

2016 Medicare Benefits Choices and Enrollment Guide

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



This guide is for individuals who are eligible for Medicare. It is provided to you to help evaluate your options and assist you in choosing the coverage that is best suited for your needs.

You are strongly encouraged to review all the information in this guide to ensure you do not have unintended gaps in your health care coverage.

If your covered dependent is not yet eligible for Medicare, he or she will receive a 2016 Benefits Choices and Enrollment Guide for PreMedicare participants. If you do not receive this Guide, please contact OneExchange at 1-888-598-7809.

**2016 Medicare Retiree Open Enrollment:
Wednesday, October 15 – Monday, December 7, 2015**

Note: The Medicare open enrollment period is longer than that for PreMedicare to allow Medicare members to have the same time period provided by Medicare to all Medicare beneficiaries.

About OneExchange

OneExchange, a Towers Watson company, is your retiree health benefit administration service. OneExchange offers personalized assistance to help you navigate through your health care options, evaluate, and select the option that is best for you. This service is provided at no cost to you and your dependents.

When you call OneExchange's customer service, you will reach a licensed benefit advisor who will assist you in enrolling, changing, or disenroll in/from your medical and dental plans.

ONEEXCHANGE LICENSED BENEFIT ADVISORS PROVIDE:

- Individualized telephone support to help you make an informed and confident enrollment decision.
- Education about the differences of coverage and cost between various plans.
- Advice and decision-making support, based on your current coverage and future needs.
- Assistance with enrolling in your chosen health care plan.

Once you have identified the plan that is best for you, OneExchange assists you with enrollment and ensures that your application is processed by the health plan you've chosen. After your application is submitted, you may check <https://medicare.oneexchange.com/sandia> or call us for an update on the status of your application.

TOOLS & RESOURCES

Please keep this guide as a reference to use throughout the enrollment process. All guides provided to retirees will be available on Sandia's web site at hbe.sandia.gov under the "Retiree" usergroup.

OneExchange's customer service for Sandia is 1-888-598-7809 (TTY: 711) and is available Monday — Friday from 6:00 a.m. to 7:00 p.m. MT.

In addition to working with a licensed benefit advisors over the phone, you may access online tools at <https://medicare.oneexchange.com/sandia> that will provide additional information regarding your Sandia benefits.

2016 Open Enrollment Meetings

2016 Open Enrollment for Sandia Medicare Retirees runs from Thursday, October 15, 2015, through Monday, December 7, 2015.

ALBUQUERQUE, NEW MEXICO

All presentations will be held at:

UNM Continuing Education Center
1634 University Blvd.
Albuquerque, NM 87102

	THURSDAY, NOVEMBER 5
Fair Time	9:00 a.m. – 12:30 p.m.
Presentation Time	11:00 a.m. – 12:00 p.m.
Presenters	OneExchange, Presbyterian, Lovelace provided by BCBSNM, and UnitedHealthcare
	TUESDAY, NOVEMBER 17
Fair Time	12:30 p.m. – 3:30 p.m.
Presentation Time	1:00 p.m. – 2:00 p.m.
Presenters	OneExchange, Presbyterian, Lovelace provided by BCBSNM, and UnitedHealthcare

LIVERMORE, CALIFORNIA

The California presentation will be held at:

Sandia Labs
7011 East Ave.
Bldg. 904 Auditorium
Livermore CA 94551

	THURSDAY, NOVEMBER 12
Fair Time	8:30 a.m. – 11:30 a.m.
Presentation Time	10:00 a.m. – 11:00 a.m.
Presenters	OneExchange, Blue Cross Blue Shield of New Mexico, Kaiser Permanente, and UnitedHealthcare

Do You Need To Take Action?

Important: If you do not want to change your medical, dental, and/or dependent coverage, you do not need to take any action during Open Enrollment. If you do not make any changes, you will retain your current coverage. However, you must call OneExchange if you wish to take any of the following actions:

COVERAGE:	TAKE ACTION:
MEDICAL	<ul style="list-style-type: none">• To enroll or disenroll in a medical plan or the YSA• To change your current medical plan• To waive coverage <p>Important: If you are only eligible for the YSA and not the Sandia-sponsored group Medicare advantage plans, you must enroll in whichever Medicare plan you pick through OneExchange. If you enroll directly through the Medicare plan, you will not be eligible for the YSA.</p>
DENTAL (RETIREES ONLY)	<ul style="list-style-type: none">• 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. Mid-year additions require a qualifying event. You may drop a dependent at any time.

Update your 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 www.prudential.com/mybenefits or by calling 1-800-778-3827 to request a paper change form.

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Changes to Retiree Medical Benefits

The following changes to Sandia benefits are effective January 1, 2016:

CHANGES TO MEDICAL BENEFITS EFFECTIVE JANUARY 1, 2016

Lovelace Medicare Plan was acquired by Blue Cross Blue Shield of New Mexico (BCBSNM) in 2014 and will operate as **Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM.**

The Your Spending Account (YSA) is now called Your Spending Arrangement (YSA). In 2015 there will be an increase in YSA allowance and premiums.

Eligibility Guidelines

The Sandia Medicare Retiree must maintain coverage in a Sandia plan in order for a spouse and/or dependents to have coverage.

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

- 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 incapacitated as determined by the claims administrator

Note 1: The claims administrator determines if the applicant is disabled. Please contact OneExchange for more information on enrolling your child as an incapacitated dependent.

Note 2: For Survivors, no new dependents can be added, except for children born or adopted with respect to a pregnancy or placement for adoption that occurred before the employee's or Retiree's death.

CHILD INCLUDES:

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

Eligibility for coverage under the Kaiser Permanente Senior Advantage Plan (Medicare) has the same eligibility requirements as stated above, however, they also include:

- Other unmarried dependent persons who meet all of the following requirements (excluding foster children):
- He or she receives from you or your spouse all of his or her support and maintenance,
- He or she permanently resides with you (the primary member),
- You or your spouse is the court-appointed guardian (or was before the person reached age 18), or whose parent is an enrolled dependent under your family coverage.

* Kaiser Permanente disabled dependent requires the following additional requirements:

- The dependent is incapable of self-sustaining employment because of mental retardation or physical handicap that occurred prior to reaching the age limit for dependents
- Receive substantially all of their support and maintenance from you and your spouse
- You give Kaiser proof of their incapacity within 31 days after Kaiser requests it

Note: Kaiser Permanente determines if the applicant is disabled.

CLASS II DEPENDENTS

No additional Class II Dependents can be enrolled in any of the Sandia medical plans. To continue to qualify for medical coverage, a Class II dependent must:

- Be “financially dependent” on you; financially dependent means that a person receives greater than 50% of their financial support for the calendar year from the primary member,
- Have a total income from all sources of less than \$15,000/year other than the support you provide, and
- Have lived in your home, or one provided by you in the United States, for the most recent six months.

