2014 Employee Open Enrollment Guide

Open Enrollment Period—

October 28 through November 15, 2013

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If you are enrolled in Medicare or will become eligible to enroll in Medicare in the next 12 months (during 2014), a Federal law gives you more choices about your prescription drug coverage. Please see page 15 for more details.

The information and descriptions in this Enrollment Guide are intended to be a summary of available benefits so you can consider alternatives suitable to your personal circumstances and requirements.

For plans governed by ERISA, this 2014 Open Enrollment Guide is a Summary of Material Modifications to the LLNS Health and Welfare Benefit Plan for Employees (January 2013). LLNS reserves the right to amend or discontinue any benefit plan at any time. If there is a conflict between this Summary and the terms of the Plan document, the Plan document will govern.

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Highlights for 2014

Medical

- *Anthem Blue Cross EPO*
  - Increasing office co-pays from $20 to $25 primary care/$35 specialist visit.
  - Increasing emergency room co-pay from $75 to $100.
  - Decreasing co-insurance from 100% to 90% for certain services.
- *Anthem Blue Cross Plus*
  - Adding a $300 individual/$900 family deductible in-network for certain services.
  - Increasing office co-pays from $25 to $35 for specialist visit (primary care co-pay remains $25).
  - Increasing emergency room co-pay from $75 to $100.
  - Decreasing co-insurance from 100% to 80% in-network and from 70% to 60% out-of-network for certain services.
- *Anthem Blue Cross PPO*
  - Increasing deductible from $300 individual/$900 family to $500 individual/$1,500 family in-network.
  - Increasing deductible from $600 individual/$1,800 family to $1,000 individual/$3,000 family for out-of-network.
  - Decreasing the co-insurance from 100% to 80% for certain services.
- *Prescription Drug for Anthem Blue Cross EPO, Plus, PPO*
  - Changing **retail formulary brand** 80% co-insurance with a minimum $40 and a $60 maximum co-pay.
  - Changing **retail non-formulary brand** 60% co-insurance with a minimum $60 and a maximum $100 co-pay.
  - Changing **mail order formulary brand** 80% co-insurance with a minimum $80 and a $120 maximum co-pay (remains 2x retail cost for a 3-month supply).
  - Changing **mail order non-formulary brand** 60% co-insurance with a minimum $120 and a maximum $200 co-pay (remains 2x retail cost for a 3-month supply).

  Note: $10 co-pay for generics remains the same for retail and $20 co-pay for mail order.
- *Anthem Blue Cross HDHP*
  - The 2014 HSA employee contribution limits are $2550 for employee only coverage; $5050 for family.
  - Decreasing co-insurance for certain MH/SA services.
- *Kaiser*
  - Increasing office co-pay from $20 to $25.
  - Increasing emergency room visit co-pay from $50 to $100.
  - Increasing hospital inpatient co-pay from $250 to $500.
  - Increasing outpatient surgery co-pay from $20 to $100.
  - Increasing brand name drug co-pay from $25 to $35.

Legal

- The legal plan will **not** be open for new enrollments this Open Enrollment.

Health Care Reimbursement Account *(HCRA)*

- If you want to contribute to this account in 2014, you **must** enroll during Open Enrollment, even if you are contributing in 2013.
- The HCRA contribution limit remains $2,500 in 2014.
- See page 13 for important information to consider before enrolling in HCRA.
  - ✓ Expenses may **only** be incurred 1/1/14 through 12/31/14. There will no longer be a "grace period."

Dependent Care Reimbursement Account *(DCRA)*

- If you want to contribute to this account in 2014, you **must** enroll during Open Enrollment, even if you are contributing in 2013.
- The limit remains $5,000 in 2014.
- See page 13 for important information to consider before enrolling in DCRA.
  - ✓ Expenses may **only** be incurred 1/1/14 through 12/31/14. There will no longer be a "grace period."

There are no plan design or rate changes to the Dental, Vision, Life Insurance, and Supplemental Disability plans in 2014.

IMPORTANT: *Details are contained in the Medical Plan Options and the Mental Health/Substance Abuse (MH/SA) Comparison charts that begin on page 18.*
Be sure to carefully review this information.

LAPIS *Making Changes to Your Benefits Online*

Review your current enrollment information. Log onto LAPIS. To view current enrollment information, click on *Confirmation Statement* from the *Self Service Benefits* menu.

- Take a close look at the plans offered in 2014, evaluate plan coverages, and select the ones that suit you and your family best. You can get information from the health plans' website or contact the health plan directly for assistance locating providers, covered medications and for any other specific questions you may have.
- Remember to enroll in the Health Care Reimbursement Account (HCRA) and the Dependent Care Reimbursement Account (DCRA) if you want to participate in 2014, even if you're enrolled today. Enrollment in a Reimbursement Account does not carry over from year-to-year.
- Carefully review the costs of each plan—costs include your payroll deduction amounts plus your out-of-pocket costs—what you pay when you receive care (for example, deductibles, co-payments, etc.).

Use the Online Tools to Help

- Review information available on the Open Enrollment web site accessible from the front page of *MyLLNL*.
- Use LAPIS to:
  - check your current enrollments
  - make any Open Enrollment transactions
  - verify that your beneficiary designations are up-to-date
  - confirm LLNS has your correct emergency contacts, home address and telephone numbers

Enroll Using LAPIS

- LAPIS is located at https://lapis.llnl.gov and is accessible from a Laboratory computer or through VPN. If you don't have access to a computer, workstations are available at the following site locations:
  - Main Library–T4727, Information Desk
  - Training Center–T1879, R100
  - Benefits Office–B543, R1216
- Log onto LAPIS Self Service and click on the Open Enrollment link under the Benefits topic from the navigation menu.
- **Open Enrollment transactions must be made before 5:00 p.m. (PT) Friday, November 15, 2013.**
- You will receive a confirmation email the day after you have submitted your changes. Click the link to review your confirmation statement.
- Make sure the confirmation statement reflects your coverages correctly. Be sure to keep your confirmation statement. It can serve as backup for proof of eligibility or coverage.
- During Open Enrollment you can make changes as often as you like.

Please note: *Each time you click "Submit," a new confirmation email will be generated. The last confirmation statement on record as of 5:00 p.m. (PT) on November 15, 2013 will be applied.*

If you wish not to change any of your enrollments, you do not need to make any changes during Open Enrollment, **except if you are participating in the HCRA and/or DCRA**—then you must re-enroll in these plans to continue participation in 2014.

Changing Your Benefit Elections

Open Enrollment is the **only** time during the calendar year when you can make changes to your medical, dental, or vision coverage, enroll/re-enroll in the HCRA and/or DCRA plans, **unless you experience a *Qualifying Life Event***.

Actions You Can Take During Open Enrollment

- Change to a different medical plan.
- Change to a different dental plan. (California residents only.)
- Opt out of your medical, dental, and/or vision plan; or enroll in a plan if you previously opted out.
- Enroll eligible family members in your health plans.
- Cancel health plan coverage for currently enrolled family members.
- Enroll or re-enroll in the Health Care Reimbursement Account (HCRA)—if currently enrolled, you **must re-enroll** for 2014.
- Enroll or re-enroll in the Dependent Care Reimbursement Account (DCRA)—if currently enrolled, you **must re-enroll** for 2014.

Actions Permitted Outside Open Enrollment (Qualifying Life Event)

You are allowed to change your benefit elections outside of Open Enrollment *if certain events occur and if you make the change within 31 days of the event.* Generally, the event must affect eligibility and the election change must be on account of and correspond with the event. In compliance with Section 125 of the IRS Code, medical, dental, vision, and expense account plan elections may be changed during the calendar year **only** if you have a Qualifying Life Event. Such events include:

- a change in your legal marital status, including marriage, divorce, death of your spouse, domestic or civil union partner, legal separation, or annulment;
- a change in the number of your tax dependents including through birth, adoption, placement for adoption, or death;
- termination or commencement of employment by you, your spouse, domestic or civil union partner, or dependent;
- an event that changes your, your spouse's, or your other dependent's employment status that results in gaining or losing eligibility for coverage;
- your dependent's ability or inability to satisfy dependent eligibility requirements;
- a change in residence or work site by you, your spouse, domestic or civil union partner, or dependent that causes you to lose access to providers in your HMO plan's network.

PLEASE NOTE: *If you do not notify the Benefits Office within 31 days of the event, you will* ***not*** *be able to add a dependent or make any other coverage changes until the next Open Enrollment Period, with benefits coverage effective the following January 1.*

Disability and life insurance coverage can be changed at any time during the year. Changes to these plans are not available on *Self Service* during Open Enrollment. At any time, if you want to enroll in or increase your disability coverage or your life insurance coverage, you must submit a Statement of Health to the applicable insurance carrier. Your application must be approved by the carrier before the coverage change goes into effect. Contact the Benefits Office to make changes to these plans.

For more information see the *LLNS Health and Welfare Benefit Plan for Employees Summary Plan Description (January 2013)* located at https://benefits.llnl.gov/summary_plan_descriptions.html.

Dependent Eligibility

If an enrolled family member loses eligibility during the year, you are responsible for de-enrolling that family member. Don't wait until Open Enrollment. A child who turns 26 is automatically de-enrolled by LLNS (legal wards are de-enrolled at 18). You are responsible for costs incurred in connection with the enrollment of ineligible family members and you could be subject to penalties associated with the misuse of the plan if you continue coverage for family members who no longer meet LLNS eligibility rules. For more information see the *LLNS Health and Welfare Benefit Plan for Employees Summary Plan Description (January 2013)*. Questions about eligibility should be directed to the Benefits Office at 1-925-422-9955.

