

2018 BENEFITS SUMMARY



WELCOME TO ARGONNE NATIONAL LABORATORY

Here at Argonne National Laboratory we truly value our employees and want to provide a robust benefits package. We know that benefits are an important and meaningful part of your employment at Argonne. Therefore, our benefits address not only the immediate needs of your family, such as healthcare, but also your long-term needs, such as retirement savings and life insurance. Argonne also understands the importance of work-life balance and offers excellent paid time off benefits such as vacation, holidays, sick leave, parental leave, and others. Retiree healthcare benefits are available to employees who are 55 years old or older and have 15 years of service.

2018 BENEFITS SUMMARY

The 2018 Benefits Summary is for regular employees who work 20 or more hours per week. It provides a brief description of the benefits offered by Argonne National Laboratory. More information can be found on the Employee Benefits page inside.anl.gov/category/benefits.

New hires and employees newly eligible for benefits can elect healthcare coverage within their first 30 days of employment. If you decline coverage for yourself or your dependents, you may be able to enroll yourself and/or your dependents in an Argonne healthcare plan later, if you experience a life change or work status event, without waiting for an open enrollment period. Open enrollment usually takes place in November for the next calendar year benefits.

The following benefits can be selected or changed at any time:

- Voluntary life insurance (if electing outside initial 30 days of eligibility and/or more than the equivalent of your annual salary, an evidence of insurability form, provided by Cigna, will need to be submitted and approved to qualify)
- Voluntary accidental death and disability insurance
- 403(b) supplemental plan contribution (the contribution will be effective the following pay period)
- Life insurance beneficiary

Beyond benefits, Argonne also provides numerous amenities that encourage a positive work-life balance. Some of these amenities include a 24-hour fitness center, yoga and Pilates classes, on-site bike share transportation, multiple cafes and coffee shops, and a child care/development center for employees' children. The lab also supports a variety of activities and clubs like the Garden Club, the Running Club, softball leagues, the African American Black Employee Resource Group, the Hispanic Latino Club, and the Women in Science and Technology organization, among others. To further provide for a successful work-life balance, Argonne maintains policies that enable telecommuting and alternate work schedule options to fit individuals' needs.

In addition, Argonne has a health and employee wellness program that is available to our employees. Offerings include on-site physical therapy (PT), voluntary physical exams, disease management, an employee assistance program, and a variety of other programs.

Argonne is committed to further developing talent within its workforce through mentoring and leadership programs. Mentoring is available to Argonne employees at all career levels and leadership development courses are available to all employees, including current and future leaders, who seek professional development opportunities.

Argonne's diverse and inclusive culture welcomes contributions from everyone and empowers all employees to do their best work in order to meet our collective goals in scientific excellence.

If you have any questions regarding information contained in this brochure, please contact Human Resources Employee Benefits at (630) 252-2989.

BENEFITS AVAILABILITY SUMMARY

Benefits available immediately upon employment:

- Medical
- Dental
- Vision
- Business Travel Accident Insurance
- Basic Life Insurance
- Voluntary Life Insurance (one times annual salary)
- Dependent Life Insurance
- Sick Leave
- Vacation
- Holidays
- Health and Employee Wellness Program
- Parental Leave (up to six paid weeks)
- Bereavement Leave
- Military Leave
- Domestic Violence Leave
- Education Assistance
- Adoption Assistance Program

Benefits available on the 1st day of the month following hire:

- Flexible Spending Accounts
 - Healthcare
 - Dependent Day Care
- Retirement Plan (voluntary contributions toward 403(b))

Benefits available after six months of employment:

- Retirement Plan (mandatory 2.5% pre-tax employee contribution, 9% employer contribution) for regular and regular long-term positions

Benefits available after one year of employment:

- Long-Term Disability
- Family Medical Leave (FMLA)

HEALTHCARE BENEFITS

Employees can cover legal dependents under the healthcare plans: spouse (regardless of sexual orientation), civil union partner, child(ren) under the age of 26 or under the age of 30 (military dependents), stepchild(ren), adopted child(ren), child(ren) for whom legal guardianship was obtained, disabled child(ren) over the age of 26. A child does not include a grandchild or foster child unless the child has been legally adopted or is under employee's legal guardianship.

Employees covering legal dependents will need to submit supporting documentation such as marriage, birth, or adoption certificates; court order; and/or other supporting documents at the time of enrollment.

Medical Insurance Plans

Employees living in the Chicago area have the choice of two medical plans: BCBSIL PPO or Blue Advantage HMO. All other employees are covered under the BCBSIL PPO. All medical plans are effective the first day of hire if the employee elects a medical plan within 30 days of employment. There are no pre-existing condition clauses under Argonne's medical plans.

