

About Your Benefits

Your benefits have been designed to support you during the different times of your life—providing comprehensive financial security while you are working as well as income security after you retire.

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Highlights

Your Benefits...

... Provide Eligibility for You and Your Family

As a **Regular Full-Time Employee, Regular Part-Time Employee, or Full-Time Temporary Employee hired to work at least 12 months**, you are eligible for coverage under most benefit plans, including health care, life and accident insurance, the Savings Plan, and the Pension Plan, on your first day of work. **Casual Employees** are immediately eligible for life and accident insurance, the Savings Plan, and the Pension Plan and become eligible for medical and dental coverage after 4 months of service. Casual Employees are not eligible for short-term or long-term disability benefits or Flexible Spending Accounts. Casual Retirees, as defined in the Glossary, are not eligible to participate in any active employee benefit plans.

... Offer Coverage Automatically

If you are in the class of employees eligible for benefits, you are automatically covered under the plans below. See the "Eligibility At a Glance" chart in this section for a summary listing of employees that may be eligible for benefits.

- Employee Assistance Program
- Short-Term Disability and Long-Term Disability (eligible as defined in the "Disability Coverage" and "Glossary" sections)
- Business Travel Accident Insurance
- Pension Plan

... Let You Choose the Coverage That is Right for You

These benefits are optional, giving you the opportunity to choose the coverage you want and need:

- Medical (including prescription drugs and vision care)
- Dental
- Flexible Spending Accounts
- Basic and Supplemental Life Insurance
- Spouse and Dependent Life Insurance
- Special Accident Insurance
- Savings Plan

... Offer Tax-Effective Coverage

Contributions for Flexible Spending Accounts are automatically deducted from your Pay on a pre-tax basis and according to US Internal Revenue Service (IRS) rules. You can also elect to have your premiums for the medical and dental plans deducted on a pre-tax basis as well as make pre-tax contributions to the Savings Plan.

The term "Company" refers to UT-Battelle, LLC. Other terms are defined in the "Glossary" section.

Eligibility

Employee

You are eligible to participate in the benefit plans described in this book if you are employed and paid as a Regular Full-Time Employee of the Company working on a regular basis, a Regular Part-Time Employee working a fixed schedule, or a Full-Time Temporary Employee who is hired to work at least 6 months. Casual Employees are also eligible for many of the benefits described in this book. Casual Retirees are not eligible to participate in any active employee benefit plans.

If you are a Bargaining Unit Employee, you are eligible for business travel accident insurance, and those benefit plans in which your collective bargaining unit has agreed to participate. Individuals who are paid as independent contractors or who are leased from another employer are not employees and are not eligible to participate in the benefit plans described in this benefit summary book.

The terms "Regular Full-Time Employee," "Regular Part-Time Employee," "Full-Time Temporary Employee," "Bargaining Unit Employee," "Casual," and "Casual Retiree" are defined in the Glossary.

Dependents

You may choose to cover your Eligible Dependents for medical (including prescription drug and vision care), dental, life, and special accident insurance coverage. Your Eligible Dependents may also use the Employee Assistance Program.

Dependent Verification

To enroll dependents in the medical and/or dental plans, you must provide verification of eligibility for each newly enrolled dependent.

Approved documentation includes:

- For your spouse, a copy of your marriage certificate
- For each child; a copy of the birth certificate, or adoption or guardianship documents.

The Social Security Number (SSN) of each dependent is also essential for proper processing. Under certain circumstances dependents of foreign nationals who do not have SSNs may enroll without an SSN.

Medical (including prescription drugs and vision care) and dental coverage may be continued for an unmarried Child who is incapable of self-support due to a physical or mental handicap that began before he or she reached age 26, provided you submit proof of the Child's disability to the insurance company within 30 days after attaining the maximum age and you remain a participant in the plan. Additional proof of the Child's continuing disability will be required periodically.

When your dependents are no longer eligible for medical and dental care coverage, they may be eligible to continue coverage for up to 36 months under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). See the "Administrative Information" section for information on.

Child life insurance coverage may be continued for an unmarried Child who is incapable of self-support due to a physical or mental handicap that began before he or she reached age 24.

Special accident insurance coverage may be continued indefinitely for an unmarried Child who is incapable of self-support due to a physical or mental handicap that began before he or she reached age 19.

The terms "Eligible Dependents" and "Child" are defined in the Glossary.

Eligibility (cont'd.)

Special Eligibility Rules for Families

If you and your spouse both work for the Company and are eligible to participate in the Company's benefit plans, you may enroll in the plan as an employee or you may be enrolled as a spouse.

However, you may not enroll for coverage as an employee and as a spouse. In addition, only one of you may enroll your Eligible Dependent Children.

Eligibility... At a Glance				
Benefit Plan	When You Are Eligible			
	Regular Full-Time Employees	Regular Part-Time Employees	Full-time Temporary Employees	Casual Employees
		<i>(Hired to work from 50% to 90%, on a declared schedule)</i>	<i>(Hired to work for 6 months up to a Maximum of 3 Years)</i>	<i>(Part-time or ad hoc employees working on an intermittent basis under no declared schedule, OR full-time temporary employees working for less than 6 months)</i>
	Voluntary Benefits			
	If eligible, you may elect these benefits based on your personal needs			
Medical (including Prescription Drugs and Vision Care)	on your first day of work Premiums are based on employee/employer cost sharing	on your first day of work Premiums are based on employee/employer cost sharing	on your first day of work Premiums are based on employee/employer cost sharing	after 4 months of service Premiums are based on 50% of the employer cost plus the normal employee share
Dental	on your first day of work Premiums are based on employee/employer cost sharing	on your first day of work Premiums are based on employee/employer cost sharing	on your first day of work Premiums are based on employee/employer cost sharing	after 4 months of service Premiums are based on 50% of the employer cost plus the normal employee share
Flexible Spending Accounts	on your first day of work	on your first day of work	on your first day of work	not eligible
Basic, Supplemental, Spouse and Child Life Insurance	on your first day of work	on your first day of work	on your first day of work	on your first day of work
Special Accident Insurance	on your first day of work	on your first day of work	on your first day of work	on your first day of work
	<i>Coverage is effective on the first of the month following enrollment</i>			
Savings Plan	on your first day of work	on your first day of work	on your first day of work	on your first day of work
	<i>Enroll anytime at www.401kaccess.com/orn</i>			

Eligibility (cont'd.)

