

Benefits Choices 2008

Open Enrollment is Oct. 20-Nov. 9

It's time to make your benefits decisions for the coming calendar year. Benefits Choices 2008 Open Enrollment will be held Oct. 20 through Nov. 9. Benefit elections will not be accepted after midnight (MST) Nov. 9. All benefit elections take effect Jan. 1, 2008.

This article provides you with important Open Enrollment (OE) information for employees and retirees and the 2008 health plan monthly premium-share amounts. By reading this article along with other Open Enrollment communication materials (employee newsletter, Open Enrollment web site, retiree booklet), and understanding the benefit options available to you, you should be able to evaluate and select the plan options that best meet your needs.

For Benefits Choices 2008 web-based Open Enrollment information and resources, visit HR Self-Service at <http://oe.sandia.gov>.

What's new for employees in 2008

Health, Benefits, and Employee Services (HBE) wants to

point out two items that are important for you to take note of during this Open Enrollment. **First**, effective Jan. 1, 2008, for employees enrolled in one of the UnitedHealthcare (UHC) medical plans, the administrator for your prescription drug benefit is changing from PharmaCare to Catalyst Rx. For detailed information, check out the article "Important Rx Drug Benefit Information for UnitedHealthcare Members" on page 10

Second, a change to the vacation borrowing rule for nonrepresented employees, effective Jan. 1, 2008, will limit the number of "borrowed" hours to 40. "Borrowing Vacation" is vacation hours taken in excess of accruals plus remaining eligibility, putting the employee in a negative balance situation. Years of service are taken into account when determining if the employee is in a borrowing situation. Employees on roll for 10-plus years are in a borrowing situation when their vacation balance and fiscal year projection is negative. Employees on roll less than 10 years are

More benefits information

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in a borrowing situation when their vacation balance and any earned but not yet posted vacation is negative. In either case, when the balance is negative, the employee is in a borrowing situation and limited to 40 hours.

Most employees in a negative vacation balance are negative by less than 40 hours. But for those who find themselves needing more time off, Sandia offers other options such as excused unpaid absences, Vacation Donation (for qualifying emergencies), and **Vacation Buy Plan** — an Open Enrollment option.

Retiree information begins on page 7

Steps to take during Open Enrollment . . .

- 1) Review your current benefits under "Benefits Summary" on the HR Self-Service internal home page
- 2) Review the Open Enrollment newsletter and view the Open Enrollment information on the web (<http://oe.sandia.gov>) at work or at home, and evaluate how you want to coordinate benefits with your spouse's benefits (received through his/her employer). Employees will find on the web a wealth of information and tools to assist with benefit selections available this coming year.
- 3) Attend a benefits fair to speak with the vendors and/or Sandia staff. (See page 10 for benefits fair schedules.)
- 4) Determine whether you need to use the web-based Open Enrollment application according to the table at right.

Helpful tip: Remember to print the "Enrollment Summary Page" as a record of your final selections.

Plan ahead — some questions to ask:

- Do I need to add or drop any dependents? Detailed information about eligibility is available on the OE website. Remember, changes made during Open Enrollment are effective Jan. 1, 2008.
 - (If married to another Sandian) — Am I satisfied with the current coverage arrangement? Remember that both Sandians must make these changes through the web-based Open Enrollment system. **Note:** If an active employee is covered as a dependent of a Sandia retiree, the employee will be enrolled in the applicable retiree plan.
 - Do I want to open up a Day Care Reimbursement Spending Account (RSA) for my child's day care next year? Review the Payflex Tax Wizard (www.mypayflex.com) or RSA Summary Plan Description worksheet to determine whether an account or the tax credit is best for you. Remember that these accounts require an election each year.
 - Do I expect to have health plan expenses (medical, dental, and vision) that will exceed \$100 during the next calendar year? Does my child need orthodontic treatment next year? Am I getting LASIK surgery? If so, should I open up a Health Care Reimbursement Spending Account? Remember that these accounts require an election each year.
 - Am I satisfied with my medical plan? Is my physician still in the network? If you are thinking about changing medical plans, you should visit the vendor's website to review the list of network providers.
- For many people, cost is one of the key factors in choosing a medical plan. The Medical Plan Estimator is specifically designed to help you estimate that cost, looking at both:
- What you are likely to pay for the services and supplies you

need during the year; and

- The amount that comes out of your paycheck when you enroll in the Sandia Medical Plan.

You can find the Medical Plan Estimator online at <http://oe.sandia.gov>.

- Am I satisfied with my current dental plan? Do I have too much coverage or not enough? Remember that current Dental Deluxe Plan (DDP) participants will automatically be reenrolled as participants in DDP for 2008 unless the participants change their dental coverage to the Dental Expense Plan (DEP) through the HR Self-Service Web Open Enrollment System during the Open Enrollment period.
- Do I have enough Voluntary Group Accident insurance, or do I have too much?
- Am I interested in purchasing vacation under the Vacation Buy Plan? Remember that this Plan requires an election each year.
- Am I retiring next year, and if so, how does this affect my choices? If you are retiring next year, you might want to visit the Open Enrollment website for retirees at <http://oe.sandia.gov> to become familiar with plan options and premium-sharing provisions for retirees.

