



October 20 - November 9, 2007

Medicare Retirees

Open Enrollment

Benefits Choices 2008



Sandia National Laboratories



What Should I Have Received in the Mail?

Packet including:

- **General Info Letter**
- **Annual Open Enrollment Booklet (2008)**
- **Medical Plans Comparison Chart**
- **Open Enrollment Change Form**
- **Overview of ID card info for UHC Senior Premier**



Presentation Topics

- What's New for 2008
- Choosing a Medical Plan
- 2008 Medical Overview
- How Medicare Works with Sandia's Plans
- Member Resources
- 2008 Dental Overview
- Open Enrollment Information
- Questions



What's New for 2008?

- New UHC ID cards which will “combine” families
- Catalyst Rx is replacing PharmaCare effective January 1, 2008, for UHC Senior Premier PPO members
- New enrollments of combo families (Medicare and non-Medicare members) in separate health plans (e.g., Presbyterian MediCare PPO and UHC Premier PPO) restricted
- Some copay amounts for Medicare Advantage Plans (Lovelace Senior Plan and Presbyterian MediCare) are changing
- “Bridges in Medicine” program cancelled for Lovelace Senior Plan



Choosing a Medical Plan



What to Consider When Choosing a Medical Plan

- **Provider networks (e.g. doctors, hospitals)**
- **Benefits coverage**
- **In-network and out-of-network coverage**
- **Copay vs. coinsurance payment for services**
- **Filing claims or not**
- **Preferred drug list under the plan**
- **Coverage while on travel**
- **Dependent coverage**
- **Premiums, if applicable**
- **Out-of-pocket maximum**





2008 Medical Plans Overview



Medical Plan Options

**UnitedHealthcare
Senior Premier
PPO Plan**

**CIGNA Senior
Premier
PPO Plan**

**Presbyterian
MediCare PPO
Plan**

**Lovelace Senior
Plan**

**For details, review your 2008
Open Enrollment Retiree
Booklet.**



Open Enrollment Coverage Options

Non-Medicare Member Plans	Medicare-Member Plans
UHC Premier PPO	UHC Senior Premier PPO
UHC High Deductible	UHC Senior Premier PPO
No corresponding plan	Presbyterian MediCare PPO
CIGNA Premier PPO	CIGNA Senior Premier PPO
CIGNA In-Network Plan	No corresponding plan
No corresponding plan	Lovelace Senior Plan



Summarized Plan Comparison

Plan Features	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare	Lovelace Senior Plan
Deductible (pay before plan coverage begins)	\$0	\$0	\$0	\$0
Payment Method	coinsurance	coinsurance	copay	copay
PCP Office Visit	20%	20%	\$10	\$5
Specialist Office Visit	20%	20%	\$25	\$20
Preventive Care	Yes	Yes	Yes	Yes
Annual Out-of-Pocket Maximum	\$1,000	\$1,000	n/a	n/a
Lifetime Maximum	\$150,000	\$150,000	n/a	n/a
Out of Network Coverage	Yes	Yes	Yes	No
New Mexico Hospitals	Presbyterian/ UNM	Lovelace/ UNM	Presbyterian	Lovelace



Summarized Plan Comparison

Plan Feature	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare	Lovelace Senior Plan
<u>Retail Rx Drug (maximum of 30 days supply)</u>				
Generic (20%)	\$6-\$12	\$6-\$12	\$5	\$5
Preferred Brand (30%)	\$25-\$40	\$25-\$40	\$35	\$32
Non-preferred Brand (40%)	\$40-\$60	\$40-\$60	\$55	\$62
<u>Mail Order (maximum of 90 days supply)</u>				
Generic	\$18	\$18	\$10	\$15
Preferred Brand	\$65	\$65	\$87.50	\$96
Non-preferred Brand	\$100	\$100	\$165	\$186



Medicare Advantage Plans (Lovelace Senior Plan and Presbyterian MediCare)

