

Welcome to Los Alamos National Laboratory

At Los Alamos National Laboratory, we are committed to helping you achieve your highest level of well-being. When you are healthy, you are able to live a happier, more productive, and more fulfilling life. You are also able to more fully contribute to – and benefit from – our business success.

As part of our vision to promote the highest levels of health and preventive care, the Laboratory offers you and your family a comprehensive benefits program that gives you the flexibility to tailor your benefits to your specific needs. Each year, we review our benefits program to ensure that it is competitive in terms of both its cost and the quality of options, and to give you the opportunity to make changes.

As a new employee, you have the opportunity to make your health care benefit elections. If you do not elect coverage within 31 calendar days of your eligibility date, you will lose your opportunity for enrollment until the next Open Enrollment or qualified life event. Therefore, it is important that you take action to elect the coverage that is right for you and your family.

Your benefits orientation is part one of our three-step process. **Learn** about the plans that The Laboratory offers. Then, **Choose** the plans that best suit your needs. Finally, **Thrive** throughout the year as you use the programs and tools available to you.

Los Alamos National Laboratory Benefits.... It's The Science of Living Well!





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CHOOSE YOUR BENEFITS PLANS

We understand choosing the right benefit plan option is a difficult decision. The Benefits Office is here to help you enroll in the benefit plans that best meet the needs of you and your family.

New Hire Checklist



YOUR Period of Initial Eligibility (PIE) Ends on _____

- Review your Laboratory New Employee Benefits Handbook.
- Explore the New Hire Benefit website for comprehensive information on the Laboratory plans at benefits.lanl.gov or <http://www.lanl.gov/careers/employees-retirees/new-hires/benefit-options/index.php>.
- Attend the New Hire Benefit presentation.
- If applicable, submit your completed LANL Contacts Form, including required supporting documentation listed on the chart on the next page, if applicable, to the Benefits Office (benefits@lanl.gov) as soon as possible, no later than 31 calendar days after your hire date. **You cannot enroll until this information is provided, because your dependents will not show up as contacts to enroll.**
- Log in to Oracle Worker Self Service to enroll in your benefits. **You must enroll within 31 days of your hire date or you will lose your enrollment opportunity.**
- Go to MetLife's website to designate your beneficiary(ies). Wait at least 1 week after your enrollments have been submitted to ensure MetLife has your enrollment information and has set up your account.**
- Consider enrolling in the Virgin Pulse Wellness program. The program is available to employees and their eligible spouses/domestic partners who are enrolled in medical. **You cannot enroll in the wellness program until your medical enrollment is finalized.**
- Review your 401(k) account information and designate beneficiaries through Fidelity Net Benefits at <https://netbenefits.fidelity.com/>. Note: Generally, you may not be able to enroll until the Friday following your New Hire Date.
- Contact the Benefits Office (benefits@lanl.gov) for assistance with coordination of coverage if you are currently covered in a Laboratory-sponsored plan, including the retiree plans.
- Create accounts for enrolled benefits (BCBS, Davis Vision, Delta Dental, Express Scripts, Hinge Health, ConsumerMedical, MDLIVE, Fidelity, MetLife).
- Ensure you are not creating duplicate coverage when enrolling in your benefits. Triad plan rules do not allow duplicate coverage. This means you may not be covered in any Triad-sponsored benefit plan as an employee and as an eligible dependent of another Triad employee or retiree at the same time. Family members of Triad employees may not be covered by more than one employee. For example, if a husband and wife both work for Triad, their children may only be covered by one parent for any given benefit.

Contact Information

External Website: www.lanl.gov/careers/employees-retirees/new-hires/benefit-options/