Eligibility... At a Glance (cont'd.)

Benefit Plan	When You Are Eligible			
Company-Provided Benefits If you are eligible, you receive these benefits at no cost to you				
Employee Assistance Program	on your first day of work	on your first day of work	on your first day of work	on your first day of work
Short-Term Disability	after 1 month of service (salaried) after 3 months of service (hourly)	after 1 month of service (salaried) Benefit is prorated, based on your declared schedule	after 1 month of service (salaried)	not eligible
Long-Term Disability	on your first day of work <i>The benefit requires a 180 day period of disability before entitled to payment</i>	on your first day of work Benefit is pro-rated, based on your declared schedule	not eligible	not eligible
Business Travel Accident Insurance	on your first day of work	on your first day of work	on your first day of work	on your first day of work
Pension Plan	on your first day of work	on your first day of work	on your first day of work	on your first day of work
Severance Plan	on your first day of work	on your first day of work	not eligible	not eligible

Enrollment

Many benefits and programs are available to you. Although some benefits are provided automatically, enrollment is necessary for others.

Benefits with no enrollment required:

- Employee Assistance Program
- Short-Term Disability
- Long-Term Disability
- Business Travel Accident Insurance
- Pension Plan

You may elect the following benefits when you are first eligible:

- Medical (including Prescription Drugs and Vision Care)
- Dental
- Flexible Spending Accounts
- Basic and Supplemental Life Insurance
- Spouse and Dependent Life Insurance
- Special Accident Insurance
- Savings Plan

Enrollment for all of these benefits, except the Savings Plan, is conducted through the ORNL Benefits Service Center website at <https://ornl.employee.com> or by phone at 1-800-211-3622, 24 hours a day, and 7 days a week except holidays. To enroll your dependents in the medical and/or dental plans, you must provide a copy of your marriage certificate for your spouse and a copy of the birth certificate for each of your children.

The Savings Plan for Employees at ORNL (the Savings Plan) is completely voluntary. When you begin work, you will receive a Savings Plan enrollment kit, which includes investment fund prospectuses and fact sheets, as well as beneficiary designation and rollover contribution forms. You will also receive a separate mailing containing your web password and personal identification number (PIN).

You can enroll in the Savings Plan at any time:

- Go to www.401kaccess.com/ornl. Click the Enroll button under "Need to Enroll?"
- Enter your SSN and click the Enroll button
- Click the Enroll button in the middle of the screen

You may also call Schwab Retirement Plan Services Company

- In the United States
1-800-777-401k (1-800-777-4015)
- International
1-512-344-3000
- Telecommunications Device for the Deaf
1-877-852-4289

Refer to the "Savings Plan" section for more information on the Savings Plan enrollment process.

When you enroll for life insurance, accident insurance, or the Savings Plan, you will be asked to name a beneficiary to receive any benefits that may become payable in the event of your death.

Enrollment (cont'd.)

When You May Elect Coverage

You may elect benefits coverage when you first become eligible. In addition, you may enroll for some benefit plans during the annual Open Enrollment period as described in the chart below. Enrollment in the Flexible Spending Account is not automatic and must be reelected each year. All other benefit elections will continue without reenrollment.

Open Enrollment		
You may enroll for...	During Open Enrollment in...	For coverage effective on the following...
Medical (including Prescription Drugs and Vision) and Dental	October or November	January 1
Flexible Spending Accounts	October or November	January 1

When You May Change Your Elections

You may add or change coverage for basic life, supplemental life, and spouse life with an approved statement of health. You may add special accident insurance at any time. You may cancel these coverages at any time. You may change most Savings Plan elections at any time. There are limited circumstances under which you may change other benefit elections.

Other election changes can be made annually, during the Open Enrollment period, or within 30 days of a Qualifying Life Event or a qualifying significant change in cost or in coverage. For newborns you have up to 60 days to make enrollment elections.

If you would like to request a mid-year election change because of a qualifying event, you must do so through the ORNL Benefits Service Center website at <https://ornl.employee.com> or by phone at 1-800-211-3622, 24 hours a day, and 7 days a week except holidays. This election must be made **within 30 days** of the event.

Reference to a 30 day or 60 day time limit in this book means calendar days. The period begins on the day of the event and ends 29 or 59 days thereafter. Holidays and weekends are included in the period.

Changes at Other Times

Qualifying Life Events

If you elected after-tax contributions for medical and/or dental coverage, you may drop that coverage any time during the year, for any reason. Also, you may drop special accident insurance coverage at any time and for any reason. However, you may change your pre-tax medical and dental contributions as well as your Flexible Spending Account contributions during the year only on account of and consistent with a Qualifying Life Event or when certain significant changes in cost or in coverage happen. A change during the year must be made within 30 days of the qualifying event (60 days for a newborn).

