



DISCOVER  
your WORLD of benefits

# INTRODUCING YOUR NEW BENEFITS CHOICES FOR 2016



## 2016 OPEN ENROLLMENT BENEFITS GUIDE FOR UNDER AGE 65 RETIREES

*Open Enrollment is October 7 - October 30, 2015*

Real Life. Real Benefits. Real Choices.

# Welcome:

To: All Under Age 65 Retirees

Beginning January 1, 2016, UnitedHealthcare (UHC) will be our new plan administrator, replacing Cigna, which has administered our benefits since UT-Battelle began managing the lab in April 2000. We selected UHC because they offer quality customer service and have a strong track record of providing forward thinking solutions to improve health, engage retirees and their families, and manage rising health care costs.

## Plan Changes

We have also made the decision to go from offering four plans to two. Costs and premiums for the Cigna Point of Service and Open Access plans continue to rise. As the number of retirees in these plans starts to decrease (these plans were closed to new participants in 2012-2013), offering all under age 65 retirees the same plan choices will slow increases in costs and premiums.

All Cigna plans will close on December 31, 2015. We will offer two UHC plans for 2016: **Prime Select**, which offers the same features, copays, and benefits as the current Cigna Open Access Plus plan, and **Consumer Choice**, which offers the same features, copays, and benefits as the current Cigna Choice Fund. The new plans will have lower premiums than the Cigna Point of Service and Open Access plans, and based on recent experience their costs will not grow as quickly, although there will be higher copayments.

You may choose a new plan during open enrollment (October 7-30, 2015) or, if you take no action, you will automatically be transitioned to the new plans effective January 1, 2016.

- Participants in the **Cigna Point of Service, Open Access, and Open Access Plus** plans will transition to **UHC Prime Select**.
- Participants in the **Cigna Choice Fund** will transition to **UHC Consumer Choice**.

This booklet explains the changes to the benefits program in detail. I encourage you to take the time to review this guide, attend one of the upcoming informational meetings and view the webinar to help you thoroughly understand the options available to you. Your Open Enrollment kit will arrive the first week in October.

As always, ORNL remains committed to providing you with a competitive, valuable benefits program that can help you enhance and enrich your life.

In good health,



Thom Mason  
Laboratory Director



# 2016 Open Enrollment is October 7 – 30, 2015

Open Enrollment is your once-a-year opportunity to review your current coverage, consider the benefit options available and select those most appropriate for you and your family. While ORNL continues to pay the majority of your medical costs, there are a number of changes taking place for under age 65 retirees effective January 1, 2016.

Please review the information in this booklet to ensure you are in the plan that best meets your needs and those of your family.

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**Watch your mail for your Open Enrollment Kit to arrive the first week in October.**



## Who is Eligible

During Open Enrollment, as an under age 65 retiree, you are eligible to make changes for the benefits described in this guide.

You may add or drop your eligible dependents to your medical and/or dental coverage. **Note: Addition of a spouse is not an Open Enrollment event.** All newly added dependents require verification as outlined below. Your eligible dependents include:

- Your children up to age 26 — this includes your birth child, legally adopted child or stepchild. A retiree can cover their adult children until age 26 even if the young adult no longer lives with his or her parents, is not a dependent on a parent's tax return, or is no longer a student. Both married and unmarried children are eligible, although their own spouses and children do not qualify.
- A disabled child of any age who lives with you and is dependent on you for support due to a mental or physical handicap, provided you submit proof of the child's disability within 30 days of reaching the age 26 maximum.

### Dependent Verification

If you add a new dependent(s) to the medical and/or dental plans, you must provide a copy of the birth certificate, or adoption or guardianship documents within 30 days of enrollment. The Social Security Number (SSN) of each dependent is also required. Under certain circumstances, dependents of foreign nationals who do not have SSNs may enroll without one.

Dependents who are currently covered under the medical and/or dental plans do not require documentation during the Open Enrollment period. For your newly enrolled dependent, if you do not provide the required documentation within 30 days of enrollment, your dependent will not have medical or dental coverage for 2016.

