

New Employee Benefits Handbook

The Science of Living Well

[BENEFITS.LANL.GOV](https://benefits.lanl.gov)

BENEFITS@LANL.GOV

505-664-6947 (4-MYHR), OPTION 3



Plan Year 2024

Welcome to Los Alamos National Laboratory

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

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

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

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

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



Contents



Page Number

- | | |
|---------------------------------------|---|
| 1. New Hire Checklist | 17. Health Savings Account Continued |
| 2. Eligible Dependents | 18. Dependent Care and Adoption Expense Accounts |
| 3. Medical Plan Comparison | 19. Commuter Flex Spending Account |
| 4. Medical Plan Descriptions | 20. Legal Plan |
| 5. Health Partners Intro | 21. Identity Theft Insurance |
| 6. Pharmacy Manager | 22. Disability Plan Options |
| 7. Telemedicine | 23. Life Insurance and Accidental Death & Dismemberment |
| 8. Medical Ally | 24. Virgin Pulse Wellness Program |
| 9. Digital Physical Therapy | 25. 401(k) Retirement Plan |
| 10. Virtual Annual Wellness Exam | 26. PTO and Compassionate Care Leave |
| 11. Online Mental Health Programs | 27. Acknowledgement of Receipt of Required Notices (Copy) |
| 12. Magellan EAP | 28. Carrier Contact Information |
| 13. Dental Plan | 29. Premiums |
| 14. Vision Plan | |
| 15. Health Care Reimbursement Account | |
| 16. Health Savings Account | |

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New Hire Checklist

Period of Initial Eligibility (PIE) Ends on: _____

- Your 31st calendar day of employment is your PIE New Hire benefits enrollment deadline.** Enter that date on the above line.
- Review this Handbook.
- Sign and email the [Acknowledgement of Receipt of Required Notices Form](#) to the Benefits Office after reviewing the Required Notices located on [this webpage](#).
- Explore the New Hire Benefit website for comprehensive information on the Laboratory insurance and retirement plans at benefits.lanl.gov or [this webpage](#).
- Attend a New Hire Benefits presentation.
- If you intend to enroll dependents on insurance: submit your completed [LANL Contacts Form](#), including required supporting documentation listed on the next page to the Benefits Office as soon as possible. **You cannot enroll until this information is provided.**
- Log in to Oracle Worker Self Service to enroll in your benefits. **You must enroll within 31 days of your hire date or you will lose your enrollment opportunity.**
- As early as Friday of your first week of employment: review your [Fidelity 401\(k\) account](#) and establish your initial contribution.
- 1 week after enrolling in Benefits via Oracle Worker Self Service:
 - Create account logins with each insurance carrier.
 - Designate your beneficiaries with MetLife, Fidelity and HSA (if enrolled).
 - Consider enrolling in the Virgin Pulse Wellness program if you enrolled in medical.
- Contact the Benefits Office for assistance with coordination of coverage if you are currently covered in a Triad-sponsored plan, including the retiree plans – see below Note.

Note: Triad plan rules do not allow duplicate coverage. This means you may not be covered in any Triad-sponsored benefit plan as an employee and an eligible dependent of another Triad employee or retiree at the same time. Family members of Triad employees may not be covered by more than one employee. For example, if a husband and wife both work for Triad, their children may not be covered by both parents.

Acceptable Supporting Documentation for Benefit Dependents

Please provide copies of documents with your [LANL Contacts Form](#).

Eligible Dependents	Eligibility Requirement	Acceptable Supporting Documents & Additional Required Forms
Legal Spouse	Certified legal marriage	<ul style="list-style-type: none"> • Marriage certificate filed with a state or federal entity, <u>or</u> • Signed most recent federal tax return, if filed jointly
Domestic Partner	Must meet requirements of Declaration of Domestic Partnership (Form 1925a)	<ul style="list-style-type: none"> • Proof of relationship for at least 6 months as outlined on form 1925a • Form 1925a - Declaration of Domestic Partnership also required • Form 3027 – Declaration of Tax-Favored Dependents, if eligible*
Child – natural, step, placed for adoption, adopted, or Domestic Partner’s child	Up to age 26	<ul style="list-style-type: none"> • Birth Certificate or proof of birth (if newborn) • Adoption papers that list you as the adoptive parent <p>For step children and domestic partner children, spouse/domestic partner documentation above is also required.</p>
Legal Ward	Up to age 18, unmarried, living with you, and is a claimed tax dependent receiving at least half of their financial support from you	<ul style="list-style-type: none"> • Legal document granting custody <u>and</u> latest signed federal tax returns. • Form 3028 - Declaration of Legal Ward as Eligible Dependent also required
Overage disabled child	Over age 26, unmarried, and approved by the medical insurance provider prior to age 26 or during Period of Initial Eligibility for newly eligible employees.	<ul style="list-style-type: none"> • Birth Certificate or adoption papers that list you as the adoptive parent <u>and</u> • Approval from medical insurance provider <p><i>Once eligible, continuous coverage under a Triad group benefit must be maintained for the overage dependent. If coverage is dropped, coverage will no longer be available.</i></p>

