



Sandia National Laboratories

Your Spending Arrangement (YSA) Program

(Medicare Retirees, Medicare Surviving Spouses,
Medicare Long-Term Disability Terminees,
and/or Medicare Dependents)

Revised: January 1, 2024

Benefit Summary

IMPORTANT

This Benefit Summary applies to Medicare eligible Retirees, Surviving Spouses and Long-Term Disability Terminees, as well as Medicare eligible Dependents who are enrolled in Medicare Parts A and B.

For more information on other benefit programs, refer to your NTESS Post-Employment Health and Welfare Benefits Plan Summary Plan Description.

The Your Spending Arrangement (YSA) Program is maintained at the discretion of National Technology and Engineering Solutions of Sandia, LLC (“NTESS”). The NTESS Board of Managers (or designated representative) reserves the right to amend (in writing) any or all provisions of the Your Spending Arrangement (YSA) Program, and to terminate (in writing) the Your Spending Arrangement (YSA) Program at any time without prior notice. If the YSA Benefit Program is terminated, coverage under the YSA Benefit Program for you and your Dependents will end, and payments under the YSA Benefit Program will generally be limited to covered expenses incurred before the termination. The Your Spending Arrangement (YSA) Program’s terms cannot be modified by written or oral statements to you from human resources representatives, any other NTESS personnel or the Post-Employment Third-Party Administrator.



U.S. DEPARTMENT OF
ENERGY



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1. Introduction

This is a summary of highlights of the Your Spending Arrangement (YSA) Program (the “YSA Benefit Program”). The YSA Benefit Program is a component of the NTESS Post-Employment Health and Welfare Benefits Plan (the “Post-Employment H&W Plan”) (ERISA Plan 545) and contains important information about your NTESS health benefits. NTESS is also referred to throughout this Benefit Summary as the “Company.” Please see the Glossary at the end of this summary for definitions of certain key capitalized terms (e.g., “Post-Employment TPA,” “YSA,” “Termination of Employment”)

The YSA Benefit Program provides you with access to an individual Medicare plan, which you must obtain through an exchange sponsored by the Post-Employment TPA, along with access to funding through the YSA.

Many sections of this Benefit Summary are related to other sections of the Benefit Summary and to information contained in the NTESS Post-Employment Health and Welfare Benefits Plan Summary Plan Description (For Employees Who Terminate Employment on or After January 1, 2012) and the NTESS Post-Employment Health and Welfare Benefits Plan (For Employees Who Terminated Employment Before January 1, 2012) (collectively referred to as the “Post-Employment H&W Plan SPD”). You will not have all the information you need by reading only one section of one booklet.

You should refer to your applicable Post-Employment H&W Plan SPD for information about eligibility, enrollment, disenrollment, termination, coordination of benefits, subrogation, and reimbursement rights, when coverage ends, continuation of coverage provisions, and your rights under the Employee Retirement Income Security Act of 1974, as amended (ERISA).

When the words “you” and “your” are used throughout this document, we are referring to individuals who are participants as outlined in [Section 4: Eligibility/Enrollment](#).

To receive a paper copy of this Benefit Summary, other Benefit Summaries, or your applicable Post-Employment H&W Plan SPD, please contact the Post-Employment TPA at 888-598-7809 (TTY: 866-508-5123). These documents are also available electronically at sandiretirementbenefits.com.

Since these documents will continue to be updated, the Company recommends that you check back on a regular basis for the most recent version.

2. Summary of Changes

The following changes to the YSA Benefit Program are effective on January 1, 2024:

- No increase to annual YSA funding.

3. General Information

The YSA Benefit Program provides the following benefits:

- Access to an individual Medicare plan, which you must enroll in through the Exchange established by the Post-Employment TPA; and
- Funding from the YSA, which functions like a reimbursement account.

The purpose of the YSA Benefit Program is to reimburse participants for eligible expenses as outlined in [Section 6: Eligible Expenses](#), which are not otherwise reimbursed by any other plan or program. The YSA Benefit Program is intended to meet certain requirements of existing federal tax laws, under which the reimbursements for eligible expenses generally are not taxable to you. However, neither the Company nor the Post-Employment TPA can guarantee the tax treatment to any given participant, as individual circumstances may produce different results. If there is any doubt, you should consult your tax advisor.

