] AND CHILD(REN)	$750
[1]Must take health assessment	

KEY POINTS:

- The amount of dollars allocated to your HRA depends on the coverage category you choose and if you took your health insurance vendor's health assessment in the prior year.
- PreMedicare retirees and spouses, surviving spouses, LTD Terminees, and spouses must complete an annual online health assessment through your current insurance provider.

Health assessments must be completed from October 1, 2021, through September 30, 2022, in order to receive your 2023 HRA funds.

- Note that PreMedicare retirees, surviving spouses, LTD Terminees, and PreMedicare spouses are not eligible to participate in the Virgin Pulse program.

HEALTH ASSESSMENT INSTRUCTIONS:

1. Go to the Sandia National Laboratories retiree benefits site at SandiaRetireeBenefits.com/Health-Assessment.
2. Select your health insurance carrier.
3. Follow the instructions.

If you have questions about the health assessment, call your health insurance company's dedicated Sandia National Laboratories number located at SandiaRetireeBenefits.com/Health-Assessment.

HRA FUNDS ROLLOVER

If you have HRA funds remaining as of December 31 and remain with the same insurance provider, your funds will roll over into the new year. Note that your HRA rollover is subject to a capped amount. Please see the Retiree Program Summary for your medical plan.

If you have HRA funds remaining as of December 31 and switch insurance providers, these funds can be used for prior year claims up until March 31 with your previous provider to spend any remaining funds. Then the funds will be transferred to your new provider by April 30 up to the capped amount.

Note: If you enroll in the new HDHP, you are no longer eligible for a an HRA. You must use the funds in the HRA before switching to the HDHP.

BCBS of NM participants will receive information from BCBS/BenefitWallet regarding the transition from ConnectYourCare to BenefitWallet early in 2022.

HRA FUNDS AND MEDICARE

If you have HRA funds remaining when you age into Medicare, these funds will transfer to any PreMedicare spouse or dependent enrolled in a PreMedicare medical plan. Please note this transfer is a manual process and can take up to 90 to 100 calendar days to ensure that any claims prior to you aging into Medicare are paid with any HRA funds you may have.

Please note if you are transitioning to Medicare at the end or beginning of the calendar year, the transfer funds to the PreMedicare spouse or dependent can take up until April 30.

If you don't have a PreMedicare spouses or dependents enrolled in a PreMedicare medical plan, those funds will be forfeited.

For additional information, refer to the Sandia Health Benefits Plan for Retirees Summary Plan Description at SandiaRetireeBenefits.com.

Sandia High Deductible Health Plan (HDHP) Administered by BCBSNM and UHC

For 2022, Sandia will offer you more flexibility and choice with an additional medical plan, called the Sandia High Deductible Health Plan. It is administered by Blue Cross and Blue Shield of New Mexico (BCBSNM) and UnitedHealthcare (UHC).

Please note: To comply with IRS rules, we cannot offer a Health Reimbursement Account (HRA) or a Health Savings Account (HSA) with the new Sandia High Deductible Health Plan.

Sandia's HDHP is a key element of Sandia's strategy to manage healthcare costs by encouraging retirees to make informed decisions about their healthcare. Whether you choose to move to the new plan, or to stay with your current plan in 2022, you can take advantage of integrated resources that support your health and wellness — and in doing so, improve your overall health.

KEY FEATURES OF THE NEW PLAN

2022 RATES

PRE-MEDICARE HDHP RATES FOR RETIREES WHO RETIRED AFTER JANUARY 1, 2012					
YEARS OF SERVICE	30+	25-29	20-24	15-19	10-14
Premium Share Amounts **Note**: the premium share amounts are after the Sandia Subsidy has been applied					
MEMBER-ONLY COVERAGE	$132	$171	$249	$326	$404
MEMBER + 1 COVERAGE	$264	$342	$498	$652	$808
MEMBER + 2 COVERAGE	$396	$513	$747	$978	$1,212
Subsidy Amounts					
MEMBER-ONLY COVERAGE	$700	$661	$583	$506	$428
MEMBER + 1 COVERAGE	$1,400	$1,322	$1,166	$1,012	$856
MEMBER + 2 COVERAGE	$2,100	$1,983	$1,749	$1,518	$1,284

PREVENTIVE CARE

With the new Sandia HDHP, in-network preventive care and certain preventive medications are free. Preventive care includes services like annual physical exams and certain cancer screenings. Be sure your in-network provider codes the service with a "preventive" Current Procedural Terminology (CPT) code to ensure 100% coverage.

ANNUAL DEDUCTIBLE

With the new Sandia HDHP, you meet one annual deductible (for both medical services and prescription drugs), then the plan shares costs with you. Your annual deductible is the amount you pay out of-pocket each year for medical and prescription expenses. Your deductible amount is based on your coverage tier and which network of providers you use.

COINSURANCE

Once you meet your annual deductible, Sandia's HDHP pays a percentage of your covered medical care and prescription drug costs and you pay the remaining percentage.

OUT-OF-POCKET LIMIT

This is the maximum amount you'll pay out-of-pocket for medical care and prescription drugs during a calendar year. Once you reach this limit, your remaining eligible expenses for the calendar year are covered at 100%.

ENHANCED PRESCRIPTION DRUG COVERAGE

The new Sandia HDHP comes with an enhanced prescription drug benefit. You'll pay nothing for generic preventive medications included on the Express Scripts "standard plus" drug list.

For all other prescription drugs, you'll pay 100% – but only until you meet your annual combined deductible. At that point, the plan will begin to share costs as noted on pages 40 - 41, based on the type of medication you use (generic, formulary brand, or non-formulary brand).

Also, the Sandia HDHP has one combined out-of-pocket limit for medical services and prescription drugs. So, you may notice that the total out-of-pocket limit under the new plan is lower.

HEALTH REIMBURSEMENT ACCOUNT (HRA)/HEALTH SAVINGS ACCOUNT (HSA) OPPORTUNITY

Sandia's HDHP does not include an HRA or an HSA. If you decide to enroll in the new plan, and you have any funds in your current HRA, you will need to use your HRA funds by December 31, 2021. If you do not use your HRA balance, the funds will be forfeited on January 1, 2022.

ONLINE HEALTH ASSESSMENT

If you enroll in the HDHP, you are not required to complete an Online Health Assessment.

Sandia High Deductible Health Plan (HDHP) Administered by Blue Cross and Blue Shield of New Mexico (BCBSNM)

PLAN SUMMARY

The NM Blue Preferred Plus Network is ONLY available in Albuquerque, NM and surrounding areas.

	IN-NETWORK	OUT-OF-NETWORK
	NM BLUE PREFERRED PLUS NETWORK NATIONWIDE IN-NETWORK	
PREVENTIVE CARE		
	100% covered (Not subject to the annual deductible)	60% covered (You pay 40%)
ANNUAL DEDUCTIBLE (includes prescription drug costs)		
RETIREE ONLY	$1,400	$2,800
RETIREE + SPOUSE OR CHILD(REN)	$2,800	$6,000
RETIREE + SPOUSE AND CHILD(REN)	$2,800	$6,000
Your family members' expenses accumulate together to meet the overall family deductible. You'll pay this full amount before plan cost-sharing begins for any one family member.		
COINSURANCE		
	You pay 10%	You pay 20% / You pay 40%
ANNUAL CALENDAR YEAR OUT-OF-POCKET LIMIT (includes prescription drug costs)		
RETIREE ONLY	$3,000	$6,000
RETIREE + SPOUSE OR CHILD(REN)	$8,700	$18,000
RETIREE + SPOUSE AND CHILD(REN)	$8,700	$18,000
Your family members' expenses accumulate together to meet the overall family out-of-pocket limit ($8,700 or $18,000). Once you reach the limit, the plan pays 100% of the covered services for all family members.		

Note: In- and out-of-network out-of-pocket limits do not cross-apply. The in-network out-of-pocket limit and the NM Blue Preferred Plus Network out-of-pocket limit do cross-apply. Coverage is available worldwide for emergency and urgent care.

ABOUT THE NM BLUE PREFERRED PLUS NETWORK

With BCBSNM, you can visit in-network providers, including those in the NM Blue Preferred Plus Network. Your deductible and out-of- pocket limit/maximums will cross-apply. You enjoy all the standard benefits of Sandia's HDHP but have the additional option of saving money by visiting providers in the NM Blue Preferred Plus Network.

NM Blue Preferred Plus Network providers include Lovelace Health System, Optum Medical Group, Heart Hospital of New Mexico, and NM Orthopedics — just to name a few. To review a list of providers in the NM Blue Preferred Plus Network, go to bcbsnm.com/sandia.

KEY POINTS

- In California, the Sandia HDHP provides access to the John Muir physician network, San Ramon Valley Regional, Stanford Valley Care Health Systems, and many independent providers.
- The prescription drug program is administered through Express Scripts, with enhanced benefits for certain preventive medications. See pages 26 - 27.
- Prior notification to BCBSNM is required for certain medical services, procedures, and hospitalizations. Please note: Members are responsible for the first $300 of covered charges for failure to follow notification and/or pre-notification procedures.
- Behavioral health benefits are provided through the BCBSNM network of providers.