**Imputed Income: Triad assumes all domestic partners and domestic partner children are not IRS tax dependents. Therefore, the value of insurance coverage provided by Triad will be considered taxable income to the employee who enrolled the dependent(s) and taxes will be withheld accordingly from payroll. If your domestic partner and/or domestic partner children are qualified tax dependents, submit Form 3027.*

Medical Insurance



**BlueCross BlueShield
of New Mexico**

- Triad offers two medical plan options:
- High-Deductible Health Plan (HDHP)
 - Preferred Provider Organization (PPO)

Both medical plans offer no-cost preventive care and in- and out-of-network coverage.

	Preferred Provider Organization (PPO)		High Deductible Health Plan (HDHP)	
Network	PPO In-Network	PPO Out-Of-Network	HDHP In-Network	HDHP Out-Of-Network
Annual Deductible	\$300 Single \$900 Family	\$500 Single \$1,500 Family	\$1,600 Single \$3,200 Family	\$3,200 Single \$6,400 Family
Out of Pocket Max (OOP) (includes deductible)	\$3,000 Single \$9,000 Family	\$6,000 Single \$18,000 Family	\$3,000 Single \$6,000 Family	\$6,000 Single \$12,000 Family
Coinsurance	10% after deductible	40% after deductible	10% after deductible	40% after deductible
Office Visits Primary Care	\$30 Co-pay	40% after deductible	10% after deductible	40% after deductible
MDLIVE Medical Virtual Visit	No Charge	N/A	No Charge	N/A
Office Visits Specialist	\$45 Co-pay	40% after deductible	10% after deductible	40% after deductible
Preventive Care	100% Covered	40% after deductible	100% Covered	40% after deductible
Prescription Drugs	Retail: \$7/\$35/\$55 Mail Order (90-day supply): \$14/\$70/\$110 Specialty: 15% up to \$125	Not covered	20% after deductible	
Urgent Care	\$30 Co-pay	40% after deductible	10% after deductible	40% after deductible
ER Facility Charges	\$150 Co-pay (waived if admitted)		10% after deductible	

Which Medical Plan Works Best for You?

Preferred Provider Organization:

Is this the plan for you?

This plan may be the right choice if you:

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

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

High Deductible Health Plan:

Is this the plan for you?

This plan may be the right choice if you:

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

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

HSA Employer Contribution

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

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

Decision Support Tools Available

Online Decision Support tools are available to help you choose the best plans for you. The **ALEX** tool can help you choose a medical plan based on your projected health care needs. Use the **Premium Calculator** to estimate your bi-weekly premium costs.

Visit: <https://www.lanl.gov/careers/employees-retirees/new-hires/benefit-options/enrollment-tools.php>

Health Partners



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

No separate enrollment necessary

- Enrollment in one of the Triad-sponsored medical plans grants access to these health partners.
- Contact information will be on your BCBS ID card that will be mailed to you or available on the benefits website.

Health Partners Include:

- **Express Scripts** – Pharmacy manager
- **MDLIVE** – Telemedicine
- **ConsumerMedical** – Expert second opinions
- **Hinge Health** – Virtual physical therapy
- **Catapult Health VirtualCheckup**[®] – Virtual annual wellness exam
- **Learn to Live** – Online mental health programs
- **Magellan** – Counseling and other behavioral health services

Pharmacy Manager



EXPRESS SCRIPTS®

Express Scripts offers an extended network of pharmacies and mail order options.

