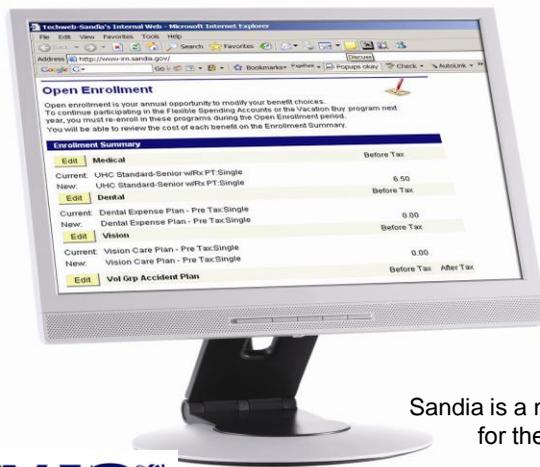


# Benefits Choices 2010 for Union-Represented Employees (MTC and OPEIU)

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)**



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## What's New in 2010 for MTC? OPEIU changes effective March 1, 2009

- ❖ **CIGNA Premier PPO Plan is being eliminated**
- ❖ **UHC and CIGNA Plans design changes (e.g., copay increases)**
- ❖ **Specialty drugs must be purchased through Catalyst Rx Drug Management Program for UHC and CIGNA members. Specialty drugs are limited to 30-day supply at retail copay/coinsurance level of benefit**
- ❖ **Dental Care Plan replaces Dental Expense/Dental Deluxe Plans**
- ❖ **Student intern medical coverage change**
- ❖ **Employee premium sharing increase to 20% overall and will move from a single tier to four tier salary premium share structure**
- ❖ **Class I and Class II eligibility policy for health plans has been modified**
- ❖ **Dependent eligibility change for unmarried step child age 19 to 23 (Michelle's Law)**
- ❖ **Health Care Flexible Spending Account (formerly known as Health Care Reimbursement Spending Account) maximum increasing to \$5,000**

## Medical Plan Options

### CY2009 Options

UHC  
Standard PPO

UHC  
Premier PPO

CIGNA  
In-Network

CIGNA  
Premier PPO

### CY2010 Options

UHC  
Standard PPO

UHC  
Premier PPO

CIGNA  
In-Network

Plan Eliminated  
(select new plan)





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## 2010 Medical Plans Overview

2010 Plan Year	UHC Standard PPO	UHC Premier PPO	CIGNA In-Network
<b>National Networks Include</b> 	Presbyterian UNMH Independent providers	Presbyterian UNMH Independent providers	Lovelace Health System UNMH Independent providers
<b>In- and Out-of-Network Coverage</b>	Both	Both	In-Network Only
<b>Primary Care Physician Required</b>	No	No	No
<b>Referral to Specialist Required</b>	No	No	No
<b>Deductible*</b>	In- and Out-of-Network	Out-of-Network	None
<b>Payment via (after deductible)</b>	Primarily coinsurance <b>20% in-network</b> <b>30% out-of-network</b>	Primarily coinsurance <b>15% in-network</b> <b>30% out-of-network</b>	Primarily copay
<b>Out-of-Pocket Maximum*</b>	In- and Out-of-Network	In- and Out-of-Network	In-Network

\*Does not include prescription drug expenses.



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## 2010 Annual Deductible Comparison\*

2010 Plan Year	In-Network		Out-of-Network	
	Individual	Family	Individual	Family
<b>UHC Standard PPO</b>	\$1,000 per person	\$3,000 family	\$2,000 per person	\$6,000 family
<b>UHC Premier PPO</b>	None	None	\$500 per person	\$1,500 family
<b>CIGNA In-Network</b>	None	None	N/A	N/A

\*The deductibles do not cross apply between in-network and out-of-network services and prescription drug costs are not included.

## 2010 Annual Out-of-Pocket Maximum Comparison

	In-Network		Out-of-Network	
	Individual	Family	Individual	Family
<b>UHC Standard PPO*</b>	\$2,500	\$5,000	\$5,000	\$10,000
<b>UHC Premier PPO*</b>	\$1,500	\$3,000	\$3,000	\$6,000
<b>CIGNA In-Network*</b>	\$1,500	\$3,000	N/A	N/A

\*Does not include prescription drugs purchased through Catalyst Rx.