HR Self-Service — web enrollment continues for Open Enrollment 2008

Employees can locate the web enrollment tool through HR Self-Service or through the OE Web Teaser on the Sandia home page.

Do you need to use the Web-Based Open Enrollment Application? Use this chart to decide . . .

	TAKE ACTION	NO ACTION
Medical Coverage	<ul style="list-style-type: none"> • To enroll if not currently enrolled • To change your current medical plan • To add or disenroll a dependent • To waive coverage 	<ul style="list-style-type: none"> • No change in your current medical coverage
Dental Coverage	<ul style="list-style-type: none"> • To enroll if not currently enrolled • To change your current dental plan • To add or disenroll a dependent • To waive coverage 	<ul style="list-style-type: none"> • No change in your current dental coverage
Vision Coverage	<ul style="list-style-type: none"> • To enroll if not currently enrolled • To add or disenroll a dependent • To waive coverage 	<ul style="list-style-type: none"> • No change in your current vision coverage
Reimbursement Spending Accounts (RSA)	<ul style="list-style-type: none"> • To enroll in a Health Care RSA for 2008 (even if you participated in 2007) • To enroll in a Day Care RSA for 2008 (even if you participated in 2007) 	<ul style="list-style-type: none"> • To not be enrolled for 2008
Vacation Buy Plan	<ul style="list-style-type: none"> • To enroll for 2008 (even if you participated in 2007) 	<ul style="list-style-type: none"> • To not be enrolled for 2008
Voluntary Group Accident Insurance (VGA)	<ul style="list-style-type: none"> • To enroll, disenroll or change coverage 	<ul style="list-style-type: none"> • No change in your Voluntary Group Accident Insurance Coverage

Important: It is your responsibility to thoroughly review your benefit enrollments for 2008 through the web page "PeopleSoft Open Enrollment" from Oct. 20-Nov. 9. This will be your only opportunity to make changes. HBE recommends that you print the "Enrollment Summary Page" as a record of your final selections.

Make your choices early, so that you don't forget to enroll if you need to!

2008 employee medical plan options; same choices as 2007

This section outlines the medical plan choices for 2008 for employees, which are the same choices that were offered for 2007. To view detailed plan information, see the Medical Plan Comparison Chart and/or applicable Summary Plan Description at the OE website (<http://oe.sandia.gov>) outlining specific plan designs/features of the various options.

Retiree information begins on next page

Dental plan information is on page 10

Employee	UnitedHealthcare Premier PPO	CIGNA Premier PPO	UnitedHealthcare Standard PPO	CIGNA In-Network	Kaiser HMO (CA only)
Type of Plan	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Health Maintenance Organization Look-Alike	Health Maintenance Organization (HMO)
Provider Network in New Mexico	Presbyterian UNMH Independent providers	Lovelace Health System UNMH Independent providers	Presbyterian UNMH Independent providers	Lovelace Health System UNMH Independent providers	Not applicable
In/Out of Network Coverage	Both	Both	Both	In-network only	In-network only
Referrals to specialists required	No	No	No	No	For some services
Plan Design	Primarily coinsurance Out-of-network deductible	Primarily coinsurance Out-of-network deductible	Primarily coinsurance In- and out-of-network deductible	Copays No deductible	Copays No deductible
Plan Changes for 2008	None	None	None	None	None

More information

Open Enrollment website:

<http://oe.sandia.gov> (for employees and retirees)
The open enrollment website will go active with 2008 Benefits Choices content on Oct. 3.

Sandia Labs Customer Service

Note: Many questions regarding Sandia health, benefits, and employee services issues can be addressed directly online via the HBE Customer Service website at <http://hbe.sandia.gov>.

• (NM) Benefits Customer Service Center, Hours: 8 a.m.-4:30 p.m. 505-844-HBES (4237) or 1-800-417-2634, ext. 844-HBES (4237)

• (CA) Benefits Helpline — 925-294-225



Employee medical premium sharing — Effective Jan. 1, 2008

Good news from the Benefits Department for nonrepresented UHC and CIGNA PPO members! The premium-share amounts for the UnitedHealthcare (UHC) Standard PPO Plan, the UHC Premier PPO Plan, and the CIGNA Premier PPO Plan are essentially staying flat for 2008.

For nonrepresented employees, the CIGNA In-Network premium-share amounts are increasing on average by 5 percent. The CIGNA In-Network Plan required a rate adjustment, as it has been determined that the relative richness (or “value”) of the benefits of this Plan is actually slightly higher than the Premier plans (i.e., the other self-insured plans). Note: Individual plan rates for the self-insured plans are set to reflect the “value” of the plans (e.g., plan design, in/out-of-network benefits).

Represented employee premium shares are established according to the provisions in the applicable bargaining agreements.

Kaiser members will see significant increases in their premium-share amounts. While the self-insured plans’ costs have moderated through better vendor discounts and plan design changes, the insured rates for the Kaiser plan have increased by almost 25 percent over the last two years. The plan design offered by Kaiser is an “off-the-shelf” product and is developed by Kaiser. Therefore, due to the increased premiums charged to Sandia for the Kaiser HMO, the premium-share rates have been adjusted to better reflect the cost of that plan and have now been aligned with the CIGNA In-Network Plan.

For more information about monthly premium share (Class II, Retiree, Domestic Partner, etc.), visit the HR Self-Service Open Enrollment website at www.sandia.gov/resources/emp-ret/emp-oe.