Internal Website: benefits.lanl.gov

Email: benefits@lanl.gov

Phone: (505) 667-1806

Acceptable Dependent Supporting Documentation



Eligible Dependents	Eligibility Requirement	Acceptable Supporting Documents*
Legal Spouse	Certified Legal Marriage	<ul style="list-style-type: none"> • Marriage certificate; or • Signed federal tax return, if filed jointly
Domestic Partner	Must meet requirements of Declaration of Domestic Partnership (Form 1925a)	<ul style="list-style-type: none"> • Signed Form 1925a • Acceptable supporting documentation as outlined on form 1925a.
Child – Natural, step, placed for adoption, adopted, or Domestic Partner’s child	To Age 26	<ul style="list-style-type: none"> • Birth Certificate, proof of birth (if newborn), or adoption papers that list you as the adoptive parent.
Legal Ward	To age 18 and unmarried	<ul style="list-style-type: none"> • Legal document granting custody; and • Latest federal tax returns. • Meet the requirements of the Declaration of Legal Ward as Eligible Dependent (LANL form 3028)
Overage disabled child	(unmarried)	<ul style="list-style-type: none"> • Birth Certificate or adoption papers that list you as the adoptive parent. • Must be approved before the child reached the age of exclusion or by the provider during the Period of Initial Eligibility (PIE) for newly eligible employees. • Once eligible, continuous coverage under a Triad group benefit must be maintained for the overage dependent; if coverage is dropped, coverage will no longer be available.

* Please provide copies of your original documents along with your enrollment form.

Which Medical Plan Works Best for You?



The Laboratory offers two medical plan options:

- High-Deductible Health Plan (HDHP)
- Preferred Provider Organization (PPO)



**BlueCross BlueShield
of New Mexico**

Both medical plans offer no-cost preventive care and in- and out-of-network coverage from the same Blue Cross Blue Shield of New Mexico (BCBSNM) providers.

	Preferred Provider Organization (PPO)		High Deductible Health Plan (HDHP)	
Network	PPO In-Network	PPO Out-Of-Network	HDHP In-Network	HDHP Out-Of-Network
Annual Deductible	\$300 Single \$900 Family	\$500 Single \$1,500 Family	\$1,500 Single \$3,000 Family	\$3,000 Single \$6,000 Family
Out of Pocket Max (OOP) (includes deductible)	\$3,000 Single \$9,000 Family	\$6,000 Single \$18,000 Family	\$3,000 Single \$6,000 Family	\$6,000 Single \$12,000 Family
Coinsurance	10% after deductible	40% after deductible	10% after deductible	40% after deductible
Office Visits Primary Care	\$30 Co-pay	40% after deductible	10% after deductible	40% after deductible
MDLIVE Medical Virtual Visit	No Charge	N/A	\$44, then 10% after deductible	N/A
Office Visits Specialist	\$45 Co-pay	40% after deductible	10% after deductible	40% after deductible
Preventive Care	100% Covered	40% after deductible	100% Covered	40% after deductible
Prescription Drugs	Retail: \$7/\$35/\$55 Mail Order (90-day supply): \$14/\$70/\$110 Specialty: 15% up to \$125	Not covered	20% after deductible	
Urgent Care	\$30 Co-pay	40% after deductible	10% after deductible	40% after deductible
ER Facility Charges	\$150 Co-pay (waived if admitted)		10% after deductible	



Preferred Provider Organization: Is This the Plan for You?

This plan may be the right choice if you:

- ✓ Want to have a lower annual deductible and are comfortable paying higher premiums
- ✓ Are expecting significant health care expenses or prescription medication costs
- ✓ Are interested in setting aside pre-tax dollars in a Flexible Spending Account (FSA) to pay for your eligible health care expense throughout the plan year and/or grace period
- ✓ Need access to free in-network preventive care

Once any dependent reaches his/her individual annual deductible, the plan pays 90% of that member's covered expenses from in-network providers.



High Deductible Health Plan: Is This the Plan for You?

This plan may be the right choice if you:

- ✓ Want to pay lower premiums and are comfortable with a higher annual deductible
- ✓ Are interested in long-term, interest-bearing, and tax-advantaged savings using the Health Savings Account (HSA). (See [IRS Publication 969](#) for eligibility criteria.)
- ✓ Need access to free in-network preventive care
- ✓ Want monetary contributions from LANL that will help offset your out-of-pocket medical expenses
- ✓ Want higher incentives for participating in the Virgin Pulse Wellness Program

Once you reach your deductible, the plan pays 90% of your in-network covered expenses (80% for Rx). If you are covering dependents, the plan will pay 90% of covered expenses (80% for Rx) once the total \$3,000 family deductible has been met.

Employer Contribution

If you enroll in the HDHP with the optional HSA, LANL will make a contribution into your HSA.



	Employer Contribution	
	Employee Only	Employee + Dependent(s)
LANL Contribution	\$250	\$500

Decision Support Tools Available

The Laboratory provides online Decision Support tools (<https://www.lanl.gov/careers/employees-retirees/new-hires/benefit-options/enrollment-tools.php>) to help you choose the best plans for you. The **ALEX** tool will help you choose a medical plan based on your projected health care needs. Use the **Premium Calculator** to help you determine the bi-weekly costs of your premiums.

