

# Health & Welfare Benefits 2024 Open Enrollment Briefing

October 12, 2023

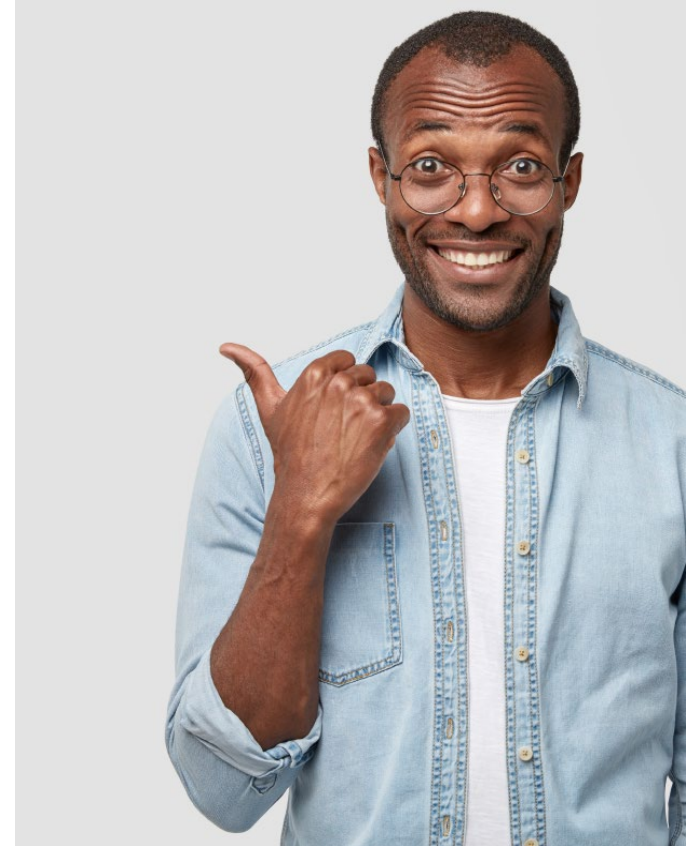
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# Agenda



- Action To Take During Open Enrollment
- Open Enrollment Highlights
- Medical Plan Overview
- Dental Plan Overview
- Vision Plan Overview
- Employee Premium 2024
- Flexible Spending Accounts
- Legal Plan Overview
- Next Steps



# Action To 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 or cancel eligible family members in your health plans
- Enroll or re-enroll in the Health Care Reimbursement Account (HCRA)
  - Current IRS rules restrict participation in HCRA if you are enrolled in the Anthem Blue Cross High Deductible Health Plan (HDHP) or Core Value Plan or Kaiser HDHP Plan
- Enroll or re-enroll in the Dependent Care Reimbursement Account (DCRA)

If currently enrolled in HCRA or DCRA, you must re-enroll for 2024



# Open Enrollment Highlights



- Open Enrollment Period
  - October 23 through November 13, 2023
- Open Enrollment transactions must be made before 5:00 p.m. (PT) Monday, November 13, 2023
- Changes made during Open Enrollment are effective January 1, 2024



# Open Enrollment Highlights (continued)



## New for 2024

- Kaiser HDHP & Anthem HDHP deductibles increase per IRS guidelines
  - \$1,600 employee only
  - \$3,200 employee plus family member(s)
  
- All Anthem Blue Cross Plans
  - Diagnosis requirement for fertility coverage is being removed
  - The \$75,000 cap on gender affirmation coverage is being removed
  - CVS/Caremark pharmacy
    - Formulary will include disposable insulin pumps not covered under durable medical equipment
  
- Anthem Blue Cross PPO
  - The deductible for in-network Behavioral Health visits is being removed and the co-pay is being reduced to \$25



# Medical Plans

- Health Maintenance Organizations
  - Kaiser HMO
  - Kaiser HDHP with HSA
  
- Anthem Blue Cross Plans
  - Anthem Blue Cross Plus
  - Anthem Blue Cross PPO
  - Anthem Blue Cross EPO
  - Anthem Blue Cross HDHP with HSA
  - Anthem Blue Cross CORE Value with HSA





