



EXTRA! EXTRA! OE13 THREE WEEKS ONLY! ENDS NOV. 21!

BENEFITS **MATTER**



A PUBLICATION OF PNNL POST | IMPORTANT ENROLLMENT INFORMATION | NOVEMBER 2012

What's Changing with Health Care Reform?

Since the continuing Affordable Care Act became law in March 2010, many changes to health care have been planned and will be implemented over the course of four years. Some changes, like the requirement that all preventive care services be fully covered under all medical plans, have already been implemented and are in place.

However, there are some aspects of health care reform that have yet to be implemented, including changes for 2013. One of the most important 2013 changes is a change to the Health Care Flexible Spending Account (FSA) limits, which will decrease from \$5,000 to \$2,500 per year.

Additionally, the Act is expanding access to [preventive services for women](#). The following list highlights some of the covered services:

- [Anemia](#) screening on a routine basis for pregnant women
- [BRCA](#) counseling about genetic testing for women at higher risk
- [Cancer](#) screening
- [Comprehensive](#) breastfeeding support and counseling from trained providers, as well as breastfeeding supplies
- [Contraception](#)
- [Domestic and interpersonal violence](#) screening and counseling
- [Folic Acid](#) supplements for women who may become pregnant
- [Human Papillomavirus \(HPV\) DNA Test](#) every three years
- [Mammography](#) screenings every one to two years for women older than 40
- [Osteoporosis](#) screening for women older than 60 depending on risk factors



Health Care Spending Account (FSA) limits will decrease to \$2,500 in 2013.

- [Well-woman visits](#) to obtain recommended preventive services for women under 65

For more detailed information, visit [Anthem's health care reform site](#) dedicated to the topic.

Did You Know the EAP Offers...

Did you know that the Employee Assistance Program (EAP) offers parenting forums, elder care resources, programs for quitting tobacco, and financial calculators to help with budgeting, investing and retirement planning?

For instance, tobacco cessation services include an online component featuring self-help resources in addition to personal

telephone counseling to help employees kick the habit. The [tobacco cessation](#) section of the website provides access to top articles, webinars, videos and expert information to learn more about breaking addictions. There also are interactive self-help programs designed to help a smoker gauge his or her readiness to quit and create a personalized cessation plan.

The EAP also offers a wealth of information about family life for parents, including complete sections devoted to infants and toddlers, preschool- and school-age youth, preteens and teens, and adult children. Each age range features pertinent articles, parenting forums and additional websites, as well as resources devoted to helping parents. Whether it's finding a qualified caregiver from a listing of [state childcare directories](#) or reading the latest news about children's health and wellness issues, the EAP offers an easy-to-use, compiled resource to help you find what you're looking for.



Family life means more than raising children. Often, it encompasses taking care of an older relative or a child or adult with special needs. Through the EAP, there's a caregiving section devoted to the unique situations presented by these circumstances. There are special resources for people devoted to taking care of an elder or special-needs dependent. Just as there is a resource for finding child care within the parenting section, there's an [elder care](#)



No matter what stage of life you're in, the financial and legal resources found on the EAP site are first rate.

[resource](#) to help caregivers find support for an aging loved one.

No matter what stage of life you're in, the financial and legal resources found on the EAP site are first rate. The section spans consumer information helping the "buyer beware," to estate planning guidance, financial calculators and budgeting advice, and [online legal tools](#) to create a will and more.

PNNL employees can access it through

the [Benefits site](#). Additionally, the services can be accessed directly by both groups through the EAP's website, [Live and Work Well](#).

You do not need to elect to participate in the EAP during Open Enrollment. It is an always-available service offered to all employees and their family members.

If you have an immediate concern about a work, personal or financial issue, you can access your benefit at any time, by request-

ing a confidential [phone or online consultation](#). Perhaps you're looking for a little more information and need a bit of assistance.

The EAP's specialists are on-hand 24 hours a day, seven days a week to lend a bit of support.

To explore the EAP's offering, call 866-728-8403 or visit OptumHealth's website at www.liveandworkwell.com, (access code: battelle).

Mobile Mamography

[Providence Women's Health Mamography Coach](#), a mobile medical unit, made its first visit to PNNL in June and was a huge success! Employees were excited and supportive to have the Coach on-site at PNNL and were impressed by the state-of-the-art equipment. The Coach allowed employees a quick, efficient, and easy way to complete their annual check-up, which is not the most pleasant thing to do.