MEMBER RESOURCES

Contact BCBSNM Member Services at 1-877-498-SNLB (7652) or online at bcbsnm.com/sandia.

For plan coverage and pre-authorization information, refer to the BCBSNM Program Summary at SandiaRetireeBenefits.com after April 1, 2022.

Sandia High Deductible Health Plan (HDHP) Administered by UnitedHealthcare (UHC)

PLAN SUMMARY

The Premium Provider Network is not available in California at this time.

	IN-NETWORK	OUT-OF-NETWORK
	PREMIUM PROVIDER NETWORK NATIONWIDE IN-NETWORK	
PREVENTIVE CARE		
	100% covered (Not subject to the annual deductible)	60% covered (You pay 40%)
ANNUAL DEDUCTIBLE (includes prescription drug costs)		
RETIREE ONLY	$1,400	$2,800
RETIREE + SPOUSE OR CHILD(REN)	$2,800	$6,000
RETIREE + SPOUSE AND CHILD(REN)	$2,800	$6,000
Your family members' expenses accumulate together to meet the overall family deductible. You'll pay this full amount before plan cost-sharing begins for any one family member.		
COINSURANCE		
	You pay 10%	You pay 20% / You pay 40%
ANNUAL CALENDAR YEAR OUT-OF-POCKET LIMIT (includes prescription drug costs)		
RETIREE ONLY	$3,000	$6,000
RETIREE + SPOUSE OR CHILD(REN)	$8,700	$18,000
RETIREE + SPOUSE AND CHILD(REN)	$8,700	$18,000
Your family members' expenses accumulate together to meet the overall family out-of-pocket limit ($8,700 or $18,000). Once you reach the limit, the plan pays 100% of the covered services for all family members.		

Note: In- and out-of-network out-of-pocket limit do not cross-apply. The in-network out-of-pocket limit and the Premium Provider Network out-of-pocket limit do cross-apply. Coverage is available worldwide for emergency and urgent care

* The Premium Provider Network is not available in California at this time.

PREMIUM PROVIDER NETWORK

With UnitedHealthcare, you have the option to visit in-network providers, including those in the Premium Provider Network. Your deductible and out-of-pocket limit/maximums will cross-apply. You enjoy all the standard benefits of Sandia's HDHP but have the additional option of saving money by visiting providers in the Premium Provider Network.

Premium Provider Network providers include, Optum (Medical Group, Heart Hospital of New Mexico, and NM Orthopedics— to name a few. To review a list of providers in the Preferred Provider Network, please visit myuhc.com.

KEY POINTS

- In New Mexico, this plan provides access to UHC and providers, the University of New Mexico Hospital (UNMH), and many independent providers.
- In California, this plan provides access to the John Muir physician network, San Ramon Valley Regional, Valley Care Health Systems, and many independent providers.
- The prescription drug program is administered through Express Scripts, with enhanced benefits for certain preventive medications. See pages 26 - 27.
- Prior notification to UHC is required for certain medical services, procedures, and hospitalizations. Please note: Members are responsible for the first $300 of covered charges for failure to follow notification and/or precertification procedures.
- Behavioral health benefits are provided through the OptumHealth Behavioral Solutions network of providers.

MEMBER RESOURCES

UnitedHealthcare Member Service 1-877-835-9855, 24 hours a day, 7 days a week.

OptumHealth Behavioral Solutions 1-866-828-6049

For plan coverage and pre-authorization information, refer to the UHC program summary at SandiaRetireeBenefits.com after April 1, 2022.

Prescription Drug Coverage for BCBSNM and UHC High Deductible Health Plan (HDHP) Members

PLAN SUMMARY

	IN-NETWORK	OUT-OF-NETWORK
CERTAIN PREVENTIVE PRESCRIPTION MEDICATIONS		
	You pay $0 for medications included on the Express Scripts "standard plus" drug list (express-scripts.com/sandia).	n/a
PRESCRIPTION DRUGS RETAIN (MAXIMUM 30-DAY SUPPLY)		
GENERIC	After you meet the annual deductible, you pay 20% $5/$10 min/max copay	After you meet the annual deductible you pay 50%
BRAND NAME PREFERRED	After you meet the annual deductible, you pay 30% $30/$45 min/max copay	After you meet the annual deductible you pay 50%
BRAND NAME NON-PREFERRED	After you meet the annual deductible, you pay 40% $50/$75 min/max copay	After you meet the annual deductible you pay 50%
ANNUAL DEDUCTIBLE (includes medical costs)		
RETIREE ONLY	$1,400	$2,800
RETIREE + SPOUSE OR CHILD(REN)	$2,800	$6,000
RETIREE + SPOUSE AND CHILD(REN)	$2,800	$6,000
Your family members' expenses accumulate together to meet the overall family deductible. You'll pay this full amount before plan cost-sharing begins for any one family member.		

ANNUAL CALENDAR YEAR OUT-OF-POCKET LIMIT (includes medical and prescription drug costs)		
RETIREE ONLY	$3,000	$6,000
RETIREE + SPOUSE OR CHILD(REN)	$8,700	$18,000
RETIREE + SPOUSE AND CHILD(REN)	$8,700	$18,000

Your family members' expenses accumulate together to meet the overall family out-of-pocket limit ($8,700 or $18,000). Once you reach the limit, the plan pays 100% of the covered services for all family members.

Note: There is no difference between the prescription drug benefits associated with the NM Blue Preferred Plus Network and the UnitedHealthcare Premium Provider Network and the in- network benefits.

Prescription drug copays and/or coinsurance apply to your annual deductible and annual out-of-pocket limit.

ELIGIBILITY

Plan members who have primary prescription drug coverage under another group healthcare plan are not eligible to use the mail order program or to purchase drugs from retail network pharmacies at the copayment level.

KEY POINTS

- You must show your Express Scripts identification card at all retail network pharmacies. If you do not show your Express Scripts identification card upon purchase to identify you as a Sandia National Laboratories participant, you will not be eligible for any reimbursement.
- View the Express Scripts formulary list and compare drug prices at express-scripts.com.
- Many drugs are subject to step therapy, quantity limits, and/or prior approvals through Express Scripts.
- In order to receive coverage for specialty medications, BCBSNM and UHC members must purchase these drugs through the Express Scripts specialty pharmacy — Accredo. These drugs are delivered via mail order through Accredo.
- All specialty prescriptions will be limited to a 30-day supply and will be subject to the retail coinsurance/copay structure (e.g., 30% coinsurance with a $30 minimum copay and $45 maximum copay for a brand name preferred drug).
- Reimbursement for a paper claim submitted for purchases at in-network pharmacies will not be allowed (except for coordination of benefits).
- If the actual cost of the prescription through the mail or at a retail network pharmacy is less than the copayment, you will only pay the actual cost.
- Under the Express Scripts prescription program, prescriptions will be filled with the least expensive acceptable generic equivalent when available and permissible by law, unless your physician specifies that the prescription be dispensed as written.
- In order to have long-term maintenance medications covered, have your prescriptions filled at Walgreens, through Smart90, or at a Express Scripts mail order pharmacy. You will receive two 30-day courtesy fills at your current pharmacy before paying full price.

MEMBER RESOURCES

- Express Scripts Customer Service: 1-877-817-1440 — available 24/7
- Express Scripts Hearing and Speech Impaired Service: 1-800-759-1089 — available 24/7
- Smart90: 1-877-603-1029
- Smart90 Hearing and Speech Impaired Service: 1-800-759-1089
- To learn more about Express Scripts, you may register online at express-scripts.com. Select For Members and follow instructions to register.
- For additional information on this program, refer to the BCBSNM and UHC program summaries at SandiaRetireeBenefits.com.

For Medicare, Retirees, and Spouse and/or their Medicare Dependents, Surviving Spouses and LTD Terminees

Understanding Your Sandia National Laboratories Benefits Choices

Important: You cannot enroll in a Sandia-sponsored Group Medicare Advantage Plan and elect the Your Spending Arrangement (YSA) option. You must select one or the other.

The options listed below are available to Medicare-primary retirees, surviving spouses, LTD Terminees (who are enrolled in both Medicare A and B and continue to pay Medicare Part A if applicable, and Part B premiums). The options are also available to eligible Medicare-primary Class I dependents who are enrolled in both Medicare Part A and Part B and continue to pay Medicare Part A (if applicable) and Part B premiums. If you have not yet already enrolled in Medicare Part A and Part B, contact your local Social Security Administration office. For more information on eligibility, contact Via Benefits.

Each Medicare individual will make an independent election. For example, if a retiree and his spouse live in New Mexico and they are both Medicare-eligible, the retiree can elect the Your Spending Arrangement (YSA) and the spouse can elect the Sandia UnitedHealthcare Group Medicare Advantage PPO Plan.