**Please see Page 12 for instructions on where to send required documentation via email, fax, or postal service.**

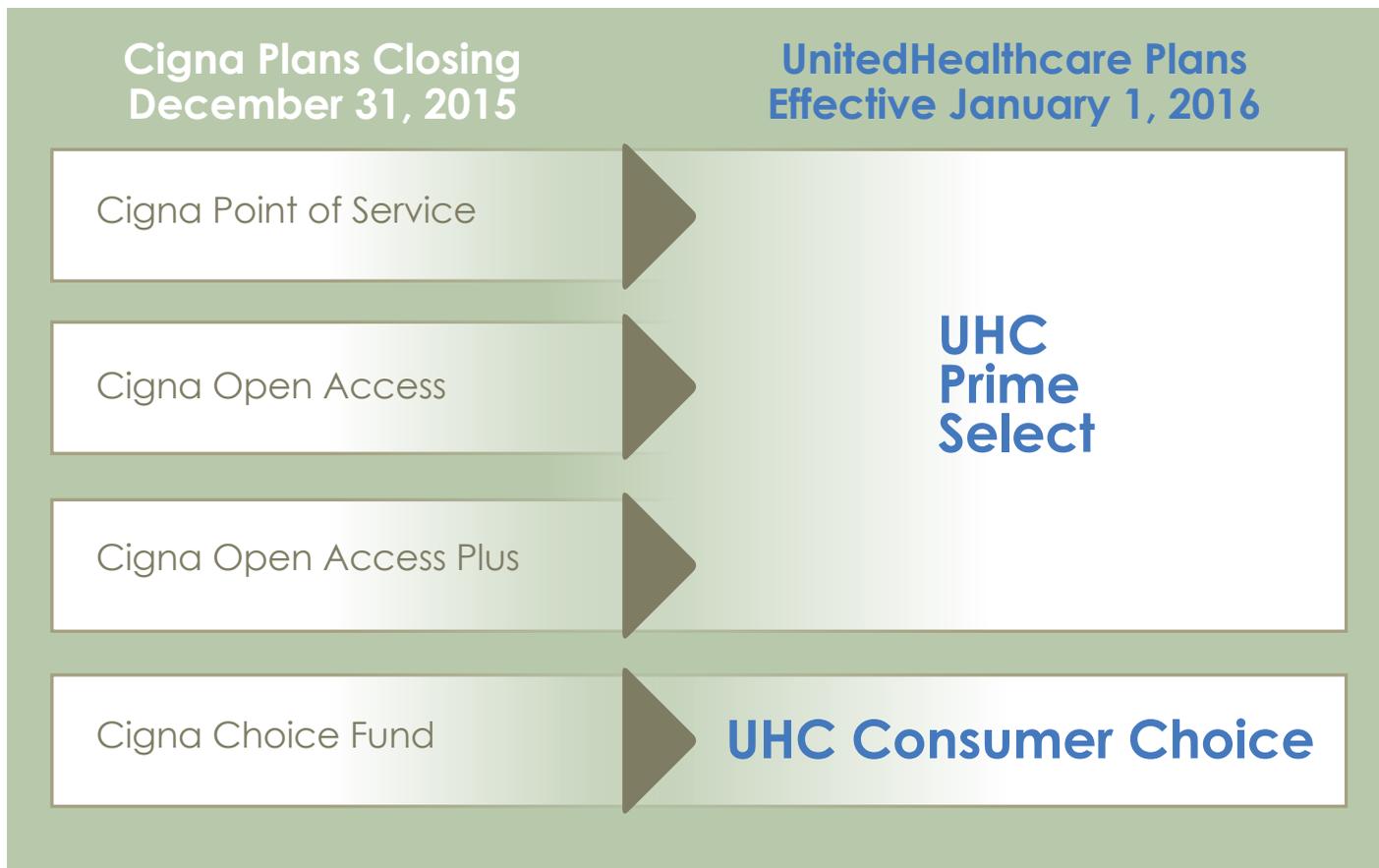


# What's New For 2016

## ORNL is moving to UnitedHealthcare (UHC)

UnitedHealthcare (UHC) will replace Cigna as ORNL's plan administrator beginning January 1, 2016. Your coverage will not be interrupted. During Open Enrollment you may select one of two UHC plans for 2016.