Based on the feedback received from employees who wanted to utilize this service, but were not due for appointments or not available on the scheduled dates, we have scheduled the Coach to come

back Nov. 13 and 14, 2012. For those who participated in June, please keep in mind that we plan to have them back in June 2013 to keep women on schedule. The exact June dates have not been finalized, but please watch for communication next year so you can schedule your appointment early.

If you would like to schedule your appointment for Nov. 13 or 14, call the Women's Health Center at 1-877-474-2400. Remember, this service also is available to covered dependents on your medical plan, but the minimum age that can be seen on the Coach is 30.



**PROVIDENCE
WOMEN'S HEALTH
MAMMOGRAPHY
COACH**

**We have
scheduled the
Coach to come
back this
Nov. 13-14**

Save Money with PerksCard

A new season of PerksCard is upon us and, if you've never signed up or signed up and forgot to use these discounts, now is your chance! PerksCard is open to all employees, retirees and their families and is a great way to save money locally, online and when you travel. PerksCard has set up an online portal just for PNNL employees that highlights discounts for a variety of goods and services. From big things like buying a car or purchasing a home to everyday activities like going out to dinner or dry-cleaning, PerksCard has something for everyone. It's easy to get set up:

1. Go to www.perkscard.com and click on the "Register Now"
2. Enter BPND12 in the field labeled "Your Group Code"
3. Fill out your profile information and click "Register" at the bottom of the page
4. Once registered, print your card from the left hand navigation and review the discounts in your area

For username or password recovery, call PerksCard customer service at 1-877-253-7100.

If you have a business you'd like to see discounted, e-mail life@pnnl.gov with the suggested business and its contact information.

Generic Drugs Offer Cost Savings and Value

For PNNL medical plan members, prescription drug coverage is administered by CVS Caremark. Prescription Benefit Managers like CVS Caremark track usage of generics within their programs by figuring the generic dispensing rate. The generic dispensing rate is calculated by dividing the total number of generic prescriptions by

the total number of prescriptions dispensed in a given time period. For every 1 percent increase in PNNL's generic dispensing rate, the gross pharmacy spend is estimated to decrease by 2.5 percent. Lower costs for the PNNL plan sponsor mean lower costs for plan participants, and contribute to lower charges to our clients.

PNNL employees have been embracing the cost-saving opportunity that generics provide. PNNL plan participants have gone from a generic dispensing rate of 69.4 percent just a few years ago to 76.5 percent as of August of 2012. This increase in generic utilization has contributed significantly to PNNL's lower medical plan cost increases

What You Can Do to Save

1. Always ask your doctor if a generic is available for the medicine you are being prescribed.
2. Ask your doctor to allow generic substitution on all your prescriptions.
3. Ask your pharmacist to fill your prescription with a generic equivalent, if available.
4. Order your prescriptions through the CVS Caremark Mail Service Pharmacies. Your prescription benefit allows CVS Caremark to fill your prescription with a generic equivalent for your prescribed medicine if your doctor permits.



when compared to our peers.

At the end of 2011, the cholesterol-lowering drug Lipitor, commonly prescribed to treat or prevent cardiovascular disease, became available in generic form. The generic version of Lipitor is currently available, while other medicines prescribed to lower cholesterol such as Crestor and Vytorin are still available only by brand name.

In 2010, PNNL had more than \$1.1 million in claims for Lipitor, with more than 400 prescriptions filled. So far this year, we're on target to save \$225,000 to the plan because of Lipitor's availability as a generic drug.

Current member cost for a 90-day supply of brand-name Lipitor is about \$120. The member cost for the same supply of the generic drug is \$20, translating to an annual savings of \$400 per member per year for those who purchase the generic formula under PNNL's prescription drug benefit.

Additional brand-name medications expected to be available in generic form before the end of 2012 include Diovan, Maxalt MLT, Temodar, and Tricor. In addition, there are a number of popular brand-name drugs tentatively scheduled for generic launches sometime between the third and fourth

quarter of 2013. The drugs scheduled within this timeframe include Aciphex, Cymbalta, and Niaspan. Availability of generic versions of these medications also will most likely have a positive impact on PNNL's generic dispensing rate.