A Qualifying Life Event includes

- marriage, legal separation, annulment, or divorce
 - the death of your spouse or child
 - the birth or adoption (or placement for adoption) of your child
 - the loss or gain of benefit eligibility of your child
 - the termination or commencement of employment of you, your spouse, or your child
 - reduction or increase in hours of employment of you, your spouse, or your child, including a switch between part-time and full-time employment, a strike or lockout, or commencement of or return from an unpaid leave of absence
 - a change in health coverage due to your spouse's employment
 - a "special enrollment period" under the group health plan as required by law, including loss of coverage for Medicaid or a state Children's Health Insurance Program (CHIP) or gaining eligibility for Medicaid or CHIP
 - a qualified medical child support order that requires your child to be covered under the group medical and/or dental plan
 - you, your spouse or child becomes eligible (or loses eligibility) for Medicare or Medicaid
- or*
- involuntary loss of other group health plan coverage.

REMINDER: Enrollment must be completed within 30 days of any Qualifying Life Event. You have up to 60 days to enroll a Newborn or enroll after a special enrollment period for gaining eligibility or losing coverage under Medicaid or CHIP. Otherwise, you will have to wait until Open Enrollment to enroll and the coverage will not be effective until the next January 1.

Changes at Other Times (cont'd.)

Qualifying Life Events (cont'd.)

Here are a few examples of election changes that are consistent with a Qualifying Life Event:

Example of Election Changes Consistent With a Qualifying Life Event	
With This Qualifying Event	You can make these changes, if consistent*
Marriage, birth, adoption, or placement for adoption of a child	Add yourself, your spouse, and/or children; drop coverage if you are to be covered by your spouse's plan
Divorce, legal separation, or annulment	Drop your spouse and/or children; add coverage if you had been covered under your spouse's plan **
Death of you, your spouse, or a child	Drop coverage for spouse or child; add coverage if you had been covered by your spouse's employer
Involuntary loss of other group medical coverage	Add coverage
Your child ceases to be an Eligible Dependent	Drop dependent coverage
<p><i>To add a dependent you must provide dependent verification as outlined in the "Dependents" section above.</i></p> <p><i>* For your election to be effective, the Plan Administrator must determine that your requested mid-year change is consistent with the event.</i></p> <p><i>** Please check with the Benefits Service Center to determine if you are required to drop your spouse.</i></p>	

Changes in Cost or Coverage

In addition, if there is a **significant** change in the cost of coverage of a benefit option, you may be entitled to make a corresponding change in your election within 30 days of the event (except with respect to the health care spending account). If a new benefit option is added or significantly improved or curtailed by the Company or by your dependent's employer, you may be permitted to make a corresponding new election. Changes to your health care spending account are not allowed by law for these reasons.

If you contribute to the dependent care Flexible Spending Account, and there is a significant increase or decrease in the cost of services by a day care provider who is not your relative, you may be able to make corresponding changes to your contribution election for your dependent care spending account by submitting a new election within 30 days of the change. If your dependent care provider changes or services are significantly curtailed, you may be able to change your election within 30 days. For example, if mid-year, your mother will begin taking care of your child at no cost and you no longer need your current dependent care center, you can revoke your election to contribute to the dependent care spending account due to a significant change in coverage. However, if your mother wants a payment mid-year, you cannot increase your contributions to this account due to a change in cost because she is your relative.

In addition, if annual enrollment for your spouse is for a period of coverage other than the calendar year, you may be permitted to make a corresponding election change under this plan during your spouse's enrollment period. For example, if you elect family medical coverage and, in May, your spouse elects coverage under his or her employer plan for May 1–April 30, you can drop your spouse from our medical plan by submitting an election change by May 31.

Please be aware that if the cost of a benefit option that you pay on a pretax basis increases or decreases during a year (but not significantly), your election will be automatically changed to reflect the change in the cost of coverage.

How Changes Affect Your Benefits

Steps to Take If You Get Married or Divorced

If You Get Married ...

Notify the Company's Personnel Records Department to update your personnel records if your name changes. You must show your Social Security card as proof of your name change. Update your address and emergency contact information in the Company database.

Change your benefit elections within 30 days of your marriage on the Benefits Enrollment website at <https://ornl.employee.com> or call the ORNL Benefits Service Center at 1-800-211-3622, 24 hours a day, and 7 days a week except holidays.

Review your spouse's benefits so you can coordinate coverage to your best advantage. If you are adding your spouse to your medical and/or dental coverage, a copy of your marriage license is required.

Consider increasing your contributions to the health care spending account, so you can pay for your spouse's unreimbursed medical, dental, and vision care expenses with pre-tax dollars.

Update your life and accident insurance beneficiary records on the Benefits Enrollment website.

To update your Savings Plan beneficiary information, request a Savings Plan beneficiary form from the Savings Plan website or by calling Charles Schwab Retirement Plan Services. Keep in mind that if you have been married for at least 1 year and you want to designate someone other than your spouse as your beneficiary, you must have your spouse's written and notarized consent. Contact Charles Schwab Retirement Plan Services or the ORNL Benefits Office for more information.

If You Get Divorced ...

Notify the Company's Personnel Records Department to update your personnel records if your name changes. Update your address and emergency contact information in the Company database.

Change your benefit elections within 30 days after the date your divorce is final on the Benefits Enrollment website at <https://ornl.employee.com> or call the ORNL Benefits Service Center at 1-800-211-3622, 24 hours a day, and 7 days a week except holidays.

If you fail to make the change within 30 days, you are still required to drop your spouse from your benefits; however, you may not be able to reduce your pre-tax premiums through the end of the year.