Represented employees

The table below provides the monthly premium-share amounts for represented employees for each of the plans.

Medical plan and coverage	
UnitedHealthcare Standard PPO plan	
Employee only	\$53
Employee and child(ren)	\$96
Employee and spouse	\$109
Employee, spouse, and child(ren)	\$155
CIGNA In-Network plan	
Employee only	\$64
Employee and child(ren)	\$114
Employee and spouse	\$130
Employee, spouse, and child(ren)	\$184
CIGNA Premier PPO plan	
Employee only	\$63
Employee and child(ren)	\$113
Employee and spouse	\$129
Employee, spouse, and child(ren)	\$182
UnitedHealthcare Premier PPO plan	
Employee only	\$63
Employee and child(ren)	\$113
Employee and spouse	\$129
Employee, spouse, & child(ren)	\$182

Nonrepresented employees

The table below provides the monthly premium-share amounts for nonrepresented employees for each of the plans.

Medical plan and coverage	Tier 1*	Tier 2**	Tier 3†
CIGNA In-Network plan			
Employee only	\$69	\$85	\$101
Employee and child(ren)	\$124	\$153	\$182
Employee and spouse	\$142	\$175	\$208
Employee, spouse, and child(ren)	\$200	\$247	\$294
CIGNA Premier PPO plan			
Employee only	\$65	\$81	\$97
Employee and child(ren)	\$117	\$146	\$175
Employee and spouse	\$134	\$167	\$200
Employee, spouse, and child(ren)	\$189	\$236	\$283
UnitedHealthcare Standard PPO plan			
Employee only	\$7	\$23	\$39
Employee and child(ren)	\$13	\$42	\$71
Employee and spouse	\$15	\$48	\$81
Employee, spouse, and child(ren)	\$21	\$68	\$115
UnitedHealthcare Premier PPO plan			
Employee only	\$65	\$81	\$97
Employee and child(ren)	\$117	\$146	\$175
Employee and spouse	\$134	\$167	\$200
Employee, spouse, and child(ren)	\$189	\$236	\$283
Kaiser Permanente HMO plan (CA)			
Employee only	\$69	\$85	\$101
Employee and child(ren)	\$124	\$153	\$182
Employee and spouse	\$142	\$175	\$208
Employee, spouse, and child(ren)	\$200	\$247	\$294

* Tier 1: Base salary of up to \$75,000 as of January 1, 2008

** Tier 2: Base salary of \$75,001 to \$150,000 as of January 1, 2008

† Tier 3: Base salary of over \$150,000 as of January 1, 2008

Important: Employees are required to determine if their dependent qualifies as a qualified dependent under Internal Revenue Code Section 152 guidelines for the purpose of health care coverage. If your dependent is not a qualified dependent under the tax code, you are required to contact the Benefits Department to determine whether any imputed income may apply for that nonqualified dependent.



Retiree Open Enrollment information for 2008

What's new for retirees for 2008?

HBE wants to point out two very important changes for you to take note of during this Open Enrollment.

First, effective Jan. 1, 2008, for retirees enrolled in one of the UnitedHealthcare (UHC) Premier and Senior PPO medical plans, the administrator for your prescription drug benefit is changing from PharmaCare to Catalyst Rx. For detailed information see “Important Rx Drug benefit information for UnitedHealthcare members” on page 10. This change does not apply to retirees enrolled in the UnitedHealthcare (UHC) High Deductible Health Plan.

Second, new combo families (mixed Medicare primary

and non-Medicare primary) enrollment will be restricted. This means new enrollment to the Presbyterian MediCare PPO and Lovelace Senior Plan is only offered to individuals and families where all family members are Medicare Primary. Families already enrolled in the combination plans (UHC Premier PPO Plan with Presbyterian MediCare, or CIGNA Premier PPO/CIGNA In-Network paired with Lovelace Senior Plan) will be grandfathered.

Retirees will continue to receive an Open Enrollment booklet as well as a Medical Plan Comparison chart. If you want to make any changes for 2008, you will need to complete the Open Enrollment Change Form included in your Open Enrollment booklet and mail it

to the Sandia Benefits Department (postmarked by midnight Nov. 9). Look for your Benefits Choices Open Enrollment packet to arrive at your home address (for retirees and survivors) the week of Oct. 15. If you do not receive a booklet, contact the HBE Customer Service Center at 505-844-HBES (4237).

Note: If you make a change during Open Enrollment, you will receive a confirmation mailed to your home; otherwise you will not receive a confirmation after Open Enrollment ends. For medical plan information/changes, refer to the section titled Retiree Medical Plan Options. Also, refer to Retiree Medical Premium-Sharing for information on 2008 monthly premiums.

Steps for retirees to take during Open Enrollment

1) Review the Open Enrollment booklet carefully to learn of any changes in your benefits and premium-share increases and/or to identify any changes in benefits you want to make.

2) Attend an Open Enrollment presentation (schedule on page 10) to learn more about the plans and/or to talk to a medical plan representative (where available).

3) Determine whether you need to complete the Open Enrollment Benefit Change Form located in your Open Enrollment booklet according to the table below.

IMPORTANT: If you do not want to make any changes, you do not need to do anything. Your coverage(s) and dependent selections will continue into 2008.