- Must be continuously enrolled in Medicare Part A and B
- Required to assign your Medicare benefits to the plan
 - Cannot be enrolled in one of these plans and another Medicare Advantage plan or another Medicare Part D plan at same time
 - Release of Medicare assignment if switching out of these plans (e.g., moving out of state) requires notification to Sandia Benefits at least six weeks prior or as soon as reasonably possible to avoid delays in release of your Medicare Assignment
- Must select PCP although referrals to specialists are not required
- Must inform health plan before moving or leaving the state for more than six months
- **Important:** if you enroll in one of these plans you must complete the application form sent by Lovelace or Presbyterian and return it to them **prior** to December 31, 2007
- Your plan benefits are described by the “Evidence of Coverage” document which is mailed to members in January by either Lovelace or Presbyterian



Out-of-Pocket Maximums (UHC and CIGNA Senior Premier)

- Prescription drug payments do **NOT** apply to the out-of-pocket maximums
- Coinsurance (e.g., 20%) does apply to the out-of-pocket maximum (with some exceptions)
- One annual out-of-pocket maximum for services from either in- and out-of-network providers



Out-of-Pocket Maximum (UHC and CIGNA Senior Premier)

How the out-of-pocket maximum works (2007 costs):

Hospital Care:

Days 1 – 60	You pay \$992 Medicare deductible	Plan applies \$992 to OOP maximum
Days 61 – 90	You pay \$8	Plan applies \$8 to OOP maximum and pays \$240 for day 61 and \$248 each day thereafter
Days 91 and beyond	You Pay \$0	Plan pays all costs for the remainder of the calendar year

Skilled Nursing Facility Care:

Days 1 – 20	\$0	(Medicare Approved)
Days 21 and beyond	You pay \$1000 for days 21 – 62 and plan pays \$4,084	Plan applies \$1000 to OOP maximum and pays \$116 for day 62 and all costs for the remainder of the calendar year



Emergencies, Urgent Care, Follow-up Care

- ❖ **Medicare does not cover services outside of the USA**
 - ❖ **Call 911 if you require immediate medical or surgical care**
 - ❖ **Call member services within 48 hours or as soon as reasonable possible if admitted**
-
- **If you are traveling and covered by UHC or CIGNA Plans:**
 - Emergencies and urgent care are covered worldwide
 - Follow-up care (outside USA) is covered in-network

 - **If you are traveling and covered by the Presbyterian MediCare or Lovelace Senior Plan**
 - Emergencies and urgent care are covered worldwide
 - Follow-up care under Lovelace Senior Plan is not covered (need to return to NM)
 - Follow-up care under Presbyterian MediCare PPO Plan
 - Follow up care (outside USA) is covered out-of-network
 - Follow-up care (within USA) is covered out-of-network



Catalyst Rx Changes

UHC Senior Premier

- Catalyst Rx replacing PharmaCare
- Catalyst has a different preferred drug list so the status of UHC members' drugs may change (e.g., from preferred to non-preferred)
- Retail pharmacy network will consist of 99% of the current network
- Mail Service will be provided by Walgreens Mail Service
 - Most prescriptions with open refills will be transferred to Catalyst/Walgreens
 - Certain prescriptions such as controlled substances cannot be transferred and will require a new prescription from your provider
 - Register with Walgreens Mail Service first before ordering refills through mail order



Catalyst Mail Order Form

Mail Service Pharmacy Tips

- Complete attached registration form.
- New prescriptions must be mailed to the mail service pharmacy or faxed from your doctor's office on the Walgreens Mail Service doctor fax form.
- For long-term medications you need right away, ask your doctor for two prescriptions—one for a small supply to fill at a participating retail pharmacy, and one for a long-term supply to fill through the mail.
- If two or more prescriptions are sent for multiple family members, the prescriptions will be shipped, as a single order, to an adult family member at the address given on the order form. If you prefer different shipping arrangements for privacy or other reasons, please contact our Customer Care Center.
- Most orders are shipped by U.S. Postal Service. Controlled substances may require an adult signature upon receipt. Packaging does not show any indication that medications are enclosed.
- Your prescription(s) may be filled for up to the plan days supply maximum when allowed by your physician, the law, and in accordance with pharmacy practice. Some medications may only be dispensed for the exact quantity as written by your physician.
- Include payment, if applicable to avoid any delays. Please do not send cash.
- Make checks payable to Walgreens Mail Service. Credit cards accepted.
- Allow 2 weeks for delivery.