The YSA Benefit Program is merely a bookkeeping account on the Company's records; it is a notational account and does not bear interest or accrue earnings of any kind. All benefits are paid entirely from the Company's general assets.

The law does not permit participants to make any contributions to their YSA.

4. Eligibility/Enrollment

IMPORTANT: If you enroll in the YSA Benefit Program, you may not enroll in a Company-sponsored Group Medicare Advantage Plan.

Eligibility to participate in the YSA Benefit Program is limited to Retirees, Surviving Spouses, Long-Term Disability Terminees, and their eligible Dependent Children, who:

- Are enrolled in both Medicare Parts A and B, prior to the first day of the month in which they are eligible to participate in the YSA Program, and continue to pay Medicare Part A premiums, if applicable, and Medicare Part B premiums; and
- Satisfy one of the following:
 - Enrolled in a qualified individual Medicare plan(s) through the Exchange established by the Post-Employment TPA; or
 - Enrolled in Tricare, Veterans Administration, or have an account through Lawrence Livermore National Laboratories; or
 - Reside in an area with limited or no access to individual Medicare plans through an Exchange established by the Post-Employment TPA, subject to approval from NTESS.

IMPORTANT: The YSA Benefit Program is available ONLY IF you enroll in a qualified individual Medicare plan (Medicare Advantage, Medigap, Medicare Part D) (s) through the Exchange established by the Post-Employment TPA. If you enroll in an individual Medicare plan(s) on your own or through the carrier directly (i.e., you do not enroll through the Post-Employment TPA Exchange), you are not eligible for the YSA Benefit Program or to have those premiums reimbursed through the YSA.

Eligible Retirees, Surviving Spouses, Long-Term Disability Terminees, and their eligible Dependents who enroll in the YSA Benefit Program are called “Participants.” Refer to your applicable Post-Employment H&W Plan SPD for more information regarding eligibility to participate in the YSA Benefit Program.

Generally, you can enroll in the YSA Benefit Program during the annual Open Enrollment period, upon Termination of Employment, or upon becoming Medicare eligible (if you are currently enrolled in a Company-sponsored Pre-Medicare medical plan). If you do not have current Company-sponsored Pre-Medicare coverage, upon becoming Medicare eligible, you will **NOT** be able to enroll in the YSA Benefit Program until the next annual Open Enrollment period. Please refer to your applicable Post-Employment H&W Plan SPD for more information regarding enrollment. In order to enroll in the YSA Benefit Program, you must contact the Post-Employment TPA at 1-888-598-7809 (TTY: [711]).

Eligibility begins the first day of the month the individual Medicare plan coverage begins. You may

disenroll from individual Medicare plan coverage during the Open Enrollment period as specified by the Company, or during the annual enrollment period set by Medicare. Disenrolling from individual Medicare coverage, or a change in eligibility, will disenroll you from the YSA Benefit Program. If you are the Primary Covered Member with family coverage and you disenroll from the YSA Benefit Program, your Dependent(s) will no longer be eligible for coverage under the YSA Benefit Program. When you enroll in an individual qualified Medicare Advantage or Part D Prescription Drug Plan through the Post-Employment TPA Exchange under the YSA Benefit Program, you will NOT be excluded from enrollment based on your health, nor will your premium or level of benefits be based on any pre-existing condition limitations.

When you enroll in an individual Medicare Supplemental plan (sometimes called a “Medigap” plan) through the Post-Employment TPA Exchange you must do so within 63 days from the loss of your Company-sponsored group coverage (whether it is one of the Company-sponsored group Medicare Advantage plans or one of the Company-sponsored employee or PreMedicare medical plans). If you enroll within the 63-day window after loss of coverage, you will not be denied coverage or pay more for your coverage. If you wait to enroll until after the 63-day window, you can be declined coverage or be charged more for the coverage based on your health history.

IMPORTANT: If you are enrolled in an individual Medicare Supplemental plan through the Post-Employment TPA Exchange under the YSA Benefit Program, and you want to upgrade your Medicare Supplement Plan coverage (e.g., from Plan G to Plan N), individual carriers have the right to underwrite coverage on past health experience, and most do, so you may not be able to upgrade your coverage. In addition, if you want to change carriers, you may also be subject to underwriting.