Semi-Monthly Medical Premiums



Paydays are bi-weekly on Thursdays. Premiums are deducted from your paycheck twice a month.

2021 PPO Semi-Monthly Medical Premiums

Salary Range	Employee Only	Employee + Children	Employee + Spouse/Domestic Partner	Employee + Family
Salary range less than or = \$40,000	\$63.00	\$112.50	\$130.50	\$180.50
\$40,001 to \$80,000	\$68.00	\$123.50	\$143.00	\$198.00
\$80,001 to \$120,000	\$74.00	\$133.00	\$155.00	\$213.00
More than \$120,000	\$91.00	\$162.50	\$189.50	\$261.50

2021 HDHP Semi-Monthly Medical Premiums

Salary Range	Employee Only	Employee + Children	Employee + Spouse/Domestic Partner	Employee + Family
Salary range less than or = \$40,000	\$44.50	\$81.00	\$94.50	\$129.50
\$40,001 to \$80,000	\$50.00	\$88.00	\$103.50	\$141.50
\$80,001 to \$120,000	\$53.50	\$95.00	\$111.50	\$153.50
More than \$120,000	\$65.00	\$116.00	\$136.50	\$187.50





Health Partners



No extra premium for these tools that empower you to take control of your health!

No separate enrollment necessary

- Need to be enrolled in one of the Triad medical plans
- Contact information will be on your BCBS ID card that will be mailed to you

Health Partners Include:

- **MDLIVE** – Telemedicine
- **ConsumerMedical** – Expert second opinions
 - **Hinge Health** – Virtual PT*

*must meet eligibility requirements

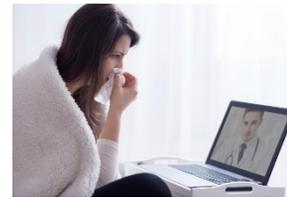
More information on the following pages



MDLIVE[®]

Virtual Doctor's Visits

**MDLIVE is available 24 hours a day,
7 days a week, 365 days a year.**



Virtual Visits

- Telephone
- Video
- Mobile App

Non-Emergency Medical Conditions

- ✓ Allergies
- ✓ Fever
- ✓ Pinkeye
- ✓ Flu
- ✓ Common cold

Not a comprehensive list

Copay Amounts

Doctor's Visit (medical)	Behavioral Health
PPO: \$0 copay	PPO: \$30 copay
HDHP: \$44 until deductible met, then 10% (\$4.40)	HDHP: \$80-\$175 range, depending on type of doctor (10% after deductible)

Behavioral Health

- ✓ Marital problems
- ✓ Depression
- ✓ Anxiety
- ✓ Child behavior and learning issues
- ✓ Financial hardships

Not a comprehensive list

Connect with a doctor in real-time or schedule an appointment!

MDLIVE's phone number will be on your BCBS ID card.



consumermedicalSM

Your Medical Ally[®]

Your Medical Ally

ConsumerMedical can help you understand your medical conditions and treatment options.

With this service, you get:

- ✓ A second set of eyes on your treatment plan
- ✓ Remote and in-person second opinions
- ✓ Help to ask the right questions at your medical appointment
- ✓ Medical information mailed to you via FedEx overnight



Incentive Program

If you are told you need any of the surgeries below, you are eligible for a **\$400 incentive*** if you follow ConsumerMedical's program

Surgeries include:

- ✓ Lower back surgery
- ✓ Knee replacement
- ✓ Hip replacement
- ✓ Weight loss surgery (bariatric surgery)
- ✓ Hysterectomy

*Qualification applies

ConsumerMedical's phone number will be on your BCBS ID card.



Hinge Health

Digital Physical Therapy

Get access to Hinge Health's innovative digital programs for certain chronic pains.

Physical Therapy for chronic*:

- ✓ Back pain
- ✓ Hip pain
- ✓ Knee pain
- ✓ Neck pain
- ✓ Shoulder pain

This program can be done at your convenience, from home or on vacation, all at **no cost** to you!

Included for **Free** in Program

- Amazon Fire tablet
- Sensors
- 1:1 coaching
- Unlimited access to your coach
- Program tailored for your specific needs



*Eligibility restrictions may apply.

Hinge Health's phone number will be on your BCBS ID card.



Proper dental care plays an important role in your overall health. That's why Triad offers employees and their eligible dependents comprehensive dental coverage through Delta Dental of New Mexico.

