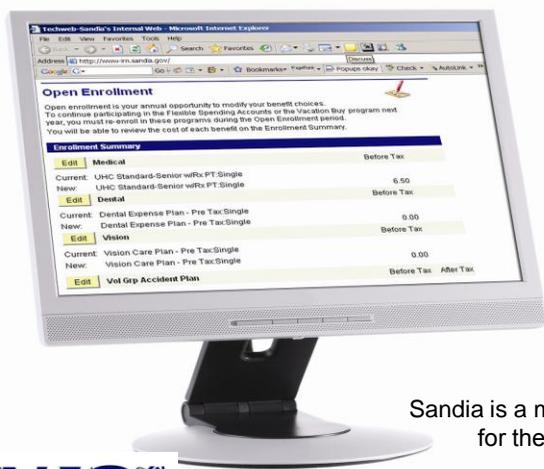


Benefits Choices 2010 for Non-Represented Employees

Open Enrollment October 19 to November 4 5 p.m. MST



Sandia is a multiprogram laboratory operated by Sandia Corporation, a Lockheed Martin Company, for the United States Department of Energy's National Nuclear Security Administration under contract DE-AC04-94AL85000.

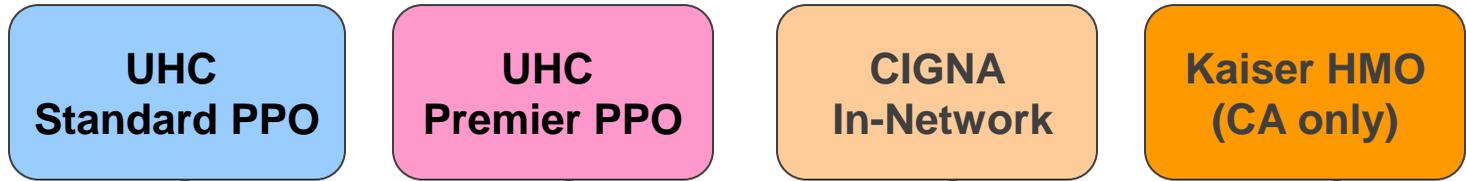
Open Enrollment Information:

- Open Enrollment Newsletter (HBE Update email)**
- Medical Plan Comparison Chart (Mail Stop)**
- Sandia Total Health Toolkit (Mail Stop)**

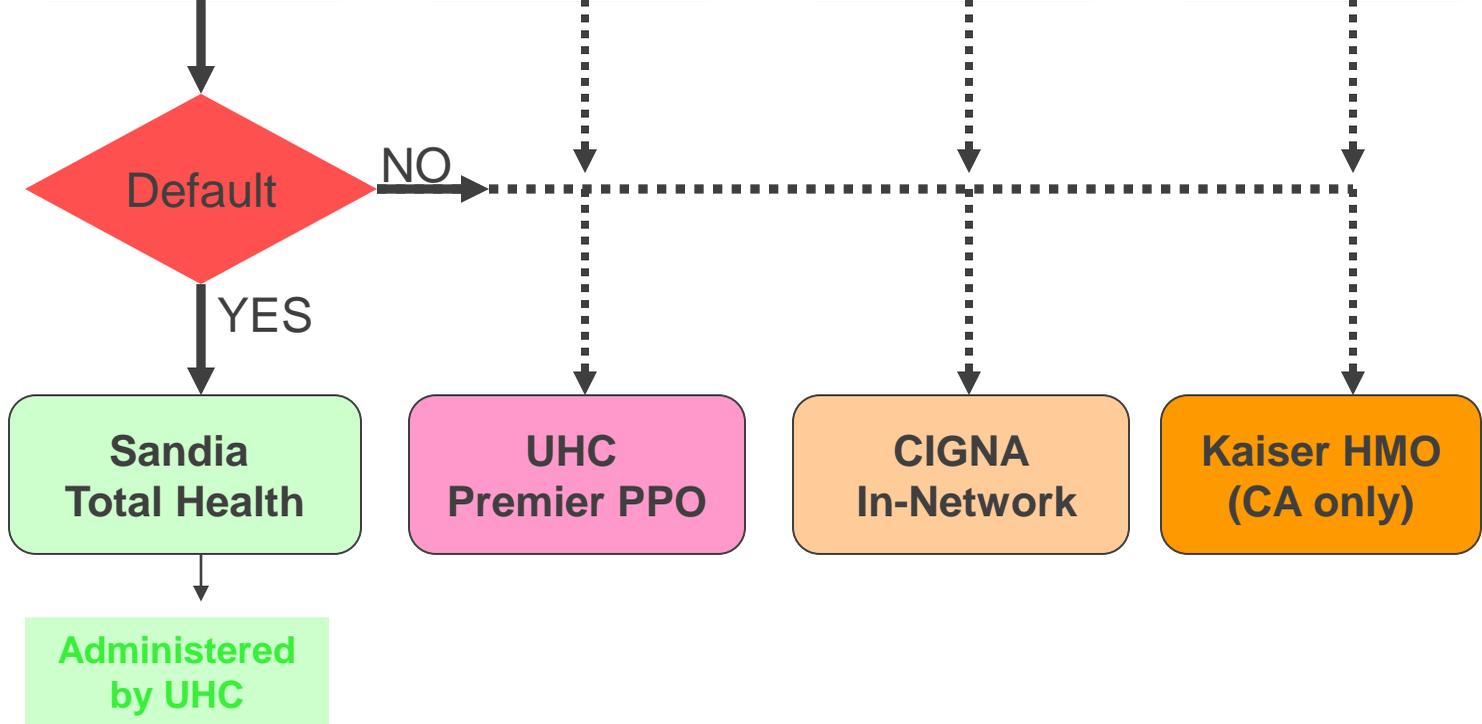
What's New for 2010?