INELIGIBLE DEPENDENTS

You must disenroll your ineligible dependents within 31 calendar days. For example, the following lists events that would make your dependents ineligible:

- Divorce or annulment
- Legal separation
- Child reaches age 26
- Incapacitated child no longer meets incapacitation criteria
- Child, step-child, grandchild, brother, sister, parent, step-parent or grandparent no longer meets Class II eligibility requirements criteria
- Class II dependent becomes Medicare-eligible

Changing Your Benefits Elections

Call OneExchange at 1-888-598-7809 (TTY: 711).

When you call OneExchange, you will automatically be connected with a benefit advisor who is licensed and trained to find individualized coverage for you. 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.

BEFORE YOU ARE CONNECTED TO A BENEFIT ADVISOR:

1. Speak to a benefits advisor by saying or pressing “1” on your keypad.
2. Enter your ZIP code.
3. Provide the last four digits of your Social Security number.*
4. Confirm the first three letters of your last name.

When an advisor answers the phone he or she will already have your information and be ready to help you evaluate your options and help you enroll in a Medicare plan that best fits your needs.

TOOLS & RESOURCES

In addition to working with our licensed benefit advisors over the phone, you may access online tools at <https://medicare.oneexchange.com/sandia> that will help you compare and evaluate the plan options available to you.

IF YOU ARE MAKING A CHANGE TO YOUR MEDICAL COVERAGE OR ENROLLING IN MEDICAL COVERAGE, BEFORE YOU CALL:

- Make sure you have your basic identification (address, SSN, etc.) information handy.
- Your current phone numbers, address(es), Social Security number and a Medicare ID number will be required to enroll you in a plan for 2016. We also need your effective dates for both Medicare Part A and Part B, which can be found on your Medicare card.
- Make a list of your prescription medications. Since very specific information about your prescriptions is required, it may be helpful to gather your medications together and have the bottles or boxes with you when you sign in online or call OneExchange. Refer to a label or bill for correct spelling.
- OneExchange can help you find a cost-effective plan based on the information you give us about your prescription drugs, including dosage, form, and how often you take the medication. Note: Do not forget to include any medications you have ordered by mail.
- Make a list of your doctors’ names and addresses. A phone number is also helpful, but if you do not have one, we can look it up for you.

* Our privacy policy can be found at <https://medicare.oneexchange.com/sandia>. Click on the “privacy policy” link at the bottom of any page.

What Should You Expect After Your Call?

CONFIRMATIONS

After you make or change an election with an OneExchange benefit advisor over the phone, a Confirmation Statement will be mailed to you within 10 business days indicating the plan selection(s) you made.

If you enrolled in a Sandia Group Medicare Plan you will receive a membership packet including your ID card(s) from the plan(s) you selected approximately 6-8 weeks after you make your election.

If you selected a plan through the Your Spending Arrangement (YSA) option you will receive a membership packet including your ID card(s) from the plan(s) you selected directly from the health plan or insurance company you selected.

YOUR SPENDING ARRANGEMENT (YSA) GUIDE

If you elect the YSA option, OneExchange will mail the YSA Guide to you. This guide explains how to access and manage the funds in Your Spending Arrangement.

PREMIUM SHARE BILLING

If you enroll in one of the Sandia-sponsored Medicare Advantage plans and/or the Sandia Dental Care Program that requires a premium share, you will see the new rates on the billing statement included in a welcome packet mailed to you from OneExchange by mid-December. At that time you may choose to have your monthly premium payments automatically deducted from your checking or savings 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 enroll in the YSA, you will be billed directly by your medical plan(s), pay them directly, and submit for reimbursement from the YSA option.

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 to choose what is best for you. Visit www.medicare.gov for more detailed descriptions of each plan.

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 either due to age or disability.	Part A provides you with inpatient care, and covers inpatient hospital stays, home health care, stays in skilled nursing facilities, and hospice care. The Part A deductible for 2015 is \$1,260 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.*	Part B provides you with outpatient care, and covers physician fees, and other medical services not requiring hospitalization. The 2015 deductible for Part B is \$147. 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 2015 is \$104.90 for most individuals, depending on income (adjustment rates may apply).
TYPES OF MEDICARE SUPPLEMENTAL PLANS:		
Medicare Advantage, Medigap, & Part D	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 Medicare Advantage plans: MAPD and MA. MAPD plans include prescription drug coverage, MA plans do not. Within these two Medicare Advantage types there are three doctor networks: HMO, PPO, and Private Fee-for-Service Plans (PFFS). Medicare Advantage is also referred to as Part C. The Presbyterian MediCare PPO, the Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, and the Kaiser Senior Advantage Plan are all MAPD plans being offered by Sandia. Note: You cannot enroll in a Medicare Advantage plan offered by Sandia in addition to another Medicare plan such as Part D	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 & 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, there is no prescription drug coverage.
		Part D refers to optional prescription drug coverage, which is available to all people who are eligible for Medicare. 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 43.)
* If your dependent is a foreign national and/or has not worked enough to qualify for Medicare Part A on their own, your dependent can purchase Medicare Part A. The cost for Part A for 2014 is \$426 per 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.		

Pages 13 - 28 Detail the Retiree Medical Benefits for Employees Who Retired on or Before December 31, 2011.

Refer to the Sandia Health Benefits Plan for Retirees Summary Plan Description (SPD) for additional information regarding eligibility for benefits.

Employees Who Retired On or Before December 31, 2011

Understanding Your Sandia Benefits Choices

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 OneExchange.

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 Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM and the spouse can elect the Presbyterian MediCare PPO. Keep in mind, the Retiree must be enrolled in a Sandia group or individual plan in order for the spouse and/or dependents to have Sandia coverage.

NEW MEXICO PLAN OPTIONS

- Presbyterian MediCare PPO
- Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM
- Your Spending Arrangement
- Waive coverage
- Dental - Sandia-sponsored only for retirees

NORTHERN CALIFORNIA PLAN OPTIONS

- Kaiser Senior Advantage Plan
- Your Spending Arrangement
- Waive coverage
- Dental - Sandia-sponsored only for retirees

OUTSIDE OF NEW MEXICO AND NORTHERN CALIFORNIA PLAN OPTIONS

- Your Spending Arrangement
- Waive coverage
- Dental - Sandia-sponsored only for retirees

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

Sandia-Sponsored Medicare Advantage Plans Overview

LOVELACE EMPLOYER GROUP MEDICARE PLAN (HMO) PROVIDED BY BCBSNM

This HMO Medicare Advantage plan with prescription drug benefits is fully-insured through the Lovelace Health Plan for eligible Medicare-primary participants who live in New Mexico. Benefits are available only from providers who are from a Lovelace Medicare HMO Senior Plan Provider.