Keep in mind, the retiree must be enrolled in a Sandia National Laboratories group or individual plan in order for the spouse and/or dependents to have Sandia National Laboratories coverage.

NEW MEXICO PLAN OPTIONS

- UnitedHealthcare Group Medicare Advantage PPO Plan (and automatically enrolled into the Sandia Group Sponsored Group Dental Plan) OR
- Your Spending Arrangement (YSA)
- Waive coverage
- Dental - Sandia-sponsored Medicare Part A & B enrollment required.

NORTHERN CALIFORNIA PLAN OPTIONS

- UnitedHealthcare Group Medicare Advantage PPO Plan (and automatically enrolled into the Sandia Group Sponsored Group Dental Plan) OR
- Your Spending Arrangement (YSA)
- Waive coverage
- Dental - Sandia-sponsored Medicare Part A & B enrollment required.

OUTSIDE OF NEW MEXICO & NORTHERN CALIFORNIA PLAN OPTIONS

- UnitedHealthcare Group Medicare Advantage PPO Plan (and automatically enrolled into the Sandia Group Sponsored Group Dental Plan) OR
- Your Spending Arrangement (YSA)
- Waive coverage
- Dental - Sandia-sponsored Medicare Part A & B enrollment required.

Sandia-Sponsored Group Medicare Advantage Plans Overview

UNITEDHEALTHCARE GROUP MEDICARE ADVANTAGE PPO PLAN – AVAILABLE NATIONWIDE

This Medicare Advantage plan with prescription drug benefits is fully insured through UnitedHealthcare for eligible Medicare-primary participants who live anywhere in the United States of America. This PPO provides both in- and out-of-network benefits.

Enrolling in the Sandia UnitedHealthcare Medicare Advantage plans is not affected by your current or past health status. In general, if you enroll during the specified enrollment period you are guaranteed coverage by one of the plans available in your area, regardless of your current medical conditions.

When you enroll in the Sandia UnitedHealthcare Group Medicare Advantage PPO Plan, you are automatically enrolled into the Sandia Group Delta Dental Plan.

Important: You cannot enroll in a Sandia-sponsored Group Medicare Advantage Plan and elect the Your Spending Arrangement (YSA) option. You must select one or the other.

MONTHLY PREMIUM FOR RETIREES AFTER 2012 ELECTING UNITEDHEALTHCARE MEDICARE PLAN WITH DENTAL INCLUDED

YEARS	1 MEDICARE-ELIGIBLE	2 MEDICARE-ELIGIBLE
30+	$16.33	$32.66
25 - 29	$19.99	$39.98
20 - 24	$27.31	$54.62
15 - 19	$34.64	$69.28
10-14	$41.96	$83.92

The UnitedHealthcare® Group Medicare Advantage (PPO) Plan Including Prescription Drug Coverage

Sandia National Laboratories has chosen to offer a UnitedHealthcare Group Medicare Advantage (PPO) plan. Only eligible retirees of Sandia National Laboratories and their eligible dependents who reside the United States of America can enroll in this plan. You can't get it anywhere else.

"Medicare Advantage" is also known as Medicare Part C. These plans have all the benefits of Medicare Part A (hospital coverage) and Medicare Part B (doctor and outpatient care) plus extra programs that go beyond Original Medicare (Medicare Parts A and B).

ELIGIBILITY

This plan is available to Medicare-primary retirees, surviving spouses, LTD Terminees, and their eligible Medicare-primary Class I dependents who:

- Reside in the United States of America
- Are enrolled in both Medicare Part A and Part B; and
- Continue to pay Medicare Part A (if applicable) and Part B premiums.

By enrolling in this plan, you will automatically be enrolled in the Medicare Part D prescription drug benefit and will receive all of your prescription drug benefits through this plan.

You will not be required to enroll in an individual Medicare Part D. You cannot be enrolled in the UnitedHealthcare Group Medicare Advantage (PPO) plan, which include prescription drug coverage, and another Medicare Advantage plan or another Medicare Part D plan at the same time.

Important: You cannot enroll in a Sandia-sponsored Group Medicare Advantage Plan and elect the Your Spending Arrangement (YSA) option. You must select one or the other.

UNITEDHEALTHCARE GROUP MEDICARE ADVANTAGE (PPO) PLAN WITH PART D A Group Medicare Advantage Plan which includes Prescription Drug Benefits. This plan is fully-insured through UnitedHealthcare® for eligible Medicare-primary participants who live the United States of America.		
TYPE OF PLAN (PPO)	Medicare Advantage PPO: Requires assignment of Medicare benefits. (Must be enrolled in Medicare Parts A and B)	
	IN-NETWORK	**OUT-OF-NETWORK**
ANNUAL CALENDAR YEAR DEDUCTIBLE	None	None
ANNUAL CALENDAR YEAR OUT-OF-POCKET MAXIMUM	$1,500 per person (Combined in-network & out-of-network maximum. Does not apply to Part D prescription drugs.)	$1,500 per person (Combined in-network & out-of-network maximum. Does not apply to Part D prescription drugs.)

	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE		
ANNUAL ROUTINE PHYSICAL	No copay	No copay
CERTAIN CANCER SCREENINGS	No copay	No copay
VISION SCREENING	No copay	No copay
OUTPATIENT SERVICES		
OFFICE VISIT-PCP	$10 copay	$10 copay
OFFICE VISIT-SPECIALIST	$30 copay	$30 copay
URGENT CARE	$10 copay per visit	$10 copay per visit
EMERGENCY ROOM	$50 copay per visit (Waived if admitted)	$50 copay per visit (Waived if admitted)
OUTPATIENT SURGERY	$150 copay	$150 copay
INPATIENT HOSPITALIZATION	$175 days 1-3 (per admit); then $0	$175 days 1-3 (per admit); then $0
CHIROPRACTIC	$20 copay (Manual manipulation of the spine to correct subluxation only)	$20 copay (Manual manipulation of the spine to correct subluxation only)
ACUPUNCTURE	$15 copay (20 visits per year)	$15 copay (20 visits per year)
SPEECH, PHYSICAL, & OCCUPATIONAL THERAPY	$10 copay	$10 copay
LAB/RADIOLOGY (OUTPATIENT)	No copay	No copay

Your prescription drug coverage includes thousands of brand name and generic prescription drugs. You can choose from over 68,000 pharmacies across the United States, including national chains, regional and independent local retail pharmacies.

Your exact cost may depend on the drug cost tier of your prescription, as well as where you choose to fill your prescription, for example through mail order or at a pharmacy. Your cost may also change during the year based on the total cost of the drugs you have purchased.[1]

PRESCRIPTION DRUGS

Copays until you reach $7,050 in out-of-pocket costs. Beyond the $7,050 refer to the Evidence of Coverage found at www.UHCRetiree.com/SandiaRetiree.

	IN-NETWORK	OUT-OF-NETWORK
RETAIL (30-DAY SUPPLY)		
TIER 1: GENERIC	$4 copay	Not applicable
TIER 2: PREFERRED BRAND	$20 copay	Not applicable
TIER 3: NON-PREFERRED BRAND	$40 copay	Not applicable
TIER 4: SPECIALTY	25% co-insurance	Not applicable

	IN-NETWORK	OUT-OF-NETWORK
Preferred Mail Order (90-Day Supply)		
TIER 1: GENERIC	$8 copay	Not applicable
TIER 2: PREFERRED BRAND	$40 copay	Not applicable
TIER 3: NON-PREFERRED BRAND	$80 copay	Not applicable
TIER 4: SPECIALTY (SPECIALTY – ONLY 30-DAY SUPPLY)	25% co-insurance	Not applicable

BEHAVIORAL HEALTH		
INPATIENT MENTAL HEALTH	$175/day for days 1 - 3 (per admit); then $0	$175/day for days 1 - 3 (per admit); then $0
OUTPATIENT MENTAL HEALTH	$30 copay	$30 copay
INPATIENT/ OUTPATIENT SUBSTANCE ABUSE	$175/day for days 1 - 3 (per admit); then $0	$175/day for days 1 - 3 (per admit); then $0
OUTPATIENT SUBSTANCE ABUSE	$30 copay	$30 copay

KEY POINTS

The UnitedHealthcare Group Medicare Advantage (PPO) plan is a Preferred Provider Organization (PPO) plan. You have access to a national network of providers. You can see any provider (network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare.

Get access to benefits and programs like:

- **NurseLine Telephonic Support:** Talk to a nurse when you have a health-related question, 24 hours a day.
- **Renew Active:** Stay active and have fun with a fitness program — at no additional cost.
- **Virtual Doctor Visits:** See a doctor using your computer, tablet or smartphone using live video chat – anytime day or night.
- **Renew:** Explore inspiring lifestyle tips, learning activities, videos, recipes and more through our member-only Health & Wellness Experience.
- **UnitedHealthcare® HouseCalls:** Get an annual in-home health and wellness visit from one of our health care practitioners at no extra cost.

