New Employee Orientation: Your Sandia Benefits

California Site

PRESENTED BY
Human Resources (HR) Solutions
hr.sandia.gov | 505-284-4700
If you are a newly hired Sandia employee and you are currently covered under a Sandian spouse, you cannot elect to transfer your coverage from the primary covered participant until the next Open Enrollment.

*California
VIDEO: YOUR HEALTH INSURANCE COVERAGE AS A HOUSE
### MEDICAL BENEFIT COSTS

**SAME for ALL Administrators**

#### Annual Deductible

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$750</td>
<td>$2,000</td>
</tr>
<tr>
<td>Emp + spouse or child(ren)</td>
<td>$1,500</td>
<td>$4,000</td>
</tr>
<tr>
<td>Emp + spouse and child(ren)</td>
<td>$2,250</td>
<td>$6,000</td>
</tr>
</tbody>
</table>

#### Annual Out-of-Pocket Maximum

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$2,750</td>
<td>$6,500</td>
</tr>
<tr>
<td>Emp + spouse or child(ren)</td>
<td>$5,500</td>
<td>$13,000</td>
</tr>
<tr>
<td>Emp + spouse and child(ren)</td>
<td>$8,250</td>
<td>$19,500</td>
</tr>
</tbody>
</table>

#### Coinsurance

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>After deductible is met:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Network</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>40%</td>
<td></td>
</tr>
</tbody>
</table>

#### Co-Pay

- Telemedicine: $25

#### Monthly Premiums*

*Premium amount/tier is based on your salary

**Year-Round Student Interns use Tier 1 rates**

*New Mexico*
MEDICAL PLAN PROVIDER DIFFERENCES

提供商网络

BlueCross BlueShield of New Mexico

www.bcbsnm.com/sandia

Nationwide Facilities & Providers

UnitedHealthcare

www.myuhc.com (Choice Plus)

Nationwide Facilities & Providers

Kaiser Permanente

www.kp.org

Kaiser Permanente Hospitals & Medical Facilities
To see if your prescription is covered or pharmacy is in-network check out: www.express-scripts.com/sandia or kp.org

**UHC & BCBS**
- Included in the medical plan
- No additional premium
- No deductible
- Prescription costs do not count toward your medical plan deductible

**Kaiser Permanente**

**Kaiser**

**Annual Out-of-Pocket Max**

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1,500</td>
<td>$5,950</td>
</tr>
<tr>
<td>Drug Category</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Generic</td>
<td>You pay: 20% $5 min/$10 max</td>
<td>You pay: 50%</td>
</tr>
<tr>
<td>Brand-Name Preferred</td>
<td>You pay: 30% $30 min/$45 max</td>
<td>You pay: 50%</td>
</tr>
<tr>
<td>Brand-Name Non-Preferred</td>
<td>You pay: 40% $50 min/$75 max</td>
<td>You pay: 50%</td>
</tr>
</tbody>
</table>

Visit Express-scripts.com/sandia to determine the drug category for your medications.

*California
### SMART90 Program*
- 90-day fill via Walgreens or Mail Delivery via Express Scripts
- Long term/maintenance medication (ex: diabetes, blood pressure meds, etc.)
- Request 90-day prescription from your doctor

### SMART90/Mail Order*

<table>
<thead>
<tr>
<th>DRUG CATEGORY</th>
<th>IN-NETWORK BENEFIT</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
</table>
| Generic                     | **You Pay: 20%**  
$12.50 min/$25 max          | N/A            |
| Brand-Name Preferred        | **You Pay: 30%**  
$75 min/$112.50 max         | N/A            |
| Brand-name Non-Preferred    | **You Pay: 40%**  
$125 min/$187.50 max        | N/A            |

*Max 90-Day Supply

*You will receive two courtesy months of refills at a 30-day supply. If you do not elect one of the above options, you will be responsible to pay 100% of the cost of the prescription.
## Three Network Options

