# 2018
# OPEN ENROLLMENT GUIDE

IGUA CAS Operators,
CTF Instructors, and
Beta 9 Operators

BENEFITS

CNS | consolidated nuclear security, llc
PANTEX PLANT | Y-12 NATIONAL SECURITY COMPLEX

# One Team | Better Together

Between **October 23 and November 3, 2017**, you may make changes to your current benefit plan elections.

# What Happens If You Do Nothing?

**If you take no action, coverage in your existing plans will remain the same for 2018.** Review the material in this guide to be sure you enroll in the benefit plans that are right for you and your family.

You will not be able to enroll in or change your benefits during the year unless you have a qualified change in status. (See "Making Changes During the Year" on page 4.)

**Note:** If you are currently participating in one or both flexible spending accounts (FSAs), your 2017 elections will not roll over and you must re-enroll in one or both accounts during Open Enrollment.

## Inside this Guide



## Read this Guide

Take the time to read the information in this guide. It is designed to give you an overview and help you prepare to enroll in your 2018 benefits.

## Need Help? Call 1-865-574-1500 or 1-877-861-2255

**Starting October 23,** you can call CNS Benefit Plans Monday–Friday, 8 a.m.–5 p.m. ET, to get your questions answered and get help in making changes to your 2018 benefits.

# Your 2018 Benefit Choices

During Open Enrollment, you can choose the coverage that is right for you and your family. The following chart highlights the 2018 options.

| Coverage | Options |
|---|---|
| **Medical:** Cigna | • Cigna OAP Choice Fund HSA<br>• Cigna OAP PPO Core<br>• Cigna OAP PPO Select<br>• No medical coverage |
| **Dental:** Delta Dental | • Basic Dental PPO<br>• Buy-Up Dental PPO (includes orthodontia)<br>• No dental coverage |
| **Vision:** VSP | • Vision coverage<br>• No vision coverage |
| **FSAs:** Cigna | • Contribute up to $2,600 to a Health Care FSA (available when you enroll in the PPO Core or PPO Select medical plans; see page 13 for details)<br>• No Health Care FSA<br>• Contribute up to $5,000 to a Dependent Care FSA<br>• No Dependent Care FSA |

FSA – flexible spending account
HSA – health savings account
OAP – Open Access Plus
PPO – Preferred Provider Organization
VSP – Vision Service Plan

# Medical, Dental, and Vision Rates

Below are the monthly employee rates for the CNS health plans (medical, dental, and vision).

| Cigna Medical | | | |
|---|---|---|---|
| | **Choice Fund HSA** | **PPO Core** | **PPO Select** |
| Employee Only | $30.00 | $134.00 | $149.00 |
| Employee + 1 | $60.00 | $268.00 | $299.00 |
| Employee + Family | $92.00 | $412.00 | $461.00 |
| **Delta Dental** | | | |
| | **Basic Dental PPO** | **Buy-Up Dental PPO** | |
| Employee Only | $7.24 | $17.76 | |
| Employee + 1 | $14.48 | $35.52 | |
| Employee + Family | $22.32 | $54.72 | |
| **Vision Service Plan** | | | |
| Employee Only | $2.48 | | |
| Employee + 1 | $3.68 | | |
| Employee + Family | $6.60 | | |

# Who Is Eligible

You and your eligible dependents may enroll in the CNS benefit plans described in this guide. You can enroll your eligible dependents in any plan that offers dependent coverage, provided you enroll yourself as well. Your eligible dependents include:

- Your legal spouse
- Your eligible dependent child(ren):

  For medical, dental, and vision, you may enroll a dependent child up to the end of the month of his or her 26th birthday. You may enroll a dependent child older than age 26 in CNS health plans if the child is incapable of self-sustaining employment by reason of a mental or physical handicap and is chiefly dependent on you for support and maintenance.

  Child eligibility for other plans varies. If you have questions about eligibility, contact CNS Benefit Plans at 1-865-574-1500 or 1-877-861-2255.

  Dependent children include:
  - Your or your spouse's biological children
  - Stepchildren
  - Legally adopted children (or children proposed for adoption)
  - Foster children

## Do Not Enroll Ineligible Dependents

CNS has a strict policy against enrolling ineligible dependents. Enrolling ineligible dependents or failing to notify CNS Benefit Plans in a timely manner to remove a dependent who no longer meets eligibility rules can result in fines and/or disciplinary action up to and including possible termination.