Referrals to specialists are not required.

Coverage is available worldwide for emergency and urgent care services.

You can obtain information on this plan (including a provider directory, drug formulary list, etc.) by contacting UnitedHealthcare® at 1-844-496-0314, TTY 711, 8 a.m. – 8 p.m. local time, 5 days a week.

For additional information, refer to the UnitedHealthcare Group Medicare Advantage Plan benefits information at www.UHCRetiree.com/SandiaRetiree.

If there are any discrepancies between this information and the Evidence of Coverage, then the Evidence of Coverage supersedes.

Your Spending Arrangement (YSA)

Important: To qualify for a YSA, you must enroll in Medicare Part A & B in addition to certain medical or dental coverage.

ELIGIBILITY

The YSA option is available to Medicare retirees, surviving spouses, LTD Terminees, and their eligible Medicare primary Class I dependents who:

- **Are enrolled in both Medicare Part A and Part B, and**
- **Continue to pay Medicare Part A (if applicable) and Part B premiums.**

You must also be enrolled in one of the following:

- A qualified individual Medicare plan(s) through Via Benefits.
- A Sandia-sponsored group Dental Care Plan Medicare Part A & B enrollment required.
- A TriCare, Veterans Administration, or have a Via Benefits account through Lawrence Livermore National Laboratories. Medicare Part A & B enrollment required.

You may also qualify for a YSA if you reside in an area with limited or no access to individual Medicare plans through Via Benefits. In this case, your enrollment must be approved by Via Benefits.

Important: You cannot enroll in a Sandia-sponsored Group Medicare Advantage Plan and elect the Your Spending Arrangement (YSA) option. You must select one or the other.

YSA OVERVIEW

The YSA is a Sandia-funded account that is used to purchase individual Medicare plans through the Via Benefits marketplace. Via Benefits offers a variety of individual Medicare Advantage, Medigap (also known as Medicare Supplement), and prescription drug coverage options from more than 100 of the nation's largest and most popular health insurance companies. Annual credits are provided to you through YSA to use toward payment for these plans as outlined on page 53. Funds are provided on a tax-free basis and are prorated for the number of months left in the year for the new coverage you elect.

Licensed benefit advisors from Via Benefits will assist you with finding the most cost-effective Medicare coverage that fits your individual needs. Under this arrangement, you, not Sandia National Laboratories, will be responsible for choosing your own medical coverage.

The following are some of the qualified healthcare expenses that can be reimbursed:

- Premiums for Medicare Part A (if applicable) and Part B.
- Premiums to pay for Tricare insurance.
- Dental premiums for individual dental plans or the Sandia-sponsored group dental plan.
- Premiums for individual Medicare supplemental insurance such as Individual Medicare Advantage, Medigap, and prescription drug plans purchased through the Via Benefits marketplace. Generally, you will have 22 plans to choose from depending upon your ZIP code. See page 58 for more information.
- Eligible out-of-pocket medical expenses like deductibles and copays.

- Many Via Benefits plans offer Automatic Premium Reimbursement. This is where you pay your premiums directly to the insurance carrier for the month or quarter, and the insurance carrier notifies Via Benefits through an electronic file that your payment has been received. This notification will trigger a release of payment from your YSA funds to reimburse you for the premium payment (as long as funds are available in your account). You do not need to file a paper claim form. **Automatic Premium Reimbursement is not available with all carriers and does not cover expenses outside of the premiums for medical or prescription drug coverage.**
- For quicker payment, have your reimbursements deposited directly to your bank account. Otherwise, all reimbursements will be made by check and mailed to the address on file with Via Benefits. Direct deposit information will be provided in the Via Benefits YSA Guide.
- YSA accounts are set up as joint accounts. If your Medicare-eligible spouse elects YSA, you and your spouse will have one account that you can use toward any allowable expenses between the two of you.
- Any unused balance in your account rolls over and is available to use the following year. There is no maximum on your unused balance. Left over funds from the prior year will roll over to next year. Please note that the YSA account a joint account and all communication will be under the retiree's name.
- Refer to the YSA Program Summary on sandiaretireebenefits.com for more information.

COMPARE YOUR MEDICAL CHOICES

If you elect the YSA to purchase an individual plan, it is helpful to understand your options.

Via Benefits licensed benefit advisors provide enrollment assistance and advice in choosing from the variety of Medicare supplemental and prescription drug coverage options.

For example, you may choose to remain in Original Medicare and select a Medigap policy and Part D Prescription Drug Plan. Or, you may choose an Individual Medicare Advantage Plan that covers prescription drugs, and use your YSA funds to pay your Individual Medicare Advantage and Part B premiums. You may combine supplemental plans into a package that covers all of your needs. See page 58 for examples of plan choices accessible through Via Benefits.

Don't delay, since you must enroll within 2 months from the loss of your Sandia-sponsored group coverage (Sandia-sponsored employee or PreMedicare medical plans). If you wait to enroll until after the 63-day window, you can be declined coverage or be charged more for the coverage based on your health history.

Please note: If you are enrolled in an individual plan through the YSA Program and want to upgrade your Medigap Plan (e.g., from Plan F to Plan N) or want to change carriers, you may be subject to underwriting, which is based on your health history.

Retiree Your Spending Arrangement (YSA) Credits

The following table shows the annual credit amounts you are eligible to receive and are based on your years of service.

The Centers for Medicare and Medicaid (CMS) regulate the premiums for the various individual market Medicare supplemental health options under YSA.

Years	1 MEDICARE-ELIGIBLE	2 MEDICARE-ELIGIBLE
30+	$2,450	$4,900
25 - 29	$2,309	$4,618
20 - 24	$2,042	$4,084
15 - 19	$1,778	$3,556
10 - 14	$1,499	$2,998

Note: The YSA annual credit amount listed will be prorated for the number of months left in the year for the new coverage you elect.

You will be billed directly by your medical plan(s); please pay your medical plan directly, and submit the receipt for reimbursement from the YSA.

Become Familiar with Medicare

HOW THE MEDICARE PARTS PROVIDE YOU COVERAGE

The simple outline shown here will familiarize you with the parts of Medicare and assist you in choosing what is best for you. Visit medicare.gov for more detailed descriptions.

ORIGINAL MEDICARE (WHAT YOU GET):	
Part A & Part B **Original Medicare consists of Part A and Part B. You automatically receive Part A and become eligible for Part B when you qualify for Medicare due to either age or disability.**	Part A provides you with inpatient care, and covers inpatient hospital stays, home healthcare, stays in skilled nursing facilities, and hospice care. The Part A deductible for 2021 is $1,484 per benefit period. Coinsurance is not applicable for your first 60 days of inpatient care. Enrollment is automatic when you become Medicare-eligible. There is no premium if you have more than 10 years of Medicare-covered employment.[1] Part B provides you with outpatient care, and covers physician fees and other medical services not requiring hospitalization. The 2021 deductible for Part B is $203. Part B covers 80% of medically necessary services. You are responsible for the remaining 20%. You must actively enroll in Part B. The monthly premium for 2021 is $148.50 for most individuals, depending on income (adjustment rates may apply). For more information, please contact Social Security). If your modified adjusted gross income as reported on your IRS tax return from two years ago is above a certain amount, you'll pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

[1] If your dependent is a foreign national and/or has not worked enough to qualify for Medicare Part A on his or her own, your dependent can purchase Medicare Part A. The cost for Part A for 2021 is $471per month. However, if your dependent does not qualify for no-cost Part A due to insufficient Medicare-covered employment, once you turn 62, your dependent is then eligible for Part A at no cost.

TYPES OF MEDICARE SUPPLEMENTAL PLANS:	
Individual Medicare Advantage, Medigap, & Part D	Individual Medicare Advantage plans are offered by private companies to provide you with all your Medicare Part A and Part B benefits plus additional benefits. There are two versions of Individual Medicare Advantage plans: Medicare Advantage Prescription Drug (MAPD) and Medicare Advantage (MA). MAPD plans include prescription drug coverage; MA plans do not. Within these two Medicare Advantage types there are three doctor networks: Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), and Private Fee-for-Service Plans (PFFS). Medicare Advantage is also referred to as Part C. Medigap is supplemental insurance sold by private insurance companies to fill "gaps" in Original Medicare plan coverage. These 10 plans (labeled Plans A, B, C, D, F, G, K, L, M and N) offer standardized menus of benefits. (Massachusetts, Minnesota, and Wisconsin have their own versions of these plans). Medigap policies only work in conjunction with the Original Medicare plans.
	Generally, prescription drugs are not covered by Medicare. Part D refers to optional prescription drug coverage, which is available to everyone who is Medicare-eligible. Plans are offered through private insurance companies. Part D covers generic and brand name drugs included in the plan's formulary, which is a list of drugs the plan will cover. Prescription drug plans may be purchased separately or as an add-on for Medicare Advantage plans that do not offer a prescription drug benefit (MA) or Medigap plans. (Refer to the Sandia Prescription Drug Program Creditable Coverage Notice on page 76.)