Copay Structure for Prescriptions

PPO Plan		HDHP Plan	
In-Network	Out-of-Network	In-Network	Out-of-Network
Retail: \$7/\$35/\$55	Not Covered	20% after deductible	Not Covered. Must use a participating pharmacy.
Mail Order (90-day supply): \$14/\$70/\$110			
Specialty: 15% up to \$125			

Things to Know

- A formulary list is on their website
- Large network
- Mail order prescriptions available with cost savings for PPO enrollees: order for 3 months at the price of 2

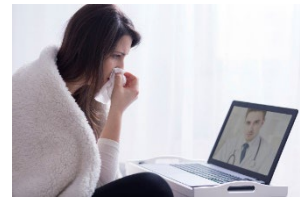
Express Scripts' phone number will be on your BCBS ID card.

Telemedicine



MDLIVE®

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



Virtual Visits

- Telephone
- Video
- Mobile App

Non-Emergency Medical Conditions

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

Not a comprehensive list

Copay Amounts

Doctor's Visit (medical)	Behavioral Health
PPO: \$0 copay	PPO: \$0 copay
HDHP: \$0 copay	HDHP: \$0 copay

Behavioral Health

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

Not a comprehensive list

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

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

Medical Ally



alight

consumermedical[®]

Your Medical Ally[®]

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

With this service, you get:

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



Incentive Program

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

Surgeries include:

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

*Qualification applies

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

Digital Physical Therapy



Hinge Health

Access includes innovative digital programs and resources for certain chronic pains and pain prevention.

Designed to address back and joint pain, including:

- Acute care for recent or past injuries
- Improve chronic pain or limited movement
- Pre and post-operative rehab
- Job specific exercises and education as a preventative measure

Included for **Free** in Program

- 1:1 coaching
- Unlimited access to your coach
- Program tailored for your specific needs
- Amazon Fire tablet and wearable sensors, if applicable

Access this program at your convenience from home or on vacation - all at no cost to you!



*Eligibility restrictions may apply.

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

Virtual Annual Wellness Exam



Preventive checkups are a vital and important way to keep an eye on your health.

Getting a health checkup has never been easier



1
Get your Home Kit in the mail



2
Follow the simple directions



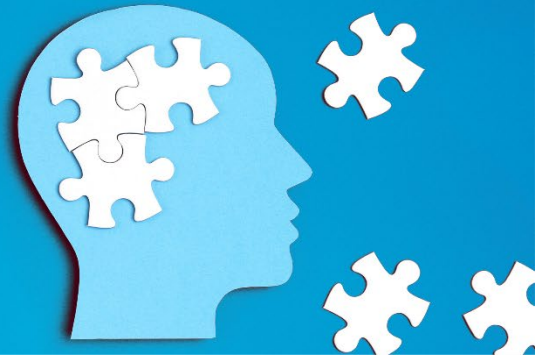
3
Complete your VirtualCheckup™

Available to employees and dependents 18 and older enrolled in a Triad-sponsored medical plan.

No cost to you - billed as your annual preventative care visit through BCBSNM.

Register at www.virtualcheckup.com/lanl

Online Mental Health Programs



Completely confidential online mental health programs.

Programs available for:

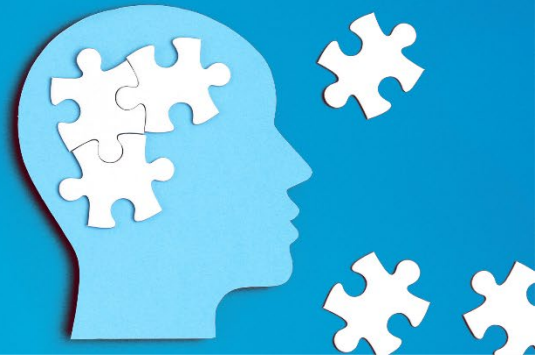
- ✓ Depression
- ✓ Social anxiety
- ✓ Stress
- ✓ Substance use
- ✓ Anxiety
- ✓ Worry
- ✓ Insomnia

No additional cost!

Available to employees
and dependents enrolled
in a Triad-sponsored
medical plan.

Access programs from your BCBSNM account

- Log in at bcbsnm.com
- Click **Wellness**
- Choose **Digital Mental Health**



Magellan Ascend

**Completely confidential virtual counseling service & more
24/7/365 hotline available**

Counseling Services

Completely confidential counseling services are available to eligible employees and their dependents.