	In-Network or Non-Network*
Annual Deductible	\$50/Individual
Annual Maximum	\$1,500 per person
Preventive Care (no deductible)	100% up to two visits per year
Basic Restoration (extractions, fillings)	80% (in-network) 75% (out of network) after the deductible
Major Restoration (inlays, crowns)	50% after the deductible
Orthodontic	50% (see Delta Dental Program Summary for lifetime maximums)

*Not a comprehensive list of covered benefits or limitations under the plan.

2021 Semi-Monthly Plan Premiums				
	Employee Only	Employee + Children	Employee + Spouse/Domestic Partner	Employee + Family
Delta Dental of New Mexico	\$4.10	\$8.35	\$7.66	\$13.67

Dental Benefits



Take advantage of these additional benefits offered by Delta Dental!

Additional Benefits

Free Cleanings

Up to 4 a year for:

- Diabetes
- Pregnancy
- Suppressed immune system due to certain health conditions
- Kidney failure or undergoing dialysis
- Certain heart conditions

Oral Cancer Screening

Free brush biopsy – just ask for it from your dentist!

ID Cards

ID cards will be mailed to you



Vision Benefits

Benefit	Description	Copay
Annual Eye Exam	<ul style="list-style-type: none"> Annual exam focuses on your eyes and overall wellness 	\$10
Prescription Glasses	<ul style="list-style-type: none"> Includes frames and lenses 	\$25
Frames (Eligible every year)	<ul style="list-style-type: none"> Exclusive Collection frames (or at Visionworks locations) Non-Collection frames (Davis Vision locations) \$200 annual allowance for Non-collection frames 20% savings on the amount over your annual allowance 	\$0
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal or lenticular lenses Tints/photochromic adaptive lenses Polycarbonate lenses (for children and adults) Standard progressive lenses Premium progressive lenses Custom progressive lenses (ultra/ultimate) 	\$0 \$0 \$0 \$0 \$90 \$140-175
Contact Lenses (Eligible every year)	<ul style="list-style-type: none"> Exclusive Collection Includes contact lens exam, fitting, and evaluation Contact lens exam, fitting, and evaluation is a 15% discount on services* \$200 annual allowance for contacts for non-collection contact lenses 	\$0

*Not a comprehensive list of covered benefits or limitations under the plan. Limitations may apply.

2021 Semi-Monthly Vision Premiums				
	Single	Adult + Children	Two Adults	Family
Davis Vision	\$0.54	\$1.13	\$1.07	\$1.57

Health Care Reimbursement Account



A Health Care Reimbursement Account (HCRA) is a Flexible Spending Account (FSA) that allows you to set aside funds on a pre-tax basis to use for eligible out-of-pocket expenses not covered by your health, dental, or vision plans.

You can choose to participate in the HCRA if you are in the PPO medical plan or choose to waive your medical coverage.

**2021 Contribution Limit of \$2,750.
Funds immediately available.**

Secure, interactive mobile application for easy access to:

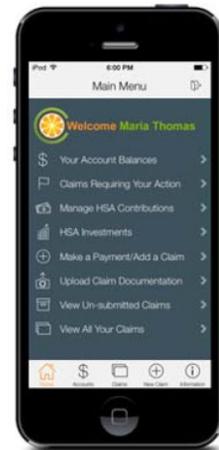
- ✓ View account balance
- ✓ View claims
- ✓ Submit new claims
- ✓ Easy Claim substantiation

Hundreds of eligible expenses including:

- ✓ Prescriptions
- ✓ Some over-the-counter items (Sunscreen, first aid, etc.)
- ✓ Doctor office copays
- ✓ Deductibles and coinsurance
- ✓ Orthodontic expenses

FSA funds may even be used for eligible expenses for your spouse or federal tax dependents.

Convenience of a debit card to access account funds.



Did You Know?

- ✓ The funds contributed to a FSA must be used within the plan year
- ✓ Any funds not used within the plan year, or the grace period until March 15 of the following year, are forfeited
- ✓ You must actively enroll each year
- ✓ Expenses that are fixed copays don't require substantiation.

For specific information regarding eligibility, please visit the IRS website at www.irs.gov. Please contact ConnectYourCare for questions on eligible expenses.

Health Savings Account



A Health Savings Account (HSA) is a unique, tax-advantaged account that can be used to pay for current or future healthcare expenses.

You can choose to participate if you enroll only in the HDHP and have no other medical coverage.