PRESBYTERIAN MEDICARE PPO

This Medicare Advantage plan with prescription drug benefits is fully-insured through the Presbyterian Insurance Company, Inc. for eligible Medicare-primary participants who live in New Mexico. This PPO provides both in- and out-of-network benefits. In-network benefits are available only from providers who are in the Presbyterian PPO network.

KAISER SENIOR ADVANTAGE PLAN

This HMO Medicare Advantage plan with prescription drug benefits is fully-insured through Kaiser Permanente for eligible Medicare-primary participants who live in Northern California, within Kaiser-designated service areas (currently Alameda, Contra Costa, Marin, Sacramento, San Francisco, San Joaquin, San Mateo, Solano, and Stanislaus counties are entirely inside a Kaiser service area; service areas for other Northern California counties are determined by specific ZIP codes within those counties).

Enrolling in one of the Sandia-sponsored 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.

Employees who retired on or before December 31, 2011

Plan Details: Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM

A Medicare Advantage Plan with Prescription Drug Benefits

This plan is fully-insured through Blue Cross Blue Shield of New Mexico (BCBSNM) for eligible Medicare-primary participants residing in New Mexico. Benefits are available only from providers who are in the BCBSNM network.

You can obtain information on this plan (including a provider directory, drug formulary list, etc.) by contacting Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM Customer Service at (888) 731-7503 from 8:00 a.m. to 8:00 p.m. 7 days a week.

For additional information, refer to the Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM Evidence of Coverage at hbe.sandia.gov. If there are any discrepancies between this information and the Evidence of Coverage, then the Evidence of Coverage supersedes.

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 state of New Mexico;
- Are enrolled in both Medicare Part A and Part B; and
- Continue to pay Medicare Part A (if applicable) and Part B premiums.

KEY POINTS

- Primary Care Physician (PCP) is required. You must select a PCP or one will be assigned to you. Obtain a directory by contacting Customer Service.

- Referrals to specialists are not required.
- Unlimited prescription drug coverage is available under this plan.
- 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 be required to assign your Medicare benefits to the Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM; therefore, you cannot be enrolled in this plan and another Medicare Advantage plan or another Medicare Part D plan at the same time.
- When you select the Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, your regular Medicare benefits are provided by this plan. You must maintain your Medicare Parts A and B enrollment in order to keep your coverage.
- You must inform Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM and OneExchange before moving or leaving the service area for more than six (6) months. Your permanent residence must be in the BCBSNM service area, which is the state of New Mexico.
- Outside the service area, this plan covers emergency and urgent care. If you are hospitalized in a non-participating hospital for emergency care, you or a family member must call Customer Care within 48 hours (or as soon as reasonably possible).

Employees who retired on or before December 31, 2011

Plan Details: Presbyterian MediCare PPO

A Medicare Advantage Plan with Prescription Drug Benefits

This plan is fully-insured through the Presbyterian Insurance Company, Inc. for eligible Medicare-primary participants who live in New Mexico. This PPO provides both in- and out-of-network benefits.

You can obtain information on this plan (including a provider directory, drug formulary list, etc.) by contacting Presbyterian at 1-505-923-8458 or 1-800-347-4766, M-F, 8 a.m. to 8 p.m. For additional information, refer to the Presbyterian MediCare PPO Evidence of Coverage at hbe.sandia.gov. If there are any discrepancies between this information and the Evidence of Coverage, then the Evidence of Coverage supersedes.

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 state of New Mexico;
- Are enrolled in both Medicare Part A and Part B; and
- Continue to pay Medicare Part A (if applicable) and Part B premiums.

KEY POINTS

- Both in- and out-of-network coverage is available.
- PCP is not required.
- Referrals to specialists are not required.
- Unlimited outpatient prescription drug coverage is available under this Plan.
- 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 or pay the additional Medicare Part D premium.

- You will be required to assign your Medicare benefits to Presbyterian MediCare PPO plan; therefore, you cannot be enrolled in the Presbyterian MediCare PPO plan and another Medicare Advantage plan or another Medicare Part D plan at the same time.
- When you select Presbyterian MediCare PPO, your regular Medicare benefits are provided by this Plan. You must maintain your Medicare Parts A and B enrollment in order to keep your coverage.
- You must inform the Presbyterian Health Plan and OneExchange before moving or leaving the service area for more than six (6) months. Your permanent residence must be in the Presbyterian MediCare PPO service area, which is the state of New Mexico.
- You may go to any provider out of network that will accept Medicare.
- Coverage is available worldwide for emergency and urgent care. If you are hospitalized in a non-participating hospital for emergency care, you or a family member must call Presbyterian Customer Service within 48 hours (or as soon as reasonably possible).

Employees who retired on or before December 31, 2011

Plan Details: Kaiser Senior Advantage

A Medicare Advantage Plan with Prescription Drug Benefits

This plan is fully-insured through Kaiser Permanente for eligible Medicare-primary participants who live in Northern California, within Kaiser-designated service areas.

You can obtain information on this plan by contacting the Kaiser Permanente Member Services Call Center at 1-800-464-4000, M-F 7 a.m. to 7 p.m., weekends 7 a.m. to 3 p.m., or by visiting www.kponline.org. For additional information, refer to the Kaiser Senior Advantage Plan with Part D Evidence of Coverage at hbe.sandia.gov. If there are any discrepancies between this and the Evidence of Coverage, then the Evidence of Coverage supersedes.

ELIGIBILITY

This plan is available to the following who live within a Kaiser-designated service area (currently Alameda, Contra Costa, Marin, Sacramento, San Francisco, San Joaquin, San Mateo, Solano, and Stanislaus counties are entirely inside a Kaiser service area; service areas for other Northern California counties are determined by specific ZIP codes within those counties).

This plan is available to Medicare-primary 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.

KEY POINTS

- Kaiser Permanente providers and facilities must be used. If you access care outside Kaiser Permanente, your services may not be covered. Coverage is available worldwide for emergency and urgent care.
- Self-referral to selected specialty departments; others require a referral from your Plan physician.
- You must reside within a Kaiser Permanente service area to be eligible for the Plan and may only leave the service area for a maximum of 90 continuous days.
- Medicare benefits must be assigned to Kaiser Permanente. Therefore, you cannot be enrolled in another Medicare Advantage Plan or Medicare Part D Plan at the same time you are enrolled in Kaiser Senior Advantage Plan.
- When you select Senior Advantage, your regular Medicare benefits are provided by Kaiser Permanente. You must maintain your Medicare Parts A and B enrollment in order to keep your Senior Advantage coverage.
- 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.
- Medicare will not pay for any medical care you receive from a non-Kaiser Permanente health care provider unless you have been referred to the outside provider by a Kaiser Permanente physician. When you enroll in Senior Advantage, you agree to receive all your medical services through Kaiser Permanente, except for emergencies, urgent out-of-area care, or authorized referrals.