- ❖ **UnitedHealthcare (UHC) Standard PPO is being eliminated**
- ❖ **Sandia Total Health option with Health Reimbursement Account (HRA)**
 - ❖ **In 2011, this will be the only medical plan design available**
- ❖ **UHC will administer the Health Care Flexible Spending Account (FSA) for those enrolled in the Sandia Total Health**
 - ❖ **Day Care FSA will continue to be PayFlex**
- ❖ **Delta Dental ID Card** – ID cards with alternate ID number
- ❖ **Employee medical premium sharing** – increased from 19% to 20% overall and the methodology for calculating premiums changed
- ❖ **Dental premiums increasing slightly**
- ❖ **Michelle's Law** – affects eligibility for children in postsecondary education programs who take a medical leave of absence

CY2009 Options



CY2010 Options





Your Health. Take Charge.



2010 Medical Plans Overview



	Sandia Total Health	UHC Premier PPO	CIGNA In-Network
National Networks Include	Presbyterian UNMH Independent providers	Presbyterian UNMH Independent providers	Lovelace Health System UNMH Independent providers
In- and Out-of-Network Coverage	Both	Both	In-Network Only
Primary Care Physician Required	No	No	No
Referral to Specialist Required	No	No	No
Deductible	In- and Out-of-Network	Out-of-Network	No deductible
Payment via	Entirely Coinsurance 20% in-network (after ded) 40% out-of-network (after ded)	Primarily coinsurance 15% in-network 30% out-of-network (after ded)	Primarily copay
Health Reimbursement Account	Yes	No	No
Prescription Drug Benefits	Catalyst Rx	Catalyst Rx	Catalyst Rx



Your Health. Take Charge.



2010 Prescription Drug Overview



	Sandia Total Health	UHC Premier PPO	CIGNA In-Network
Out-of-pocket Maximum	\$1,500 per person/CY	None	None
Deductible	None	None	None
Retail Network (up to 30-day supply)			
Generic	20% of retail network price	20% of retail network price with a \$6/min and \$12/max	20% of retail network price with a \$6/min and \$12/max
Brand Name (Preferred)	30% of retail network price	30% of retail network price with a \$25/min and \$40/max	30% of retail network price with a \$50/min and \$80/max
Brand Name (Non-Preferred)	40% of retail network price	40% of retail network price with a \$40/min and \$60/max	40% of retail network price with a \$80/min and \$120/max
Retail Out-of-Network	50% of retail network price	50% of retail network price less applicable min copay	50% of retail network price less applicable min copay
Mail Order Network (up to 90-day supply)			
Generic	20% of mail order price	20% of mail order price with a \$12/min and \$24/max	20% of mail order price with a \$12/min and \$24/max
Brand Name (Preferred)	30% of mail order price	30% of mail order price with a \$50/min and \$80/max	30% of mail order price with a \$50/min and \$80/max
Brand Name (Non-Preferred)	40% of mail order price	40% of mail order price with a \$80/min and \$120/max	40% of mail order price with a \$80/min and \$120/max

2010 Medical Plan Overview (northern California)

	Kaiser HMO
Provider Network	Kaiser Permanente
In- and Out-of-Network Coverage	In-network only
Primary Care Physician Required	Yes
Referral to Specialist Required	Yes
Payment	Entirely Copay
Deductible	No



Your Health. Take Charge.