Definition of Spouse

The definition of a spouse is changed to the following:

> *"Spouse means a husband or wife as defined or recognized under state law for purposes of marriage in the state where the employee resides, including 'common law' marriage and same-sex marriage."*

This change means that imputed income tax will no longer be applicable for federal tax purposes, and for state tax purposes in states that recognize same-sex marriage.

Health, Dental, and Vision Care

Medical Benefit Choices

You are encouraged to evaluate your options to ensure that the choices you made for the current year still make sense for 2014. Plan rates are on page 8. A medical plan comparison chart to help facilitate a comparison of the plans begins on page 18. Plans available for 2014 include:

- ✓ Kaiser Permanente CA
- ✓ Anthem Blue Cross EPO
- ✓ Anthem Blue Cross Plus
- ✓ Anthem Blue Cross PPO
- ✓ Anthem Blue Cross HDHP
- ✓ Anthem Blue Cross Core

> *If you are covering a dependent child whose eligibility requires tax dependency and tax dependency is lost at any time, promptly notify the Benefits Office at 1-925-422-9955.*

If you enroll in the HDHP medical plan option, you will also be eligible for the Health Savings Account (HSA) that accompanies this option. LLNS will make contributions to the HSA on your behalf. In addition, you will be able to make before-tax* contributions to your HSA up to IRS limits. In 2014, LLNS will contribute $750 for employee only coverage and $1,500 for family coverage (i.e., all other coverage tiers). You may contribute up to $2550 for employee only coverage, and $5050 for family coverage. If you are age 55 or older, you can contribute an additional $1,000. You can make your HSA before-tax contributions via payroll deduction or directly to your HSA on an after-tax basis and claim them on your tax return. BenefitWallet is now the administrator of the HSA; Mellon bank will continue to be the HSA custodian. **Please note that if you enroll in the HDHP/HSA medical plan option, you will not be eligible for the Health Care Reimbursement Account (HCRA).** See page 13 for important information to consider.

The HSA can be used to pay for qualified medical, prescription, dental, and vision expenses. It can also be used to pay for qualified expenses for dependents not enrolled in a LLNS medical, dental, or vision plan as long as the dependent is a qualified dependent under IRS rules (IRC Section 152).

* HSA contributions are federal and state before-tax in all states except in CA, AL, and NJ.

Mandatory Prescription Mail Order Program

The Anthem Blue Cross mandatory mail order program for maintenance medications remains in effect in 2014. CVS/Caremark offers the Maintenance Choice program which allows you to fill a mandatory mail order drug at a local CVS pharmacy for the same cost as mail order. You can call CVS/Caremark Customer Service at 1-866-623-1438 with any questions you may have about their services. Please refer to the comparison charts beginning on page 18 for the cost to fill your prescription.

Mental Health and Substance Abuse Benefits

LLNS medical plans, except for Core, include mental health and substance abuse benefits as follows:

Kaiser: Kaiser Members continue to access all mental health and substance abuse services through Kaiser physicians or facilities. Refer to the Medical Plan Comparison Chart for Kaiser Mental Health/Substance Abuse coverages.

Anthem Blue Cross plans—*except Anthem Blue Cross Core*: All mental health and substance abuse services must be provided by OptumHealth. To ensure full coverage of your services, contact OptumHealth for authorization of your visits. Referral by an Anthem Blue Cross physician is not a guarantee that services will be paid. You must contact OptumHealth to obtain preauthorization. Refer to the Mental Health/Substance Abuse Comparison Chart on page 29 for benefit details.

Monthly Rates for 2014

Deductions are taken out of 24 bi-weekly checks. Divide by 2 to determine the per pay period deduction(s).

Plan	Employee Only	Employee & Adult	Employee & Child(ren)	Employee & Family
Health				
Kaiser Permanente CA	57.00	119.00	102.00	164.00
Anthem Blue Cross EPO	256.00	538.00	461.00	743.00
Anthem Blue Cross Plus	467.00	980.00	840.00	1354.00
Anthem Blue Cross PPO	311.00	654.00	560.00	903.00
Anthem Blue Cross HDHP	126.00	266.00	228.00	367.00
Anthem Blue Cross Core	71.00	150.00	129.00	207.00
Dental				
Delta Dental PPO (nationwide)	Premium paid by LLNS			
Delta Care DMO (California residents only)	Premium paid by LLNS			
Vision				
Vision Service Plan	Premium paid by LLNS			

Dental Benefit Choices

- ✓ Delta Dental PPO (nationwide)
- ✓ Delta Care DMO (California residents only)

There are no dental plan design changes for 2014. A dental plan comparison spreadsheet begins on page 30. Plan coverage details can be found at https://benefits.llnl.gov/.

Vision Benefit

LLNS offers a comprehensive vision care benefit provided by Vision Service Plan (VSP). There are no plan design changes to the vision benefit in 2014.

Plan coverage details can be found at https://benefits.llnl.gov/. To speak with VSP Member Services directly, call 1-800-877-7195.

HIPAA *Special Enrollment Rights*

(Health Insurance Portability and Accountability Act of 1996)

If you are declining enrollment in medical/vision/dental coverage for yourself or your eligible dependents (including your spouse, domestic partner, dependent children and domestic partner's dependent children) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in medical/vision/dental coverage if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, placement for adoption, or foster care, you may be able to enroll yourself and your dependents. Your special enrollment request must be made within 31 days after the marriage, birth, adoption, placement for adoption or foster care. Contact the Benefits Office at (925) 422-9955 for more information.

Legal Benefit Program

The legal benefit is offered through ARAG and **is not open to new enrollments** this Open Enrollment period. Plan rates remain unchanged for 2014. Plan coverage details can be found at https://benefits.llnl.gov/.

Legal Plan *Monthly Rate*	
Employee Only	$ 10.04
Employee & Spouse/Domestic Partner	$ 13.81
Employee & Child(ren)	$ 13.81
Employee & Family	$ 15.06

Life Insurance

The Life Insurance is offered through MetLife. Changes to Life Insurance are not limited to Open Enrollment and are not part of the Open Enrollment *Self Service* process. For more information see page 6, *Actions Permitted Outside of Open Enrollment.* **(To make changes to the Life Insurance plans contact the Benefits Office at 925-422-9955.)**

Life Insurance			
Age	Employee Supplemental Life *(rate per $1,000 per month)*	Dependent Basic Life *(rate per $1,000 per month)*	Dependent Expanded Life *(rate per $1,000 per month)*
<25	$ 0.022	$ 0.124	$ 0.036
25 – 29	$ 0.022	$ 0.124	$ 0.036
30 – 34	$ 0.026	$ 0.124	$ 0.045
35 – 39	$ 0.032	$ 0.220	$ 0.054
40 – 44	$ 0.051	$ 0.241	$ 0.090
45 – 49	$ 0.092	$ 0.298	$ 0.206
50 – 54	$ 0.134	$ 0.339	$ 0.288
55 – 59	$ 0.242	$ 0.339	$ 0.485
60 – 64	$ 0.378	$ 0.339	$ 0.512
65 – 69	$ 0.580	$ 0.339	$ 0.790
70+	$ 1.041	$ 0.339	$ 1.387
Child *(rate per employee per month)*			$ 0.380

Basic *(LLNS paid)*

There are no plan design changes for Basic Life Insurance in 2014. This coverage is equal to one times your base salary up to a maximum of $400,000.

Be aware that the IRS requires the value of employer-paid life insurance in excess of $50,000 to be considered "imputed income." You have the option of waiving life insurance coverage over $50,000 at any time. You can later increase your coverage to one times your base salary.

A worksheet to calculate the amount of your taxable (imputed) income is available on the Open Enrollment web site accessible from the front page of *MyLLNL*.

Supplemental

The rates for Supplemental Life are remaining the same for 2014 and are based on your age and base salary as of each pay period. Employees enrolling in Supplemental Life during their period of initial eligibility (PIE) will be guaranteed issue up to the lesser of 3 times their base salary or $750,000.

Employees who wish to increase their life insurance coverage must complete a Statement of Health for approval by the carrier.

Dependent

There are no plan design or rate changes for Dependent Life Insurance coverage in 2014. Employees who wish to change their dependent life insurance coverage should contact the Benefits Office to determine if a Statement of Health is required.

Supplemental Disability Insurance

The Supplemental Disability Insurance is offered through The Hartford. This insurance supplements the disability coverage available to you through California State Disability Insurance (SDI) and provides coverage to employees outside of California.

There are no plan design changes for 2014. Cost for this coverage is based on your age and base salary as of each pay period. Changes to Supplemental Disability Insurance are not limited to Open Enrollment and are not part of the Open Enrollment *Self Service* process.