<table>
<thead>
<tr>
<th>Network Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO™</td>
<td>Lowest out-of-pocket costs</td>
</tr>
<tr>
<td>Delta Dental Premier®</td>
<td>Higher in-network out-of-pocket costs for care</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>Highest out-of-pocket costs</td>
</tr>
<tr>
<td></td>
<td>You may be charged full costs &amp; asked to pay up front and submit a claim for reimbursement</td>
</tr>
</tbody>
</table>

## In-Network Coverage

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>Individual $50</td>
</tr>
<tr>
<td></td>
<td>Family $150</td>
</tr>
<tr>
<td>Annual Maximum Benefit*</td>
<td>$1,500</td>
</tr>
<tr>
<td>Lifetime Orthodontics Max</td>
<td>$1,800</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100% Covered</td>
</tr>
<tr>
<td>Basic Restorative</td>
<td>80% Covered</td>
</tr>
<tr>
<td>Major Services &amp; Orthodontics</td>
<td>50% Covered</td>
</tr>
</tbody>
</table>

*Preventive and diagnostic services do not count toward the annual maximum benefit when received by in-network providers.

To locate a provider, visit deltadentalnm.com
## Vision Benefits

### In-Network Benefits

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>Every 12 months</td>
<td>Covered in full after $20 copayment.</td>
</tr>
<tr>
<td>Eyeglass Lenses</td>
<td>Every 12 months</td>
<td>Covered in full for standard single-vision, lined bifocal, or trifocal lenses.</td>
</tr>
<tr>
<td>Contact Lenses (In lieu of glasses)</td>
<td>Every 12 months</td>
<td>Covered in full for any Davis Vision Collection Contact Lenses OR $150 allowance toward provider supplied lenses; plus 15% off balance.</td>
</tr>
<tr>
<td>Contact Lenses Evaluation and Fitting</td>
<td>Every 12 months</td>
<td>Covered in full for Davis Vision Collection Contacts OR Non-Collection contacts, a 15% discount.</td>
</tr>
<tr>
<td>Frames</td>
<td>Every 24 months</td>
<td>Covered in full any fashion or designer frame from the Davis Vision Collection (value up to $160) OR $150 allowance toward provider supplied frames, plus 20% off balance.</td>
</tr>
</tbody>
</table>

**Lasik discount up to 25% off the provider’s usual & customary fees, or 5% off advertised specials, whichever is lower.**
HMS: Dependent Eligibility Auditor

HMS will reach out to you on behalf of Sandia to request verification that any dependents enrolled in the Sandia Total Health Plan meet the eligibility guidelines.

Eligible dependents include:

- **Legal spouse** (not legally separated, divorced or annulled)
- **Your child up to age 26** (natural child, stepchild, legally adopted child, child for whom you or your spouse has court-ordered legal guardianship, or a child you are required to provide health insurance for by Qualified Medical Child Support Order)
- **Your child, age 26 or older**, who is permanently and totally disabled

**Once you receive the request, please respond and comply without delay to prevent your dependents from being disenrolled from the plan.**
ABOUT THE HEALTH REIMBURSEMENT ACCOUNT (HRA)

Must be enrolled in a Sandia Total Health Plan

- Funded by Sandia
- For NEW HIRES, Sandia automatically contributes the following amounts in the first year:

<table>
<thead>
<tr>
<th>If you have a:</th>
<th>Employee</th>
<th>Spouse on the plan</th>
<th>Child(ren) on the plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$250</td>
<td>+ $250</td>
<td>+ $250</td>
</tr>
</tbody>
</table>

Roll Over

HRA funds **ROLL OVER** year to year with the following caps (max):

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Employee + Spouse OR Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential for up to</td>
<td>$1,500</td>
<td>$3,000</td>
<td>$4,500</td>
</tr>
<tr>
<td>$750 HRA funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>contributed by Sandia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in a new employee’s</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>first year enrolled</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Unsubstantiated claims will result in the full amount of the unsubstantiated claim being deducted from your pay. Remember to save all claims receipts.
HEALTH REIMBURSEMENT ACCOUNT (HRA) – HOW TO EARN

Earn now for next year’s funds!