BCBSIL PPO

This plan has a deductible of \$400/single or \$800/family. If the provider is in-network, after the deductible has been met, the plan will pay 85% of the eligible charge with a co-pay of 15%. If the provider is out-of-network, after the deductible, the plan will pay 70% of the eligible charge with a co-pay of 30%. Preventive services using an in-network provider are covered at 100% of the eligible charge. Specific specialty care received in a Blue Distinction Center is paid at 90% and in a Blue Distinction Center Plus (+) at 95%.

There is an out-of-pocket limit each calendar year for in-network expenses of \$2,800/single, \$5,600/single+1, and \$8,100/family. Once the limit is reached, in-network expenses are then paid at 100% of the contracted rate for the remainder of the calendar year. The out-of-pocket limit for out-of-network expenses is \$3,100/single, \$6,200/single+1, and \$9,000/family. The deductible is included in the out-of-pocket limit.

The BCBSIL PPO plan covers physician visits, diagnostic tests, hospital charges, hospice care, surgery, home healthcare, and skilled nursing facility care. Chiropractic care is limited to 40 visits, home healthcare is limited to 40 days in a calendar year, and skilled nursing facility care is limited to 60 days in a calendar year.

PPO PRESCRIPTION DRUG PLAN

The BCBSIL PPO has a carve-out prescription drug plan through Optum Rx. There is no deductible for prescription drugs, but co-insurance applies. Annual out-of-pocket maximum for all prescription drugs, including retail, mail order, and specialty, is \$2,300/single and \$4,600/family. When a generic drug is available, participants must use generic or pay the cost difference along with brand co-pay for both retail and mail order.

BLUE ADVANTAGE HMO

HMOs are best known for their preventive care benefits. These plans will cover most healthcare services such as physician visits, surgical costs, X-rays, hospital charges, diagnostic tests, and well care exams. A primary care physician (PCP) must be chosen and the PCP will coordinate all care. If the PCP provides a referral to a specialist or for diagnostic tests and hospital charges, these services are covered. If a member receives services not authorized by the PCP, those services are not covered.

BlueAdvantage HMO has a vision care plan through the EyeMed Vision network that covers an annual eye exam at 100% and has a \$75 allowance every 24 months for lenses and contact lenses, as well as a \$125 allowance for frames. For a list of providers, contact EyeMed Vision toll free at 866-804-0982. This plan is separate from our stand-alone EyeMed Vision plan (page 13).

HMO PRESCRIPTION DRUG PLAN

BlueAdvantage HMO has a prescription drug plan with co-pays. When a generic drug is available, participants must use generic or pay the cost difference along with brand co-pay whether using retail or mail order.

BCBSIL PPO 2018 BENEFIT PLAN SUMMARY

BENEFIT	BCBSIL PPO NETWORK*	BCBSIL PPO OUT-OF-NETWORK*
<p>Deductible, Co-Insurance, and Calendar Year Out-of-Pocket Limit</p> <p>Note: The deductible is included when calculating the annual out-of-pocket limit.</p>	<p>\$400 individual annual deductible (\$800 family), then plan pays 85% of eligible charges. Calendar year out-of-pocket limit for in-network expenses is \$2,800 for single, \$5,600 for single + 1, and \$8,100 for family, then plan pays 100% for the remainder of the calendar year.</p>	<p>\$400 individual annual deductible (\$800 family), then plan pays 70% of eligible charge. Calendar year out-of-pocket limit for out-of-network expenses is \$3,100 for single, \$6,200 for single + 1, and \$9,000 for family, then plan pays 100% of eligible charges for the remainder of the calendar year.</p>
<p>Preventive Care Services</p>	<p>Includes general health screenings for newborns, children, and adults; immunizations; cancer screenings; health counseling; and women's preventive services. Covered at 100% with no deductible or co-insurance when in-network provider is used.</p>	<p>Most preventive care services are not covered if out-of-network provider is used. The exception is for well child care up to age 3, well woman exam with pap and mammogram, prostate screening exam with PSA test, fecal occult blood test for colorectal cancer screening, and HPV vaccine. The plan will pay 70% of the eligible charges after deductible.</p>
<p>General Hospital Admission, In-Hospital Services, Supplies, and Anesthesiology</p>	<p>85% of eligible charges after deductible</p>	<p>70% of eligible charges after deductible</p>
<p>Blue Distinction Centers (BDC) and Blue Distinction Centers + (BDC+)</p>	<p>90% of eligible charges after deductible using a BDC and 95% of eligible charge after deductible using a BDC+ for certain specialty care areas</p>	<p>N/A</p>
<p>Outpatient Surgery</p>	<p>85% of eligible charges after deductible</p>	<p>70% of eligible charges after deductible</p>
<p>Inpatient Surgery</p>	<p>85% of eligible charges after deductible</p>	<p>70% of eligible charge after deductible</p>
<p>Outpatient X-ray and Laboratory</p>	<p>85% of eligible charges after deductible (if test is part of preventive care services, then it is paid at 100%)</p>	<p>70% of eligible charges after deductible (if test is part of preventive care services, then it may not be covered)</p>
<p>Emergency Care</p>	<p>85% of eligible charges after deductible</p>	<p>85% of eligible charges after deductible</p>
<p>Physicians Visits: In-Hospital, Office Visits, and Consultations</p>	<p>85% of eligible charges after deductible</p>	<p>70% of eligible charges after deductible</p>