You must submit a copy of the divorce decree in order to drop coverage for your ex-spouse. Your ex-spouse is eligible to continue medical and dental coverage for up to 36 months through COBRA. You or your ex-spouse has 60 days to notify the Benefit Plans Office in order to obtain COBRA benefits. See the "Administrative Information" section.

You may also add your Eligible Dependents to your medical and dental coverage within 30 days of your divorce or if a court establishes that you must provide coverage for dependent children who previously had coverage provided by your ex-spouse.

Update your life and accident insurance beneficiary records on the Benefits Enrollment website. To update your Savings Plan beneficiary information, request a Savings Plan beneficiary form by calling Charles Schwab Retirement Plan Services.

Contact the Pension and Savings Operations Department if you think a court may issue a Qualified Domestic Relations Order (QDRO) granting your former spouse the right to receive any pension or Savings Plan benefits. You will be sent important information about the procedures and requirements for QDROs.

Call the Employee Assistance Program if you need help with a personal, family, or marital problem.

How Changes Affect Your Benefits (cont'd.)

Steps to Take If You Are Expecting or Adopting a Child

If You or Your Spouse is Pregnant...

Both men and women should contact the ORNL Benefits Office and ask about the steps you need to take to arrange for a leave of absence and the deadlines you need to meet to add your baby to your coverage. This will help you maximize your available benefits.

Schedule prenatal appointments. For in-network coverage you will pay a physician office copayment only at the initial visit.

Interview and choose a network pediatrician for your child to receive in-network benefits after your child is born. Well-child care and immunizations are covered only when you receive them from a network pediatrician. Your baby's first visit will be in the hospital after delivery, so consider choosing a pediatrician who has admitting privileges at your hospital to ensure that you receive in-network benefits for that visit.

For in-network coverage, your obstetrician/gynecologist will precertify your hospital or birthing center admission.

Present your medical identification card when you are admitted to the hospital or birthing center. You may have to pay your share of the hospital cost at admission.

For out-of-network coverage, you should call CIGNA Member Services to precertify your maternity admission. Refer to the back of your identification card for contact information.

YOU MUST ENROLL YOUR NEWBORN WITHIN 60 DAYS OF THE BIRTH or coverage for that child will end on the 31st day after birth. No benefits for expenses incurred beyond the 31st day will be payable if you do not enroll.

You must also provide a copy of the child's birth certificate.

If You Adopt a Child...

Notify your supervisor and the ORNL Benefits Office if you would like to arrange for a family leave of absence.

YOU MUST ENROLL YOUR NEW CHILD WITHIN 30 DAYS OF THE DATE OF ADOPTION OR THE CHILD WILL NOT BE COVERED—no exception. You must also provide a copy of the adoption papers.

Interview and choose a network pediatrician for your child to receive in-network benefits. Well-child care and immunizations are covered only when you receive them from a network pediatrician.

When Your Child Arrives

Enroll your newborn **within 60 days** or newly adopted Child **within 30 days** for medical benefits so your Child's medical expenses will be covered from the date of birth or adoption. You may also enroll in dental benefits or wait until the next Open Enrollment for coverage effective the following January.

Consider beginning or increasing your contributions to the Flexible Spending Accounts, so you can pay for your Child's unreimbursed medical expenses and child care expenses with pre-tax dollars.

Complete your enrollment on the Benefits Enrollment website at <https://ornl.employee.com> or call the ORNL Benefits Service Center at 1-800-211-3622, 24 hours a day, and 7 days a week except holidays.

You must provide a copy of the birth certificate or adoption papers when you enroll.

If you are in the CIGNA Point Of Service plan, you must provide the physician PCP ID code for your child's pediatrician.

How Changes Affect Your Benefits (cont'd.)

Steps To Take If You Become Disabled

If You Become Disabled and Cannot Work ...

Notify your supervisor, either in person or by telephone, in advance, if you cannot report to work. If you cannot reach your supervisor, notify the Lab Shift Superintendent.

Contact the Company's disability administrator to request disability benefits. Remain in contact with Aetna and the ORNL Benefits Office about how long you anticipate being away from work.

Receive short-term disability benefits for up to 6 months of disability (if eligible). If your disability continues longer than 6 months, you can apply for long-term disability benefits.

Contact Aetna and file forms for long-term disability benefits if your disability will continue longer than 6 months.

Apply for other disability benefits that may be payable (i.e., Social Security, Workers' Compensation, state or individual disability benefits, and auto insurance recoveries).

The terms "Short-Term Disability" and "Long-Term Disability" are defined in the "Disability" section.

What Happens to Your Benefits If You Become Disabled

Here is what happens to your benefits during a disability:

Medical (Including Prescription Drugs and Vision Care) and Dental

During Short-Term Disability

Coverage continues. Contributions are deducted from your disability benefits.

During Long-Term Disability

Coverage continues up to the first of the month following the end of your long-term disability coverage, provided you continue to pay the required premium.

Employee Assistance Program

You may continue to access the services of the Employee Assistance Program.

Health Care Spending Account

During Short-Term Disability

Participation continues, provided your Pay continues. Claims may be submitted for expenses incurred before and during the period of your disability in which you are still making contributions to your account.

During Long-Term Disability

Participation ends unless you elect to continue contributing for the rest of the year on an after-tax basis through COBRA.

You may submit claims for health care expenses incurred before your short-term disability benefits end and for those incurred afterward only if they were incurred in the period in which you continued to participate.

Dependent Care Spending Account

During Short-Term Disability

Participation continues provided your Pay continues. You may submit claims for expenses incurred before your disability began, and during your disability if you are unable to care for your Eligible Dependent.