Supplemental Disability *Multiply rate by your full-time monthly salary*				
Age	Waiting Period			
	7 days	30 days	90 days	180 days
<35	0.00490	0.00180	0.00160	0.00070
35 – 39	0.00520	0.00190	0.00170	0.00080
40 – 44	0.00590	0.00260	0.00210	0.00120
45 – 49	0.00640	0.00290	0.00260	0.00160
50 – 54	0.00810	0.00370	0.00310	0.00250
55 – 59	0.00960	0.00530	0.00450	0.00400
60 – 64	0.01330	0.00870	0.00750	0.00710
65 – 69	0.01180	0.00680	0.00590	0.00520
70+	0.00890	0.00380	0.00320	0.00210

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to put money aside on a before-tax basis—the Health Care Reimbursement Account (HCRA) for eligible health care expenses and the Dependent Care Reimbursement Account (DCRA) for eligible dependent day care expenses. Contributions are deducted from your paycheck on a pretax (tax-free) basis—before federal, state, and Social Security (FICA) taxes are taken out. Because your Social Security benefits are based on earnings, your participation in the FSA may reduce this benefit, depending on the amount you earn.

Effective January 1, 2014 for 2014 elections, there will no longer be a "grace period" to incur claims for HCRA and DCRA. Any expenses for reimbursement with 2014 contributions must be incurred in that year. Claims for eligible expenses incurred January 1 – December 31, 2014 may be submitted for reimbursement through March 31, 2015.

If you want to make FSA contributions in 2014, you must enroll during Open Enrollment, even if you are contributing in 2013. After Open Enrollment, you cannot make changes to your contributions except under certain limited situations. For information about permissible election changes go to https://benefits.llnl.gov/summary_plan_descriptions.html and see the *LLNS Health and Welfare Benefit Plan for Employees Summary Plan Description (SPD)*, Section 7, "Making Changes to Your Elections." For specific questions regarding eligible FSA expenses, visit the ADP web site at www.myshps.com or see IRS Publications 502 and 503.

Be sure to see page 13 for important information to consider before enrolling in a Flexible Spending Account (FSA).

Health Care Reimbursement Account (HCRA)

The HCRA limit remains $2,500 for 2014. HCRA allows you to set aside earnings on a before-tax basis to pay for eligible out-of-pocket health care expenses you and your eligible dependents incur in 2014. The amount you contribute to your account will reduce your taxable income.

Examples of eligible health care expenses are:

- Deductibles, co-payments, and co-insurance amounts not paid by your medical, dental, or vision plans
- Over-the-counter drugs, ***if prescribed by a doctor,*** that are taken to alleviate or treat an injury or sickness
- Acupuncture not covered by your medical plan
- Orthodontia not covered by the dental plan
- Hearing aids

Keep your receipts for services paid with the ADP card as you may be asked to substantiate the expense to ensure they meet IRS requirements as an eligible item.

You and your dependents can pay for purchases directly from your HCRA account using a special debit card, reducing the number of claims you have to submit. The HCRA debit card works like a credit card, only funds are deducted from your HCRA account balance. If you are a new participant to the program for 2014, you will automatically receive a card when you enroll. If you have participated in 2013, keep your card as your 2014 annual election amount will be funded and added to the card effective January 1, 2014.

Remember that you forfeit any money you don't use so calculate your contributions carefully.
A calculator is available at www.myshps.com

Dependent Care Reimbursement Account (DCRA)

DCRA allows you to set aside money on a before-tax basis to pay for dependent day care expenses incurred in 2014, due to your or your spouse's employment or student status. The maximum amount you can contribute is $5,000 per year (per family) if you're filing with the IRS as married filing jointly or as head of household, or $2,500 per year if you're filing as married filing separately. This plan may be used for dependent day care expenses for children under age 13 or for disabled family members who qualify under IRS rules. The care provider must have a federal taxpayer identification or U.S. Social Security number. The amount you contribute to your spending account will reduce your taxable income. You are reimbursed by submitting receipts for eligible expenses to ADP with a reimbursement form available at www.myshps.com.

Remember that you forfeit any money you don't use so calculate your contributions carefully.

Depending on your personal income tax situation, you may get a greater tax savings with the Child Care Tax Credit than with DCRA. You may want to ask a tax advisor which alternative is best for you.

Important Things to Consider and Remember with the Flexible Spending Accounts:

- ✓ If you want to make FSA contributions in 2014, you must enroll during Open Enrollment, even if you are contributing in 2013.

- ✓ If you are currently enrolled in the FSA for 2013, you have until June 15, 2014 to request reimbursement for DCRA and/or HCRA expenses incurred from January 1, 2013 through March 15, 2014.

- ✓ If you elect to enroll in the HCRA and/or DCRA for 2014 you must be sure to incur all eligible expenses in 2014 as there will no longer be a grace period to incur claims.

- ✓ If you plan to enroll in the High Deductible Health Plan (HDHP) during Open Enrollment, be aware that current IRS rules restrict participation in the Health Care Reimbursement Account (HCRA) and a Health Savings Account (HSA) at the same time.
  - In order to receive the employer contributions to the HSA beginning January 1, 2014, you must have a zero ($0) balance in your HCRA by December 31, 2013. (This means claims submitted and paid.) If you do not have a zero balance by this date, employer contributions will not begin until April 1, 2014.
  - In addition, if you do not have a zero balance in your HCRA by December 31, 2013, you will not be able to make your own salary deferral contributions to your HSA until April 1, 2014.
  - If you do not zero out your HCRA by December 31, 2013, you will not be able to submit any claims incurred between January – March 31, 2014 to your HSA account for reimbursement.
  - If you do not zero out your HCRA by December 31, 2013, you will still be able to incur costs through March 15, 2014, and submit claims for reimbursement against the FSA account until June 15, 2014.

- ✓ **Calculate your contributions carefully as you forfeit any money you don't use.**

Accidental Death & Dismemberment Insurance

(AD&D)

There are no AD&D plan design or rate changes in 2014. AD&D insurance protects you and your family from the unforeseen financial hardship of an accident that causes death, dismemberment, or loss of sight, speech, or hearing. The plan provides worldwide coverage for you and your enrolled family members. Coverage details can be found at https://benefits.llnl.gov/.

Changes to AD&D Insurance are not limited to Open Enrollment and are not part of the Open Enrollment *Self Service* process.

Accidental Death & Dismemberment Insurance (AD&D) *Monthly Rate*

	Plan Options		
Coverage	**Self**	**Family** (You, spouse or partner, and eligible children)	**Modified Family** (You and eligible children)
$ 10,000	$ 0.15	$ 0.23	$ 0.18
20,000	0.30	0.46	0.36
30,000	0.45	0.69	0.54
40,000	0.60	0.92	0.72
50,000	0.75	1.15	0.90
60,000	0.90	1.38	1.08
70,000	1.05	1.61	1.26
80,000	1.20	1.84	1.44
90,000	1.35	2.07	1.62
100,000	1.50	2.30	1.80
125,000	1.88	2.88	2.25
150,000	2.25	3.45	2.70
175,000	2.63	4.03	3.15
200,000	3.00	4.60	3.60
300,000	4.50	6.90	5.40
400,000	6.00	9.20	7.20
500,000	7.50	11.50	9.00

Business Travel Accident Insurance

(LLNS paid)

There are no plan design changes to the Business Travel Accident benefit for 2014. Business Travel Accident insurance covers accidental death or dismemberment of Lab employees traveling on official LLNS business or while engaged in designated hazardous activities on behalf of LLNS.

If you are eligible, you will be covered 24 hours/day, worldwide, up to $100,000. This coverage is in addition to other insurance you may have at the time of the accident. Please refer to the *LLNS Business Travel Accident Summary Plan Description* at https://benefits.llnl.gov/.

Beneficiaries

Open Enrollment is a good time to review your beneficiary designations. You may change your designated beneficiary at any time on LAPIS for Basic Life, Supplemental Life, AD&D, Business Travel Accident, and the Pension Plan (TCP1) Single Sum Death Benefit. Once your new designations are processed, all previous designations are invalid. **For questions on this, please contact the Benefits Office at (925) 422-9955.**

To designate a beneficiary for the LLNS 401(k) plan call Fidelity Investments at 1-800-835-5095 or visit their website at www.netbenefits.com.

Required Notices

Notice of Availability of Notice of Privacy Practices

The LLNS Health and Welfare Benefit Plan for Employees (the "Plan") provides health benefits to eligible employees of Lawrence Livermore National Security, LLC (the "Company") and their eligible dependents as described in the Summary Plan Document for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information ("PHI"), and has done so by providing to Plan participants a notice of privacy practices, which describes the ways that the Plan uses and discloses PHI. To receive a copy of the Plan's notice of privacy practices, you can go to the LLNS Benefits web site https://benefits-int.llnl.gov/ or contact the Benefits Office at (925) 422-9955.

The Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 requires that if a group health plan provides medical and surgical benefits for mastectomies, it must also provide coverage for reconstructive surgery and prostheses following mastectomies.

The law mandates that a participant or beneficiary who is receiving benefits under the plan for a covered mastectomy, and who elects breast reconstruction in connection with the mastectomy, will also receive coverage for:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce asymmetrical appearance.
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

This coverage will be provided in consultation with the patient and the patient's attending physician and will be subject to the same annual deductible, co-insurance and/or co-payment provisions otherwise applicable under the plans.

