Benefits

OPEN ENROLLMENT

OCT. 26 - NOV. 13 2020

2021 EMPLOYEE GUIDE

LAWRENCE LIVERMORE NATIONAL LABORATORY

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If you are enrolled in Medicare or will become eligible to enroll in Medicare during 2021, 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 2021 Open Enrollment Guide is a Summary of Material Modifications to the LLNS Health and Welfare Benefit Plan for Employees Summary Plan Description (July 2017). 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.

Benefits

CONTENTS

LAWRENCE LIVERMORE NATIONAL LABORATORY

1 CHANGES

Highlight Changes for 2021 1

LAPIS 3

Enrolling or Changing Your Benefits Election 4

Dual Coverage 4

5 CARE

Medical Care 5

- Medical Benefit Choices 5
- Health Savings Account (HSA) 5

Dental Benefit Choices 7

Vision Benefit 8

Monthly Rates for 2021 9

10 OTHER INSURANCE

Legal Insurance	10
Supplemental Disability Insurance	10
Life Insurance	11
Accidental Death & Dismemberment Insurance	12
Business Travel Accident Insurance (LLNS Paid)	12
Beneficiaries	12

13 ACCOUNTS

Flexible Spending Accounts	13
Required Notices	15
Resources	17
Vision Comparison Chart	17
Dental Comparison Chart	18
Medical Comparison Chart	19
Open Enrollment Dates & Events	BACK

CHANGES

Highlights for 2021

Medical
Rates are changing for 2021.

Health Savings Accounts, (HSA) for Kaiser HDHP, Anthem Blue Cross HDHP and Anthem Blue Cross Core Value

- IRS Account limits for 2021
  - » $3,600 for employee only coverage, an increase of $50
  - » $7,200 for family coverage, an increase of $100

Dental
There are no plan changes for 2021.

Vision
There are no plan changes for 2021.

Legal
Rates are changing for 2021.
ARAG has added a Diversity and Inclusion package, see page 10.

There are no plan design or rate changes for Supplemental Disability, Life or AD&D plans in 2021.

Health Care Reimbursement Account (HCRA)
- To participate in 2021, you must enroll during Open Enrollment, even if you are contributing in 2020
- HCRA contribution limit will increase to $2,750 in 2021
- Expenses may only be incurred 1/1/21 through 12/31/21; 2021 claims must be submitted by 3/31/22

Dependent Care Reimbursement Account (DCRA)
- To participate in 2021, you must enroll during Open Enrollment, even if you are contributing in 2020
- Limit remains $5,000 in 2021 ($2,500 if married and filing separately)
- Expenses may only be incurred 1/1/21 through 12/31/21; 2021 claims must be submitted by 3/31/22

IMPORTANT: Details are contained in the medical plan comparison chart that begins on page 19. 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 2021, evaluate plan coverages, and select the one that suits you and your family best. You can get information from the health plans' websites 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 2021.

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.

Enroll Using LAPIS

LAPIS is located at https://LAPIS.llnl.gov and is accessible from a Laboratory computer or through VPN.
Log onto LAPIS Self Service and click on the Benefits Enrollment link under the Benefits menu.

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
- If you do not have VPN access to LAPIS or are on a Leave of Absence or Administrative Leave, you may be required to make your Open Enrollment changes using a paper form. Contact the Benefits Office at 925-422-9955 to find out if a form is required

You will receive a confirmation email the day after your changes have been submitted and accepted. 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.

Open Enrollment transactions must be made before 5:00 p.m. (PT) Friday, November 13, 2020.
If you do not want to change any of your elections, no action is required 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 2021.

Enrolling In Or 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, vision and/or legal 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 2021 to continue participating
- Enroll or re-enroll in the Dependent Care Reimbursement Account (DCRA)—if currently enrolled, you must re-enroll for 2021 to continue participating

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 Internal Revenue Code, medical, dental, vision, and spending 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 or registered domestic 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, registered domestic partner, or dependent
- An event that changes your spouse's or registered domestic partner'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/registered domestic partner, or dependent that causes a loss of access to providers in your HMO plan's network

Life Event Enrollments

Life Event changes can be processed in LAPIS, for more information visit our Benefits Website at https://benefits.llnl.gov/health-welfare/life-events.

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 benefit changes effective the following January 1.

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 an ineligible dependent and you could be subject to penalties associated with the misuse of the plan if you continue coverage for ineligible dependents who do not meet LLNS eligibility rules. For more information see the LLNS Health and Welfare Benefit Plan for Employees Summary Plan Description (July 2017). Questions about eligibility should be directed to the Benefits Office at 925-422-9955.

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 925-422-9955.

Disability and life insurance coverage can be changed at any time during the year.

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.

Dual Coverage

If you and your spouse/registered domestic partner are both LLNS employees and/or a retiree, one of you may cover the other as a dependent, or each of you may have separate coverage. However, only one of you may cover your children or the children of your registered domestic partner as dependents. You may change who covers the children during Open Enrollment.

MEDICAL 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 2021. Plan rates are on page 9. A medical plan comparison chart to help facilitate a comparison of the plans begins on page 19. Plans available for 2021 include:

- Kaiser Permanente HDHP with HSA*.
- Kaiser Permanente HMO*
- Anthem Blue Cross EPO
- Anthem Blue Cross Plus
- Anthem Blue Cross PPO
- Anthem Blue Cross HDHP with HSA
- Anthem Blue Cross Core Value with HSA

* California home or work location required.

Health Savings Account (HSA)

If you enroll in either the Anthem HDHP, Anthem Core Value, or Kaiser HDHP medical plan options, you will also be eligible for the HSA that accompanies these options.