Note: MAPD = Medicare Advantage Prescription Drug, MA = Medicare Advantage, HMO = Health Maintenance Organization, PPO = Preferred Provider Organization.

Evaluate Your Options

What are the differences between individual Medicare supplemental plans?

	MEDIGAP PLAN	PART D PLAN	INDIVIDUAL MEDICARE ADVANTAGE
WHAT ARE MY OUT-OF-POCKET COSTS?	The out-of-pocket cost of each plan will vary. Below is a general summary of what to expect with each plan. A Via Benefits licensed benefit advisor will be able to provide more information, including premium rates in your area.		
MONTHLY PREMIUM	The range of plan premiums varies widely. If you elect to enroll in a Medicare Advantage Plan, Medigap Plan, and/or Part D Plan, you must continue to pay your Medicare Part A (if applicable), Part B premium and any additional premium charged by the plan(s).		
DEDUCTIBLES, COPAYMENTS, COINSURANCE	Most Medigap services are covered with no additional out-of-pocket cost to you. There are no deductibles or coinsurance.	Part D plans offer a wide range of copayments, deductibles, and coinsurance for prescription medications.	Most Medicare Advantage plans require a copayment or coinsurance at the time of service.
HOSPITAL COVERAGE?	Yes, included	N/A	Yes, included
DOES IT COVER DOCTORS AND SPECIALISTS?	Doctors and specialists are covered. Any doctor that accepts Original Medicare accepts these plans.	N/A	Doctors and specialists are covered. There are three types of Medicare Advantage doctor networks: HMO, PPO, and PFFS. **Please note:** If you do not wish to change your current doctors, you must know which plans they accept prior to enrolling.

	MEDIGAP PLAN	PART D PLAN	MEDICARE ADVANTAGE
DOES IT HAVE PRESCRIPTION DRUG COVERAGE?	Prescription drugs are not covered. You must enroll separately in a Part D plan to have prescription drug coverage.	Prescription drugs are covered.	There are two versions of Medicare Advantage plans: MAPD, which includes prescription drug coverage, and MA, which does not.
DOES IT HAVE DENTAL AND VISION BENEFITS?	Dental and vision are not covered. However, separate dental and vision plans are available.	Dental and vision are not covered.	Dental and vision coverage varies by plan.
DOES IT COVER ME WHEN I TRAVEL?	Medigap plans are accepted by every Medicare-participating provider in the U.S., with some emergency benefits worldwide. If you travel frequently or live part of the year out-of-state, these plans may be right for you.	Part D plans provide nationwide coverage from participating pharmacies.	Medicare Advantage plans cover urgent and emergency services nationwide, but some may not provide nationwide coverage for non-emergency services. If you live part of the year out-of-state, these plans may not be right for you.

Examples of Plan Choices

What can be purchased using Your Spending Arrangement (YSA)?

Below are samples of plan choices that can be purchased using YSA funds and are accessible through Via Benefits.

	MEDIGAP PLAN	PART D PLAN	MEDICARE ADVANTAGE
Sample of plan choices available through Via Benefits in Bernalillo County., New Mexico:			
NUMBER OF PLANS OFFERED	23	19	22
2021 MONTHLY PREMIUM	$48-$264	$6-$136	$0-$188
PROVIDER	2 or more insurance companies to choose from		
Sample of plan choices available through Via Benefits in Alameda County., California:			
NUMBER OF PLANS OFFERED	34	20	14
2021 MONTHLY PREMIUM	$65-$257	$7-$130	$0-$125
PROVIDER	2 or more insurance companies to choose from		
Sample of plan choices available through Via Benefits in Maricopa County., Arizona:			
NUMBER OF PLANS OFFERED	44	21	44
2021 MONTHLY PREMIUM	$58-$361	$7-$105	$0-$59
PROVIDER	2 or more insurance companies to choose from		

PreMedicare & Medicare Benefits for Surviving Spouses of Employees or Retirees

PreMedicare Surviving Spouse Medical Premium Sharing

ELIGIBILITY

You are eligible to enroll in the surviving spouse medical plan as long as you are enrolled as a covered dependent at the time of your Sandia spouse's death.

- You (and any dependents enrolled at the time of the Sandia spouse's death) may continue medical coverage by paying the premiums shown on next page.
- If you remarry, you are no longer eligible for survivor benefits with a Sandia-sponsored medical plan and you must notify Via Benefits within 31 calendar days.
- You are not eligible for coverage under the Sandia Group Dental plan after COBRA has expired, and may contact Via Benefits to enroll into an individual plan at full cost.
- You are not eligible for the Davis Vision Affinity Discount Program.
- If your coverage terminates for any reason, you and any dependents (if applicable) may not return to the plan at any time.

Note: If you are covered under the medical plan through the retiree, upon the death of the retiree, contact Via Benefits if you would like to continue coverage through the surviving spouse medical plan option. If you are covered under the medical plan through the employee, upon death of the employee, Sandia will notify Via Benefits on your behalf.

MONTHLY SUBSIDY

For: Surviving spouses of deceased employees who retired on or after January 1, 2012.

Sandia National Laboratories will pay a monthly subsidy toward your Sandia-sponsored group medical plan.

The subsidy will not increase year over year. As healthcare premiums rise, surviving spouses will pay the difference between the premiums and the subsidy.

SURVIVING SPOUSES OF EMPLOYEES OF EMPLOYEES WHO RETIRED ON OR AFTER JANUARY 1, 2012	
COVERAGE LEVEL	**PREMIUM SHARE**
PPO Survivor-only coverage	$495
HDHP Survivor-only coverage	$443
PPO Survivor + 1 coverage	$990
HDHP Survivor + 1 coverage	$886
PPO Survivor + 2 coverage	$1,485
HDHP Survivor + 2 coverage	$1,329
Note: Family contributions are capped at three times the applicable rate.	

FULL PREMIUM

Surviving spouses of employees who died with less than 15 years of service will pay 100% of the full premium.

SURVIVING SPOUSES OF EMPLOYEES WHO HAVE LESS THAN 15 YEARS OF SERVICE	
COVERAGE LEVEL	**PREMIUM SHARE**
PPO Survivor-only coverage	$884
HDHP Survivor-only coverage	$832
PPO Survivor + 1 coverage	$1,768
HDHP Survivor + 1 coverage	$1,664
PPO Survivor + 2 coverage	$2,652
HDHP Survivor + 2 coverage	$2,496
Note: Family contributions are capped at three times the applicable rate.	

For more detailed information, refer to the Sandia Health Benefits Plan for Retirees Summary Plan Description (SPD) located at SandiaRetireeBenefits.com.

Medicare Surviving Spouse YSA Credits and Sandia UnitedHealthcare Group Medicare Advantage PPO Plan

SURVIVING SPOUSE OF A RETIREE OR A SURVIVING SPOUSE OF A REGULAR EMPLOYEE WITH 15 OR MORE YEARS OF SERVICE	
Your Spending Arrangement Annual Credit Amount	$1,398
UnitedHealthcare Medicare PPO Monthly Premium	$36.63

Note: This amount will be prorated for the number of months left in the year for the new coverage you elect.

Important: You cannot enroll in a Sandia-sponsored Group Medicare Advantage Plan and elect the Your Spending Arrangement (YSA) option. You must select one or the other.

ELIGIBILITY

You are eligible to enroll in the surviving spouse medical plan as long as you are enrolled as a covered dependent at the time of your Sandia spouse's death. You must be enrolled in Medicare Parts A & B.

- If you enroll in the UnitedHealthcare Group Medicare Advantage PPO plan, you will automatically be enrolled in the Sandia Delta Dental Group sponsored plan.
- You are not eligible for Sandia Group Delta Dental plan if you enroll in the Your Spending Arrangement (YSA) option or after COBRA has expired, and may contact Via Benefits to look into an individual dental plan option.
- If you are enrolled in the Your Spending Account (YSA) option you are not eligible to enroll in the UnitedHealth Care Medicare Advantage Plan.
- You are not eligible for the Davis Vision Affinity Discount Program.
- If you terminate coverage for any reason, you and any dependents (if applicable) may not return to the plan at any time.
- If you remarry, you are is no longer eligible for YSA survivor benefits and must notify Via Benefits within 31 calendar days of the marriage.

Note: The Centers for Medicare and Medicaid (CMS) regulates the premiums for the various individual market Medicare supplemental health options under YSA.