Important Notice from LLNS about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with LLNS 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 drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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 or join a Medicare Advantage Plan (like an HMO or 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. LLNS has determined that the prescription drug coverage offered by the LLNS Health and Welfare Plan is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan. *In addition, if you lose or decide to leave employer sponsored coverage, you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period.* You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

If you do decide to join a Medicare prescription drug plan and drop your LLNS medical coverage (which includes prescription drug coverage), be aware that you and your dependents may not be able to get this coverage back until the calendar year after the following Open Enrollment period. Remember, your current LLNS medical coverage pays for other health expenses, in addition to prescription drugs. Contact the LLNS Benefits Office by telephone at 1-925-422-9955 or by mail at Lawrence Livermore National Security, LLC, Benefits Office, 7000 East Avenue, L-640, Livermore, CA 94550 for more information about what happens to your coverage if you join a Medicare prescription drug plan.

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

If you go 63 consecutive days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium may go up at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You have to pay this higher premium (a penalty) 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 LLNS Benefits Office by telephone at 1-925-422-9955 or by mail at Lawrence Livermore National Security, LLC, Benefits Office, 7000 East Avenue, L-640, Livermore, CA 94550 for further information. NOTE: You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through LLNS changes. You also may request a copy.

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 drug plans. For more information about Medicare 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 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 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 whether or not you are required to pay a higher premium (a penalty).

Patient Protection Disclosure Notice

Kaiser Permanente generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in their network and who is available to accept you or your family members. Until you make this designation, Kaiser Permanente designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Kaiser at www.kp.org/llns or 1-800-464-4000. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Kaiser Permanente or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in Kaiser's network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Kaiser at www.kp.org/llns or 1-800-464-4000.

The Anthem Blue Cross medical options do not require the designation of a primary care provider.

Resources

- *MyLLNL* front page, click on the "Open Enrollment" link for Open Enrollment materials, details on plan rates, web site links, the imputed income calculation worksheet, and much more. This site will be updated periodically as materials become available.
- Go to LAPIS Self Service to review your current enrollments and to make Open Enrollment elections.

Health Plan Carriers Contact Information			
Carrier / Plan	**URL**	**Member Services**	**Group Numbers** (In Calif.)
Kaiser Permanente CA	www.kp.org/llns	1-800-464-4000	N-Cal 602567 S-Cal 299065
Anthem Blue Cross EPO	www.anthem.com/ca/llns/	1-866-641-1689	175203E001
Anthem Blue Cross Plus	www.anthem.com/ca/llns/	1-866-641-1689	175203P001
Anthem Blue Cross PPO	www.anthem.com/ca/llns/	1-866-641-1689	175203P051
Anthem Blue Cross Core	www.anthem.com/ca/llns/	1-866-641-1689	175203C001
Anthem Blue Cross HDHP	www.anthem.com/ca/llns/	1-866-641-1689	175203P059
CVS/Caremark	www.caremark.com	1-866-623-1438	
Delta Dental PPO	www.deltadentalins.com/llns	1-800-777-5854	3221-0011
Delta Care DMO	www.deltadentalins.com/llns	1-800-422-4234	5980
Vision Service Plan	www.vsp.com/	1-800-877-7195	12-316390
OptumHealth	www.liveandworkwell.com	1-800-980-7394	
ADP	www.myshps.com	1-866-334-4664	

For additional resources visit https://benefits.llnl.gov/

2014 Medical Plan Options Comparison of Benefit Coverages

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core	Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser
Member services	1-877-359-9654	1-877-359-9654	1-877-359-9654	1-877-359-9654	1-877-359-9654	1-800-464-4000
Web site	www.anthem.com/ca/llns/	www.anthem.com/ca/llns/	www.anthem.com/ca/llns/	www.anthem.com/ca/llns/	www.anthem.com/ca/llns/	www.kp.org/llns
HSA Funding	N/A	N/A	N/A	N/A	$750 Individual; $1,500 Family	N/A
Annual deductible: Individual/Family	In-Network: $300 Individual; $900 Family; does not include copays	In-Network: $500 Individual; $1,500 Family	$3,500 per individual/no separate family deductible In- or Out-of-Network; member is responsible for any costs over C&R for non-PPO providers	$0 Individual; $0 Family	In-Network: $1,500 Individual; $3,000 Family	$0 Individual; $0 Family
	Out-of-Network: $500 Individual; $1,500 Family	Out-of-Network: $1,000 Individual; $3,000 Family		No Out-of-Network coverage	Out-of-Network: $3,000 Individual; $6,000 Family	No coverage Out-of-Network
Coinsurance percentage	In-Network: 80% covered unless otherwise specified	In-Network: 80% covered until Out-of-pocket maximum is met	In-Network: 80% covered until Out-of-pocket maximum is met	90% covered	In-Network: 90% covered until Out-of-pocket maximum is met	100% covered
	Out-of-Network: 60% of C&R covered until Out-of-pocket maximum is met	Out-of-Network: 60% of C&R covered until Out-of-pocket maximum is met	Out-of-Network: 80% of C&R until Out-of-pocket maximum is met	No Out-of-Network coverage	Out-of-Network: 70% of C&R covered until Out-of-pocket maximum is met	No Out-of-Network coverage
Out-of-pocket maximum: Individual/Family	In-Network: $2,500 Individual; $7,500 Family; includes deductible and copays	In-Network: $3,000 Individual; $9,000 Family; includes deductible and copays	In-Network: $6,350 per covered individual/no separate family deductible; includes deductible and copays; member is responsible for any costs over C&R for non-PPO providers	$1,000 Individual; $3,000 Family; includes copays	In-Network: $3,000 Individual; $6,000 Family; includes deductible	$1,500 Individual; $3,000 Family; includes copays and coinsurance; excluding durable medical equipment, prescription drugs and infertility services
	Out-of-Network: $7,000 Individual; $21,000 Family; includes deductible and copays	Out-of-Network: $6,000 Individual; $18,000 Family; includes deductible and copays	Out-of-Network: $7,000 per covered individual/no separate family deductible; includes deductible and copays; member is responsible for any costs over C&R for non-PPO providers	No Out-of-Network coverage	Out-of-Network: $6,000 Individual; $12,000 Family; includes deductible	No coverage Out-of-Network
Lifetime coverage limit	In-Network: No overall lifetime limit; may have lifetime maximums for specific benefits; check with Plan for details	In-Network: No overall lifetime limit; may have lifetime maximums for specific benefits; check with Plan for details	In-Network: No overall lifetime limit; may have lifetime maximums for specific benefits; check with Plan for details	No overall maximum lifetime benefit; may have lifetime maximums for specific benefits; check with Plan for details	In-Network: No overall lifetime limit; may have lifetime maximums for specific benefits; check with Plan for details	No overall maximum lifetime benefit; may have lifetime maximums for specific benefits; check with Plan for details
	Out -of-Network: No overall lifetime limit; may have lifetime maximums for specific benefits; check with Plan for details	Out -of-Network: No overall lifetime limit; may have lifetime maximums for specific benefits; check with Plan for details	Out -of-Network: No overall lifetime limit; may have lifetime maximums for specific benefits; check with Plan for details	No coverage Out-of-Network	Out -of-Network: No overall lifetime limit; may have lifetime maximums for specific benefits; check with Plan for details	No coverage Out-of-Network
Need to file claims	In-Network: No	In-Network: No	In-Network: No	Not Applicable	In-Network: No	No (In-Network)
	Out-of-Network: Yes	Out-of-Network: Yes	Out-of-Network: Yes		Out-of-Network: Yes	Check with Plan (Out-of-Network)
Ability to self-refer to OB/GYN	Yes	Yes	Yes	Yes	Yes	Yes
				No coverage Out-of-Network		No coverage Out-of-Network

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

2014 Medical Plan Options Comparison of Benefit Coverages

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core	Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser
Ability to self-refer to specialists	Yes	Yes	Yes	Yes	Yes	Check with your guidebook to see if your facility has departments that don't require a referral
				No coverage Out-of-Network		No coverage Out-of-Network
Out-of-area dependent coverage	Yes	Yes	Yes	Yes	Yes	Refer to disclosure form and evidence of coverage for details
Out-of-area participant coverage	Yes	Yes	Yes	Yes	Yes	Refer to disclosure form and evidence of coverage for details
Primary doctor office visit	In-Network: $25 copay	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	$25 copay	In-Network: 90% covered after deductible is met	$25 copay
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 80% of C&R covered after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met	Not Applicable
Specialist office visit	In-Network: $35 copay	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	$35 copay	In-Network: 90% covered after deductible is met	$25 copay
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 80% of C&R covered after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met	Not Applicable
Annual physical exam	In-Network: 100% covered	In-Network: 100% covered	In-Network: 100% covered	100% covered	In-Network: 100% covered	100% covered; for preventive
	Out-of-Network: 60% of C&R after deductible is met	Out-of-Network: Birth thru age 6 yr. 100% of C&R Deductible waived/age 7 and older 60% of C&R covered; deductible waived	Out-of-Network: 80% of C&R covered after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% covered after deductible is met; subject to Reasonable and Customary limits	No coverage Out-of-Network
Well-woman exam (includes pap)	In-Network: 100% covered for preventive care	In-Network: 100% covered for preventive care	In-Network: 100% covered for preventive care	100% covered for preventive care	In-Network: 100% covered for preventive care	100% covered for preventive care
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 80% of C&R after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met	No coverage Out-of-Network
Mammogram	In-Network: Diagnostic 80% covered after deductible is met; 100% covered for preventive care	In-Network: Diagnostic - 80% covered after deductible is met; 100% covered for preventive care	In-Network: Diagnostic - 80% covered after deductible is met; negotiated rates; 100% covered for preventive care	Diagnostic: 90% covered; 100% covered for preventive care	In-Network: Diagnostic - 90% covered after deductible is met; 100% covered for preventive care	100% covered for preventive care; age 50-74
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 80% of C&R after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met	No coverage Out-of-Network