IMPORTANT: If you Terminated Employment on or after January 1, 2012, enrollment in the Company-sponsored group dental plan on or after January 1, 2023, will not qualify you for the YSA Benefit Program. If you qualified for the YSA Benefit Program based on your enrollment in the Company-sponsored group dental plan as of December 31, 2022, you will continue to qualify for the YSA Benefit Program, if you are otherwise eligible. However, if you subsequently disenroll from the Company-sponsored group dental plan or the YSA Benefit Program, you will no longer qualify for this exception nor be able to qualify for the exception at any time in the future.

In certain situations, you may be asked to supply what is called a Notice of Creditable Coverage upon enrollment into an individual Medicare plan. The Notice of Creditable Coverage is a document that shows your prior periods of coverage in a health plan that is provided by your group health plan, HMO, or health insurance company. The Notice of Creditable Coverage can be requested by contacting your current health insurance company. In addition to standard identification information, the Notice of Creditable Coverage will include the dates on which your prior health plan coverage began and ended. The Notice of Creditable Coverage should also contain your prior health plan’s contact information.

5. How the YSA Works

The YSA Benefit Program provides you with annual “YSA Credits” to get reimbursed for the premiums that you pay for individual Medicare plans (e.g., Medigap Plans, Part D (Prescription Drug) Plans, and Medicare Advantage Plans) purchased through the Post-Employment TPA Exchange. Refer to your Post-Employment H&W Plan SPD for additional information, including calculation of “credits.”

You will have access to a wide range of Medicare plans through the Post-Employment TPA Exchange, allowing you to choose the plan(s) that best fits your medical and prescription drug needs. Primary Covered Members will have access to a Medicare plan “marketplace” through the Post-Employment TPA Exchange. The Post-Employment TPA Exchange has several unique plans from health insurers such as UnitedHealthcare, Aetna, CIGNA, Humana, and independent Blue Cross Blue Shield plans.

You also may be able to use YSA Credits to reimburse Medicare Part A or Part B premiums, and/or to pay for certain out of pocket medical or dental care expenses. The Post-Employment TPA can provide you with information regarding individual Medicare plans and premium rates available in your area. Refer to [Section 6: Eligible Expenses](#) for more information.

Enrollment during Open Enrollment. If you are a Primary Covered Member eligible to participate in Open Enrollment or an active employee who Terminates Employment prior to January 1, and you enroll in the YSA during Open Enrollment, you will receive your applicable full allocation of YSA Credits for the following year on January 1 of each year.

- **Example:** Joe, a current Medicare retiree who is single and retired September 2023, with 27 years of service, enrolls in the YSA during Open Enrollment. He will be eligible for the applicable full allocation of his YSA Credits for 2024 on January 1, 2024.

Enrollment mid-year. If you are an active employee, Terminate Employment and enroll in the YSA Benefit Program outside open enrollment as a newly eligible participant, you and/or your covered Dependents will remain in the Active employee plan until the end of the month in which you Terminate Employment. You and/or your covered Dependents will be eligible to receive a pro-rated allocation of YSA Credits for the current year based on your period of enrollment in the YSA Benefit Program.

- **Example:** Mary retires on March 3, 2024. She is Medicare-eligible, single, has 35 years of service, and enrolls in the YSA Benefit Program effective April 1, 2024. Mary will stay in the active employee plan until March 31, 2024. Effective April 1, 2024, she will be eligible for 9/12th of the applicable full allocation of YSA Credits for the year, based on her period of enrollment in the YSA Benefit Program (i.e., April through December 2024).

If you are a Primary Covered Member in the YSA Benefit Program and you experience a qualifying mid-year event that permits you to add a Medicare eligible Dependent, your Dependent will receive a pro-rated allocation of YSA Credits for the current year based on your Dependent’s period of

enrollment in the YSA Benefit Program.

Refer to your Post-Employment H&W Plan SPD for information on qualifying mid-year events and eligibility to change coverage on account of such an event.

Note: Not all qualifying mid-year events coincide with allowable events under Medicare to enroll in an individual plan outside of Medicare's open enrollment period. All Medicare coverage in the individual marketplace is effective the first day of the month following the qualifying mid-year event.