PreMedicare & Medicare

Long-Term Disability (LTD) Terminees

PreMedicare Long-Term Disability (LTD) Terminee Medical Premium Sharing

MONTHLY SUBSIDY

For employees who were hired or rehired as listed below:

- Non-represented employees who were hired (or rehired) on or before December 31, 2008
- OPEIU-represented employees who were hired (or rehired) on or before June 30, 2009
- MTC- and SPA-represented employees who were hired (or rehired) on or before June 30, 2010 and became an LTD Terminee on or after January 1, 2012, Sandia National Laboratories will pay a monthly subsidy toward your Sandia-sponsored group medical plan. The subsidy will not increase year over year. As healthcare premiums rise, LTD Terminees will pay the difference between the premiums and the capped subsidy.

COVERAGE LEVEL	PREMIUM SHARE
PPO Member-only coverage	$378
HDHP Member-only coverage	$326
Member + 1 coverage	$756
HDHP Member + 1 coverage	$652
Member + 2 coverage	$1,134
HDHP Member + 2 coverage	$978

Note: Family contributions are capped at three times the applicable rate.

FULL PREMIUM SHARE

Employees who were hired or rehired as listed below:

- Non-represented employees who were hired (or rehired) on or after January 1, 2009
- OPEIU-represented employees who were hired (or rehired) on or after July 1, 2009
- MTC- and SPA-represented employees who were hired (or rehired) on or after July 1, 2010 and became an LTD Terminee will pay 100% of the cost of the Sandia-sponsored medical plan (outlined in the table below).

Note: If you and/or your covered dependents become Medicare-eligible, you and/or your covered dependents will lose medical coverage through Sandia National Laboratories at the end of the month prior to the month in which you and/or your covered dependents become Medicare-eligible. If you and/or your covered dependents become Medicare-eligible, notify Via Benefits.

COVERAGE LEVEL	PREMIUM SHARE
PPO Member-only coverage	$884
HDHP Member-only coverage	$832
Member + 1 coverage	$1,768
HDHP Member + 1 coverage	$1,664
Member + 2 coverage	$2,652
HDHP Member + 2 coverage	$2,496
Note: Family contributions are capped at three times the applicable rate.	

Medicare Long-Term Disability Terminee YSA Credits and Sandia UnitedHealthcare Medicare Advantage PPO Plan

If you became a Long-Term Disability Terminee on or after January 1, 2012, and are eligible for Medicare, your options are the YSA and the Sandia United Healthcare Medicare Advantage plan and you will become responsible for paying for your own health coverage. You will then be reimbursed by Via Benefits using YSA funds. You must be enrolled in Medicare Parts A & B.

If you enroll in the Sandia United Healthcare Medicare Advantage PPO Plan, you will be automatically enrolled into the Sandia Delta Group Dental plan.

	1 Medicare-eligible	2 Medicare-eligible
EMPLOYEES WHO BECAME AN LTD TERMINEE ON OR AFTER JANUARY 1, 2012		
Your Spending Arrangement Annual Credit Amount	$1,778	$3,556
Sandia UnitedHealthcare Medicare Advantage PPO Plan Monthly Premium	$25.64	$51.28

Note: The YSA annual credit amounts listed will be prorated for the number of months left in the year for the new coverage you elect.

Important: You cannot enroll in a Sandia-sponsored Group Medicare Advantage Plan and elect the Your Spending Arrangement (YSA) option. You must select one or the other.

The Centers for Medicare and Medicaid (CMS) regulates the premiums for the various individual market Medicare supplemental health options.

Dental Care Program &
Vision Affinity Discount Program

Dental Care Plan Program Overview

The Sandia Dental Care Program is administered by Delta Dental of New Mexico. This plan is available to retired employees, spouses, and their eligible dependents.

KEY POINTS

- Deductible: $50 per individual up to a family annual maximum deductible of $150
- Annual maximum benefit for non-orthodontic covered services: $1,500
- Lifetime maximum benefit for orthodontic covered services: $1,800

DENTAL SERVICES AND COINSURANCE AMOUNTS

Coinsurance is coverage based on a percentage of the maximum approved fee for the following types of services:

SERVICE TYPE	YOU PAY
Preventive services such as oral examinations, routine cleanings, and x-rays	No Charge
Basic and restorative services that include fillings, extractions, endodontic, and periodontal services	20%
Major services such as crowns, prosthodontics, and specified implant procedures	50%
Orthodontic services	50%

Coinsurance amounts shown above apply only to services received from in-network providers. Services received from out-of network providers have a 50% coinsurance across all service types listed and could be subject to balance billing.

MAKE THE MOST OF YOUR DENTAL BENEFITS

ID Cards: Delta Dental issues identification cards under the primary subscriber with a unique ID number. This card lists only the primary subscriber and the alternate ID, which is used by all family members.

Pre-Treatment Estimate: Request this free report from your dentist before undergoing extensive or expensive treatment.

Plan now includes Preventive Care Security (PCS); Diagnostic and Preventive services (D&P) do not count towards the Annual Maximum Benefit Amount when D&P services are rendered by in-network providers.

COVERAGE LEVEL	MONTHLY PREMIUM
RETIREE ONLY	$48
RETIREE + 1	$93
RETIREE + 2 (OR MORE)	$122

Note: if you are PreMedicare and have waived medical coverage, but elected dental coverage, you will not pay a dental premium.

CUSTOMER SERVICE

DELTA DENTAL OF NEW MEXICO CUSTOMER SERVICE	**Can help you with your dental coverage, including:** ▪ Benefits ▪ Coinsurance ▪ Deductible ▪ Annual Maximum	**Phone:** 1-800-264-2818 M-F 6:30 a.m. - 6 p.m. MT **In-Person:** 2500 Louisiana Blvd. NE STE. 600, Albuquerque, NM, 87110 M-F 8 a.m. - 5 p.m. MT
VIA BENEFITS	**Can help you with administration of your dental plan, including:** ▪ Eligibility ▪ Changing a name or address ▪ Adding or removing dependents ▪ Paying your premium	**Phone:** 1-888-598-7809 (TTY: 711) M-F 6 a.m. - 7 p.m. MT

Vision Affinity Discount Program Overview

The Davis Vision Affinity Discount Program is available to PreMedicare and Medicare retirees. This program is not available to surviving spouses or LTD Terminees.

WHAT ARE THE SERVICES?

Through special arrangements, Sandia National Laboratories makes discounts on examinations, eyewear and contact lenses available to members. All existing vision benefits, if any, associated with your health plan still apply. See the schedule on the next page for discounts and fixed charges.

WHO ARE THE NETWORK PROVIDERS?

You may choose from Davis Vision contracted providers or contracted retail locations for discounted services. Use any ophthalmologist or optometrist for your eye examination. Then, use a Davis Vision contracted network provider for your hardware purchases (eyeglasses) and maximize your savings. **Please note:** You should verify whether or not the Davis Vision provider accepts outside prescriptions.

All Davis Vision contracted network providers are licensed providers who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please call Davis Vision at 1-888-575-0191 to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network provider nearest you, or you may access our website at davisvision.com.

HOW DO I RECEIVE SERVICES FROM A DAVIS VISION NETWORK PROVIDER?

- Call the network provider of your choice to schedule an appointment.
- Identify yourself as a Davis Vision plan participant and a Sandia National Laboratories retiree or dependent.
- Provide the office with the retiree's Davis Vision issued ID number or card, as well as the name(s) and date(s) of birth of any covered dependent(s) needing services.

FOR ADDITIONAL INFORMATION

Visit Davis Vision at davisvision.com or call 1-888-575-0191. When visiting the web prior to enrollment, enter client code 7312. Accessing the website or phone number will allow you to:

- Locate a network provider in your area.
- Speak with a member service representative.
- Ask questions about your vision care benefits.

MEMBER SERVICE REPRESENTATIVES ARE AVAILABLE:

- Monday through Friday, 6 a.m. to 9 p.m. MT
- Saturday, 7 a.m. to 2 p.m. MT
- Sunday, 10 a.m. to 2 p.m. MT
- Individuals who use a TTY (teletypewriter) because of a hearing or speech disability may access TTY services by calling 1-800-523-2847.

Vision Member Discount Fee Schedule[1]

EYE EXAMINATIONS	YOU PAY:
Complete Examination	15% off Usual and Customary
Contact Lens Examination	15% off Usual and Customary
FRAMES[2]	
Priced up to $70 retail	$40
Priced above $70 retail	$40, plus 10% off the amount over $70
LENSES (UNCOATED PLASTIC)[2]	
Single Vision	$35
Bifocal	$55
Trifocal	$65
Lenticular	$110
LENS OPTIONS (ADD TO LENS PRICES ABOVE)[2]	
Standard Progressive	$75[3]
Premium Progressive	$125[3]
Glass Lenses	$18
Polycarbonate Lenses	$30
Scratch-Resistant Coating	$20
Standard Anti-Reflective Coating	$45
Ultraviolet (UV) Coating	$15
Solid Tint	$10
Gradient Tint	$12
Photochromic Lenses (i.e., Transitions®)	Glass $20, Plastic $65
Polarized Lenses	$75
High Index Lenses	$55
Intermediate Lenses	$30
Blended Lenses	$20
CONTACT LENSES	
Conventional	20% off Usual and Customary
Disposable/Planned Replacement	10% off Usual and Customary
OTHER PRODUCTS	
DavisVisionContacts.com	Up to 50% off retail prices
Laser Vision Correction Discount	Up to 25% off providers Usual and Customary
Non-Prescription Sunglasses	20% off Usual and Customary
Other Ancillary Products/Solutions	10% off Usual and Customary

[1] Eye wear discounts are not applicable at Walmart or Sam's Club locations.
[2] Special lens designs, materials, powers and frames may require additional cost.
[3] Or receive an additional 5% discount on any advertised specials—whichever is lower.