BENEFIT	BCBSIL PPO NETWORK*	BCBSIL PPO OUT-OF-NETWORK*
Chiropractic Visits	85% of eligible charges after deductible (limited to 40 visits per calendar year)	70% of eligible charges after deductible (limited to 40 visits per calendar year)
Routine Vision Care	Not covered, but program through Davis Vision or EyeMed allows discounts on eye exams, glasses, and contacts	N/A
Home Healthcare	85% of eligible charges after deductible, up to 40 days per calendar year	70% of eligible charges after deductible (limited to 40 visits per calendar year)
Skilled Nursing Facility	85% of eligible charges after deductible, up to 60 days per calendar year	70% of eligible charges up to 60 days per calendar year
Hospice Care	85% of eligible charges after deductible	70% of eligible charges after deductible
Mental Health and Substance Abuse	85% of eligible charges after deductible	70% of eligible charges after deductible
Pre-Authorization Requirement	Pre-authorization required prior to hospitalization or within 48 hours of emergency admission, skilled nursing, or mental health/substance care treatment unless another plan is primary	Pre-authorization required prior to hospitalization or within 48 hours of emergency admission, skilled nursing, or mental health/substance care treatment unless another plan is primary
<p>Prescription Drug Plan</p> <p>Cost included with healthcare plan. Deductible and co-insurance maximums separate from medical and dental plans. No deductible for prescription drugs. Annual out-of-pocket maximum for all drugs, including retail, mail order, and specialty, is \$2,300/single, \$4,600/family.</p> <p>Note: When a generic drug is available, participants must use generic or pay the cost difference along with brand co-pay for both retail and mail order.</p>	<p>Generic Drugs 30-Day Retail: 20% (minimum \$10) 90-Day Retail: 20% (minimum \$25, maximum \$85) Mail Order: 20% (minimum \$20, maximum \$75)</p> <p>Preferred Brand Drugs 30-Day Retail: 25% 90-Day Retail: 25% (maximum \$115) Mail Order: 25% (maximum \$105)</p> <p>Non-Preferred Brand Drugs 30-Day Retail: 40% 90-Day Retail: 40% (maximum \$155) Mail Order: 40% (maximum \$140)</p> <p>Specialty Drugs Specialty Pharmacy: 20%</p>	N/A

*In-network and out-of-network expenses will be applied equally toward the satisfaction of both the in-network and out-of-network out-of-pocket maximums.