Customer Care Center:
1-888-854-9851 (TTY: 1-800-573-1833)
Monday-Friday: 8:00 a.m.–10:00 p.m. (Eastern)
Saturday-Sunday: 9:00 a.m.–5:00 p.m. (Eastern)

Refills by Phone:
1-800-RX-REFILL (1-800-797-3345)
(en español: 1-800-773-5427)

Internet:
www.catalystrx.com

REGISTRATION & PRESCRIPTION ORDER FORM

Use back ink only. Enclose form with prescription(s) and payment.

Walgreens Mail Service Sandia National Laboratories



15600SANDIASNL001

MEMBER INFO.		<input type="checkbox"/> Male	<input type="checkbox"/> Patient; needs snap-on caps		
		<input type="checkbox"/> Female	<input type="checkbox"/> Patient; needs Spanish labels		
Group Number	S A I N D I A I	Intercom UPI#	SANDIA SNL001		
ID Number (from card)		Suffix or card			
Name (First, Last)		Date of Birth (MM/DD/YYYY)			
Shipping Address (Please do not use P.O. Box)		Daytime Phone			
City	State	ZIP Code	Evening Phone		
E-mail Address		Dr. Name	Dr. Phone (Required)		
ALLERGIES:		<input type="checkbox"/> No known	<input type="checkbox"/> 32-Cadaine		
		<input type="checkbox"/> 87-Sulfate	<input type="checkbox"/> 93-Tetracycline		
		<input type="checkbox"/> Other (list):			
HEALTH CONDITIONS:		<input type="checkbox"/> No known	<input type="checkbox"/> 200-Diabetes		
		<input type="checkbox"/> 400-Heart disease	<input type="checkbox"/> 500-Glaucoma		
		<input type="checkbox"/> 600-Stomach disorders	<input type="checkbox"/> 800-Hypertension		
		<input type="checkbox"/> 700-Thyroid disease	<input type="checkbox"/> 900-Arthritis		
		<input type="checkbox"/> Other (list):			
PAYMENT – CHECK OR CREDIT CARD (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS)					
It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. Walgreens Mail Service will dispense an FDA-approved generic equivalent whenever available, permitted by your prescriber, and allowable by law. If you do not want a generic equivalent, please call our Customer Care Center to advise.		Rx Type	No.	Cost (ea.)	Subtotal
		Generic		*	\$
		Brand		*	\$
					\$
Credit Card Number					
Credit Card Expiration (MM/YY)		*Please refer to your Plan Document or contact Catalyst Rx for copay amounts.			
Mail to: Walgreens Mail Service, P.O. Box 29061, Phoenix, AZ 85038-9061					

Turn page and complete duplicate on the other side of the form.

Thank you for your order.



Catalyst Rx Info

- **Welcome Kit mailed in mid-December (to UHC members)**
 - **Letter with general info**
 - **ID cards (1/single; 2/family)**
 - **Preferred drug listing (condensed version)**
 - **Pharmacies (major) listing**
 - **Registration and prescription form**

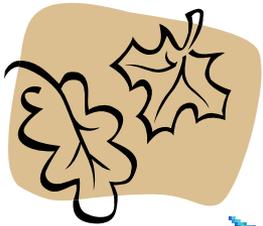
- Present your new Catalyst ID card when getting a new prescription beginning January 1, 2008
- Pharmacy Help Desk 1-866-854-8851 (available 24/7)
- Website www.catalystrx.com – Username: SNL Password: SNL
- Sandia external website at www.sandia.gov, Resources for..., Employees and Retirees, Summary Plan Descriptions, UHC Rx Info
- Catalyst reps available in lobby



What Do I Do When I Turn 65?

Within a few months before reaching age 65...