2010 Annual Deductible Comparison*

2010 Plan Year	In-Network	Out-of-Network
Sandia Total Health <ul style="list-style-type: none"> ▪ Employee Only ▪ Employee + Spouse or Child(ren) ▪ Employee + Spouse and Child(ren) 	\$750 Up to \$1,500 (max. of \$750/person) Up to \$2,250 (max. of \$750/person)	\$2,000 Up to \$4,000 (max. of \$2,000 per person) Up to \$6,000 (max. of \$2,000 per person)
UHC Premier PPO <ul style="list-style-type: none"> ▪ Employee only ▪ Employee plus one ▪ Employee plus two or more 	None	\$500 \$1,000 \$1,500
CIGNA In-Network	None	None
Kaiser HMO	None	None

*The deductibles do not cross apply between in-network and out-of-network services and you do not need to meet the deductible for prescription drug coverage.



Your Health. Take Charge.

Sandia Total Health Deductible Example

Employee + Spouse and Child(ren) Deductible (\$2,250) for In-Network Services

	Expenses Incurred	Individual Limit	Allowable Contribution	Coinsurance	EE Paid	Plan Paid
Employee	\$1,000	\$750	\$750	\$50 \$250 x 20%	\$800 \$750 + \$50	\$200
Spouse	\$2,000	\$750	\$750	\$250 \$1,250 x 20%	\$1,000 \$750 + \$250	\$1,000
1st Child	\$500	\$750	\$500	All towards deductible	\$500	\$0
2nd Child	\$250	\$750	\$250	All towards deductible	\$250	\$0
3rd Child	\$1,000	\$750	\$0	\$200 \$1,000 x 20%	\$200 No deductible required	\$800
Total	\$4,750	N/A	\$2,250	\$500	\$2,750	\$2,000



Your Health. Take Charge.

2010 Annual Out-of-Pocket Maximums*



	In-Network	Out-of-Network
Sandia Total Health <ul style="list-style-type: none"> ▪ Employee Only ▪ Employee + Spouse or Child(ren) ▪ Employee + Spouse and Child(ren) <p>Includes deductible amounts</p>	<p>\$2,750</p> <p>\$5,500</p> <p>\$8,250</p>	<p>\$8,000</p> <p>\$16,000</p> <p>\$24,000</p>
UHC Premier PPO <ul style="list-style-type: none"> ▪ Employee Only ▪ Employee plus one or more 	<p>\$1,500</p> <p>\$3,000</p>	<p>\$3,000</p> <p>\$6,000</p>
CIGNA In-Network <ul style="list-style-type: none"> ▪ Employee Only ▪ Employee plus one or more 	<p>\$1,500</p> <p>\$3,000</p>	<p>N/A</p> <p>N/A</p>

*The out-of-pocket maximums do not cross apply between in- and out-of-network and excludes prescription drug costs purchased through Catalyst Rx.



Your Health. Take Charge.



Sandia Total Health Out-of-Pocket Maximum Example*

Employee + Spouse and Child(ren) Out-of-Pocket (\$8,250) Maximum
for In-Network Services

	Expenses Incurred	Deductible	Coinsurance you pay	Individual Maximum	Plan Pays
Employee	\$10,750	\$750	\$2,000	\$2,750	\$8,000
Spouse	\$10,750	\$750	\$2,000	\$2,750	\$8,000
1st Child	\$10,750	\$750	\$2,000	\$2,750	\$8,000
2nd Child	\$10,000	\$0	\$0	N/A	\$10,000
Total	\$42,250	\$2,250	\$6,000	\$8,250	\$34,000

Example does not include prescription drugs. After the individual out-of-pocket maximum has been reached, the individual's eligible expenses above the maximum are covered at 100%. Once the family out-of-pocket maximum has been reached, eligible expenses are covered at 100%.



Your Health. Take Charge.



