Sandia National Labs

Administered by:
BlueCross BlueShield of New Mexico

Sandia Health Savings Plan (HSA)
Summary only — lists the deductible amounts, health care account limit, out-of-pocket limit amounts, and member coinsurance percentages of the Sandia National Labs Health Savings Plan. These plan details are applicable for the 2027 plan year only and are subject to change.

Sandia Health Savings Plan – Certain services have maximum annual limits or lifetime maximum benefits.	**Member's Share of Covered Charges**		
	Blue Preferred Tier 1	**Preferred Provider Tier 2**	**Nonpreferred Provider Tier 3**
Calendar Year Deductible	$1,750 Individual $3,500 Family	$1,750 Individual $3,500 Family	$3,400 Individual $6,800 Family
Health Savings Account (HSA): HSA is administered by Optum Bank			
Sandia Contribution to HSA for Active Employees Only	**Individual:** Matching contributions up to $600 maximum match by Sandia	**Family:** Matching contributions up to $1,000 maximum match by Sandia	
Maximum HSA Contributions (all sources including earnings for healthy activities – visit hr.sandia.gov)	$4,500 in 2027 $1,000 catch-up (age 55+)	$9,000 in 2027 $1,000 catch-up (age 55+)	
Sandia Clinic	Employees pay based on fee schedule until annual deductible is met, then free for remainder of calendar year. 0% Coinsurance for services available at On-Site Clinic		
Calendar Year Out-of-Pocket Limit: Includes deductible, coinsurance and prescription drugs; NOT penalty amounts, amount in excess of covered charges, or noncovered charges.	$3,400 Employee Only $10,200 Family	$3,400 Employee Only $10,200 Family	$6,800 Employee Only $20,400 Family
Office Services (non-preventive): includes office visits, medication management, family planning, evaluations, medical eye exam, surgery, therapeutic injections; allergy injections, tests, serum. **Virtual Visits – MDLIVE**	10% $10 Copay after Deductible	20% $10 Copay after Deductible	40% Not Covered
Acupuncture Treatment (max. **$750**/calendar year – max. applies to In and Out of Network services)	10%	20%	40%
Ambulance Services: Ground and Emergency Air Transport	10%	20%	
Ambulance Services: Nonemergency Air Transfer ($300 penalty if prior auth is not obtained)	10%	20%	40%
Behavioral Health: Mental Health and Chemical Dependency (outpatient/office/IOP; family and marriage counseling NOT covered except under EAP; Substance abuse NOT covered for Class II dependents) **Behavioral Health Virtual Visits – MDLIVE** **EAP – ComPsych (**8 sessions/calendar year) (CA residents - 3 visits within a 6-month period per issue up to 8 sessions total/calendar year)	No Charge after deductible is met $10 Copay After Deductible 100% deductible waived		40% Not Covered Not Covered
Emergency Room Treatment and Urgent Care Facility	10%	20%	
Out-of-Country	NOT COVERED	If traveling out-of-country, plan pays at PPO level	