**If you do nothing, you will be transitioned automatically on January 1 as outlined below. You will not be able to change plans until the next Open Enrollment period for the following January.**



## Medical Plan Choices

**Prime Select** – UHC's Prime Select replaces the current Cigna POS and Open Access plans. The covered benefits remain the same as in the current POS plan. Although it's still recommended, you are no longer required to have a Primary Care Physician, and you may see anyone in the new national network with no referral required by the plan for specialist care. Copays for office visits will increase to \$20 for a primary care visit and \$35 for a specialist visit. A \$250 copay will apply to inpatient care, and the copay for an emergency room visit will increase to \$75.

**Consumer Choice** – UHC Consumer Choice provides a healthcare plan with a tax-free savings account that you can use to pay for eligible medical expenses. The plan offers the same covered benefits as in the current Open Access plan, although the cost structure is very different. This new Consumer Driven Health Plan (CDHP) has a high deductible but lower premium to give you more choice and control over how you spend your health care dollars. Enrolling in this plan allows you to contribute to a Health Savings Account (HSA), an account you own and can use to pay for eligible medical expenses.

## What is Changing?

### National Network of Providers

UHC's national network of providers will replace the current Tennessee Seamless network, expanding your options throughout the country. Guesting will no longer be necessary. Visit UHC's pre-enrollment site for ORNL (<http://welcometouhc.com/ornl>) to see if your provider is part of this expanded network. UHC includes all Covenant Health hospitals, Tennova Healthcare hospitals, East Tennessee Children's Hospital, and University of Tennessee Medical Center. It includes more than 726,000 doctors and health professionals and 5,600 hospitals nationally.

### Prescription Drug Program

Express Scripts will continue to provide prescription coverage. However, the cost structure for both plans is changing, and will include coinsurance for all prescriptions, except generics under the Prime Select plan. Both plans include a minimum and maximum payment for each tier of the drug plans.

## What is Not Changing?

- **Preventive care** continues to be covered at 100% in the new plans.
- **Drug Management Programs remain in place**  
These programs remain in effect for both medical plans. Any additional costs incurred through these programs do not apply to plan out-of-pocket maximums.
  - **Retail Refill Allowance (RRA)** encourages members to use the mail order pharmacy for maintenance drugs. The program allows you to receive up to three fills of the same maintenance drug at retail before having to move to the mail order pharmacy. If you continue to purchase the maintenance drug at retail, you will pay the total cost of the drug. **Note that your RRA count does not reset or start over each year.**
  - **Member Pays the Difference** encourages members to select less expensive generic equivalents when available. If you choose to stay on a brand name drug when a generic equivalent is available, you will pay for the difference between the cost of

the brand drug and the generic. If there is a clinical reason why you cannot take the generic drug, there is an Express Scripts appeal process for approval to pay only the brand drug coinsurance.

- **Vision Care**  
Vision Services Plan (VSP) will continue to offer the same coverage in both plans.

## NEW: Bariatric surgery

Bariatric surgery will be covered under the new Prime Select and Consumer Choice plans.

- The procedure is subject to medical necessity and clinical guidelines.
- Treatment of clinically severe obesity, as defined by the body mass index (BMI) is covered only at approved centers.
- The following are excluded: Medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; Weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision.

### ID Cards –

If you are enrolled in a medical plan for January 1, 2016, you will receive 2 UHC ID cards and 2 Express Scripts Rx cards before the end of the year. ID cards will be mailed to your home. Be sure to have your cards with you when receiving services or filling a prescription.

## Other Benefits:

### Dental Plan

There are no changes to the Dental offerings for 2016. ORNL provides two Dental options – MetLife and Delta Dental.

Both plans have a preferred provider network and an out-of-network benefit, and both cover two preventive care visits each year for cleaning.

# Getting the Most from Your Health Care Dollars

The face of health care has changed over the last decade and, most likely, will continue to do so. The overriding theme of these changes is that we are all health care “consumers.” Any time you go to the doctor or fill a prescription, you are essentially making a purchase. As with any purchase, you choose how and what you spend. You can, and should, even shop around. Here are a few tips to help you manage your out-of-pockets costs.

- **Get a PCP** – Even though it's not required by your plan, having a doctor you see regularly can help you manage your out-of-pocket costs because it gives you a place to go when you're sick or injured. Many non-life threatening trips to the emergency room can be treated in a doctor's office, with a significant savings to your wallet.
- **Use in-network providers** – Using doctors and hospitals inside the network significantly reduces your out-of-pocket costs since those in the network provide services at reduced, negotiated rates. The same applies to the prescription drug program where you can see savings by using an Express Scripts pharmacy or even better, the mail order program.
- **Get routine and age-appropriate screenings** – Preventive care is covered under the plans at 100% through an in-network provider. Screenings can diagnose disease early on, at a more treatable stage, therefore reducing the need for more expensive care.