- **Example:** Jack, a current Medicare retiree, is enrolled in the YSA Benefit Program and gets married on June 5, 2024. His new Medicare eligible Spouse also enrolls in the YSA Benefit Program. Jack's Spouse is eligible to enroll in the YSA Benefit Program effective July 1, 2024, as indicated in [Section 4: Eligibility/Enrollment](#). She is eligible for 6/12th of the applicable full allocation of YSA Credits based on her period of enrollment in the YSA Benefit Program (i.e., July through December 2024). Enrollment must be completed by June 30, 2024, to qualify for the 6 months of funding.
- **Example:** Joe, a current Pre-Medicare retiree, is enrolled in one of the Company-sponsored group Pre-Medicare medical plans and gets married on May 20, 2024. His new Medicare eligible Spouse enrolls in the YSA Benefit Program. Joe's Spouse is eligible to enroll in the YSA Benefit Program effective June 1, 2024, as indicated in [Section 4: Eligibility/Enrollment](#). She is eligible for 7/12th of the applicable full YSA allocation amount based on her period of enrollment in the YSA Benefit Program (i.e., June through December 2024). Enrollment must be completed by May 31, 2024, to qualify for the 7 months of funding.

Rollover Note: If you do not use all of the amounts credited to your YSA account during the calendar year, the balance of funds will roll over to the next year.

Rollback Note: Reimbursement requests submitted and approved over the funding amount currently available will be reimbursed by future credits. Requests will be held in a "pending" status until credits become available (rollback). This essentially means that participants can use funds for any eligible reimbursements incurred after the start of the plan, regardless of the year, and have the ability to submit reimbursement requests from the previous year during the year following. If you do not want this to happen, please contact the Post-Employment TPA for assistance.

Refer to your Post-Employment H&W Plan SPD for information on qualifying mid-year events.

The YSA Account is set up as a joint account; however, the only individuals who may use this account are the qualified Medicare eligible individual(s) enrolled in the YSA Benefit Program. Other household members not enrolled in the YSA Benefit Program may not be reimbursed for any healthcare expenses from the YSA Account.

YSA Credits for all enrolled Medicare eligible participants will be credited to one YSA account. You can use these YSA Credits toward any eligible expenses for any enrolled participant(s).

- **Example:** Joe, a Medicare retiree, and his Medicare spouse, Jane, both elected to enroll in

the YSA Benefit Program. Joe retired in 2011 with 33 years of service. For 2024, the amount he will receive for himself is \$1,856.00. Jane will also receive \$1,856.00. These amounts are combined into one account for a total of \$3,712.00. Joe enrolled in a Medigap and Medicare Part D plan through the Post-Employment TPA for a yearly premium amount of \$2,000. This leaves a remainder of \$1,712.00, to be used by Jane, Joe, or both on eligible expenses.

YSA Credits will be credited in the amount, and at the times specified in the applicable Post-Employment H&W Plan SPD and Open Enrollment materials and will be reduced from time to time by the amount of any eligible expenses for which the participant(s) is reimbursed. At any time, the participant(s) may receive reimbursement for eligible expenses up to the amount in the YSA.

In the event of a divorce, legal separation, annulment, or ineligibility of a Dependent, under a federal law called the Consolidated Omnibus Budget Reconciliation Act (“COBRA”), Medicare eligible Dependents under the YSA Benefit Program who are the former Spouse or Dependent child of a participant may be eligible to elect to continue coverage under the YSA Benefit Program for a limited time after the date they would otherwise lose coverage. These are called “qualifying events.” Refer to your Post-Employment H&W Plan SPD for information regarding continuation of coverage and COBRA qualifying events.

NOTE: COBRA does not apply to individual Medicare plans offered through the YSA Benefit Program; however, dollar “credits” in the YSA may be subject to COBRA.

If the Primary Covered Member dies with no enrolled Medicare eligible Dependents, his or her YSA is immediately forfeited upon death, but the deceased Primary Covered Member’s estate or representatives may submit claims for eligible expenses incurred by the Primary Covered Member before his or her death. Claims must be submitted within 180 days of his or her death.

If the Primary Covered Member is a Retiree and dies, and his or her Surviving Spouse is eligible for and enrolls in the Surviving Spouse YSA Benefit Package option, the Surviving Spouse becomes the Primary Covered Member and the deceased Retiree’s YSA account balance is allocated to the Surviving Spouse. Refer to your Post-Employment H&W Plan SPD for information regarding eligibility for Surviving Spouses who are enrolled in the YSA Benefit Program.

- **Example:** Joe, the Retiree, dies on January 30 and his Surviving Spouse, Jane, was enrolled with him in a joint YSA prior to his death. The remaining balance in the joint YSA account was \$2,900. This amount transfers to Jane if she elects the Surviving Spouse YSA Benefit Package option.