BLUE ADVANTAGE HMO 2018 BENEFIT PLAN SUMMARY

SUMMARY OF BENEFITS	MEMBER COST
<p>Physician Services Office Visits: Primary Care Physician Referred Specialist Care</p> <p>Well Care for Adults and Children</p> <ul style="list-style-type: none"> □ Physical Checkups □ Preschool/School Physicals (excluding sports physicals) □ Immunizations □ Women's Preventive Health Services 	<p>\$25 co-pay \$40 co-pay</p> <p>All well care physician visits \$0 co-pay. If well care visit includes treatment for medical condition, a co-pay may be charged.</p> <p>Medical care must be coordinated through your chosen medical group with the exception of eye exams, which are obtained through EyeMed Vision participating providers.</p>
<p>Out-of-Pocket Maximum</p>	<p>\$1,800 single, \$3,600 family</p>
<p>Vision Care Annual Routine Eye Examinations (all ages)</p> <p>Single Vision Lenses, Bifocal Lenses, Trifocal Lenses, Lenticular Lenses, Contact Lenses, and Frames</p> <p>EyeMed has over 70,000 independent, licensed providers and major retailers like LensCrafters, Pearle VisionSM, Target OpticalSM, Sears Optical, and JCPenney Optical. Call EyeMed Customer Care Center at 844-684-2254 for an exact list of participating providers</p>	<p>Eye exam \$0 every 12 months</p> <p>Lenses and contact lenses \$75 allowance; frames \$125 allowance</p> <p>Benefits are limited to one pair of lenses and a frame per benefit period that is equal to 24 months</p> <p>*Note: If there is a medical condition related to the eye, a referral is required to see a specialist and a \$40 co-pay will apply.</p>
<p>Hospital Care Semiprivate Room (unlimited days) Intensive Care/Specialty Unit Physician Visit Operating and Recovery Room X-ray, Lab, and Medications Skilled Nursing Facility Inpatient Hospice</p>	<p>Each hospital admission \$200/day for the first five days to a maximum of \$1,000 per calendar year</p>
<p>Surgery Surgeon, Anesthesiologist, and Consultations</p>	<p>Outpatient surgery \$150 (inpatient surgery included with inpatient hospital coverage)</p>
<p>Maternity Prenatal, Delivery, and Postnatal Care</p>	<p>\$25 co-pay for initial visit only, then 100% until delivery (each hospital admission \$200/day for first five days to a maximum of \$1,000 per calendar year)</p>
<p>Mental Health and Substance Abuse Outpatient Inpatient</p>	<p>\$25 co-pay per visit (each hospital admission \$200/day for first five days to a maximum of \$1,000 per calendar year)</p>

SUMMARY OF BENEFITS	MEMBER COST
<p>Emergency Services received in a hospital emergency room. All follow-up care must be provided or coordinated by your PCP.</p> <p>Urgent Care Facility (must be affiliated with member's medical group)</p>	<p>\$150 co-pay, waived if admitted to hospital.</p> <p>\$25 co-pay</p>
<p>Outpatient Rehabilitative Therapy Speech, Physical, and Occupational Therapy (60 treatments combined/calendar year)</p>	<p>\$25 co-pay per visit.</p>
<p>Diagnostic Tests Outpatient Laboratory Tests and X-rays</p>	<p>Provided in full; no employee cost</p>
<p>Other Covered Services Ambulance Service Durable Medical Equipment Prosthetic Devices (leg, arm, and neck braces) Diabetic Supplies</p>	<p>Provided in full; no employee cost</p>
<p>Prescription Drugs Generic (30-day supply) \$12 co-pay Formulary Brand (30-day supply) \$30 co-pay Non-Formulary Brand (30-day supply) \$45 co-pay Specialty Drugs \$140 co-pay</p> <p>Mail Order/Retail 90 Day Prescription Drugs (maintenance drugs) Generic (90-day supply) \$30 co-pay Formulary Brand (90-day supply) \$75 co-pay Non-Formulary Brand (90-day supply) \$112 co-pay</p> <p>*Note: Certain women's preventive services and prescriptions will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact customer service at 1-800-892-2803.</p> <p>When a generic drug is available, participants must use generic or pay non-formulary brand co-pay plus the cost difference between the generic and non-formulary brand.</p>	

DELTA DENTAL PPO PLAN HIGHLIGHTS

The Delta Dental PPO program allows you to go to any in- or out-of-network general or specialty dentist at the time of treatment. Argonne National Laboratory dental enrollees have access to two networks, Delta Dental PPO and Delta Dental Premier managed fee-for-service. When you call your dentist’s office to make an appointment, ask if your dentist participates in either Delta Dental PPO or Premier. Your out-of-pocket costs will vary depending on whether he/she participates in Delta Dental PPO, Premier, or neither (i.e., out-of-network). **You will maximize your benefits by receiving care from a Delta Dental PPO network dentist.**

DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER DENTIST	OUT-OF-NETWORK DENTIST
Responsible for deductible and 25% co-pay of the reduced pre-negotiated fees	Responsible for deductible and 25% co-pay of maximum plan allowances (MPAs)	Responsible for charges exceeding maximum plan allowance (MPA)
For example, you need a crown. Your dentist normally charges \$700. Assume the Delta Dental PPO reduced fee allowance is \$500 and the MPA is \$600. If the plan covers crowns at 75%, your out-of-pocket cost (excluding deductible for this example) would be:		
\$125	\$150	\$250
<p>\$500 is the reduced fee, plan pays 75% (\$375 paid)</p> <p>\$500 – \$375 = \$125 is your responsibility</p>	<p>\$600 is the MPA, plan pays 75% (\$450 paid)</p> <p>\$600 – \$450 = \$150 is your responsibility</p>	<p>\$600 is the MPA, plan pays 75% (\$450 paid)</p> <p>\$600 – \$450 = \$150 plus the cost difference (\$100 between the charge of \$700 and the maximum plan allowance of \$600); \$250 is your responsibility</p>

Non-Covered Services

There are some limitations on the expenses that the Argonne National Laboratory Dental Plan pays for. For further information, refer to your dental benefits booklet.