## Medical Premiums

Retiree Monthly Premiums		
	Prime Select	Consumer Choice
Retiree only	\$137.86	\$71.51
Retiree plus one	\$275.73	\$143.03
Retiree plus two or more	\$413.59	\$214.54



# Medical Plan Comparison Chart

	Prime Select		Consumer Choice	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>	Employee: \$0 All other coverage levels: \$0	Employee: \$200 All other coverage levels: \$400	Employee: \$1,500 All other coverage levels: \$3,000	Employee: \$2,500 All other coverage levels: \$5,000
<b>Coinsurance</b> <i>(All coinsurance amounts are payable after annual deductible has been met.)</i>	ORNL pays 100%	You pay 20% ORNL pays 80%	You pay 10% ORNL pays 90%	You pay 30% ORNL pays 70%
<b>Annual Out-of-Pocket Maximum</b>	Employee: \$6,850 All other coverage levels: \$13,700 (medical and Rx combined)	Employee: \$2,500 All other coverage levels: \$5,000 (medical and Rx combined)	Employee: \$2,500 All other coverage levels: \$5,000 (medical and Rx)	Employee: \$5,000 All other coverage levels: \$10,000 (medical and Rx)
<b>Office Visit</b>	PCP: \$20 Specialist: \$35	You pay 20% ORNL pays 80% after the plan deductible is met	You pay 10% ORNL pays 90% after the plan deductible is met	You pay 30% ORNL pays 70% after the plan deductible is met
<b>Inpatient Hospital Services</b>	ORNL pays 100% after \$250 copay per admission	You pay 20% ORNL pays 80% after the plan deductible is met	You pay 10% ORNL pays 90% after the plan deductible is met	You pay 30% ORNL pays 70% after the plan deductible is met
<b>Hospital Emergency Room</b>	You pay a \$75 copay, then ORNL pays 100%		You pay 10% ORNL pays 90% after the in-network plan deductible is met	
<b>Preventive Care</b>	ORNL pays 100%	Not covered	ORNL pays 100%	Not covered
<b>Preventive Screenings</b> <i>(PSA, Mammogram &amp; Pap Smear)</i>	ORNL pays 100%	You pay 20% ORNL pays 80% after the plan deductible is met	ORNL pays 100%	You pay 30% ORNL pays 70% after the plan deductible is met
<b>Lab and X-ray</b> <i>(Physician's office, Outpatient hospital facility, and Independent X-ray and/or lab facility)</i>	ORNL pays 100%	You pay 20% ORNL pays 80% after the plan deductible is met	You pay 10% ORNL pays 90% after the plan deductible is met	You pay 30% ORNL pays 70% after the plan deductible is met
<b>Maternity</b> <i>(includes routine prenatal &amp; postnatal visits and delivery)</i>	You pay an initial office visit copay then ORNL pays 100%	You pay 20% ORNL pays 80% after the plan deductible is met	You pay 10% ORNL pays 90% after the plan deductible is met	You pay 30% ORNL pays 70% after the plan deductible is met