Employees who retired on or before December 31, 2011

Your Spending Arrangement (YSA)

ELIGIBILITY

The Your Spending Arrangement option is available to Medicare-primary 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 CAN ENROLL IN THE YSA IF YOU:

- Enroll into a qualified individual Medicare medical plan(s) through OneExchange; or
- Enroll in TriCare, Veterans Administration, a Kaiser Individual plan, have an OneExchange account through Lawrence Livermore National Laboratories; or
- Reside in an area with limited or no access to individual Medicare plans through the OneExchange Exchange (enrollment must be approved by OneExchange).

YSA OVERVIEW

YSA is generally used to purchase individual Medicare plans through OneExchange's Exchange. OneExchange offers a variety of individual Medicare Advantage, Medigap (also known as Medicare Supplement), and Prescription Drug coverage options through their Exchange from more than 90 of the nation's largest and most popular health insurance companies.

Sandia will provide you with annual credits in the Your Spending Arrangement to use toward this coverage. Funds are provided on a tax-

free basis. Under this arrangement, you, not Sandia, will be responsible for choosing your own medical coverage from the Exchange. Licensed benefit advisors from OneExchange will assist you with finding the most cost-effective Medicare coverage that fits your individual requirements.

- You will receive an annual credit amount as outlined on pages 27, 29, and 31 to use toward payment for these plans.
- The Your Spending Arrangement annual credit amount will be prorated for the number of months left in the year for the new coverage you elect.
- The following are some of the qualified health care 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 Care Plan.
 - Premiums for individual Medicare supplemental insurance such as Medicare Advantage, Medigap, and Prescription Drug plans purchased through the OneExchange marketplace. Generally, you will have between 20 plans to choose from depending upon your ZIP code. See page 25 for more information.
 - Out-of-pocket medical expenses like medical and prescription drug deductibles and copays.

- Refer to the YSA Program Summary on hbe.sandia.gov for more information. OneExchange offers automatic reimbursement with most insurance carriers. Automatic reimbursement is a service offered by OneExchange where you pay your premiums to the insurance carrier for the month or quarter, and the insurance carrier notifies OneExchange through an electronic file that your payment has been received. This notification will trigger a release of payment from the 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 reimbursement is only available with specified carriers and does not cover expenses outside of the premiums for medical or prescription drug coverage.
- To receive your reimbursements as quickly as possible, you are encouraged to establish direct deposit. Information will be provided in the OneExchange YSA Guide. Unless you establish direct deposit, all reimbursements will be made by check and mailed to the address on file with OneExchange.
- YSA accounts are set up as joint accounts. If your Medicare-eligible spouse elects YSA, you and your spouse will have one account. You can use the blended accounts 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.

COMPARE YOUR MEDICAL CHOICES

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

OneExchange offers enrollment assistance and advice in selecting from a variety of Medicare supplemental and prescription drug coverage options.

You may combine supplemental plans (see page 24) into a package that covers all of your needs.

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 a Medicare Advantage plan that covers prescription drugs, and use your YSA funds to pay your Medicare Advantage and Part B premiums. See page 25 for examples of plan choices accessible through OneExchange.

Important: In order to access your YSA funds to pay for premiums you must purchase your Medicare and Prescription Drug plans through OneExchange's Exchange (except for TriCare and VA).

When you enroll into an individual Medicare Supplement plan through the YSA, you must do so within 63 days from the loss of your Sandia-sponsored group coverage (whether it is one of the Sandia-sponsored group Medicare Advantage plans or one of the Sandia-sponsored employee or pre-Medicare medical plans). If you enroll within the 63 day window after loss of coverage, you will not be denied coverage or pay more for your coverage. 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.

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), individual carriers have the right to underwrite based on past health experience, and most do, so you may not be able to upgrade your coverage. In addition, if you want to change carriers, you may also be subject to underwriting.

A MEDIGAP PLAN AND PART D PLAN

The primary value of a Medigap plan is its flexibility. Medigap plans are widely accepted by doctors and hospitals around the country. Anyone that accepts original Medicare will also accept Medigap. In exchange for this flexibility, you may pay higher monthly premiums than with other plan options.

Adding a Part D plan to your Medigap plan is strongly recommended as it adds prescription drug coverage.

A MEDIGAP & PART D PLAN MIGHT BE RIGHT FOR YOU IF:

- You prefer the flexibility to see any doctors that accept Medicare, including your current doctors. Medigap is accepted by all doctors that accept Medicare. It is the most flexible type of plan regarding choice of physician.
- You have frequent doctor visits. Because most Medigap plans do not require co-payments or co-insurance, each visit to the doctor or hospital is covered by your monthly premium payments (which may be higher than other plans).
- You travel frequently. Medigap is widely accepted and can accommodate multiple residencies and frequent trips better than other plans.

A MEDICARE ADVANTAGE PLAN WITH PRESCRIPTION DRUG COVERAGE

The primary value of a Medicare Advantage plan is the convenience of having a single plan (and a single premium) that covers medical expenses and prescription drug expenses.

Medicare Advantage plans generally have lower monthly premiums than Medigap plans, but they often charge a per-visit fee, either through a co-payment or co-insurance. In most cases, Medicare Advantage plans utilize a network of doctors (a PPO or HMO) that allows for even deeper cost savings.

A MEDICARE ADVANTAGE PLAN MIGHT BE RIGHT FOR YOU IF:

- You are open to seeing doctors within a network. If you are willing to obtain services from doctors within a defined network (which may or may not include your current doctor), generally Medicare Advantage plans will offer a lower-cost option. Many doctors work with Medicare Advantage plans so changing doctors may not be necessary.
- You have fewer doctor visits. If you visit the doctor infrequently and do not mind being responsible for per-visit co-payments or co-insurance, Medicare Advantage plans will offer a lower monthly premium.
- You want one plan and one premium. Medicare Advantage allows you to combine all your Medicare health and prescription drug coverage into one plan that provides all of your benefits for a single premium.

Employees who retired on or before December 31, 2011

Evaluate Your Options

What are the differences between Medicare supplemental plans?

	Medigap Plan	Part D Plan	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. An OneExchange 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	Not applicable	Yes, included
Does it cover doctors and specialists?	Doctors and specialists are covered. Any doctor that accepts Original Medicare accepts these plans.	Not applicable	Doctors and specialists are covered. There are three types of Medicare Advantage doctor networks: HMO, PPO, and PFFS. Note: If you do not wish to change your current doctors you must know which plans they accept prior to enrolling.
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.