Visit Delta Dental of Illinois’ website at www.deltadentalil.com

The Argonne National Laboratory Dental Plan utilizes the Delta Dental PPO and Delta Dental Premier networks. To locate a network dentist, click on “Find a Network Dentist” in the Provider Search section.

You can search by:

- 1) City, state, and ZIP code
- 2) Name of practice
- 3) Dentist name

Create an online account at www.deltadentalil.com to have access to your explanation of benefits, locate a participating provider, and track your deductible, co-pays, and out-of-pocket maximum.

DELTA DENTAL PPO – SUMMARY OF BENEFITS AND COVERED SERVICES

ANNUAL MAXIMUM	\$2,000/covered individual
ANNUAL DEDUCTIBLE	\$100/covered individual up to a maximum of \$300/family
LIFETIME ORTHODONTIA MAXIMUM	\$2,000

	DELTA DENTAL PPO NETWORK	DELTA PREMIER NETWORK	OUT-OF-NETWORK
SERVICES	Payment is based on reduced fees . You are not responsible for charges exceeding Delta's allowed PPO fees	You are not responsible for charges exceeding Delta's Maximum Plan Allowances (MPAs)	You are responsible for charges exceeding MPAs
Preventive/Diagnostic	100% of reduced fee	100% of MPA	100% of MPA
Oral evaluations (two per calendar year)			
Bitewing X-rays (two per calendar year)			
Full mouth X-rays (every three years)			
Prophylaxis (cleaning; two per calendar year)			
Fluoride treatment (one per calendar year for dependents under 19)			
Sealants (for dependents under 14 — once every three years)			
Basic	75% of reduced fee	75% of MPA	75% of MPA plus charges over MPA
Fillings			
Oral surgery			
Periodontics			
Endodontics	75% of reduced fee	75% of MPA	75% of MPA plus charges over MPA
Major			
Crowns, jackets, and cast restorations			
Fixed/removable bridges			
Partial/full dentures	75%	75%	75%
Implants			
Orthodontia	75%	75%	75%

The preceding information is a brief summary of the Argonne National Laboratory Dental Plan and the services it covers. If you have specific questions regarding benefit coverage, limitations, or exclusions, contact Delta Dental at 1-800-323-1743.

Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.

VISION PLANS

EyeMed Vision Plan

The voluntary vision plan is administered by EyeMed. Regular and long-term employees working more than 20 hours per week are eligible to enroll. The plan is voluntary and employees pay the entire premium. The premium is a pre-tax payroll deduction. ID cards will be provided if the plan is elected.

To find in-network providers, visit the EyeMed website portal.eyemedvisioncare.com or call EyeMed Member Services at 866-804-0982. Argonne's network is called Insight. Once enrolled in the plan, members can access their account online to print an ID card, check the status of a claim, locate a provider, and download an Explanation of Benefits. Claims are automatically submitted if a member visits an in-network provider. At an in-network provider, members also receive 40% off additional eyewear purchases and 20% off non-prescription sunglasses and accessories. EyeMed also offers discounts on LASIK laser vision correction.

Vision Benefits within Blue Advantage HMO

The covered services include single vision lenses, bifocal lenses, trifocal lenses, lenticular lenses, contact lenses, and frames. Benefits are limited to one pair of lenses and a frame per benefit period and a frame per benefit period (which is equal to 24 months), with a \$75 allowance for lenses and a \$125 allowance for frames.

EyeMed partners with more than 70,000 independent, licensed providers and major retailers such as LensCrafters, Pearle Vision, Target Optical, Sears Optical, and JCPenney Optical.

Note: The EyeMed Vision provider network is a component of the HMO plan that is different from the stand-alone EyeMed Vision plan offered by Argonne. Enrollment in the HMO plan automatically grants you the limited vision benefit at no additional cost. However, if you are looking for more comprehensive vision coverage, refer to the stand-alone EyeMed Vision plan described above.

Vision Discounts within BCBSIL PPO

Eye care is not covered under the PPO plan. However, BCBSIL offers vision discounts through EyeMed and Davis Vision.