During Long-Term Disability

Participation ends. You may submit claims for expenses incurred before your disability began, up to the balance in your account. Submit claims for expenses incurred before your disability began and during your short-term disability if you were unable to care for your Eligible Dependents, up to the balance in your account.

Short-Term and Long-Term Disability

Short-term disability provides benefits for up to 6 months of disability, depending on your length of service. Long-term disability benefits provide a percentage of your annual Pay, up to a maximum of 60% of your annual Pay, not to exceed \$15,000 per month, offset by Social Security and other benefits payable. Eligibility for benefits is defined in the "Disability Coverage" section. Hourly employees should refer to the Collective Bargaining Agreement for a description of coverage.

How Changes Affect Your Benefits (cont'd.)

What Happens to Your Benefits If You Become Disabled (cont'd.)

Basic Life Insurance and Supplemental Life Insurance

During Short-Term Disability and Long-Term Disability

Coverage continues at the level in effect at the time your disability began for as long as you meet the disability requirements of the basic and supplemental life insurance plans, or until you reach age 65. For hourly employees, after 13 weeks of disability, this coverage is provided at no cost to you. (If your disability begins after your 63rd birthday, your insurance will continue for 2 years, but not beyond age 70.)

Spouse and Dependent Life Insurance

Coverage continues during short-term disability. After short-term disability ends, you may convert to an individual policy or terminate coverage.

Business Travel Accident Insurance

During Short-Term Disability and Long-Term Disability

Coverage ends. However, if within 100 days of a covered accident you become Totally and Permanently Disabled as a result of an injury sustained in the accident, you will receive a lump-sum payment of four times your annual Pay, subject to the maximum amount, after you have been Totally and Permanently Disabled for 12 consecutive months.

Special Accident Insurance

During Short-Term Disability and Long-Term Disability Coverage continues during short-term disability and for up to 12 months during long-term disability, provided you pay the premiums. If you are an hourly employee and you become eligible for Total and Permanent Disability within 365 days of a qualifying accident, you will receive an additional monthly benefit after you have been disabled for 12 consecutive months. These benefits will continue for up to 50 months. Refer to the "Life and Accident Coverage" section for other special accident insurance benefits.

Pension Plan

During Short-Term Disability and Long-Term Disability You continue to earn Company Service while you are receiving short-term or long-term disability benefits.

Savings Plan

During Short-Term Disability

Contributions continue during your paid disability. If you have an outstanding loan, payments will be deducted from your paid disability. Any payments missed will be automatically deducted from your paycheck immediately upon your return to work.

During Long-Term Disability

Contributions end. In case of Total Disability, you become 100% vested in the Company match. You may elect a distribution, or you may choose to defer payment. If you have an outstanding loan, you must continue to make repayments directly to Charles Schwab Retirement Plan Services.

Long-Term Care

You may continue your coverage by making payments directly to the insurance company.

How Changes Affect Your Benefits (cont'd.)

Steps to Take If You Leave the Company

If You Leave the Company ...

Notify your supervisor.

Apply for COBRA within 60 days of your termination if you wish to continue medical (including prescription drugs and vision care) and dental coverage, or to continue participating in the health care spending account.

Convert your life, spouse and dependent life and accident insurance to a private policy within 30 days of your termination if you wish to continue this type of coverage. Metropolitan Life Insurance will send you a conversion notice. For Special Accident conversion you may request a form from the ORNL Benefits Service Center.

Decide whether to leave your account balance in the Savings Plan or take a distribution. Notify the ORNL Benefits Office if your address changes.

What Happens to Your Benefits If You Leave the Company

Here is what happens to your benefits when you leave the Company:

Medical (Including Prescription Drugs and Vision Care)

Coverage ends on the last day of the month in which your employment terminates. You or your dependents may continue coverage for up to 18 months through COBRA unless you are discharged for gross misconduct.

Dental

Coverage ends on the last day of the month in which your employment terminates. However, if you are undergoing a course of treatment, benefits may be payable for charges related to that treatment that you incur after your termination. Check with your insurance carrier to see if this applies to you. In addition, you or your dependents may continue coverage for up to 18 months through COBRA unless you are discharged for gross misconduct.

Employee Assistance Program

Coverage ends 18 months after employment terminates.

Flexible Spending Accounts

Coverage ends. You may submit health care spending account claims and dependent care spending account claims for expenses incurred before your termination. You may continue your health care spending account participation on an after-tax basis through the end of the year through COBRA, and submit claims for expenses incurred during the period you continue to make contributions.

Disability

Coverage ends.

Long-Term Care

You may continue your coverage by making payments directly to the insurance company.

Life and Accident Insurance

Coverage ends on the last day of the month in which your employment terminates. You may convert your basic life, supplemental life, spouse and dependent life, to individual whole life policies. You may choose the portability option under supplemental life insurance, which allows you to continue this coverage under a term life policy. Metropolitan Life Insurance will send you a conversion notice. You may also convert your special accident policy. You may not convert business travel accident insurance.

Pension Plan

You may receive pension benefits when you reach the Pension Plan's earliest retirement age if you are vested.

Savings Plan

Contributions end. You may choose to receive a payout of your full vested account balance, or you may leave it in the Savings Plan. Any outstanding loans must be paid within 6 months of termination. Otherwise, the outstanding loan balance will be treated as a taxable distribution to you.

Your Savings Plan distribution is subject to a mandatory 20% tax withholding unless it is paid in a direct rollover into an individual retirement account or another employer's plan within 60 days.

How Changes Affect Your Benefits (cont'd.)

Steps to Take If You Retire

If You Are About to Retire...