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. You can make your HSA before-tax contributions via payroll deduction or directly to your HSA on an after-tax basis and claim the amount on your tax return.

Please note that if you enroll in the Anthem HDHP, Anthem Core Value or Kaiser HDHP medical plan options, you will not be eligible for the Health Care Reimbursement Account (HCRA).

The HSA can be used to pay 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).

Please note that if you are enrolled in any other medical plan, including Medicare (Part A and/or B), you are not eligible for the HSA.

IRS HSA Contribution Limits		2021 HSA Contributions (Based on a Full Calendar Year)			
		LLNS HSA Contribution		Maximum Employee HSA Contribution	
Self-Only Coverage	Family Coverage	Employee Only Coverage	Family Coverage	Employee Only Coverage	Family Coverage
$3,600	$7,200	$750	$1,500	$2,850	$5,700
Employees age 55 or older can contribute an additional $1,000.					

* HSA contributions are before-tax for federal income taxes and before-tax for state taxes in all states except in CA and NJ. Employer contributions made to your Health Saving Account (HSA) are required to be treated as taxable income in California and therefore will be reported as imputed income for state tax purposes. Employee contributions made to your HSA are currently required to be treated as post-tax contributions for California State tax purposes

Mandatory Maintenance Prescription Mail Order Program
For Anthem Blue Cross plans, the mandatory mail order program for maintenance medications remains in effect in 2021. 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 29 for the cost to fill your prescription.

Access to Care Options
As a member of a LLNS medical plan, you have options for connecting with a doctor remotely for some common health concerns like colds, flu, fevers, and more. It's faster, easier and more convenient than going to the doctor's office. ***If you experience a medical emergency, call 911 immediately.***

Kaiser
Members of Kaiser may contact their physician(s) by phone, email or video. Go to www.kp.org/llns for more information.

Anthem Blue Cross plans
Members of Anthem Blue Cross have access to a telemedicine option for non-emergency care via the web. Log on to http://livehealthonline.com/ for information on registration and use of this option.

To find an Anthem Blue Cross provider, go to www.anthem.com/ca/llns and scroll down to select Find A Doctor. Plan: Employer Blue Cross PPO (Prudent Buyer) - Large Group.

Mental Health and Substance Abuse Benefits
LLNS medical plans include mental health and substance abuse benefits as follows:

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
All mental health and substance abuse services are provided by Anthem Blue Cross. To ensure full coverage of your services, contact Anthem Blue Cross for authorization of your visits. Refer to the medical plan comparison chart for Anthem Blue Cross benefit details.

DENTAL CARE

Dental Benefit Choices (LLNS Paid)

- Delta Dental PPO (nationwide)
- DeltaCare USA DMO (available only in California)

There are no dental plan design changes for 2021. A dental plan comparison spreadsheet is on page 18.

Please note there is a difference in the networks between these two plans. The Delta Dental PPO plan allows you to see any licensed dentist; the DeltaCare USA plan limits access to DeltaCare USA network dentists only. If you have elected DeltaCare USA, make sure your dentist participates in the network by calling DeltaCare USA at 1-800-422-4234.

For coverage details go to https://benefits.llnl.gov/health-welfare/dental.

VISION CARE

Vision Benefit

LLNS offers a comprehensive vision care benefit provided by Vision Service Plan (VSP). There are no plan design changes for 2021 for the LLNS paid Basic plan or the Vision Plan Plus.

LLNS continues to offer a buy-up option (Vision Plan Plus) for the vision plan. It is employee paid and provides enhanced benefits to the base plan. The base plan continues to be fully paid by LLNS.

A comparison of the base plan benefit and the buy-up option can be found on page 17.

To speak with VSP Member Services directly, call 800-877-7195.

Note: If you choose not to purchase the buy-up option, you (and your dependents) can still be covered under the 100% LLNS paid Basic plan.

For coverage details go to https://benefits.llnl.gov/health-welfare/vision.

Monthly Rates for 2021
Deductions are taken out of 24 bi-weekly or 48 weekly paychecks.
Employees paid bi-weekly – divide by 2 to determine your per pay period deduction. Employees paid weekly – divide by 4 to determine your per pay period deduction.

Medical Plan	Employee Only	Employee & Adult	Employee & Child(ren)	Employee & Family
Kaiser Permanente HDHP	$84.00	$192.00	$164.00	$268.00
Kaiser Permanente HMO	$92.00	$208.00	$180.00	$288.00
Anthem Blue Cross EPO	$396.00	$868.00	$744.00	$1,196.00
Anthem Blue Cross Plus	$712.00	$1,548.00	$1,328.00	$2,140.00
Anthem Blue Cross PPO	$480.00	$1,040.00	$892.00	$1,440.00
Anthem Blue Cross HDHP	$204.00	$452.00	$388.00	$628.00
Anthem Blue Cross Core Value	$68.00	$160.00	$136.00	$220.00

Dental Plan	
Delta Dental PPO (Nationwide)	Premium Paid by LLNS
Delta Care USA DMO (California Residents Only)	Premium Paid by LLNS

Vision Plan				
Vision Plan		Premium Paid by LLNS		
Vision Plan Plus (Buy-Up Option)	$7.08	$14.24	$15.24	$24.28

For coverage details go to https://benefits.llnl.gov/health-welfare/medical.

OTHER INSURANCE

Legal Insurance

Legal insurance is offered through ARAG.

In addition to in-office services with access to over 12,000 credentialed attorneys and unlimited telephone legal advice, ARAG provides online tools and resources at ARAGlegalcenter.com, access code 15601LLL.