Plan ahead — some questions to ask

- Do I need to add or drop any dependents? Detailed information about eligibility is included in the Retiree Open Enrollment booklet. Remember changes made during Open Enrollment are effective Jan. 1, 2008.

- Am I satisfied with my medical plan? Is my physician still in the network? If you are thinking about changing medical plans, you should review the vendor's website to

review the list of network providers.

For many people, cost is one of the key factors in choosing a medical plan. The Medical Plan Estimator is specifically designed to help you estimate that cost and is available to Non-Medicare Retirees. The tool can assist you in looking at both:

- What you are likely to pay for the services and supplies you need during the year; and

- The amount that comes out of your paycheck when you enroll in the Sandia Medical Plan.

You can find the Medical Plan Estimator online at www.sandia.gov/resources/emp-ret/ret-oe.

- (If married to another Sandian) — Am I satisfied with the current coverage arrangement? Remember that both Sandians must make these changes through

the paper-based Open Enrollment Benefit Change Form and/or web-based Open Enrollment system. Note: If a retiree is a dependent of an employee, the retiree will be enrolled in the applicable employee plan.

- Am I or my spouse turning 65 next year? How does this affect my medical coverage under the different plans? Do I want to switch medical plans based on changes in coverage?

Make your choices early, so that you don't forget to enroll if you need to!

	TAKE ACTION	NO ACTION
Medical Coverage	<ul style="list-style-type: none"> • To enroll if not currently enrolled • To change your current medical plan • To add or disenroll a dependent • To waive coverage 	<ul style="list-style-type: none"> • To continue coverage under current plan • If you waived coverage previously and wish to remain in this status
Dental Coverage	<ul style="list-style-type: none"> • To enroll if not currently enrolled • To add or disenroll a dependent • To waive coverage 	<ul style="list-style-type: none"> • If you waived coverage previously and wish to remain in this status

2008 retiree medical plan options: Medicare and non-Medicare

This section outlines the medical plan choices for 2008 for retirees which are the same choices that were offered for 2007. To view detailed plan information, see the Medical Plan Comparison Grid, the Retiree Open Enrollment booklet, and/or applicable

Summary Plan Description at the OE website outlining specific plan designs/features of the various options.

Need answers? See the benefits fair schedule on page 10

Non-Medicare	UnitedHealthcare Premier PPO	CIGNA Premier PPO	UHC High Deductible Health Plan	CIGNA In-Network	Kaiser HMO (CA only)
Type of Plan	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Health Maintenance Organization Look Alike	Health Maintenance Organization (HMO)
Provider Network in New Mexico	Presbyterian UNMH Independent providers	Lovelace Health System UNMH Independent providers	Presbyterian UNMH Independent providers	Lovelace Health System UNMH Independent providers	Not applicable
In/Out of Network Coverage	Both	Both	Both	In-Network only	In-Network only
Referrals to specialists required	No	No	No	No	For some services
Plan Design	Primarily coinsurance	Primarily coinsurance	Coinsurance	Copays	Copays
	In and Out-of-network deductible	In and Out-of-network deductible	In and out-of-network deductible	No deductible	No deductible
Compatible with Health Savings Account	No	No	Yes	No	No
Plan Changes for 2008	None	None	None	None	None

Medicare	UnitedHealthcare Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian Medicare PPO (NM only)	Lovelace Senior Plan (NM only)	Kaiser Senior Advantage (CA only)
Type of Plan	Preferred Provider Organization (PPO)	Preferred Provider Organization (PPO)	Medicare Advantage Preferred Provider Organization (PPO)	Medicare Advantage Health Maintenance Organization (HMO)	Medicare Advantage Health Maintenance Organization (HMO)
Provider Network in New Mexico	Presbyterian UNMH Independent providers	Lovelace Health System UNMH Independent providers	Presbyterian	Lovelace Health System	Not applicable
In/Out of Network Coverage	Both	Both	Both	In-Network only	In-Network only
Referrals to specialists required	No	No	No	No	For some services
Plan Design	Primarily coinsurance	Primarily coinsurance	Copays	Copays	Copays
Plan Changes for 2008	None	None	* (see below)	* (see below)	None

Retiree medical plan premium sharing — effective Jan. 1, 2008

Retiree premiums vary based on when you retired, your years of service at the time you retired, as well as the plan and the level of coverage you choose

Important: Retirees are required to determine if their dependent qualifies as a qualified dependent under Internal Revenue Code Section 152 guidelines for purposes of health care coverage (seek advice from your tax adviser). If your dependent is not a qualified dependent under the tax code, you are required to contact the Benefits Department to determine whether any imputed income may apply for that nonqualified dependent.

Employees who retired prior to Jan. 1, 1995

Employees who retired prior to Jan. 1, 1995, will not be required to pay a premium share for themselves or any eligible Class I dependents at this time. (Exception: Retirees who retired prior to Jan. 1, 1995, but who currently pay a portion of their medical coverage will continue to do so.)