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	Blue Preferred Tier 1	**Preferred Provider Tier 2**	**Nonpreferred Provider Tier 3**
Enteral Nutrition/Nutritional Supplements (for diagnosis of dysphagia, as the sole source of nutrition, for RH Factor disorder, PKU, terminal cancer)	10%	20%	40%
Eye Exam/Glasses/Contacts (non-refractive care due to sudden illness or injury to eye such as conjunctivitis, diabetic retinopathy, glaucoma, cataracts: glasses and contacts only when needed due to the loss of a natural lens/cataract surgery)	10%	20%	40%
Family Planning (includes sterilization and its REVERSAL, Depo-Provera, IUDs, ultrasounds and laparoscopies, pregnancy termination, including elective abortion)	10%	20%	40%
Hearing Aids and Related Services (required due to illness or injury ONLY); initial hearing aid only	10%	20%	40%
Hearing Aids and Related Services for dependent children under age 21 ONLY: one (1) hearing aid per hearing-impaired ear, every 36 months, includes ear molds as necessary, fitting and dispensing services.	10%	20%	40%
Home Health Care/Home I.V. Services	10%	20%	40%
Hospice Services	10%	20%	40%
Infertility Treatment (max. **$45,000** lifetime; includes GIFT, insemination, storage, egg retrieval, etc.; NO coverage for retirees)	10%	20%	40%
Inpatient Hospital/Facility Services			
Medical/Surgical (including partial hospitalization, Residential Treatment Center), Maternity-Related Room and Board and Covered Ancillaries	10%	20%	40%
Mental Health/Chemical Dependency (including partial hospitalization, Residential Treatment Center)	No Charge after deductible	No Charge after deductible	40%
Routine Nursery Care for Covered Newborns	10%	20%	40%
Lab, X-Ray, MRI, CT, PET Scans, Other Diagnostic Tests (First diagnostic colonoscopy, mammogram and breast ultrasound covered at 100%)	10%	20%	40%
Maternity Services, including Routine Pediatrician Care for Covered Newborns	10%	20%	40%
Obesity Surgery Must have diagnosis of morbid obesity, which is a BMI of at least 40)	10%	20%	40%
Outpatient Facility/Physician (including surgical procedures related to pregnancy and family planning, nonroutine colonoscopies excluding first diagnostic colonoscopy which is covered at 100%)	10%	20%	40%
Prescription Drugs/Diabetic Supplies	See separately issued Optum Rx Drug Plan Rider		
Preventive Services: Adult medical care/routine exams; well childcare; routine lab and X-ray; vision **(not an exam/refraction**) and hearing screening; mammogram, routine colonoscopy. Strict guidelines. Allow barium enema in place of colonoscopy as well. Pay sports physicals. If Sandia's onsite clinic refers EE to get immunization off-site, pay as in-network.	No Charge	No Charge	40%
Prosthetics and Orthotics	10%	20%	40%

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	Blue Preferred Tier 1	**Preferred Provider Tier 2**	**Nonpreferred Provider Tier 3**
Short-Term Rehabilitation: Includes inpatient. rehabilitation facility; skilled nursing facility, outpatient physical, occupational, and speech therapy services.	10%	20%	40%
Smoking Cessation	SEE PREVENTIVE SERVICES FOR BENEFIT		40%
Spinal Manipulation (max. **$750**/calendar year; based on provider type – max. applies to In- and Out-of-Network services)	10%	20%	40%
Supplies and Durable Medical Equipment	10%	20%	40%
Therapy: Chemotherapy, Dialysis, and Radiation Therapy	10%	20%	40%
Urgent Care Facility	10%	20%	40%
Transplants: Heart, Heart-Lung, Liver, Liver-Kidney, Liver-Intestine, Lung, Kidney, Pancreas Only, Intestinal, Pancreas-Kidney, Bone Marrow and Peripheral Stem Cell, (w/ or w/o high-dose chemotherapy): lifetime limit of $25,000 for bone marrow search	10%	20%	40%
Travel, Food, and Lodging: Per diem for lodging/meals combined = $50 for patient and $100 for patient and one companion ONLY if patient lives more than 50 miles from facility. Travel may include airfare, taxi/ground, mileage reimbursement at IRS rate. Covered for transplants only. **Covered only if member uses a Blue Distinctions Center for Transplants, Congenital Heart Disease, or Cancer Treatment**	Combined overall maximum of $10,000 per member for all combined for entire life. This benefit is NOT available unless member uses a Blue Distinctions Center.		

This chart is a summary. It does not explain maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete description of your Plan, please refer to the *BCBSNM Benefit Summary* on hr.sandia.gov. This chart highlights key features of Sandia's benefits. The terms of your benefit plans are governed by legal documents. If there are inconsistencies between information in this chart and the legal plan documents, then the legal plan documents are the final authority.

***Spouse includes same-gender spouses legally married in jurisdictions that recognize their marriage.**

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