# Kaiser Permanente

Health Maintenance Organization (HMO)



- Must live in the plan's service area – **California only**
- Must use plan providers (except for emergencies)
- Primary Care Physicians (PCP) coordinates all care
- No deductibles
- No claim forms
- Out-of-Pocket Maximum:
  - \$1,500 individual
  - \$3,000 family

Service	Copay
Office Visit	\$25
Emergency Room (waived if admitted)	\$100
In-hospital admission	\$500
Ambulance service	\$50
Prescription (generic)	\$15
Prescription (brand name)	\$35



# Kaiser Permanente

## High Deductible Health Plan (HDHP)



- Must live in plan's service area – **California only**
  - No out-of-network coverage (except emergency)
- Deductible
  - \$1,600 individual
  - \$3,200 family - must meet cumulative family deductible
  - After deductible you pay 10%
- Pharmacy
  - Until deductible is met you pay 100% of drug cost
  - After deductible is met:
    - You pay \$10 for 30-day supply / \$20 for 100-day supply (mail order generic)
    - You pay \$30 for 30-day supply / \$60 for 100-day supply (mail order brand)
  - Medical out-of-pocket maximum applies
- Out-of-Pocket Maximum
  - \$3,200 individual
  - \$6,400 family
- Includes Health Savings Account (HSA)





# Anthem Blue Cross



## ■ Common Features

- Available nationwide
- Same network used for all plans – Anthem Blue Cross PPO network
- Look up doctors and facilities at [www.anthem.com/ca/llns/](http://www.anthem.com/ca/llns/)
- Self referrals
- Health Guides
- Telemedicine via online
- Mental Health/Substance Abuse benefits through Anthem
- In-network and out-of-network

## ■ In-Network benefits through a nationwide group of PPO physicians

## ■ Out-of-Network benefits through all other physicians; you may self-refer

- Non-contracted physicians
- Except for EPO



# Anthem Blue Cross EPO



- In-Network only benefits
- No deductibles
- What you pay for services
  - \$25 copayment for most primary care office visits
  - \$35 copayment for specialist office visits
  - 10% co-insurance for some services, such as imaging and blood work
  - Copayment and 10% co-insurance for emergency room and hospital stays
- In-Network Out-of-Pocket Maximum
  - \$1,000 individual
  - \$3,000 family
- No Out-of-Network coverage (except emergency)



# Anthem Blue Cross PPO



## ■ In-Network

- Deductible: \$500 individual; \$1,500 family
- You generally pay 20% after deductible
- Out-of-Pocket Maximum: \$3,000 individual; \$9,000 family

## ■ Out-of-Network

- Deductible: \$1,000 individual; \$3,000 family
- You generally pay 40% for services (Reasonable & Customary limits)
- You may be required to file claim forms
- Out-of-Pocket Maximum: \$6,000 individual; \$18,000 family



# Anthem Blue Cross PLUS



## ■ In-Network

- Deductible: \$300 individual; \$900 family
- Out-of-Pocket Maximum: \$2,500 individual; \$7,500 family

## ■ What you pay for services

- \$25 copayment for most primary care office visits
- \$35 copayment for specialist office visits
- 20% co-insurance for some services, such as imaging and blood work
- Copayment and 20% co-insurance for emergency room and hospital stays

## ■ Out-of-Network

- Deductible: \$500 individual; \$1,500 family
- You generally pay 40% for services (Reasonable & Customary limits)
- You may be required to file claim forms
- Out-of-Pocket Maximum: \$7,000 individual; \$21,00 family



# Anthem Blue Cross HDHP



## ■ In-Network

- Deductible: \$1,600 individual; \$3,200 family
  - Must meet family deductible
  - You pay 10% after deductible
- Out-of-Pocket Maximum: \$3,200 individual; \$6,400 family

## ■ Out-of-Network

- Deductible: \$3,000 individual; \$6,000 family
  - Must meet family deductible
- You generally pay 30% for services (Reasonable & Customary limits)
- You may be required to file claim forms
- Out-of-Pocket Maximum: \$6,000 individual; \$12,000 family