CNS reserves the right to audit your enrolled dependents and request verification documents at any time.

Rather than subjecting yourself to these actions, it's better to pay attention up front and make sure all your covered dependents are eligible.

# How to Enroll

Beginning Monday, October 23, you may access the open enrollment application from the internal Benefits homepage to make any desired changes. If you do not have computer access at work, forms are included in your open enrollment packet or you can request them from the Benefit Plans Office. Please remember that you only need to take enrollment action if you wish to make a change. Otherwise, medical, dental, and vision coverage will automatically continue in 2018. Enrollment in FSAs is required annually. **All enrollment changes or elections must be received by the CNS Benefit Plans Office by 4 p.m. ET on Friday, November 3.**

## Check your Provider

When you log onto the Cigna website at www.myCigna.com, you will be able to ensure your health care providers are in the network. You do not have to be enrolled in a plan to use the tool.

# Making Changes During the Year

Typically, the elections you make during Open Enrollment will stay in effect until December 31, 2018. However, in certain circumstances you may be able to make changes to your benefits during the year. If you experience a qualified life event, such as marriage, divorce, or birth or adoption of a child, you can make benefit changes directly related to that life event. You must initiate your qualified life event change within 31 days of the qualifying event by calling CNS Benefit Plans at 1-865-574-1500 or 1-877-861-2255.

# Benefits Overview

The information on the following pages provides an overview of your CNS benefit options. Use this information and the plan summaries to make your benefits decisions.

## Medical Coverage

We know that no two employees have the same health care and financial needs. That's why you can choose between the Choice Fund HSA, PPO Core, and PPO Select plans.

As you choose between these plans, estimate your health care costs for 2018 plus your payroll deductions. The comparison chart on the next page provides a high-level overview of the plans. If you are considering the Choice Fund HSA, remember to take the CNS health savings account (HSA) contribution into consideration. See page 10 for more details.

**The Choice Fund HSA** is similar to the PPO plans in that you can use providers in or out of the network. However, you will pay more for out-of-network care. While this plan has a higher deductible compared to the PPO plans, you can use tax-free money from your HSA to pay your eligible expenses. CNS will contribute to your HSA each year. See the comparison chart below and page 10 to learn more.

**With the PPO Core,** you can use providers in or out of the network. However, you will pay more for out-of-network care. You pay either copays or a deductible and coinsurance, depending on the type of service you use.

### All options offer:

- ✓ Medical coverage for services within or outside the network
- ✓ Access to the same national network of providers
- ✓ Lower, pre-negotiated rates for in-network services
- ✓ In-network preventive care covered at 100% through the same Cigna Open Access Plus network
- ✓ Comprehensive prescription drug coverage through network providers
- ✓ Coverage for eligible dependents up to age 26

**With the PPO Select,** you can use providers in or out of the network. However, you will pay more for out-of-network care. You only pay copays depending on the type of service you use.

| How the Options Differ | Choice Fund HSA | PPO Core | PPO Select |
|---|---|---|---|
| **Payroll deductions** | Lowest | Higher | Highest |
| **Deductible** | Higher | Lower | None |
| **HSA** | Automatic, including CNS contribution; you can also make contributions to your HSA; see page 10 | Not available | Not available |
| **Health Care FSA** | You cannot contribute to a Health Care FSA when you enroll in this plan. | You can contribute to a Health Care FSA when you enroll in this plan; see page 13. | You can contribute to a Health Care FSA when you enroll in this plan; see page 13. |