# Medical Plan Comparison Chart

	Prime Select		Consumer Choice	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Outpatient Surgery</b>	ORNL pays 100%	You pay 20% ORNL pays 80% after the plan deductible is met	You pay 10% ORNL pays 90% after the plan deductible is met	You pay 30% ORNL pays 70% after the plan deductible is met
<b>Short-term Rehabilitation</b> <i>(physical, speech, occupational, cardiac, pulmonary, cognitive therapy)</i>	PCP: \$20 Specialist: \$35  20 day limit per calendar year, in- and out-of-network combined	You pay 20% ORNL pays 80% after the plan deductible is met 20 day limit per calendar year, in- and out-of-network combined	You pay 10% ORNL pays 90% after the plan deductible is met 180 day limit per calendar year, in- and out-of-network combined	You pay 30% ORNL pays 70% after the plan deductible is met 180 day limit per calendar year, in- and out-of-network combined
<b>Chiropractic Care</b> <i>Limited to 25 visits per calendar year</i>	PCP: \$20 Specialist: \$35	Not Covered	You pay 10% ORNL pays 90% after the plan deductible is met	Not Covered
<b>Mental Health</b>	Outpatient: \$35 copay per visit Inpatient: \$250 copay per admission, then ORNL pays 100%	You pay 20% ORNL pays 80% after the plan deductible is met	You pay 10% ORNL pays 90% after the plan deductible is met	You pay 30% ORNL pays 70% after the plan deductible is met
<b>Infertility Treatment</b> <i>(\$20,000 lifetime max)</i>	Not Covered	Not Covered	Diagnosis covered 100%, then You pay 10% ORNL pays 90% after the plan deductible is met	Diagnosis covered 100%, then You pay 30% ORNL pays 70% after the plan deductible is met
<b>Hearing Aids</b>	Not Covered	Not Covered	You pay 10% ORNL pays 90% after the plan deductible is met \$750 maximum every 36 months; no maximum for children up to age 18	Not Covered
<b>Bariatric Surgery</b> <i>(subject to medical necessity &amp; clinical guidelines)</i>	Office visits: PCP: \$20 Specialist: \$35 Inpatient facility: \$250 copay per admission, then ORNL pays 100% Outpatient: ORNL pays 100%	You pay 20% ORNL pays 80% after the plan deductible is met	You pay 10% ORNL pays 90% after the plan deductible is met	You pay 30% ORNL pays 70% after the plan deductible is met
<b>Vision Care</b>	Services Provided by VSP; Coverage is the same in both plans. Any copayments or coinsurance do not count toward plan deductibles or out-of-pocket maximums			

# Prime Select Plan Features

- Preventive care, such as annual physicals and age-appropriate screenings, are provided at **no cost** to you when you use an in-network provider.
- Other eligible **in-network** services, including doctor's visits, are covered at 100% after a fixed copayment.
- No referrals are required by the plan to see a specialist.

## Prime Select Prescription Drug Coverage

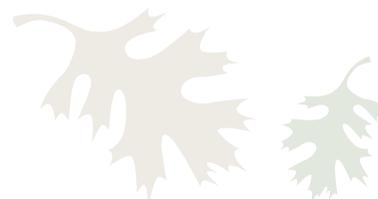
Under the Prime Select plan, you will pay a copayment for generic drugs and coinsurance for preferred and non-preferred brand drugs. There are minimum and maximum limits on the coinsurance, which help protect you from the high cost of some drugs. Once you meet the out-of-pocket maximum, prescriptions are covered 100%. The following schedule outlines the prescription drug cost structure for the Prime Select plan:

Prime Select Prescription Drug Plan				
	Retail*		Mail Order*	
Generic drugs	\$5 copay		\$12 copay	
	30% coinsurance for brand name drugs Minimums and maximums noted below			
	Minimum	Maximum	Minimum	Maximum
Brand name drugs ( <i>preferred</i> )	\$20	\$100	\$50	\$200
Brand name drugs ( <i>non-preferred</i> )	\$40	\$200	\$100	\$400

\*You will pay the actual cost if that cost is less than the copay or minimum.

Below are some examples of the prescription drug cost sharing structure under the OAP:

Mail Order Brand Preferred Coinsurance examples – Prime Select			
Drug cost	30% coinsurance	Member pays	ORNL pays
\$160	\$48	\$50 (minimum payment)	\$110
\$400	\$120	\$120 (30% of covered cost)	\$280
\$1,600	\$480	\$200 (maximum payment)	\$1,400



# Consumer Choice Plan Features

The Consumer Choice plan, a Consumer Driven Health Plan, or CDHP, is designed to give you choice and control over how you spend your health care dollars and encourage you to budget and manage your health care expenses carefully.