If the Primary Covered Member is a Surviving Spouse or an LTD Terminée and dies with one or more enrolled Dependents, his or her YSA is immediately forfeited upon death, but the deceased Primary Covered Member’s estate or representatives may submit claims for eligible expenses incurred by the Primary Covered Member before his or her death. Claims must be submitted within 180 days of his or her death.

Refer to [Section 7: How to Submit for Reimbursement](#), for information on submitting claims.

6. Eligible Expenses

An eligible Code Section 213(d) expense under the YSA Benefit Program is an expense incurred by:

- you (if you are the only one enrolled in the YSA Benefit Program), and
- any enrolled Medicare eligible Dependent in the YSA Benefit Program (who holds a joint account with you).
 - **Example:** Joe, a Company Medicare Retiree, enrolled in the YSA Benefit Program for 2024. His Medicare Spouse, Jane, also selected the YSA Benefit Program for 2024. Both are eligible to use the cumulative funds in the joint YSA account.
 - **Example:** Jack, a Company Medicare Retiree, enrolled in the YSA Benefit Program for 2024. His Medicare Spouse, Jill, enrolled in the Company-sponsored group Medicare Advantage Plan for 2024 instead of the YSA Benefit Program. Jack is the only one eligible to use the YSA funds for his expenses. He cannot use the YSA for any of Jill's expenses.

The purpose of the YSA Benefit Program is to reimburse participants for eligible expenses as outlined in [Section 6: Eligible Expenses](#), which are not otherwise reimbursed by any other plan or program.

Your YSA funds can be used to reimburse you for the premiums for your individual medical plans and Part D prescription drug coverage purchased through the Post-Employment TPA Exchange. However, some other common expenses eligible for reimbursement from the YSA Benefit Program with any remaining credits include, but are not limited to, the following*:

- Acupuncture treatment for a medical condition
- Allergy testing and shots.
- Ambulance service
- Chiropractic treatment for a medical condition
- Crutches
- Premiums For:
 - Sandia Group Dental Care Plan premiums
 - Medicare Part A and/or Part B premiums
 - Individual dental or vision plan premiums for plan purchased through The Post-Employment TPA' exchange
 - Tricare Premiums
- Diabetic supplies including insulin, needles, and testing strips.

- Laboratory and x-ray fees
- Mastectomy-related products
- Medical coinsurance
- Medical copays
- Medical deductibles
- Medical equipment – costs to buy or rent durable medical equipment prescribed by a medical practitioner to alleviate or treat a medical condition.
- Medical reasonable/customary – amounts not paid by a medical plan that exceed reasonable and customary limits.
- Medical services – services provided by doctors, surgeons, specialists, or other medical practitioners.
- Oxygen or oxygen equipment
- Physical therapy
- Eligible expenses associated with the Veteran’s Administration (VA) medical plan.
- Prescription drugs
- Wheelchairs*

* This list does not contain all Code Section 213(d) eligible expenses and is subject to change with Code Section 213(d) revisions. See IRS Publication 502 for additional information.

Only eligible expenses incurred while you are a participant in the YSA Benefit Program may be reimbursed from your YSA. Similarly, only eligible expenses incurred while your Medicare eligible Dependent is a participant in the YSA Benefit Program may be reimbursed from the joint account (if more than one of you is enrolled) or from the Dependent’s YSA (if only the Dependent is enrolled).

Eligible expenses are “incurred” when medical care is provided, not when you or your enrolled Medicare eligible Dependent is billed, charged, or pay for the expense. Thus, an expense that has been paid but not incurred (e.g., pre-payment to a physician) will not be reimbursed until the services or treatment giving rise to the expense have been provided.

Some examples of common items that **are not eligible** expenses include, but are not limited to:

- Premiums you pay to enroll in an individual Medicare plan on your own (instead of enrolling in an individual Medicare plan through the Post-Employment TPA Exchange)
- Premiums to pay for Dependent’s insurance through their active or retiree plan.
- Expenses covered by your insurance.
- COBRA premiums
- Long-term care services

- Cosmetic surgery or similar procedures (unless the surgery is necessary to correct a deformity arising from a congenital abnormality, accident, or disfiguring disease)
- Household and domestic help
- Herbal remedies
- Massage therapy
- Custodial care
- Health club or fitness program dues
- Over-the-counter medicines without a prescription

In addition to the list above of ineligible expenses, the following expenses may not be reimbursed from the YSA:

- Expenses incurred *prior to the date* that you became a participant in the YSA Benefit Program
- Expenses incurred *after the date* that you cease to be a participant in the YSA Benefit Program
- Expenses that have been reimbursed by another plan or for which you plan to seek reimbursement under another health plan.