Life Insurance Offered by Via Benefits

Protect Your Legacy with Via Benefits Life Insurance

Voluntary life insurance is now available through Via Benefits Insurance Services. Our licensed insurance agents are third-party advocates who can advise you on which coverage is right for your needs and budget.

Via Benefits offer plans that pay out in advance if you have a critical, chronic, or terminal illness. Via Benefits wants to inform you of your options regarding this valuable service that truly brings peace of mind to you and your loved ones. We can also assist your spouse or dependents should they want to learn more.

YOUR LIFE INSURANCE RESOURCE

Protecting your loved ones and your legacy is Via Benefits' number one concern. By using our services, you can access a variety of life products that have been designed specifically for recent retirees.

By partnering with the largest reinsurance carrier in the U.S., Via Benefits can offer policies with low premiums, simplified underwriting processes, and dedicated support from our customer care team.

CONVENIENT, SIMPLIFIED APPROACH

Getting approved for a retiree life insurance policy with other companies can be lengthy and painful. It often requires a medical exam and an acceptance window lasting up to 45 days. Not with Via Benefits. We have access to plans with simplified underwriting that allow you to receive confirmation of a policy on the phone when you enroll. We even offer a guaranteed issue plan that asks no underwriting questions whatsoever.

Overview of the options available with Via Benefits			
Policy Type	**Retiree Life**	**Term Life**	**Whole Life**
Guarantee Issue Option	Yes	No	No
Policy Amount	$25k-$150k	$100k-$500k	$25k-$150k
Maximum Age to Qualify	80 years old	75 years old	85 years old
Value Change Over Life of Policy	Decreasing payout starting at age 70	No change	Cash value increases 2.5% annually. Value doubles at the policy's year 29.
Underwriting	Guaranteed Issue and Simplified Underwriting	Simplified and Comprehensive Underwriting plans available	Simplified Underwriting

* You must enroll within 60 days of your retirement date for the Guaranteed Issue plan.

Required Notices

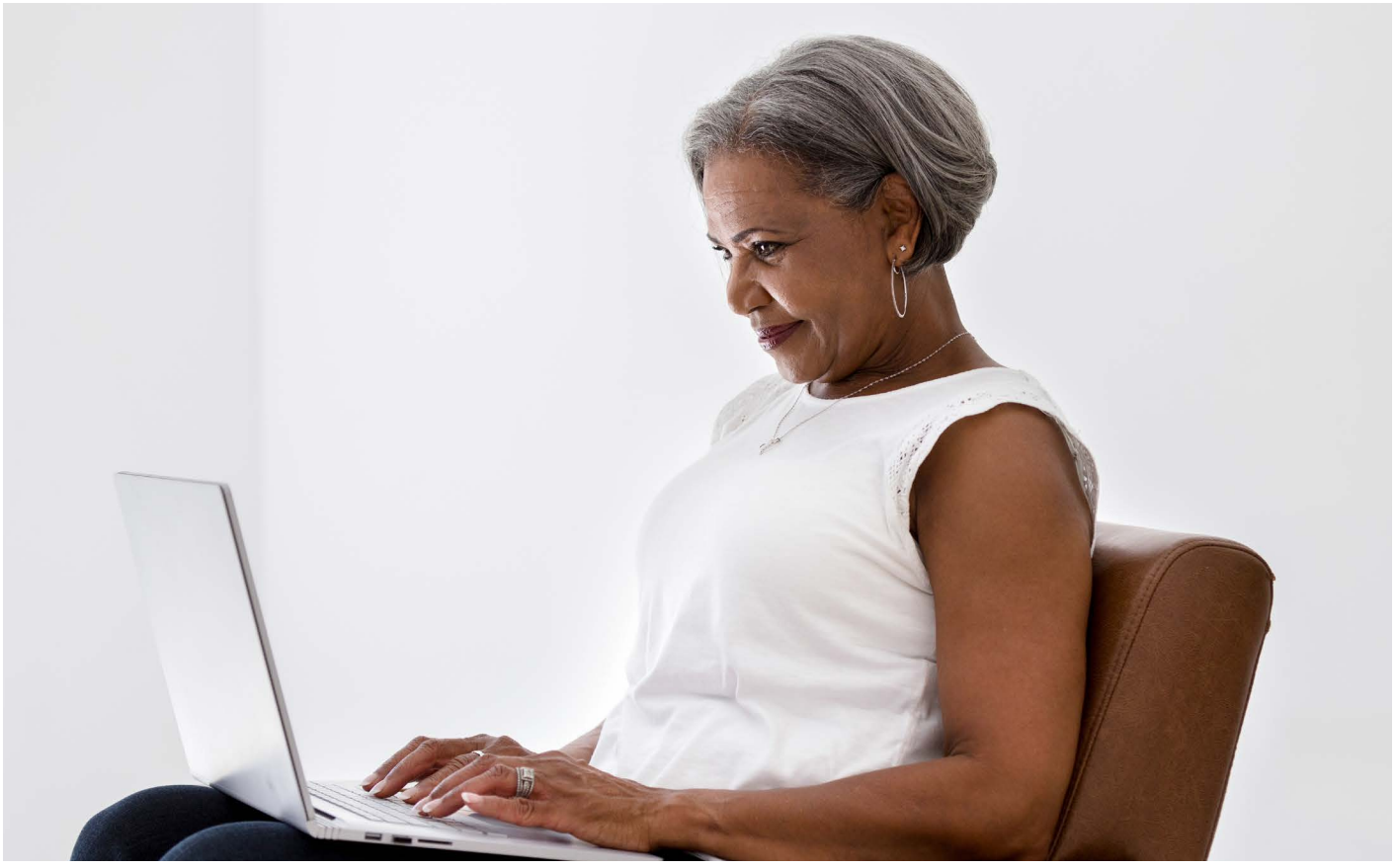
Women's Health and Cancer Rights Act

THE MEDICAL PROGRAMS SPONSORED BY SANDIA NATIONAL LABORATORIES WILL NOT RESTRICT BENEFITS IF YOU OR OUR DEPENDENT:

- Receives benefits for a mastectomy; and
- Elects breast reconstruction in connection with the mastectomy.

BENEFITS WILL NOT BE RESTRICTED PROVIDED THAT THE BREAST RECONSTRUCTION IS PERFORMED IN A MANNER DETERMINED IN CONSULTATION WITH YOU OR YOUR DEPENDENT'S PHYSICIAN AND MAY INCLUDE:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.
- Benefits for breast reconstruction will be subject to annual deductibles and coinsurance amounts consistent with benefits for other covered services under the program.



Sandia Prescription Drug Program Creditable Coverage Notice

SANDIA NATIONAL LABORATORIES HEALTH BENEFITS PARTICIPANT:

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Sandia National Laboratories and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare prescription drug plan.

If you are considering joining, you should compare your current coverage, including which drugs are covered at what costs, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

THERE ARE TWO IMPORTANT THINGS YOU NEED TO KNOW ABOUT YOUR CURRENT COVERAGE AND MEDICARE'S PRESCRIPTION DRUG COVERAGE:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan (Part D) or join a Medicare Advantage Plan (like an HMO and PPO) that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Sandia National Laboratories has determined that the prescription drug coverage offered by Sandia Total Health is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare prescription drug plan.

Note: The Medicare Advantage Plans offered by Sandia National Laboratories provide prescription drug (Part D) coverage. These employer group plans include the UnitedHealthcare Group Medicare Advantage (PPO) Plan, Humana Medicare Employer Plan (HMO), and Kaiser Permanente Senior Advantage Plan. This Notice does not apply to those enrolled in a Sandia-sponsored Medicare Advantage Plan as you will receive this information from UnitedHealthcare Plan, Humana Medicare Employer Plan (HMO), or Kaiser Permanente Senior Advantage Plan. In addition, this Notice does not apply to those who enroll in the Your Spending Arrangement option. If you enroll in a Medicare Advantage Plan with prescription drug coverage or a Medicare Part D Prescription Drug Plan through the Your Spending Arrangement option, you will receive explanation of whether or not the prescription drug coverage is creditable from the plan. If you do not receive this information, you will need to contact the plan in which you enrolled.

WHEN CAN YOU JOIN A MEDICARE PRESCRIPTION DRUG PLAN?