New for 2021

Diversity and Inclusion package includes:

- Domestic Partnership Agreements
- Funeral Directive
- Gender Identifier Change
- Hospital Visitation Authorization

Legal Insurance (Monthly Rate)	
Employee Only	$12.37
Employee & Spouse // Registered Domestic Partner	$16.93
Employee & Child(ren)	$16.93
Employee & Family	$18.44

For coverage details go to: https://benefits.llnl.gov/health-welfare/legal-insurance.

Supplemental Disability Insurance

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.

The cost for Supplemental Disability Insurance 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. To make changes to the Supplemental Disability Insurance plan contact the Benefits Office at 925-422-9955.

Supplemental Disability (Multiply rate by your full-time monthly salary)				
Age	Waiting Period			
	7 Days	30 Days	90 Days	180 Days
<35	$0.00409	$0.00150	$0.00134	$0.00058
35-39	$0.00434	$0.00159	$0.00142	$0.00066
40-44	$0.00492	$0.00217	$0.00175	$0.00101
45-49	$0.00534	$0.00242	$0.00217	$0.00134
50-54	$0.00676	$0.00309	$0.00259	$0.00208
55-59	$0.00801	$0.00443	$0.00375	$0.00334
60-64	$0.01110	$0.00727	$0.00626	$0.00593
65-69	$0.00984	$0.00568	$0.00492	$0.00444
70+	$0.00743	$0.00317	$0.00267	$0.00175

For coverage details go to https://benefits.llnl.gov/health-welfare/disability.

Life Insurance
Life Insurance is offered through MetLife. To make changes to the Life Insurance plans, contact the Benefits Office at 925-422-9955.

Basic Life (LLNS paid)
There are no plan design changes for Basic Life Insurance in 2021. This coverage is equal to one time your base salary up to a maximum of $400,000.

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 time your base salary.

A worksheet to calculate the amount of your taxable (imputed) income is available on the Benefits web site at https://benefits.llnl.gov/health-welfare/life-insurance.

Supplemental Life
The rates for Supplemental Life are remaining the same for 2021 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.

For any Increases above your current coverage, a Statement of Health is required and subject to approval by the carrier. You can decrease your coverage at any time during the year. Contact the Benefits Office with questions or if you need additional information.

Dependent Life
Dependent Life insurance for spouses/registered domestic partners is offered in $10,000 increments, up to $200,000. A Statement of Health will need to be approved by the carrier for new enrollments of $10,000 or more or increasing current coverage up to $200,000.

You can decrease your spouse/registered domestic partner dependent life insurance coverage at any time during the year. Contact the Benefits Office with questions or if you need additional information.

The amount of life insurance for your spouse/ registered domestic partner cannot exceed the total amount of life insurance you have as an employee.

Summary and Rates
Employee Supplemental Life - life insurance employees can purchase in addition to the Basic Life automatically provided by LLNS.

Dependent Basic Life - $5,000 of life insurance an employee can purchase for any eligible dependent (spouse/registered domestic partner and children).

Dependent Spouse/ Registered Domestic Partner Life - life insurance an employee can purchase for his/her spouse/ registered domestic partner in increments of $10,000 up to $200,000.

Child Life - $10,000 of coverage an employee can purchase for any eligible child(ren).

Life Insurance Monthly Rates

Age	Employee Supplemental Life (rate per 1,000)	Dependent Basic Life (rate per 1,000)	Spouse // Registered Domestic Partner (rate per 1,000)
<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	$0.243	$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	Flat monthly amount		$0.380

For coverage details go to https://benefits.llnl.gov/health-welfare/life-insurance.

Accidental Death & Dismemberment Insurance (AD&D)			
Coverage	Self	Family (you, spouse/partner and eligible children)	Modified Family (you and eligible children)
$10,000	$0.20	$0.35	$0.25
$20,000	$0.40	$0.70	$0.50
$30,000	$0.60	$1.05	$0.75
$40,000	$0.80	$1.40	$1.00
$50,000	$1.00	$1.75	$1.25
$60,000	$1.20	$2.10	$1.50
$70,000	$1.40	$2.45	$1.75
$80,000	$1.60	$2.80	$2.00
$90,000	$1.80	$3.15	$2.25
$100,000	$2.00	$3.50	$2.50
$125,000	$2.50	$4.38	$3.13
$150,000	$3.00	$5.25	$4.38
$175,000	$3.50	$6.13	$5.00
$200,000	$4.00	$7.00	$7.50
$300,000	$6.00	$10.50	$6.00
$400,000	$8.00	$14.00	$10.00
$500,000	$10.00	$17.50	$12.50

Accidental Death & Dismemberment Insurance (AD&D)

There are no AD&D plan design or rate changes in 2021. 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. For coverage details go to https://benefits.llnl.gov/health-welfare/life-insurance.

Changes to AD&D Insurance are not limited to Open Enrollment and are not part of the Open Enrollment Self Service process. To make changes to AD&D coverage contact the Benefits Office at 925-422-9955.

Business Travel Accident Insurance (LLNS Paid)

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 per day. This coverage is in addition to other insurance you may have at the time of the accident. For coverage details go to https://benefits.llnl.gov/health-welfare/life-insurance.

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. Go to "Insurance Summary" from the LAPIS home page and click on the benefit to edit your beneficiaries. Once your new designations are processed, all previous designations are invalid. For questions, please contact the Benefits Office at 925-422-9955.

To change or 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.

FLEX 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.

Any expenses for reimbursement with 2021 contributions must be incurred in that year. Claims for eligible expenses incurred January 1 - December 31, 2021 must be submitted for reimbursement by March 31, 2022.