For more information about your prescription drug benefit or to view the formulary drug list or value generics list, visit the [Benefits website](#) or www.caremark.com.

Sources: CVS Caremark, Wikinvest

Consumer-Driven Health Plan Trend Watch

Health care is a field in which there have been many recent changes, especially when the Affordable Care Act was signed into law on March 23, 2010. With these changes, new trends have emerged. One of those trends has been the accelerated shift toward consumer-driven health plans, or CDHPs.

The purpose of a CDHP is to empower individuals to make informed health-care choices. An overview of a CDHP model generally includes:

- A high deductible with lower premiums;
- An account tied to the plan, used to pay for medical expenses. Typically a health savings plan (HSA) or health reimbursement account (HRA), these accounts allow tax-free contributions and have the ability to roll over any unused funds from year to year; and
- Out-of-pocket costs, such as the deductible, doctor's visit or hospital costs, and prescription drugs are capped.

According to the Consumer-Driven Health Care Institute, a not-for-profit organization representing the leaders in consumer-driven health care, a CDHP model encourages:



CDHPs are now the second most common plan design offered by U.S. employers.

- Consumers to work with their physicians and health-care providers to create a better health-care outcome for themselves and their families;
- More cost-efficient health care usage by empowered and knowledgeable consumers who use information tools; and
- Transparency regarding the price and quality of health-care professionals, helping consumers make effective health-care choices.

The popularity of CDHPs has grown, and industry trend watchers believe it is due to the amount of control over costs that both consumers and employers have with this type of plan. Although PNNL has

not adopted a CDHP as part of its benefits offering, other organizations already have. PNNL is researching its options and considering offering one in 2014.

[Kaiser Health News](#), in collaboration with PBS NewsHour, reported that high-deductible health-care plans are no longer a novelty—they are becoming mainstream. According to an article posted in April 2012, the number of people with this kind of coverage reached more than 11.4 million in January 2011, up from 10 million in January 2010.

Additionally, a new Aon Hewitt survey released through [PR Newswire](#) on Sept. 17 also demonstrated the growing prevalence of CDHPs. Nearly 60 percent of employers who responded to the survey said they offered a consumer-driven health plan last year.

CDHPs are now the second most common plan design offered by U.S. employers, surpassing health maintenance organizations (HMOs). Preferred provider organizations (PPOs) continue to be the most widely offered plans.

Sources: Consumer-Driven Health Care Institute, Kaiser Health News; PR Newswire

How PNNL's Disability Program Works

PNNL's Disability Program coordinates Short-Term Disability, Long-Term Disability, and the Family and Medical Leave Act (FMLA) coverage under a single administrator to provide streamlined, seamless coverage.

Unum is the administrator of PNNL's disability coverage. The disability plan differentiates between casual illness and short-term disability. When you are unable to work for short-term health reasons, such as a cold or the flu that lasts for seven work days or less, you use your sick and excused ("S" and "E") hours to cover that absence.

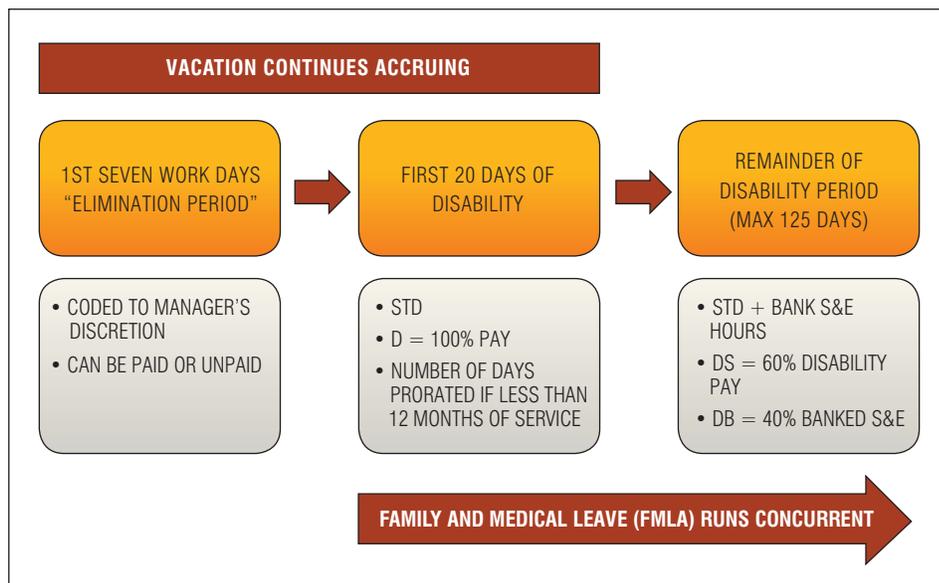
The Short-Term Disability Program replaces all or part of your income if you are unable to work due to an illness or injury lasting longer than seven work days, for example due to surgery, major illness or childbirth.