Visit the ORNL Benefits web site to generate a calculation of your estimated pension benefit. Call the ORNL Benefits Office to request retirement counseling. During retirement counseling, you will receive forms that you must complete to apply for your pension benefit. You will have the opportunity to decide if you want to continue your medical (including prescription drugs and vision care), dental, and life insurance coverage (if you retire before age 65) or enroll in the Major Medical Medicare Supplement plan and Dental/Vision plan if you are age 65 or older.

If you decide to continue your benefits, you must make this election immediately upon retiring.

Notify your supervisor.

Use the Savings Plan website or call Charles Schwab Retirement Services to get an estimate of your account balance as well as any outstanding loan balances.

Contact Social Security at 1-800-772-1213 to get an estimate of your benefits and information about Medicare.

What Happens to Your Benefits If You Retire

Here is what happens to your benefits when you retire:

Medical (Including Prescription Drugs and Vision Care) and Dental

At early retirement prior to age 65, you may continue coverage until the end of the month in which you reach age 65. At age 65, coverage ends and you become eligible for the Major Medical Medicare Supplement plan. However, you may elect to continue coverage under the plan for an enrolled younger spouse and eligible dependents until your spouse reaches age 65, as long as you are enrolled in the Major Medical Supplement Plan. In any case, when your coverage ends, Eligible Dependents may be able to continue coverage for up to 36 months (longer under certain circumstances) under COBRA.

The Company intends to continue the medical plan for employees who retire early. However, the Company reserves the right to amend or terminate the medical plan and the Medical Medicare Supplement plan, in whole or in part, at any time. The Company may also increase or decrease participants' contributions to these plans. The establishment of the plans does not impose on the Company any contractual obligation to continue them in the future.

Employee Assistance Program

Coverage ends 18 months after employment terminates.

Flexible Spending Accounts

You may continue to contribute to the health care spending account on an after-tax basis through the end of the year through COBRA. Participation in the dependent care spending account ends.

You may submit claims for eligible health care and dependent care expenses incurred before you retire. You may submit health care spending account claims for eligible expenses incurred after you retire only if you continue to participate as described above.

Disability

Coverage ends.

Long-Term Care

You may continue your coverage by making payments directly to the insurance company.

Basic Life Insurance

At early retirement prior to age 65, full basic life insurance coverage may be continued at the same premium cost as active employees, or you may take a reduced amount of basic life insurance at no cost to you. At age 65, the reduced amount of basic life insurance coverage will be continued, at no cost to you, for the rest of your life, provided you had basic life insurance coverage for at least 1 year immediately preceding retirement. You may convert the discontinued basic life insurance coverage to an individual whole life policy. Metropolitan Life Insurance will send you a conversion notice.

How Changes Affect Your Benefits (cont'd.)

What Happens to Your Benefits If You Retire (cont'd.)

Supplemental Life Insurance

Group coverage ends at the end of the month in which you cease to be an active employee. However, the plan has a conversion feature that allows you to continue coverage on an individual basis if you apply within 31 days after the group coverage ends. You may convert your supplemental life to an individual whole life policy, or you may choose the portability option under supplemental life insurance, which allows you to continue this coverage under a term life policy. Metropolitan Life Insurance will send you a conversion notice.

Spouse and Dependent Life Insurance

Group coverage ends at the end of the month in which you cease to be an active employee. However, the plan has a conversion feature that allows you to continue coverage on an individual basis if you apply within 31 days after the group coverage ends. You may convert spouse and dependent life to individual whole life policies. Metropolitan Life Insurance will send you a conversion notice.

Business Travel Accident Insurance

Coverage ends.

Special Accident Insurance

Coverage ends. You may convert your special accident insurance coverage to an individual policy. You may request a Special Accident conversion form from the ORNL Benefits Service Center.

Pension Plan

You will receive monthly pension benefits at the time and according to the payment option you have selected.

Savings Plan

Contributions end. You may choose from a variety of payout methods or you can leave your account balance in the Savings Plan until you reach age 70-1/2.

Mandatory minimum distribution rules apply after age 70-1/2 if you have retired from the Company. Any outstanding loans must be paid within 6 months of your retirement. Otherwise, the outstanding loan balance will be treated as a taxable distribution to you.

Steps to Be Taken If You or a Family Member Dies

In the Case of Death, You or Your Family Member (whichever applies) Should ...

Notify the ORNL Benefits Office of the death.

The ORNL Benefits Office will assist you, or your appropriate family member, in processing any required/applicable documents for collecting (or continuing) your available benefits as a result of the death.

Complete a life insurance claim form and special accident insurance claim form, if applicable. Send the completed forms, along with a certified death certificate and other supporting information, to the ORNL Benefits Office.

If You Die, Your Survivors May...

Convert any family special accident insurance coverage to a private policy within 30 days of your death if they wish to continue this coverage.

Convert spouse and dependent life insurance coverage to an individual policy within 31 days of your death. Metropolitan Life Insurance will send you a conversion notice.

Decide whether to continue medical and dental coverage. Your spouse and other Eligible Dependents may elect to continue their medical coverage under the Company's plan. Their cost and the length of continuation will be based on the length of your full-time service and age at the time of your death.

If Your Spouse or Dependent Dies, You Should...

Notify the ORNL Benefits Office and complete a life insurance claim form, if applicable.

Complete a special accident insurance claim form if you are enrolled for family special accident insurance coverage and the death was accidental. Send the completed form(s), along with a certified death certificate and other supporting information, to the ORNL Benefits Office.

Change your medical (including prescription drugs and vision care), dental, Flexible Spending Account, life, and special accident insurance elections within 30 days of the death, if coverage changes are appropriate.