If you want to make FSA contributions in 2021, you must enroll during Open Enrollment, even if you are contributing in 2020. 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/health-welfare/summary-plan 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 WageWorks web site at www.spendingaccounts.info or see IRS Publications 502 and 503.

WageWorks is the administrator for the FSAs. The access code for first time registrants on WageWorks web site is LAWRENCEL-89503.

Health Care Reimbursement Account (HCRA)
The HCRA limit increases to $2,750 for 2021. 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 tax dependents incur in 2021. 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, prescription, dental, or vision plans.
- Over-the-counter drugs.
- Acupuncture not covered by your medical plan.
- Orthodontia not covered by the dental plan.
- Hearing aids.

You and your dependents can pay for purchases directly from your HCRA account using a special debit card, reducing the number of claims you need 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 2021, you will automatically receive a card when you enroll. If you have participated in 2020, keep your card as your 2021 annual election amount will be funded and added to the card effective January 1, 2021.

Remember that you forfeit any money you do not use so calculate your contributions carefully.

A calculator is available at www.spendingaccounts.info.

Paper claims for eligible expenses incurred January 1 – December 31, 2021 must be submitted for reimbursement by March 31, 2022.

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 2021, 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 WageWorks with a reimbursement form available at www.spendingaccounts.info.

Remember that you forfeit any money you do not use so calculate your contributions carefully.

Claims for eligible expenses incurred January 1 – December 31, 2021 must be submitted for reimbursement by March 31, 2022.

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

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.

REQUIRED NOTI

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 Description 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.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 a symmetrical 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 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

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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 may 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 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: 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.

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 stops 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.

RESOURCES

From the 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.

For additional resources, please visit us at: https://benefits.llnl.gov/resources/contact-us.

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

Carrier // Plan	URL	Telephone #	California Group #s
Kaiser Permanente CA (HMO and HDHP)	www.kp.org/llns	1-800-464-4000	N. Cal: 602567 S. Cal: 299065
Kaiser HSA	www.healthequity.com	1-866-346-5800	
Act Wise HSA	www.anthem.com/ca/llns/	1-866-641-1689	
Anthem Blue Cross EPO	www.anthem.com/ca/llns/	1-866-641-1689	175203EB01
Anthem Blue Cross Plus	www.anthem.com/ca/llns/	1-866-641-1689	175203PB01
Anthem Blue Cross PPO	www.anthem.com/ca/llns/	1-866-641-1689	175203PB51
Anthem Blue Cross Core	www.anthem.com/ca/llns/	1-866-641-1689	175203CA01
Anthem Blue Cross HDHP	www.anthem.com/ca/llns/	1-866-641-1689	175203PA59
CVS/Caremark	www.caremark.com	1-866-623-1438	
Delta Dental PPO	www.deltadentalins.com/llns	1-800-777-5854	3221-0011
Delta Care USA DMO	www.deltadentalins.com/llns	1-800-422-4234	5980
Vision Service Plan (VSP)	www.vsp.com	1-800-877-7195	12-316390
WageWorks	www.spendingaccounts.info	1-866-334-4664	
ARAG Legal	ARAGlegalcenter.com/LLNS	1-800-247-4184	

	VISION PLAN	VISION PLAN PLUS
Frequency (Exam/Lenses/Frame)	12/12/24 January/January/Every other January	12/12/12 January/January/January
Copay	$20 exam/$25 materials	$10 exam
Examination	Covered after copay	Covered after copay
Lenses	Covered after copay	No copay
Anti-reflective coating	$37-75 copay	$37-75 copay
UV Protection	$10-14 copay	$10-14 copay
Frame allowance	$150	$250
Frame allowance @ Costco	$80	$135
Elective contact lenses	$130	$200
Necessary contact lenses	Covered after copay	No copay

	DELTA DENTAL PPO	DELTACARE DHMO (Available in CA only)
Member Services	1-800-777-5854	1-800-422-4234
Web site	deltadentalins.com/llns	deltadentalins.com/llns
Network	Any licensed dentist; Delta Dental PPO Dentist provides higher benefit level	DeltaCare USA network of dentists
Annual Deductible: Individual/Family	In Network - $50 Individual; combined for both basic and major dentistry; waived for preventive/diagnostic care	$0 Individual; $0 Family
	Out of Network - $50 Individual; combined for both basic and major dentistry; waived for preventive/ diagnostic care	Not applicable
Annual Maximum Coverage Per Person	Delta Dental PPO Dentist - $1,700	Not applicable
	Non Delta Dental PPO Dentist - $1,500	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: 2 per calendar year* Exams: 2 exams of any type per calendar year * 3rd cleaning per calendar year provided for pregnant women	Cleaning and fluoride, one per 6 month Period, child to age 19
	Out of Network - same as in network	Not applicable
Basic Services (Including fillings, routine extractions, endodontics, Periodontics)	In Network - 80% covered after deductible is met	100% covered; for standard benefit; Copay for endodontics, periodontics
	Out of Network - 75% covered after deductible is met	Not applicable
Major Services (Including crowns, bridges, Implants, dentures)	In Network - 50% covered after deductible is met	Copay applies
	Out of Network - 50% covered after deductible is met	Not applicable
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