You can join a Medicare prescription drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare prescription drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE PRESCRIPTION DRUG PLAN?

- If you are an active employee or a dependent of an active employee and you and/or your dependents join a Medicare prescription drug plan, you and/or your dependents will still be eligible to receive medical and prescription drug benefits through your active Sandia medical plan as follows:
- If you and your dependents (if applicable) are enrolled in Sandia Total Health program, you are required to obtain your outpatient prescription drug benefits through your Sandia National Laboratories plan first. You can then file your claims on a secondary basis with your Medicare prescription drug plan.
- If you are a Medicare retiree or a Medicare dependent of a retiree and are enrolled in the UnitedHealthcare Group Medicare Advantage (PPO) Plan, the Lovelace Employer Group Medicare Plan provided by BCBSNM, or the Kaiser Permanente Senior Advantage Plan, and you enroll in another Medicare Prescription Drug Plan, please note that you may lose your Sandia-sponsored medical plan coverage.

Note: There are exceptions for Medicare domestic partners of employees as well as those plan participants who have End Stage Renal Disease. Please contact Sandia at the number listed below for more information.

Important: You can only waive prescription drug coverage by waiving the entire medical plan coverage for yourself and your dependents. Remember, if you waive your coverage, you can only re-enroll in the Sandia National Laboratories medical plan:

- During the next Open Enrollment Period with coverage effective January 1 of the following calendar year.
- At any time if you have an eligible mid-year election change event.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE PRESCRIPTION DRUG PLAN?

Important: You should also know that if you drop or lose your current coverage with Sandia National Laboratories and don't join a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare prescription drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) for as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE

Contact the Sandia National Laboratories Benefits Customer Service at 1-505-844-4237, press option 2.

Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare prescription drug plan, and if this coverage through Sandia National Laboratories changes. You also may request a copy of this notice.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the ***Medicare & You*** handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:

- Visit medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the ***Medicare & You*** handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227).
- TTY/TDD users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare prescription drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2021

Name of Entity/Sender: Sandia National Laboratories

Contact–Position/Office: Benefits Department

Address: 1515 Eubank SE, Albuquerque, NM 87123

Phone Number: 1-505-284-4700

Frequently Asked Questions (FAQs)

Frequently Asked Questions (FAQs) for PreMedicare Retirees

Healthcare decisions are important and can be complex. Below is a list of questions and answers for the most frequently asked questions.

Q1: I am a PreMedicare retiree and my spouse is Medicare-eligible. What options do we have?

You will have the option of enrolling in the Sandia Total Health, administered by UHC, BCBSNM, or Kaiser Permanente (Northern California only). Your spouse will have the Your Spending Arrangement option. Please see page 44 of this booklet for details.

Q2: I am a Medicare retiree and my spouse is not eligible for Medicare, so my spouse will enroll in Sandia Total Health. Does my spouse need to complete a health assessment to have his/her Health Reimbursement Account (HRA) fully funded?

Yes. Under your circumstance, your spouse needs to complete a health assessment. Your spouse will automatically receive the HRA funds through the medical plan in which he/she is enrolled, but you will not as Medicare is not eligible for HRA.

Q3: I am not age 65, but I have become disabled and eligible for Medicare. Do I need to make a change mid-year or at the open enrollment?

Within 31days following the date you are eligible for Medicare disability, you should contact Via Benefits to disenroll from the Sandia Total Health coverage and enroll into a Medicare plan. You are not eligible for the Sandia National Laboratories PreMedicare group medical plan once you become Medicare-eligible. You will be required to enroll into a Medicare Plan through Via Benefits to continue participating in Sandia Retiree Benefits.

Q4: I retired from Sandia National Laboratories, and I fall in the PreMedicare category. My spouse is on Medicare. Does my spouse need to complete the health assessment?

No, Medicare retirees are not eligible to receive HRA funds. The HRA is for individuals enrolled in Sandia Total Health, so only the PreMedicare member takes the health assessment.

Q5: I am a Medicare retiree, and my spouse is PreMedicare and will receive HRA funds. Can the HRA be used to reimburse my Medicare expenses?

No. HRA funds can only be used to reimburse eligible PreMedicare medical, prescription drug, dental, and vision expenses.

Q6: I am the Medicare retiree and my covered spouse will turn 65 in March. What does he/she need to do?

Your spouse will need to enroll in Medicare Parts A and B, for an effective date of March 1, 2022. Via Benefits will make contact approximately two months before March to get your spouse enrolled. Your spouse can enroll in any plan, regardless of the option you selected. For example, your spouse can enroll in the Sandia-sponsored UnitedHealthcare Group Medicare Advantage (PPO) Plan even if you are enrolled in the Sandia-sponsored Humana Medicare Employer HMO. If your spouse does not hear from Via Benefits by the end of January, your spouse should contact Via Benefits.

Frequently Asked Questions (FAQs) for Medicare Retirees

Healthcare decisions are important, and can be complex. At Via Benefits, we've worked with hundreds of thousands of retirees from some of America's largest corporations to make their healthcare decisions straight forward and simple. After helping so many through this process, we know that people often have similar concerns, so we've compiled a list of answers to the most frequently asked questions.

Q1: I am a Medicare Retiree and my spouse is PreMedicare. What options do we have?

Your spouse will have the option of enrolling in the PreMedicare Retiree Health Plans with UHC, BCBSNM, or Kaiser Permanente (Northern California only). Please refer to the PreMedicare section in this guide.

Q2: Can I use the funds from the Your Spending Arrangement (YSA) option and buy my own medical coverage outside Via Benefits?

No. YSA funds may only be used to reimburse an individual Medicare Plan (Medicare Advantage, Medigap, and/or Part D Prescription Drug Plan) through Via Benefits.

Q3: I am confused about the YSA option. Is Via Benefits the insurance company and I use the YSA to pay for my medical claims?

No, Via Benefits is not an insurance company. The YSA option is being provided to primarily allow a Medicare-eligible individual to buy a Medicare Plan through Via Benefits and use these dollars for reimbursement of eligible expenses. Via Benefits provides a multitude of Medicare plans that you can select from, and helps you decide which the most appropriate plan is for you.

Q4: When I enroll through Via Benefits, will I receive insurance ID cards?

Once you enroll in a Medicare Plan, you will receive an ID card from that plan. If you enroll in a Medicare Advantage Plan, you will use this ID card, not your Medicare card, to access services. If you enroll in a Medigap Plan, you will use both your Medicare card and the ID card you receive from the plan in which you enrolled to access services. You will pay your insurance plan directly and use the annual credit you receive through the YSA to reimburse yourself the premiums you paid for the plan in which you enrolled.

Q5: I am enrolled in the YSA in a Medigap Plan F. I would like to change to a Medigap Plan N. Can I do this?

The ability to change Medigap plans after the first year is limited. Some carriers will allow a person to decrease coverage but will not allow them to increase coverage without medical underwriting. This is determined by the individual insurance carriers. Contact Via Benefits for assistance in changing plans.

Q6: I enrolled in a Medigap Plan, but the doctor I was seeing at XYZ Medical in Albuquerque would no longer take me as a patient. Why?

Not all providers will accept Medicare patients. Please contact your provider to determine if they are accepting Medicare.

Q7: Do I need a special card to access the Vision Affinity Discount Program?

No. To receive services:

1. Call the network provider and schedule an appointment,
2. Identify yourself as a Davis Vision plan participant and a Sandia National Laboratories retiree or dependent.

You may request a Vision Affinity Discount Program card by calling Davis Vision at 1-888-575-0191 or by logging in through davisvision.com.

Contact Information

PREMEDICARE

BLUE CROSS BLUE SHIELD OF NEW MEXICO

Phone: 1-877-498-7652
Online: bcbsnm.com/sandia

EXPRESS SCRIPTS

Phone: 1-877-817-1440 (TTY: 1-800-759-1089)
Online: express-scripts.com

KAISER PERMANENTE

Phone: 1-800-464-4000
Online: healthy.kaiserpermanente.org

UNITEDHEALTHCARE

Phone: 1-877-835-9855
Online: myuhc.com

MEDICARE

UNITEDHEALTHCARE GROUP MEDICARE ADVANTAGE PPO PLAN

Phone: 1-844-496-0314
Online: UHCRetiree.com/SandiaRetiree

PREMEDICARE & MEDICARE

DAVIS VISION DISCOUNT PROGRAM

Phone: 1-888-575-0191
Online: davisvision.com client code 7312

DELTA DENTAL OF NEW MEXICO

Phone: 1-800-264-2818
Online: deltadentalnm.com

SANDIA NATIONAL LABORATORIES HEALTH PLANS

Phone: 1-505-284-4700

VIA BENEFITS

Phone: 1-888-598-7809 (TTY: 711)
Online: My.ViaBenefits.com/Sandia

VOLUNTARY LIFE INSURANCE

Phone: 1-844-222-2965

VIA BENEFITS™

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