If your absence qualifies for Family and Medical Leave it will be used at the same time as Short-Term Disability (it runs concurrently).

The Long-term Disability Program provides a 50 percent benefit, or 60 percent benefit less any deductible sources of income (e.g. Social Security), for eligible long-term disabilities, payable starting on Week 26 and continuing up to age 65. If your disability is incurred at age 60 or later, your monthly benefits may continue beyond age 65. Please refer to the Long-Term Disability Summary Plan Description on the [HR website](#) for additional information.

STEP 1: Contact Unum

To initiate a disability claim, you should call the Leave Management Line at Unum as early as possible, even in advance of a disability (for situations such as childbirth or planned surgery), at 1-866-269-0978 available Monday through Friday, 5 a.m. to 5 p.m. Pacific Time. You will need to provide Unum with PNNL's Short-Term Disability Policy Number, 133483.



STEP 2: Claim Intake and Review

A Unum Intake Specialist will work with you to file the claim. Unum will confirm your eligibility data, obtain the reason for leave and estimate your return to work date. To avoid delays in processing your claim, it may be necessary for you to follow up with your physician to ensure timely submission of required information. This begins the short-term disability process, as well as review of FMLA eligibility.

STEP 3: Benefits Office Sends Manager Memo

Once the initial disability claim is reviewed by Unum, an e-mail memo from the Benefits Office is sent to your manager detailing how your time should be recorded. Payroll, your Human Resources Manager, and Security are copied on this memo as well. Above is a flow chart to demonstrate a typical time card coding, application, and utilization.

STEP 4: Manager Inputs Short-Term Disability on Timecard

Your manager, or his/her delegate, will record your short-term disability time on your timecard during your absence. Short-term disability time cannot be recorded until your manager has received the e-mail memo from the Benefits Office.

STEP 5: Employee Keeps Manager Apprised of Return to Work Date

Remember, it is your responsibility to keep your manager up to date on when you will return to work. Your manager may also

require you to provide updates weekly or monthly, as is appropriate under the circumstances.

STEP 6: Unum Contacts You Throughout Leave

A Short-term Disability Specialist performs ongoing management as needed and continues clinical reviews at least once every four weeks. After you have been on Short-term Disability for 125 days, Unum will work with you to transition to Long-term Disability, when appropriate.

STEP 7: Preparing to Return to Work

The Unum Short-Term Disability Specialist will monitor your return to work status. You will need to obtain a note from your physician releasing you to return to work. The date on this release should match the date given to you by Unum as your expected return to work date. If it does not, you will need to contact Unum to request an extension of benefits.

STEP 8: Returning to Work

You must go through PNNL's On-Site Occupational Health Clinic (OH) on the day that you are released to return to work. Make sure to bring your physician's release note with you to OH. Once you clear through OH, give your manager and the Benefits Office a copy of both your physician's release and your OH release so that your status can be returned to active.

Shingles Vaccine Coverage Tips

Shingles is a painful skin rash that can occur in adults. It occurs within a person's nerve roots when a dormant varicella zoster virus (the one that causes chicken pox) becomes active again.

Cost and storing requirements of the shingles vaccine limit many primary care doctors from stocking it, making it difficult for plan participants to find doctors who administer it in their offices. Effective last year, PNNL began covering the shingles vaccine Zostavax in full under the CVS Caremark prescription drug plan for plan participants who are age 50 and older.