Sandia Total Health - Health Reimbursement Account

Coverage Category	Annual allocation of HRA if employee completes Health Assessment and biometric screening	Annual allocation of HRA if employee does NOT complete Health Assessment and biometric screening
Employee Only	\$250	\$0
Employee + spouse OR Employee + child(ren)	\$500	\$250
Employee + spouse + child(ren)	\$750	\$500

HRA amounts can be used to offset deductibles and coinsurance amounts that members are required to pay for eligible medical and prescription drug expenses under the Sandia Total Health



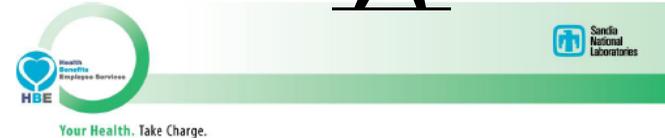
Preventive health can be the key to better health:

□ Get your annual preventive care – covered at 100% in network before any deductibles*

- ✓ Physical exam
- ✓ Immunizations
- ✓ Certain cancer screenings

Sandia Preventive Care

- Cholesterol screen -
- Colon cancer screen -
- Mammogram -
- PSA -
- Pap test -



Preventive Health Benefits
Quick Reference Guide (for employees, retirees and eligible dependents)

Your Sandia medical plan (under UHC or CIGNA) will cover preventive services as outlined below at 100% (in-network services only). The plan will not cover all care that is preventive in nature. It is solely up to the provider (physician, lab technician, and office staff) as to whether a service is coded as preventive or diagnostic. Neither Sandia nor the plan administrator can direct the provider to bill a service in any particular way.

One routine physical/annual exam is allowed each calendar year, regardless of the date of the previous routine physical exam, and no more frequently than one per calendar year. You are eligible for an annual routine physical exam even if you have any type of chronic illness or condition, such as high blood pressure, diabetes, etc. Allowable exams include routine preventive physical, including annual exams and sports physicals.

Benefit	Birth to 2 Years	Ages 3 to 10	Ages 11 to 18	Ages 19 and older
Well-baby/Well-child/Well-person exam	Birth, 1, 2, 4, 6, 8, 12, 15, 18, & 24 months	Once a year	Once a year	Once a year
Blood pressure		Once a year	Once a year	Once a year
Bone density test				Once every three years, ages 50 and older
Cholesterol screen		Selective screening of children and adolescents at risk due to family history		Once a year complete lipoprotein profile, fasting
Chlamydia screen			Once a year	Once a year
Colon cancer screen				Colorectal cancer screenings, ages 50 and older: <ul style="list-style-type: none"> • Sigmoidoscopy once every 5 yrs or • Colonoscopy once every 10 yrs or • Sigmoidoscopy or colonoscopy every 5 yrs before age 50 or more frequently if you have an immediate family

*The annual preventive care is covered at 100% in-network if it is billed as a preventive service. It is solely up to the provider as to whether the service is coded as preventive or diagnostic.



Your Health. Take Charge.

2010 Monthly Medical Plan Premiums



	Tier 1	Tier 2	Tier 3	Tier 4
Sandia Total Health <ul style="list-style-type: none"> Employee only Employee and child(ren) Employee and spouse Employee, spouse and child(ren) 	\$44.00 \$80.00 \$90.00 \$128.00	\$63.00 \$114.00 \$129.00 \$183.00	\$82.00 \$148.00 \$168.00 \$238.00	\$101.00 \$182.00 \$207.00 \$293.00
UHC Premier PPO <ul style="list-style-type: none"> Employee only Employee and child(ren) Employee and spouse Employee, spouse and child(ren) 	\$49.00 \$88.00 \$101.00 \$142.00	\$70.00 \$126.00 \$144.00 \$203.00	\$91.00 \$164.00 \$187.00 \$264.00	\$112.00 \$202.00 \$230.00 \$325.00
CIGNA In-Network <ul style="list-style-type: none"> Employee only Employee and child(ren) Employee and spouse Employee, spouse and child(ren) 	\$54.00 \$96.00 \$111.00 \$156.00	\$76.00 \$136.00 \$156.00 \$220.00	\$98.00 \$176.00 \$201.00 \$284.00	\$120.00 \$216.00 \$246.00 \$348.00
Kaiser HMO <ul style="list-style-type: none"> Employee only Employee and child(ren) Employee and spouse Employee, spouse and child(ren) 	\$47.00 \$85.00 \$96.00 \$136.00	\$67.00 \$121.00 \$137.00 \$194.00	\$87.00 \$157.00 \$178.00 \$252.00	\$107.00 \$193.00 \$219.00 \$310.00