| Medical Plans Summary | | | |
|---|---|---|---|
| | **Choice Fund HSA** | **PPO Core*** | **PPO Select*** |
| **Services Covered** | **You Pay** | **You Pay** | **You Pay** |
| Annual Deductible (how much you pay before the plan pays coinsurance) | $1,500 Individual/ $3,000 Family | $400 Individual/ $800 Family | None |
| Medical Out-of-Pocket Annual Limit (the most you pay for covered services including deductibles, coinsurance, and copays, including prescriptions) | $4,000 Individual/ $8,000 Family | $1,500 Individual/ $3,000 Family | $1,500 Individual/ $3,000 Family |
| Maximum Lifetime Benefit | Unlimited | Unlimited | Unlimited |
| **Physician Office Visits**** | | | |
| Primary Care Office Visit (including labs and X ray) | 10% (after deductible is met) | $20 | $20 |
| Specialist Office Visit (including labs and X ray) | 10% (after deductible is met) | $35 | $30 |
| Surgery Performed in Physician's Office | 10% (after deductible is met) | $20 PCP/$35 Specialist | $20 PCP/$30 Specialist |
| Allergy Treatment/Injections | 10% (after deductible is met) | $20 PCP/$35 Specialist | $20 PCP/$30 Specialist |
| Allergy Serum (dispensed by the physician in the office) | 10% (after deductible is met) | $0 | $0 |
| Maternity Office Visit | 10% (after deductible is met) | $20 PCP/$35 Specialist | $20 PCP/$30 Specialist |
| Maternity Delivery (global maternity fee) | 10% (after deductible is met) | 10% (after deductible is met) | $0 |
| **Preventive Health Services**** | | | |
| Well-Baby Care | $0 | $0 | $0 |
| Routine Physical Exams, Gynecological Exams, Mammograms, PSA Tests | $0 | $0 | $0 |
| **Hospital Services** | | | |
| Inpatient (Semi-private room, operating room, X ray, and laboratory services. Includes maternity inpatient and stand-alone facilities such as birthing centers.) | 10% (after deductible is met) | 10% (after deductible is met) | $400 (per admit) |
| Outpatient (Operating Room, Recovery Room, Procedure Room, and Treatment) | 10% (after deductible is met) | 10% (after deductible is met) | $250 (per visit) |
| Inpatient Physician and Surgeon Visits and Services | 10% (after deductible is met) | 10% (after deductible is met) | $0 |
| Emergency Room Services | 10% (after deductible is met) | $150 (waived if admitted) | $150 (waived if admitted) |
| Urgent Care Facility | 10% (after deductible is met) | $35 (waived if admitted) | $30 (waived if admitted) |
| Emergency Ambulance Services | 10% (after deductible is met) | 10% (after deductible is met) | $0 |
| **Other Services** | | | |
| Outpatient Facility Services | 10% (after deductible is met) | 10% (after deductible is met) | $250 per surgery visit (non-surgical not subject to copay) |
| Chiropractic Care (when medically appropriate; 25 days maximum per calendar year) | 10% (after deductible is met) | $25 | $20 |

| Medical Plans Summary | | | |
|---|---|---|---|
| | **Choice Fund HSA** | **PPO Core*** | **PPO Select*** |
| **Services Covered** | **You Pay** | **You Pay** | **You Pay** |
| Mental Health/Substance Abuse – Inpatient | 10% (after deductible is met) | 10% (after deductible is met) | $400 (per admit) |
| Mental Health/Substance Abuse – Outpatient | 10% (after deductible is met) | $35 | $30 |
| Hearing Aid Benefits (one pair per 36 months; $1,500 per ear maximum) | 10% (after deductible is met) | 10% (after deductible is met) | $0 |
| Durable Medical Equipment – Reasonable and Customary (R&C) applies | 10% (after deductible is met) | 10% (after deductible is met) | $0 |
| External Prosthetic Devices – requires approval by the health plan | 10% (after deductible is met) | 10% (after deductible is met) | $0 |
| Home Health Care (60-day max) | 10% (after deductible is met) | 10% (after deductible is met) | $0 |
| Skilled Nursing Facility (60-day max) | 10% (after deductible is met) | 10% (after deductible is met) | $0 |
| Hospice Care – Inpatient | 10% (after deductible is met) | 10% (after deductible is met) | $0 |
| Hospice Care – Outpatient | 10% (after deductible is met) | 10% (after deductible is met) | $0 |
| Outpatient rehabilitation (short-term and includes speech, occupational, physical, and cardiac rehabilitation; 180 days per calendar year) | 10% (after deductible is met) | $25 | $20 |

**The Cigna OAP options offer out-of-network benefits; however, you will pay more when you go out of the network for care, including a deductible and higher coinsurance, in some cases. Additionally, your coinsurance for out-of-network services is based on the reasonable customary charges as defined in the plan, and if your out-of-network provider charges more than what the plan considers reasonable and customary, the provider can bill you for the difference.*

***You can find a list of eligible preventive care services at www.mycigna.com after your effective date. In the meantime, you can access this information at www.cigna.com under the "Informed on Reform" section.*