The process of obtaining the vaccine can be complicated. Here are some tips to help make it easier:

- You will need to obtain a prescription from your doctor. You will then be able to bring the prescription to any one of the plan's participating [retail pharmacies](#).
- Some pharmacies stock the vaccine while others don't. You will want to call your local pharmacy in advance to verify whether it stocks the vaccine prior to dropping off your prescription.
- Some pharmacies administer the vaccine on-site, and some don't. If the pharmacy administers it on-site, you may

be charged an administration fee for the service. This fee is not covered by the prescription drug plan and you will have to pay for it out-of-pocket.

- If the pharmacy does not administer the vaccine on-site, you will need to bring it back to your doctor's office to get the shot. In this case, it is important that you obtain transporting instructions from either your doctor or pharmacist.
- If the pharmacy indicates there is a co-pay associated with the prescription, have the pharmacist call a CVS Caremark Customer Care representative at 1-877-668-8993, PNNL's dedicated call line for

assistance with processing the claim. The shingles vaccine is covered at a zero dollar co-pay for all plan members.

As a reminder, PNNL's medical plans also provide coverage for the shingles vaccine. If you are able to locate a doctor that stocks the vaccine in his or her office, the cost of the vaccine is covered as part of the preventive care benefit.

Shingles is only one of the immunizations the [Center for Disease Control](#) recommends for adults. See the accompanying chart for information about additional recommended vaccines, when and how often they should be administered.



HELPFUL HINT:

For plan members located in the Tricities, the Benton Franklin Health District does stock the vaccine and also is an in-network provider.

CDC RECOMMENDED IMMUNIZATIONS FOR ADULTS						
Then you should get these vaccines	If you are this age,					
	19 - 21 years	22 - 26 years	27 - 49 years	50 - 59 years	60 - 64 years	65+ years
Influenza (Flu)	GET A FLU VACCINE EVERY YEAR					
Tetanus, diphtheria, pertussis (Td, Tdap)	GET A TDSP VACCINE ONCE, THEN A TD BOOSTER VACCINE EVERY 10 YEARS					
Varicella (Chickenpox)	2 DOSES					
HPV Vaccine for Women	3 DOSES					
HPV Vaccine for Men	3 DOSES	3 DOSES				
Zoster (Shingles)					1 DOSE	
Measles, mumps, rubella (MMR)	1 OR 2 DOSES			1 OR 2 DOSES		
Pneumococcal (pneumonia)	1 OR 2 DOSES					1 DOSE
Meningococcal	1 OR MORE DOSES					
Hepatitis A	2 DOSES					
Hepatitis B	3 DOSES					

Boxes this color show that the vaccine is recommended for all adults unless your doctor or nurse tells you that you cannot safely receive the vaccine.

Boxes this color show when the vaccine is recommended for adults with certain risks related to their health, job or lifestyle that put them at higher risk for serious diseases. Talk to your doctor or nurse to see if you are at higher risk.

No recommendation

Occupational Health Services Clinic Now at PNNL Doorstep

PNNL opened its onsite Occupational Health Clinic on October 1, 2012, with health services provided by AnovaWorks, PLLC. The clinic's onsite location on the first-floor, southeast corner of LSB is conveniently located to serve nearby PNNL and PNSO staff.

Open 7:30 a.m. to 4:30 p.m., Monday through Friday, the clinic offers services that include:

- Work-related routine and periodic exams
- Foreign travel exams
- Occupational injury care
- Work restriction reviews
- Return to work evaluations

Appointments can be scheduled by phone at 509-371-7848 or e-mail at myocchealth@pnnl.gov.

Day-to-day clinic staff includes a nurse practitioner, registered nurse and support from medical assistants and administrative assistants. A physician/medical director is also available eight to 10 hours a week.

Employees who have visited the clinic since it opened report little to no waiting at appointments that typically are completed in less than 30 minutes. In addition, the number and length of work interruptions for exams and occupational injury care have dropped significantly.



Dependent Eligibility and Verification

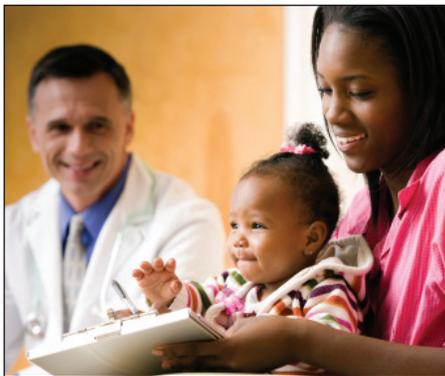
One very important component to making the right choice when it comes to your benefits is fully understanding who in your family is eligible to be covered. Different plans have different requirements, but generally spouses, registered partners and children are eligible.