Review your beneficiary elections for life and accident insurance and the Savings Plan.

Remember, the Employee Assistance Program is available if you or your family members need counseling.

How Changes Affect Your Benefits (cont'd.)

What Happens to Your Benefits If You Die

Here is what happens to your benefits if you die:

Medical (Including Prescription Drugs and Vision Care) and Dental

Your Eligible Dependents may elect to continue medical (including prescription drugs and vision care) and dental coverage for 3 months at the appropriate active employee contribution rate.

If you were not eligible to retire under the Pension Plan when you died, your Eligible Dependents may continue coverage after the initial 3-month period for an additional 33 months through COBRA. See the "Administrative Information" section for more information.

If you were eligible to retire under the Pension Plan, your Eligible Dependents may elect to continue coverage through the Retiree Medical and Dental Plans. Your Eligible Dependents may remain in the under age 65 plans until your spouse reaches age 65. When your spouse reaches age 65 he or she may elect the over 65 medical and dental/vision plan and any eligible child dependents will be offered COBRA. Your Eligible Dependents must pay the appropriate retiree cost associated with the coverage.

- If you were eligible to retire with at least 10 years of full time Company service, your Eligible Dependents will pay a share of the cost.
- If you were eligible to retire with less than 10 years of full time Company service, your Eligible Dependents will pay the full cost.

See the "Medical Plan" section for more information.

Employee Assistance Program

Coverage continues for 18 months for your dependents after your death.

Flexible Spending Accounts

Coverage ends. Dependents may submit health care spending account claims and dependent care spending account claims for expenses incurred before your death. Dependents may continue the health care spending account participation on an after-tax basis through the end of the year through COBRA, and submit claims for expenses incurred during the period they continue to make contributions.

See the "Flexible Spending Accounts" section for eligible expenses.

Long Term Care

Your coverage ends. Your spouse may continue his or her coverage by making payments directly to the insurance company.

Life and Accident Insurance

Your beneficiary will receive the following benefits, depending on the coverage elected:

- basic life insurance benefit
- supplemental life insurance benefit
- business travel accident insurance benefit if you die while traveling on a Company business trip
- special accident insurance benefit if your death is the result of an accident.

Spouse and dependent life insurance coverage ends, but it may be converted to individual whole life policies. Metropolitan Life Insurance will send you a conversion notice.

Family special accident insurance coverage ends, but it may be converted to an individual policy. Request a Special Accident conversion form from the ORNL Benefits Service Center.

Pension Plan

If you are vested, your surviving spouse/beneficiary will receive any survivor benefit. The Benefits Office will contact your beneficiary to provide information about any plan benefits that might be payable.

Savings Plan

Your beneficiary may receive your full account balance in a lump sum or as a rollover to an individual retirement account. However, if you were eligible to retire under the pension plan at the time of your death, your spousal beneficiary may choose either a lump-sum payment or monthly installment payments over a 5-year period. Your spousal beneficiary may also elect to defer payment until the latest date permitted by the tax laws.

When Coverage Begins

New Hires

If you enroll as a newly hired employee, your coverage will begin according to the following chart, provided you meet the plan's eligibility requirements. Any coverage you elect for your Eligible Dependents will begin on the same day your coverage begins.

Current Employees

Changes Made During Open Enrollment

The medical and dental coverage, pre-tax medical and dental premiums, and Flexible Spending Account elections you make during the fall Open Enrollment period will be effective on January 1 of the following year.

Changes at Other Times

If you change your medical, dental, or Flexible Spending Account elections because of a Qualifying Life Event, or change your life or accident insurance, the changes will be effective on the date described on the chart below.

Benefit Plan	Your Coverage Will Begin...
Medical (including Prescription Drugs and Vision Care) and Dental	Regular Full-Time Employees, Regular Part-Time Employees, and Full-Time Temporary Employees: on your first day of work, provided you enroll within 30 days of that date. If you do not enroll within 30 days after you first become eligible, you will have to wait until the next Open Enrollment to enroll. Your coverage will become effective the first day of the plan year following Open Enrollment, currently January 1.
	Casual Employees: on the first day of work following 4 months of service provided you enroll within 30 days of that date. If you do not enroll within 30 days after you first become eligible, you will have to wait until the next Open Enrollment to enroll. Your coverage will become effective the first day of the plan year following Open Enrollment, currently January 1.
	Current Employees: Election and enrollment changes made as a result of a Qualifying Life Event must be made within 30 days of the event. In this case, coverage is effective on the qualifying event date.
Employee Assistance Program	On your first day of work.
Flexible Spending Accounts	Payroll deductions begin as soon as administratively possible, and in accordance with IRS rules following your election; however, you may claim eligible expenses beginning on your first day of work. Pre-tax and after-tax deductions are made based on IRS rules. Casual Employees are not eligible.
	Current Employees: Election and enrollment changes made as a result of a Qualifying Life Event must be made within 30 days of the event. Coverage is effective on the date the change is made. For birth or adoption, coverage is effective beginning the date of the event.
Short-Term Disability	Refer to the "Disability Coverage" section. Casual Employees are not eligible.

When Coverage Begins (cont'd.)