You can contribute funds to your HSA via payroll deduction and change your election through Oracle's Worker Self-Service at any time.

BONUS: Just for enrolling in the HDHP with the optional HSA, Triad will contribute to your HSA too!

Employer Contribution	
Employee Only	Employee + Dependent (s)
\$250	\$500

2021 Employee Contribution Limits		
	Employee Only	Employee + Dependent (s)
Contribution Limit*	\$3,600	\$7,200

* An additional annual \$1,000 catch-up contribution can be made at age 55

Did You Know?

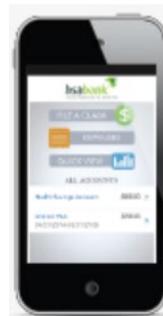
- ✓ Contributions to HSAs reduce your taxable income
- ✓ Interest or earnings build tax free, allowing you to invest your assets
- ✓ You can make tax-free withdrawals to pay for qualified health-related expenses
- ✓ Unused funds roll over year to year
- ✓ Funds are yours, even if you leave The Laboratory!
- ✓ You must enroll in an HSA in order to receive a Triad contribution

Who is eligible to open an HSA?

- ✓ Participants must be enrolled in the HDHP
- ✓ Participants cannot be covered by any other type of health plan, including Medicare Part A or B, TriCare, or a spouse's HCRA (Medical FSA)
- ✓ Participants who have not accessed VA medical benefits in the past 90 days
- ✓ Participants not claimed as a dependent on another person's tax return (unless they are your spouse)

Mobile App available through iTunes or Google Play

- ✓ Check account balances
- ✓ View account activity
- ✓ Review and verify IRS-qualified medical expenses



For specific information regarding eligibility, please visit the IRS website at www.irs.gov.



How to Calculate your Pro-Rated Contribution Limit

Depending on your month of hire, you may need to pro-rate your contribution limit for your HSA. Use the calculation below to calculate what you can contribute. The chart below can also be used as a reference.

How to Calculate your contribution limit:

- ✓ Take the total annual contribution limit based on your coverage type (individual or family).
- ✓ Divide that amount by 12.
- ✓ Multiply it by the number of months you qualify for that year.
 - ✓ Note: HSA eligibility is determined on the 1st of every month. If your hire date is after the 1st of the month, your qualifying months would start the following month.

Example: if you were eligible to contribute to your HSA for 4 months this year, your personal contribution limit would be:

$$\$3,600/12 \times 4 = \$1,200$$

Number of Months	Individual	Family
12	\$3,600	\$7,200
11	\$3,300	\$6,600
10	\$3,000	\$6,000
9	\$2,700	\$5,400
8	\$2,400	\$4,800
7	\$2,100	\$4,200
6	\$1,800	\$3,600
5	\$1,500	\$3,000
4	\$1,200	\$2,400
3	\$900	\$1,800
2	\$600	\$1,200
1	\$300	\$600

Reminders

- ✓ Contributions can be changed any time through Oracle.
- ✓ You are responsible for making sure you don't over-contribute.
- ✓ Pro-rated amounts also apply to catch-up contributions that may be applicable.
- ✓ Triad contributions count towards your annual contribution limit.



Try our online calculators!
www.ConnectYourCare.com/eecalculators

Dependent Care and Adoption Assistance Accounts

The Dependent Care Reimbursement Account (DCRA) and the Adoption Assistance Expense Account (AAEA) are Flexible Spending Accounts (FSAs) that allow you to pay for eligible out-of-pocket expenses on a pre-tax basis.

The DCRA allows you to set aside funds on a pre-tax basis to pay for eligible expenses.

Typical expenses under this account include charges for day care, nursery school, and certain elder care (unless it is for medical care) for your legal dependents.

The AAEA allows you to set aside pre-tax funds for eligible adoption agency fees, legal fees, court fees, and approved travel.

The funds contributed to an FSA must be used within the plan year. Any funds not used within the plan year are forfeited following the grace period to March 15 of the following year.

Funds available from your accounts is equal to the amount already deposited.

You must actively enroll each year!

2021 Contribution Limits

FSA Plan	Limit
Dependent Care Reimbursement Account (DCRA)	\$5,000*
Adoption Assistance Expense Account (AAEA)	\$14,440

*** Married filing separately on their own tax return has a \$2,500 limit**

For specific information regarding eligibility, please visit the IRS website at www.irs.gov.

Understanding Your Disability Plan Options



MetLife Disability Coverage

Life is full of surprises. Plan for the unexpected.