Employees who retired on or before December 31, 2011

Examples of Plan Choices

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

Below are samples of plan choices which can be purchased using YSA funds and accessible through OneExchange

	Medigap Plan	Part D Plan	Medicare Advantage
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SAMPLE OF PLAN CHOICES AVAILABLE THROUGH ONEEXCHANGE IN BERNALILLO CO., NEW MEXICO:

Number of plans offered	21	21	14
2015 monthly premium*	\$53 - \$206	\$13 - \$127	\$0 - \$160
Provider	2 or more insurance companies to choose from		

SAMPLE OF PLAN CHOICES AVAILABLE THROUGH ONEEXCHANGE IN ALAMEDA CO., CALIFORNIA:

Number of plans offered	28	23	4
2015 monthly premium*	\$62 - \$278	\$16 - \$146	\$0 - \$95
Provider	2 or more insurance companies to choose from		

SAMPLE OF PLAN CHOICES AVAILABLE THROUGH ONEEXCHANGE IN MARICOPA CO., ARIZONA:

Number of plans offered	24	19	12
2015 monthly premium*	\$56 - \$354	\$16 - \$123	\$0 - \$178
Provider	2 or more insurance companies to choose from		

Employees who retired on or before December 31, 2011

Retiree Medical Premium Sharing and YSA Credits

Sandia-Sponsored Group Medicare Advantage Plans Medical Premium Sharing

Employees who retired prior to January 1, 1995 will not be required to pay a premium share for themselves or any eligible Class I dependents for the Kaiser Senior Advantage Plan, the Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, or the Presbyterian MediCare PPO at this time. (Exception: Retirees who retired prior to January 1, 1995, but who currently pay a portion of their medical coverage will continue to do so.)

Employees who retired after December 31, 1994 and before January 1, 2003 pay a monthly premium for coverage in Kaiser Senior Advantage Plan, the Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, or the Presbyterian MediCare PPO. Use Table B to find your monthly rate for your selected plan(s).

Employees who retired after December 31, 2002 and before January 1, 2012 pay a monthly premium for coverage in Kaiser Senior Advantage Plan, the Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, or the Presbyterian MediCare PPO based on a percentage of the full premium based on years of service. Use Tables B through F on the next page to find your monthly rate for your selected plans(s).

YSA CREDITS

If you choose the YSA, you will become responsible for paying for your own health coverage. You will then be reimbursed by OneExchange, using YSA funds.

The annual credit amounts you are eligible to receive are based on when you retired and/or your years of service and are provided in the table on page 27.

Note: Annual YSA credit amounts will be prorated for individuals who retire mid-year or who age-in to Medicare.

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

TABLE A: Employees Who Retired Prior to January 1, 1995

Your Spending Arrangement annual credit amount	\$1,840	\$3,680
------------------------------------------------	---------	---------

TABLE B: Employees Who Retired after 12/31/1994 and before 1/1/2003 OR after 12/31/2002 with 30+ years

Presbyterian MediCare PPO monthly premium	\$15.90	\$31.80
Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM monthly premium	\$14.19	\$28.38
Kaiser Senior Advantage Plan monthly premium	\$27.53	\$55.06
Your Spending Arrangement annual credit amount	\$1,656	\$3,312

TABLE C: Employees Who Retired After 12/31/2002 with 25-29 years

Presbyterian MediCare PPO monthly premium	\$23.85	\$47.70
Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM monthly premium	\$21.29	\$42.58
Kaiser Senior Advantage Plan monthly premium	\$41.30	\$82.60
Your Spending Arrangement annual credit amount	\$1,564	\$3,128

TABLE D: Employees Who Retired after 12/31/2002 with 20-24 years

Presbyterian MediCare PPO monthly premium	\$39.75	\$79.50
Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM monthly premium	\$35.48	\$70.95
Kaiser Senior Advantage Plan monthly premium	\$68.83	\$137.66
Your Spending Arrangement annual credit amount	\$1,380	\$2,760

TABLE E: Employees Who Retired after 12/31/2002 with 15-19 years

Presbyterian MediCare PPO monthly premium	\$55.65	\$111.30
Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM monthly premium	\$49.67	\$99.34
Kaiser Senior Advantage Plan monthly premium	\$96.37	\$192.74
Your Spending Arrangement annual credit amount	\$1,196	\$2,392

TABLE F: Employees Who Retired after 12/31/2002 with 10-14 years

Presbyterian MediCare PPO monthly premium	\$71.55	\$143.10
Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM monthly premium	\$63.86	\$127.72
Kaiser Senior Advantage Plan monthly premium	\$123.90	\$247.80
Your Spending Arrangement annual credit amount	\$1,012	\$2,024

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

Employees who retired on or before December 31, 2011

Surviving Spouse Medical Premium Sharing and YSA Credits

Your surviving spouse is eligible to enroll in the Surviving Spouse Medical Plan as long as he/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 shown below.

If your surviving spouse remarries, he/she is no longer eligible for survivor benefits with a Sandia-sponsored medical plan or YSA and must notify OneExchange within 31 calendar days of the marriage.

The CMS regulates the premiums for the various individual market Medicare supplemental health options under YSA.

YSA CREDITS

If you choose the YSA option, you will become responsible for paying for your own health coverage. You will then be reimbursed by OneExchange, using YSA funds.

Note: Annual YSA credit amounts will be prorated for individuals who become a surviving spouse mid-year or who age-in to Medicare.

SANDIA-SPONSORED GROUP MEDICARE ADVANTAGE PLANS MEDICAL PREMIUM SHARING

Surviving spouse of an employee who retired on or before December 31, 2011 pay a monthly premium for coverage in Kaiser Senior Advantage Plan, the Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, or the Presbyterian MediCare PPO.

The surviving spouse of a regular employee with 15 or more years of service who died prior to January 1, 2012, pay a monthly premium for coverage in Kaiser Senior Advantage Plan, the Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, or the Presbyterian MediCare PPO.

Use Table A on the next page to determine your monthly premium amount as well as the annual credit amounts you are eligible to receive for the YSA option.

Surviving spouse of a regular employee with less than 15 years of service who died prior to January 1, 2012 pay 100% of the premium for coverage in Kaiser Senior Advantage Plan, the Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, or the Presbyterian MediCare PPO.

Use Table B on the next page to determine your monthly premium amount. Surviving spouses in this category are not eligible for the YSA.

TABLE A: Surviving spouse of a retiree or regular employee with 15 or more years of service

Presbyterian MediCare PPO monthly premium	\$79.50
Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM monthly premium	\$70.95
Kaiser Senior Advantage Plan monthly premium	\$137.67
Your Spending Arrangement annual credit amount	\$920.00

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

TABLE B: Surviving spouse of a regular employee with less than 15 years of service

Presbyterian MediCare PPO monthly premium	\$159.00
Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM monthly premium	\$141.90
Kaiser Senior Advantage Plan monthly premium	\$275.33

Employees who retired on or before December 31, 2011

Long-Term Disability Terminee Premium Sharing and YSA Credits

Sandia-Sponsored Group Medicare Advantage Plans Medical Premium Sharing

Employees who became an LTD terminee prior to January 1, 1995 will not be required to pay a premium share for themselves or any eligible Class I dependents for the Kaiser Senior Advantage Plan, Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, or Presbyterian MediCare PPO at this time.