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

2014 Medical Plan Options Comparison of Benefit Coverages

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core	Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser
Immunizations (child)	In-Network: 100% covered for preventive care	In-Network: 100% covered for preventive care	In-Network: 100% covered for preventive care	100% covered for preventive care	In-Network: 100% covered for preventive care	100% covered for preventive care
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R after deductible is met	Out-of-Network: 80% of C&R covered after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% of C&R after deductible is met	No coverage Out-of-Network
Cancer screenings	In-Network: 100% covered for preventive care; diagnostic: covered as any other illness, for Cancer Clinical Trials refer to EOC/SPD	In-Network: 100% covered for preventive care; diagnostic: covered as any other illness, for Cancer Clinical Trials refer to EOC/SPD	In-Network: 100% covered for preventive care; diagnostic: covered as any other illness, for Cancer Clinical Trials refer to EOC/SPD	In-Network: 100% covered for preventive care; diagnostic: covered as any other illness, for Cancer Clinical Trials refer to EOC/SPD	In-Network: 100% covered for preventive care; diagnostic: covered as any other illness, for Cancer Clinical Trials refer to EOC/SPD	100% covered
	Out-of-Network: Covered as any other illness; for Cancer Clinical Trials refer to ECO/SPD	Out-of-Network: Covered as any other illness; for Cancer Clinical Trials refer to ECO/SPD	Out-of-Network: Covered as any other illness; for Cancer Clinical Trials refer to ECO/SPD	No coverage Out-of-Network	Out-of-Network: Covered as any other illness; for Cancer Clinical Trials refer to ECO/SPD	No coverage Out-of-Network
Cardiovascular screenings	Covered under Medical or Routine Physical exam as appropriate					100% covered
Allergy tests and treatments	In-Network: Diagnostic test/treatment: $25 co-pay PCP; $35 specialist; allergy injections 100% covered	In-Network: Diagnostic test/treatment - 80% covered after deductible is met; allergy injections 100% covered	In-Network: Diagnostic test/treatment - 80% covered after deductible is met; allergy injections 100% covered	Diagnostic test/treatment: $25 copay PCP; $35 copay Specialist; allergy injections 100% covered	In-Network: Diagnostic test/treatment - 90% covered after deductible is met	Diagnositc and testing $25 copay per visit; allergy injections $5 copay per visit
	Out-of-Network: Diagnostic test/treatment - 60% of C&R covered after deductible is met	Out-of-Network: Diagnostic test/treatment - 60% of C&R covered after deductible is met	Out-of-Network: Diagnostic test/treatment - 80% of C&R covered after deductible is met	No coverage Out-of-Network	Out-of-Network: Diagnostic test/treatment - 70% of C&R covered after deductible is met	No coverage Out-of-Network
Outpatient surgery	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	90% covered	In-Network: 90% covered after deductible is met	$100 copay per procedure
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 80% of C&R covered after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met	No coverage Out-of-Network
Outpatient laboratory services	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	90% covered	In-Network: 90% covered after deductible is met	100% covered
	Out-of-Network: 60% covered after deductible is met; subject to C&R limits	Out-of-Network: 60% covered after deductible is met; subject to C&R limits	Out-of-Network: 80% covered after deductible is met; subject to C&R limits	No coverage Out-of-Network	Out-of-Network: 70% covered after deductible is met; subject to C&R limits	No coverage Out-of-Network
Outpatient X-ray	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	90% covered	In-Network: 90% covered after deductible is met	100% covered
	Out-of-Network: 60% covered after deductible is met; subject to C&R limits	Out-of-Network: 60% covered after deductible is met; subject to C&R limits	Out-of-Network: 80% covered after deductible is met; subject to C&R limits	No coverage Out-of-Network	Out-of-Network: 70% covered after deductible is met; subject to C&R limits	No coverage Out-of-Network

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

2014 Medical Plan Options Comparison of Benefit Coverages

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core	Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser
Outpatient physical therapy	In-Network: $25 copay; limited to 25 visits per year; additional visits available if necessary after medical review; combined with out-of-network	In-Network: 80% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; combined with out-of-network	In-Network: 80% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; combined with out-of-network	$25 copay; limited to 25 visits per year; additional visits available if necessary after medical review	In-Network: 90% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; combined with out-of-network	$25 copay per visit
	Out-of-Network: 60% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; subject to C&R limits; combined with in-network	Out-of-Network: 60% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; subject to C&R limits; combined with in-network	Out-of-Network: 80% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; subject to C&R limits; combined with in-network	No coverage Out-of-Network	Out-of-Network: 70% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; subject to C&R limits; combined with in-network	No coverage Out-of-Network
Outpatient occupational therapy	In-Network: $25 copay; limited to 25 visits per year; additional visits available if necessary after medical review; combined with out-of-network	In-Network: 80% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; combined with out-of-network	In-Network: 80% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; combined with out-of-network	$25 copay; limited to 25 visits per year; additional visits available if necessary after medical review	In-Network: 90% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; combined with out-of-network	$25 copay per visit
	Out-of-Network: 60% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; subject to C&R limits; combined with in-network	Out-of-Network: 60% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; subject to C&R limits; combined with in-network	Out-of-Network: 80% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; subject to C&R limits; combined with in-network	No coverage Out-of-Network	Out-of-Network: 70% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; subject to C&R limits; combined with in-network	No coverage Out-of-Network
Outpatient speech therapy	In-Network: $25 copay; limited to 25 visits per year; additional visits available if necessary after medical review; combined with out-of-network	In-Network: 80% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; combined with out-of-network	In-Network: 80% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; combined with out-of-network	$25 copay; limited to 25 visits per year; additional visits available if necessary after medical review	In-Network: 90% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; combined with out-of-network	$25 copay per visit
	Out-of-Network: 60% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; subject to C&R limits; combined with in-network	Out-of-Network: 60% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; subject to C&R limits; combined with in-network	Out-of-Network: 80% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; subject to C&R limits; combined with in-network	No coverage Out-of-Network	Out-of-Network: 70% covered after deductible is met; limited to 25 visits per year; additional visits available if necessary after medical review; subject to C&R limits; combined with in-network	No coverage Out-of-Network

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

2014 Medical Plan Options Comparison of Benefit Coverages

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core	Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser
Office visit: Pre/postnatal	In-Network: $25 copay initial visit only	In-Network: 80% covered; deductible waived	In-Network: 80% covered after deductible is met	$25 copay initial visit only	In-Network: 90% covered; deductible waived	100% covered
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R coverage after deductible is met	Out-of-Network: 80% of C&R after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% of C&R coverage after deductible is met	No coverage Out-of-Network
In-hospital delivery services	In-Network: $250 copay; then 80% covered; $200 penalty if non-emergency services are not preauthorized	In-Network: 80% covered after deductible is met; $200 penalty if non-emergency services are not preauthorized	In-Network: 80% covered after deductible is met; $500 penalty if non-emergency services are not preauthorized	$250 copay; then 90% covered; per occurrence or admittance; $200 penalty if non-emergency services are not preauthorized	In-Network: 90% covered after deductible is met	$500 copay per admission
	Out-of-Network: 60% of C&R covered after deductible is met; preauthorization required; $200 penalty if non-emergency services are not preauthorized	Out-of-Network: 60% of C&R covered after deductible is met; $200 penalty if non-emergency services are not preauthorized	Out-of-Network: 60% of C&R covered after deductible is met; $500 penalty if non-emergency services are not preauthorized	No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met	No coverage Out-of-Network
Newborn nursery services	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	90% covered	In-Network: 90% covered after deductible is met	100% covered for outpatient; $500 copay per inpatient admission
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 80% of C&R covered after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met	No coverage Out-of-Network
Pediatric exams	In-Network: 100% covered for preventive care; well-child visit includes hearing and eye exam through age 6	In-Network: 100% covered for preventive care; well-child visit includes hearing and eye exam through age 6	In-Network: 100% covered for preventive care; well-child visit includes hearing and eye exam through age 6	100% covered for preventive care; well-child visit includes hearing and eye exam through age 6	In-Network: 100% covered for preventive care; well-child visit includes hearing and eye exam through age 6	100% covered for preventive care; well-child visits 100% covered up to 23 months
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 100% of C&R covered after deductible is met for birth thru age 6; 60% of OCR covered for age 7 and older	Out-of-Network: 80% of C&R covered after deductible is met	No coverage Out-of-Network	Out-of-Network: 100% of C&R covered after deductible is met for birth thru age 6; 70% for age 7 and older	No coverage Out-of-Network
Fertility services	In-Network only: 50% covered; $20,000 lifetime maximum for all infertility benefits combined; medical and pharmacy	Not Covered	Not Covered	In-Network only: 50% covered - $20,000 lifetime maximum for all infertility benefits combined.	Not Covered	Covered at 50% member rate for diagnosis and treatment of involuntary infertility when apporved by a Plan physician
In vitro fertilization	Not covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Artificial insemination	In-Networks: 50% covered, office visit copay applies - $20,000 lifetime max for all infertility benefits combined; medical and pharmacy	Not Covered	Not Covered	In-Network only: 50% covered, office visit copay applies - $20,000 lifetime max for all infertility benefits combined.	Not Covered	Covered at 50% member rate (intrauterine only); except for donor semen and donor eggs and services related to their procurement and storage