- ❖ No plan changes
- ❖ Delta Dental will issue new ID cards (two cards/family, one card/single) with alternate ID numbers
- ❖ Additional ID cards can be ordered at www.toolkitsonline.com

	Monthly Premiums
Employee Only	\$8.00
Employee plus one	\$16.00
Employee plus two or more	\$22.00



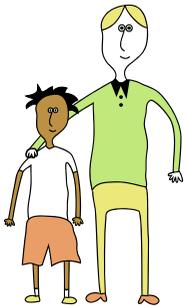
Your Health. Take Charge.



2010 Vision Care Plan

No changes

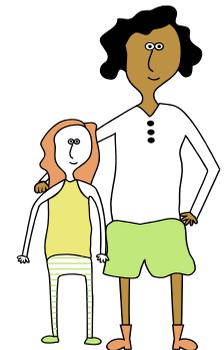
Dependent Eligibility



Step 1: Does your dependent qualify as a Class I dependent to be covered under the medical, dental, and vision plans?

- Spouse, not legally separated or divorced from you
- Unmarried child under age 24
- Unmarried child of any age who is incapacitated*
- Unmarried child who is recognized as an alternate recipient in a Qualified Medical Child Support Order

*Incapacitated determination is made by the claims administrator.



Child Eligibility



Step 2: If a child, does your child meet the criteria for coverage?

- Primary covered member's or same gender domestic partner's own children and legally adopted children
- Stepchildren of the primary covered member who lives with the primary covered member at least 50% of the calendar year, or if ages 19 through 23, is a full time student



- ❖ Unmarried stepchild can take a medically necessary leave of absence from school and continue coverage under the parent's plan for up to 12 months (unless the child's eligibility would end earlier under another plan provision such as the parent's termination of employment or the child's age exceeding the plan's limit).
- Child for whom the primary covered member or same gender domestic partner has legal guardianship
- Natural child, legally adopted child, or child for whom the primary covered member or same gender domestic partner has legal guardianship if a court decree requires coverage



Imputed Income Requirement



Step 3: Does your dependent meet Internal Revenue Code (IRC) requirements?

Benefits paid under a group health plan for your covered dependents who are not a qualifying child or qualifying relative under Publication 502 causes you to receive additional taxable income.

Step 4 (if applicable):

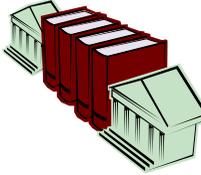
Report to Sandia HBE any dependent who does not meet the tax requirements.

You are required to declare as taxable income the value (imputed income) of the coverage for your non-qualifying dependent(s). Imputed income is the value of Sandia's contributions for health plan coverage for dependents who do not meet the criteria as a qualifying child or relative.



Ineligible Dependent

What do you do if your dependent is not eligible for coverage?



- You must disenroll any ineligible dependent within 31 calendar days of the event causing ineligibility. Consequences of having ineligible dependent covered and failing to disenroll within 31 days:
 - ❑ Your ineligible dependent's coverage will be retroactively terminated, effective the end of the month in which the dependent became ineligible
 - ❑ You will be held liable to refund to Sandia all healthcare plan claims or monthly premiums rendered during the ineligible period
 - ❑ Sandia is not liable to repay you for any medical, dental, or vision monthly premium share(s) paid by you during the ineligible period
 - ❑ Sandia may take employment disciplinary action up to and including termination
 - ❑ Take action that results in permanent loss of coverage for you and your dependent for fraudulent use of the Sandia Health Plan
 - ❑ Terminate any rights to temporary, continued coverage under COBRA

Sandia conducts random eligibility audits



Your Health. Take Charge.



Other Open Enrollment Options

Flexible Spending Accounts

Presentation today from 1 - 2

Vacation Buy:

- Purchase pre-tax vacation between 8 and 44 hours
- Cost is automatically deducted from your paycheck throughout the year before taxes
- Carryover, accrued/posted, and convertible vacation must be used before purchased vacation
- Any unused purchased vacation is sold back in the last paycheck at the same rate as purchased



Voluntary Group Accident Plan:

- Accident insurance for coverage in amounts ranging from \$10,000 to \$300,000 in units of \$5,000. Overall coverage maximum of \$300,000 for the following options:
 - Employee only
 - Family plan
 - Employee only common carrier coverage



Your Health. Take Charge.

