

## MEDICAL PREMIUM SHARING

### MONTHLY PREMIUMS EFFECTIVE JANUARY 1, 2008

#### Employees Who Retired Prior to January 1, 1995

Employees who retired prior to January 1, 1995, will not be required to pay a premium share for themselves or any eligible Class I dependents at this time. (Exception: Retirees who retired prior to January 1, 1995, but who currently pay a portion of their medical coverage will continue to do so.)

#### Employees Who Retired After December 31, 1994, and before January 1, 2003

All employees who retired after December 31, 1994, pay a monthly premium for coverage in Sandia's medical plans. The monthly premium share amount will be deducted from your pension check. Rates will vary according to your plan choice(s). Use Table A to find your rate for your selected plan(s).

#### Employees Who Retired After December 31, 2002

Employees who retired after December 31, 2002, pay a percentage of the full premium based on years of service. The monthly premium share amount will be deducted from your pension check. Rates will vary according to your plan choice(s).

- Use Table A if you retired with 30 or more years of service.
- Use Table B if you retired with 25 to 29 years of service.
- Use Table C if you retired with 20 to 24 years of service.
- Use Table D if you retired with 15 to 19 years of service.
- Use Table E if you retired with 10 to 14 years of service.

#### Class II Dependents:

Class II dependents for whom you currently pay a Class II premium will not be counted as dependents in calculating the premiums stated above.

Any Class II dependents for which you do not pay the full Class II premium will be counted as dependents for premium sharing in the calculation.

The monthly premium for a non-Medicare Class II dependent is:

- \$330.48 for the UnitedHealthcare High Deductible Health Plan
- \$389.64 for the UnitedHealthcare Premier PPO Plan
- \$389.64 for the CIGNA Premier PPO Plan

The monthly premium for a Medicare Class II dependent is:

- \$158.00 for the UnitedHealthcare Senior Premier PPO Plan
- \$156.00 for the CIGNA Senior Premier PPO Plan

**Table A** (Retired after 12/31/1994 and before 1/1/03 OR after 1/1/03 with 30+ years)

**Medicare Family** (everyone in your family is Medicare-primary)

Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO <sup>1</sup>	Lovelace Senior Plan <sup>1</sup>	Kaiser Permanente Senior Advantage <sup>1</sup>
1	\$23	\$22	\$15	\$6	\$25
2	\$45	\$45	\$30	\$13	\$50

**Non-Medicare Family** (no one in your family is Medicare-primary)

Number of Non-Medicare	UHC Premier PPO	UHC High Deductible Health	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	\$73	\$61	\$72	\$72	\$61
2	\$145	\$122	\$144	\$144	\$123
3	\$218	\$183	\$216	\$216	\$173

**Mixed Medicare and Non-Medicare Family** (your family has both Medicare-primary and non-Medicare-primary members)

Medicare	Non-Medicare	UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO <sup>1*</sup>	Presbyterian MediCare PPO <sup>1*</sup>	Lovelace Senior Plan <sup>1*</sup>	Lovelace Senior Plan <sup>1*</sup>	Kaiser Permanente Senior Advantage <sup>1</sup>
		UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	1	\$95	\$83	\$94	\$88	\$76	\$78	\$78	\$86
2	1	\$118	\$106	\$117	\$102	\$91	\$85	\$85	\$101
1	2	\$168	\$144	\$167	\$160	\$137	\$151	\$150	\$137

<sup>1</sup>Rates for Presbyterian MediCare PPO Plan, the Lovelace Senior Plan, and the Kaiser Permanente Senior Advantage Plan are subject to change based on Centers for Medicare and Medicaid (CMS) approval.

\*The combination Presbyterian MediCare with UHC Premier or High Deductible Plans and Lovelace Senior with CIGNA Premier or In-Network Plans are no longer available for new enrollment. These rates apply only to previous retirees enrolled in these combination plans.

## Medical Premium Sharing

**Table B** (Employees who retired after 12/31/2002 with 25-29 years)

**Medicare Family** (everyone in your family is Medicare-primary)

Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO <sup>1</sup>	Lovelace Senior Plan <sup>1</sup>	Kaiser Permanente Senior Advantage <sup>1</sup>
1	\$34	\$33	\$22	\$10	\$38
2	\$68	\$67	\$45	\$19	\$75

**Non-Medicare Family** (no one in your family is Medicare-primary)

Number of Non-Medicare	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	\$109	\$91	\$108	\$108	\$92
2	\$218	\$183	\$216	\$216	\$184
3	\$327	\$274	\$325	\$324	\$260

**Mixed Medicare and Non-Medicare Family** (your family has both Medicare-primary and non-Medicare-primary members)

Mixed Medicare	Non-Medicare	UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO <sup>1</sup>	Presbyterian MediCare PPO <sup>1</sup>	Lovelace Senior Plan <sup>1</sup>	Lovelace Senior Plan <sup>1</sup>	Kaiser Permanente Senior Advantage <sup>1</sup>
		UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	1	\$143	\$125	\$142	\$131	\$114	\$118	\$118	\$130
2	1	\$176	\$159	\$175	\$154	\$136	\$127	\$127	\$152
1	2	\$252	\$216	\$250	\$240	\$205	\$226	\$226	\$206

<sup>1</sup>Rates for Presbyterian MediCare PPO Plan, the Lovelace Senior Plan, and the Kaiser Permanente Senior Advantage Plan are subject to change based on Centers for Medicare and Medicaid (CMS) approval.