- ✓ 8 free counseling sessions per year
- ✓ Support for stress, anxiety, grief, substance misuse, relationships, parenting, etc.
- ✓ Access to licensed counselors via phone or video sessions
- ✓ Evidence based digital therapy and self-help tools also available

Other Services

- ✓ Work-life referrals to service providers (childcare, adult care, education, home improvement, consumer information, emergency preparedness and more)
- ✓ Financial wellness
- ✓ Legal services
- ✓ Identity theft resolution

To Learn More:

- Call 1-800-283-9929
- Visit www.magellanascent.com

No additional cost!

Available to Triad employees and their dependents eligible for benefits programs

Lifestyle Coaching

Lifestyle coaching is available by phone or video for up to 6 sessions per goal, per year.

Coaching topics include, but aren't limited to:

- ✓ Handling work stress
- ✓ Improving relationships
- ✓ Parenting
- ✓ Mild substance abuse
- ✓ Nicotine cessation
- ✓ New parent return to work

Lifestyle coaching sessions are separate from counseling services and not part of the 8-session counseling limit.

Dental



Proper dental care plays an important role in your overall health. Comprehensive dental coverage available through Delta Dental of New Mexico. ID cards are mailed to you, but are not required at point of service for care.

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

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

Additional Benefits	
Free Cleanings	Up to 4 a year for: <ul style="list-style-type: none"> - Diabetes - Pregnancy - Suppressed immune system due to certain health conditions - Kidney failure or undergoing dialysis - Certain heart conditions
Oral Cancer Screening	Free brush biopsy – just ask for it from your dentist!

Vision



Vision care plays an important role in your overall health. Comprehensive vision coverage available through Davis Vision. This plan also includes access to a Hearing Aid Discount Program. Vision ID cards are mailed to you, but are not required at point of service for care.

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

This is not a comprehensive list of covered benefits or limitations under the plan. Limitations may apply.

Health Care Reimbursement Account



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

You can choose to participate in the HCRA if you are in the PPO medical plan or choose to waive your medical coverage. If you enroll, your account will be front-loaded with your annual contribution election.

2024 Contribution Limit: \$3,200

Hundreds of eligible expenses including:

- ✓ Prescriptions
- ✓ Some over-the-counter items
- ✓ Doctor office copays
- ✓ Deductibles and coinsurance
- ✓ Orthodontic expenses

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

**Convenience
of a debit card
to access
account funds.**

Did You Know?

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

For specific information regarding eligibility, please visit the IRS website at www.irs.gov. Contact HSA Bank for questions on eligible expenses.

Health Savings Account



A Health Savings Account (HSA) is a unique, tax-advantaged account that can be used to pay for current or future healthcare expenses. You can choose to participate only if you enroll in the HDHP and have no other medical coverage. Contribute pre-tax funds to your HSA via payroll deduction and change your election through Oracle LANL Worker Self-Service at any time.

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

2024 Triad Contribution*	
Individual	Family
\$250	\$500

2024 Contribution Limits		
	Individual	Family
Contribution Limit**	\$4,150	\$8,300

*The Triad contribution counts towards the total contribution limit.

**Additional \$1,000 contribution limit if age 55 or older

Did you know?

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

Who is eligible to open an HSA?

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

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

Health Savings Account



How to Calculate your Pro-Rated Contribution Limit

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

How to calculate your contribution limit:

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

Example:

If you were eligible for 4 months, your personal contribution limit would be:
 $\$3,850/12 \times 4 = \$1,383$ including the Triad contribution.

Number of Months	Individual	Family
12	\$4,150	\$8,300
11	\$3,804	\$7,608
10	\$4,458	\$6,916
9	\$3,112	\$6,225
8	\$2,766	\$5,533
7	\$2,420	\$4,841
6	\$2,075	\$4,150
5	\$1,729	\$3,458
4	\$1,383	\$2,766
3	\$1,037	\$2,075
2	\$691	\$1,383
1	\$345	\$646

Reminders

- ✓ Contributions can be changed any time through Oracle LANL Worker Self Service.
- ✓ You are responsible for making sure you don't over-contribute.
- ✓ Pro-rated limits also apply to catch-up contributions that may be applicable.

FSAs for Dependent Care Adoption Assistance



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

The DCRA allows you to set aside funds on a pre-tax basis to pay for eligible dependent care expenses. Typical expenses include day care for children up to age 13 and certain elder care. *Dependents must be tax dependents.* You will receive a debit card from HSA Bank to use for eligible expenses.