- Enroll in Medicare Parts A and B
- Approximately 2-3 months before age 65, you should receive information from Sandia Benefits and Medicare
- Retiree Medical Plan Options:
 - UHC Senior Premier PPO (complete Medicare crossover form)
 - CIGNA Senior Premier PPO
 - Lovelace Senior Plan (Sandia employer group)
- Coverage takes effect the first day of the month in which you reach age 65
- Contact Medicare or your local Social Security office for Medicare Parts A and B information





Continuation of Coverage for Surviving Spouse

Medical Coverage

- ❖ Coverage for surviving spouse and/or eligible dependents is provided for six months, after retiree's death, at the same premium-share rate that retiree paid
- ❖ To continue coverage after six months, surviving spouse and/or dependents must elect continuation prior to the end of this six-months period
- ❖ Continued coverage (7th month and beyond) cost is 50% of the full medical premium (see pg 41 of OE booklet).
- ❖ Continued coverage is available until surviving spouse remarries, dependent children become ineligible and/or coverage is terminated with Sandia



Continuation of Coverage for Surviving Spouse

Dental Coverage

- ❖ Dental coverage for surviving spouse and/or eligible dependents is discontinued at the end of the month of retiree's death
- ❖ Coverage may be temporarily continued (COBRA process), for up to thirty-six months, by paying the monthly, COBRA surviving spouse group rate (2008 single rate - \$38.00/month)



Health
Benefits
Employee Services

How Medicare Works with Sandia's Plans



Medicare Part D

- Part D is Medicare's Prescription Drug Plan
- Sandia's Retiree Medical Plan Option includes prescription drug coverage – NO NEED to enroll in an individual Part D plan
- Individual Part D Plan
 - Use your Part D plan first for prescription drug coverage
 - Submit your claim to Catalyst Rx (for UHC Senior Premier PPO members) or CIGNA for consideration of secondary coverage
 - Ex: If you pay \$10 for a drug through your Part D plan, you would submit a paper claim to either Catalyst Rx (UHC Senior Premier PPO members) or CIGNA and if an eligible drug, you would be reimbursed 50% of the copay so you would receive \$5 payment
- Individual Part D members pay two premiums
 - One to Part D vendor and one to Sandia (UHC or CIGNA members)
- Individual Part D members must disenroll from that plan to be eligible for the Medicare Advantage plans (LSP or Presbyterian MediCare) by December 31, 2007.



Medicare Part D

- You should have received a Notice of Creditable Coverage
 - This Notice ensures that you can enroll, without penalty, in an individual Part D plan if you lose coverage with Sandia
- Medicare does not allow double coverage by Medicare plans; therefore, your secondary coverage through Presbyterian MediCare and LSP will be dropped altogether
 - Medicare recognizes these plans as having prescription drug coverage; therefore, these plans do not provide the Part D Notice of Creditable Coverage

Note: The vast majority of Sandia retirees elected to participate in a Sandia Retiree Medical Plan Option with prescription drug coverage and chose not to purchase an individual Medicare Part D prescription drug plan.



Medicare Coordination of Benefits (UHC and CIGNA)

- Medicare is always the primary payer of benefits
- Sandia's plans are secondary payer of benefits
- After Medicare pays, the Sandia plan calculates what it would have paid if not for Medicare, and then subtracts what Medicare has paid and pays the difference
- Once a retiree has met the out-of-pocket maximum for the calendar year, the Sandia plan will pay the remaining balance of Medicare-eligible expenses that are not paid by Medicare and are eligible for benefits under these plans



COB: In-Network Example Specialist Office Visit

Medicare

Total Charge	Medicare Allowable	Medicare Deductible (Part B in 2008)	Balance After Deductible	Medicare Pays 80% After Deductible	Balance Due
\$325.00	\$300.00	\$135.00	\$165.00	\$132.00	\$168.00

UHC or CIGNA Coordination of Benefits

Total Charge	Medicare Allowable	Balance After Medicare	UHC or CIGNA Pays	Member Pays	Accumulated Annual Maximum
\$325.00	\$300.00	\$168.00	\$108.00	\$60.00	\$60.00

$$\$300.00 \times .8 = \$240 - \$132$$

$$\$300.00 - \$240.00$$



COB: In-Network Example Emergency Room Visit

Medicare

Total Charge	Medicare Allowable	Medicare Deductible	Balance After Deductible	Medicare Pays 80% After Deductible	Balance Due
\$600	\$450	Satisfied	\$450	\$360	\$90

UHC or CIGNA Coordination of Benefits

Total Charge	Medicare Allowable	Balance After Medicare	UHC or CIGNA Pays	Member Pays	Accumulated Annual Maximum
\$600	\$450	\$90	\$0	\$90	\$150

\$60 (from last claim) + \$90.