\*The combination Presbyterian MediCare with UHC Premier or High Deductible Plans and Lovelace Senior with CIGNA Premier or In-Network Plans are no longer available for new enrollment. These rates apply only to previous retirees enrolled in these combination plans.

**Table C** (Employees who retired after 12/31/2002 with 20-24 years)

**Medicare Family** (everyone in your family is Medicare-primary)

Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO <sup>1</sup>	Lovelace Senior Plan <sup>1</sup>	Kaiser Permanente Senior Advantage <sup>1</sup>
1	\$56	\$56	\$37	\$16	\$63
2	\$113	\$112	\$75	\$32	\$126

**Non-Medicare Family** (no one in your family is Medicare-primary)

Number of Non-Medicare	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	\$182	\$152	\$180	\$180	\$153
2	\$363	\$305	\$361	\$360	\$307
3	\$545	\$457	\$541	\$540	\$434

**Mixed Medicare and Non-Medicare Family** (your family has both Medicare-primary and non-Medicare-primary members)

Mixed Medicare	Non-Medicare	UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO <sup>1</sup>	Presbyterian MediCare PPO <sup>1</sup>	Lovelace Senior Plan <sup>1</sup>	Lovelace Senior Plan <sup>1</sup>	Kaiser Permanente Senior Advantage <sup>1</sup>
		UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	1	\$238	\$209	\$236	\$229	\$190	\$196	\$196	\$216
2	1	\$294	\$265	\$292	\$256	\$227	\$212	\$212	\$253
1	2	\$419	\$361	\$417	\$400	\$342	\$377	\$376	\$343

<sup>1</sup>Rates for Presbyterian MediCare PPO Plan, the Lovelace Senior Plan, and the Kaiser Permanente Senior Advantage Plan are subject to change based on Centers for Medicare and Medicaid (CMS) approval.

\*The combination Presbyterian MediCare with UHC Premier or High Deductible Plans and Lovelace Senior with CIGNA Premier or In-Network Plans are no longer available for new enrollment. These rates apply only to previous retirees enrolled in these combination plans.

## Medical Premium Sharing

**Table D** (Employees who retired after 12/31/2002 with 15-19 years)

**Medicare Family** (everyone in your family is Medicare-primary)

Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO <sup>1</sup>	Lovelace Senior Plan <sup>1</sup>	Kaiser Permanente Senior Advantage <sup>1</sup>
1	\$79	\$78	\$52	\$22	\$88
2	\$158	\$156	\$104	\$45	\$176

**Non-Medicare Family** (no one in your family is Medicare-primary)

Number of Non-Medicare	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	\$254	\$213	\$252	\$252	\$215
2	\$508	\$426	\$505	\$504	\$429
3	\$762	\$639	\$757	\$756	\$607

**Mixed Medicare and Non-Medicare Family** (your family has both Medicare-primary and non-Medicare-primary members)

Mixed Medicare	Non-Medicare	UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO <sup>1</sup>	Presbyterian MediCare PPO <sup>1</sup>	Lovelace Senior Plan <sup>1</sup>	Lovelace Senior Plan <sup>1</sup>	Kaiser Permanente Senior Advantage <sup>1</sup>
		UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	1	\$333	\$292	\$330	\$306	\$265	\$275	\$274	\$303
2	1	\$412	\$371	\$408	\$358	\$317	\$297	\$297	\$354
1	2	\$587	\$505	\$583	\$560	\$478	\$527	\$527	\$481

<sup>1</sup>Rates for Presbyterian MediCare PPO Plan, the Lovelace Senior Plan, and the Kaiser Permanente Senior Advantage Plan are subject to change based on Centers for Medicare and Medicaid (CMS) approval.

\*The combination Presbyterian MediCare with UHC Premier or High Deductible Plans and Lovelace Senior with CIGNA Premier or In-Network Plans are no longer available for new enrollment. These rates apply only to previous retirees enrolled in these combination plans.