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

2014 Medical Plan Options Comparison of Benefit Coverages

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core	Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser
Female tubal ligation	In-Network: Check with Plan; 100% covered under expanded preventive care coverage for women	In-Network: Check with Plan; 100% covered under expanded preventive care coverage for women	In-Network: Check with Plan; 100% covered under expanded preventive care coverage for women	In Network: Check with Plan; 100% covered under expanded preventive care coverage for women	In-Network: Check with Plan; 100% covered under expanded preventive care coverage for women	100% covered under expanded preventive care coverage for women; after appropriate counseling
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 80% of C&R covered after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met	No coverage Out-of-Network
Male vasectomy	In-Network: $75 copay	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	90% covered	In-Network: 90% covered after deductible is met	$25 copay outpatient; $500 copay inpatient; after appropriate counseling
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R after deductible is met	Out-of-Network: 80% of C&R covered after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% of C&R after deductible is met	No coverage Out-of-Network
Hearing Exams	In-Network: $25 copay PCP; $35 copay specialist; copay based on place of service and services performed	In-Network: 80% covered after deductible is met	Not covered	$25 copay PCP; $35 copay Specialist; copay based on place of service and services performed	In-Network: 90% covered after deductible is met	100% covered; per exam as needed
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R covered after deductible is met		No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met	No coverage Out-of-Network
Hearing aids	50% of covered expense up to $2,000 maximum; limited to 2 hearing aids every 36 months - both analog and digital devices covered	50% of covered expense up to $2,000 maximum; limited to 2 hearing aids every 36 months - both analog and digital devices covered	Not covered	50% for two standard hearing aid devices every 36 months, $2,000 benefit maximum	In-network: 90% covered after deductible is met; limited to two hearing aids every 36 months - both analog and digital devices covered; Out-of-Network: 70% covered after deductible is met; limited to two hearing aids every 36 months	$1,000 allowance per aid every 36 months
Routine vision exams	Not Covered	Not covered	Not Covered	Not covered	Not covered	Eye exams for refraction: 100% covered
Regular lenses and frames	Not Covered - Except for the first pair of glasses or contacts after medically necessary eye surgery					Not Covered
Contact lenses						Not Covered
Accidental injury to teeth	In- or Out-of-Network: Emergency services only; check with Plan for other covered benefits	In- or Out-of-Network: Emergency services only; check with Plan for other covered benefits	In- or Out-of-Network: Emergency services only; check with Plan for other covered benefits	In- or Out-of-Network - Emergency services only; check with Plan for other covered benefits	In- or Out-of-Network: Emergency services only; check with Plan for other covered benefits	Not covered
Surgical removal of oral tumors, cysts and impacted teeth	Covered under Medical Surgery Benefit	Covered under Medical Surgery Benefit	Covered under Medical Surgery Benefit	Covered under Medical Surgery Benefit	Covered under Medical Surgery Benefit	Tumors and cysts are covered if medically necessary; extractions are covered in preparation for radiation therapy; when deemed necessary by a Plan physician

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

2014 Medical Plan Options Comparison of Benefit Coverages

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core	Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser
Hospital copay (Semi-Private Room, medically necessary Intensive Care or Private Room) Includes Facility billed Lab & X-ray	In-Network: $250 copay per admission; $200 penalty if non-emergency services are not preauthorized; 80% covered after hospital copay/deductible	In-Network: 80% covered after deductible is met; $200 penalty if non-emergency services are not preauthorized	In-Network: 80% covered after deductible is met; $500 penalty if non-emergency services are not preauthorized	$250 copay per admission; 90% covered after hospital copay; $200 penalty if non-emergency services are not preauthorized	In-Network: 90% covered after deductible is met	$500 copay per admission
	Out-of-Network: 60% of C&R covered after deductible is met; preauthorization required; $200 penalty if non-emergency services are not preauthorized	Out-of-Network: 60% of C&R covered after deductible is met; $200 penalty if non-emergency services are not preauthorized	Out-of-Network: 80% of C&R covered after deductible is met; $500 penalty if non-emergency services are not preauthorized	Out-of-network - not covered unless medical emergency; $250 copay will apply per admission	Out-of-Network: 70% of C&R covered after deductible is met	No coverage Out-of-Network
Inpatient physician and surgeon services	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	In-Network: 80% covered after plan deductible is met	90% covered	In-Network: 90% covered after deductible is met	100% covered
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 80% of C&R covered after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met	No coverage Out-of-Network
Emergency room (not followed by admission)	In-Network: $100 copay; then 80% covered after deductible is met; waived if admitted	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	In-Network: $100 copay; then 90% covered; waived if admitted	In-Network: 90% covered after deductible is met	$100 copay; waived if admitted
	Out-of-Network: $100 copay; waived if admitted	Out-of-Network: 80% of C&R covered after deductible is met	Out-of-Network: 80% covered after deductible is met; non-emergencies subject to C&R	Out-of-Network: $100 copay for emergencies; waived if admitted	Out-of-Network: 90% covered after deductible is met	Check with Kaiser plan
Urgent care clinic visit	In-Network: $25 copay	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	$25 copay	In-Network: 90% covered after deductible is met	$25 copay per visit
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 80% of C&R covered after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met	$50 copay out-of-area
Ambulance services	In-Network: 80% covered after deductible is met; subject to medical necessity	In-Network: 80% covered after deductible is met subject to medical necessity	In-Network: 80% covered after deductible is met subject to medical necessity	In-Network: 90% covered subject to medical necessity	In-Network: 90% covered after deductible is met subject to medical necessity	$50 copay per trip
	Out-of-Network: 60% of C&R covered after deductible is met subject to medical necessity	Out-of-Network: 60% of C&R covered after deductible is met subject to medical necessity	Out-of-Network: 80% of C&R covered after deductible is met subject to medical necessity	Out-of-network - subject to medical necessity; 90% of C&R	Out-of-Network: 70% of C&R covered after deductible is met subject to medical necessity	

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

2014 Medical Plan Options Comparison of Benefit Coverages

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core	Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser
Annual prescription deductible	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Prescription drug Web site	www.caremark.com	www.caremark.com	www.caremark.com	www.caremark.com	www.caremark.com	www.kaiserpermanente.org
Prescription drug member services	1-866-623-1438	1-866-623-1438	1-866-623-1438	1-866-623-1438	1-866-623-1438	1-800-464-4000
Prescription benefits are covered under medical deductible	No	No	Yes	No	Yes	Not applicable
Prescription drug vendor	Caremark	Caremark	Caremark	Caremark	Caremark	Not applicable
Annual Rx Out-of-pocket maximum	Not Applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Retail generic	$10 copay; 30 day supply; Non-Participating Pharmacies: 50% of average whole price schedule plus charges above the schedule	$10 copay; 30 day supply; Non-Participating Pharmacies: 50% of average whole price schedule plus charges above the schedule	80% covered	$10 copay; 30 day supply; Non-Participating Pharmacies: 50% of average whole price schedule plus charges above the schedule	90% covered in-network, 70% covered out-of-network after deductible	$10 copay for up to a 30-day supply; $30 copay for up to a 100-day supply; at a Kaiser Pharmacy as prescribed by a Plan physician
Retail formulary brand	80% covered, $40 minimum copay, $60 maximum copay for a 30 day supply; Non-Participating Pharmacies: 50% of average whole price schedule plus charges above the schedule	80% covered, $40 minimum copay, $60 maximum copay for a 30 day supply; Non-Participating Pharmacies: 50% of average whole price schedule plus charges above the schedule	80% covered	80% covered, $40 minimum copay, $60 maximum copay for a 30 day supply; Non-Participating Pharmacies: 50% of average whole price schedule plus charges above the schedule	90% covered in-network, 70% covered out-of-network after deductible	$35 copay for up to a 30-day supply; $105 copay up to a 100-day supply; at a Kaiser pharmacy as prescribed by a Plan physician
Retail nonformulary brand	60% covered with a $60 minimum copay, $100 maximum copay for a 30 day supply; Non-Participating Pharmacies: 50% of average whole price schedule plus charges above the schedule	60% covered with a $60 minimum copay, $100 maximum copay for a 30 day supply; Non-Participating Pharmacies: 50% of average whole price schedule plus charges above the schedule	80% covered	60% covered with a $60 minimum copay, $100 maximum copay for a 30 day supply; Non-Participating Pharmacies: 50% of average whole price schedule plus charges above the schedule	90% covered in-network, 70% covered out-of-network after deductible	$35 copay for up to a 30-day supply; $105 copay up to a 100-day supply; at a Kaiser pharmacy as prescribed by a Plan physician
Mail order generic	$20 copay; 90 day supply; must use plan order facility	$20 copay; 90 day supply; must use plan order facility	80% covered	$20 copay; 90 day supply; must use plan order facility	90% covered after deductible	$10 copay for up to a 30-day supply; $20 copay for up to a 100-day supply; as prescribed by a Plan physician
Mail order formulary brand	80% covered with a $80 minimum copay, $120 maximum copay for a 90 day supply; must use plan order facility	80% covered with a $80 minimum copay, $120 maximum copay for a 90 day supply; must use plan order facility	80% covered	80% covered with a $80 minimum copay, $120 maximum copay for a 90 day supply; must use plan order facility	90% covered after deductible	$35 copay for up to a 30-day supply; $70 copay for up to a 100-day supply; as prescribed by a Plan physician