PNNL requires proof of eligibility for newly added dependents. When employees

have a qualifying status change or "life event," such as birth, marriage, employment change, or death, they have 31 days to notify the Benefits Office in order to have that change recognized. Otherwise, changes cannot be made until the annual open enrollment period. That proof of eligibility generally comes from tax documents, but occasionally can be supplied from other legal documents.

To comply with obligations for reimbursements under our federal contracts, Benefits periodically holds a dependent audit. That means all employees must provide updated proof of eligibility for all dependents, even if they are not requesting a change. PNNL held their most recent dependent audit in 2011. The next scheduled audit for PNNL staff will be held in the spring of 2014.

For questions about dependent eligibility and verification, view the OE13 Benefits Guide, which can be found on the Benefits intranet site.



GLUCAGON KITS NOW AVAILABLE

For 2013, PNNL has added coverage for glucagon kits under the prescription drug benefit.

Similar to how an "epipen" can be a lifesaver for someone with serious allergies, a glucagon kit is an important tool for those with diabetes. Glucagon is a hormone that raises the level of glucose

in the blood. For diabetics whose treatment includes insulin, a glucagon kit should be on hand at all times to counteract severe hypoglycemia that can cause loss of consciousness.

Glucagon emergency kits will be covered under the prescription drug benefit as a non-formulary brand drug.

Well4Life Events Planned for 2013



PNNL's wellness program, Well4Life, has a planned series of events in 2013 for all interested staff members. Exact dates are not yet scheduled, however, you can expect further information and details regarding the events closer to the timeframe.

This winter, Well4Life will host a wellness fair. In the spring, another wellness fair will be offered, as well as a "healthy eating" workshop. Summertime will bring a wellness challenge to the employees of PNNL, while autumn will feature another "healthy eating" workshop. Throughout the year, Well4Life sponsors Weight Watchers at Work meetings at 4 p.m. every Wednesday.

Well4Life is focused on promoting and maintaining individual health and well-being. Explore the Well4Life intranet site at <https://wellness.pnnl.gov> to take advantage of other health and wellness resources available.



CVS Offers Retail Location Solution

Over the past few years, PNNL employees have voiced their concerns regarding the lack of available CVS Caremark pharmacies in the area. PNNL and Battelle leadership listened and heard these concerns. They have been working diligently with CVS Caremark to develop a customized solution to address the needs of PNNL employees.

After carefully considering a number of options, PNNL, Battelle and CVS Caremark are pleased to announce PNNL Extended Days Supply Network, effective January 1, 2013. This new program offers a solution that will provide PNNL Non-Bargaining employees in the Tri-Cities the ability to fill a 90-day prescription at the retail pharmacies in the Washington State locations listed below. CVS Caremark has made special arrangements with four Wal-Mart pharmacies in Eastern Washington that will allow PNNL Non-Bargaining employees to obtain a 90-day medication supply at the mail service co-pay.

This option is only available at the four Wal-Mart pharmacies listed in the accompanying chart and only applies to the PNNL Non-Bargaining employees. To fill your 90-day prescription at one of the PNNL Extended Days Supply Pharmacies, obtain a 90 day prescription and have it filled at one



of the pharmacies listed below. Alternatively, you can simply ask your doctor to call in your 90-day prescription to one of the listed local pharmacies.

As always, if you live where CVS Pharmacies are available, you can still participate

in the "90 days retail same as mail program" by filling your 90-day supply at a CVS Pharmacy and paying the mail service co-payment/co-insurance rate.

We hope this solution will be a welcome addition to your pharmacy benefits.