1) In-network copays will not apply toward the in- or out-of-network annual deductibles.
2) All out-of-network inpatient hospitalizations and outpatient surgeries must be pre-certified. Failure to do so will result in a 20% reduction of covered expenses incurred for services.
3) Hospital stays not deemed medically necessary will be disapproved.
4) Certain procedures require prior health plan approval. Please check with your health plan provider for additional information.

| Prescription Drug Summary | | | |
|---|---|---|---|
| | **Choice Fund HSA** | **PPO Core** | **PPO Select** |
| | **You Pay** | **You Pay** | **You Pay** |
| Annual Prescription Drug Deductible | Combined with medical | None | None |
| Retail – 30-Day Supply | | | |
| Generic | $10 | $10 | $5 |
| Brand | $25 | $25 | $20 |
| Non-Preferred Brand | $50 | $50 | $35 |
| Mail Order – 90-Day Supply | | | |
| Generic | $15 | $15 | $10 |
| Brand | $50 | $50 | $40 |
| Non-Preferred Brand | $100 | $100 | $70 |

1) Pharmacy benefits are through Express Scripts.
2) Certain drugs may require a prior authorization in order to receive the prescription of the full quantity your doctor prescribes.
3) For a listing of the brand names or categories that currently require prior authorization, you may contact Express Scripts at **1-800-685-8869**.

*Procurement restrictions in contracts effective 2015 between the drug manufacturers and Express Scripts may require Express Scripts to substitute an equivalent drug within certain drug categories. While the CNS prescription plan and its participants may be impacted by these contract limitations, medical safety and outcomes will not be. For any questions, you may contact Express Scripts at 1-800-685-8869.*

## Choose Carefully

The decisions you make during Open Enrollment cannot be changed during the year except for limited circumstances. Read “Making Changes During the Year” on page 4 for more information.

# Important Medical Plan Information

## The Choice Fund HSA Deductible

- If you cover only yourself in this plan, you need to meet the individual deductible before the plan will start paying benefits, except for eligible in-network preventive care services, which are covered at 100% with no deductible.
- If you cover yourself and any dependents, the family deductible will apply. Once the family deductible has been met, the plan will begin paying coinsurance for all eligible family members' covered expenses. In addition, in-network preventive care benefits are always covered at 100% with no deductible.

## The Out-of-Pocket Maximum for the PPO Plans and the Choice Fund HSA Plan

- The following expenses count toward your out-of-pocket maximum: the amounts you pay toward your deductible, coinsurance and copays for covered medical, prescription drugs, and mental health and substance abuse services.
- Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. The amount you pay for out-of-network covered expenses counts toward both your in-network and out-of-network out-of-pocket maximums.
- **For the Choice Fund HSA plan:** If you cover only yourself in this plan, the individual out-of-pocket maximum will apply. If you cover yourself and dependents, the plan will begin paying 100% of covered expenses for any eligible family member who meets the individual out-of-pocket maximum. Once the family out-of-pocket maximum has been met, the plan will begin paying 100% for all eligible family members' covered expenses.
- **For the PPO Core and PPO Select Plans:** After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of each individual's covered expenses. Once the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.

## Enroll in the Choice Fund HSA Plan and Get a Head Start from CNS

The CNS annual HSA contribution will be added to your account in January—that's extra money right off the bat that you can use to pay your eligible expenses or save for future health care expenses.

## Do the Math!

When you enroll in the Choice Fund HSA, you can use the money in your HSA to pay your deductible. Here's how it looks for an employee who enrolls in employee-only coverage:

| | |
|---|---|
| HSA In-Network Individual Deductible | $1,500 |
| Less CNS Annual HSA Contribution | -$250 |
| Adjusted Individual Deductible | $1,250 |

# Understanding the Choice Fund HSA Plan

The Choice Fund HSA plan can give you more control over how and when to spend your health care dollars by allowing you to save tax-free money in your HSA. You then use your HSA funds to pay eligible expenses both now and in the future.

## How the Health Savings Account Works

To help you meet a higher deductible, the plan comes with an HSA. An HSA is a tax-advantaged account that allows you to save and then use tax-free dollars to pay for health care expenses in the months and years ahead.