<table>
<thead>
<tr>
<th>Ways to Earn*</th>
<th>Total Possible Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete your Health Assessment</td>
<td>Employee</td>
</tr>
<tr>
<td>Participate in Virgin Pulse</td>
<td>Employee + child(ren)</td>
</tr>
<tr>
<td>Complete a Health Action Plan (HAP)</td>
<td>Employee + spouse</td>
</tr>
<tr>
<td></td>
<td>Employee + spouse + child(ren)</td>
</tr>
</tbody>
</table>

- Sandia will automatically contribute $250 if you have 1 or more children enrolled on the plan.

If enrolled in FSA, HRA pays 2nd to FSA

*Spouses have the same options, but must complete their HAP through their medical plan administrator.
HEALTHCARE FLEXIBLE SPENDING ACCOUNT (HCFSA)

- Elected annually by employee
- Pre-tax payroll deductions
  - May contribute a minimum of $100 up to the IRS Maximum amount, currently $2,750 annually
  - Traditional FSA rules apply and can be used toward medical, prescription, dental, and vision expenses
- **USE IT OR LOSE IT**
  - **Grace period:** Incur expenses through March 15 and file claims until April 15 of the following year

**Administrators**

<table>
<thead>
<tr>
<th>If enrolled in Sandia Total Health</th>
<th>HCFSA administered by medical plan provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>If not enrolled in Sandia Total Health</td>
<td>FSA administered by PayFlex</td>
</tr>
</tbody>
</table>

**FSA always pays before HRA**
Substantiation of Claims

- Your HCFSA administrator (PayFlex, ConnectYourCare, UnitedHealthcare, or Kaiser Health Services) may request additional documentation from you in order to substantiate your HCFSA claims.

- When using a debit card to pay for FSA claims, there are certain claims which are not automatically substantiated at the point of sale and require additional documentation (receipts that indicate the date of service, vendor, the nature of the service, and cost).

- For unsubstantiated claims identified by the FSA administrator, you will receive three notifications requesting additional documentation. Following the second notice, debit cards will be deactivated until claim receipt documentation is received.

Unsubstantiated claim(s) will result in the full amount of the unsubstantiated claim(s) being deducted from your pay.

**Please remember to save all FSA claim receipts.**
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

- Deduct tax-free dollars from your paycheck to cover eligible dependent care expenses such as:
  - Day camp, daycare, & licensed home care
- May contribute a minimum of $100 up to the IRS maximum amount of $5,000 per plan year, per family
  - The maximum annual contribution may be reduced depending on your salary to comply with IRS regulations.
- **Grace Period:** Incur expenses through March 15 and file claims until April 15 of the following year
Deduct tax-free dollars from your paycheck to cover certain work-related commuter expenses. If eligible, you can enroll anytime during the year.

Qualified expenses include:

- **Parking**: Work-related parking expenses
- **Transit**: Bus passes, vouchers, or fare cards to cover the cost of traveling to and from work

May contribute a maximum of:

- $265 per month for parking
- $265 per month for the transit benefit

*California
## NTESS SAVINGS AND INCOME PLAN – 401(K) PLAN COMPANY MATCH

<table>
<thead>
<tr>
<th>Enhanced Contribution 1: <strong>6%</strong></th>
<th>Sandia will automatically provide an employer contribution of 6% of your eligible income even if you don’t contribute</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sandia Contribution</strong></td>
<td>(100% Vested After 3 Years of Service):</td>
</tr>
<tr>
<td><strong>Company Match:</strong></td>
<td><strong>Maximum of 4%</strong> Sandia will match 66 and 2/3% of the first 6% you contribute each pay period</td>
</tr>
</tbody>
</table>

### Potential of 10% contribution by Sandia

For more information, visit [hr.sandia.gov](http://hr.sandia.gov) and search “Summary Plan Description”

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1 Enhanced Contribution increases to 7% after 15 Years of Service
Retirement savings plan that allows you to save **and** invest a portion of your paycheck!