EYEMED VISION PLAN DETAILS

VISION CARE SERVICES	MEMBER COST IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT*
Exam with dilation as necessary	\$10 co-pay	\$30
Exam Options Standard contact lens fit and follow-up Premium contact lens fit and follow-up Frames Any available frame at provider location	Up to \$55 10% off retail price \$0 co-pay; \$130 allowance, 20% off balance over \$130	N/A N/A \$65
Standard Plastic Lenses Single Vision Bifocal Trifocal Standard Progressive Lens Premium Progressive Lens	\$20 co-pay \$20 co-pay \$20 co-pay \$65 co-pay \$85–\$110 co-pay	\$25 \$40 \$55 \$55 \$55
Lens Options UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate — Adults Standard Polycarbonate — Kids under 19 Standard Anti-Reflective Coating Polarized Photchromatic/Transitions Plastic Premium Anti-Reflective Other Add-ons	\$0 co-pay \$15 \$0 co-pay \$40 \$0 co-pay \$45 20% off retail price \$75 \$57–\$68 co-pay 20% off retail price	\$5 N/A \$5 N/A \$5 N/A N/A N/A N/A N/A N/A
Contact Lenses Conventional Disposable Medically Necessary	\$0 co-pay; \$130 allowance, plus 15% of charge over \$130 \$0 co-pay; \$130 allowance, plus balance over \$130 \$0 co-pay	\$104 \$104 \$210
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit	N/A
Frequency Examination Lenses or contact lenses Frame	Once every 12 months Once every 12 months Once every 12 months	N/A N/A N/A



FLEXIBLE SPENDING ACCOUNTS (FSA)

Argonne offers two FSA programs, one for the payment of healthcare expenses and the other for dependent day care expenses. Each calendar year, you decide whether you want to participate in one or both of the accounts. Once you have made that decision, you then estimate the amount of eligible expenses you are likely to have during the year and decide how much of your earnings you want to set aside to help pay for them. Because FSA contributions are untaxed at deposit and untaxed at withdrawal, you decrease your taxable income while increasing your spendable cash.

Healthcare FSA

The Healthcare FSA allows you to contribute up to an annual maximum of \$2,650 to be used for eligible healthcare expenses not paid for by insurance that will incur in 2018. Re-enrollment in an FSA is required from year to year. Additional information regarding eligible expenses can be found on the WageWorks website at www.wageworks.com.

MINIMUM AND MAXIMUM CARRYOVER AMOUNTS

The minimum amount that will carry over to the next year is \$10. Maximum carryover amount will be \$500.

NUMBER OF TIMES ALLOWED FOR CARRYOVER

Employees must re-enroll in FSA every year. If no new account is established in the next year, any remaining balance between \$10 and \$500 will carry over for a maximum of two years.

How you use it

With a variety of payment and reimbursement options, your WageWorks Healthcare FSA is easy to use. The convenient WageWorks Healthcare Card associated with your account can be used to pay for hundreds of eligible healthcare products and services for you, your spouse, and your dependents.

How you manage it

Manage your account via a secure website on any computer or mobile device that is connected to the internet, or via the WageWorks EZ Receipts® app.



Dependent Day Care FSA

To participate in the Dependent Day Care FSA, you must have an eligible dependent under the age of 13 and a spouse who is currently employed or who is a full-time student. You may contribute up to \$5,000 per household for dependent day care. Unused funds at the end of calendar year are forfeited.

LIFE, ACCIDENT, AND DISABILITY INSURANCE

Argonne offers a life and accident insurance program to eligible employees and their families in the event of an employee's death or severe accidental injury. Employees are insured from the first day of employment.

After one year of service, all regular exempt, non-exempt, and union active full-time employees and Argonne Scholars are covered by the long-term disability plan. You must work at least 20 hours per week to be considered a full-time employee under the group policy.

The Laboratory also covers all employees in pay status while traveling on business for the Laboratory in the event of death or physical dismemberment resulting from a covered accident.

Basic Life, Accidental Death, and Dismemberment (AD&D) Insurance

- Regular employees are insured, at no cost to the employee, for 1x the employee's annual base salary, up to a maximum of \$300,000.
- Eligible employees become insured on the first day of employment.

Voluntary Life and AD&D Insurance

- Regular employees can elect voluntary coverage in amounts from 1 to 5x their annual base salary (in addition to basic life), up to \$1,000,000. Employees pay the entire cost of the voluntary life insurance for which they are approved. The cost is based on the employee's age and the amount of coverage chosen.
- If coverage in the amount of 1x annual base compensation is elected during the 30-day new-hire election period, coverage will be effective the date on which they authorize payroll deduction for this coverage. Coverage for 2, 3, 4, or 5x basic annual compensation will become effective on the date the insurance carrier specifies in writing.
- Voluntary AD&D can be elected separately from Voluntary Life Insurance in amounts from 1 to 5x annual salary, up to \$1,000,000. Evidence of insurability is not required. Changes to AD&D can be made at any time.