Employees who retired after Dec. 31, 1994, and before Jan. 1, 2003

Employees who retired after Dec. 31, 1994, pay a

* Plan Changes: Presbyterian Medicare PPO (NM only)

- In-Network:**
- Mental Health/Substance Abuse Office Visit from \$20 to \$25 copay.
 - Outpatient Rehab (Cardiac) from \$10 to \$0 copay.
 - Dental (Medicare-covered) from \$20 to \$25 copay.
 - Hearing Services (Medicare-covered) from \$20 to \$25 copay.
 - Hearing Services (Routine) from \$20 to \$25 copay.
 - Vision Services (Medicare-covered) from \$20 to \$25 copay.
 - Vision Services (Routine) from \$20 to \$25 copay.
 - Chiropractic (Routine) not covered.
- Out-of-Network:**
- Skilled Nursing Facility (days 21 to 100) from \$115 per day to \$125 per day.
 - PCP Office Visit from \$25 to \$30 copay.
 - Chiropractic (Medicare-covered) from \$35 to \$50 copay.

- Podiatry (Medicare-covered) from \$35 to \$50 copay.
 - Urgent Care from \$40 to \$50 copay.
 - Outpatient Rehab (non-cardiac) from \$25 to \$30 copay.
 - Outpatient Rehab (Cardiac) from \$25 to \$30 copay.
 - DME/Prosthetics from \$25 to \$40 copay.
 - Hearing Services (Medicare-covered) from \$35 to \$50 copay.
 - Hearing Services (Routine) from \$35 to \$50 copay.
- Prescription Drugs (Part D)**
- Generic (Retail) remains at \$5 copay.
 - Preferred Brand Name (Retail) from \$20 to \$35 copay.
 - Non-preferred Brand (Retail) from \$45 to \$55 copay.
 - Generic (Mail Order) remains at \$10 copay.
 - Preferred Brand Name (Mail Order) from \$50 to \$87.50 copay.
 - Non-preferred Brand (Mail Order) from \$135 to \$165 copay.

* Plan Changes: Lovelace Senior Plan (NM only)

- Outpatient Surgery from \$75 to \$50 copay.
- DME (Oxygen) from \$20 per month to \$0 per month.
- Prescription Drugs (Part D):
 - Preferred Generic (Retail) from \$10 to \$5 copay.
 - Preferred Brand Name (Retail) from \$20 to \$32 copay.
 - Non-Preferred Brand (Retail) from \$40 to \$62 copay.
 - Specialty Drugs (Retail) \$40 to \$62 copay.
 - Insulin (Novolin or Novolog) from Tier 2 to Tier 1 coverage
- Sleep Studies-Testing:
 - Daytime study from \$0 to \$50 copay.
 - Overnight study from \$0 to \$150 copay.
- "Bridges in Medicine" program cancelled.
 - Acupuncture \$15 copay, limit 20 visits per calendar year

monthly premium for coverage in Sandia's medical plans. The monthly premium-share amount will be deducted from your pension check. Use Table A to find your rate for your selected plans.

Employees Who Retired After Dec. 31, 2002

Employees who retired after Dec. 31, 2002, pay a percentage of the full premium based on their term of employment. The monthly premium-share amount will be deducted from your pension check.

- Use Table A if you retired with 30-plus years

- Use Table B if you retired with 25-29 years
- Use Table C if you retired with 20-24 years
- Use Table D if you retired with 15-19 years
- Use Table E if you retired with 10-14 years

See below and next page for retiree medical plan premium sharing tables

Retiree medical plan premium sharing tables for 2008

Retirees should use the tables here (Tables B-E are on the next page) to calculate their monthly premium sharing cost for medical insurance in

calendar year 2008. The applicable monthly premium share amount will be deducted from your pension check.

Table A (includes the 3 tables below)

Employees who retired after 12/31/1994 and before 1/1/03 OR after 1/1/03 with 30 or more years of service

Medicare Family (everyone in your family is Medicare primary)					
Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian Medicare PPO	Lovelace Senior Plan	Kaiser Permanente Senior Advantage
1	\$23	\$22	\$15	\$6	\$25
2	\$45	\$45	\$30	\$13	\$50
Non-Medicare Family (no one in your family is Medicare primary)					
Number of Non-Medicare	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	\$73	\$61	\$72	\$72	\$61
2	\$145	\$122	\$144	\$144	\$123
3	\$218	\$183	\$216	\$216	\$173

Table A

Mixed Medicare and Non-Medicare Family (Your family has both Medicare primary and non-Medicare primary members)									
Medicare Plan:		UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian Medicare PPO	Presbyterian Medicare PPO	Lovelace Senior Plan	Lovelace Senior Plan	Kaiser Permanente Senior Advantage
Non-Medicare Plan:		UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
Number of Medicare	Number of Non-Medicare								
1	1	\$95	\$83	\$94	\$88	\$76	\$78	\$78	\$86
2	1	\$118	\$106	\$117	\$102	\$91	\$85	\$85	\$101
1	2	\$168	\$144	\$167	\$160	\$137	\$151	\$150	\$137

Table A

Who should use this table?

Employees who retired after Dec. 31, 1994, and before Jan. 1, 2003

Employees who retired after Dec. 31, 1994 and before Jan. 1, 2003, pay a monthly premium for coverage in Sandia's medical plans. The monthly premium-share amount will be deducted from your pension check. Use Table A to find your rate for your selected plans.

Also . . .

Employees who retired after Dec. 31, 2002, and retired with 30+ years of service

More retiree premium sharing tables on next page . . .