## What Applies to the Deductible and Out-of-Pocket Maximum

### ➤ CIGNA In-Network



- Copays (e.g., \$20/PCP visit; \$30/specialist visit) DO apply to the out-of-pocket maximum (except for Rx copays)

### ➤ UHC PPO Plans

- Copays for PCP or specialist office visits (including Rx copays/coinsurance) are NOT applied to the out-of-pocket maximum or the deductible



- Deductibles and coinsurance amounts (e.g., 15%, 30%) DO apply to the out-of-pocket maximums (with some exceptions)
- Deductibles and out-of-pocket maximums are NOT cross applied between in-network and out-of-network benefits

# 2010 Medical Plan Changes

	UHC Premier PPO		UHC Standard PPO			
	In-Network		Out-of-Network	In-Network		Out-of-Network
	2009	2010	No Change	2009	2010	No Change
PCP	\$15	\$20		\$15	\$20	
Specialist	\$25	\$35		\$25	\$35	
Allergy Testing	\$25	15%		\$25	20%	
Acupuncture/ Chiropractic	\$1,500 combined benefit	\$1,000 benefit each (combined in- and out- of-network)		10 visits maximum (combined)	\$500 benefit each (combined in-and out- of-network)	
Hypnotherapy /Biofeedback	Coverage Eliminated					

Note: Lab, radiology, supplies, diagnostic tests, and injections performed in a physician's office are subject to a deductible (if applicable and coinsurance).

	<b>CIGNA In-Network</b>	
	<b>2009</b>	<b>2010</b>
<b>PCP</b>	<b>\$15</b>	<b>\$20</b>
<b>Specialist</b>	<b>\$25</b>	<b>\$30</b>
<b>Allergy Testing</b>	<b>\$25</b>	<b>\$30</b>
<b>Emergency Room</b>	<b>\$100</b>	<b>\$125</b>
<b>Ambulance</b>	<b>\$50</b>	<b>\$75</b>
<b>Outpatient Surgery</b>	<b>\$100</b>	<b>\$125</b>
<b>Inpatient Admission</b>	<b>\$200 per day up to \$500</b>	<b>\$400</b>
<b>Chiro/acupuncture/ therapies (combined 60 visit maximum)</b>	<b>\$15</b>	<b>\$20</b>
<b>Hypnotherapy/ Biofeedback</b>	<b>No Coverage</b>	



### **Transition of care is as follows (CIGNA Premier PPO to UHC Plans):**

- Prescheduled surgeries or certain procedures (as determined by UHC) for January and February
- Second trimester of pregnancy or delivered less than 8 weeks before January 1
- Pregnancy (moderate or high risk)
- Up to 3 months for end stage renal disease; dialysis treatment; non-surgical cancer treatment; immunological disorder; symptomatic AIDS; mental health and substance abuse
- Infertility treatment (until 12/31/10)
- Up to one year if you have undergone a recent bone marrow or organ transplant or on the waiting list to obtain an organ

**Complete form (available from UHC) and send to UHC by 1/31/2010.**

## 2010 Prescription Drugs Changes

### UHC Premier/Standard PPO Plans

	Retail Pharmacy		Mail Order	
	2009	2010	2009	2010
<b>Generic</b>	20% with \$6 minimum and \$12 maximum copay	<b>No Change</b>	\$18	20% with \$12 minimum and \$24 maximum copay
<b>Preferred Brand</b>	30% with \$25 minimum and \$40 maximum copay		\$65	30% with \$50 minimum and \$80 maximum copay
<b>Non-Preferred Brand</b>	40% with \$40 minimum and \$60 maximum copay		\$100	40% with \$80 minimum and \$120 maximum copay

***Catalyst Rx administers prescription drug benefits for UHC members***

# 2010 Prescription Drugs Changes

## CIGNA In-Network

	Retail Pharmacy		Mail Order	
	2009	2010	2009	2010
<b>Generic</b>	\$10 copay	20% with \$6 minimum and \$12 maximum copay	\$20 copay	20% with \$12 minimum and \$24 maximum copay
<b>Preferred Brand</b>	\$30 copay	30% with \$25 minimum and \$40 maximum copay	\$60 copay	30% with \$50 minimum and \$80 maximum copay
<b>Non-Preferred Brand</b>	Not Covered	40% with \$40 minimum and \$60 maximum copay	Not Covered	40% with \$80 minimum and \$120 maximum copay