- For 2018, CNS will make a contribution to your HSA.
  - ✓ An annual contribution of $250 if you enroll only yourself and $500 if you enroll dependents
- Any money you and CNS contribute to your HSA will not be taxed. And as long as you use your HSA funds to pay eligible expenses, you will not be taxed.
- You can make contributions to your account up to $3,200 if you enroll only yourself and up to $6,400 if you enroll any dependents. The amount you choose to contribute will be divided by the number of paychecks you receive throughout the year and will be deducted from your pay before taxes, meaning you do not pay any taxes on the amount you contribute to your HSA.
  - ✓ If you're age 55 or older, you can contribute an extra $1,000 (called a catch-up contribution). The intent is to help you save money for health care expenses you may incur after you retire.
- In addition to these tax-free contributions, you will not be taxed on the amounts you use to pay for eligible health care expenses or the interest your account earns.
- Your HSA balance is yours to use even if you no longer participate in a high-deductible plan or leave CNS in the future. You never lose the balance of your HSA. It does not expire, and you can move your balance into any other HSA at any time. You decide when and how to use it:
  - ✓ To pay eligible expenses throughout the year
  - ✓ To save for the cost of health care in retirement
- To use the money in your account, you will receive a debit card that you can use at the doctor's office, pharmacy, and any other provider.

## Consider the Choice Fund HSA Plan

Don't let the higher deductible stop you from considering the Choice Fund HSA plan. Even with a higher deductible, its advantages, like lower payroll deductions and access to an HSA, may make it a more cost-effective option for many employees.

Compared with an FSA, **there is no use-it-or-lose-it rule with an HSA.** The money in your account rolls over from one year to the next, allowing you to use it now or save it for future eligible expenses.

**The Choice Fund HSA may be for you if you:**

- ✓ Typically don't need a lot of health care during the year
- ✓ Don't usually meet your deductible, or only modestly surpass it
- ✓ Are looking for an opportunity to save for medical expenses during retirement
- ✓ Want to have lower payroll deductions and free up some money that you can save in your HSA

## Dental Coverage

If you want dental coverage for 2018, you have two Delta Dental coverage options from which to choose: the Basic Dental PPO and the Buy-Up Dental PPO. Note that you do **not** have to be enrolled in medical coverage to enroll in dental coverage.

Both options use Delta Dental's network of providers and allow you to go in- or out-of-network for dental care. You will pay less when you go to in-network providers because your share of the cost will be based on the lower in-network negotiated rates.

| Dental Plans Summary | | |
|---|---|---|
| | **Basic Dental PPO** | **Buy-Up Dental PPO** |
| Annual Deductible (In-Network/Out-of-Network) applies to basic and major services | You pay $50 per person | You pay $50 per person |
| **Annual Benefit Maximum** | Plan pays $1,500 per person | Plan pays $2,000 per person |
| Lifetime Maximum | None | None |
| Diagnostic and Preventive Services* | | |
| Oral exams | Plan pays 100% | Plan pays 100% |
| Cleanings | Plan pays 100% | Plan pays 100% |
| X rays | Plan pays 100% | Plan pays 100% |
| Fluoride treatment (under age 19) | Plan pays 100% | Plan pays 100% |
| Space Maintainers | Plan pays 100% | Plan pays 100% |
| Sealants | You pay 20% after deductible | You pay 20% after deductible |
| Basic Services* | | |
| Restorative (fillings) | You pay 20% after deductible | You pay 20% after deductible |
| Extractions | You pay 20% after deductible | You pay 20% after deductible |
| Oral surgery | You pay 20% after deductible | You pay 20% after deductible |
| Periodontics | You pay 20% after deductible | You pay 20% after deductible |
| Endodontics (root canal therapy) | You pay 20% after deductible | You pay 20% after deductible |
| Major Services* | | |
| Crowns | You pay 50% after deductible | You pay 50% after deductible |
| Bridges | You pay 50% after deductible | You pay 50% after deductible |
| Partial, full dentures and implants | You pay 50% after deductible | You pay 50% after deductible |
| **Orthodontia for Child(ren) to age 21** | Not covered | You pay 50% |
| **Lifetime Orthodontia Deductible** | N/A | None |
| **Lifetime Orthodontia Maximum** | N/A | Plan pays $1,500 per person |

*Plan limits apply to certain services.

## Vision Coverage

If you don't currently have vision coverage and want it in 2018, you can choose to enroll in the Vision Service Plan (VSP). Note that you do not have to be enrolled in medical or dental coverage to enroll in vision coverage.