PNNL EXTENDED DAYS SUPPLY CO-PAYMENT STRUCTURE

Type of Drug	Mail Order/PNNL Extended Days Supply Co-payment (90-day supply)
Generic	\$20 co-payment
Formulary (Preferred) Brand	The greater of \$100 or 30% of Rx cost up to a maximum of \$160
Non-Formulary (Non-Preferred) Brand	The greater of \$140 or 30% of Rx cost up to a maximum of \$260

PNNL EXTENDED DAYS SUPPLY NETWORK PHARMACIES

Wal-Mart Pharmacy	2720 S Quillan Street	Kennewick, WA 99337	509-586-1574
Wal-Mart Pharmacy	4820 N Road 68	Pasco, WA 99301	509-543-7947
Wal-Mart Pharmacy	2801 Duportail Street	Richland, WA 99352	509-628-1370
Wal-Mart Pharmacy	1700 SE Meadowbrook Blvd	College Place, WA 99324	509-525-3626



Employees living in Seattle, Wash. area can pick up a 90-day retail supply at The Care Plus CVS/Pharmacy located at:

**1001 Madison Street
Seattle, WA 98104
206-381-1259**



Employees living in Portland, Ore. area can pick up a 90-day retail supply at the Care Plus CVS/Pharmacy located at:

**1309 NW 23rd Avenue
Portland, OR 97210
503-295-7941**

Q: My grown son has returned home from college and is working at a temporary job while he looks for employment in his field of study. Is he eligible for coverage under PNNL's plans?

A: He may be. For example, PNNL's medical plan covers children until age 26. However, eligibility varies depending on the plan, and dependent verification and proof of eligibility are required for enrollment in any of PNNL's plans. Your son's age, whether he resides with you, and whether he is your tax dependent are eligibility criteria that are different for the medical plans, dental plan and group accident insurance. For a specific list of the requirements and the acceptable documentation, visit the Dependent Eligibility Requirements section of the OE13 Benefits Guide.

Q: I submitted my benefits elections, but I haven't received an e-mail confirmation from the Benefits Department. What's going on?

A: This is a common question. Did you check to be sure you clicked the "submit" button at the end of your online session? Often we find employees only clicked "save," instead of "submit." Also, busy employees sometimes save their elections, thinking they'll return and make their elections final, then they get caught up in their lives and never make it back. So please don't forget to hit submit! You will know your elections have been registered in the system when you receive a confirmation e-mail the next day. If you haven't received your confirmation the next business day, you haven't submitted your elections and you need to log back in to complete your enrollment.

Q: I made my Open Enrollment elections today but I couldn't figure out how to increase my Additional Life Insurance. How do I do that?

A: Additional Life Insurance cannot be changed as part of the annual Open Enrollment process. If you have a family status change (for example, marriage, birth, adoption, divorce, etc.) during the year, you may increase your additional life insurance by one level from your current coverage. You have 31 days from the date of the event to turn your forms in to the Benefits Office. However, if you wish to increase your additional life insurance more than one level, or if you have not experienced a family status change that will allow you to increase, you can complete an application for enrollment and submit it to the Benefits Office. You will then receive an Evidence Of Insurability form to complete and submit to Unum for review to determine if you demonstrate good health for purposes of insurance coverage. Unum will notify you and your Benefits Office of their decision.

Q: I used to get an Explanation of Benefits (EOB) every time I went to the doctor but I haven't received one for a long time. Did Anthem stop sending them?

A: In January of 2011, Anthem stopped sending EOBs for claims that were paid in full by your medical plan. So, Anthem will only send you an EOB if you are responsible for paying part of the claim. If you still wish to view your EOBs, members can log in to Anthem's website at www.anthem.com and access their EOBs via the "Plans and Benefits" section of the website. Anthem implemented this initiative in an effort to improve member communications, reduce member confusion, streamline the administration of health benefit plans, and become more environmentally responsible.

Q: I don't care for automated telephone systems. I want to speak to a real person when I call Anthem. Do I have to go through their automated phone system, even for general questions?

A: Often times the automated system may be able to give you what you need, but if you would prefer to speak with a live person, you can simply press "0" to bypass the recording.

Q: I don't think I have updated my beneficiary information since I was hired. Can I change it now, and if so, what do I need to do?

A: Beneficiary information can be updated at any time, but you must complete new forms (available on the [Benefits website](#)) and submit the originals to the Benefits Office. Please note that the Savings Plan and Pension Plan beneficiary forms must be printed double-sided in order to be valid. If you are not able to print or copy double-sided, contact the Benefits Office and they will send you a hardcopy.

Q: If I am considering retirement in 2013, is there anything I need to do during Open Enrollment?