Dependent Life Insurance

Employees can elect to purchase dependent life coverage as follows:

- \$7,000 for legal spouse/civil union partner,
- \$3,000 for eligible dependent children ages six months to 26 years (regardless of the student status), and
- \$500 for eligible children who are 15 days to six months old.

RETIREMENT PLANS 403(B) AND 401(A)

Argonne offers a retirement program for eligible employees through our record-keeper, Fidelity Investments. If you are an eligible employee, you must participate in the plan after six months of service, as a condition of employment.

Eligible Argonne employees participate in a defined contribution retirement plan funded by both employee (403[b] plan) and Laboratory contributions (401[a] plan). You can choose from a wide variety of investment options, and you have full control over how contributions are allocated among your investments. Upon retirement, you are given a choice of distribution options including but not limited to annuities and installment payments over a specified period.

Basic and Lab Contribution

- **Eligibility:** Regular and regular long-term employment class
- **Participation:** Mandatory after 6 months
- **Employee Contribution:** 403(b), 2.5% of base pay
- **Laboratory Contribution:** 401(a), 9% of base pay
- **Method of Contribution:** Pre-tax, payroll deduction
- **Vested:** Immediately
- Mandatory workshop

Supplemental Plan

- **Eligibility:** All employees in pay status
- **Participation:** Voluntary upon hire
- **Contribution Limit:** Up to IRS limits \$18,500 per year + \$6,000 catch-up if age 50 or over
- **Method of Contribution:** Pre-tax or Roth 403(b) (after tax, not IRA) payroll deduction
- **Vested:** Immediately
- Rollovers accepted

Participation in mandatory 401(a) and 403(b) plans will begin automatically on the seventh month of employment. Participation in a supplemental 403(b) plan can start at any time. You will need to access your Fidelity account to enroll in the supplemental plan, change your contribution percentage, and elect beneficiaries. To do so, please visit www.netbenefits.com/ani; it cannot be done through Workday.

NON-ARGONNE SPONSORED INSURANCE AVAILABLE TO ARGONNE EMPLOYEES

LONG-TERM CARE INSURANCE

Long-term care is the type of care you need when you are no longer able to do the things you take for granted every day. It is needed when simple things, such as getting out of bed, eating, or even taking a shower, become too difficult to do on your own for an extended period of time.

Argonne provides access to Legacy Services as a way for you to learn about and, if interested, purchase Long-Term Care Insurance. For more information see servilink1.net/legacylrc/. Contact Legacy at 800-230-3398, ext. 101, or custsvc@4groupptci.com.

METLIFE HOME AND AUTO INSURANCE

A group program for automobile and homeowners insurance is available through MetLife.

- Group discount of up to 15% off your policy
- Save up to an additional 10% with welcome discount for new customers
- Coverage is portable
- Payroll deduction is available

To learn more or get a quote, go to mybenefits.metlife.com/MyBenefits/ and enter UChicago Argonne, LLC, as the company name, or call 1-800-438-6388.

As a convenience, Argonne makes these plans available to benefits-eligible employees. The Laboratory does not endorse these plans and makes no representations regarding their insurance policies.

HOLIDAYS, VACATION, AND LEAVES OF ABSENCE

HOLIDAYS	VACATION AND SICK LEAVE	LEAVES OF ABSENCE
<p>New Year's Day Memorial Day Independence Day Labor Day Thanksgiving Day Friday after Thanksgiving Day before Christmas Christmas Day New Year's Eve Floating holiday</p>	<p>Vacation Years 1–5: 15 days/120 hours Years 6–10: 18 days/144 hours Years 11–15: 21 days/168 hours Years 16+: 24 days/192 hours</p> <p>Sick Leave New hires are given 18 days of sick leave. Each January employees are given 18 days. Accrued maximum is 130 days (six months)</p>	<p>Refer to the various leave policies, such as Family and Medical Leave, Parental Leave, Personal Unpaid Leave, and Military Leave</p>
<p>Eligibility Pay is available to employees who are regularly scheduled to work on the day the holiday falls, and who are also in an eligible classification: regular full-time, part-time, exempt, non-exempt</p>	<p>Eligibility All benefits-eligible employees</p>	<p>Eligibility Available to regular full-time employees who have at least three months of continuous service, and regular part-time employees with at least 1,250 hours during the prior 12-month period; Bereavement Leave is only available to regular full-time employees; union employees should check with their union representative for Parental Leave eligibility</p>
	<p>How to Submit a Request Notify immediate supervisor in the event of absence due to sick leave</p>	<p>How to Submit a Request Notify immediate supervisor in the event of need to request Leave of Absence</p>
<p>For More Information From www.inside.anl.gov type “holiday” in the search box to find the policy/procedure</p>	<p>For More Information From www.inside.anl.gov type “sick leave” in the search box to find the policy/procedure</p>	<p>For More Information From www.inside.anl.gov use the search box to find the applicable policy or procedure</p>

HOW DO I ENROLL IN BENEFITS?