Retiree medical plan premium sharing tables for 2008

Retirees should use the tables here (Table A is on the preceding page) to calculate their monthly premium sharing cost for medical insurance in calendar year 2008. The applicable monthly premium share amount will be deducted from your pension check.

Table B →

Who should use this table?

Employees who retired after Dec. 31, 2002, and retired with 25-29 years of service.

Table B
Employees who retired after 12/31/2002 with 25-29 years

Medicare Family (everyone in your family is Medicare primary)									
Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO	Lovelace Senior Plan	Kaiser Permanente Senior Advantage				
1	\$34	\$33	\$22	\$10	\$38				
2	\$68	\$67	\$45	\$19	\$75				
Non-Medicare Family (no one in your family is Medicare primary)									
Number of Non-Medicare	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO				
1	\$109	\$91	\$108	\$108	\$92				
2	\$218	\$183	\$216	\$216	\$184				
3	\$327	\$274	\$325	\$324	\$260				
Mixed Medicare and Non-Medicare Family (your family has both Medicare primary and non-Medicare primary members)									
Medicare Plan:		UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO	Presbyterian MediCare PPO	Lovelace Senior Plan	Lovelace Senior Plan	Kaiser Permanente Senior Advantage
Non-Medicare Plan:		UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
Number of Medicare	Number of Non-Medicare								
1	1	\$143	\$125	\$142	\$131	\$114	\$118	\$118	\$130
2	1	\$176	\$159	\$175	\$154	\$136	\$127	\$127	\$152
1	2	\$252	\$216	\$250	\$240	\$205	\$226	\$226	\$206

Table B

Table C

Table C

Employees who retired after 12/31/2002 with 20-24 years

Medicare Family (everyone in your family is Medicare primary)									
Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO	Lovelace Senior Plan	Kaiser Permanente Senior Advantage				
1	\$56	\$56	\$37	\$16	\$63				
2	\$113	\$112	\$75	\$32	\$126				
Non-Medicare Family (no one in your family is Medicare primary)									
Number of Non-Medicare	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO				
1	\$182	\$152	\$180	\$180	\$153				
2	\$363	\$305	\$361	\$360	\$307				
3	\$545	\$457	\$541	\$540	\$434				
Mixed Medicare and Non-Medicare Family (your family has both Medicare primary and non-Medicare primary members)									
Medicare Plan:		UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO	Presbyterian MediCare PPO	Lovelace Senior Plan	Lovelace Senior Plan	Kaiser Permanente Senior Advantage
Non-Medicare Plan:		UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
Number of Medicare	Number of Non-Medicare								
1	1	\$238	\$209	\$236	\$229	\$190	\$196	\$196	\$216
2	1	\$294	\$265	\$292	\$256	\$227	\$212	\$212	\$253
1	2	\$419	\$361	\$417	\$400	\$342	\$377	\$376	\$343

← **Table C**

Who should use this table?

Employees who retired after Dec. 31, 2002, and retired with 20-24 years of service.

Table D →

Who should use this table?

Employees who retired after Dec. 31, 2002, and retired with 15-19 years of service.

Table D
Employees who retired after 12/31/2002 with 15-19 years

Medicare Family (everyone in your family is Medicare primary)									
Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO	Lovelace Senior Plan	Kaiser Permanente Senior Advantage				
1	\$79	\$78	\$52	\$22	\$88				
2	\$158	\$156	\$104	\$45	\$176				
Non-Medicare Family (no one in your family is Medicare primary)									
Number of Non-Medicare	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO				
1	\$254	\$213	\$252	\$252	\$215				
2	\$508	\$426	\$505	\$504	\$429				
3	\$762	\$639	\$757	\$756	\$607				
Mixed Medicare and Non-Medicare Family (your family has both Medicare primary and non-Medicare primary members)									
Medicare Plan:		UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO	Presbyterian MediCare PPO	Lovelace Senior Plan	Lovelace Senior Plan	Kaiser Permanente Senior Advantage
Non-Medicare Plan:		UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
Number of Medicare	Number of Non-Medicare								
1	1	\$333	\$292	\$330	\$306	\$265	\$275	\$274	\$303
2	1	\$412	\$371	\$408	\$358	\$317	\$297	\$297	\$354
1	2	\$587	\$505	\$583	\$560	\$478	\$527	\$527	\$481

Table D

Table E

Table E

Employees who retired after 12/31/2002 with 10-14 years

Medicare Family (everyone in your family is Medicare primary)									
Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO	Lovelace Senior Plan	Kaiser Permanente Senior Advantage				
1	\$101	\$100	\$67	\$29	\$113				
2	\$203	\$201	\$134	\$57	\$226				
Non-Medicare Family (no one in your family is Medicare primary)									
Number of Non-Medicare	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO				
1	\$327	\$274	\$324	\$324	\$276				
2	\$653	\$548	\$649	\$648	\$552				
3	\$980	\$822	\$974	\$972	\$781				
Mixed Medicare and Non-Medicare Family (your family has both Medicare primary and non-Medicare primary members)									
Medicare Plan:		UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO	Presbyterian MediCare PPO	Lovelace Senior Plan	Lovelace Senior Plan	Kaiser Permanente Senior Advantage
Non-Medicare Plan:		UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
Number of Medicare	Number of Non-Medicare								
1	1	\$428	\$375	\$425	\$394	\$341	\$353	\$353	\$389
2	1	\$529	\$477	\$525	\$461	\$408	\$382	\$381	\$455
1	2	\$755	\$649	\$750	\$720	\$615	\$678	\$677	\$618

← **Table E**

Who should use this table?