## ■ Includes Health Savings Account (HSA)



# Anthem Blue Cross Core Value



## ■ In-Network

- Deductible: \$3,000 individual; \$6,000 family
- You pay 20% after deductible
- Out-of-Pocket Maximum: \$5,000 individual; \$10,000 family

## ■ Out-of-Network

- Deductible \$3,000 individual; \$6,000 family
- You generally pay 40% for services (Reasonable & Customary limits)
- You may be required to file claim forms
- Out-of-Pocket Maximum: \$10,000 individual; \$20,000 family

## ■ Includes Health Savings Account (HSA)





# CVS/Caremark

Prescription Drugs Anthem EPO, Plus, and PPO



- Generics
  - \$10 retail (30 day supply); \$20 mail order (90 day supply)
- Retail formulary brand
  - 20% copay, minimum \$40 and maximum \$60
- Retail non-formulary brand
  - 40% copay, minimum \$60 and maximum \$100
- Mail order formulary brand
  - 20% copay, minimum \$80 and maximum \$120 (90 day supply)
- Mail order non-formulary brand
  - 40% copay, minimum \$120 and maximum \$200 (90 day supply)



# CVS/Caremark

## Prescription Drugs Anthem HDHP and CORE Value



### ■ HDHP

- Pharmacy subject to deductible plus
  - You pay 10% coinsurance if In-Network
  - You pay 30% coinsurance if Out-of-Network
  - Medical out-of-pocket maximum applies

### ■ CORE Value

- Pharmacy subject to deductible plus
  - You pay 20% coinsurance if In-Network
  - You pay 40% coinsurance if Out-of-Network
  - Medical out-of-pocket maximum applies



- Anthem Blue Cross mandatory mail order program remains in effect
  - Once two refills have been dispensed by CVS or local pharmacy, future refills of your prescription must be dispensed using mail order
  - You may choose to receive your maintenance medication at a CVS/pharmacy or from the CVS Caremark Mail Service Pharmacy for the same low copay

# Health Savings Account (HSA)

Anthem Blue Cross HDHP, CORE Value or Kaiser HDHP



- HSA money may be used to help pay out-of-pocket medical, dental, vision and prescription expenses
- LLNS contributes pretax per pay period
- Employee contributes pretax through payroll
- Employee may make after tax contributions directly into HSA account
- Unused balances rollover and are yours to keep, even when no longer employed by LLNS
- Not eligible for HSA if enrolled in Medicare Part A or have dual coverage with spouse in a non-HDHP plan



# Health Savings Account (HSA)

Anthem Blue Cross HDHP, CORE Value or Kaiser HDHP (cont.)



2024 HSA Contributions (Based on a full calendar year)			
LLNS HSA Contribution		Maximum Employee HSA Contribution	
Employee Only Coverage	Family Coverage	Employee Only Coverage	Family Coverage
\$ 750	\$ 1,500	\$ 3,400	\$ 6,800
<b>Employees age 55 or older can contribute an additional \$1,000</b>			

# Dental Plans



## ■ Delta Dental PPO

- Worldwide coverage -- may use any dentist
- Maximum benefits with Delta Dentists
- \$1,700 annual maximum benefit (PPO Dentist)
- \$1,500 annual maximum benefit (other Dentist)
- \$2,000 lifetime orthodontia limit for adults and children

## ■ DeltaCare USA

- HMO dental plan must use DeltaCare USA dentists only (except in emergencies)
- No annual maximum benefit
- Coverage for dental implants with copay





# Vision Care



- LLNS offers a comprehensive vision care benefit provided by Vision Service Plan (VSP). There are no plan design changes for 2024
- 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.