If you have any questions regarding whether an expense is an eligible expense under the YSA Benefit Program, contact the Post-Employment TPA by phone at 1-888-598-7809, option 3, or by mail:

Via Benefits
 Your Spending Arrangement
 38 East Scenic Pointe Drive
 Suite 200
 Draper, UT 84020

1-888-598-7809

7. How to Submit for Reimbursement

Once enrolled in an individual Medicare Advantage, Medigap, and/or Part D plan through the Post-Employment TPA, you will be required to remit any payments due to the individual insurance carrier that you elected during the enrollment process. A benefit advisor from the Post-Employment TPA will assist you with the initial payment during the enrollment process. Then, you will make arrangements with your insurance carrier to remit premiums directly to them. Please note that insurance company billing processes vary by carrier.

You may not obtain reimbursement of any eligible expenses incurred after the date your eligibility ceases. However, if you cease to be eligible under the YSA Benefit Program for any reason other than your death, you have one year after your eligibility ceases to request reimbursement of eligible expenses you incurred before your eligibility ceased. Claims must be submitted within one year from the last day of the month in which you cease to be eligible under the YSA Benefit Program. Unused YSA Credits remaining in the account after such one-year period will be forfeited.

Premium payments paid for the individual plans you enrolled in through the Post-Employment TPA can be submitted to the YSA for reimbursement.

The Post-Employment TPA offers automatic reimbursement with most insurance carriers. Automatic reimbursement is a process where you pay your premiums to the insurance carrier for the month or quarter, and the insurance carrier notifies the Post-Employment TPA through an electronic file that your payment has been received. This notification will trigger a release of payment from your YSA funds to reimburse you for the premium payment (as long as funds are available in your account). You do not need to file a paper claim form. Automatic reimbursement is only available with specified carriers and does not cover expenses outside of the premiums for medical or prescription drug coverage. To confirm availability and to enroll in the automatic reimbursement program, please contact the Post-Employment TPA customer service and they can turn this feature on for you if available.

If you are not set up under the auto reimbursement process as described above, or you have other eligible expenses (refer to [Section 6: Eligible Expenses](#)) for which you want to request reimbursement, you must complete a reimbursement form and mail or fax it to:

Via Benefits
Your Spending Arrangement
38 East Scenic Pointe Drive
Suite 200
Draper, UT 84020

1-888-598-7809

To obtain a claim form, you may contact YSA support at 888-598-7809, option 3; request a form through your online account at myViaBenefits.com/Sandia or request by mail at the address noted above.

A full claim submission process is supported through the web portal. You may complete the claim information and attach supporting documents and receipts through the online web portal for reimbursement.

Reimbursement of premium claim payments will require a copy of your insurance invoice or coupon and proof of payment from your banking institution. Reimbursement of eligible out of pocket health care expenses will require a copy of the invoice or explanation of benefits and a completed claim form.

The written statement from the service provider must contain the following: (a) the name of the patient, (b) the date service or treatment was provided, (c) a description of the service or treatment; and (d) the amount incurred. More information about claim submission documents can be found on the back of the claim reimbursement request form. Your claim is deemed filed when it is received by the Post-Employment TPA.

If your claim for reimbursement is approved, you will be provided reimbursement as soon as reasonably possible following the determination, but in no event later than 30 days. Claims are paid in the order in which they are received.

If it is later determined that you or your enrolled dependent received an overpayment or a payment was made in error (e.g., you were reimbursed from your YSA for an expense that is later paid by another medical plan), you or your enrolled dependent will be required to refund the overpayment or erroneous reimbursement to the YSA Benefit Program.

If you do not refund the overpayment or erroneous payment, the YSA Benefit Program reserves the right to offset future reimbursements equal to the overpayment or erroneous payment. However, if that is not feasible, the YSA Benefit Program will withhold such funds from any amounts due to you from the YSA Benefit Program. If all other attempts to recoup the overpayment/erroneous payment are unsuccessful, the Company may treat the overpayment as a bad debt, which may have tax implications for you.