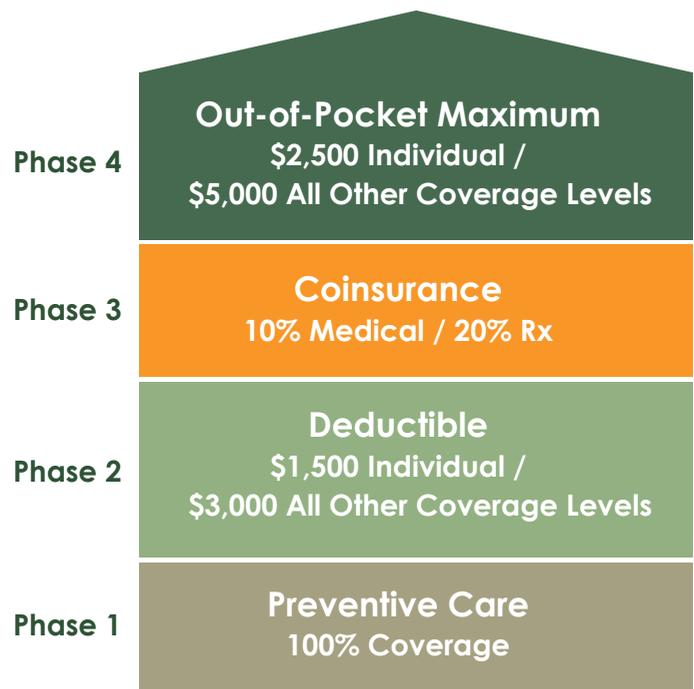
CDHPs have high deductibles, but lower employee premiums. In fact, premiums for the Consumer Choice plan are **significantly lower** than those for the Prime Select plan. Like Prime Select, Consumer Choice covers preventive care services at 100% with no coinsurance when you see an in-network physician, and also gives you the freedom to receive care from in- or out-of-network providers. No referrals are required by the plan to see a specialist.

A second, important component of the Choice Fund plan is the ability to contribute to a Health Savings Account (HSA). An HSA is like a bank account you own and use to pay for eligible current and future medical expenses for you and your eligible dependents.

## How the Consumer Choice Plan Works

The Consumer Choice plan cost structure is made up of several connected levels, or phases, including preventive care, an annual deductible, coinsurance and an out-of-pocket maximum.

- **Phase 1** includes 100% coverage for preventive care, such as annual physicals and age- appropriate screenings. These services are provided at no cost to you when you use an in-network provider. Preventive care sets the foundation for all of your health care, and is the first step to staying healthy.
- **Phase 2** includes all other services, including doctor's visits and prescription drugs, which are subject to the deductible. This means that you are responsible for 100% of the cost until you reach the plan deductible.
- **Phase 3** is the cost-sharing phase. Once you meet the deductible, you share in the cost of services by paying coinsurance until you reach the annual out-of-pocket maximum.
- **Phase 4** is reached after you meet the out-of- pocket maximum for the year. Once the out-of- pocket maximum is met, the plan pays 100% for eligible, covered medical and prescription drug expenses.



*For more information on  
Consumer Choice, please  
contact ORNL Benefits.*

# Learn More About Your Options

## Use the On-Line Resources

A variety of on-line tools can help you make informed decisions. For more information about your medical plan choices or Open Enrollment, visit <https://benefits.ornl.gov/2015>.

- Information including premiums, FAQs and plan comparisons will be available.
- During Open Enrollment in October you and your family can view a webinar explaining the new medical plan features
- UHC and Express Scripts are providing web-based tools and calculators that you can use to understand your potential out of pocket costs in 2016.

## Attend a Medical Plan Information Meeting

UHC, Express Scripts and ORNL Benefits will discuss the new plans on:

**August 26: 2 - 3 pm**

**August 27: 9 - 10 am**

**American Museum of Science and Energy, Oak Ridge, TN**

<b>UHC</b> <a href="http://welcometouhc.com/ornl">http://welcometouhc.com/ornl</a>	<b>Express Scripts</b> <a href="http://www.expressscripts.com/ornl">www.expressscripts.com/ornl</a> 1-866-749-0097	<b>ORNL Benefits Service Center</b> <a href="https://ornl.employee.com">https://ornl.employee.com</a> 1-800-211-3622
Use your personal information to estimate health coverage expenses.	<ul style="list-style-type: none"><li>• Review pharmacy benefit plan highlights</li><li>• Find a local participating pharmacy</li><li>• Compare prescription medication costs</li><li>• Formulary - look up drugs by name</li><li>• Savings advisor</li></ul>	<b>Send required documentation to:</b> PO Box 32290 Louisville, KY 40232 <b>email:</b> <a href="mailto:ORNL.BenefitsSupport@ADP.com">ORNL.BenefitsSupport@ADP.com</a> <b>fax:</b> 1-866-265-8283



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