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



# Vision Service Plans



Service	Vision Plan (LLNS paid)	Vision Plan Plus (Employee paid option)
Frequency (Calendar beginning January)	Exams: 12 months Lenses: 12 months Frames: 24 months	Exams: 12 months Lenses: 12 months Frames: 12 months
Examination	\$20 copay	\$10 copay
Lenses	\$25 copay	No copay
Lens Options: Anti-reflective coating	\$37-75 copay	\$37-75 copay
UV Protection	\$10-14 copay	\$10-14 copay
Frame maximum allowance	\$150	\$250
Frame allowance @ Costco	\$80	\$135
Contact lenses allowance	\$130	\$200
Necessary contact lenses	\$25 copay	No copay



# Employee Premium Rates 2024

Divide by 2 if paid bi-weekly to determine the per pay period deduction(s)

Divide by 4 if paid weekly



Medical Plan	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Kaiser HMO	\$ 136.00	\$ 308.00	\$ 272.00	\$ 428.00
Kaiser HDHP	\$ 120.00	\$ 284.00	\$ 244.00	\$ 396.00
Anthem EPO	\$ 428.00	\$ 936.00	\$ 804.00	\$1,288.00
Anthem Plus	\$ 768.00	\$1,668.00	\$1,432.00	\$2,308.00
Anthem PPO	\$ 516.00	\$1,124.00	\$ 960.00	\$1,552.00
Anthem HDHP	\$ 220.00	\$ 488.00	\$ 420.00	\$ 680.00
Anthem Core Value	\$ 76.00	\$ 172.00	\$ 144.00	\$ 236.00



# Employee Premium Rates 2024 (continued)

Divide by 2 if paid bi-weekly to determine the per pay period deduction(s)

Divide by 4 if paid weekly



Dental Plan	Employee Only	Employee & Adult	Employee & Child	Employee & Family
Delta Dental PPO (Nationwide)	\$0	\$8	\$8	\$20
Delta Care USA (CA only)	\$0	\$4	\$4	\$8

Vision Plan	Employee Only	Employee & Adult	Employee & Child	Employee & Family
VSP Basic	\$0	\$4	\$4	\$8
VSP Plus	\$7.08	\$18.24	\$19.24	\$32.28

# Health Care Reimbursement Account

(HCRA)



- The HCRA limit is \$3,050 for 2024. 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 2024.
- Maximum annual contribution = \$3,050
  - If you and your spouse are both LLNS employees, you may each contribute up to \$3,050
  - Changes only allowed during Open Enrollment period or with eligible change in status
- No grace period for 2024
  - All expenses must be incurred by 12/31/2024
  - All claims must be submitted by 03/31/2025

**Cannot participate in HCRA if enrolled in Anthem HDHP, Core Value or Kaiser HDHP**



# Dependent Care Reimbursement Account

(DCRA)



- Allows employees to pay for dependent care on pre-tax, salary reduction basis
- Defer up to \$5,000 in a calendar year per family
  - Changes allowed during Open Enrollment period or with eligible change in status
  - Must submit claim form and receipts
- No grace period for 2024
  - All expenses must be incurred by 12/31/2024
  - All claims must be submitted by 03/31/2025





# MetLife Legal Plan



## ■ Basic Plan

- Identity management services
- Complex and simple wills
- Adoption
- Divorce
- Civil litigation

## ■ Enhanced Plan

- Eviction defense
- Revocable & irrevocable trusts
- Defense of traffic tickets
  - (DUI's not included)
- Divorce
- Civil litigation

## ■ Enhanced Plan Plus Parents

- Allows parents to have access to some of the services offered

2024 Legal Insurance Monthly Rate	
Base	\$ 12.30
Enhanced	\$ 18.30
Enhanced Plus Parent(s)	\$ 24.30

# Next Steps



- Use LAPIS to:
  - Check your current enrollments
  - Make any Open Enrollment transaction
  - Verify that your beneficiary designations are up-to-date
  - Confirm LLNS has your correct home address, home telephone and emergency contact
- LAPIS is located at <https://lapis.llnl.gov> and is accessible from a Laboratory computer or through VPN
- Log onto LAPIS and click on the **Open Enrollment Tile**



# Legal Notice



- While this presentation and the verbal statements of Plan representatives are meant to be accurate, the actual Plan documents and relevant laws will govern at all times.
- In response to legal and contract requirements, market changes, etc., LLNS reserves the right to amend or terminate benefits at any time.
- Company policies on hiring, discharge, layoff, and discipline are in no way affected by the plans and programs described here. Therefore, nothing in this presentation is meant to be a guarantee of employment or continued employment.



# Questions





**Lawrence Livermore  
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