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

2014 Medical Plan Options Comparison of Benefit Coverages

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core	Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser
Mail order nonformulary brand	60% covered with a $120 minimum copay, $200 maximum copay for a 90 day supply; must use plan order facility	60% covered with a $120 minimum copay, $200 maximum copay for a 90 day supply; must use plan order facility	80% covered	60% covered with a $120 minimum copay, $200 maximum copay for a 90 day supply; must use plan order facility	90% covered after deductible	$35 copay for up to a 30-day supply; $70 copay for up to a 100-day supply; as prescribed by a Plan physician and deemed medically necessary
Oral contraceptives	Check with Plan; some contraceptives 100% covered under expanded preventive care coverage for women		Check with Plan; some contraceptives 100% covered under expanded preventive care coverage for women	Check with Plan; some contraceptives 100% covered under expanded preventive care coverage for women	Check with Plan; some contraceptives 100% covered under expanded preventive care coverage for women	100% covered as part of expanded preventive care coverage for women
Fertility drugs	Check with Plan	Check with Plan	Check with Plan	Check with Plan	Check with Plan	50% member rate copay as prescribed by Plan physician
Mental Health: Combined with substance abuse	Provided through OptumHealth	Provided through OptumHealth	Not covered	Provided through OptumHealth	Provided through OptumHealth	No
Mental Health: Outpatient coverage	Mental/Nervous benefit Provided through OptumHealth	Mental/Nervous benefit Provided through OptumHealth	Not covered	Mental/Nervous benefit Provided through OptumHealth	Mental/Nervous benefit Provided through OptumHealth	$25 copay individual visit; $12 copay group visit; unlimited visits
Mental Health: Inpatient coverage	Mental/Nervous benefit Provided through OptumHealth	Mental/Nervous benefit Provided through OptumHealth	Not covered	Mental/Nervous benefit Provided through OptumHealth	Mental/Nervous benefit Provided through OptumHealth	$500 copay per admission
Detox: Outpatient coverage	Detox is necessitated by the acute poisoning of the system with a substance. This acute situation is not handled on an Outpatient basis.					$25 copay individual visit; $5 copay group visit; unlimited visits
Detox: Inpatient coverage	Inpatient Detox is treated as a medical condition and covered under the hospital inpatient benefit. Even if the plan does not cover the treatment of Substance Abuse, inpatient detox is covered.					$500 copay per admission; $100 copay for transitional residential recovery services; mental health/chemical dependency services accrue to out-of-pocket maximum
Rehab: Outpatient coverage	Substance Abuse benefit Provided through OptumHealth	Substance Abuse benefit Provided through OptumHealth	Not covered	Substance Abuse benefit Provided through OptumHealth	Substance Abuse benefit Provided through OptumHealth	$25 copay individual visit; $5 copay group visit; unlimited visits
Rehab: Inpatient coverage	Substance Abuse benefit Provided through OptumHealth	Substance Abuse benefit Provided through OptumHealth	Not covered	Substance Abuse benefit Provided through OptumHealth	Substance Abuse benefit Provided through OptumHealth	$500 copay per admission; $100 copay for transitional residential recovery services; mental health/chemical dependency services accrue to out-of-pocket maximum

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

2014 Medical Plan Options Comparison of Benefit Coverages

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core	Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser
Chiropractic	In-Network: $25 copay; self referral through participating providers; limited to 25 visits per calendar year	In-Network: 80% covered after deductible is met; self referral through participating providers; limited to 25 visits per calendar year.	In-Network: 80% covered after deductible is met; self referral through participating providers; limited to 25 visits per calendar year.	$25 copay; covered by self referral through participating providers; limited to 25 visits per calendar year.	In-Network: 90% covered after deductible is met; self referral through participating providers; limited to 25 visits per calendar year.	Member discounts available through American Specialty Health (ASH) Network
	Out-of-Network: 60% of C&R after deductible is met; self referral; limited to 25 visits per calendar year	Out-of-Network: 60% of C&R covered after deductible is met; self referral; limited to 25 visits per calendar year.	Out-of-Network: 80% of C&R covered after deductible is met; self referral; limited to 25 visits per calendar year.	No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met; self referral; limited to 25 visits per calendar year.	Not Applicable
Acupuncture	In-Network: $25 copay; self referral through participating providers; limited to 25 visits per calendar year	In-Network: 80% covered after deductible is met; self referral through participating providers; limited to 25 visits per calendar year.	In-Network: 80% covered after deductible is met; self referral through participating providers; limited to 25 visits per calendar year.	$25 copay; covered by self referral through participating providers; limited to 25 visits per calendar year.	In-Network: 90% covered after deductible is met; self referral through participating providers; limited to 25 visits per calendar year.	Member Discounts available
	Out-of-Network: 60% of C&R after deductible is met; self referral; limited to 25 visits per calendar year	Out-of-Network: 60% of C&R covered after deductible is met; self referral; limited to 25 visits per calendar year.	Out-of-Network: 80% of C&R covered after deductible is met; self referral; limited to 25 visits per calendar year.	No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met; self referral; limited to 25 visits per calendar year.	Not Applicable
Heart disease care management	Not applicable (treatment of the disease is covered)					Covered; check website for details
Hypertension care management						Covered; check website for details
Diabetes care management						Covered; check website for details
Asthma care management						Covered; check website for details
Prenatal care management						Covered; check website for details
Cancer care management						Covered; check website for details
Smoking cessation program	Not covered					Covered; check website for details
Weight control program	Not covered except for treatment of Anorexia Nervosa or Bulimia Nervosa (See Mental Nervous Benefit)	Not covered except for treatment of Anorexia Nervosa or Bulimia Nervosa (See Mental Nervous Benefit)	Not covered except for treatment of Anorexia Nervosa or Bulimia Nervosa (See Mental Nervous Benefit)	Not covered except for treatment of Anorexia Nervosa or Bulimia Nervosa (See Mental Nervous Benefit)	Not covered except for treatment of Anorexia Nervosa or Bulimia Nervosa (See Mental Nervous Benefit)	Covered; check website for details

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

2014 Medical Plan Options Comparison of Benefit Coverages

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core	Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser
Noncustodial home health care	In-Network: 80% covered; limited to 100 visits per calendar year combined in-network and out-of-network; maximum 4 hours per visit	In-Network: 80% covered after deductible is met; limited to 100 visits per calendar year combined in-network and out-of-network; maximum 4 hours per visit	In-Network: 80% covered after deductible is met; limited to 100 visits per calendar year combined in-network and out-of-network; maximum 4 hours per visit	90% covered; limited to 100 visits per calendar year; maximum 4 hours per visit	In-Network: 90% covered after deductible is met; limited to 100 visits per calendar year combined in-network and out-of-network; maximum 4 hours per visit	100% covered; up to 100 visits per calendar year
	Out-of-Network: 60% covered after deductible is met; limited to 100 visits per calendar year combined in-network and out-of-network; maximum 4 hours per visit; subject to C&R limits	Out-of-Network: 60% covered after deductible is met; limited to 100 visits per calendar year combined in-network and out-of-network; maximum 4 hours per visit; subject to C&R limits	Out-of-Network: 80% covered after deductible is met; limited to 100 visits per calendar year combined in-network and out-of-network; maximum 4 hours per visit; subject to C&R limits	No coverage Out-of-Network	Out-of-Network: 70% covered after deductible is met; limited to 100 visits per calendar year combined in-network and out-of-network; maximum 4 hours per visit; subject to C&R limits	No coverage Out-of-Network
Hospice care	In-Network: 80% covered as authorized by Anthem Blue Cross Case Management; limitations may apply	In-Network: 80% covered after deductible is met as authorized by Anthem Blue Cross Case Management; limitations may apply	In-Network: 80% covered after deductible is met as authorized by Anthem Blue Cross Case Management; limitations may apply	90% covered as authorized by Anthem Blue Cross Case Management; limitations may apply	In-Network: 90% covered after deductible is met as authorized by Anthem Blue Cross Case Management; limitations may apply	100% covered when prescribed by Plan physician
	Out-of-Network: 60% covered after deductible is met as authorized by Anthem Blue Cross Case Management; subject to C&R limits; limitations may apply	Out-of-Network: 80% covered after deductible is met as authorized by Anthem Blue Cross Case Management; subject to C&R limits; limitations may apply	Out-of-Network: 80% covered after deductible is met as authorized by Anthem Blue Cross Case Management; subject to C&R limits; limitations may apply	No coverage Out-of-Network	Out-of-Network: 90% covered after deductible is met as authorized by Anthem Blue Cross Case Management; subject to C&R limits; limitations may apply	No coverage Out-of-Network
Prescribed care in noncustodial skilled nursing facility	In-Network: 80% covered; limited to 240 days per calendar year combined in-network and out-of-network	In-Network: 80% covered after deductible is met; limited to 240 days per calendar year combined in-network and out-of-network	In-Network: 80% covered after deductible is met; limited to 120 days per calendar year combined in-network and out-of-network	90% covered; limited to 240 days per calendar year	In-Network: 90% covered after deductible is met; limited to 240 days per calendar year combined in-network and out-of-network	100% covered; up to 100 days per benefit period; when prescribed by Plan physician
	Out-of-Network: 60% covered after deductible is met; limited to 240 days per calendar year combined in-network and out-of-network; subject to C&R limits	Out-of-Network: 60% covered after deductible is met; limited to 240 days per calendar year combined in-network and out-of-network; subject to C&R limits	Out-of-Network: 80% covered after deductible is met; limited to 120 days per calendar year combined in-network and out-of-network; subject to C&R limits	No coverage Out-of-Network	Out-of-Network: 70% covered after deductible is met; limited to 240 days per calendar year combined in-network and out-of-network; subject to C&R limits	No coverage Out-of-Network
Durable medical equipment	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	In-Network: 80% covered after deductible is met	90% covered	In-Network: 90% covered after deductible is met	100% covered; formulary
	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 60% of C&R covered after deductible is met	Out-of-Network: 80% of C&R covered after deductible is met	No coverage Out-of-Network	Out-of-Network: 70% of C&R covered after deductible is met	No coverage Out-of-Network