***Catalyst Rx administers prescription drug benefits for CIGNA members***

## 2010 Prescription Drugs Changes

**Under both UHC and CIGNA Plans  
Administered by Catalyst Rx**

### Specialty Drugs

- ❖ Drugs used to treat conditions such as arthritis, growth hormones, hemophilia, hepatitis, immune deficiency, multiple sclerosis, oncology, etc.
- ❖ Does not include insulin
- ❖ Require special handling or monitoring
- ❖ Tend to be very expensive
- ❖ Specialty Drug Management Program, Drug List





### Under both UHC and CIGNA Plans Administered by Catalyst Rx

## Specialty Drug Management Program – **New!**

- ❖ In order to receive coverage, these drugs must be purchased through the Specialty Drug Management Program with Catalyst Rx
- ❖ Drugs delivered via mail order through the specialty pharmacy (Walgreens/MedMark)
- ❖ Limited to 30-day supply at retail copay/coinsurance structure (e.g., 30% coinsurance with a \$25 minimum copay and \$40 maximum copay).

## 2010 Prescription Drugs Changes

Under both UHC and CIGNA Plans  
Administered by Catalyst Rx

### Specialty Drug Management Program

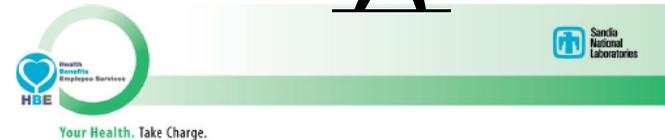
- ❖ Walgreens/MedMark Specialty Care Team member will be contacting those taking these drugs by December 15 to assist in the transition
  - Monday to Friday (6 a.m. to 5 p.m. MST) at 866-823-2712
- ❖ Benefits of this Program include less waste, better discounts, and a pharmacist readily available to help
- ❖ Question – stop by the Catalyst Rx table

## Preventive health can be the key to better health:



### Get your annual preventive care\*

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



### 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"> <li>• Sigmoidoscopy once every 5 yrs or</li> <li>• Colonoscopy once every 10 yrs or</li> <li>• Sigmoidoscopy or colonoscopy every 5 yrs before age 50 or more frequently if you have an immediate family</li> </ul>

\*The annual preventive care is covered at 100% if there is not a diagnostic/non-preventive service associated with your annual physical. It is solely up to the provider as to whether the service is coded as preventive or diagnostic. The issue as to how it is billed is between you and your provider when your service includes more than the physical exam. Neither Sandia nor UHC can direct the provider to bill a service in any particular way.

## 2010 Medical Plan Premiums



	Tier I*	Tier 2**
<b>UHC Standard PPO</b> •Employee only •Employee and child(ren) •Employee and spouse •Employee, spouse and child(ren)	\$42 \$76 \$86 \$122	\$60 \$108 \$123 \$174
<b>UHC Premier PPO</b> •Employee only •Employee and child(ren) •Employee and spouse •Employee, spouse and child(ren)	\$49 \$88 \$101 \$142	\$70 \$126 \$144 \$203
<b>CIGNA In-Network</b> •Employee only •Employee and child(ren) •Employee and spouse •Employee, spouse and child(ren)	\$54 \$96 \$111 \$156	\$76 \$136 \$156 \$220

\*Tier 1: Base salary of up to \$50,000 as of January 1, 2010.

\*\*Tier 2: Base salary of 50,001 to \$80,000 as of January 1, 2010.