Employees who became an LTD terminee after December 31, 1994 and before January 1, 2003 pay a monthly premium for coverage in the Kaiser Senior Advantage Plan, Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, or Presbyterian MediCare PPO equal to 10% of the cost. Use Table B on the next page to find the monthly rate for your selected plan(s).

Employees Who became an LTD terminee after December 31, 2002 and before January 1, 2012 pay a monthly premium for coverage in the Kaiser Senior Advantage Plan, Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, or Presbyterian MediCare PPO equal to 35% of the cost. Use Table C on the next page to find the monthly rate for your selected plan(s).

YSA CREDITS

If you choose the YSA, you will become responsible for paying for your own health coverage. You will then be reimbursed by OneExchange, using YSA funds.

The annual credit amounts you are eligible to receive are based on when you became an LTD Terminee and are provided in the table on the next page.

Note: Annual YSA credit amounts will be prorated for individuals who become an LTD Terminee mid-year or who age-in to Medicare.

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

1 Medicare-eligible 2 Medicare-eligibles

TABLE A: Employee who became an LTD terminnee prior to January 1, 1995

Your Spending Arrangement annual credit amount	\$1,840	\$3,680
------------------------------------------------	---------	---------

TABLE B: Employees who became an LTD terminnee after December 31, 1994 and prior to January 1, 2003

Presbyterian MediCare PPO monthly premium	\$15.90	\$31.80
Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM monthly premium	\$14.19	\$28.38
Kaiser Senior Advantage Plan monthly premium	\$27.53	\$55.06
Your Spending Arrangement annual credit amount	\$1,656	\$3,312

TABLE C: Employees Who Became an LTD terminnee after December 31, 2002

Presbyterian MediCare PPO monthly premium	\$55.65	\$111.30
Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM monthly premium	\$49.67	\$99.34
Kaiser Senior Advantage Plan monthly premium	\$96.37	\$192.74
Your Spending Arrangement annual credit amount	\$1,196	\$2,392

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

Pages 32 - 39 detail the retiree medical benefits for employees who retired on or after January 1, 2012 and meet the following criteria:

- 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

Refer to the Sandia Health Benefits Plan for Retirees Summary Plan Description (SPD) for additional information regarding benefit eligibility.

Employees Who Retired On or After January 1, 2012

Your Spending Arrangement (YSA)

ELIGIBILITY

- The YSA option is available to Medicare-primary retirees, surviving spouses, LTD terminatees, 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 can enroll in the YSA if you:
 - Enroll into a qualified individual Medicare plan(s) through OneExchange
 - Enroll in TriCare, Veterans Administration, a Kaiser Individual plan, have an OneExchange account through Lawrence Livermore National Laboratories
 - Reside in an area with limited or no access to individual Medicare plans through the OneExchange Exchange (enrollment must be approved by OneExchange), and/or
 - Enroll in the Sandia-sponsored group Dental Care Plan

YSA OVERVIEW

Your Spending Arrangement is generally used to purchase individual Medicare plans through OneExchange's marketplace. OneExchange offers a variety of individual Medicare Advantage, Medigap (also known as Medicare Supplement), and Prescription Drug coverage options through their Exchange from more than 90 of the nation's largest and most popular health insurance companies.

Sandia will provide you with annual credits to your YSA to use toward this coverage. Funds are provided on a tax-free basis. Under this arrangement, you, not Sandia, will be responsible for choosing your own medical coverage from the Exchange. Licensed benefit advisors from OneExchange will assist you with finding the most cost-effective Medicare coverage that fits your individual needs.

- You will receive an annual credit amount as outlined on pages 37-39 to use toward payment for these plans.
- The YSA annual credit amount will be prorated for the number of months left in the year for the new coverage you elect.
- The following are some of the qualified health care 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 Medicare Advantage, Medigap, and Prescription Drug plans purchased through the OneExchange Exchange. Generally, you will have 20 plans to choose from depending upon your ZIP code. See page 36 for more information.
 - Out-of-pocket medical expenses like deductibles and copays.
 - Refer to the YSA Program Summary on hbe.sandia.gov for more information.
- OneExchange offers automatic reimbursement with most insurance carriers. Automatic reimbursement is a process where you pay your premiums to the insurance carrier for the month or

quarter, and the insurance carrier notifies OneExchange through an electronic file that your payment has been received. This notification will trigger a release of payment from the 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 reimbursement is only available with specified carriers and does not cover expenses outside of the premiums for medical or prescription drug coverage.

- To receive your reimbursements as quickly as possible, you are encouraged to establish direct deposit. Information will be provided in the OneExchange YSA Guide. Unless you establish direct deposit, all reimbursements will be made by check and mailed to the address on file with OneExchange.
- YSA accounts are set up as joint accounts. If your Medicare-eligible spouse elects YSA, you and your spouse will have one account. You can use the blended accounts toward any allowable expenses between the two of you.
- Any unused balance in your account rolls over and is available to use the next year.

COMPARE YOUR MEDICAL CHOICES

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

OneExchange licensed Benefit Advisors provide enrollment assistance and advice in choosing from the variety of Medicare supplemental and prescription drug coverage options.

You may combine supplemental plans (see page 35) into a package that covers all of your needs.

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 a Medicare Advantage plan that covers

prescription drugs, and use your YSA funds to pay your MA and Part B premiums. See page 35 for examples of plan choices accessible through OneExchange.

Important: In order to access your YSA funds to pay for premiums you must purchase your Medicare and Prescription Drug plans through OneExchange's Exchange (except for TriCare and VA).

When you enroll into an individual Medicare Supplement plan through the YSA, you must do so within 63 days from the loss of your Sandia-sponsored group coverage (whether it is one of the Sandia-sponsored employee or pre-Medicare medical plans). If you enroll within the 63 day window after loss of coverage, you will not be denied coverage or pay more for your coverage. 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.

If you are enrolled in an individual plan through the YSA Program, and you want to upgrade your Medigap plan (e.g., from Plan F to Plan N), individual carriers have the right to underwrite based on your past health experience, and most do, so you may not be able to upgrade your coverage. In addition, if you want to change carriers, you may also be subject to underwriting.

A MEDIGAP PLAN AND PART D PLAN

The primary value of a Medigap plan is its flexibility. Medigap plans are widely accepted by doctors and hospitals around the country. Anyone that accepts original Medicare will also accept Medigap. In exchange for this flexibility, you may pay higher monthly premiums than with other plan options.

Adding a Part D plan to your Medigap plan is strongly recommended as it adds prescription drug coverage.

A MEDIGAP & PART D PLAN MIGHT BE RIGHT FOR YOU IF:

- You prefer the flexibility to see any doctors that accept Medicare, including your current doctors. Medigap is accepted by all doctors that accept Medicare. It is the most flexible type of plan regarding choice of physician.
- You have frequent doctor visits. Because most Medigap plans do not require co-payments or co-insurance, each visit to the doctor or hospital is covered by your monthly premium payments (which may be higher than other plans).
- You travel frequently. Medigap is widely accepted and can accommodate multiple residencies and frequent trips better than other plans.