C&R = customary and reasonable

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

2014 Mental Health/Substance Abuse Comparison of Benefits Coverage

(Benefits provided through OptumHealth)

	Anthem Blue Cross PLUS	Anthem Blue Cross PPO	Anthem Blue Cross EPO	Anthem Blue Cross HDHP	Anthem Blue Cross Core
Member Services	1-800-980-7394	1-800-980-7394	1-800-980-7394	1-800-980-7394	Not covered
Annual deductible: Individual/Family	In-network: $300 indiv; $900 family	In-network: $500 indiv; $1,500 family	In-network: None	In-network: $1,500 indiv; $3,000 family	
	Out-of-network: $500 indiv; $1,500 family*	Out-of-network: $1,000 indiv; $3,000 family*	Out-of-network: $500 indiv; $1,500 family	Out-of-network: $3,000 indiv; $6,000 family*	
Out-of-pocket maximum: Individual/Family	In-network: $2,500 indiv; $7,500 family*	In-network: $3,000 indiv; $9,000 family*	In-network: $1,000 indiv; $3,000 family*	In-network: $3,000 indiv; $6,000 family*	
	Out-of-network: $7,000 indiv; $21,000 family*	Out-of-network: $6,000 indiv; $18,000 family*	$5,000 indiv; $15,000 family	Out-of-network: $6,000 indiv; $12,000 family*	
Lifetime coverage limit	Not applicable	Not applicable	Not applicable	Not applicable	
Out patient visit (mental health)	In-network: $0 copay for visits 1-5; $25 copay for visits 6 and over	In-network: 80% coinsurance	In-network: $0 copay for visits 1-5; $25 copay for visits 6 and over	In-network: 90% coinsurance	
	Out-of-network: 60% coinsurance	Out-of-network: 60% coinsurance	Out-of-network: 70% coinsurance	Out-of-network: 70% coinsurance	
Out patient visit (substance abuse)	In-network: $35 copay	In-network: 80% coinsurance	In-network: $35 copay	In-network: 90% coinsurance	
	Out-of-network: 60% coinsurance	Out-of-network: 60% coinsurance	Out-of-network: 70% coinsurance	Out-of-network: 70% coinsurance	
In patient treatment (mental health)	In-network: 80% coinsurance	In-network: 80% coinsurance	In-network: 90% coinsurance	In-network: 90% coinsurance	
	Out-of-network: 60% coinsurance	Out-of-network: 60% coinsurance	Out-of-network: 70% coinsurance	Out-of-network: 70% coinsurance	
In patient treatment (substance abuse)	In-network: 80% coinsurance	In-network: 80% coinsurance	In-network: 90% coinsurance	In-network: 90% coinsurance	
	Out-of-network: 60% coinsurance	Out-of-network: 60% coinsurance	Out-of-network: 70% coinsurance	Out-of-network: 70% coinsurance	

* Combined with medical

See Medical Plan Options Comparison Chart for Kaiser Mental Health/Substance Abuse coverages

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

2014 Dental Plan Option Comparison of Benefit Coverages

	Delta Dental PPO	DeltaCare DMO (CA only)
Member services	1-800-777-5854	1-800-422-4234
Web site	deltadentalins.com/llns	deltadentalins.com/llns
Pretreatment estimate	In Network - Yes, for any claims over $400	Check with Plan for details
Annual deductible: Individual/Family	In Network - $50 Individual; combined for both basic and major dentistry	$0 Individual; $0 Family
	Out of Network - $50 Individual; combined for both basic and major dentistry	Not applicable
Exclusions/limitations	Check with Plan	Check with Plan
Deductible waived for preventive/diagnostic care	Yes	Not applicable
Annual maximum coverage per person	In Network - $1,700	Not applicable
	Out of Network - $1,500	Not applicable
Primary covered services	In Network - Cleaning, oral exam, topical fluoride, space maintainers, x-rays and emergency for pain relief	Cleaning, oral exam, topical fluoride, space maintainers and x-rays
	Out of Network - Cleaning, oral exam, topical fluoride, space maintainers, x-rays and emergency for pain relief	Not Applicable
Preventive care benefits	In Network - 100% covered; sealants 80% covered	$0-$45 copays
	Out of Network - 100% covered; sealants 75% covered	Not Applicable
Annual service limits--preventive care	In Network - Cleaning ltd 2/cal yr(with a 3rd cleaning for pregnant women); 2 exams of any type /cal yr; fluoride 2 /cal yr to age 14; space maint to age 13; x-rays 1 set in 5 yr	Cleaning and fluoride, one per 6 month period, child to age 19.
	Out of Network - Cleaning ltd 2/cal yr(with a 3rd cleaning for pregnant women); 2 exams of any type /cal yr; fluoride 2 /cal yr to age 14; space maint to age 13; x-rays 1 set in 5 yr	Not Applicable
Fillings	In Network - 80% covered after deductible is met	100% covered; for standard benefit
	Out of Network - 75% covered after deductible is met	Not Applicable
Routine extractions	In Network - 80% covered after deductible is met	100% covered; if uncomplicated extraction
	Out of Network - 75% covered after deductible is met	Not Applicable
Endodontics (root canal therapy)	In Network - 80% covered after deductible is met	$5-$220 copays
	Out of Network - 75% covered after deductible is met	Not Applicable
Periodontics	In Network - 80% covered after deductible is met	$45-$195 copays
	Out of Network - 75% covered after deductible is met	Not Applicable

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

2014 Dental Plan Option Comparison of Benefit Coverages

	Delta Dental PPO	DeltaCare DMO (CA only)
Gingivoplasty or gingivectomy	Check with Plan	Check with Plan
Emergency treatment for dental pain	In Network - 100% covered	$5 copays
	Out of Network - 100% covered	Not Applicable
Annual service limits--basic services	Check with Plan	Check with Plan
Inlays/onlays	In Network - 50% covered after deductible is met	$0-$175 copays
	Out of Network - 50% covered after deductible is met	Not Applicable
Crowns	In Network - 50% covered after deductible is met	$35-$195 copays
	Out of Network - 50% covered after deductible is met	Not Applicable
Dentures	In Network - 50% covered after deductible is met	$0-$170 copays
	Out of Network - 50% covered after deductible is met	Not Applicable
Bridges	In Network - 50% covered after deductible is met	$50 copay; per unit; $100 extra charge for precious metals
	Out of Network - 50% covered after deductible is met	Not Applicable
Osseous surgery	Check with Plan	Check with Plan
Oral surgery	Check with Plan	Check with Plan
Bruxism	Check with Plan	Check with Plan
Anesthesia for dental care	In Network - 80% covered after deductible is met; for covered oral surgery	$165 first 20 minutes subject to plan limitations.
	Out of Network - 75% covered after deductible is met; for covered oral surgery	Not Applicable
Annual service limits--major services	Check with Plan	Check with Plan
Dental implants	In Network - 50% covered after deductible is met	Not Covered
	Out of Network - 50% covered after deductible is met	Not Applicable
Primary covered orthodontia services	Check with Plan	Check with Plan
Coverage available for child? Adult?	In Network - Child and Adult	Child and Adult
	Out of Network - Child and Adult	Not Applicable
Start-up fees	Check with Plan	Check with Plan
Orthodontia benefits	In Network - 50% covered	$1,700 - Child; $1,900 Adult; $100 Start Up Fee
	Out of Network - 50% covered	Not Applicable
Service limits and maximums--orthodontia	In Network - Limited to $1,500 per lifetime for dependent children; $500 per lifetime for adults	Check with Plan
	Out of Network - Limited to $1,500 per lifetime for dependent children; $500 per lifetime for adults	Not Applicable

NOTE: If there is a discrepancy between the benefits as described in this chart and the plan administrator's system, the plan administrator's system governs for determining benefit coverage.

Open Enrollment Dates and Events

DATE	ACTIVITY
Wednesday, October 23	**Brown-bag meeting** Bldg. 543 Auditorium 11:00 a.m. to 12:00 p.m. **Benefits Fair** Bldg. 543 Atrium 12:00 p.m. to 4:00 p.m. **Brown-bag meeting** Bldg. 543 Auditorium 2:00 p.m. to 3:00 p.m.
October 28 — November 15, 2013	**Open Enrollment**

Communications will appear regularly in *Newsline* and on the Benefits Website, at https://benefits.llnl.gov/

Open Enrollment transactions must be made before 5:00 p.m. (PT) Friday, November 15, 2013.

Benefits changes made during Open Enrollment become effective January 1, 2014 and will appear on your first paycheck in January.