2021 MEDICAL PLAN OPTIONS COMPARISON OF BENEFIT COVERAGES

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core Value
Member Services	1-866-641-1689	1-866-641-1689	1-866-641-1689
Web Site	www.anthem.com/ca/llns/	www.anthem.com/ca/llns/	www.anthem.com/ca/llns/
HSA Funding	N/A	N/A	$750 Individual; $1,500 Family
Annual Deductible: Individual/ Family	In Network - $300 Individual; $900 Family	In Network - $500 Individual; $1,500 Family	$3,000 Individual; $6,000 Family; combined in/out-of-network; no coverage paid for any member of a family unless $3,000 deductible is met
	Out of Network - $500 Individual; $1,500 Family	Out of Network - $1,000 Individual; $3,000 Family	
Coinsurance Percentage	In Network - 80% covered until out- of-pocket maximum is met	In Network - 80% covered until out-of-pocket maximum is met	In Network - 80% covered until out-of-pocket maximum is met
	Out of Network - 60% covered until out-of-pocket maximum is met; subject to Maximum Allowed Amount	Out of Network - 60% covered until out-of-pocket maximum is met; subject to Maximum Allowed Amount	Out of Network - 60% covered until out-of-pocket maximum is met; subject to Maximum Allowed Amount
Out-of-pocket Maximum: Individual/ Family	In Network - $2,500 Individual; $7,500 Family; in & out-of-network maximums are exclusive of each other; includes deductible and copays	In Network - $3,000 Individual; $9,000 Family; in & out-of-network maximums are exclusive of each other; includes deductible	In Network - $5,000 Individual; $10,000 Family; in & out- of-network maximums are exclusive of each other; includes deductible and Rx Maximum Allowed Amount
	Out of Network - $7,000 Individual; $21,000 Family; in & out-of-network maximums are exclusive of each other; includes deductible and copays	Out of Network - $6,000 Individual; $18,000 Family; in & out-of-network maximums are exclusive of each other; includes deductible	Out of Network - $10,000 Individual; $20,000 Family; in & out-of-network maximums are exclusive of each other; includes deductible and Rx Maximum Allowed Amount
Ability To Self-Refer To Specialists	Yes	Yes	Yes

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

Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser	Kaiser HDHP
1-866-641-1689	1-866-641-1689	1-800-464-4000	1-800-464-4000
www.anthem.com/ca/llns/	www.anthem.com/ca/llns/	www.my.kp.org/llns	www.kp.org/llns
N/A	$750 Individual; $1,500 Family	N/A	$750 Individual; $1,500 Family
$0 Individual; $0 Family	In Network - $1,500 Individual; $3,000 Family; no coverage paid for any member of a family unless $3,000 deductible is met	$0 Individual; $0 Family	$1,500 Individual; $2,700 each member of family; $3,000 family (in total)
No coverage Out-of-Network	Out of Network - $3,000 Individual; $6,000 Family; no coverage for any member of a family unless $6,000 deductible is met	No coverage Out-of-Network	No coverage Out-of-Network
90% covered	In Network - 90% covered until out-of-pocket maximum is met	100% covered	In Network - 90% covered until out-of- pocket maximum is met
No coverage Out-of-Network	Out of Network - 70% covered until out-of-pocket maximum is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
$1,000 Individual; $3,000 Family; includes copays	In Network - $3,000 Individual; $6,000 Family; in & out-of-network maximums are exclusive of each other; includes deductible and Rx Maximum Allowed Amount A family must satisfy the family out of pocket maximum before the out of pocket maximum will be met for any family member	$1,500 Individual; $3,000 Family; copays included; excluding durable medical equipment, prescription drugs and infertility services	$3,000 Individual; $6,000 Family
No coverage Out-of-Network	Out of Network - $6,000 Individual; $12,000 Family; in & out-of-network maximums are exclusive of each other; includes deductible and Rx Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
Yes	Yes	Check with your guidebook to see if your facility has departments that don't require a referral	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	No coverage Out-of-Network

2021 MEDICAL PLAN OPTIONS COMPARISON OF BENEFIT COVERAGES

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core Value
Primary Doctor Office Visit	In Network - $25 copay	In Network - 80% covered after deductible is met	In Network - 80% covered after deductible is met
	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount
Specialist Office Visit	In Network - $35 copay	In Network - 80% covered after deductible is met	In Network - 80% covered after deductible is met
	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount
Preventive Care	In Network - 100% covered	In Network - 100% covered	In Network - 100% covered
	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount
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; 100% covered for preventive care
	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount
Immunizations (child)	In Network - 100% covered for preventive care	In Network - 100% covered for preventive care	In Network - 100% covered for preventive care
	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount

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

Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser	Kaiser HDHP
$25 copay	In Network - 90% covered after deductible is met	$25 copay	In Network - 90% covered after deductible is met
No coverage Out-of-Network	Out of Network - 70% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
$35 copay	In Network - 90% covered after deductible is met	$35 copay	In Network - 90% covered after deductible is met
No coverage Out-of-Network	Out of Network - 70% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
100% covered	In Network - 100% covered	100% covered; for preventive	100% covered; for preventive
No coverage Out-of-Network	Out of Network - 70% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
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	90% covered after deductible is met; 100% covered for preventive care
No coverage Out-of-Network	Out of Network - 70% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
100% covered for preventive care	In Network - 100% covered for preventive care	100% covered for preventive care	100% covered for preventive care
No coverage Out-of-Network	Out of Network - 70% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network