A MEDICARE ADVANTAGE PLAN MIGHT BE RIGHT FOR YOU IF:

- You are open to seeing doctors within a network. If you are willing to obtain services from doctors within a defined network (which may or may not include your current doctor), generally Medicare Advantage plans will offer a lower-cost option. Many doctors work with MA plans so changing doctors may not be necessary.
- You have fewer doctor visits. If you visit the doctor infrequently and do not mind being responsible for per-visit co-payments or co-insurance, Medicare Advantage plans will offer a lower monthly premium.
- You want one plan and one premium. Medicare Advantage allows you to combine all your Medicare health and prescription drug coverage into one plan that provides all of your benefits for a single premium.

Employees who retired on or after January 1, 2012

Evaluate Your Options

What are the differences between Medicare supplemental plans?

	Medigap Plan	Part D Plan	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. An OneExchange licensed benefit advisor will be able to provide more information.		
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) and Part B premium and any additional premium charged by the plan(s). An OneExchange licensed benefit advisor will provide the premium rates in your area for individual plans.		
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	Not applicable	Yes, included
Does it cover doctors and specialists?	Doctors and specialists are covered. Any doctor that accepts original Medicare accepts these plans.	Not applicable	Doctors and specialists are covered. There are three types of Medicare Advantage doctor networks: HMO, PPO, and PFFS. Note: If you do not wish to change your current doctors you must know which plans they accept prior to enrolling.
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.

Employees who retired on or after January 1, 2012

Examples of Plan Choices

What can be purchased using Your Spending Arrangement?

Below are samples of plan choices which can be purchased using Your Spending Arrangement Funds accessible through OneExchange.

	Medigap Plan	Part D Plan	Medicare Advantage
SAMPLE OF PLAN CHOICES AVAILABLE THROUGH ONEEXCHANGE IN BERNALILLO CO., NEW MEXICO:			
Number of plans offered	21	21	14
2015 monthly premium*	\$53 - \$206	\$13 - \$127	\$0 - \$160
Provider	2 or more insurance companies to choose from		

SAMPLE OF PLAN CHOICES AVAILABLE THROUGH ONEEXCHANGE IN ALAMEDA CO., CALIFORNIA:			
Number of plans offered	28	23	4
2015 monthly premium*	\$62 - \$278	\$16 - \$146	\$0 - \$95
Provider	2 or more insurance companies to choose from		

SAMPLE OF PLAN CHOICES AVAILABLE THROUGH ONEEXCHANGE IN MARICOPA CO., ARIZONA:			
Number of plans offered	24	19	12
2015 monthly premium*	\$56 - \$354	\$16 - \$123	\$0 - \$178
Provider	2 or more insurance companies to choose from		

Employees who retired on or after January 1, 2012

Retiree YSA Credits

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

The Your Spending Arrangement annual credit amount listed will be prorated for the number of months left in the year for the new coverage you elect.

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

YEARS	1 MEDICARE-ELIGIBLE	2 MEDICARE-ELIGIBLE
30+	\$2,238	\$4,476
25 - 29	\$2,110	\$4,220
20 - 24	\$1,867	\$3,734
15 - 19	\$1,624	\$3,248
10 - 14	\$1,369	\$2,738

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

Employees who retired on or after January 1, 2012

Surviving Spouse YSA Credits

The Your Spending Arrangement (YSA) annual credit amount listed below for surviving spouses will be prorated for the number of months left in the year for the new coverage you elect.

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

If your surviving spouse remarries, he/she is no longer eligible for survivor benefits with a Your Spending Arrangement and must notify OneExchange within 31 calendar days of the marriage.

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

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	\$1,278
Note: The Your Spending Arrangement annual credit amount will be prorated for the number of months left in the year for the new coverage you elect.	

Employees who retired on or after January 1, 2012

Long-Term Disability Terminée YSA Credits

If you became a Long-Term Disability Terminée on or after January 1, 2012, your only option is the Your Spending Arrangement and you will become responsible for paying for your own health coverage. You will then be reimbursed by OneExchange, using YSA funds.

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

The Your Spending Arrangement annual credit amount listed will be prorated for the number of months left in the year for the new coverage you elect.

EMPLOYEES WHO BECAME AN LTD TERMINEE ON OR AFTER JANUARY 1, 2012

Your Spending Arrangement annual credit amount	\$1,624	\$3,248
------------------------------------------------	---------	---------

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

Vision Affinity Discount Program

Vision care ends at the end of the month in which you retire. Sandia is pleased to provide you with this information about your vision care discount plan administered by Davis Vision, Inc., a leading national administrator of routine vision care programs.

Note that Surviving Spouses and LTD Terminees are not eligible to receive Vision benefits.

WHAT ARE MY SERVICES?

Through special arrangements, Sandia National Laboratories makes discounts on examinations, eyewear and contact lenses available to members. Please note: This is a discount program only. All existing vision benefits, if any, associated with your health plan still apply. See the following schedule of discounts and fixed charges.

WHO ARE THE NETWORK PROVIDERS?

You may choose from Davis Vision contracting providers or contracted retail locations for discounted services. Use any ophthalmologist for your eye examination. Then, use a Davis Vision contracted network provider for your hardware purchases (eyeglasses, etc.) and maximize your savings (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 www.davisvision.com.

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

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision plan participant and a Sandia National Laboratories retiree or dependent. This plan is not available to surviving spouses or LTD retirees.
- Provide the office with the retiree's Davis Vision issued ID number and the name and date of birth of any covered dependents needing services.

FOR ADDITIONAL INFORMATION

Please visit Davis Vision's website at www.davisvision.com or call 1-888-575-0191. When visiting the web prior to enrollment please 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, 6:00 a.m. to 9:00 p.m. MT
- Saturday, 7:00 a.m. to 2:00 p.m. MT
- Sunday, 10:00 a.m. to 2:00 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.

Member Discount Fee Schedule:

EYE EXAMINATIONS YOU PAY:

Complete Examination	15% off Usual and Customary
Contact Lens Examination.....	15% off Usual and Customary

FRAMES**

Priced up to \$70 retail	\$40
Priced above \$70 retail	\$40, plus 10% off the amount over \$70

LENSES (UNCOATED PLASTIC)**

Single Vision.....	\$35
Bifocal	\$55
Trifocal.....	\$65
Lenticular	\$110

LENS OPTIONS (ADD TO LENS PRICES ABOVE)**

Standard Progressive.....	\$75***
Premium Progressive.....	\$125***
Polycarbonate Lenses	\$30
Scratch-Resistant Coating.....	\$20
ARC (Anti-reflective coating).....	\$45
Ultraviolet (UV) Coating	\$15
Solid Tint	\$10
Gradient Tint.....	\$12
Plastic Photosensitive Lenses	\$35
Polarized Lenses	\$75
High Index Lenses	\$55

CONTACT LENSES

Conventional	20% off Usual and Customary (U & C)
Disposable/Planned Replacement	10% off Usual and Customary (U & C)
	Other Products
Lens 1-2-3 Membership	Free Membership
Laser Vision Correction Discount	Up to 25% off Providers U&C

* Eye wear discounts are not applicable at WalMart or Sam's Club locations.