Resources



Your Health. Take Charge.



Address http://www.sandia.gov/resources/emp-ret/index.html

Go



Employee Locator | Index | Site Map

Search Go

About | Mission Areas | Newsroom | Careers | Doing Business | Education | Contact Us

EMPLOYEE AND RETIREE RESOURCES

Corporate Forms

Security Alert Information

Summary Plan Descriptions

Technical Library

EMPLOYEE AND RETIREE RESOURCES



EMPLOYEES
Oct. 19 – Nov. 4, 2009
5:00pm (MST)
[« Employee Enrollment »](#)

RETIREES
Oct. 26 – Nov. 10, 2009
5:00pm (MST)
[« Retiree Enrollment »](#)

[« HBE HOME »](#)

This section of sandia.gov provides resources for Sandia employees and retirees. If there is something you cannot find, send your suggestion to the [webmaster](mailto:webmaster@sandia.gov) (webmaster@sandia.gov).

Health, Benefits, and Employee Services Contacts

Health, Benefits, and Employee Services (HBE)

- [HBE Customer Service @ http://hbe.sandia.gov](http://hbe.sandia.gov)
- HBE Customer Service Phone: (800) 417-2634 ext. 844-4237 or 505-844-HBES(4237)
- [HBE Email Requests to Customer Service](#)

Newsletters

HBE home page: For up-to-date information on contemporary health or benefits topics, preventive, screening and health education opportunities for Sandia retirees, employees and their families, visit the [HBE web](#).

Related Links

- [Retiree Thunderbirds Club](#)
- [RASCAL's – CA Retiree Association](#)
- [HBE Home Page](#)
- [HBE Customer Support](#)
- [Support Groups](#)
- [Training](#)

Related Sites

- [City's ABO Ride](#)
- [Sandia Laboratory Federal Credit Union](#)

Take Charge of Your Healthcare





Answer

Search HBE program details and service solutions. Find past publications such as Duffy's Desk and Reuter's Health News articles. Search by keywords, phrases or topic.

Search by Keyword

[Search Tips](#)

Search

[Advanced Search](#)

Announcements



[Welcome >>](#)

[Tools and Resources >>](#)

[Take Charge of Your Healthcare - Start Here](#)



Welcome

[Employees](#)

[PreMedicare](#)

[Retirees](#)

[Medicare Retirees](#)

Welcome to "Take Charge," a site that brings you valuable information, news and announcements about your 2010 and 2011 healthcare benefits.

We'll be adding information to this site over the next few months, leading up to open enrollment, when you'll make your healthcare benefit decisions. You'll have access to all the information we send you, plus links to tools to help you take charge of your healthcare spending.

Events

[Employee Events Calendar October 2009](#)

[Retiree Events Calendar October 2009](#)

[Lab News - Benefits Events \(09/25/09\)](#)

Tools

NEW!

[Retirement Benefits Modeler \(xls\) for NonRep Employees](#)

Before using the Retirement Benefit Modeler - The modeler will not function properly unless you save the file. Click the link and save the file to your desktop or other secure location before attempting to use the tool.

NEW! Medical Plan Estimators

[Employees \(non-rep\)](#)
[Pre-Medicare Retirees](#)

NEW! Plan Premium Charts

[NonRep Premiums](#)
[Rep Premiums](#)

Coming Soon!

[Open Enrollment Application](#)

[Benefits Carrier Websites and Contacts](#)

Resources

NEW! [UHC Health Care Lane](#)

[Considering Retirement Flowchart for NonRep Employees](#)

[Total Health Benefits At-a-Glance Chart for Employees](#)

[Preventive Care Guidelines - Quick Reference](#)

[Healthcare Changes FAQs \(pdf\)](#)



Your Health. Take Charge.

2010 Benefit Choices



[Home](#) | [Medical Plan Cost Estimator](#) | [FSA Calculator](#) | [About This Tool](#)

Medical Plan Estimator for Non-Represented Employees – How It Works For You

For many people, cost is one of the key factors in choosing a medical plan. The Medical Plan Estimator is specially designed to help you estimate that cost - looking at both:

- What you are likely to pay for the services and supplies you need during the year
- The amount that comes out of your paycheck when you enroll in the Sandia Medical Plans.