2021 MEDICAL PLAN OPTIONS COMPARISON OF BENEFIT COVERAGES

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core Value
Allergy Tests And Treatments	In Network - Diagnostic test/ diagnostic treatment: $25 copay PCP, $35 copay Specialist; allergy injections 100% covered	In Network - Diagnostic test/ diagnostic treatment: 80% covered after deductible is met; allergy injections 100% covered	In Network - Diagnostic test/ diagnostic treatment: 80% covered after deductible is met
	Out of Network - Diagnostic test/ diagnostic treatment: 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - Diagnostic test/diagnostic treatment: 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - Diagnostic test/ diagnostic treatment: 60% covered after deductible is met; subject to Maximum Allowed Amount
Outpatient x-ray and 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
	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount
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
	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount; benefit limited to $350/visit
Outpatient Physical, Speech And Occupational Therapy	In Network - $25 copay; limited to 60 visits per year combined physical, speech and occupational therapy, in-network and out-of-network	In Network - 80% covered after deductible is met; limited to limited to 60 visits per year combined physical, speech and occupational therapy, in-network and out-of-network	In Network - 80% covered after deductible is met; limited to 60 visits per year combined physical, speech and occupational therapy, in-network and out-of-network
	Out of Network - 60% covered after deductible is met; limited to 60 visits per year combined physical, speech and occupational therapy, in- network and out-of-network; subject to Maximum Allowed Amount limits	Out of Network - 60% covered after deductible is met; limited to 60 visits per year combined physical, speech and occupational therapy, in-network and out-of-network; subject to Maximum Allowed Amount limits	Out of Network - 60% covered after deductible is met; limited to 60 visits per year combined physical, speech and occupational therapy, in-network and out-of-network; subject to Maximum Allowed Amount limits
Fertility Services (excludes in vitro fertilization)	In Network only - 50% covered after deductible is met; $20,000 lifetime maximum for all infertility benefits combined; medical and pharmacy	Not covered	Not covered

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

Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser	Kaiser HDHP
Diagnostic test/diagnostic treatment: $25 copay PCP, $35 copay Specialist; allergy injections 100% covered	In Network - Diagnostic test/ diagnostic treatment: 90% covered after deductible is met	Diagnostic and testing: $25 copay per visit, allergy injections: $5 copay per visit	In Network - Diagnostic test/ diagnostic treatment: 90% covered after deductible is met
No coverage Out-of-Network	Out of Network - Diagnostic test/diagnostic treatment: 70% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
90% covered	In Network - 90% covered after deductible is met	100% covered	In Network - 90% covered after deductible is met
No coverage Out-of-Network	Out of Network - 70% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
90% covered	In Network - 90% covered after deductible is met	$150 copay; per procedure	In Network - 90% covered after deductible is met
No coverage Out-of-Network	Out of Network - 70% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
$25 copay; limited to 60 visits per year combined physical, speech and occupational therapy	In Network - 90% covered after deductible is met; limited to 60 visits per year combined physical, speech and occupational therapy, in-network and out-of-network	$25 copay; per visit	In Network - 90% covered after deductible is met
No coverage Out-of-Network	Out of Network - 70% covered after deductible is met; limited to 60 visits per year combined physical, speech and occupational therapy, in-network and out-of-network; subject to Maximum Allowed Amount limits	No coverage Out-of-Network	No coverage Out-of-Network
In Network only - 50% covered; $20,000 lifetime maximum for all infertility benefits combined; medical and pharmacy	Not covered	Covered at 50% member rate; for diagnosis and treatment of involuntary infertility when approved by a Plan physician	Not covered

2021 MEDICAL PLAN OPTIONS COMPARISON OF BENEFIT COVERAGES

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core Value
In-patient Hospital Services (including physician, surgeon, lab and x-ray)	In Network - $250 copay per admission; then 80% covered after deductible is met; $200 penalty if nonemergency services are not preauthorized	In Network - 80% covered after deductible is met; $200 penalty if nonemergency services are not preauthorized	In Network - 80% covered after deductible is met
	Out of Network - 60% covered after deductible is met; $200 penalty if nonemergency services are not preauthorized; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; $200 penalty if nonemergency services are not preauthorized; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount
Emergency Room (not followed by admission)	In Network - $100 copay; then 80% covered after deductible is met; copay waived if admitted	In Network - 80% covered after deductible is met	In Network - 80% covered after deductible is met
	Out of Network - $100 copay then 80% covered after deductible is met; copay waived if admitted	Out of Network - 80% covered after deductible is met	Out of Network - 80% covered after deductible is met; non-emergencies subject to Maximum Allowed Amount
Urgent Care Clinic Visit	In Network - $25 copay	In Network - 80% covered after deductible is met	In Network - 80% covered after deductible is met
	Out of Network - 60% covered; after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; subject to Maximum Allowed Amount
Ambulance Services	In Network - 80% covered after deductible is met; must be medically necessary	In Network - 80% covered after deductible is met; must be medically necessary	In Network - 80% covered after deductible is met; must be medically necessary
	Out of Network - 80% covered after deductible is met; no copay if true emergency; must be medically necessary; subject to Maximum Allowed Amount	Out of Network - 80% covered after deductible is met; must be medically necessary; subject to Maximum Allowed Amount	Out of Network - 80% covered after deductible is met; must be medically necessary; subject to Maximum Allowed Amount
Mental Health: Outpatient Coverage	In-network: $0 copay for visits 1-5; $25 copay for visits 6 and over	In-network: 80% covered after deductible is met	In-network: 80% covered after deductible is met
	Out-of-network: 60% covered after deductible is met; subject to Maximum Allowed Amount	Out-of-network: 60% covered after deductible is met; subject to Maximum Allowed Amount	Out-of-network: 60% covered after deductible is met; subject to Maximum Allowed Amount