### Employee Contributions (Immediately Vested)

<table>
<thead>
<tr>
<th>Contribution</th>
<th>Contributions Taxed:</th>
<th>Earnings Taxed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretax</td>
<td>When withdrawn</td>
<td>When withdrawn</td>
</tr>
<tr>
<td>Roth</td>
<td>When contributed</td>
<td>No tax if requirements met</td>
</tr>
<tr>
<td>After-Tax</td>
<td>When contributed</td>
<td>When withdrawn</td>
</tr>
</tbody>
</table>

1 Pretax & Roth contributions subject to IRS annual limits. Age 50+ may contribute an additional amount known as catch-up contributions. **NOTE:** IRS annual contribution limits apply to contributions made from an employee's paycheck contributions to 401(k) and 403(b) plans combined from all employers. If you've worked for multiple employers in a single year, you are responsible for monitoring the combined limitations. If you've worked for Affiliated Companies such as Honeywell, the IRS limits are applied to contributions made under all Affiliated Company plans combined. Contact HR Customer Service for more information.

2 Contributions from all NTESS plan sources are subject to IRS annual additions limit.
Fidelity is the 401(k) Plan's Recordkeeper

How to Enroll

You may elect contributions to the 401(k) Plan by contacting Fidelity or by visiting www.401k.com.

How to Rollover¹

You may make rollovers from your benefits in other employers' qualified retirement plans or from Individual Retirement Accounts (IRAs) by contacting Fidelity by visiting www.401k.com.

¹ Restrictions may apply to rolling over funds from a Honeywell plan.
Investment Options in the 401(k) Plan

- You can choose how contributions to your 401(k) Plan account are invested from the investment options available
  - Current investment options are listed and described on NetBenefits® at [www.401k.com](http://www.401k.com)
- The Target Date Funds (Tier 1) are the 401(k) Plan’s Qualified Default Investment Alternative. As such, if you do not make an investment option selection, your contributions will be invested in the Target Date Fund based on the date nearest to your attainment of age 65.
Edelman Financial Engines is an independent investment advisor who has been hired by Sandia to help you determine your financial retirement needs, goals, and strategies for reaching those goals. There are two types of services offered:

1) **Online Advice** is currently **available at no cost** to you.
2) **Professional Management** **charges you a fee** depending on the size of your portfolio.

Get started or learn more at [FinancialEngines.com/forSandia](http://FinancialEngines.com/forSandia) or call 877-401-5762.

**Additional Investment Line-up Education**

Visit the Retirement and Financial Wellness section of the Video Library at [hr.sandia.gov](http://hr.sandia.gov)
SANDIA-PROVIDED LIFE INSURANCE

- Life Insurance equal to 1 times your annual base salary
- Enrollment is automatic and effective your first day actively present at work

To designate beneficiaries, go to www.prudential.com/mybenefits
VOLUNTARY LIFE, AD&D, AND DEPENDENT LIFE INSURANCES

<table>
<thead>
<tr>
<th>Insurance</th>
<th>Details</th>
<th>Enrollment Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Term Life</td>
<td>1 to 6 times your annual base pay raised to the next higher $1,000 in supplemental life insurance</td>
<td>Enroll within 31 calendar days from your date of hire</td>
</tr>
</tbody>
</table>
| Dependent Life                   | **Spouse Coverage:** In the range of $6,000 and $50,000  
                                      **Child(ren) Coverage:** In the range of $2,000 and $10,000 | No enrollment deadline                   |
| Accidental Death & Dismemberment (AD&D) | $10,000 increments up to a maximum of $500,000 or 10x your annual base pay, for you and/or your dependents |                                           |

*Visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) to enroll and view coverage amounts (subject to change).*
LONG TERM DISABILITY INSURANCE