COB: In-Network Example Hospital Care

Medicare

Total Charge	Medicare Allowable	Medicare Deductible (Part A in 2008)	Balance After Deductible	Medicare Coverage	Balance Due
\$0	Days 1-60	\$1,024	\$0	Full	\$1,024

UHC or CIGNA Coordination of Benefits

Total Charge	Medicare Allowable	Balance After Medicare	UHC or CIGNA Pays	Member Pays	Accumulated Annual Maximum
\$0	Days 1-60	\$1,024	\$174	\$850	\$1,000
\$256 per day	Days 61-90	\$7,680	\$7,680	\$0	Met



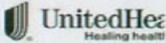
Explanation of Benefits (EOBs)

- UHC sends Health Statements
- If you prefer Explanation of Benefits...
 - Can access EOBs online at myuhc.com
 - To receive paper EOBs,
 - Call customer service OR go online to myuhc.com
 - Select “claims center”
 - Select “your claims”
 - Select “Set EOB mailing preferences”
 - Put an “X” next to “I wish to receive paper copies of Explanation of Benefits (EOB) statements through the mail”
- CIGNA EOBs remain the same



Member Resources

Welcome to myuhc.com Page 1 of 2

myuhc.com  UnitedHealthcare
Healing health

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Deborah Nunez

Plan Name: Options PPO
Group#: 0708576
Member#: ██████████

My Coverage Details

Out-of-Pocket Max
\$1500 individual
\$3000 family

Hello Deborah
What would you like to do today?

 **View My Claims**

 **Look Up My Benefits**

 **Find a Doctor**

 **View Online Statement**

 **View Account Balance**

 **Estimate Health Costs**

 **Extra Programs**

 **Print an ID Card**

 **Look Up Health Information**

 **Information Center**

 **Live Nurse Chat**

[View All](#)

Information Center

- [Ever wonder if a procedure was covered, or what it might cost?](#)
- [My doctor, urgent care, or emergency room - WHERE SHOULD I GO?](#)
- [myuhc.com site changes and upgrades as of 7/27/07](#)
- [Welcome to your new myuhc.com! Powerful new features put you in charge of your benefits and health care.](#)
- [Sign up today to be an organ donor!](#)
- [Your new myuhc.com - Tell us what you think!](#)

 **Live Nurse Emergence**
 Chat in real-time with about a variety of general topics.

file://C:\Documents and Settings\ymiller\Local Settings\Temporary Internet Files\OLK16\init.htm 10/22/2007



UHC - Personal Health Record

- View your health and medical history
- Manage your family health history and track health conditions
- View and print a summary of your medications, conditions, procedures and lab results to take to doctor

UnitedHealthcare
A UnitedHealth Group Company

Personal Health Record Summary—Jane Doe
01/01/2003 to 08/20/2005

About Me
Is this information correct? Contact your benefits administrator to find out how to make any changes to your address or other information.

1211 Forest Hills Drive
Cleveland, OH 44134
Date of Birth: 10/24/1953

My Condition Summary
Information about health conditions you have been diagnosed with is shown below. The numbers in parentheses are ICD codes, which doctors use to categorize diagnoses. These codes are used universally by doctors and health insurance companies. So, if you see a different doctor, he or she will easily understand your health history and health care needs.