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

Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser	Kaiser HDHP
$250 copay per admission; then 90% covered; $200 penalty if nonemergency services are not preauthorized	In Network - 90% covered after deductible is met	$500 copay per admission	In Network - 90% covered after deductible is met
No coverage Out-of-Network	Out of Network - 70% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
In-Network: $100 copay; then 90% covered after deductible is met; copay waived if admitted	In Network - 90% covered after deductible is met	$100 copay; waived if admitted	In Network - 90% covered after deductible is met
Out-of-Network: $100 copay for emergencies then 90% covered after deductible is met; copay waived if admitted	Out of Network - 90% covered after deductible is met	$100 copay; waived if admitted	Out of Network - 90% covered after deductible is met
$25 copay	In Network - 90% covered after deductible is met	$25 copay; per visit	In Network - 90% covered after deductible is met
No coverage Out-of-Network	Out of Network - 70% covered after deductible is met; subject to Maximum Allowed Amount	$25 copay; per visit; non-Plan providers covered when outside the service area	Out of Network - 90% covered after deductible is met
In Network - 90% covered; must be medically necessary	In Network - 90% covered after deductible is met; must be medically necessary	$50 copay per trip	In Network - 90% covered after deductible is met
Out of Network - 90% covered; must be medically necessary; subject to Maximum Allowed Amount	Out of Network - 90% covered after deductible is met; must be medically necessary; subject to Maximum Allowed Amount		Out of Network - 90% covered after deductible is met
In-network: $0 copay for visits 1-5; $25 copay for visits 6 and over	In-network: 90% covered after deductible is met	$25 copay individual visit; $12 copay group visit; unlimited visits	In Network - 90% covered after deductible is met
No coverage Out-of-Network	Out-of-network: 70% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of- Network	No coverage Out-of- Network

2021 MEDICAL PLAN OPTIONS COMPARISON OF BENEFIT COVERAGES

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core Value
Mental Health: Inpatient Coverage	In-network: 80% covered after deductible is met	In-network: 80% covered after deductible is met	In-network: 80% covered after deductible is met
	Out-of-network: 60% covered after deductible is met; subject to Maximum Allowed Amount	Out-of-network: 60% covered after deductible is met; subject to Maximum Allowed Amount	Out-of-network: 60% covered after deductible is met; subject to Maximum Allowed Amount
Substance Abuse: Outpatient Coverage	In-network: $0 copay for visits 1-5; $25 copay for visits 6 and over	In-network: 80% covered after deductible is met	In-network: 80% covered after deductible is met
	Out-of-network: 60% covered after deductible is met; subject to Maximum Allowed Amount	Out-of-network: 60% covered after deductible is met; subject to Maximum Allowed Amount	Out-of-network: 60% covered after deductible is met; subject to Maximum Allowed Amount
Substance Abuse: Inpatient Coverage	In-network: 80% covered after deductible is met	In-network: 80% covered after deductible is met	In-network: 80% covered after deductible is met
	Out-of-network: 60% covered after deductible is met; subject to Maximum Allowed Amount	Out-of-network: 60% covered after deductible is met; subject to Maximum Allowed Amount	Out-of-network: 60% covered after deductible is met; subject to Maximum Allowed Amount
Chiropractic/ Acupuncture	In Network - $25 copay; limited to 25 visits per calendar year	In Network - 80% covered after deductible is met; limited to 25 visits per calendar year	In Network - 80% covered after deductible is met; limited to 25 visits per year; combined in- network and out-of-network
	Out of Network - 60% covered after deductible is met; limited to 25 visits per calendar year; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; limited to 25 visits per calendar year; subject to Maximum Allowed Amount	Out of Network - 60% covered after deductible is met; limited to 25 visits per calendar year; combined in-network and out-of-network; subject to Maximum Allowed Amount

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

Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser	Kaiser HDHP
In-network: 90% covered	In-network: 90% covered after deductible is met	$500 copay per admission	In Network - 90% covered after deductible is met
No coverage Out-of-Network	Out-of-network: 70% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
In-network: $0 copay for visits 1-5; $25 copay for visits 6 and over	In-network: 90% covered after deductible is met	$25 copay individual visit; $5 copay group visit; unlimited visits	In-network: 90% covered after deductible is met
No coverage Out-of-Network	Out-of-network: 70% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
In-network: 90% covered	In-network: 90% covered after deductible is met	$500 copay per admission; $100 copay for transitional residential recovery services; mental health/ chemical dependency services accrue to out- of-pocket maximum	In-network: 90% covered after deductible is met
No coverage Out-of-Network	Out-of-network: 70% covered after deductible is met; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network
$25 copay; limited to 25 visits per calendar year	In Network - 90% covered after deductible is met; limited to 25 visits per calendar year	Member discounts available through American Specialty Health network. Medically refereed acupuncture covered at primary care cost	Not covered
No coverage Out-of-Network	Out of Network - 70% covered after deductible is met; limited to 25 visits per calendar year; subject to Maximum Allowed Amount	No coverage Out-of-Network	No coverage Out-of-Network