VSP provides comprehensive coverage through a network of providers. Services received outside the network are still covered but will cost you more money out of your pocket.

| Vision Plan Summary | |
|---|---|
| | **In-Network** |
| | **You Pay** |
| **Exam** – once every calendar year | $0 |
| **Lenses** – once every calendar year<br>Single<br>Bifocal<br>Trifocal | $0 |
| **Frames** – once every other calendar year | Plan covers:<br>$150 maximum allowance;<br>20% discount for amounts over $150<br>or $80 allowance at Costco Optical |
| **Contact Lenses** – once every calendar year (instead of glasses) | Plan covers:<br>Medically necessary lenses:<br>covered in full<br>Elective lenses:<br>$130 maximum allowance for contacts and contact lens exam (fitting and evaluation);<br>15% off contact lens exam (fitting and evaluation) |
| **Lens Enhancements and Additional Discounts** | Plan covers:<br>$55 Standard Progressive<br>$95–$105 Premium Progressive<br>$150–$175 Custom Progressive<br>Average savings of 20%–25% on other lens enhancements<br>20% on additional glasses and sunglasses at any VSP provider within 12 months of your last exam<br>15% off laser vision correction or<br>5% off the promotional price; discounts only available from contracted facilities |

# Flexible Spending Accounts

Looking to save money on your out-of-pocket health care and dependent care costs? CNS offers two FSAs—Health Care and Dependent Care. The FSAs allow you to pay eligible health care and dependent day care expenses with money that is not taxed, saving you 20 to 30% on your out-of-pocket expenses. You may choose to enroll in one or both of these accounts or waive coverage.

The **Health Care FSA** is used for health-related expenses, like copays for visits to the doctor and out-of-pocket expenses for prescriptions and other health care services. Health care expenses for you and your eligible dependents can be reimbursed from your Health Care FSA.

- **You can contribute to the Health Care FSA** if you are enrolled in the PPO Core or PPO Select plans, a non-high-deductible medical plan outside of the CNS plan (e.g., you are enrolled in a plan through your spouse's employer), or you are not enrolled in a medical plan.
- **You cannot contribute to a Health Care FSA** if you enroll in the Choice Fund HSA plan or if you are enrolled in another high-deductible medical plan outside the CNS plan.

The **Dependent Care FSA** is only used for child care or elder care expenses that allow you to work. It is not used for dependents' health care expenses. You don't need to be enrolled in a health plan to participate in the Dependent Care FSA. To qualify for a Dependent Care FSA:

- You and your spouse must work or attend school full-time.
- Your child must be under age 13 or qualify as a federal income tax-eligible dependent who can't care for him or herself.

## Cigna Will Continue to Administer the FSAs

If you are currently participating in one or both FSAs, your 2017 elections will not roll over and you must re-enroll in one or both accounts during Open Enrollment.

If you wish to elect or change your FSAs for 2018, please enroll online or complete the enrollment form included in your packet.

**If you have a Health Care FSA and:**

**Enroll in the PPO Core or PPO Select or do not enroll in a CNS medical plan**: you have until March 15, 2018, to incur eligible expenses and until June 30, 2018, to submit claims.

**Enroll in the Choice Fund HSA**: you MUST have a zero balance in your Health Care FSA as of December 31, 2017. That means you must incur eligible expenses and be reimbursed for those expenses prior to December 31, 2017. If you have a balance in your 2017 Health Care FSA as of January 1, 2018, you will NOT be eligible for the employer contribution and no HSA contributions can be made until your Health Care FSA has a zero balance or after March 15, 2018, whichever occurs first.

## FSA Highlights

- You choose how much you want to set aside each year:
  - Health Care FSA: $50 to $2,600 per year
  - Dependent Care FSA: $50 to $5,000 per year (If you're married and file your taxes separately, the limit is $2,500.)
- Your contributions are taken from your paycheck before federal and state taxes are deducted, making these amounts tax free.
- Pay for your eligible expenses using:
  - The FSA debit card or
  - Your regular funds and submit a claim for reimbursement.
  - Save your receipts, even if you use the debit card.
- IRS rules say that you must forfeit any money left in your accounts at the end of the year, so estimate your expenses carefully. Any account balances remaining at the end of the year cannot be returned.
- Although it's a good idea to submit your claims as you incur expenses during the year, you have until June 30 of the next year to submit eligible expenses for reimbursement from the current plan year.
- Both accounts are administered by Cigna. Go to **myCigna.com** for account details, including up-to-date balance information, claim status, claim forms, and answers to general questions. Call Cigna at **1-855-247-0884** to speak with a customer service representative 24/7/365.