<p>Tear of Knee Secondary Diagnosis: Joint Effusion-Leg ICD Codes – Primary: 8360 Secondary: 71905 Date: 8/9/2005 First: 8/9/2005 Physician: Dr. Tomasz Mastelaerz</p> <p>Popliteal Synovial Cyst Secondary Diagnosis: Pain In Limb ICD Codes – Primary: 72751 Secondary: 7295 Date: 7/21/2005 First: 7/21/2005 Physician: Dr. Tomasz Mastelaerz</p> <p>Abnormal Pap Smear-Cervix Secondary Diagnosis: Human Papilloma Virus ICD Codes – Primary: 7950 Secondary: 0794 Date: 6/13/2005 First: 6/13/2005 Physician: Dr. Tomasz Mastelaerz</p>	<p>Diabetes Uncomplicated Type II Secondary Diagnosis: None ICD Codes – Primary: 25000 Secondary: None Date: 7/21/2005 First: 7/21/2005 Physician: Dr. Tomasz Mastelaerz</p> <p>Routine Medical Exam Secondary Diagnosis: None ICD Codes – Primary: V700 Secondary: None Date: 7/21/2005 First: 7/21/2005 Physician: Dr. Abebe Mjembe</p> <p>Allergic Rhinitis Secondary Diagnosis: Hypothyroidism ICD Codes – Primary: 4778 Secondary: 2449 Date: 6/13/2005 First: 6/13/2005 Physician: Dr. Bernard Brickman</p>
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Medical Encyclopedia*

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search

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(Provided by [HealthWise®](#))

* Selecting links associated with this feature take you off myCIGNA.com and other CIGNA sites. CIGNA does not control or sponsor the linked sites content or links. [Details](#)

Health Tools

WebMD Health Tools and Resources

- ▶ Get personalized tools and information from your [WebMD SMPersonal Health Manager*](#) (*id - cignauser1, password - cigna1*)
- ▶ Complete a [Health Risk Assessment](#) offered through WebMD Health QuotientSM. Get recommendations and information about lifestyle changes, self-care and medical care.* (*id - cignauser1, password - cigna1, Click "HealthQuotient" in left menu*)
- ▶ Use your secure [WebMD SMHealth Record](#) to store health information, identify potentially harmful drug interactions, prepare for a doctor appointment and track your health status.* (*id - cignauser1, password - cigna1*)
- ▶ [Drug Comparison Tool*](#)-- Learn about drugs used to treat specific conditions. Review drug prices and check drug interaction information using WebMD SM.*

Maintaining Health and Wellness

- ▶ [Healthy pregnancies. Healthy babies](#) -- That's the goal of our prenatal care and patient education program. Educational materials from recognized sources.
- ▶ [Hospital Comparison Tool](#) - Compare hospitals based on specific illnesses or procedures. Response based on your needs or preferences from **Select Quality Care** SM.*

Discount Programs



This Month's He

Men's Health

Many men go for several years without a medical check-up. Get our men's [Preventive Health Guidelines](#) for the screening information you need.

Your Health and Wellbeing [newsletter](#). Diabetes: W



CIGNA & Health C

- ▶ [CIGNA HealthCare beat the odds](#). Make healthy choices. Receive preventive screenings. Seek treatment. We can help you lead a healthier life.



UHC and CIGNA Programs

- ❖ Disease Management for chronic conditions such as asthma, diabetes, heart disease, low back pain and chronic-obstructive pulmonary disease
- ❖ Nurse Advice Line available 24 hours a day, seven days a week (UHC 1-800-563-0416) (CIGNA 1-800-564-9286)
- ❖ Discount Programs
 - ❖ UnitedHealth Allies discounts for cosmetic dental services, massage therapy hearing tests and devices, etc. (www.unitedhealthallies.com or 1-800-860-8773)
 - ❖ CIGNA Healthy Rewards discounts for weight management programs, massage therapy, acupuncture, dental care, vitamins and herbal supplements, etc. (www.mycigna.com or 1-800-244-6224)



2008 Dental Overview

- Delta Dental remains the claims administrator
- No changes to dental plan in 2008
- No premium-sharing required



Open Enrollment Information



Open Enrollment Process Tips

- Review “Medical Plans Comparison Chart”
- Review “Annual Open Enrollment” booklet for more information
- Complete “Open Enrollment Change Form 2008” (only if you require a change)
 - **Must be postmarked by midnight (MST) Nov. 9th**
- Complete Presbyterian MediCare or Lovelace Senior Plan form (if applicable)
- Confirmations will be sent to only those who make changes



Do I Need to Take Action?