2021 MEDICAL PLAN OPTIONS COMPARISON OF BENEFIT COVERAGES

	Anthem Blue Cross Plus	Anthem Blue Cross PPO	Anthem Blue Cross Core Value
Prescription Drug Vendor	Caremark	Caremark	Caremark
Prescription Drug Member Services	1-866-623-1438	1-866-623-1438	1-866-623-1438
Prescription Drug Web Site	www.caremark.com	www.caremark.com	www.caremark.com
Annual Prescription Deductible	Not applicable	Not applicable	Medical deductible applies; member pays 100% of the Rx cost until medical deductible is met
Prescription Benefits Are Covered Under Medical Deductible	No	No	Yes
Annual Rx Out-Of- Pocket Maximum	$2,800 Individual; $5,700 Family (in- network only)	$2,100 Individual; $4,200 Family (in-network only)	Medical out-of-pocket maximum applies; once medical out-of- pocket maximum is met, Rx is 100% covered for the remainder of the calendar year
Retail Generic	In Network - $10 copay; 30 day supply Out of Network - 50% of average whole price schedule plus charges above the schedule	In Network - $10 copay; 30 day supply Out of Network - 50% of average whole price schedule plus charges above the schedule	In Network - 80% covered after deductible is met Out of Network - 60% covered after deductible is met
Retail Formulary Brand	In Network - 80% covered; $40 minimum copay, $60 maximum copay; 30 day supply Out of Network - 50% of average whole price schedule plus charges above the schedule	In Network - 80% covered; $40 minimum copay, $60 maximum copay; 30 day supply Out of Network - 50% of average whole price schedule plus charges above the schedule	In Network - 80% covered after deductible is met Out of Network - 60% covered after deductible is met
Retail Nonformulary Brand	In Network - 60% covered; $60 minimum copay, $100 maximum copay; 30 day supply Out of Network - 50% of average whole price schedule plus charges above the schedule	In Network - 60% covered; $60 minimum copay, $100 maximum copay; 30 day supply Out of Network - 50% of average whole price schedule plus charges above the schedule	In Network - 80% covered after deductible is met Out of Network - 60% covered after deductible is met
Mail Order Generic	$20 copay; 90 day supply; must use plan mail order facility	$20 copay; 90 day supply; must use plan mail order facility	80% covered after deductible is met
Mail Order Formulary Brand	80% covered; $80 minimum copay, $120 maximum copay; 90 day supply; must use plan mail order facility	80% covered; $80 minimum copay, $120 maximum copay; 90 day supply; must use plan mail order facility	80% covered after deductible is met
Mail Order Nonformulary Brand	60% covered; $120 minimum copay, $200 maximum copay; 90 day supply; must use plan mail order facility	60% covered; $120 minimum copay, $200 maximum copay; 90 day supply; must use plan mail order facility	80% covered after deductible is met

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

Anthem Blue Cross EPO Exclusive	Anthem Blue Cross HDHP	Kaiser	Kaiser HDHP
Caremark	Caremark	Kaiser	Kaiser
1-866-623-1438	1-866-623-1438	1-800-464-4000	1-800-464-4000
www.caremark.com	www.caremark.com	www.kp.org/llns	www.kp.org/llns
Not applicable	Medical deductible applies; member pays 100% of the Rx cost until medical deductible is met	Not applicable	Medical deductible applies; member pays 100% of the Rx cost until medical deductible is met
No	Yes	Not applicable	Yes
$3,500 Individual; $7,000 Family	Medical out-of-pocket maximum applies; once medical out-of-pocket maximum is met, Rx is 100% covered for the remainder of the calendar year	Not applicable	Medical out-of-pocket maximum applies; once medical out-of-pocket maximum is met, Rx is 100% covered for the remainder of the calendar year
$10 copay; 30 day supply; Non-participating pharmacies: 50% of average whole price schedule plus charges above the schedule	In Network - 90% covered after deductible is met Out of Network - 70% covered after deductible is met	$15 for up to a 30-day supply; $45 for up to a 100-day supply; at Kaiser Pharmacy; as prescribed by Plan Physician	$10 for up to a 30-day supply; $30 for up to a 100-day supply after deductible is met
80% covered; $40 minimum copay, $60 maximum copay; 30 day supply; Non-participating pharmacies: 50% of average whole price schedule plus charges above the schedule	In Network - 90% covered after deductible is met Out of Network - 70% covered after deductible is met	$35 for up to a 30-day supply; $105 for up to a 100-day supply; at Kaiser Pharmacy; as prescribed by Plan Physician	$30 for up to a 30-day supply; $90 for up to a 100-day supply after deductible is met
60% covered; $60 minimum copay, $100 maximum copay; 30 day supply; Non-participating pharmacies: 50% of average whole price schedule plus charges above the schedule	In Network - 90% covered after deductible is met Out of Network - 70% covered after deductible is met	$35 for up to a 30-day supply; $105 for up to a 100-day supply; at Kaiser Pharmacy; as prescribed by Plan Physician	$30 for up to a 30-day supply; $90 for up to a 100-day supply after deductible is met
$20 copay; 90 day supply; must use plan mail order facility	90% covered after deductible is met	$15 for up to a 30-day supply; $30 for up to a 100-day supply; mail order as prescribed by Plan Physician	$10 for up to a 30-day supply; $20 for up to a 100-day supply after deductible is met
80% covered; $80 minimum copay, $120 maximum copay; 90 day supply; must use plan mail order facility	90% covered after deductible is met	$35 for up to a 30-day supply; $70 for up to a 100-day supply; mail order as prescribed by Plan Physician	$30 for up to a 30-day supply; $60 for up to a 100-day supply after deductible is met
60% covered; $120 minimum copay, $200 maximum copay; 90 day supply; must use plan mail order facility	90% covered after deductible is met	$35 for up to a 30-day supply; $70 for up to a 100-day supply; mail order as prescribed by Plan Physician and deemed medically necessary	$30 for up to a 30-day supply; $60 for up to a 100-day supply after deductible is met

2021 EMPLOYEE BENEFITS
OPEN ENROLLMENT DATES

This year's Open Enrollment will begin on Monday, October 26, 2020 at 8:00 a.m. Pacific Time and will end Friday, November 13, 2020 at 5:00 p.m. Pacific Time.

VIRTUAL BENEFITS FAIR

Due the COVID restrictions LLNL will be offering a live on-line virtual presentation from each of our vendors.

Virtual Open Enrollment webinars are scheduled from October 15 through October 22, 2020. Time and dates for each webinar will be posted on the Benefits website at benefits.llnl.gov.

The Benefits website is available without VPN therefore available to spouses and/or domestic partners.

Benefits

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