1. Log into your Workday account at **www.myworkday.com/argonne** by using your Argonne user name and password in the login screen. You can access Workday from any computer with internet access.
2. Go to your Workday Inbox. Click on “Benefit Event – New Hire” action item.
3. Read instructional text, scroll down, and begin making your enrollment changes. Note: There are several steps. Click “Continue” as you make elections and follow the on-screen prompts.
4. Enroll in healthcare plans. If you are enrolling in HMO, you will be asked to provide three-digit Medical Group/ IPA number for your chosen Blue Advantage HMO medical group in the field called “Employee Provider ID.” Note: The Medical Group/IPA number is a number specific to a physician/group. It is not the Argonne medical plan group number.
 - To find a medical group that is in the Blue Advantage HMO network, visit the BlueCross BlueShield of Illinois website and go to “Provider Finder.”
 - When you receive your ID cards in the mail, call the medical group at the phone number listed on the front of your card and inform them of your chosen primary care doctor.
5. Employees adding dependents to medical, dental, and vision plans are required to provide supporting documentation that establishes their relationship with the dependents.

The required documentation is as follows:

 - Spouse/Civil Union Partner: Provide a copy of the official embossed marriage certificate/civil union certificate.
 - Children: Provide a copy of the official birth certificate that contains child’s and parents’ names and date of birth; and/or adoption papers.

Documentation needs to be uploaded directly into Workday during the enrollment process. If your documentation is in a language other than English, please provide an official translation.

Attach the dependent’s documentation to your enrollment event. You will find a field to attach documentation at the last step. If valid documentation is not received by the end of the allowed enrollment period (30 days), coverage will be provided to employee only.
6. Submit your elections by clicking “Submit.” If you do not click the submit button, your benefit changes will not be sent over. Print out a confirmation page after you have submitted your elections.

You can find step-by-step instructions for the enrollment process under the Additional Information section at **inside.anl.gov/category/benefits**.

IMPORTANT CONTACTS

Argonne Benefits Office			
General Questions	Trish Fayman	(630) 252-2989	pfayman@anl.gov
Retirement Questions	Laura Kazmierowicz	(630) 252-2985	lkazmierowicz@anl.gov
Blue Cross Blue Shield Medical Plans			
BCBS IL PPO		(877) 646-1449	
Blue Advantage HMO		(800) 892-2803	
PPO Prescription Drug Plan OPTUM RX		(866) 328-1154	
Delta Dental Plan		(800) 323-1743	
EyeMed Vision		(866) 804-0982	
Flexible Spending Accounts			
WageWorks		(877) 924-3967	
Fidelity		(800) 343-0860	

Legal Notices

HIPAA Notice of Privacy Practices

UChicago Argonne, LLC, as the sponsor of your health plans, is committed to maintaining and protecting the confidentiality of your health information. The UChicago Argonne, LLC, health plans (the “Plans”) are required by law to protect the privacy of your protected health information (PHI), as defined in the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules, and to send you this Notice about our policies and practices. For more information on the HIPAA Notice of Privacy Practices visit: inside.anl.gov/category/benefits.

The Notices below are required by law. No action is required regarding these Notices

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing toward your or your dependents’ other coverage. However, you must request enrollment within 30 days after your or your dependents’ other coverage ends or after the employer stops contributing towards the other coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage or within 31 days after birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Trish Fayman, Employee Benefit Specialist, at ext. 2-2989 or at pfayman@anl.gov.

Women’s Health and Cancer Rights Act Of 1998

Do you know that your 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 your insurance carrier for more information:

BCBSIL PPO: 1-877-646-1449 BlueAdvantage HMO: 1-800-892-2803

Medicaid and CHIP Notice

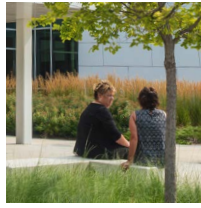
If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

For more information on the Medicaid and CHIP Notice visit: inside.anl.gov/category/benefits.

Preventive Care Fact Sheet

The Affordable Care Act requires non-grandfathered health plans and policies to provide coverage for “preventive care services” without cost sharing (such as co-insurance, deductible, or co-payment), when using a network provider. Services may include screenings, immunizations, and other types of care, as recommended by the federal government.

For more information on the Preventive Care Fact Sheet visit: inside.anl.gov/category/benefits.



WELCOME TO ARGONNE