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## 2010 Dental Care Plan **New!**

### Delta Dental remains the claims administrator

	<b>Delta Dental PPO Network</b>	<b>Delta Dental Premier Network</b>	<b>Out-of-Network</b>
	Reimbursed at a % of Maximum Approved Fee for the PPO network.	Reimbursed at a % of Maximum Approved Fee for the Premier network.	Reimbursed at a % of Maximum Approved Fee for Premier network (balance billing protection does not apply).
<b>Preventive Care</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic and Restorative</b>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Major and Orthodontic</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>

#### Summary:

- \$50 individual deductible (\$150 family maximum) for services other than preventive and orthodontic
- Annual benefit maximum of \$1,500 per person
- Lifetime maximum of \$1,800/person for orthodontics
- Sealants for children under age 14 covered under preventive care
- Benefits for specified (Endosteal) implant services
- Non-duplication of benefits coordination of benefit



# 2010 Dental Care Plan Coordination of Benefits

## When coverage is available under the DCP and another dental plan.

COB provisions are designed to make sure, when benefits are applicable under more than one dental plan, that every Sandia plan participant receives a combined benefit equal to the benefits available under the Dental Care Plan, regardless of any other coverage applicable.

If the other plan's benefit is less than what would have been paid under the Dental Care Plan, the DCP benefit will be limited to the amount necessary to make the combined payment (both plans) equal to what would have been paid had the DCP been the only coverage.

If benefit payment from another group plan equals or exceeds the amount of benefit payable under the Dental Care Plan, the DCP will make no additional payment.

### Coordination of Benefits Examples

Assumes a dentist's charge of \$1,000 for a Major Service that would have a \$500 (50%) benefit under the Dental Care Plan.

<b>Scenario #1: Another plan paid \$400</b>	DCP Benefit is \$100 (Benefit is difference between the benefit applicable under the DCP and the other plan's payment)
<b>Scenario #2: Another plan paid \$500</b>	DCP Benefit is \$0 (No DCP benefit because other plan's payment was equal to the amount DCP would have paid)
<b>Scenario #3: Another plan paid \$600</b>	DCP Benefit is \$0 (No DCP benefit because other plan's payment exceeded the amount DCP would have paid)



## 2010 Dental Care Plan Monthly Premiums

- ❖ 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](http://www.toolkitsonline.com)

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



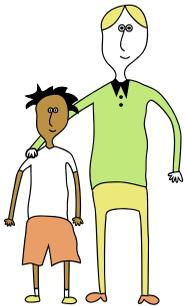
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## 2010 Vision Care Plan

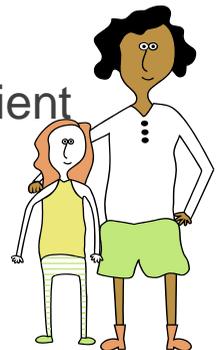
**No changes.**

## Dependent Eligibility



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

- Spouse, not legally separated or divorced from you
- Unmarried child under age 24 (**New!**)
- Unmarried child age 19 through 23 who is financially dependent on your (**current**)
- Unmarried child of any age who is incapacitated
- Unmarried child who is recognized as an alternate recipient in a Qualified Medical Child Support Order





## 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 (**New!**)
  - Unmarried stepchild can 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 parent's termination of employment or child over age) (**New!**)
- Stepchildren living with the primary covered member (stepchildren visiting for the summer are not considered to be living with you) (**current**)
- 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

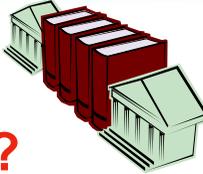


### Step 3: Does your dependent meet Internal Revenue Code (IRC) requirements?

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

### Step 4: 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.

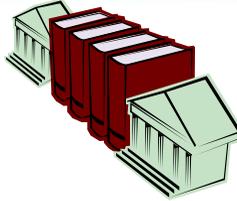


## What do you do if your dependent is not eligible for coverage?

- You must disenroll any ineligible dependent within 31 calendar days of the event causing ineligibility. If you do not disenroll your ineligible dependent, Sandia reserves the right to:
  - Take employee disciplinary action up to and including termination for fraudulent use of the Sandia Health Plan
  - Take action that results in permanent loss of coverage for you and your dependent for fraudulent use of the Sandia Health Plan
  - Report the incident to the DOE Office of the Inspector General
  - Retroactively terminate dependent coverage, effective the end of the month in which the dependent became ineligible
  - Hold you personally liable to refund to Sandia all medical, dental, and vision benefits provided during the ineligible period including claims costs or monthly premiums
  - Terminate any rights to temporary, continued coverage under COBRA

**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 conducts random eligibility audits.



### ➤ **Class II Dependents**

- This category included unmarried dependent children over age 23, unmarried grandchildren, unmarried brother or sister, parents and grandparents (certain criteria must be met)
- No new Class II dependents can be enrolled for coverage effective 1/1/2010
- Class II dependents currently enrolled may continue