A: Only family members covered at the time of retirement are eligible for continued coverage under the PNNL retiree medical and dental plans. If you are retiring next year and are eligible for retiree insurance, you will want to make certain you add any dependent(s) you want covered on your retiree plan to your active coverage during Open Enrollment for coverage to be effective Jan. 1, 2013. Please note, dependent children are only covered up to age 23 on the retiree medical plan.

IMPORTANT DATES

October 23 – November 21

- Contact Benefits Office at 509-375-6361 or ask.benefits@pnnl.gov with questions regarding your 2013 benefits.

Open Enrollment websites live

- Intranet: <https://hr.pnl.gov/openenrollment>
- Internet: <http://benefits.pnnl.gov/openenrollment>

Open Enrollment guide posted online

November 1 – 21

Open Enrollment period

November 1

Open Enrollment begins

Online enrollment available through [MyHR](#) on the intranet

November 21

Open Enrollment ends

Online enrollment closes at 11:59 p.m. PT

December 21

Dependent verification for newly enrolled dependents must be received by the Benefits office by 5 p.m. PT.

DENTAL



Dental Plan

If you are enrolled in the dental plan, you will be covered under Delta Dental PPO, a preferred provider organization (PPO) program. Delta Dental PPO provides you with access to two of the nation's largest networks of participating dentists: the Delta Dental PPO network and the Delta Dental Premier network.

Contact Info:

Customer Service: 800-524-0149
www.deltadentaloh.com
 Claims Only Mailing Address:
 PO Box 9085, Farmington Hills, MI 48333-9085
 Written Inquiries Mailing Address:
 PO 9089, Farmington Hills, MI 48333-9089

EMPLOYEE ASSISTANCE PROGRAM



Employee Assistance Program

The Employee Assistance Program (EAP), administered by OptumHealth, is a free and confidential counseling resource available to you and members of your household. While the EAP provides resources for alcohol and drug abuse, stress, anxiety and depression, it also provides resources for financial services, legal assistance and workplace issues.

Contact Info:

Customer Service: 866-728-8403
www.liveandworkwell.com
 (access code: battelle)
 On-site Counselor, Jody McClellan:
 509-372-4962

FLEXIBLE SPENDING



Health Care and Dependent Care FSA

The Flexible Spending Account (FSA) lets you pay certain health and dependent care expenses with before-tax dollars. You may choose to enroll in one or both of the accounts.

**You must actively enroll during the Open Enrollment period every year if you choose to participate.*

Contact Info:

Customer Service: 800-284-4885
www.healthhub.com

MEDICAL & VISION EXAMS



Medical Plan

Your medical benefits provide coverage for vision exams in addition to routine, preventive and emergency health care throughout the year. PNNL offers two separate plans that vary in coverage. Review both plans before deciding which is best for you and your family.

Contact Info:

Anthem Network Only Plan
 Anthem PPO Plan
 Customer Service: 800-514-3021
 Anthem 24-Hour Nurse Line:
 888-596-9473
www.anthem.com

PHARMACY



Prescription Drug Benefits

Having a prescription drug benefit helps manage the cost of your prescription needs. Regardless of which medical plan you choose, your prescription drug coverage will be administered by CVS Caremark.

Contact Info:

PNNL-dedicated Customer Service
 Toll-free Line: 877-668-8993
www.caremark.com
www.caremark.com/battelle

VISION HARDWARE



Vision Coverage

Anthem Blue View Vision – If you enroll in a medical plan through PNNL, you will automatically be enrolled in Anthem's Blue View Vision Plan for vision supplies.

Contact Info:

Customer Service: 866-723-0515
www.anthem.com

WELLNESS



Well4Life

The PNNL Wellness Program, Well4Life, focuses on building and maintaining a healthy workforce that is dedicated to promoting the research agenda of PNNL.

Contact Info:

Nancy Richmond, 509-371-7881
 Intranet: <https://wellness.pnl.gov>

READER INFORMATION

How to Reach Us

Benefits Office
 ROB 1286

Phone: 509-375-6361

Online:
<https://hr.pnl.gov>
 or
<http://benefits.pnnl.gov>

E-mail:
ask.benefits@pnnl.gov

Mail:
 Benefits Office
 Pacific Northwest National
 Laboratory
 902 Battelle Boulevard
 Richland, WA 99352