Benefit Plan	Your Coverage Will Begin...
Long-Term Disability	On your first day of work. Casual Employees are not eligible.
Basic Life Insurance	New Employees: On your first day of work, provided you enroll within 30 days after you become eligible. Otherwise, satisfactory evidence of insurability must be approved by the insurance company before coverage can begin.
	Current Employees: Satisfactory evidence of insurability must be approved by the insurance company before coverage can begin.
Supplemental Life Insurance	New Employees: On your first day of work, provided you enroll within 30 days after you become eligible. Otherwise, satisfactory evidence of insurability must be approved by the insurance company before coverage can begin.
	Current Employees: Satisfactory evidence of insurability must be approved by the insurance company before coverage can begin.
Spouse and Dependent Life Insurance	New Employees: On your first day of work, provided you enroll within 30 days after you become eligible for guaranteed issue amounts. Otherwise, satisfactory evidence of insurability must be approved by the insurance company before coverage can begin.
	Current Employees: Satisfactory evidence of insurability must be approved by the insurance company before coverage can begin.
Special Accident Insurance	On the first day of the month after you enroll.
Business Travel Accident Insurance	On your first day of work.
Savings Plan	Your contributions in the form of payroll deductions will begin as soon as administratively possible after you enroll, generally within 30 days.
Pension Plan	On your first day of work.

Paying for Your Benefits

If you elect to pay for coverage on a pre-tax basis, the IRS restricts when pre-tax contributions may begin and end. Therefore, the required contributions for coverage you elect to purchase with pre-tax dollars will be deducted as follows:

- For initial elections made within 30 days of your date of hire, the pre-tax deductions will begin retroactive to your hire date. For elections made within 30 days of a Qualifying Life Event other than the birth, adoption or placement for adoption of a child, the pre-tax deductions will begin on the payroll following the date your election is processed. Any payments due for coverage from the date of the Qualifying Life Event until the date pre-tax deductions begin will be deducted on an after-tax basis.
- For elections made within 60 days of the birth, or 30 days of the adoption or placement for adoption of a child, all payments required for coverage from the date of such event will be deducted on a pre-tax basis if elected within 30 days. For an election after 30 days for a birth, the initial 30 days will be on an after-tax basis.

Pre-tax payroll deductions can only be changed if you have a Qualifying Life Event and you contact the ORNL Benefits Service Center within 30 days of the Qualifying Life Event. Therefore, if you have a Qualifying Life Event and drop a dependent and you do not notify the ORNL Benefits Service Center within 30 days of the Qualifying Life Event, you may have a change in coverage level but no change in premium until the following year.

Rights and Responsibilities

The Company may—but is not required to—share in the cost of the benefits offered to you. You must enroll timely and pay your share of any cost. In order to participate in the plans, you must allow the Company to use your individual information (such as address and phone numbers, including private phone numbers, or whatever is minimally necessary to fully administer any and all benefit plans). The Company will share your individual information with third-party vendors only to the extent minimally necessary to support the administrative processes and features of the benefit plan. Vendor and service contracts will be maintained which exclusively limit the use of your individual information to the operation of the specific benefit program for which the vendor provides service. Benefit plans such as medical and prescription drugs may include managed care, disease or wellness management, and utilization management programs which are incorporated programs of the benefit plan. The Company reserves the right to incorporate these management programs into the benefits plans offered.

Pre-Tax or After-Tax?

Pre-tax contributions offer special tax advantages. You do not pay federal, Medicare, Social Security or, in most cases, state or local income taxes on the pre-tax Pay you use for buying medical or dental coverage or for participating in the Flexible Spending Accounts. This is also true for pre-tax Savings Plan contributions, except Medicare and Social Security taxes will apply.

Even though pre-tax contributions reduce your Pay for income tax purposes, the Company will continue to recognize your full basic rate of Pay for your other Pay-related benefits, such as life insurance, disability coverage, and pension benefits.

Paying for Your Benefits (cont'd.)

Benefit Plan	The Company pays the full cost of coverage	You share the cost of coverage with the Company through	You pay the full cost of coverage through
Medical (including Prescription Drugs and Vision Care) and dental		pre-tax or after-tax contributions	
Employee Assistance Program	X		
Flexible Spending Accounts			pre-tax contributions
Short-Term Disability	Refer to the "Disability Coverage" section.		
Long-Term Disability	X		
Long-Term Care			after-tax contributions
Basic Life Insurance		after-tax contributions	
Supplemental Life, Spouse, and Dependent Life Insurance			after-tax contributions
Business Travel Accident Insurance	X		
Special Accident Insurance			after-tax contributions
Savings Plan		pre-tax or after-tax contributions and Company matching contributions	
Pension Plan	X		

When Coverage Ends

Unless otherwise noted, coverage under the Company's benefit plans will end on the earliest of the following dates:

- the date your employment terminates, with these exceptions:
 - for medical (including prescription drugs and vision care) and dental coverage, the last day of the month in which your employment terminates
 - for long-term disability coverage, the date your employment terminates for any reason, unless you are totally disabled
 - for basic life insurance coverage, the last day of the month in which your employment terminates for any reason other than retirement after you become eligible for an immediate pension benefit or total disability (see the "Life and Accident Coverage" section for more information)
 - the date you are no longer considered eligible because of a change in your employment status
 - the last day of the period for which your last contribution was made (if you fail to make any required contribution)
- or*
- the date the plan is terminated.

In the event of fraud or intentional misrepresentation, your coverage may be terminated retroactively.

Coverage for your dependents will end on the same day your coverage ends or on the day they are no longer considered Eligible Dependents, if earlier.

When your dependent child turns age 26, coverage for medical, dental, vision, and prescription drugs will end at midnight the day before their 26th birthday.

When your dependent child turns age 24, coverage for child life will end at the end of the month of their 24th birthday.

If your coverage ends, you may be eligible to extend medical (including prescription drugs and vision care) and dental coverage, as well as health care spending account participation under COBRA. See the "Administrative Information" section for information about COBRA.

Your participation in the Savings Plan may continue (with some limitations) after you stop making contributions. See the "Savings Plan" section for more information.