### ➤ **Student Medical Coverage Changes**

- Summer Students – No longer eligible
- Year Round Students enrolled in post-secondary education program and not covered by another medical plan
  - Only offered UHC Standard PPO
  - Need to go in and select the UHC Standard PPO

**☐ Flexible Spending Account:**

- **FSA (PayFlex) – maximum of \$5,000 for health care**

**Presentation today by PayFlex Systems from 1:00 p.m. to 2:00 p.m.**

## Vacation Buy:

- Purchase pre-tax vacation between 8 and 44 hours
- Cost is automatically deducted from your bi-weekly paycheck throughout the calendar year (begins with 2<sup>nd</sup> paycheck)
- Carryover, accrued/posted, and convertible vacation must be used before you can use purchased vacation
- Any unused purchased vacation is sold back in the last CY paycheck at the same rate as purchased
- All regular employees, and limited term employees are eligible to participate in VBP (except student interns)

## 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
- All regular and limited term employees are eligible to participate in VGA (except student interns)
- Payroll deductions begin in December 2009 for coverage effective January 1, 2010



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# Resources



**Menu** -

**Search:**

»

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- ▷ Set Up HRMS

## Benefits Enrollment

Yolanda Miller

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

<u>Event Description</u>	<u>Event Date</u>	<u>Event Status</u>
Open Enrollment 	01/01/2010	Open <span style="float: right;"><input type="button" value="Select"/></span>

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



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

Go



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## EMPLOYEE AND RETIREE RESOURCES

[Corporate Forms](#)

[Security Alert Information](#)

[Summary Plan Descriptions](#)

[Technical Library](#)

## EMPLOYEE AND RETIREE RESOURCES



[« HBE HOME »](#)

### EMPLOYEES

Oct. 19 – Nov. 4, 2009  
5:00pm (MST)

[« Employee Enrollment »](#)

### RETIREES

Oct. 26 – Nov. 10, 2009  
5:00pm (MST)

[« Retiree Enrollment »](#)

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](mailto: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 ABQ 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](#)



[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 \(pdf\)](#)

[News](#)

[Events](#)



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## Benefits Choices – ACTION REQUIRED

<b>Medical Coverage</b>	<ul style="list-style-type: none"> <li>▪ To enroll in a new medical plan               <ul style="list-style-type: none"> <li>➤ <b>If you are currently in the CIGNA Premier PPO and you don't want to be without coverage</b></li> </ul> </li> <li>▪ To enroll if not currently enrolled</li> <li>▪ To change your current medical plan</li> <li>▪ To add or disenroll a dependent</li> <li>▪ To waive medical coverage</li> </ul>
<b>Dental Coverage</b>	<ul style="list-style-type: none"> <li>▪ To enroll if not currently enrolled</li> <li>▪ To add or disenroll a dependent</li> <li>▪ To waive coverage if you don't want the Dental Care Plan coverage</li> </ul>
<b>Vision Coverage</b>	<ul style="list-style-type: none"> <li>▪ To enroll if not currently enrolled</li> <li>▪ To add or disenroll a dependent</li> <li>▪ To waive coverage</li> </ul>
<b>Flexible Spending Accounts (FSA)</b>	<ul style="list-style-type: none"> <li>▪ To enroll in the Health Care and/or Day Care FSA for 2010 (even if you participated in 2009)</li> </ul>
<b>Vacation Buy</b>	<ul style="list-style-type: none"> <li>▪ To enroll for 2010 (even if you participated in 2009)</li> </ul>
<b>Voluntary Group Accident Insurance (VGA)</b>	<ul style="list-style-type: none"> <li>▪ To enroll, disenroll, or change coverage</li> </ul>
<b>Long Term Disability Plus</b>	<ul style="list-style-type: none"> <li>▪ To increase or decrease current coverage (additional 10% or 20% coverage) [One time only opportunity to increase coverage without evidence of insurability.]</li> </ul>

➤ **Not Open Enrollment Options:**

- **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.



Get answers to your questions.

## Questions?

Ask a Question at [HBE@sandia.gov](mailto: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) 844-0662