8. How to Submit an Appeal

The claims and appeals procedures set forth in the Post-Employment H&W Plan SPD apply to the YSA Benefit Program. Refer to your applicable Post-Employment H&W Plan SPD for claims and appeals information and procedures.

9. Glossary

Term	Definition
Benefit Package	A Retiree Benefit Package, an LTD Terminatee Benefit Package, or a Surviving Spouse Benefit Package offered under the Plan, as set forth in the applicable Post-Employment H&W Plan SPD.
Certificate of Creditable Coverage	A document that shows your prior periods of coverage in a health plan that's provided by your group health plan, HMO, or health insurance company.
Company	National Technology & Engineering Solutions of Sandia, LLC (sometimes referred to as "NTESS"). The Company acts through its authorized delegate(s). Prior to May 1, 2017, Company means Sandia Corporation.
Dependent	Generally, refers to a Former Employee's child and/or Spouse who is Medicare eligible. Divorce or legal separation from the Former Employee will cause a Spouse to lose YSA Benefit Program coverage as a Dependent.
Long-Term Disability / LTD Terminatee	An individual who is Medicare eligible to enroll (or is enrolled) in the Plan's LTD Terminatee Benefit Package, as set forth in the applicable Post-Employment H&W Plan SPD.
Exchange	An Exchange that offers purchasers of health insurance a variety of plans from different insurance providers.
Former Employee	An employee of the Company who has incurred a Termination of Employment, as set forth in the applicable Post-Employment H&W SPD. A Former Employee includes, but is not limited to, a Retiree and an LTD Terminatee.
Medicare	A Federal program that pays for certain healthcare expenses for people aged 65 and older, have End- Stage Renal Disease, or are under 65 and have been receiving Social Security disability benefits for 24 months.

Medicare Advantage Plans	Health plans that are approved by Medicare and provided by private insurance companies.
Medigap / Medicare Supplement Plans	Health plans provided by private insurance companies designed to cover the areas of non-coverage under Medicare (e.g, deductible and coinsurance).
Open Enrollment	Prior to the beginning of each calendar year, the Company offers a limited period of time during which a Primary Covered Member can make Benefit Program elections. The election generally is irrevocable as of December 31 of the election year and becomes effective the next day (January 1 of the year after the election is made).
Part D Prescription Drug Plan	A stand-alone prescription drug plan offered by insurers and other private companies to people eligible for Medicare.
Participants	An individual (retiree, spouse, dependent child, surviving spouse/dependent child, LTD Terminée and LTD Terminée Spouse/dependent child) that is enrolled in a qualifying individual Medicare plan and is qualified for the Your Spending Arrangement (YSA) funding.
Post-Employment TPA	Refers to the Company's Post-Employment Third-Party Benefit Administrator, currently, Via Benefits. The Post-Employment TPA provides day-to-day administrative services for the Plan, and offers Medicare Plans through an established Exchange, which can be selected by Medicare-eligible Participants.
Primary Covered Member	The Primary Covered Member with respect to a Retiree Benefit Package or an LTD Terminée Benefit Package is a Former Employee. The Primary Covered Member with respect to a Surviving Spouse Benefit Package is the Surviving Spouse. Refer to the applicable Post-Employment H&W Plan SPD for information regarding the Retiree Benefit Package, the LTD Terminée Benefit Package, and the Surviving Spouse Benefit Package.
Retiree	A Former Employee who meets the definition of Retiree set forth in the applicable Post-Employment H&W Plan SPD.

Spouse	The person to whom an individual is legally married within the meaning of federal law. Spouse does not include a domestic partner.
Surviving Spouse	An individual who is eligible for coverage under the Plan's Surviving Spouse Benefit Package, as set forth in the applicable Post-Employment H&W Plan SPD.
Termination of Employment	The last date on which a Former Employee no longer is carried on the rolls of the Company as the result of a voluntary termination, retirement, discharge, job separation, layoff, or termination/retirement on account of disability. Employees on Company-approved leaves of absence or on disability status are not considered to have Terminated Employment.
YSA	An unfunded reimbursement bookkeeping (notional) account, which is designed to satisfy the requirements for a "health reimbursement arrangement" (HRA), within the meaning of Sections 105 and 106 of the Internal Revenue Code, as amended ("Code"), and IRS Notice 2002-45. Additional attributes of a YSA are outlined throughout this Benefit Summary.