The estimator is designed to meet your needs by allowing you to compare plans based on where you live. Just select a location below to get started!

[New Mexico](#)

[California](#)

[All Other Areas](#)

We've updated the Medical Plan Estimator to reflect your feedback.

- It's even easier to estimate your health care costs with pre-defined health status scenarios and individual health care usage.
- We also provide a recommendation for your FSA contribution, based on the scenarios you model for yourself and your family.

Take Charge of Your Health and Health Care Spending

Rising health care costs have been making headlines for the past several years. As you know Sandia is making changes to the healthcare benefits we offer employees, including introducing the new plan, Sandia Total Health. This is in line with other organizational changes the Labs will make over the next few years, with the goal of keeping Sandia viable in today's challenging economic environment and empowering employees to take more control over their healthcare choices and healthcare spending.

This estimator is one way you can start to take charge – by figuring out if you're selecting the right plan for you and your family.

Medical Plan Estimator Tool

Medical Plan Estimator

New Mexico

Step 1

Your Information (all fields are required)

Are you covering a spouse?

Yes

How many dependent children are you covering? (maximum of 3)

3

Pay range

Tier 1 (\$0 - \$50,000)

Step 2 (optional)

Choose a general health status for each eligible person covered under your Sandia medical plan – for yourself, your spouse, and up to three dependent children.

Select the Health Status

Self	Spouse	Child 1	Child 2	Child 3
Generally Well	Some Health Needs	Generally Well	Some Health Needs	Significant Health Needs

Step 3

Use the columns below to specify exact medical service usage for each eligible person individually. If you've selected a general health status above, you can modify the pre-defined scenario below.

Please enter whole numbers only. Do not use commas, decimals, special characters, or negative numbers.

Your Anticipated Medical Needs for 2010

Medical Service	Cost Range*	Total Number of Times You	Total Number of Times Your	Total Number of Times	Total Number of Times	Total Number of Times



Your Health. Take Charge.

Medical Plan Estimator Tool

Your Anticipated Medical Needs for 2010

Medical Service	Cost Range*	Total Number of Times You Will Use the Service	Total Number of Times Your Spouse Will Use the Service	Total Number of Times Child 1 Will Use the Service	Total Number of Times Child 2 Will Use the Service	Total Number of Times Child 3 Will Use the Service
Preventive Care						
Adult Routine physical	\$145 - \$210	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Well child exam	\$120 - \$180	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text"/>
Well baby exam	\$120 - \$180	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Immunizations/flu shots	\$15 - \$30	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cholesterol screening	\$40 - \$60	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Colonoscopy	\$1,500 - \$3,300	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bone Density	\$300 - \$1,800	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAP test	\$65 - \$90	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PSA test	\$35 - \$125	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mammogram	\$210 - \$390	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Outpatient Care						
Office - PCP visit	\$75 - \$120	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>
Office - Specialist visit	\$300 - \$500	<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="3"/>
Urgent Care	\$200 - \$400	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency room visit	\$450 - \$1,100	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
Outpatient surgery	\$3,500 - \$8,000	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allergy treatment - testing	\$220 - \$400	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Your Health. Take Charge.

Medical Plan Estimator Tool

Reset

Calculate/Recalculate

Without coverage, your total medical expenses for CY 2010 based on reasonable and customary charges (not group medical plan network negotiated fees) are estimated to be: \$ 9,128.79

**These are the average medical costs (called "reasonable and customary") in your geographic area.*

The estimate of your total CY 2010 medical expenses above, and the out-of-network option comparison chart below, is based on the middle of the cost ranges shown above. For in-network care, the option comparisons are based on the discounted costs available through the plan networks. The in-network columns assume you use network providers for all services, while the out-of-network columns assume you never use network providers - giving you best-case and worst-case scenarios. You can also [view or print a comparison chart of the medical plans available](#).