** Special lens designs, materials, powers and frames may require additional cost.

***Or receive an additional 5% discount on any advertised specials—whichever is lower.

Dental Care Program

The Sandia Dental Care Program is administered by Delta Dental of Michigan.

The Sandia Dental Care Program is available to retired employees and their eligible dependents.

KEY POINTS

The YSA credits may be used to pay dental premiums.

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

- Basic and restorative services (including fillings, extractions, endodontic and periodontal services) will be covered at 80%
- Major services (such as crowns, prosthodontics, and specified implant procedures) will be covered at 50%
- Orthodontic services will be covered at 50%
- Preventive services (such as oral examinations, routine cleanings, and x-rays) will be covered at 100%
- Annual deductible of \$50 per individual up to a family annual maximum deductible of \$150
- Annual maximum benefit for non-orthodontic covered services is \$1500
- Lifetime maximum benefit for orthodontic covered services is \$1800

Employees who retired prior to January 1, 2009 will not be required to pay a premium share for the Dental Care Program for themselves or any

eligible Class 1 dependents at this time.

Employees who were hired or rehired prior to January 1, 2009, and retired between January 1, 2009 — December 31, 2011 pay a monthly premium share for the Dental Care Program. Rates are based on retiree, retiree plus one, or retiree plus two or more eligible dependents. Use Table A to find your rate.

Employees who were hired or rehired prior to January 1, 2009, and retired on or after January 1, 2012 pay the full monthly premium share for the Dental Care Program. Rates are based on retiree, retiree plus one, or retiree plus two or more eligible dependents. Use Table B to find your rate.

EMPLOYEES NOT ELIGIBLE

Employees who were hired (or rehired) as stated below do not have access to the Sandia Dental Care Program upon becoming Medicare-eligible:

- 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.
- Surviving spouses and LTD participants.

TABLE A: Employees Who Hired Prior to 01/01/2009 and Retired after December 31, 2008

Retiree only monthly premium	\$9.00
Retiree plus 1 monthly premium	\$17.00
Retiree plus 2 (or more) monthly premium	\$26.00

Table B: Dental Care premiums for certain employees who retired on or after January 1, 2012

Retiree only monthly premium	\$45.00
Retiree plus 1 monthly premium	\$87.00
Retiree plus 2 (or more) monthly premium	\$115.00

Sandia Prescription Drug Program Creditable Coverage Notice

SANDIA 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 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 provide prescription drug (Part D) coverage. These employer group plans include the Presbyterian MediCare PPO, Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, 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 Presbyterian MediCare PPO, the Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, 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 you are enrolled in.

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 (2) 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, you are required to obtain your outpatient prescription drug benefits through your Sandia 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 Presbyterian MediCare PPO, the Lovelace Employer Group Medicare Plan (HMO) 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 plan participants who have End Stage Renal Disease. Please contact OneExchange 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 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 nineteen (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 Health, Benefits, and Employees Services at (505) 844-HBES (4237) or 1-800-417-2634, then 844-4237 for further information. 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 www.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 www.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: August 1, 2015

Name of Entity/Sender: Sandia National Laboratories

Contact-Position/Office: Benefits Department

Address: 1515 Eubank SE, Albuquerque, NM 87123

Phone Number: 505-844-HBES (4237)

Frequently asked questions for Medicare retirees

Health care decisions are important, and can be confusing. It's our job to make them easier. At OneExchange, we've worked with hundreds of thousands of retirees from some of America's largest corporations to make their complex health care and Medicare decisions straightforward 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: Can I elect the Your Spending Arrangement (YSA) option and use these funds to pay premiums for the Sandia-sponsored Presbyterian MediCare PPO, Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, or Kaiser Senior Advantage Plan?

No. If you are eligible, you can either elect the Presbyterian MediCare PPO, Lovelace Employer Group Medicare Plan (HMO) provided by BCBSNM, or Kaiser Senior Advantage Plan, OR the Your Spending Arrangement option, but not both.

Q2: Can I use the funds from the YSA option and buy my own medical coverage?

No. YSA funds may only be used to purchase an individual Medicare plan (Medicare Advantage, Medigap, and/or Part D Prescription Drug Plan) through OneExchange's exchange.

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

No, OneExchange is not an insurance company. The Your Spending Arrangement option is being provided to primarily allow a Medicare individual to buy a Medicare plan through OneExchange's Exchange and use these dollars for reimbursement of eligible expenses. OneExchange provides a multitude of Medicare plans that you can select from.

Q4: When I enroll through OneExchange, 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 OneExchange 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: I switched enrollment from the Presbyterian MediCare PPO to a Medigap plan and a Medicare Part D plan. My Medicare Part D insurance provider is asking for a Certificate of Creditable Coverage? What is that and where can I get it?

The Certificate of Creditable Coverage states that you had prior coverage with an insurance company. You may call the insurance company through the telephone number provided on the back of the insurance ID card, and request a certificate of creditable coverage, or you may contact OneExchange and we will assist you in obtaining the Certificate of Creditable Coverage.

Q8: 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 www.davisvision.com.

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Contact Information

ONEEXCHANGE FOR MEDICARE RETIREES

Phone: 1-888-598-7809
(TTY: 711)

Online: <https://medicare.oneexchange.com/sandia>

DAVIS VISION DISCOUNT PROGRAM

Phone: 1-888-575-0191

Online: www.davisvision.com, client code 7312

DELTA DENTAL OF NEW MEXICO

Phone: 1-800-264-2818

Online: www.deltadentalnm.com
www.toolkitsonline.com

KAISER SENIOR ADVANTAGE PLAN (CA)

Phone: 1-800-464-4000

Online: www.kponline.org

LOVELACE EMPLOYER GROUP MEDICARE PLAN (HMO) PROVIDED BY BLUE CROSS AND BLUE SHIELD OF NEW MEXICO (BCBSNM) (NM)

Phone: 1-888-731-7503

PRESBYTERIAN MEDICARE PPO (NM)

Phone: 1-505-923-8458 or
1-800-347-4766 (outside Albuquerque)

Online: www.phs.org

SANDIA NATIONAL LABORATORIES HEALTH BENEFITS & EMPLOYEE SERVICES

Phone: 1-505-844-HBES (4237)

Online: hbe.sandia.gov

OneExchange™

from Towers Watson

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