**Table E** (Employees who retired after 12/31/2002 with 10-14 years)

**Medicare Family** (everyone in your family is Medicare-primary)

Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO <sup>1</sup>	Lovelace Senior Plan <sup>1</sup>	Kaiser Permanente Senior Advantage <sup>1</sup>
1	\$101	\$100	\$67	\$29	\$113
2	\$203	\$201	\$134	\$57	\$226

**Non-Medicare Family** (no one in your family is Medicare-primary)

Number of Non-Medicare	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	\$327	\$274	\$324	\$324	\$276
2	\$653	\$548	\$649	\$648	\$552
3	\$980	\$822	\$974	\$972	\$781

**Mixed Medicare and Non-Medicare Family** (your family has both Medicare-primary and non-Medicare-primary members)

Mixed Medicare	Non-Medicare	UHC Senior Premier PPO	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO <sup>1</sup>	Presbyterian MediCare PPO <sup>1</sup>	Lovelace Senior Plan <sup>1*</sup>	Lovelace Senior Plan <sup>1*</sup>	Kaiser Permanente Senior Advantage <sup>1</sup>
		UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	1	\$428	\$375	\$425	\$394	\$341	\$353	\$353	\$389
2	1	\$529	\$477	\$525	\$461	\$408	\$382	\$381	\$455
1	2	\$755	\$649	\$750	\$720	\$615	\$678	\$677	\$618

<sup>1</sup>Rates for Presbyterian MediCare PPO Plan, the Lovelace Senior Plan, and the Kaiser Permanente Senior Advantage Plan are subject to change based on Centers for Medicare and Medicaid (CMS) approval.

\*The combination Presbyterian MediCare with UHC Premier or High Deductible Plans and Lovelace Senior with CIGNA Premier or In-Network Plans are no longer available for new enrollment. These rates apply only to previous retirees enrolled in these combination plans.

## LONG-TERM DISABILITY (LTD) TERMINEE MEDICAL PLAN PREMIUM SHARING

### MONTHLY PREMIUMS EFFECTIVE JANUARY 1, 2008

The LTD terminatee monthly medical premiums vary based on when you became an LTD terminatee. If you became an LTD terminatee before January 1, 2003, you pay 10 percent of the full experience-rated premium for you and your covered dependents. If you became an LTD terminatee after December 31, 2002, you pay 35 percent of the full experience-rated premium for you and your covered dependents.

Employees who became an LTD Terminatee before January 1, 2003

**Medicare Family** (everyone in your family is Medicare-primary)

Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO	Lovelace Senior Plan	Kaiser Permanente Senior Advantage
1	\$22.50	\$22.30	\$14.90	\$6.37	\$25.16
2	\$45	\$44.60	\$29.80	\$12.74	\$50.31

**Non-Medicare Family** (no one in your family is Medicare-primary)

Number of Non-Medicare	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	\$72.60	\$60.90	\$72.10	\$72.00	\$61.31
2	\$145.20	\$121.80	\$144.30	\$144.10	\$122.61

Employees who became an LTD Terminatee after December 31, 2002

**Medicare Family** (everyone in your family is Medicare-primary)

Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO	Lovelace Senior Plan	Kaiser Permanente Senior Advantage
1	\$78.75	\$78.05	\$52.15	\$22.29	\$88.04
2	\$157.50	\$156.10	\$104.30	\$44.58	\$176.09

**Non-Medicare Family** (no one in your family is Medicare-primary)

Number of Non-Medicare	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	\$254.10	\$213.15	\$252.35	\$252	\$214.57
2	\$508.20	\$426.30	\$505.05	\$504.35	\$429.14

# SURVIVING SPOUSE MEDICAL PLAN PREMIUM SHARING

MONTHLY PREMIUMS EFFECTIVE JANUARY 1, 2008

The survivor premium payments for the first six months will be at the rate the employee or retiree was paying for coverage at the time of death.

After the initial six months, the survivor (and any dependents enrolled at the time of death) may continue coverage by paying:

- 50 percent of the full experience-rated premium if you are a survivor of a retiree or a regular employee with more than 15 years of service (based on term of employment).

- 100 percent of the full experience-rated premium if you are a survivor of a regular employee with less than 15 years of service (based on term of employment).

**IMPORTANT:** If you are a surviving spouse and you waive or drop coverage, you can never reenroll in a Sandia-sponsored medical plan.

Note: If you remarry you are no longer eligible for a Sandia-sponsored medical plan.

Surviving spouse of a retiree or regular employee with more than 15 years of service:

**Medicare Family** (everyone in your family is Medicare-primary)

Number of Medicare	UHC Senior Premier PPO	CIGNA Senior Premier PPO	Presbyterian MediCare PPO <sup>1</sup>	Lovelace Senior Plan <sup>1</sup>	Kaiser Permanente Senior Advantage <sup>1</sup>
1	\$112.50	\$111.50	\$74.50	\$31.85	\$125.78

**Non-Medicare Family** (no one in your family is Medicare-primary)

Number of Non-Medicare	UHC Premier PPO	UHC High Deductible Health Plan	CIGNA Premier PPO	CIGNA In-Network Plan	Kaiser Permanente HMO
1	\$363	\$304.50	\$360.50	\$360	\$306.53
2	\$726	\$609	\$721.50	\$720.50	\$613.06

<sup>1</sup>Rates for Presbyterian MediCare PPO Plan, the Lovelace Senior Plan, and the Kaiser Permanente Senior Advantage Plan are subject to change based on Centers for Medicare and Medicaid (CMS) approval