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

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

Funds are available as contributed. You can only be reimbursed up to the amount that has been deducted via payroll.

You must actively enroll each year!

2024 Contribution Limits

FSA Plan	Limit
Dependent Care Reimbursement Account (DCRA)	\$5,000*
Adoption Assistance Expense Account (AAEA)	\$15,950

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

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

Commuter Flexible Spending Account



A Commuter Flexible Spending Account is a tax-advantaged account that allows you to use pre-tax dollars to pay for qualified parking and transit expenses.

Eligible expenses include tickets, vouchers, and passes to ride a subway, train, city bus, or ferry. Transportation in a commuter rideshare vehicle (Uber, Lyft) for travel to and from work. Lots or garages at or near where you work.

Gas, personal vehicle maintenance, personal carpools, and residential parking are examples of ineligible expenses. If you have questions on expense eligibility, please contact HSA Bank.

Contribution elections are made on a monthly basis. Changes to the contribution amount will be effective on the first pay period of following month. Funds rollover from month to month.

Enrollment begins when a monthly contribution amount is elected. Participation begins when funds have been deducted from the first paycheck.

Once enrolled, the account will be available on the 1st of the following month. However, you would have had to make contributions to use the benefit. Be mindful when making your elections and the pay period that you are in.

2024 Monthly Contribution Limit

FSA Plan	Limit
Mass Transit	\$300
Parking	\$300

Legal Insurance



MetLife

Legal Plans

- 100% coverage for in network attorneys
- Access to more than 18,000 attorneys in MetLife's network
- Over the phone assistance
- Digital estate planning services
- Over 100+ covered legal matters

Examples of covered services:

- Getting married or name change
- Buying, renting or selling a home
- Dealing with identity theft issues
- Assist contacting banks/creditors
- Starting a family or adoption
- Creating wills, or estate planning
- Caring for aging parents
- Sending kids off to college
- Medicaid/Medicare questions
- Security deposit assistance
- Student loan debt assistance

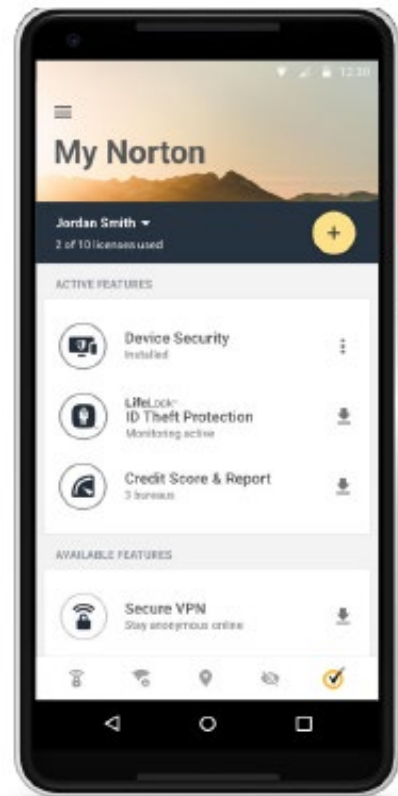
Identity Theft Protection



Identity Theft Solutions

- Identity Theft Protection: alerts for possible fraudulent activity
- Device Security: protect against ransomware, viruses, and more
- Online Privacy through Norton Secure VPN
- Parental controls
- Full-Service Identity Restoration
- Million Dollar Protection Package
- 24/7 Live Member Support

Manage Alerts On-The-Go via the LifeLock Identity app



Disability Insurance



Life is full of surprises. Plan for the unexpected.

Disability insurance helps protect your paycheck so you can continue a portion of your income while you are unable to work due to a schedule or unscheduled disability, such as surgery, injury or illness.

You are automatically enrolled in the Short Term Disability and Long Term Disability plans, which are paid by Triad.

Here is how the disability plans work for you:

	Short Term Disability	Long Term Disability
Premiums	100% Employer Paid	100% Employer Paid
Benefit Amount	100% of base pay for weeks 2-8 60%* of base pay for weeks 9-27 <i>*Employees can elect to 'top-off' benefit with accrued PTO to get to 100% pay</i>	60% of base salary, up to \$15,000 per month
Waiting Period	7 days	180 days
Duration of Benefit	6 months	To Social Security normal retirement age
Enrollment	Automatic, cannot opt out	Automatic, cannot opt out

Life Insurance AD&D Insurance



Employee Life Insurance		
	Basic Life	Supplemental Life
Premiums	Triad pays	Employee pays
Benefit Amount	1 times your annual earnings, rounded up to the next \$1,000, to a maximum benefit of \$50,000.	1 to 8* times your annual earnings, rounded up to the next \$1,000. (3 times guaranteed)

***Employee Supplemental Life Insurance:** Newly hired or newly eligible employees are guaranteed up to 3 times annual earnings without an Evidence of Insurability review by MetLife. Electing more than 3 times coverage or electing coverage after initial eligibility will require the completion of an Evidence of Insurability and may require a medical exam.