Your Results					
Option Comparisons					
Your Costs (\$)	Sandia Total Health		UHC Premier PPO		CIGNA In-Network Plan
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Deductibles	2,021.53	4,599.80	0.00	1,500.00	0.00
Copays (medical and prescription drugs)	0.00	0.00	355.00	0.00	455.00
Coinsurance	940.33	761.63	798.02	1,690.76	655.95
HRA reimbursement	- 750.00	- 750.00	N/A	N/A	N/A
Expenses not covered	0.00	2,784.12	0.00	2,784.12	0.00
Total out-of-pocket costs (eligible for Health Care Flexible Spending Account)	2,211.86	7,395.55	1,153.02	5,974.88	1,110.95
Employee medical premiums (deductions from paychecks)	1,536.00	1,536.00	1,704.00	1,704.00	1,872.00
Your Total Costs (\$)	3,747.86	8,931.55	2,857.02	7,678.88	2,982.95



Your Health. Take Charge.

Benefits Choices – ACTION REQUIRED

<p>Medical Coverage</p>	<ul style="list-style-type: none"> ▪ To enroll in a new medical plan <ul style="list-style-type: none"> ➤ If you are currently in the UHC Standard PPO and you don't want to default to the Sandia Total Health ▪ To enroll in a medical plan if not currently enrolled ▪ To change your current medical plan ▪ To add or disenroll a dependent ▪ To waive medical coverage
<p>Dental Coverage</p>	<ul style="list-style-type: none"> ▪ To enroll if not currently enrolled ▪ To add or disenroll a dependent ▪ To waive coverage
<p>Vision Coverage</p>	<ul style="list-style-type: none"> ▪ To enroll if not currently enrolled ▪ To add or disenroll a dependent ▪ To waive coverage
<p>Flexible Spending Accounts (FSA)</p>	<ul style="list-style-type: none"> ▪ To enroll in the Health Care and/or Day Care FSA for 2010 (even if you participated in 2009) <ul style="list-style-type: none"> ➤ If you enroll in the Sandia Total Health you will need to select the Health Care FSA Sandia Total Health option
<p>Vacation Buy</p>	<ul style="list-style-type: none"> ▪ To enroll for 2010 (even if you participated in 2009)
<p>Voluntary Group Accident Insurance (VGA)</p>	<ul style="list-style-type: none"> ▪ To enroll, disenroll, or change coverage

NOT Open Enrollment Options:

- **Long Term Disability Plus insurance**
- **Long Term Care insurance**
- **Voluntary Term Life insurance**
- **Dependent Group Life insurance**

Can enroll at any time with proof of insurability



Your Health. Take Charge.



Menu

- Search:
- ▷ My Favorites
 - ▷ HR Self-Service
 - ▷ Time Reporting
 - ▷ Payroll and Compensation
 - ▷ Benefits
 - ▷ Dependents
 - [Benefits Summary](#)
 - [Dependent Information](#)
 - [Life Events](#)
 - [Benefits Forms](#)
 - [Benefits FAQs](#)
 - [Benefits Home](#)
 - [Plan Policy Descriptions](#)
 - [Benefits Contacts](#)
 - [Benefits Enrollment](#)
 - [Open Enrollment summary](#)
 - ▷ Savings and Retirement
 - ▷ Learning and Development
 - ▷ Performance Management
 - ▷ Recruiting Activities
 - ▷ Work Environment
 - ▷ Personal Information
 - [Total Rewards Summary](#)
 - ▷ Enterprise Person
 - ▷ Sandia Directory
 - ▷ Recruiting
 - ▷ Workforce Administration
 - ▷ Benefits
 - ▷ Payroll for North America
 - ▷ Set Up HRMS

Benefits Enrollment

Your Name Here

Welcome to Benefits Choices 2010 Open Enrollment!

This website allows you to make benefits elections for the coming calendar year. You may submit your choices and return to this site as many times as you like between October 19 and November 4, 2009 at 5pm(MST).

All benefit changes will be effective January 1, 2010.

Important: Do not use the **Back** button in your browser while using this website.

To begin your enrollment, click **Select**.

Open Benefit Events			
Event Description	Event Date	Event Status	
Open Enrollment	01/01/2010	Open	<input type="button" value="Select"/>

Once you click Select, it will take a few seconds for your benefits enrollment information to load.



Your Health. Take Charge.



Get answers to your questions.

Ask a question at HBE@sandia.gov anytime

OR

Call HBE Customer Service Center

Monday through Friday, 7:30 a.m. to 5:00 p.m.

(505) 844-HBES (4237) or

(800) 417-2634, ext. 844-HBES (4237)

Fax # (505) 844-7535