Employees who retired after Dec. 31, 2002, and retired with 10-14 years of service.

Important Rx drug benefit information for UnitedHealthcare members

Effective Jan. 1, 2008, members enrolled in one of the UnitedHealthcare (UHC) medical plans will receive their prescription drug benefit from Catalyst Rx rather than PharmaCare. Retirees enrolled in the UHC High Deductible Health Plan will continue to obtain their prescription drug benefits through UHC.

Catalyst Rx brings very competitive pricing that should help Sandia manage copay increases in the future. In addition, Catalyst Rx provides the highest level of customer service among the top 10 pharmacy benefit managers in the industry (according to a recent industry survey of employer groups). Catalyst Rx also coordinates with PayFlex, Sandia's Reimbursement Spending Account (RSA) administrator, to minimize the need for UHC members to submit prescription drug expenses to PayFlex for verification purposes under the tax code.

The benefits Welcome Kit members receive in December will contain new ID cards to use at the pharmacy. All covered members will be listed on the ID card and, to help prevent identify theft, the new cards will include unique Catalyst Rx member ID numbers.

Although the copay structure for 2008 is not changing, it is important to note that each administrator has its own preferred drug list; therefore, the cost for prescription drugs could change. The preferred drug list identifies which brand-name drugs will be dispensed at the lower copay. Review the Catalyst Rx preferred drug list to find out the preferred/non-preferred brand status of your drugs. The list will be available beginning Oct. 20 at www.catalystrx.com (user id and password is SNL).

Information on mail order prescription refills currently on file with PharmaCare as well as other information will be mailed from Catalyst Rx and/or the Sandia Benefits department in the coming months.

Beginning Jan. 1, 2008, UHC members must present the Catalyst Rx ID card when using a retail network pharmacy.

If you use your EHS or PharmaCare ID card, your prescription will be rejected and you will have to pay the full price, which is not eligible for reimbursement. The majority (99%) of the retail network pharmacies that you regularly access will continue to be a part of the network with Catalyst Rx.

HBE listened and took action: The improved Medical Plan Estimator Tool is available!

HBE is delighted to announce that the Medical Plan Estimator Tool has been updated to make the tool more accurate and user friendly. Tool users provided feedback indicating that when using the previous tool, it was difficult to determine expected medical costs because the tool didn't allow users to split out dependent costs for each family member, and the tool did not accurately calculate deductibles and out-of-pocket costs.

Sandia HBE worked with the tool originator to enhance the tool. The new tool allows the employee to enter a basic health status indicator ("generally well," "some health needs," or "significant health needs") for each covered family member (employee, spouse, and children), and then it uses this information to map into a default expected number of medical services, again for each person. The defaults can either be used as they are presented for each person, or they can be edited. This upgrade provides more guidance during the input phase of the model. The tool has also been modified to more accurately calculate family-level deductibles and out-of-pocket costs. Another convenience for employees is quick access to a flexible spending account calculator, which was added as a new tab to the tool. This enhancement will help you decide how much you might set aside on a pre-tax basis to cover out-of-pocket health plan costs.

Check out the improved Medical Plan Estimator Tool at <http://oe.sandia.gov>. There is a link under the Resources section of the Employee and Retiree Open Enrollment websites.

Benefits fairs/presentations

Employee benefit fairs

This year, the Health, Benefits, and Employee Services Center will be hosting several benefit fairs for employees. Come and ask your benefit questions of the Sandia health plan vendors and/or the benefits staff. Have your blood pressure checked by Sandia's Preventive Health staff.

New Mexico

- Oct. 22 — Area IV, Bldg. 962 Auditorium, 9 a.m.–4 p.m., (MDT)
- Oct. 24 — Steve Schiff Auditorium Lobby, 9 a.m.–4 p.m., (MDT)
- Nov. 5 — Steve Schiff Auditorium Lobby, 9 a.m.–4 p.m., (MDT)
- Nov. 6 — (Tuesday), Sandia Laboratories FCU, 1301 Britt Street SE, Research Park, 10 a.m.–3 p.m. (MDT)

California

- Oct. 30 — Bldg. 905 Mezzanine, 10 a.m.–2 p.m. (PDT)

Retiree/Survivor Open Enrollment presentations

This year, the Health, Benefits, and Employee Services Center will be hosting several Open Enrollment presentations for retirees/survivors.

Albuquerque

All presentations at the Winrock Theatre, 201 Winrock Center (all times MDT)

Non-Medicare-Primary Presentations

- Oct. 23, 8-9:30 a.m. • Oct. 25, 10:30 a.m.-noon • Nov. 1, 8-9:30 a.m.

Medicare-Primary Presentations

- Oct. 23, 10:30 a.m.-noon • Oct. 25, 8-9:30 a.m. • Nov. 1, 10:30 a.m.-noon

Livermore

All presentations at the Doubletree Club Hotel, 720 Las Flores Road (all times PDT)

Non-Medicare-Primary Presentations

- Oct. 29, 8:30-10 a.m.