Triad offers disability plan options to help you plan for the unexpected. This is a **ONE-TIME** opportunity to be automatically enrolled without answering any health questions. Future enrollment will require an Evidence of Insurability (EOI) review be approved by MetLife.

You are automatically enrolled in the basic Short Term Disability Plan, which is paid by Triad. To make sure you don't miss out on this one-time opportunity, you will also be automatically enrolled in **BOTH** the Supplemental Short Term and Long Term Disability plans, unless you take steps to waive coverage.

Review your plan options and decide what works best for you. You can stay enrolled in either plan or both, or decline both plans*. If you remain covered by either or both of these supplemental plans, the required premiums will be deducted from your pay on an after-tax basis.

*NOTE: Future enrollment will require an Evidence of Insurability (EOI) review be approved by MetLife. These plans can only be elected at Open Enrollment. Because de-enrolling could mean you won't be able to enroll in the future, there is a special de-enrollment form that will need to be completed if you choose to de-enroll later in the year.

Here is how the disability benefits will work for you:

	Basic Short Term Disability Insurance	Supplemental Short Term Disability Insurance	Long Term Disability Insurance
Premiums	Triad pays	Employee pays	Employee pays
Benefit Amount	60% of base salary, up to \$800 per week	70% of base salary, up to \$2,500 per week	50% of base salary, up to \$10,000 per month
Waiting Period	7 days	7 days	180 days
Duration of Benefit	6 months	6 months	To Social Security normal retirement age
Required Sick Leave Usage	All sick leave, up to 26 weeks	All sick leave, up to 26 weeks	Not applicable

Disability Semi-monthly Rates



MetLife 2021 Disability Rates

Calculating Your Disability Plan Rates

To understand your rates for 2021 calculate your semi-monthly rate for each plan and add them together.

Supplemental Short-Term Disability	
Age Band	Rate per \$10 of Weekly Covered Benefit
<25	\$0.0870
25-29	\$0.0890
30-34	\$0.0900
35-39	\$0.0785
40-44	\$0.0715
45-49	\$0.0865
50-54	\$0.1060
55-59	\$0.1195
60-64	\$0.1210
65-69	\$0.1225
70+	\$0.1225

How to calculate the semi-monthly SSTD premium:

1. Divide annual salary by 520 and multiply by 70%
2. Multiply the result by the rate based on age
3. The result is your semi-monthly premium

Example: 50-year old earning \$102,000

Step 1: $=(102,000/520) \times .70$
=137.3076

Step 2: $=137.3076 \times \$0.1060$

Step 3: $=\$14.55$ is the semi-monthly premium

Long-Term Disability	
Age Band	Rate per \$100 of Monthly Covered Payroll
<25	\$0.0165
25-29	\$0.0195
30-34	\$0.0310
35-39	\$0.0610
40-44	\$0.0880
45-49	\$0.1320
50-54	\$0.1890
55-59	\$0.2085
60-64	\$0.1815
65-69	\$0.1515
70+	\$0.1515

How to calculate the semi-monthly LTD premium:

1. Divide annual salary by 1200
2. Multiply the result by the rate based on age
3. The result is the semi-monthly premium

Example: 50-year old earning \$102,000

Step 1: $=(102,000/1,200)$
=85

Step 2: $=85 \times \$0.1890$

Step 3: $=\$16.07$ is the semi-monthly premium

**Accidental Death and
Dismemberment Insurance**



Accidental Death and Dismemberment

Accidental Death and Dismemberment (AD&D) insurance protects you and your family from the unforeseen financial hardship of an accident that causes death, dismemberment, paralysis, or loss of sight, speech, or hearing.

2021 AD&D Rates

Accidental Death & Dismemberment			
Coverage	Employee Only	Employee + 1	Employee + 2 or More
\$50,000	\$0.35	\$0.44	\$0.57
\$100,000	\$0.70	\$0.87	\$1.13
\$200,000	\$1.39	\$1.74	\$2.26
\$300,000	\$2.09	\$2.61	\$3.39
\$400,000	\$2.78	\$3.48	\$4.52
\$500,000	\$3.48	\$4.35	\$5.65





Most people need legal advice at one time or another. For a small monthly premium, you can enroll yourself and your eligible dependents in legal coverage. The plan provides assistance with routine preventive or defensive matters and covers most basic legal needs.