	Action	No Action
Medical Coverage	<ul style="list-style-type: none"> <input type="checkbox"/> To enroll if not currently enrolled <input type="checkbox"/> To change your current medical plan <input type="checkbox"/> To add or disenroll a dependent 	<ul style="list-style-type: none"> <input type="checkbox"/> To continue current medical plan coverage <input type="checkbox"/> If you waived coverage previously and wish to remain in this status
Dental Coverage	<ul style="list-style-type: none"> <input type="checkbox"/> To enroll if not currently enrolled <input type="checkbox"/> To add or disenroll a dependent 	<ul style="list-style-type: none"> <input type="checkbox"/> To continue current dental plan coverage <input type="checkbox"/> If you waived coverage previously and wish to remain in this status



What do I do if I want to make a change?

Only if you are making changes for 2008 (postmarked by midnight MST November 9)

HBE Health Benefits Employee Services

OPEN ENROLLMENT CHANGE FORM 2008

Follow the instructions below to make changes to your 2008 medical coverage.

STEP 1: Are you making any changes to your medical coverage for next year?

No No action is necessary. **DO NOT RETURN THIS FORM.**
 Yes Continue to Step 2.

STEP 2: Do you want to change your medical plan for next year?

No Continue to Step 3.
 Yes Choose the medical plan(s) for you and/or your family below:

Non-Medicare Member Plans		Medicare Member Plans		Include Prescription Drug?	
<input type="checkbox"/>	UHC Premier PPO	<input type="checkbox"/>	UHC Senior Premier PPO	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
<input type="checkbox"/>	UHC High Deductible Health	<input type="checkbox"/>	UHC Senior Premier PPO	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
		<input type="checkbox"/>	Presbyterian MediCare PPO (No corresponding non-Medicare Plan is available)	(not optional)	
<input type="checkbox"/>	CIGNA Premier PPO	<input type="checkbox"/>	CIGNA Senior Premier PPO	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
		<input type="checkbox"/>	Lovelace Senior Plan (No corresponding non-Medicare Plan is available)	(not optional)	
<input type="checkbox"/>	CIGNA In-Network (No corresponding Medicare Plan is available)			<input type="checkbox"/> Yes	<input type="checkbox"/> No*
<input type="checkbox"/>	Kaiser Permanente HMO	<input type="checkbox"/>	Kaiser Permanente Senior Advantage	(not optional)	

***If you waive prescription drug coverage under your Medicare Plan, your Non-Medicare dependents will also have no prescription drug coverage.**

STEP 3: Do you want to add or drop dependents for medical or dental for next year?

No Continue to Step 4.
 Yes Use the table below to add or drop your dependents.

Add/Drop	Name	Relationship	Birth Date	Medical	Dental
Add	John Smith	Son	7/16/85	Yes	Yes

STEP 4: Please print your name and phone number below:

Name (print) _____ Social Security Number: _____
 Phone Number _____

STEP 5: Sign and mail this form in the envelope provided postmarked by November 9, 2007.

Signature _____ Date: _____



2008 Retiree Open Enrollment

It's time to make your benefits decisions for the coming calendar year. Benefits Choices 2007 Open Enrollment (OE) will be held from **October 20 through November 9**. Benefit elections will not be accepted after midnight (MST) November 9. All benefit elections take effect January 1, 2007.

View the [2007 Open Enrollment Retiree Booklet](#) [PDF|53pp.|1.35MB] for more information.

If you will be making changes to your medical coverage next year please fill out the [Open Enrollment Form](#) [PDF|1p.|77.5KB].

Health, Benefits, and Employee Services

Email: hbe@sandia.gov
Phone: (505) 844-4237

Example Only--coverage effective Jan 1, 2008



Sandia Benefit Contacts

Sandia Open Enrollment website www.sandia.gov

– Resources for...

– Employees and Retirees

– Retiree Open Enrollment

Benefits Customer Service Center

(505) 844-HBES (4237) or

(800) 417-2634, ext. 844-HBES (4237)

Fax #: (505) 844-7535

If you have questions you can...

- Send an email to HBE@sandia.gov OR
- Go to www.sandia.gov
 - click on Employees & Retirees
 - click on HBE Weekly Update
 - click on **? Get answers**



Health
Benefits
Employee Services

Open Enrollment Period

October 20 – November 9, 2007

**No changes to any of your
open enrollment
elections will be allowed
after midnight on
November 9**



Questions

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