Medicare-Primary Presentations

- Oct. 29, 10-11:30 a.m.

Employee Dental Plan options

The Dental Expense Plan (DEP) is the company-paid dental plan for employees and their eligible dependents. DEP covers certain preventive and diagnostic services in full and offers basic reimbursement of covered restorative services with annual and lifetime maximums.

The Dental Deluxe Plan (DDP) is a voluntary, employee-paid option that covers certain preventive and diagnostic services in full and offers an increased (approximately 25 percent) reimbursement of covered restorative services, as well as increased annual and lifetime maximums.

Dental Plan	Monthly Premium Charge – effective 1/1/08
Dental Expense Plan	No charge—Company-paid
Dental Deluxe Plan	Employee \$20
	Employee plus one Class I dependent \$30
	Employee plus two or more Class I dependents \$38

• Plan changes for 2008: none

Helpful Tip

You can benefit by staying in-network when seeking dental service. By seeing a Delta Dental PPO provider, you can reduce your out-of-pocket costs by taking advantage of Delta's lower negotiated rates. Delta Dental Premier USA provider rates are also negotiated, but they are slightly higher. Regardless of the provider you choose, you will receive the same reimbursement from Sandia because the dental plans reimbursement is based on a scheduled benefit. For more information about your dental benefits and to locate an in-network provider, visit www.consumertoolkit.com.

Ready or not: Sandia prepares for Labs-wide inspection of ES&H programs

Over the next several months, Sandia will have an opportunity to sharpen its planning skills as it prepares for DOE's Office of Health, Safety, and Security (HSS), Office of Independent Oversight, HS-64, Labs-wide inspection of Sandia's Environmental, Safety, and Health (ES&H) programs, scheduled for late January 2008.

The inspection will evaluate all aspects of integrated safety management at Sandia, from how the Labs accepts changes to orders and laws to how the Integrated Safety Management System (ISMS) is integrated throughout the Labs. Every aspect of Sandia's processes for developing, deploying, implementing, and executing effective and integrated safety and environmental practices will be scrutinized.

"The effective implementation of an overall ES&H program into line operations is critical to ensuring operational excellence, which simply put, means doing things well across all our operations," says Center 4100 Director Phil Newman. "More importantly, however, is that integration of ES&H across the labs ensures the safety and welfare of the workforce while also protecting the environment.

"In the current budgetary climate," says Phil, "it is more important than ever that Sandia exhibit its commitment to running this laboratory in an efficient and safe manner."

Preparations for the inspection are already underway after a successful "kick-off" meeting on Sept. 5. The meeting teamed Sandia Director Champions with Sandia Site Office points of contact, 4100 Center managers and subject matter experts, and Line Implementation Working Group members. A list of topical areas anticipated for the inspection (see inset box) was compiled based on recent HS-64 inspections, Sandia issues from past external ES&H related inspections, and current ES&H performance issues.

Since the HS-64 inspection teams will focus on line implementation of ES&H

programs, these topical areas have designated Director Champions who will lead teams to determine the existence, adequacy, and level of compliance with ES&H programs across the Labs. Teams will routinely report status and evidence during periodic meetings. The intent is to self-identify strengths and weaknesses prior to the HS-64 inspection, demonstrating the ability to identify and resolve issues and document continuous improvement. By taking this approach, says Phil, the Labs can minimize the number of HS-64 findings and continue a process of self improvement.

The proposed schedule for the upcoming HS-64 inspection is:

- Scoping Visit — Dec. 11-12
- Onsite Planning — Jan. 14-18
- Data Collection — Jan. 28-Feb. 8
- Validation/Closeout - Feb. 26-28

Sandia VPs have been briefed and are actively preparing their divisions for the inspection. Additionally, a website, <http://gpweb.sandia.gov/HS64>, is under development to provide weekly information from subject matter experts to the Line concerning requirements, lessons learned, FAQs and answers, and successes as well as other useful information to help the line prepare.

"The ES&H organization appreciates all personnel supporting and preparing for this inspection," says Bob Brandhuber, senior manager for ES&H and Sandia's project leader for inspection preparation. "We have an opportunity to show DOE that we are in control of our own destiny at Sandia. We should take advantage of that opportunity by being ready and identifying our own areas for improvement with a actionable course of action that corrects any deficiencies discovered."

Any questions on the HS-64 Inspection should be directed to Bob Brandhuber at rbrandh@sandia.gov or 845-1237.

#	TOPICAL AREA
1	Essential Systems Functionality for Nuclear and Selected Non-nuclear Activities and Facilities
1A (SSO)	DOE Field Element Line Management Oversight
2	Line Operations
3	Management and Feedback and Improvement (CAS) & Self Assessments
4	Work Planning and Control Core Functions of Integrated Safety Management (ISM)
5	Workplace Monitoring
6	Environmental Management Systems Impacts (EMS)
7	Safety Management for Pro Force Training
8	Safety System Component Procurement
9	Occupational Injury and Illness Investigations and Reporting
10	Electrical Safety and Lockout/Tagout (LOTO)
11	Construction and Facilities Safety
12	10CFR851 & Flow-down of Requirements to Subcontractors
13	Ergonomics, Slips, Trips and Falls
14	Explosives Inventory
15	Hoisting and Rigging
16	Radiation Protection