	Spouse / Domestic Partner Life	Child Life
Premiums	Employee pays	Employee pays
Benefit Amount	\$25,000 to \$200,000*, in \$25,000 increments (\$50,000 guaranteed)	\$5,000 or \$10,000 regardless of number of eligible children covered (\$10,000 guaranteed)

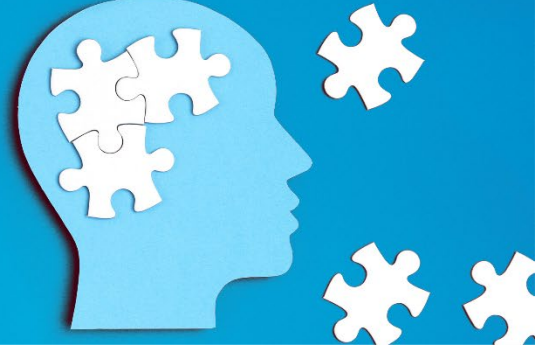
***Spouse / Domestic Partner Life:** Newly hired or newly eligible employees are guaranteed up to \$50,000 without an Evidence of Insurability review by MetLife. Electing more than \$50,000 or electing coverage after initial eligibility will require the completion of an Evidence of Insurability and may require a medical exam.

Note: You may change coverage amount at any time by contacting the Benefits Office. Requests to increase coverage for Employee Supplemental Life or Spouse/Domestic Partner Life will require an Evidence of Insurability (EOI) application.

Accidental Death and Dismemberment

Accidental Death and Dismemberment (AD&D) insurance protects you and your family from the unforeseen financial hardship of an accident that causes death, dismemberment, paralysis, or loss of sight, speech, or hearing. Coverage available from \$50,000 - \$500,000.

Wellness Incentives



Virgin Pulse is an incentivized wellness program that helps employees and their non-employee spouses achieve and maintain good health.

Rewards are offered for completing the Health Assessment Questionnaire and participating in healthy activities – competitions, challenges, promotions, contests, health and safety classes, and lifestyle management programs.

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

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

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

PPO (employee and spouse/domestic partner): Deposited into a Health Care Account (HCA) with BCBSNM

HDHP (employee and spouse/domestic partner): Deposited into Primary Insured's Health Savings Account

When you sign up for Virgin Pulse, you will receive a free Go-Zone Pedometer to track your steps.

Rewards are tracked quarterly and paid the following year.

To Sign Up Visit: join.virginpulse.com/LANL

401(k) Retirement



Who is eligible?

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

Employee contributions:

- ✓ Made through bi-weekly payroll deduction
- ✓ Are made on an pre-tax, Roth or after-tax basis
- ✓ Cannot exceed 50% of your pay
- ✓ Cannot exceed the total IRS maximum annual contribution

Automatic enrollment at 6% 31 days after hire

Sign up sooner!

- ✓ Visit www.NetBenefits.com 7 days after hire
- ✓ Click on Register as a New User
- ✓ Select Action, click Contribution Amount
- ✓ Enter your contribution percentage
- ✓ Confirm your elections
- ✓ Start saving towards your retirement!

Need help?

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

Employer contributions:

Company match – 6%

For every \$1 you contribute to the 401(k) Retirement Plan, Triad contributes \$1 on your behalf, up to 6% of your eligible compensation each bi-weekly pay period.

100% vested on day 1!

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

Non-elective employer contribution (service-based contribution):

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

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

Years of Completed Service	% of Employer Contribution
0-4	3.5%
5-9	4.5%
10+	5.5%

PTO and Compassionate Care

PTO

Primary time off for paid leave. Hours earned per pay period.