The **identity theft package** includes credit monitoring, internet surveillance, child monitoring, lost wallet support service, identity theft restoration, and up to \$1 million in identity theft insurance. Plan participants must go to the [ARAG Legal Center website](#) to activate their identity theft benefits.

Covered Service*	Network Attorney	Non-Network Attorney
Attorney Office Work		
Durable Power of Attorney	Paid-in-Full	\$70
Simple wills and simple trusts (including Power of Attorney)	Paid-in-Full	\$175
Domestic		
Uncontested divorce (for self use only)	Paid-in-Full	\$525
Contested divorce (for self use only)	Up to 15 hours	\$700
Adoption proceedings	Paid-in-Full	\$420
Defensive		
Criminal misdemeanor defense (except traffic violations)	Paid-in-Full	\$700
Habeas Corpus proceedings	Paid-in-Full	\$420
Consumer Protection		
Consumer protection (except for disputes over real estate/construction matters)	Paid-in-Full	\$350

*Not a comprehensive list of covered benefits or limitations under the plan.

2021 Semi-monthly Plan Premiums			
Employee Only	Employee + Children	Employee + Spouse/Domestic Partner	Employee + Family
\$5.55	\$7.62	\$7.62	\$8.32



Life Insurance

MetLife Life Insurance

Triad provides a paid basic life insurance in the amount of 1 times your annual salary, rounded up to the next \$1,000 (up to a maximum of \$50,000).

Employee Supplemental Life Insurance is offered to employees that would like to supplement the basic life coverage.

- ✓ Options range from 1 to 8 times your annual salary.
- ✓ Guaranteed issue amount of 3 times your salary without proof of insurability for new hires.

Spouse/DP life is offered for your eligible spouse or domestic partner.

- ✓ Can elect independent of Supplemental Life in \$25,000 increments up to \$200,000.
- ✓ Guaranteed issue amount up to \$50,000 without proof of insurability.

Employee Supplemental Life

Age Band	Rate per \$1,000 per Pay Period
<25	\$0.0080
25-29	\$0.0070
30-34	\$0.0085
35-39	\$0.0135
40-44	\$0.0215
45-49	\$0.0355
50-54	\$0.0795
55-59	\$0.1310
60-64	\$0.1995
65-69	\$0.2865
70-74	\$0.5230
75+	\$0.7360

Spouse / Domestic Partner Life

Age Band	Rate per \$1,000 per Pay Period
<30	\$0.0145
30-34	\$0.0145
35-39	\$0.0145
40-44	\$0.0170
45-49	\$0.0255
50-54	\$0.0410
55-59	\$0.0665
60-64	\$0.1170
65-69	\$0.1920
70-74	\$0.2795
75+	\$0.4045

How to calculate the semi-monthly premium:

Example: Employee salary of \$102,000
 Election of 3x salary
 50 years old

$$\begin{aligned} & \$102,000 \times 3 = \$306,000 \\ & \$306,000 / 1,000 = 306 \\ & 306 \times 0.0795 = \$24.33 \text{ semi-monthly} \end{aligned}$$

How to calculate semi-monthly premium for spousal coverage:

Example: Spouse: 46 years old, \$50,000 in coverage

$$\begin{aligned} & \$50,000 / \$1,000 = 50 \\ & 50 \times 0.0255 = \$1.28 \text{ semi-monthly} \end{aligned}$$

Age reduction intervals:

Your Age:	Policy Reduction:
65-69	35%
70-74	55%
75+	70%

Note: Each reduction is applied to the face value of your coverage. It is not cumulative.

Child life insurance is offered at \$5,000 or \$10,000; no proof of insurability required.

Child(ren) Life - \$5,000 or \$10,000

Child(ren) (\$5,000)	\$0.08
Child(ren) (\$10,000)	\$0.16

You can change your amount at any time by contacting the Benefits Office. If you want to increase your coverage beyond your initial election or initially elect an amount greater than the guaranteed issue amount of 3x your salary, you will need to complete and submit a Evidence of Insurability (EOI) to MetLife. The Benefits Office will provide the EOI form to you.

Wellness Incentive

Participating in the Virgin Pulse Wellness Program helps to improve your health and is a great way to earn incentives.

Wait 1 week after your medical enrollment, then register with Virgin Pulse.



Go-Zone Pedometer

When you sign up for Virgin Pulse you can get a free Go-Zone Pedometer to track your steps.