# Important Legal Notices

## Patient Protection and Affordable Care Act (PPACA, or Health Care Reform)

The Affordable Care Act (ACA) has brought sweeping changes to the U.S. health insurance system. Its goal is to make health insurance available to everyone, regardless of medical history or ability to pay. Many of the ACA changes have already affected our medical plans, such as covering adult children through age 26, free preventive care, and reducing or removing annual or lifetime limits on essential health benefits.

## Health Care Reform and You—the "Individual Mandate"

The ACA requires most Americans to purchase health insurance as of January 1, 2015, or pay a penalty. This is called the "individual mandate." The medical plans offered by CNS meet or exceed the affordability and coverage requirements. Therefore, being enrolled in the company-sponsored medical plan satisfies the individual mandate.

## HIPAA Privacy Notice Reminder

The health plans offered by the company are required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule to maintain the privacy of your health information. The Notices of Privacy Practices for our health plans are available from the plan administrator. **Be assured the company and our plan administrators and insurance vendors fully comply with this requirement.**

Note: Because this reminder is required by law, you will receive separate reminders from each of the insurance plans in which you enroll as well as other providers describing the availability of their HIPAA notice of privacy practices and how to obtain a copy.

## HIPAA Special Enrollment Rights

If you (or an eligible dependent) declined coverage in a CNS health insurance plan because you had coverage under another plan, and that coverage ended, you may be eligible to enroll in a CNS health plan. Normally, you would have to wait until the next Annual Enrollment period to enroll, but you may be eligible for a special enrollment period if your other coverage ends because:

- Your employment ended, you had a change in work status, or you became ineligible for coverage.
- The other health insurance plan was terminated.
- The other employer stopped paying a required contribution for coverage.
- COBRA continuation coverage was exhausted.

If your CHIP (Children's Health Insurance Program) or Medicaid coverage is terminated because you lose eligibility or you become eligible for group health plan premium assistance under a state CHIP or Medicaid program, you are eligible for a special enrollment period in a CNS health insurance plan.

In addition, if you acquire new dependent(s) through marriage, birth, adoption, or placement for adoption, you [or your eligible dependent(s)] may be eligible to enroll in a CNS health insurance plan as long as you apply within 60 days following the day after your other coverage ends or the date you acquire a new dependent(s).

## COBRA

If you, your spouse, or eligible dependent loses coverage under any CNS group medical or dental plan because of a COBRA-qualifying event, you may have the right to continue coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). For details about qualifying events, refer to the Initial COBRA Notice.

If your coverage ends due to a COBRA-qualifying event, you will receive a notice of your continuation rights. At that time, you will have up to 60 days—from the date of your event or the date you received your notice—to decide whether you want to continue your health coverage.

If you, your spouse, and/or dependent have a COBRA-qualifying event, you must notify Human Resources immediately.

## Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section.

Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act of 1998

Your medical plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call Cigna at 1-855-247-0884 for more information.

# Contact Information

| Coverage | Website | Phone Number |
|---|---|---|
| **CNS Benefit Plans** | http://home1.y12.doe.gov/benefits | 1-877-861-2255 or<br>1-865-574-1500<br>Monday–Friday<br>8 a.m.–5 p.m. ET |
| **Medical** – Cigna | www.myCigna.com | 1-855-247-0884 |
| **Prescription Drugs** – Express Scripts | www.express-scripts.com | 1-800-685-8869 |
| **Dental** – Delta Dental | www.deltadentaltn.com | 1-800-223-3104 |
| **Vision** – VSP | www.vsp.com | 1-800-877-7195 |
| **FSAs** – Cigna | www.myCigna.com | 1-855-247-0884 |

This guide is not a guarantee of benefits and is only intended to provide you with an overview of your benefit options. Complete descriptions of the plans and their provisions are available to you. If any information in this guide conflicts with the detailed plan documents and insurance contracts, the plan documents and contracts are the authority. Although Consolidated Nuclear Security intends to continue providing a variety of plan options, we reserve the right to make changes in whole or in part, or terminate any of the options at any time. This guide is not to be construed to create a contract of employment between Consolidated Nuclear Security or its subsidiaries and you.