**Employer-Provided**

Pays up to 50% of employee's base salary should they become totally and permanently disabled

**Optional Buy-Up**

- An enhancement of an additional 10% or 20% of employee’s base salary
  - Total 60% to 70%
  - After tax-payroll deductions

Enrollment in one of the optional Buy Up plans can be completed when you make benefit elections
SANDIA EXTRAS: OPTIONAL BENEFITS TO FIT YOUR LIFE

**Special Enrollment Benefits**
- Accident & Critical Illness
- Short Term Disability Insurance
- Legal Services

**Must enroll within 31 calendar days from your date of hire**

**Anytime Benefits**
- Group rate options for:
  - Home & Auto insurance
  - Identity theft protection
  - Pet insurance
- 529 Education Plan
- Home Finding Program
- Includes discounts for:
  - Theme parks, Verizon, AT&T, daycare, travel, clothes, etc.

Visit [mysandiaextras.com](http://mysandiaextras.com)
**TIME AWAY FROM WORK BENEFITS**

**Vacation**
- 5 hours per accrual = 3 weeks per year
- Unused hours roll over, with a cap of 240 hours

**Vacation Buy**
- Between 8-80 hours

*Can only be elected during Annual Open Enrollment in the fall; not during your first 31 days as a new hire*

**Personal Absence/PTO**
- Non-represented/OPEIU/SPA:
  - Personal Absence: 40 hours
- MTC:
  - PTO: 40 hours

**Holiday**
- 11 days
- Sandia uses 6 holiday days during Winter Shutdown at the end of the calendar year
TIME AWAY FROM WORK BENEFITS

**Sick Leave**
- Unable to work due to illness/injury
- Attend medical appointments

<table>
<thead>
<tr>
<th>Period</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 weeks</td>
<td>@ 100% of salary</td>
</tr>
<tr>
<td>20 weeks</td>
<td>@ 70% of salary</td>
</tr>
</tbody>
</table>

**Paid Family Leave**
- Care for a family member (parent, child, spouse)
- Reduces available Sickness Absence by same amount of time

<table>
<thead>
<tr>
<th>Period</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 weeks</td>
<td>@ 70% of salary</td>
</tr>
</tbody>
</table>

Sickness Absence benefits for MTC and SPA represented employees are paid as stipulated in the respective collective bargaining agreement.
HOW TO ENROLL IN BENEFITS

- Visit INSIDE from a Sandia computer
- Click on HR Self Service (under Tools on left side)
  - Click on the Onboarding Box
  - Select Benefits & Retirement
  - Select Benefits Enrollment
  - Choose Select
  - Select Edit for each benefit election
  - Make sure to hit Submit

*Make sure to contact Benefits Customer Service immediately if you do not receive a email confirmation of your enrollment!

- **Don't forget:** Voluntary Life Insurance, 401(k) enrollment, and Sandia Extras are completed on external sites.
- Use your enrollment checklist (pg. 2-3) in your new employee benefits booklet and be aware of enrollment deadlines.

Elections must be completed within 31 calendar days from your date of hire!
Select **Career/New to Sandia** under Browse Topics or drop-down menu

Brows all benefits under **Health/Your Health Benefits**

- Health Eligibility & Enrollment
- Medical Plans & Prescription Overview
- Dental
- Vision
- Health Reimbursement Account (HRA)
- Flexible Spending Account (FSA)
- Critical Illness Insurance
- Plan Documents (Summary Plan Descriptions)

Be on the lookout for weekly emails with important info, reminders, and links on the topics of today’s session.
REQUIRED LEGAL DISCLOSURES

- This presentation has been prepared for you to use as an at-a-glance reference for some of your benefit plans. It is intended for summary purposes only.
- In all cases only the official plan documents control the administration and operation of the plans.
- SNL reserves the right to amend or terminate benefits at any time.
- This material is for informational purposes only. Contact your accountant, attorney, and financial advisor for individual advice.

Go to hr.sandia.gov for official plan documents