2021 Quarterly Reward Earning Potential

	Level 1	Level 2	Level 3	Level 4
Points	2,000	4,000	6,000	10,000
PPO	\$10	\$10	\$10	\$20
HDHP	\$30	\$30	\$30	\$35

Reach Level 4 every quarter to maximize your reward for the year!

- Earn up to a \$200 annual HCA deposit for the PPO per adult
- Earn up to a \$500 annual HSA deposit for the HDHP per adult

Rewards are tracked quarterly and paid in the first quarter of the following year.

Earn by tracking steps, challenging friends, and more!

Interested and want to join? Visit join.virginpulse.com/LANL

401(k) Retirement



Who is eligible?

- ✓ Regular and term Full and Part-Time employees.
- ✓ Casual employees with a Post Bachelors degree or higher

Employee contributions:

- ✓ Are made only through salary deduction
- ✓ Come only from income paid through the Triad payroll system
- ✓ Are made on an pre-tax or after-tax basis
- ✓ Cannot exceed 50% of your pay
- ✓ Cannot exceed the total IRS maximum annual contribution (MAC)

2021 Contribution Limit	2021 Catch-Up Contribution Limit (if age 50 or over in 2021)
\$19,500	\$6,500

Employees are 100% vested on day 1!

Company match

For each \$1.00 of your own contributions, called your matched contributions, Triad provides an employer matching contribution of 100% of your contribution, up to 6% of your eligible compensation.

Note: The company match is on a paycheck by paycheck basis. To receive the maximum company match, you must ensure a minimum of 6% is contributed every paycheck.

Need help?

Call Fidelity at **800-835-5095**.

Non-elective employer contribution (service-based contribution)

Regardless of your contributions to the 401(k) Retirement Plan, Triad makes a non-elective employer contribution each plan year for each eligible employee.

Note: You do not need to be actively employed on December 31 to receive a non-elective employer contribution for the year. However, if your employment ends during the year, your Years of Completed Service is determined as of your termination date. Plan year compensation is based on the eligible compensation you received while you were actively employed during the plan year.

Years of Completed Service	% of Employer Contribution
0-9	3.5%
10-19	4.5%
20+	5.5%

- ✓ You can set up your account to automatically increase your contribution amount each year
- ✓ LANL pays the administrative fees until your account reaches \$25,000

Signing up is Easy

- ✓ Visit www.NetBenefits.com
- ✓ Confirm your identity
- ✓ Select Action, click Contribution Amount
- ✓ Enter your contribution percentage
- ✓ Confirm your elections
- ✓ Start saving towards your retirement!
- ✓ Automatic enrollment in 6% after 31 days

Carrier Contact Information



MEDICAL/MENTAL HEALTH:

Blue Cross Blue Shield of New Mexico (BCBSNM)

Group Number

HDHP (113794)

PPO (N13794)

Phone: 877-878-5265

Website: www.bcbsnm.com/lanl/

Claims Address:

P.O. Box 27630

Albuquerque, NM 87125-7630

BCBS Behavioral Health Unit

Phone: 888-898-0070

Fax: 877-361-7659

PRESCRIPTION DRUGS/HOME DELIVERY:

Express Scripts

Website: www.express-scripts.com

Phone: 800-838-4590

DENTAL:

Delta Dental of New Mexico

Group Number: 04000

Member Services: 505-855-7111

Website: www.deltadentalnm.com

Claims Address:

One Sun Plaza – 100 Sun Avenue NE, Ste. 400

Albuquerque, NM 87109

VISION:

Davis Vision

Member Services: 800-999-5431

Website: www.davisvision.com/member

Claims Address:

Vision Care Processing Unit

P.O. Box 1525

Latham, NY 12110

LEGAL:

ARAG Legal Group

Group Number: 14822

Member Services: 800-247-4184

Website:

www.members.araggroup.com/lans/

(Access Code: 14822lal)

400 Locust Street, Suite 480

Des Moines, IA 50309

DISABILITY, LIFE, AD&D:

MetLife

Phone: 800-638-6420

Statement of Health, option 1

Coverage, option 2

FLEXIBLE SPENDING ACCOUNTS (FSA):

ConnectYourCare

Member Services: 844-598-3632

Website: www.connectyourcare.com

HEALTH SAVINGS ACCOUNT (HSA):

HSA Bank

Phone: 855-731-5220

Email: askus@hsabank.com

Automated Bank: 800-565-3512 (Available 24/7)

Benefits Office

Phone: 505-667-1806

Email: benefits@lanl.gov