PTO Accrual Rates for Full-time Employees

Years of service	Per pay period rate	Annual accrual rate	Maximum accrual rate
0-5	7.693 hours	200 hours	252 hours
5<10	8.308 hours	216 hours	288 hours
10<15	8.924 hours	232 hours	324 hours
15+	9.540 hours	256 hours	360 hours

USE

Any personal need including rest days, vacation, your own illness or a family member's illness. Personal time can be used for full days, partial days or several hours at a time.

APPROVAL

- Seek manager approval in advance of planned time off.
- Notify manager before you are expected to report to work for unexpected time off needs.

TIME CODE

Type: PTO Project: V5000 Task: 0000



Manage your time off to cover planned and unplanned absences throughout the year.

*QUALIFYING FAMILY MEMBER

- Child*
- Parent*
- Spouse or domestic partner
- Sibling*
- Grandparent* or grandchild*
- Family member of spouse or domestic partner that falls within the relationships listed above
- Other family member residing in your household

*Includes spouse or domestic partner of the person listed.

Compassionate Care

Annual hours granted on Jan. 1 of each year. Hours available for immediate use upon grant.

Full-Time	Part-Time
80 hours	40 hours

New hires receive hours proportionally based on hire date.

USE

- To care for qualifying family members* who are ill or injured.
- For bereavement.

APPROVAL FAMILY ILLNESS

For incidental illness, up to 24 hours in a week:

- Seek manager approval in advance of planned time off.
- Notify manager before you are expected to report to work for unexpected time off needs.

For serious illness requiring more than 24 hours in a week:

- Notify manager.
- Complete and return Form 2315 Compassionate Care Leave Request to leaves@lanl.gov.

TIME CODE FAMILY ILLNESS

Type: COMPASS CARE Project:
V5000 Task: 0000

APPROVAL BEREAVEMENT

- Seek manager approval in advance of planned time off.
- Notify manager before you are expected to report to work for unexpected time off needs.

TIME CODE BEREAVEMENT

Type: COMPASS CARE BEREAV
Project: V5000 Task: 0000

Acknowledgement of Receipt of Required Notices

I hereby acknowledge receipt of the documents listed below from the LANL Benefits Office. I further understand that I am responsible for reviewing the governing documents, including but not limited to the Summary Plan Description (SPD) and applicable benefit booklets, which can be found at benefits.lanl.gov.

- Women’s Health and Cancer Rights Act (WHCRA) Notice
- Newborns’ and Mothers’ Health Protection Act Disclosure
- USERRA Notice
- Medicare Part D Notice of Creditable Coverage
- Your ERISA Rights
- Continuation Coverage Rights under COBRA
- Summaries of Benefits and Coverage (SBCs)
- Notice Regarding Wellness Program
- Nondiscrimination and Accessibility Requirements Notice
- Special Enrollment Notice
- New Health Insurance Marketplace Coverage Options and Your Health Coverage
- Information About Health Coverage Offered by Your Employer
- Paid Sick Leave Notice by State

Printed Name

Z#

Signature

Date

Contact Information

MEDICAL/MENTAL HEALTH:

**Blue Cross Blue Shield of New Mexico
(BCBSNM)**

Group Number

HDHP (113794)

PPO (N13794)

Phone: 877-878-5265

Website: www.bcbsnm.com/lan/

Claims Address:

P.O. Box 27630

Albuquerque, NM 87125-7630

BCBS Behavioral Health Unit

Phone: 888-898-0070

Fax: 877-361-7659

PRESCRIPTION DRUGS/HOME DELIVERY:

Express Scripts

Phone: 800-838-4590

Website: www.express-scripts.com

DENTAL:

Delta Dental of New Mexico

Group Number: 04000

Member Services: 505-855-7111

Website: www.deltadentalnm.com

Claims Address:

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

Albuquerque, NM 87109

VISION:

Davis Vision

Member Services: 800-999-5431

Website: www.davisvision.com/member

Claims Address:

Vision Care Processing Unit

P.O. Box 1525

Latham, NY 12110

LEGAL:

ARAG Legal Group

Group Number: 14822

Member Services: 800-247-4184

Website: www.members.araggroup.com/lans/
(Access Code: 14822lal)

DISABILITY, LIFE, AD&D:

MetLife

Triad Customer Number:

228241

Phone: 800-638-6420

Beneficiary Updates: 866-492-6983

Disability Claim Service: 833-622-0139

Website: <https://online.metlife.com>

Claims Address:

MetLife Group Life Claims

PO Box 6100

Scranton, PA 18505-6100

HEALTH SAVINGS ACCOUNT (HSA) & FLEXIBLE SPENDING ACCOUNTS (FSA):

HSA Bank

Phone: 855-731-5220

Website: www.hsabank.com

401(K) RETIREMENT ACCOUNT:

Fidelity NetBenefits

Phone: 800-835-5905

Website: www.NetBenefits.com

BENEFITS OFFICE

Phone: 505-664-6947, option 3

Email: benefits@lanl.gov

Website: benefits.lanl.gov

2024 Semi-Monthly Premiums for Active Employees



Medical - Preferred Provider Organization (PPO)								
Salary Range	Employee Only		Employee + Child(ren)		Employee + Spouse/ Domestic Partner		Employee + Family	
	Employee	LANL	Employee	LANL	Employee	LANL	Employee	LANL
Less than or = to \$40,000	\$71.00	\$348.50	\$127.00	\$630.00	\$147.50	\$736.50	\$204.00	\$1,012.00
\$40,001 to \$80,000	\$77.00	\$342.50	\$139.50	\$617.50	\$161.50	\$722.50	\$224.00	\$992.00
\$80,001 to \$120,000	\$83.50	\$336.00	\$150.50	\$606.50	\$175.50	\$708.50	\$240.50	\$975.50
More than \$120,000	\$103.00	\$316.50	\$183.50	\$573.50	\$214.50	\$669.50	\$296.00	\$920.00

Medical - High Deductible Health Plan (HDHP)								
Salary Range	Employee Only		Employee + Child(ren)		Employee + Spouse/ Domestic Partner		Employee + Family	
	Employee	LANL	Employee	LANL	Employee	LANL	Employee	LANL
Less than or = to \$40,000	\$49.50	\$344.50	\$90.50	\$619.50	\$105.00	\$723.50	\$144.50	\$996.00
\$40,001 to \$80,000	\$56.00	\$338.00	\$98.50	\$611.50	\$115.50	\$713.00	\$158.50	\$982.00
\$80,001 to \$120,000	\$59.50	\$334.50	\$106.00	\$604.00	\$124.50	\$704.00	\$171.50	\$969.00
More than \$120,000	\$73.00	\$321.00	\$130.00	\$580.00	\$153.00	\$675.50	\$210.00	\$930.50

Dental and Vision								
	Employee Only		Employee + Child(ren)		Employee + Spouse/ Domestic Partner		Employee + Family	
	Employee	LANL	Employee	LANL	Employee	LANL	Employee	LANL
Dental	\$4.19	\$15.74	\$8.53	\$32.07	\$7.82	\$29.39	\$13.96	\$52.48
Vision	\$0.75	\$2.82	\$1.56	\$5.93	\$1.48	\$5.65	\$2.17	\$8.26

Legal			
	Employee Only	Employee + 1	Employee + 2 or More
Legal	\$5.43	\$7.25	\$7.70

Identity Theft Protection		
	Employee Only	Employee + Dependents
Norton LifeLock	\$3.88	\$6.88

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

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

How to calculate the semi-monthly premium:

Example: Employee salary of \$101,500*
 Election of 3x salary, 50 years old
 *Round salary to nearest \$1,000
 $\$102,000 \times 3 = \$306,000$
 $\$306,000 / \$1,000 = 306$
 $306 \times \$0.0795 = \24.33 semi-monthly

Age reduction intervals:

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

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

2024 Semi-Monthly Premiums for Active Employees



Child(ren) Life Insurance	
Coverage Amount per Child	Premium
\$5,000	\$0.08
\$10,000	\$0.16

Spouse / Domestic Partner Life Insurance	
Age Band	Rate per \$1,000 per Pay Period
<30	\$0.0145
30-34	\$0.0145
35-39	\$0.0170
40-44	\$0.0255
45-49	\$0.0410
50-54	\$0.0665
55-59	\$0.1170
60-64	\$0.1920
65-69	\$0.2795
70-74	\$0.4045
75+	\$0.7135

How to calculate the semi-monthly premium:

Example: \$50,000 in coverage
 Spouse/domestic partner is 46 years old

$$\begin{aligned} \$50,000 / \$1,000 &= 50 \\ 50 \times \$0.0410 &= \$2.05 \text{ semi-monthly} \end{aligned}$$

LANL Paid Coverages
Basic Employee Life Insurance
Short-Term Disability
Long-Term Disability